



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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EXECUTIVE SUMMARY

In May 2014, Island Peer review Organization (IPRO), on behalf of the Kentucky Department for Medicaid Services (DMS), conducted its second audit of the Managed Care Assignment Processing System (MCAPS) to validate its accuracy. There are five managed care organizations (MCOs) operating in Kentucky: WellCare of Kentucky, CoventryCares of Kentucky, Passport Health Plan, Humana CareSource, and Anthem. Because Anthem started in January 2014, and did not report MCAPS data at the time of this project, it was not included.

Data validation surveys (see Appendix C) were sent to 100 primary care providers (PCPs) and 100 specialists from the four MCOs. The overall response rate was 60.9% (see Appendix A). Specialists responded at a slightly higher rate than PCPs, with 61.6% and 60.2% respectively. The response rates also varied by MCO, ranging from 55.9% for Passport to 71.6% for WellCare of Kentucky. After removing exclusions, 375 providers were available for analysis.

Highlights of the Audit Findings

- A total of 187 (49.9%) 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 67.2% 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 “State” with a 100.0% rate, “Last Name” with a 98.9% rate, “First Name” and “NPI” each with a 98.7% rate, “City” and whether the provider has a contract to accept Medicaid patients each with a 98.1% rate, “PCP Panel Size” with a 96.4% rate, “Secondary Specialty” with a 96.3% rate, “Zip Code” with a 95.7% rate, and “Provider Type” and “Primary Specialty” each with a 93.3% rate.
- There was an average of 1.79 revisions per provider for the 187 providers that submitted surveys with changes.
- The “Street Address” element had an accuracy rate of 89.3%. The “Phone Number” element had an accuracy rate of 85.9%, although almost half the revisions coincided with a change in address.
- The “License Number” field was reported correctly in 81.9% of records among the 310 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 81.3%. At least one language was added by 69 PCPs.
- Rates of accuracy for other fields were: PCP, Specialist, or Both – 91.5% and PCP Open or Closed Panel – 92.3%.
- A comparison of 2013 and 2014 statewide rates of accuracy revealed a slight decrease from 51.6% to 50.1%. Two data elements, “Open or Closed Panel” and “Primary Specialty”, increased, while two data elements, “License Number” and “Provider Type”, 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

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 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 four 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 second audit of the accuracy of MCO submissions to the MCAPS conducted by IPRO for the DMS. The first audit, conducted in 2013, demonstrated that most data fields were correct over 90% of the time and errors were more likely due to underreporting. The audited population for the 2014 survey mirrors that of the 2013 survey in which PCPs and specialists who participate in Medicaid were audited. This year, however, KY Spirit was not sampled.

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, and
- Compare the findings of the 2013 and 2014 survey studies.

METHODOLOGY

Sampling

In May 2014, DMS sent IPRO four files containing each MCO's MCAPS submission for the most recent monthly provider data. The combined files contained a total of 236,944 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 22,450 providers. Random sampling of 100 PCPs and 100 specialists was performed for each plan, resulting in a total sample size of 800 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 #	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 800 providers were sent a survey on June 13th. The second mailing was sent on July 18th to the 400 providers who did not respond to the first mailing, excluding surveys that were returned as undeliverable. The analysis was started in late-August.

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 2013 and 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.

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 310 providers licensed in Kentucky, 17.1% were missing license number in the MCAPS file. A total of 95.5% 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 45.6% 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 76.0% of the rows in the MCAPS file.

Table 2: Missing MCAPS Data

Survey Item	N	%
License #*	53	17.1%
Secondary Specialty	358	95.5%
Spanish	171	45.6%
Other Languages Spoken	285	76.0%

*License # is limited to providers licensed in Kentucky.

Below are the survey validation results on these 4 items.

- Among the 53 missing data for License number, 34 providers added a License number, while 19 left the field blank.
- Among the 358 missing data for Secondary Specialty, 17 providers added a specialty, while 341 left the field blank, most likely because they do not have a secondary specialty.
- Among the 171 missing data for Spanish, 114 added a response, while 57 left the field blank.
- Among the 285 missing data for Language, 62 added a response (most frequently English), while 223 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 undeliverables than PCPs (16.8% vs. 15.3%). The undeliverable rate was higher this year than last year (16.0% vs. 9.8%). As seen in Appendix A, the high rate is partially due to the very high rate of undeliverable addresses for Passport providers at 27.5%.

There were 409 returned surveys, yielding a response rate of 60.9%. As seen in Appendix A, WellCare had the highest response rate (71.6%). A total of 34 returns were excluded from the analysis because:

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

Passport had the highest number of exclusions, with 12, followed by WellCare of Kentucky (9), Humana CareSource (7), and CoventryCares of Kentucky (6).

