



Commonwealth of Kentucky
Department for Medicaid Services
Division of Program Quality & Outcomes

Validation of Managed Care Provider Network Submissions: Audit Report

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IPRO Corporate Headquarters
Managed Care Department
1979 Marcus Avenue
Lake Success, NY 11042-1002
phone: (516) 326-7767
fax: (516) 326-6177
www.ipro.org

Table of Contents

EXECUTIVE SUMMARY	3
INTRODUCTION	4
OBJECTIVES.....	4
METHODOLOGY	4
SAMPLING.....	4
SURVEY.....	4
MAILING	5
DATA ANALYSES	5
METHODOLOGICAL CONSIDERATIONS.....	6
SURVEY RESULTS	7
RESPONSE RATE CALCULATIONS	7
ACCURACY RATE CALCULATIONS.....	7
COMPARISON BETWEEN MAY 2014 AND OCTOBER 2014 RESULTS	8
FINDINGS.....	9
RECOMMENDATIONS	13
APPENDIX A – RESPONSE RATE BY PLAN.....	14
APPENDIX B – OVERALL ACCURACY BY PLAN	15
APPENDIX C.....	16
SAMPLE OF SPECIALIST SURVEY SENT TO PROVIDERS.....	16
SAMPLE OF PCP SURVEY SENT TO PROVIDERS.....	17

List of Tables

Table 1: Fields for Validation by Provider Type.....	5
Table 2: Missing MCAPS Data	6
Table 3: Survey Responses by PCP/Specialist.....	7
Table 4: Status of Surveys by Provider Type	8
Table 5: Statewide Rates of Accuracy for May 2014 and October 2014.....	8
Table 6: Provider Identification Elements – Statewide	9
Table 7: Specialty – Statewide and by Provider Group	10
Table 8: Reporting of Languages – Statewide	11
Table 9: Provider Group Summary on Survey Items.....	12
Table A1: Response Rate by Plan.....	14
Table B1: Overall Accuracy by Plan.....	15

EXECUTIVE SUMMARY

In October 2014, Island Peer review Organization (IPRO), on behalf of the Kentucky Department for Medicaid Services (DMS), conducted its third audit of the Managed Care Assignment Processing System (MCAPS) to validate its accuracy. There are five managed care organizations (MCOs) operating in Kentucky: Anthem Blue Cross Blue Shield, WellCare of Kentucky, CoventryCares of Kentucky, Passport Health Plan, and Humana-CareSource.

Data validation surveys (**Appendix C**) were sent to 100 primary care providers (PCPs) and 100 specialists from the five MCOs. The overall response rate was 62.5% (**Appendix A**). PCPs responded at a higher rate than specialists, with rates of 67.7% and 57.1%, respectively. The response rates also varied by MCO: ranging from 52.2% for CoventryCares of Kentucky to 70.7% for Anthem Blue Cross Blue Shield. After removing exclusions, 497 providers were available for analysis.

