



Access and Appointment Availability and Provider Demographics Survey – Specialist

A survey must be completed for each provider in your practice

Please send completed forms to our Network Provider email at TexasMedicaidNetworkDepartment@bcbstx.com.

Provider Name: _____

Tax Identification Number (TIN): _____

National Provider Identifiers (NPI): _____

Specialty: _____

Address: _____

City, State, County: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Access and Availability Questions:

Question	Response (Y/N)
Are members able to receive routine specialty care within 30 days?	
Are specialists accessible 24 hours a day, 7 days a week? (Y/N)	
After closing time, is your phone answered by a live person or voicemail?	
If answered by live person, do you have both English and Spanish available or meet the language requirements of the major population groups in your area?	
If answered by voicemail, do you have both English and Spanish available, or meet the language requirements of the major population groups in your area?	
If the office telephone is answered after-hours by answering machine, are calls returned by an answering service within 30 mins?	
If the office telephone is transferred after hours to another location where someone will answer the telephone and be able to contact the PCP, or another designated medical provider, who can return the call within 30 mins?	



Provider Demographic Questions:

Instructions, * denotes corresponding information needed for question.

Question	Response (Y/N)	*Please Provide information for corresponding response, if applicable.
*Does your office have a website?		
*Address change?		
*Phone Number change?		
*Fax change?		
*Email address change?		
Does your office provide telehealth/telemedicine services?		
Do you want telehealth/telemedicine displayed in our provider directory?		
Are you accepting new Texas Medicaid members?		
*Do you accept all Texas Medicaid lines of business? If no, please share which lines of business you accept: STAR, STAR KIDS, CHIP.		
*Does your office offer extended hours and weekend appointments? If yes, what days and hours?		
*What are your days and hours of operations?		
*What language(s) does the provider speak? If additional languages are spoken, please complete a form for each provider.		
Does your provider's office have accommodations for people with disabilities?		
Ages your provider offices services?		



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