As a result, 375 completed surveys were available for analysis.

Table 3: Survey Responses by PCP/Specialist

	PCPs	Specialists	Total
Surveys Mailed	400	400	800
Undeliverable	61	67	128
Adjusted Population	339	333	672
Returned Surveys	204	205	409
Response Rate	60.2%	61.6%	60.9%
<i>Exclusions</i>	20	14	34
Completed Surveys	184	191	375

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 49.9% included at least one revision. PCPs were more likely than specialists to return surveys with revisions (56.1% vs. 44.1%). 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 1.79 revisions per provider, among providers that had at least one correction. See Appendix B for a listing of revisions per provider by health plan. Accuracy rates ranged from 31.9% for Passport to 59.0% for WellCare of Kentucky.

Table 4: Status of Surveys by Provider Type

Completed Surveys	Total (n=375)		PCPs (n=180)		Specialists (n=195)		Significance
	N	%	N	%	N	%	
With Revisions	187	49.9%	101	56.1%	86	44.1%	*
Without Revisions	188	50.1%	79	43.9%	109	55.9%	*

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

* Significant at p<.05.

COMPARISON BETWEEN 2013 AND 2014 RESULTS

Table 5 provides a summary and comparison of 2013 and 2014 statewide rates of accuracy. (See Appendix B for overall plan rates of accuracy.) Overall accuracy decreased by 1.5 percentage points from 51.6% in 2013 to 50.1% in 2014.

Correct reporting of “Open or Closed Panel” saw the most dramatic change, significantly increasing from 83.3% to 92.3%. “Primary Specialty” also saw significant increases in reporting. “License Number” and “Provider Type” were the only data elements that saw significant decreases in accuracy.

Table 5: Statewide Rates of Accuracy for 2013 and 2014

Field Name	2013 Statewide Results	2014 Statewide Results	Significance
Last Name	99.4%	98.9%	
First Name	99.4%	98.7%	
License #	89.1%	81.9%	▼
National Provider ID (NPI)	99.6%	98.7%	
Street Address	91.7%	89.3%	
City	97.9%	98.1%	
State	99.8%	100.0%	
Zip Code	95.8%	95.7%	
Phone	88.5%	85.9%	
Accepts Medicaid	99.0%	98.1%	
Provider Type	96.5%	93.3%	▼
PCP, Specialist, or Both	93.7%	91.5%	
Primary Specialty	87.9%	93.3%	▲
Secondary Specialty	96.4%	96.3%	
Open or Closed Panel (PCPs Only)	83.3%	92.3%	▲
Panel Size (PCPs Only)	95.0%	96.4%	
Spanish	63.9%	67.2%	
Other Languages Spoken	82.5%	81.3%	
Overall Accuracy	51.6%	50.1%	

* 2014 rate significantly higher (▲) or significantly lower (▼) than 2013 rate at $p < .05$.

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 310 providers who were licensed in Kentucky. “Phone Number” was the next element most likely to be revised with an accuracy rate of 85.9%. Among the 53 providers who revised “Phone Number”, 26 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 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 12% to 27.5% with an overall rate of 16%. (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, 56 providers recorded a change. However, for 34 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 City, where the rate for specialists was higher than for PCPs.

Table 6: Provider Identification Elements – Statewide

Provider Identification Elements	Total Records without Revisions	Total Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Last Name	371	4	98.9%	98.3%	99.5%	
First Name	370	5	98.7%	98.3%	99.0%	
License #**	254	56	81.9%	82.7%	81.1%	
NPI	370	5	98.7%	98.9%	98.5%	
Street Address	335	40	89.3%	87.2%	91.3%	
City	368	7	98.1%	96.1%	100.0%	*
State	375	0	100.0%	100.0%	100.0%	
Zip Code***	359	16	95.7%	94.4%	96.9%	
Phone #	322	53	85.9%	82.2%	89.2%	

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

* Significant at $p < .05$.

** Of these revisions, 34 were for records that did not have a License # in the data file.

*** Of these revisions, a vast majority (14) 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 98.1% (368 out of 375) of surveys. In all seven 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 96.1% 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 93.3% (350 out of 375) of providers. Among the 25 corrections, 13 were changed from "Physician Individual" to "Physician Group". Provider type was accurate for 95.0% of PCPs and 91.8% 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 91.5% (343 out of 375). Among the 32 who recorded a change, the most common changes were from PCP to specialist (n=14) and specialist to PCP (n=10). Rates were similar for PCPs and specialists (91.1% and 91.8%, 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 350 (93.3%) records. Secondary Specialty was correctly reported in 361 (96.3%) records. Of the 14 records with corrections, 12 were originally blank and the provider added a specialty.

