



Commonwealth of Kentucky  
Department for Medicaid Services  
Division of Medical Management

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## **Validation of Managed Care Provider Network Submissions: Audit Report**

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## EXECUTIVE SUMMARY

In March 2013, Island Peer review Organization (IPRO), on behalf of the Kentucky Department for Medicaid Services (DMS), conducted an audit of the Managed Care Assignment Processing System (MCAPS) to validate its accuracy.

Data validation surveys (see Appendix C) were sent to 100 primary care providers (PCPs) and 100 specialists from the five (5) managed care organizations (MCOs) operating in Kentucky (see Appendix A). The overall response rate was 63.7%. PCPs responded at a slightly higher rate than specialists, with 64.0% and 63.5% respectively. The response rates also varied by MCO, ranging from 60.4% for Humana to 69.1% for WellCare. After removing exclusions, 521 providers were available for analysis.

### Highlights of the Audit Findings

- § A total of 252 (48.4%) providers who returned surveys included at least one revision. A higher percentage of PCP records had revisions than specialist records.
- § 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 63.9% 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 “State” with a 99.8% rate, “NPI” with a 99.6% rate, “First Name” and “Last Name” each with a 99.4% rate, whether the provider has a contract to accept Medicaid patients with a 99.0% rate, “City” with a 97.9% rate, “Provider Type”, with a 96.5% rate, “Secondary Specialty” with a 96.4% rate, “Zip Code” with a 95.8% rate, and “PCP Panel Size” with a 95.0% rate.
- § There was an average of 1.71 revisions per provider for the 252 providers that submitted surveys with changes.
- § The “Street Address” element had an accuracy rate of 91.7%. The “Phone Number” element had an accuracy rate of 88.5%, although half the revisions coincided with a change in address.
- § The “License Number” field was reported correctly in 89.1% of records among the 442 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 82.5%. At least one language was added by 90 PCPs.
- § Rates of accuracy for other fields were: PCP, Specialist, or Both – 93.7%, Primary Specialty– 87.9%, and PCP Open or Closed Panel – 83.3%.

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

Provider networks must include sufficient provider numbers 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 the state's secure MCAPS. The state uses MCAPS data to evaluate the adequacy of the MCOs networks, assess capacity, create Performance Measures related to the MCOs 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 first audit of the accuracy of MCO submissions to the MCAPS conducted by IPRO for the DMS.

## OBJECTIVES

The objectives of this study are 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.
- § Develop a baseline of results which can be re-evaluated in the future to assess improvement in data reporting.

## METHODOLOGY

### ***Sampling***

On February 19<sup>th</sup>, 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 157,540 rows. IPRO excluded selected providers, such as providers whose address was not in KY 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 19,777 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 25 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 #	X	X
National Provider ID (NPI)	X	X
Street	X	X
City	X	X
State	X	X
Zip Code	X	X
Phone	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 March 11th. The second mailing was sent on April 4th to the 617 providers who did not respond to the first mailing, excluding surveys that were returned as undeliverable. The analysis was started in mid-May.

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:

- q Response rate calculations
- q Accuracy rates on all survey items
- q 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.

## 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.

### Data File Missing Data Issues

Among the survey items, there were four items that had a substantial percentage of providers with missing data in the MCAPS data file (see 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 442 providers licensed in KY, 10.2% were missing license number in the MCAPS file. A total of 93.9% of 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 58.3% of the providers. The MCAPS data dictionary specifies only “Y” for yes. However, some plans entered Y and N, and the analysis was conducted as if the requirement is Y and N. The Language field was missing for 62.0% of the rows in the MCAPS file.

**Table 2: Missing MCAPS Data**

Survey Item	N	%
License #	45	10.2%
Secondary Specialty	489	93.9%
Spanish	304	58.3%
Other Languages Spoken	323	62.0%

Below are the survey validation results on these 4 items.

- o Among the 45 missing data for License number, 24 providers added a License number, while 21 left the field blank.
- o Among the 489 missing data for Secondary Specialty, 18 providers added a specialty, while 471 left the field blank, most likely because they do not have a secondary specialty.
- o Among the 304 missing data for Spanish, 182 added a response, while 122 left the field blank.

- Among the 323 missing data for Language, 71 added a response (most frequently English), while 252 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 98 surveys were returned to IPRO as “undeliverable” due to inaccurate addresses. Specialists had a slightly higher rate of undeliverables than PCPs (10.2% vs. 9.4%).

There were 575 returned surveys, yielding a response rate of 63.7%. PCPs had a slightly higher response rate (64.0%) than specialists (63.5%). A total of 54 returns were excluded from the analysis because:

- q 25 providers did not participate in the named MCO or did not recognize the MCO, and
- q 29 providers were not at that site.

As a result, 521 completed surveys were available for analysis.

