2021 Annual DCO DSN Provider Narrative Report Instructions

Modified May 26, 2021

Overview

Federal and State regulations governing Medicaid services require each managed care contractor to maintain a network of appropriate health care providers to ensure adequate access to all services covered under the Medicaid contract. Each contractor must submit documentation to the State Medicaid authority demonstrating the contractor's capacity to serve Oregon Health Plan (OHP) members in its service area in accordance with the State's standards for access to care.[1]

The Oregon Health Authority (OHA) contracts with five stand-alone dental care organizations (DCOs) to deliver oral health care services to OHP members. Each DCO is contractually required to develop and submit a Delivery System Network (DSN) Report that consists of two components, a DSN Provider Narrative Report and a DSN Provider Capacity Report, which crosswalk to the network standards in Exhibit G(2) of the OHA 2021 Health Plan Services DCO 2.0 Contract. Each DCO is required to submit its DSN Provider Capacity Report to OHA no later than 30 days following the end of each calendar quarter. The annual DSN Provider Narrative Report is scheduled to be submitted to OHA on or before August 17, 2021.

DSN Provider Narrative Report

The DSN Provider Narrative Report requirement defines four categories based on OHA's DCO contract requirements. Each category includes corresponding elements that require the DCOs to describe how they monitor and ensure adequate provider capacity in their delivery networks. Table 1 lists the four categories outlined in the DSN Provider Narrative Report.

Table 1—Annual DCO DSN Provider Narrative Report Categories

Category Number	Category Description	Number of Elements	Maximum Points
1	Description of the Delivery Network and Adequacy	5	21.0
2	Description of Members and Membership Needs	3	15.0
3	Coordination of Care	2	4.0
4	Performance on Metrics	1	2.0
Total Number of Elements and Points		**11**	**42.0**

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[1] See Title 42 Code of Federal Regulations (42 CFR) §438.206 and §438.207; Oregon Administrative Rules (OAR) 410-141-3515.

DSN Provider Narrative Report Specifications

The *2021 Annual DCO DSN Provider Narrative Report Instructions* outline specifications for the corresponding elements in each category, defining the minimum narrative response requirements. DCOs must, at a minimum, submit comprehensive written responses and supplemental documentation (e.g., policies, procedures, manuals, analytics) and demonstrate how the DSN is monitored to ensure adequate provider capacity and member access to oral health services. Failure to submit the DSN Provider Narrative Report responses as described in this document can result in the DCO receiving a score of 0 (i.e., *Not Met*) or 0.5 (i.e., *Partially Met*).

Time and distance responses are evaluated separately, ensuring the DCOs demonstrate compliance with travel time and distance standards by reporting the three OHA-defined time and distance standards (minutes, miles, and percentage of overall member access) for each geographic classification in its service area distance. DCOs must use the precise location of the closest participating DSN provider and the member's address to calculate the time (minutes), distance (miles), and overall member access (percentage) standards. Calculations are required for all provider and service categories listed in Appendix A.

Description of the Delivery Network and Adequacy

The *Description of the Delivery Network and Adequacy* category contains elements that pertain to the geographic distribution of the DCO's providers relative to the geographic distribution of its membership as well as the DCO's ability to meet time and distance standards for oral health primary care and specialty (e.g., pediatric, adult, or both combined), among other provider types. This category also requires each DCO to define its methods for geocoding and related analysis, analyzing member-to-provider ratios, ensuring member access to timely care, and incorporating member feedback (including complaints and grievances, survey results, provider encounters, and community advisory council [CAC] input) into network adequacy decisions. Additional elements that the DCOs must address include membership access to non-emergent medical transportation utilization for members with disabilities or special health care needs (SHCN).

Table 2 displays the DSN Provider Narrative Report elements for the *Description of the Delivery Network and Adequacy* category.

Table 2—Description of the Delivery Network and Adequacy

Element #	Category Elements
Element 1.	
1.1	DCO describes how it actively conducts ongoing monitoring of the delivery network of participating providers (i.e., primary care dentists [PCDs], specialists, facilities, clinics, businesses, and services), ensuring that the delivery system is sufficient in number, provider type, and geographic distribution of providers compared to its members.