Accuracy rates for Primary Specialty were higher for PCPs (96.1%) than specialists (90.8%), at a significance of $p < .05$. For PCPs, the percentage of correct records for Secondary Specialty was 96.1% as compared with 96.4% for specialists. No significant differences were identified for Secondary Specialty.

Table 7: Specialty – Statewide and by Provider Group

Specialty	Records without Revisions	Records with Revisions	% Correct			Significance
			Total Records	PCPs	Specialists	
Primary Specialty	350	25	93.3%	96.1%	90.8%	*
Secondary Specialty	361	14	96.3%	96.1%	96.4%	

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

* Significant at $p < .05$.

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 180 PCPs, 12 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 168 PCPs with data for this field, 155 (92.3%) were returned with no revisions to the element. Among the 13 PCPs with corrections, 12 revised their panel from Open to Closed, while 1 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 168 completed PCP surveys, 162 (96.4%) 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 (67.2%), 114 out of the 123 revisions were additions, because the original data for the field was blank in the MCAPS file. Accuracy rates on this field did not significantly differ between PCPs and specialists (70.0% and 64.6%, 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 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 81.3% of records (see Table 8a).

Provider revisions to this field indicate that the element is underreported. Of the 375 completed surveys, 70 (18.7%) providers reported revisions to the “Languages Spoken” field. A total of 69 (18.4%) providers added at least one language, while 3 (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 8b 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 77.8% 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 305 providers, a total of 223 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 305. Also, because “English” was added by 59 providers, but most providers left the Language field blank, all “English” additions were excluded from the overall accuracy and error rates.

Table 8a: Reporting of Languages – Statewide

Languages	N	%
Same languages	305	81.3%
At least one language added	69	18.4%
At least one language dropped	3	0.8%

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

Table 8b: Most Frequently Underreported Languages

Language	Number of Providers Adding
English	59
Spanish	4
Hindi	3

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=180)	Specialist (n=195)	Total (n=375)
Last Name	98.3%	99.5%	98.9%
First Name	98.3%	99.0%	98.7%
License #	82.7%	81.1%	81.9%
National Provider ID (NPI)	98.9%	98.5%	98.7%
Street Address	87.2%	91.3%	89.3%
City	96.1%	100.0%	98.1%
State	100.0%	100.0%	100.0%
Zip Code	94.4%	96.9%	95.7%
Phone	82.2%	89.2%	85.9%
Accepts Medicaid	96.1%	100.0%	98.1%
Provider Type	95.0%	91.8%	93.3%
PCP, Specialist, or Both	91.1%	91.8%	91.5%
Primary Specialty	96.1%	90.8%	93.3%
Secondary Specialty	96.1%	96.4%	96.3%
PCP Open or Closed Panel	92.3%	N/A	N/A
PCP Panel Size	96.4%	N/A	N/A
Spanish	70.0%	64.6%	67.2%
Other Languages Spoken	77.8%	84.6%	81.3%
Overall Accuracy	43.9%	55.9%	50.1%

MCO variation in accuracy rates for each survey item was evaluated (data not shown). Most fields did not vary much among the four health plans. The five fields with the widest range in accuracy rates were: License number, Street address, Phone number, 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 DMS/IPRO:

DMS

- Follow-up with health plans to correct provider records for the errors identified by this audit.
- Work with plans to enhance the accuracy and completion of critical fields in the MCAPS, especially license number, phone, address, 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.
- Consider 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

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

Appendix A – Response Rate by Plan

Plan	Initial Sample Size	Undeliverable Surveys	Adjusted Sample Size	Returns	Response Rate
CoventryCares of KY	200	24	176	100	56.8%
Humana CareSource	200	25	175	102	58.3%
Passport	200	55	145	81	55.9%
WellCare of KY	200	24	176	126	71.6%
TOTAL	800	128	672	409	60.9%
ALL PCPs	400	61	339	204	60.2%
ALL Specialists	400	67	333	205	61.6%

Appendix B – Overall Accuracy by Plan

Plan	Completed surveys	Returned with Revisions	Returned without Revisions	% Survey without Revisions	Average Revisions
CoventryCares of KY	94	42	52	55.3%	1.45
Humana CareSource	95	50	45	47.4%	1.74
Passport	69	47	22	31.9%	2.19
WellCare of KY	117	48	69	59.0%	1.75
TOTAL	375	187	188	50.1%	1.79
ALL PCPs*	180	101	79	43.9%	1.82
ALL Specialists*	195	86	109	55.9%	1.76

*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"/>	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				
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!

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.

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!