**Table 3: Survey Responses by PCP/Specialist**

	PCPs	Specialists	Total
<b>Surveys Mailed</b>	500	500	1,000
Undeliverable	47	51	98
<b>Adjusted Population</b>	453	449	902
<b>Returned Surveys</b>	290	285	575
<b>Response Rate</b>	64.0%	63.5%	63.7%
<i>Exclusions</i>	35	19	54
<b>Completed Surveys</b>	255	266	521

## 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.

The table indicates that 48.4% included at least one revision. PCPs were more likely than specialists to return surveys with revisions (53.8% vs. 43.4%). 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 1.71 revisions per provider, among providers that had at least one correction. See Appendix B for a listing of revisions per provider by health plan.

**Table 4: Status of Surveys by Provider Type**

Completed Surveys	Total (n=521)		PCPs (n=249)		Specialists (n=272)		Significance
	N	%	N	%	N	%	
With Revisions	252	48.4%	134	<b>53.8%</b>	118	43.4%	*
Without Revisions	269	51.6%	115	46.2%	154	<b>56.6%</b>	*

Note: Bold values represent the significantly higher value in the row.

\* Significant at p<.05.

## FINDINGS

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

### ***Provider Identification***

Table 5 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 “Phone Number” with an accuracy rate of 88.5%. Among the 60 providers who revised “Phone Number” 30 also revised their “Street Address”. “License Number” was the next element most likely to be revised with an accuracy rate of 89.1%, partially due to the high number of missing data in the original data file. Note that License number is only based on the 442 providers who were licensed in Kentucky.

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 undeliverables 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 undeliverables may represent other issues (e.g., provider not at site or retired).

Undeliverables by plan ranged from 6.5% to 14% with an overall rate of 9.8%. (See 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, City, State, Zip Code, and NPI). For License Number, 48 providers recorded a change. However, for 24 of these providers, the MCAPS data file had no License Number, so these represent both an addition and revision.

The only field where PCPs and specialists differed significantly was Phone Number, where the rate for PCPs was higher than for specialists.

**Table 5: Provider Identification Elements – Statewide**

Provider Identification Elements	Total Records without Revisions	Total Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Last Name	518	3	99.4%	99.6%	99.3%	
First Name	518	3	99.4%	100.0%	98.9%	
License #**	394	48	89.1%	89.2%	89.1%	
NPI	519	2	99.6%	100.0%	99.3%	
Street Address	478	43	91.7%	92.8%	90.8%	
City	510	11	97.9%	97.2%	98.5%	
State	520	1	99.8%	100.0%	99.6%	
Zip Code***	499	22	95.8%	95.6%	96.0%	
Phone #	461	60	88.5%	<b>91.6%</b>	85.7%	*

Note: Bold value represents the significantly higher value in the row.

\* Significant at  $p < .05$ .

\*\* Of these revisions, half (24) was for records that did not have a License # in the data file.

\*\*\* Of these revisions, a vast majority (21) was for records that also were revised for Street Address.

### ***Accepts Medicaid***

This item asks whether the provider has a contract to accept Medicaid patients, and is coded as 'Yes' or 'No'. This field was reported correctly in 99.0% (516 out of 521) of surveys. In all five cases with corrections, a Yes was changed to a No response. PCPs were more likely to revise this element than specialists, at  $p < .05$ , with rates of 98.0% and 100.0%, respectively.

### ***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 96.5% (503 out of 521) of providers. Among the 18 corrections, 12

were changed from “Physician Individual” to “Physician Group”. Provider type was accurate for 95.6% of PCPs and 97.4% of specialists.

***PCP, Specialist, or Both***

Providers were asked to validate whether they were PCP, Specialists, or Both. The accuracy rate for this field was 93.7% (488 out of 521). Among the 33 who recorded a change, the most common changes were from PCP to specialist (n=12) and PCP to both (n=9). Accuracy rates on this field did not significantly differ between PCPs and specialists (92.8% and 94.5%, respectively).

***Provider Specialty***

Physicians were requested to verify their Primary and Secondary Specialties. Table 6 presents correct rates for these fields statewide and by provider group. Primary Specialty was reported correctly in 458 (87.9%) records. Secondary Specialty was reported correctly in 502 (96.4%) records. Of the 19 with corrections, 18 were originally blank and the provider added a specialty, while 1 was deleted.

Primary Specialty was correctly reported for 88.8% of PCPs and 87.1% of specialists. For PCPs, the percentage of correct records for Secondary Specialty was 96.0% as compared with 96.7% for specialists. No significant differences were identified.

**Table 6: Specialty – Statewide and by Provider Group**

Specialty	Records without Revisions	Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Primary Specialty	458	63	87.9%	88.8%	87.1%	
Secondary Specialty	502	19	96.4%	96.0%	96.7%	

***PCP Open or Closed Panel***

This field is a required field for PCPs only. Valid entries were “O” for Open or “C” for Closed. Of the 249 PCPs, 9 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 240 PCPs with data for this field, 200 (83.3%) were returned with no revisions to the element. Among the 40 PCPs with corrections, 37 revised their panel from Open to Closed, while 3 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 240 completed PCP surveys, 228 (95.0%) 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 (63.9%), 182 out of the 188 revisions were additions, because the original data for the field was blank in the MCAPS file. Rates were similar for PCPs and specialists (63.1% and 64.7%, 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 6 provider changes to this field were utilized in the calculations.