Highlights of the Audit Findings

- A total of 213 (42.9%) providers who returned surveys included at least one revision. A higher percentage of PCP records had revisions than specialist records, although differences were not statistically significant.
- Four survey items had a substantial percentage of providers with missing data in the MCAPS data file: License number, Secondary Specialty, Spanish, and Other Languages Spoken. Overall accuracy and error rates excluded additions to the Spanish field, as well as additions of “English” to the Languages field.
- While the least accurate field was “Spanish” with a 60.2% rate of accuracy, most of the revisions were additions, because the original MCAPS data were blank. As such, this finding should be interpreted with caution.
- The fields with the most accurate rates were “Last Name” with a 99.8% rate, “State” with a 99.6% rate, “First Name” with a 99.4% rate, “National Provider ID (NPI)” with a 99.0% rate, whether the provider has a contract to accept Medicaid patients with a 98.4% rate, “PCP Panel Size” with a 97.3% rate, “City” with a 97.2% rate, “Provider Type” with a 96.4% rate, “Secondary Specialty” with a 96.2% rate, “PCP, Specialist, or Both” with a 95.8% rate, “Primary Specialty” with a 95.4% rate, and “Zip Code” with a 95.2% rate.
- There was an average of 1.77 revisions per provider for the 213 providers that submitted surveys with changes.
- The “Street Address” element had an accuracy rate of 91.5%. The “Phone Number” element had an accuracy rate of 87.9%, although approximately half the revisions coincided with a change in address. The accuracy rate for “PCP Open or Closed Panel” was 92.4%.
- The “License Number” field was reported correctly in 81.9% of records among the 432 providers licensed in Kentucky, partially due to the high number of missing data in the original data file.
- The “Languages Spoken” element was underreported, and had an accuracy rate of 79.5%. At least one language was added by 101 providers.
- A comparison of the statewide rates of overall accuracy, between the last audit conducted in May 2014 and the current audit, revealed a significant increase from 50.1% to 57.1%. Two data elements, “Provider Type” and “PCP, Specialist, or Both,” increased, while one data element, “Spanish,” decreased in accuracy over time.

The remainder of this report provides details on the background, objectives, and methodology of the study. In addition, the report analyzes the results for each data element and discusses differences in reporting between PCPs and specialists.

INTRODUCTION

MCO provider networks must include a sufficient number of providers and types to deliver contracted services to their target Medicaid populations and meet state accessibility standards. DMS requires the contractor, IPRO, to verify the provider information submitted by Kentucky MCOs to the MCAPS, Kentucky's database for collecting provider panel information. MCOs must submit provider data monthly for all plan enrolled providers electronically to Kentucky's secure MCAPS. Kentucky uses MCAPS data to evaluate the adequacy of the MCO's networks, assess capacity, create Performance Measures related to the MCO's provider networks, and conduct access and availability studies; hence, the accuracy of the source data is essential.

IPRO conducted a two-phase mailing to validate the accuracy of the MCAPS data submissions for PCPs and specialists participating with any of the five MCOs operating in Kentucky with a Medicaid product line. Responses are compared to information in the MCAPS and an error rate is computed for each data element that is validated.

This report is a summary of the third audit of the accuracy of MCO submissions to the MCAPS conducted by IPRO for the DMS. The last audit, conducted in May 2014, demonstrated that most data fields were correct over 90% of the time, and errors were more likely due to underreporting. The audited population for this survey mirrors that of the prior two surveys in which PCPs and specialists who participate in Medicaid were audited. This year, however, Anthem Blue Cross Blue Shield was new to the study.

OBJECTIVES

The objectives of this study were to:

- Validate the accuracy of MCO MCAPS data submissions for Medicaid participating PCPs and specialists,
- Further the accuracy of MCO data submission through furnishing MCO-specific reports to the health plans for correction, and
- Compare the findings of the May 2014 and October 2014 survey studies.

METHODOLOGY

Sampling

In October 2014, DMS sent IPRO five files containing each MCO's MCAPS submission for the most recent monthly provider data. The combined files contained a total of 282,171 records. IPRO excluded selected providers, such as providers whose address was not in Kentucky or any of its bordering states, providers not included in the directory and provider types such as pharmacies. After removing duplicate providers, the file contained 23,285 providers. Random sampling of 100 PCPs and 100 specialists was performed for each plan, resulting in a total sample size of 1,000 providers. Providers who were denoted as "both" for the PCP/Specialist field were categorized as PCPs. A listing of participating MCOs can be found in **Appendix A**.

Survey

The survey sent to PCPs and specialists requested the validation of data fields outlined in **Table 1**. Because the required data fields vary by provider classification, two versions of the survey tool were designed. The tool for specialists did not include the two fields (Open or Closed Panel and Panel Size) for which reporting is not required for them.

All providers were asked an initial screening question as to whether they participated in the named MCO. The 16 providers who responded that they did not participate or did not recognize the named MCO were excluded from analysis.

