# Defining and Describing the U.S. Safety-Net System as a Foundation for Payment and Delivery Reform

*Ambulatory Practice Maps: User Guide and Frequently Asked Questions*

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Penn | The Parity Center
*Health Equity through Payment Reform*

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**About the Website**

***What is the purpose of this website?***
The purpose of this website is to illustrate the geographic distribution and characteristics of the U.S. healthcare system. In particular, the website houses interactive maps showing the percent of high-dual clinicians for each zip code and county where data is available in the U.S.

***Who is this website intended for?***
This website is designed to be used by policy makers, researchers, community organizations, health leaders, and other public users interested in health policy. While the site is publicly accessible, it is **not** intended for clinical decision-making or patient use.

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**Understanding the Data**

Terms and definitions provided below correspond to methodology published in this article.

***What does "dual" mean?***
The term "dual" refers to individuals dually eligible for Medicare and Medicaid programs. Individuals must have been enrolled in both Medicare Part A and Part B for one year (2018-2019 or 2021-2022) and enrolled for at least 1 month in any state's Medicaid program from 2010-2019 or 2010-2022 to be considered duals. Other individuals included those eligible for Medicare's low-income subsidy for at least 1 month in the corresponding year (2019 or 2022) due to state-specific Medicaid enrollment determinations and for comprehensive, inclusive identification of duals nationwide.

***What is a high-dual practice?***
High-dual practices refer to those group practices (identified by Tax Identification Numbers or TINs) responsible for a cumulative 80% of all ambulatory services statewide delivered to duals.

***What clinicians and providers are included on the site?***
Clinicians captured by maps provided on this site include physicians and advanced practice professionals, or APPs, such as physician assistants and nurse practitioners. All clinicians were identified by National Provider Identification (NPI) numbers and linked to group practice Tax Identification Numbers. This also includes clinicians practicing in federally qualified health centers (FQHCs) and rural health clinics (RHCs).

***What geographic levels are available?***
U.S. maps available on this site include all 50 states, and each state is aggregated at

the zip code level as well as the county level. Data may be displayed at multiple geographic levels, such as:

- Nationwide (48 continental U.S. states plus Alaska and Hawaii)
- Statewide
- Zip code level
- County level

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**Using the Map & Navigation Tools**

***How do I use the maps?***
The main dashboard shows the 48 continental U.S. states with a stacked side panel view of Alaska and Hawaii.

- Navigate to the dropdown menu labeled "Select State" to access state-level view
- Select either 2019 or 2022 to view the map corresponding to the chosen year
- Click the magnifying glass icon on the upper left corner of the dashboard to search for an individual zip code, county, city, or state
- Click the + icon on the upper left corner of the dashboard to zoom in
- Click the – icon on the upper left corner of the dashboard to zoom out
- Click the house icon on the upper left corner of the dashboard to return to state-level view for the selected state provided in the dropdown menu
- Hover over the zip code or county of interest on the map to see the percentage of clinicians practicing in high-dual practices at the zip code-level or county-level
    - *Note*. The percentage difference (X.XX%) in clinicians practicing in a high-dual practice between 2022 and 2019 is provided in this view. A positive percentage value indicates an increase in clinicians practicing in a high-dual practice as of 2022, while a negative percentage value indicates a decrease as of 2022.
- Refer to the green-colored gradient legend in the upper right corner of the dashboard – ranked by quintiles – to determine the percentage of clinicians practicing in high-dual practices at the zip code-level or county-level

***What do the colors on the maps represent?***
Refer to the green-colored gradient legend in the upper right corner of the dashboard to see the scaled percentage of clinicians practicing in high-dual practices. There are 10 gradient colors, where each color corresponds to an increasing quintile from 0-100%.