### **Languages Spoken**

This element reflects 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 82.5% of records (see Table 7a).

Provider revisions to this field indicate that the element is underreported. Of the 521 completed surveys, 91 (17.5%) providers reported revisions to the “Languages Spoken” field. A total of 90 (17.3%) 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 is one of the least accurate elements. Table 7b displays the most frequently underreported languages. As can be seen, English was the most commonly added language on the survey.

PCPs were more likely to make corrections than specialists, with accuracy rates of 80.3% and 84.6%, respectively, although differences were not statistically significant.

Note that although the accuracy rate appears high for this field, with no changes for 430 providers, a total of 252 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 430. Also, because “English” was added by 58 providers, but most providers left the Language field blank, all “English” additions were excluded from the overall accuracy and error rates.

**Table 7a: Reporting of Languages – Statewide**

<b>Languages</b>	<b>N</b>	<b>%</b>
Same languages	430	82.5%
At least one language added	90	17.3%
At least one language dropped	4	0.8%

Note: Three (3) providers added and dropped at least one language and were therefore counted in the added and dropped counts.

**Table 7b: Most Frequently Underreported Languages**

Language	Number of Providers Adding
English	58
Spanish	21
French	7
Hindi	4

**Summary of Accuracy Rates Statewide and by Provider Group**

Table 8 displays the accuracy rates for each survey item by provider group category.

**Table 8: Provider Group Summary on Survey Items**

Survey Item	PCP (n=249)	Specialist (n=272)	Total (n=521)
Last Name	99.6%	99.3%	99.4%
First Name	100.0%	98.9%	99.4%
License #	89.2%	89.1%	89.1%
National Provider ID (NPI)	100.0%	99.3%	99.6%
Street Address	92.8%	90.8%	91.7%
City	97.2%	98.5%	97.9%
State	100.0%	99.6%	99.8%
Zip Code	95.6%	96.0%	95.8%
Phone	91.6%	85.7%	88.5%
Accepts Medicaid	98.0%	100.0%	99.0%
Provider Type	95.6%	97.4%	96.5%
PCP, Specialist, or Both	92.8%	94.5%	93.7%
Primary Specialty	88.8%	87.1%	87.9%
Secondary Specialty	96.0%	96.7%	96.4%
PCP Open or Closed Panel	83.3%	N/A	N/A
PCP Panel Size	95.0%	N/A	N/A
Spanish	63.1%	64.7%	63.9%
Other Languages Spoken	80.3%	84.6%	82.5%
<b>Overall Accuracy</b>	46.2%	56.6%	51.6%

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 five fields with the widest range in accuracy rates were: License number, Primary specialty, Open panel, 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 “Other Languages”. The overall rates were adjusted to discount any additions made by the providers to the Spanish field and additions of “English” to the Language 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 the DMS/IPRO:

- § Follow-up with health plans to correct provider records for the errors identified by this audit.
- § Furnish the names and addresses of the surveys that were undeliverable to the health plans for further research.
- § Work with plans to enhance the accuracy and completion of critical fields in the MCAPS, especially license number, specialty, and languages spoken.
- § Expand 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.
- § Consider 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.
- § Consider 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.
- § Secondary Specialty should be recorded on the same row as Primary Specialty instead of on separate rows.

## Appendix A – Response Rate by Plan

Plan	Initial Sample Size	Undeliverable Surveys	Adjusted Sample Size	Returns	Response Rate
Coventry	200	20	180	109	60.6%
Humana	200	13	187	113	60.4%
KY Spirit	200	28	172	114	66.3%
Passport	200	18	182	114	62.6%
WellCare	200	19	181	125	69.1%
<b>TOTAL</b>	<b>1000</b>	<b>98</b>	<b>902</b>	<b>575</b>	<b>63.7%</b>
<b>ALL PCPs</b>	<b>500</b>	<b>47</b>	<b>453</b>	<b>290</b>	<b>64.0%</b>
<b>ALL Specialists</b>	<b>500</b>	<b>51</b>	<b>449</b>	<b>285</b>	<b>63.5%</b>

## Appendix B – Overall Accuracy by Plan

Plan	Completed surveys	Returned with Revisions	Returned without Revisions	% Survey without Revisions	Average Revisions
Coventry	99	34	65	65.7%	1.71
Humana	102	58	44	43.1%	1.66
KY Spirit	100	53	47	47.0%	1.87
Passport	100	52	48	48.0%	1.58
WellCare	120	55	65	54.2%	1.75
<b>TOTAL</b>	<b>521</b>	<b>252</b>	<b>269</b>	<b>51.6%</b>	<b>1.71</b>
<b>ALL PCPs*</b>	<b>249</b>	<b>134</b>	<b>115</b>	<b>46.2%</b>	<b>1.71</b>
<b>ALL Specialists*</b>	<b>272</b>	<b>118</b>	<b>154</b>	<b>56.6%</b>	<b>1.71</b>

\*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.

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

Check here if no corrections required

# THANK YOU!

# Appendix C – 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.

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

Check here if no corrections required

**THANK YOU!**