Table 1: Fields for Validation by Provider Type

Field Names	PCPs	Specialists
Last Name	X	X
First Name	X	X
License Number	X	X
National Provider ID (NPI)	X	X
Street	X	X
City	X	X
State	X	X
Zip Code	X	X
Phone Number	X	X
Accepts Medicaid	X	X
Provider Type	X	X
PCP, Specialist, or Both	X	X
Primary Specialty	X	X
Secondary Specialty	X	X
PCP Open or Closed Panel	X	
PCP Panel Size	X	
Spanish	X	X
Other Languages Spoken*	X	X
MCO – whether provider participates with the plan sampled for survey	X	X

*Up to four languages can be submitted for each provider.

To ensure the accuracy of responses for “Provider Type,” providers were sent a listing of codes for provider type and corresponding provider type labels to facilitate their response to this item.

Mailing

The audit was conducted as a two-phase mail survey. A total of 1,000 providers were sent a survey on November 5, 2014. The second mailing was sent on December 8, 2014 to the 546 providers who did not respond to the first mailing, excluding surveys that were returned as undeliverable. The analysis was started in late January 2015.

The mailing included a cover letter explaining the purpose of the survey, the survey containing auto-populated provider-specific information to be validated, instructions on how to complete the survey with an explanation of each survey item, a listing of provider types, and an envelope to return the survey with pre-paid postage. A database was developed to track the status of all surveys and record provider responses.

Data Analyses

The following analyses were conducted to address the objectives of this study:

- Response rate calculations,
- Accuracy rates on all survey items,
- Comparison of May 2014 and October 2014 results, and
- Comparisons of PCPs and specialists on all applicable survey items.

To test for any differences in proportions, chi-square analyses were employed for all comparative analyses. Statistical significance was established using a p value of .05. Chi square tests produce p values, which help determine whether differences in rates are statistically significant.

Methodological Considerations

PCP/Specialist Categorization

Because the survey contains an item to validate whether the provider is a “PCP,” “Specialist,” or “Both,” the comparisons between PCPs and specialists on accuracy rates incorporate the revisions made by providers to this field. For instance, if a provider was categorized as a PCP in the MCAPS, and changed the item to specialist on the survey, that provider was considered a specialist for most analyses in this report. The only section that retains the original categorizations is the response rate calculation section. As a result, the total counts of PCPs and specialists appearing in this report differ depending on the analysis.

Missing Data in the MCAPS Data File

Among the survey items, there were four items that had a substantial percentage of providers with missing data in the MCAPS data file (**Table 2**). This resulted in higher error rates, since providers recorded their responses because there was no data on the survey. License number was only required for providers licensed in Kentucky. Among the 432 providers licensed in Kentucky, 16.9% were missing license number in the MCAPS file. A total of 97.2% of the providers had no secondary specialty in the MCAPS file, even though IPRO captured specialties from different rows in the file prior to conducting the survey. The Spanish field was missing for 60.6% of the providers. The MCAPS data dictionary specifies only “Y” for yes. However, some plans entered Y and N (“N” for no), and the analysis was conducted as if the requirement includes both Y and N. The Language field was missing for 74.2% of the rows in the MCAPS file.

Table 2: Missing MCAPS Data

Survey Item	n	%
License Number*	73	16.9%
Secondary Specialty	483	97.2%
Spanish	301	60.6%
Other Languages Spoken	369	74.2%

*License Number is limited to providers licensed in Kentucky.

The survey validation results on the missing items listed in **Table 2** were:

- Among the 73 missing data for License number, 52 providers added a License number, while 21 left the field blank;
- Among the 483 missing data for Secondary Specialty, 16 providers added a specialty, while 467 left the field blank, most likely because they do not have a secondary specialty;
- Among the 301 missing data for Spanish, 189 added a response, while 112 left the field blank; and
- Among the 369 missing data for Language, 88 added a response (most frequently English), while 281 left the field blank.