- Darker green gradients = higher percentages of clinicians in high-dual practices
- White = no clinicians (0.00%) practicing in high-dual practices
- Grey = no data available for the individual zip code or county

*Note*. Absolute percentages of clinicians practicing in high-dual practices are available when hovering over the individual zip code or county

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### Interpreting the Data Correctly

#### *What does a provider's location represent?*
The zip code-level percentage values correspond to the primary practice address associated with the clinician's NPI. For physicians reporting multiple practice zip codes without designation of a primary location, one zip code was randomly selected (using a fixed random seed to ensure reproducibility) to assign geographic characteristics. A similar approach was used for county-level data.

#### *Does presence on the map mean a provider is accepting new patients?*
Important disclaimer: this site does *not* reflect clinician or group practice availability, capacity, or access. This website does *not* serve as a directory for patient scheduling.

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### Data Sources & Methodology

#### *Where does the data come from?*
Data used to rank clinicians and practices and generate the maps include the following:

- Beneficiary-level (service-level) data comprised a 20% random sample of Medicare Part B and Carrier claims
  - *Note*. Medicare fee-for-service beneficiaries only; excludes Medicare Advantage
- Clinician-level data were obtained from the Medicare Data on Provider Practice and Subspecialty (MD-PPAS) and CMS Physician Compare datasets
- Area-level data were obtained from the American Community Survey, Area Health Resources Files, and County Health Rankings datasets

#### *How often is the data updated?*
Data used to generate these maps are historical data that may not be updated regularly.

#### *How current is the information shown?*
Each dataset is associated with a specific **data year or reporting period**, which may differ from the date the site was last updated. Each map is designated as displaying data from either 2019 or 2022. Those data were published online periodically from 2025-2026.

#### *Are there known data limitations?*
Data used to generate the maps hosted on this site have limitations, which may include:

- Clinician and practice-level data are limited to 15,502 zip codes, representing about 37.2% of all zip codes nationwide in 2022
  - Source: https://www.congress.gov/crs-product/IF12132
- Clinician and practice-level data also include 3043 counties, representing 96.8% of all counties nationwide. [3010 counties (95.7%) in 2019, and 3015 counties (95.9%) in 2022]
  - Source:
    - https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html
- Exclusion of Medicare Advantage beneficiaries when ranking practices by ambulatory service (i.e., beneficiary) volume
- Use of a 20% random sample of Medicare fee-for-service beneficiaries
- Inability to identify services provided by APPs but billed under associated physicians' identifiers, such as incident to billing or split billing under physician

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## Accuracy, Privacy & Ethics

### *Does this site include patient-level data?*
No. All data displayed are aggregated and non-identifiable. No patient-level or protected health information or identifiable patient information is included or available to users.

### *How is provider privacy protected?*
Providers are not identifiable using the maps or data provided on this site. Due to restrictions, National Provider Identifiers (NPIs) will not be made publicly available to users.

### *Why might information appear outdated?*
Each dataset is associated with a specific data year or reporting period, which may differ from the date the site was last updated. Users should keep this information in mind when considering what is up-to-date and how these data can be used appropriately and accurately.

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## Downloads, Sharing & Citation

### *Can I download the data?*
Yes. Data available on the site dashboard are downloadable as images, PDF, or PowerPoint files.

### *How should this data be cited?*
Citation should be provided in publications, presentations, and policy documents.

Please use the recommended citation in American Medical Association (AMA) format, 11th edition:

Percentage of Clinicians in High-Dual Practices in 2022. The Parity Center at the University of Pennsylvania. 2026. Accessed Month Day, Year. https://theparitycenter.upenn.edu/percentage-clinicians-high-dual-practices-2022

***Can I use this data for research or publications?***
Yes. Data use may be subject to licensing or attribution requirements. Users should review the data use statement before downloading or publishing analyses.

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**Troubleshooting & Support**

***Why don't I see any data for my area?***
Possible reasons:

- No qualifying high-dual practices

- Data were unavailable for the geographic area

- Filter settings (confirm the state, city, county, and/or zip code selection)

***Who do I contact with questions or corrections?***
For questions, data concerns, or technical issues, please use the contact information provided on the website.

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**Disclaimer**

***Is this site intended for clinical or patient decision-making?***
No. This website is provided for informational and research purposes only and does **not** constitute medical, legal, or policy advice.