Are health care provider networks smaller in Medicaid?

Faculty Member: Jacob Wallace

Proposal Description:

Health care disparities between the Medicaid program (public insurance low income and disabled Americans) and other insurance programs remains an important topic. In recent years, states have opted to transition from fee-for-service (in which the state pays health care providers) to managed care (in which the state pays health plans that are then responsible for contracting with and paying providers). Medicaid managed care plans are required to offer similar benefits and typically charge little (or no) cost sharing to patients. However, they are given broad discretion to build their own provider networks and little is known about how those provider networks compare to other public insurance programs (e.g. Medicare, ACA exchanges) or commercial insurance. Research assistance is sought to analyze a new provider network dataset in Stata (or, if necessary, R/Python/SAS) to generate tables and figures, and carry out analyses under Dr. Wallace’s guidance, along with other tasks that might come up related to this project.

Requisite Skills and Qualifications:

Coursework in econometrics and intermediate microeconomics a plus, a basic knowledge of Stata (or R/Python/SAS), attention to detail, ability to work independently.

HSSRO Application Link: HSSRO Application Link
Project Type: HSSRO

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