Due to the high number of providers with missing data in the MCAPS file, and the high percentage of revisions reflecting additions instead of changes, the overall accuracy and error rates exclude two types of revisions. For the Spanish field, additions were excluded, but changes were included. For

the Languages field, additions of “English” were excluded, although other language additions or changes were retained. Further information is provided below in the report.

SURVEY RESULTS

Response Rate Calculations

The response rates for the survey are displayed in **Table 3**. Results are itemized by PCP and specialist surveys, and include the total number of surveys mailed, undeliverable surveys due to inaccurate addresses, adjusted populations, number of exclusions, and completed surveys.

A total of 128 surveys were returned to IPRO as “undeliverable” due to inaccurate addresses. Specialists had a slightly higher rate of undeliverable surveys than PCPs (14.2% vs. 11.4%). The undeliverable rate was lower in this audit than the last audit (12.8% vs. 16.0%).

There were 545 returned surveys, yielding a response rate of 62.5%. PCPs responded at a higher rate than specialists, at 67.7% and 57.1%, respectively. As seen in **Appendix A**, response rates ranged from 52.2% for CoventryCares of Kentucky to 70.7% for Anthem Blue Cross Blue Shield. A total of 48 returns were excluded from the analysis because:

- 16 providers did not participate in the named MCO or did not recognize the MCO, and
- 32 providers were not at that site.

Humana-CareSource had the highest number of exclusions with 20, followed by CoventryCares of Kentucky (10 exclusions), Passport Health Plan (7 exclusions), WellCare of Kentucky (7 exclusions), and Anthem Blue Cross Blue Shield (4 exclusions).

As a result, 497 completed surveys were available for analysis.

Table 3: Survey Responses by PCP/Specialist

Survey Responses	PCPs	Specialists	Total
Surveys Mailed	500	500	1,000
Undeliverable	57	71	128
Adjusted Population	443	429	872
Returned Surveys	300	245	545
Response Rate	67.7%	57.1%	62.5%
<i>Exclusions</i>	25	23	48
Completed Surveys	275	222	497

Accuracy Rate Calculations

Among the completed surveys, **Table 4** displays the number and percent of providers who reported at least one revision on their surveys across all items, itemized by PCPs and specialists. Overall, 42.9% of completed surveys included at least one revision. PCPs were more likely than specialists to return surveys with revisions (46.3% vs. 38.9%), although differences were not statistically significant. Note that the PCP survey included two more fields than the specialist survey. As mentioned previously, the error rates exclude instances where a provider added a response for Spanish if one did not exist and/or added English as a response for Languages. Also, corrections to License number were limited to providers in Kentucky.

There was an average of 1.77 revisions per provider, among the 213 providers that had at least one correction. **Appendix B** provides a list of revisions per provider by health plan. Accuracy rates ranged from 42.2% for Passport Health Plan to 71.0% for WellCare of Kentucky.

Table 4: Status of Surveys by Provider Type

Completed Surveys	Total (n = 497)		PCPs (n = 268)		Specialists (n = 229)		Significance
	n	%	n	%	n	%	
With Revisions	213	42.9%	124	46.3%	89	38.9%	n.s.
Without Revisions	284	57.1%	144	53.7%	140	61.1%	n.s.

Note: n.s. denotes not significant at $p < 0.05$.

Comparison Between May 2014 and October 2014 Results

Table 5 provides a summary and comparison of May 2014 and October 2014 statewide rates of accuracy. Overall accuracy increased by 7 percentage points from 50.1% in May 2014 to 57.1% in October 2014. Among the individual items, correct reporting of “Provider Type” and “PCP, Specialist, or Both” saw significant increases in accuracy. “Spanish” was the only data element that saw a significant decrease in accuracy from 67.2% to 60.2%.