Element #	Category Elements
Element 2.	
2.1	DCO describes methodologies and procedures, and defines geocoding systems and/or applications used to calculate average time (minutes), average distance (miles), and percentage of members living within the time and distance standards based on state-established standards and the DCO's relevant geographic classification(s) within its service area, ensuring that adult and pediatric members have access to all participating providers.
Element 3.	
DCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel files) for **each** of the below provider types in elements 3.1 through 3.15 based the DCO's relevant geographic classification(s) within its service area. DCO calculations must address all three of the following specifications: a. Average time (in minutes). b. Average distance (in miles). c. Percentage of members living within the time and distance standards.	
3.1	Denturist
3.2	Endodontist
3.3	Expanded Practice Dental Hygienist
3.4	Periodontist
3.5	Oral & Maxillofacial Surgeon
3.6	Orthodontist & Dentofacial Orthopedics
3.7	Primary Care Dentist, Adult Primary Care Dentist, Pediatric Primary Care Dentist, Both Combined (Adult and Pediatric)
3.8	Prosthodontics
3.9	Registered Dental Hygienist
3.10	Emergency Dental Services Clinic
3.11	Federally Qualified Health Centers
3.12	Indian Health Service and Tribal Health Services
3.13	Public/County Health Department
3.14	Rural Health Centers
3.15	If the DCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates non-compliance, the DCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.

Element #	Category Elements
Element 4.	
4.1	DCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled oral health (PCD and specialty) member appointments are timely for emergent, urgent, and routine/well-care visits.
4.2	DCO describes its ongoing monitoring cycle to ensure that timely access data for oral health (PCD and specialty) member appointments are used in a meaningful manner to facilitate network adequacy decisions.
Element 5.	
5.1	DCO describes how it actively collects, monitors, and interprets data for provider-to-member ratio data, specifically for adult, pediatric, or both combined member populations in proportion to the below listed provider types.

5.2	DCO submits its provider-to-member ratio data calculations for member populations in proportion to **each** of the following provider types:
	• Primary Care Dentist, Adult
	• Primary Care Dentist, Pediatric
	• Primary Care Dentist, Both (Rendering care from ages 0 to 99)
	• All Specialty Care Providers (Combined)
	  − Denturist
	  − Endodontist
	  − Expanded Practice Dental Hygienist
	  − Periodontist
	  − Oral & Maxillofacial Surgeon
	  − Oral & Maxillofacial Pathologist
	  − Orthodontist & Dentofacial Orthopedics
	  − Prosthodontics
	  − Registered Dental Hygienist

DSN Time and Distance Standards

The DSN Provider Narrative Report additionally requires each DCO to document its compliance with OHA's travel time and distance standards pursuant to OAR 410-141-3515. DCOs should report the time and distance standards of minutes, miles, and percentage of overall member access for each geographic classification in its service area distance as listed in Table 3. DCOs should use the precise location of the closest participating DSN provider and the member's address to calculate the DCO's time (minutes), distance (miles), and overall member access (percentage) standards. DCOs should additionally calculate member travel time and distance based on the provider and service categories listed in Appendix A.

Table 3—DSN Time and Distance Standards

Geographic Classification	Definition	Time Standard	Distance Standard	Percentage of Overall Member Access Standard
Urban	A geographic area that is less than 10 map miles from a population center of 30,000 people or more.	30 Minutes	30 Miles	100%
Rural	A geographic area that is 10 or more map miles from a population center of less than 30,000 people.	60 Minutes	60 Miles	100%

Description of Members and Membership Needs

The *Description of Members and Membership Needs* category contains elements that require each DCO to describe its ability to identify and analyze the needs of its members. More specifically, each DCO is required to demonstrate its ability to identify and analyze the cultural, language, disability, and special health care needs, and disease prevalence of its membership and use this information to improve member access and/or experience.

Table 4 displays the DSN Provider Narrative Report elements for the *Description of Members and Membership Needs* category.

Table 4—Description of Members and Membership Needs

Element #	Category Elements
Element 6.	
6.1	DCO describes how it actively identifies members with disabilities and SHCN.
6.2	DCO describes how it actively collects, monitors, and interprets member disability and SHCN data.
6.3	DCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.
6.4	DCO describes the frequency in which it gathers and analyzes data for members with disabilities and SHCN.
6.5	DCO describes its ongoing monitoring cycle to ensure that member disability and SHCN data are used in a meaningful manner to facilitate network adequacy decisions.
Element 7.	
7.1	DCO describes how it actively identifies prevalence of disease data across its membership.