Table 5: Statewide Rates of Accuracy for May 2014 and October 2014

Field Name	May 2014 Statewide Results	October 2014 Statewide Results	Significance
Last Name	98.9%	99.8%	
First Name	98.7%	99.4%	
License Number	81.9%	81.9%	
National Provider ID (NPI)	98.7%	99.0%	
Street Address	89.3%	91.5%	
City	98.1%	97.2%	
State	100.0%	99.6%	
Zip Code	95.7%	95.2%	
Phone Number	85.9%	87.9%	
Accepts Medicaid	98.1%	98.4%	
Provider Type	93.3%	96.4%	▲
PCP, Specialist, or Both	91.5%	95.8%	▲
Primary Specialty	93.3%	95.4%	
Secondary Specialty	96.3%	96.2%	
Open or Closed Panel (PCPs Only)	92.3%	92.4%	
Panel Size (PCPs Only)	96.4%	97.3%	
Spanish	67.2%	60.2%	▼
Other Languages Spoken	81.3%	79.5%	
Overall Accuracy	50.1%	57.1%	▲

* October 2014 rate significantly higher (▲) or significantly lower (▼) than October 2014 rate at $p < 0.05$.

Findings

The following sections detail the findings with respect to each element validated.

Provider Identification

Table 6 displays the percentage of correct records (i.e., records that did not require revising) for each of the provider identification elements at the statewide level and by provider classification. The provider identification element most likely to be corrected was “License Number” with an accuracy rate of 81.9%, partially due to the high number of missing data in the original data file. Note that License number is only based on the 432 providers who were licensed in Kentucky. “Phone Number” was the next element most likely to be revised with an accuracy rate of 87.9%. Among the 60 providers who revised “Phone Number,” 31 also revised their “Street Address.”

The error rates for the address-related fields do not include surveys that were returned as “undeliverable,” which in effect could also represent incorrect addresses. While the exclusion of undeliverable surveys should be considered when interpreting the provider address fields’ (Street Address, City, State, and Zip Code) error rates, they were not factored into the analysis because the undeliverable surveys may represent other issues (e.g., provider not at site or retired). Undeliverable surveys by plan ranged from 10.0% to 16.5% with an overall rate of 12.8% (**Appendix A**).

With the exception of “Street Address,” “Phone Number,” and “License Number,” the remaining provider identification elements were correct in at least 95% of returned surveys, (i.e., “Last Name,” “First Name,” “NPI,” “City,” “State,” and “Zip Code”). For “License Number,” 78 providers recorded a change. However, for 52 of these providers, the MCAPS data file did not contain a License Number, so these represent both an addition and revision.

No significant differences between PCPs and specialists were identified for any of the Provider Identification elements.

Table 6: Provider Identification Elements – Statewide (n = 497)

Provider Identification Elements	Total Records without Revisions	Total Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Last Name	496	1	99.8%	100.0%	99.6%	n.s.
First Name	494	3	99.4%	99.6%	99.1%	n.s.
License Number*	354	78	81.9%	80.7%	83.5%	n.s.
NPI	492	5	99.0%	98.9%	99.1%	n.s.
Street Address	455	42	91.5%	91.8%	91.3%	n.s.
City	483	14	97.2%	96.6%	97.8%	n.s.
State**	495	2	99.6%	99.6%	99.6%	n.s.
Zip Code***	473	24	95.2%	94.8%	95.6%	n.s.
Phone Number	437	60	87.9%	89.6%	86.0%	n.s.

Note: n.s. denotes not significant at $p < 0.05$.

* Of these revisions, 52 were for records that did not have a License number in the data file.

** Of these revisions, both (2) were for records that also were revised for Street Address.

*** Of these revisions, all (24) were for records that also were revised for Street Address.

Accepts Medicaid

This item asked whether the provider has a contract to accept Medicaid patients, and was coded as 'Yes' or 'No'. This field was reported correctly in 98.4% (489 out of 497) of surveys. In all eight cases with corrections, a Yes was changed to a No response. Accuracy rates were 97.8% for PCPs and 99.1% for specialists.

Provider Type

Provider type is identified by a 2-digit code and a corresponding provider type description. A listing of codes and corresponding provider type descriptions was enclosed in the survey packet, and providers were asked to use one of the codes on the list if a correction was necessary. This field was reported correctly in 96.4% (479 out of 497) of providers. Among the 18 corrections, 12 were changed from "Physician Individual" to "Physician Group." Provider type was accurate for 95.5% of PCPs and 97.4% of specialists.

PCP, Specialist, or Both

Providers were asked to validate whether they were a PCP, a specialist, or both. The accuracy rate for this field was 95.8% (476 out of 497). Among the 21 who recorded a change, the most common changes were from "PCP" to "Specialist" (n = 11) and "PCP" to "Both" (n = 5). Rates were similar for PCPs and specialists (96.3% and 95.2%, respectively).

Provider Specialty

Physicians were requested to verify their primary and secondary specialties. **Table 7** presents correct rates for these fields statewide and by provider group. "Primary Specialty" was correctly reported in 474 (95.4%) records. "Secondary Specialty" was correctly reported in 478 (96.2%) records. Of the 19 records with corrections, 16 were originally blank and the provider added a specialty.

Accuracy rates for "Primary Specialty" were 95.9% for PCPs and 94.8% for specialists. Accuracy rates for "Secondary Specialty" were similar for PCPs and specialists (96.3% and 96.1%, respectively).

Table 7: Specialty – Statewide and by Provider Group (n = 497)

Specialty	Records without Revisions	Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Primary Specialty	474	23	95.4%	95.9%	94.8%	n.s.
Secondary Specialty	478	19	96.2%	96.3%	96.1%	n.s.

Note: n.s. denotes not significant at $p < 0.05$.

PCP Open or Closed Panel

This is a required field for PCPs only. Valid entries were "O" for Open or "C" for Closed. Of the 268 PCPs, 4 providers were excluded from this analysis, since they were originally classified as specialists (but corrected their data to PCP on the previous item), so this item did not appear on their survey. Among the 264 PCPs with data for this field, 244 (92.4%) were returned with no revisions to the element. Among the 20 PCPs with corrections, 18 revised their panel from "Open" to "Closed," while 2 revised their panel from "Closed" to "Open."

Panel Size

"Panel Size" is a required field for PCPs only. Providers were requested to validate the number of Medicaid enrollees last reported by the named health plan as being assigned to that provider and practice site. Of the 264 completed PCP surveys, 257 (97.3%) were returned with no revisions to the panel size element.

Spanish

Providers were asked to validate whether the provider or clinical staff can speak Spanish. While accuracy rates were low (60.2%), 189 out of the 198 revisions were additions, because the original data for the field were blank in the MCAPS file. Accuracy rates on this field did not significantly differ between PCPs and specialists (63.4% and 56.3%, respectively). Due to the high number of providers with missing data in the MCAPS file, and the high percentage of revisions reflecting additions instead of changes, additions for this field were excluded in computing overall accuracy and error rates. However, the 9 revisions that were provider changes to this field were utilized in the calculations.

Languages Spoken

This element reflects the languages that a provider or clinical staff member has the ability to speak with patients. There are four possible language fields in the file. This element was correct in 79.5% of records (**Table 8**).

Provider revisions to this field indicated that the element is underreported. Of the 497 completed surveys, 102 (20.5%) providers reported revisions to the “Languages Spoken” field. A total of 101 (20.3%) providers added at least one language, while 4 (0.8%) providers dropped at least one language. Staff turnover at physicians’ practices may contribute to why this field was one of the least accurate elements. English was the most commonly added language on the survey. Excluding Spanish, no other languages were reported more than twice by providers.

PCPs were more likely to make corrections than specialists ($p < 0.05$), with accuracy rates of 75.7% and 83.8%, respectively.

Note that although the accuracy rate appears high for this field, with no changes for 395 providers, a total of 281 of these providers did not have any languages in the original MCAPS file and did not add a language, so they are included in the count of 395. Also, because “English” was added by 89 providers, but most providers left the “Language Spoken” field blank, all “English” additions were excluded from the overall accuracy and error rates.