Element #	Category Elements
7.2	DCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.
7.3	DCO submits data to demonstrate prevalence of disease across its membership.
7.4	DCO describes the frequency in which it gathers and analyzes the prevalence of disease data across its membership.
7.5	DCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.
Element 8.	
8.1	DCO describes how it actively identifies members with linguistic and cultural needs.
8.2	DCO describes how it actively collects, monitors, and interprets member linguistic and cultural needs data.
8.3	DCO submits data to demonstrate the linguistic and cultural needs across its membership.
8.4	DCO describes the frequency in which it gathers and analyzes member linguistic and cultural needs data.
8.5	DCO describes its ongoing monitoring cycle to ensure that member linguistic and cultural needs data are used in a meaningful manner to facilitate network adequacy decisions.

Coordination of Care

The *Coordination of Care* category contains elements that require the DCOs to describe their relationships and ability to coordinate care with community agencies and stakeholders. In addition, DCOs are required to describe the use of interdisciplinary teams and electronic health records (EHRs) to identify and assess members with SHCN and coordinate services across the continuum of care to reduce hospital readmission, emergency room use, and access to preventive health care.

Table 5 displays the DSN Provider Narrative Report elements for the *Coordination of Care* category.

Table 5—Coordination of Care

Element #	Category Elements
Element 9.	
9.1	DCO describes how it uses cross-departmental interdisciplinary care teams to provide care and intensive care coordination across the continuum of care for members identified with cultural, linguistic, disability, and special health care needs.
9.2	DCO describes its ongoing monitoring cycle to ensure that cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions.

Element #	Category Elements
Element 10.	
10.1	DCO describes software, applications, or other technological innovations used across the continuum of care to reduce hospital readmission, emergency room use, and access to preventive health care.
10.2	DCO describes its ongoing monitoring cycle to ensure that software, application, or other technological data and/or feedback is used in a meaningful manner to facilitate network adequacy decisions.

Performance on Metrics

The *Performance on Metrics* category contains elements related to the DCOs' efforts to build network capacity for those quality metrics that performed below established baseline rates. Additionally, the DCOs are required to describe how they analyze patterns of underutilization and overutilization along with the actions they took to address the underutilization or overutilization of services.

Table 6 displays the DSN Provider Narrative Report elements for the *Performance on Metrics* category.

Table 6—Performance on Metrics

Element #	Category Elements
Element 11.	
11.1	DCO describes how it actively collects, monitors, and interprets underutilization and overutilization data trends.
11.2	DCO describes its ongoing monitoring cycle to ensure that underutilization and overutilization data trends are used in a meaningful manner to facilitate network adequacy decisions.

Table A-1—DCO DSN Provider Capacity Field Values—Provider Category

Provider Category Value	Provider Category Description
01	Individual Physician (DDS or DMS)
02	Other Individual Non-Physician
03	Facility or Clinic
04	Business or Healthcare Service

Table A-2—DCO DSN Provider Capacity Field Values—Service Category

Service Category Value	Service Category Description	Appropriate Provider Category Value
DEN♦	Denturist	01
DOP	Dental Clinic, Pediatric	03 or 04
EDSC	Emergency Dental Services Clinic	03 or 04
END♦	Endodontist	01
EPDH	Expanded Practice Dental Hygienist	02
FQHC	Federally Qualified Health Centers	03 or 04
GDC	General Dental Clinic	03 or 04
IHS/THS	Indian Health Service and Tribal Health Services	03 or 04
MDC	Mobile Dental Clinic	03 or 04
OAC	Orthodontics & Dentofacial Orthopedics Clinic	03 or 04
ODO♦	Orthodontist & Dentofacial Orthopedics	01
OMP♦	Oral & Maxillofacial Pathologist	01
OMS♦	Oral & Maxillofacial Surgeon	01
OMSC	Oral & Maxillofacial Surgery Clinic	03 or 04
PCDA	Primary Care Dentist, Adult	01
PCDB*	Primary Care Dentist, Both (Adult and Pediatric)	01
PCDP	Primary Care Dentist, Pediatric	01
PCHD	Public/County Health Department	03 or 04
PER♦	Periodontist	01
PRO♦	Prosthodontics	01

Service Category Value	Service Category Description	Appropriate Provider Category Value
QHCI	Certified or Qualified Health Care Interpreters	02
RDH	Registered Dental Hygienist	02
RHC	Rural Health Centers	03 or 04
SHC	School-based Health Centers	03 or 04

∗ New calendar year (CY) 2021 service category value and description.
♦ Indicates individual practitioners that should be collectively identified as "Oral Health Specialist."