Table 8: Reporting of Languages – Statewide

Languages	n = 497	%
Same languages	395	79.5%
At least one language added	101	20.3%
At least one language dropped	4	0.8%

Note: Three providers added and dropped at least one language, and were therefore counted in the added and dropped counts.

Summary of Accuracy Rates Statewide and by Provider Group

Table 9 displays the accuracy rates for each survey item by provider group category.

Table 9: Provider Group Summary on Survey Items

Survey Item	PCP (n = 268)	Specialist (n = 229)	Total (n = 497)
Last Name	100.0%	99.6%	99.8%
First Name	99.6%	99.1%	99.4%
License Number	80.7%	83.5%	81.9%
National Provider ID (NPI)	98.9%	99.1%	99.0%
Street Address	91.8%	91.3%	91.5%
City	96.6%	97.8%	97.2%
State	99.6%	99.6%	99.6%
Zip Code	94.8%	95.6%	95.2%
Phone Number	89.6%	86.0%	87.9%
Accepts Medicaid	97.8%	99.1%	98.4%
Provider Type	95.5%	97.4%	96.4%
PCP, Specialist, or Both	96.3%	95.2%	95.8%
Primary Specialty	95.9%	94.8%	95.4%
Secondary Specialty	96.3%	96.1%	96.2%
PCP Open or Closed Panel	92.4%	N/A	N/A
PCP Panel Size	97.3%	N/A	N/A
Spanish	63.4%	56.3%	60.2%
Other Languages Spoken	75.7%	83.8%	79.5%
Overall Accuracy	53.7%	61.1%	57.1%

N/A: not applicable.

MCO variation in accuracy rates for each survey item was evaluated (data not shown). Most fields did not vary much among the five health plans. The four fields with the widest range in accuracy rates were: “License number,” “Primary Specialty,” “Spanish,” and “Languages Spoken.”

Limitations

The major limitations in interpreting the results of this audit center on the missing data in the MCAPS data file, especially for the fields “Spanish” and “Languages Spoken.” The overall rates were adjusted to discount any additions made by the providers to the “Spanish” field and additions of “English” to the “Languages Spoken” field. However, these additions were retained in the error rates for the two fields to present an accurate representation of the issues with these fields. Treating provider additions as errors when the MCAPS data were blank increased the error rates for these fields. On the other hand, as noted above, many providers did not record a response on the survey when the original MCAPS data were blank. A lack of response was treated as no change, which consequently contributed to the accuracy rate. These limitations also applied to the “License number” field. In general, rates for these fields should be interpreted with caution. Validation surveys are much more informative when the original data file contains some data to validate, so plans should be encouraged to provide complete data, including a response for every field.

RECOMMENDATIONS

Based on the findings of this audit, IPRO recommends that:

DMS

- Follows up with health plans to correct provider records for the errors identified by this audit;
- Works with plans to enhance the accuracy and completion of critical fields in the MCAPS, especially fields relating to license number, phone number, address, and languages spoken;
- Expands the data dictionary to include more specificity in the definitions of the data elements to help facilitate plans' submission of accurate and complete data. For example, for the language fields, codes are provided without further instruction to ensure that each provider report at least one language;
- Considers adding data elements to the MCAPS that collect information about wheelchair access, hours at site, provider usage of Health Information Technology (such as electronic medical records (EMR) systems), and providers' Patient-Centered Medical Home (PCMH) certification status and level;
- Considers removing the field "Spanish" and incorporating it into the Language field. If "Spanish" is retained as a separate field, it would be preferable to revise the data dictionary and ask plans to enter "Y" or "N," so that missing data are not presumed to be No;
- Considers recording "Secondary Specialty" on the same row as "Primary Specialty" instead of on separate rows; and
- Considers adding interpreter services/translation services as codes to the data dictionary of the language field, since some providers noted this on the survey, but there is no code to capture such services in the MCAPS.

IPRO

- Furnishes the names and addresses of the surveys that were undeliverable to the health plans for further research.

Appendix A – Response Rate by Plan

Table A1: Response Rate by Plan

Plan	Initial Sample Size	Undeliverable Surveys	Adjusted Sample Size	Returns	Response Rate
Anthem Blue Cross Blue Shield	200	33	167	118	70.7%
CoventryCares of Kentucky	200	22	178	93	52.2%
Humana-CareSource	200	26	174	111	63.8%
Passport Health Plan	200	27	173	109	63.0%
WellCare of Kentucky	200	20	180	114	63.3%
TOTAL	1,000	128	872	545	62.5%
ALL PCPs	500	57	443	300	67.7%
ALL Specialists	500	71	429	245	57.1%

Appendix B – Overall Accuracy by Plan

Table B1: Overall Accuracy by Plan

Plan	Completed Surveys	Returned with Revisions	Returned without Revisions	% Survey without Revisions	Average Revisions
Anthem Blue Cross Blue Shield	114	48	66	57.9%	1.73
CoventryCares of Kentucky	83	31	52	62.7%	1.71
Humana-CareSource	91	44	47	51.6%	1.93
Passport Health Plan	102	59	43	42.2%	1.73
WellCare of Kentucky	107	31	76	71.0%	1.77
TOTAL	497	213	284	57.1%	1.77
ALL PCPs*	268	124	144	53.7%	1.77
ALL Specialists*	229	89	140	61.1%	1.79

*Provider revisions to the field “PCP, Specialist, or Both” were incorporated to identify the correct category for PCP or Specialist.

Appendix C

Sample of Specialist Survey Sent to Providers

Commonwealth of Kentucky
Department for Medicaid Services

Provider Network Data Survey

The health plan to the left has provided the following to DMS for the provider listed below. If you do not participate in this plan, please check the box to the right and return the survey.

1. Please verify that the following information is correct.

2. Make necessary corrections.

Last Name			
First Name			
License #			
Natl Provider Id (NPI)			
Street			
City			
State / Zip Code			
Phone			
Accepts Medicaid	<input type="checkbox"/>	Y=Yes, N=No	<input type="checkbox"/>
Provider Type			
PCP, Specialist, or Both	<input type="checkbox"/>	P=PCP, S=SPECIALIST, B=BOTH	<input type="checkbox"/>
Specialty:			
Primary			
Secondary			
Spanish	<input type="checkbox"/>	Y=Yes, N=No	<input type="checkbox"/>
Languages spoken by Physician and/ or Clinical staff at this site:			

Check here if no corrections required

THANK YOU!

Sample of PCP Survey Sent to Providers

Commonwealth of Kentucky
Department for Medicaid Services

Provider Network Data Survey

The health plan to the left has provided the following to DMS for the provider listed below. If you do not participate in this plan, please check the box to the right and return the survey.

1. Please verify that the following information is correct.

2. Make necessary corrections.

Last Name				
First Name				
License #				
Natl Provider Id (NPI)				
Street				
City				
State / Zip Code				
Phone				
Accepts Medicaid	<input type="checkbox"/>	Y=Yes, N=No	<input type="checkbox"/>	Y=Yes, N=No
Provider Type				
PCP, Specialist, or Both	<input type="checkbox"/>	P=PCP, S=SPECIALIST, B=BOTH	<input type="checkbox"/>	P=PCP, S=SPECIALIST, B=BOTH
Specialty:				
Primary				
Secondary				
PCP Open or Closed Panel	<input type="checkbox"/>	O=Open, C=Closed	<input type="checkbox"/>	O=Open, C=Closed
PCP Panel Size				
Spanish	<input type="checkbox"/>	Y=Yes, N=No	<input type="checkbox"/>	Y=Yes, N=No
Languages spoken by Physician and/ or Clinical staff at this site:				

Check here if no corrections required

THANK YOU!