

Oregon Health Authority

2025 Delivery System Network Evaluation *Protocol*

May 2025



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1. Background

According to federal and State regulations governing Medicaid services,¹ each managed care contractor is required to maintain a network of appropriate health care providers to ensure all services covered under the State plan are available and accessible to members in a timely manner. The State of Oregon, Oregon Health Authority (OHA) contracts with 16 coordinated care organizations (CCOs) to deliver managed care services for Oregon Health Plan (OHP) members. Each contractor must demonstrate the capacity to serve its current and expected membership within its service area and submit documentation to the State Medicaid authority.

To meet oversight requirements, OHA has contracted with Health Services Advisory Group, Inc. (HSAG) to conduct an evaluation of the CCOs' delivery system networks (DSNs) to assess network adequacy and compliance with Oregon's standards for access to care. HSAG will conduct the DSN Evaluation in alignment with guidance outlined in the Centers for Medicare & Medicaid Services' (CMS) network access and adequacy toolkit² and the CMS External Quality Review (EQR) Protocols released in February 2023.³ Table 1 lists the organizations that will be included in this review.

Table 1 – List of CCOs

CCO Name	Acronym
Advanced Health	AH
AllCare CCO, Inc.	AllCare
Cascade Health Alliance, LLC	CHA
Columbia Pacific CCO, LLC	CPCCO
Eastern Oregon CCO	EOCCO
Health Share of Oregon	HSO
InterCommunity Health Network	IHN
Jackson Care Connect	JCC
PacificSource Community Solutions–Central Oregon	PCS-CO
PacificSource Community Solutions–Columbia Gorge	PCS-CG
PacificSource Community Solutions–Lane County	PCS-LN

¹ Title 42 Code of Federal Regulations (42 CFR) §438.206 and §438.207; Oregon Administrative Rules (OAR) 410-141-3515; and OHA CCO Health Plan Services Contract.

² Centers for Medicare & Medicaid Services. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability, April 2017. Available at: <https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf>. Accessed on: March 7, 2025.

³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 4. Validation of Network Adequacy: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: March 7, 2025.

CCO Name	Acronym
PacificSource Community Solutions–Marion Polk	PCS-MP
Trillium Community Health Plan, Inc.–Southwest	TCHP-SW
Trillium Community Health Plan, Inc.–Tri-County	TCHP-TC
Umpqua Health Alliance, LLC	UHA
Yamhill Community Care Organization	YCCO

2. Methodology

Objectives

The objectives of the DSN Evaluation are to provide meaningful information to OHA and the CCOs regarding:

- The CCOs' adherence with Oregon Administrative Rules (OARs) and contract requirements for monitoring CCO DSNs.
- The CCOs' network monitoring processes and procedures for ensuring the adequacy of provider networks, including members' access to care and the availability of services.
- The adequacy of CCO provider networks, including network capacity, availability and accessibility, and geographic distribution of providers relative to adult and pediatric member populations.
- CCOs' compliance with OHA-defined time and distance access standards.
- Program-level recommendations for OHA, including future technical assistance and operational improvements for monitoring the adequacy of CCO provider networks.
- CCO-specific findings and recommendations necessary to improve network adequacy monitoring capabilities and compliance with OHA's network adequacy requirements and standards.

To accomplish these objectives, HSAG developed an evaluation protocol, data collection tools, network adequacy summary metrics, and evaluation criteria. In 2025, HSAG's evaluation will include three components:

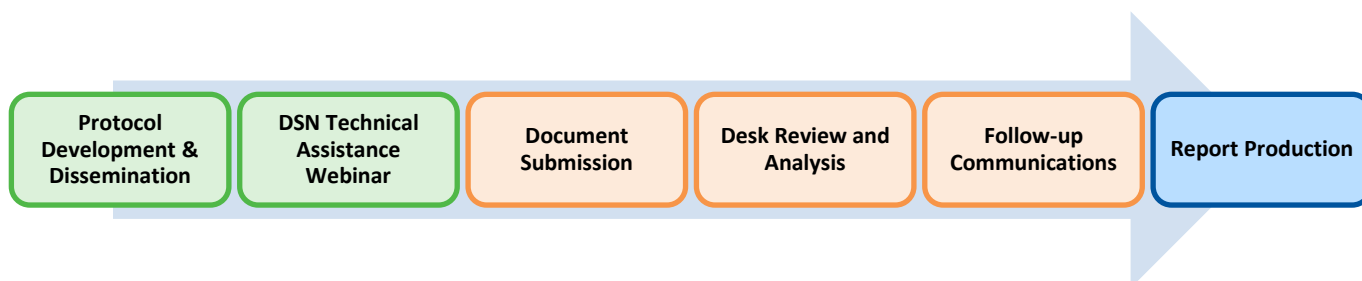
- DSN Provider Narrative Report Review
- Network Capacity and Adequacy Assessment
- Network Availability and Accessibility Analysis

Technical Methods of Data Collection

The key 2025 DSN Evaluation activities are illustrated in

Figure 1 and described below.

Figure 1—2025 DSN Analysis Activities



1. **Protocol Development and Dissemination:** HSAG developed the 2025 DSN Evaluation protocol to describe the scope and methodology for the DSN activity and provide guidance to the CCOs on their participation. HSAG also developed data collection tools to support information gathering on the CCOs’ network monitoring processes and procedures.
 - **2025 DSN Narrative Report template**—Standardized tool the CCOs will use to submit documentation of compliance with key federal and State regulations and contract requirements across four domains: DSN Governance Structure, Member Needs and Population Monitoring, DSN Monitoring and Analysis, and Network Response Strategy.
2. **DSN Technical Assistance Webinar:** HSAG will host a technical assistance webinar on May 15, 2025, for the CCOs to review the 2025 DSN Evaluation timeline, required documentation and submission guidelines, HSAG’s analyses, reporting processes, and to allow CCOs an opportunity for questions and answers.
3. **Documentation Submission:** The CCOs will complete the 2025 DSN Narrative Report template and submit all applicable supporting documentation via the CCO Contract Deliverable Portal by the end of day on July 31, 2025.
4. **Desk Review and Analysis:** HSAG will conduct a desk review of each organization’s documentation and data to evaluate the CCOs’ network adequacy and compliance with the OARs and contract requirements for monitoring DSNs. The desk review will enable HSAG reviewers to increase their knowledge and understanding of each CCO’s operations, identify areas needing clarification, and begin compiling information needed to make a formal assessment.
5. **Follow-Up Communications:** HSAG will conduct follow-up communication with organizations when desk review results or data analysis identified areas where additional information and/or clarification was required.
6. **Report Production:** HSAG will compile all information obtained from the desk review and data analysis to derive findings for each CCO. HSAG will summarize the results of its review and present the findings to OHA in a draft report; the CCOs will have the opportunity to review CCO-specific findings and recommendations. Upon receipt of feedback from OHA and the CCOs, HSAG will

draft a final report for submission to OHA. This report will also be used to inform the Annual Technical Report (ATR) required by federal rule and produced by HSAG for submission to CMS.

Description of Data to Obtain

To assess the CCOs’ DSNs, HSAG will obtain information from multiple documents and sources completed and submitted by each organization. Table 2 lists the major data sources HSAG will use to assess the adequacy of each CCOs’ DSN and the time period to which the data apply.

Table 2—Description of DSN Data Sources

Data Obtained	Time Period to Which the Data Applies
Completed CCO 2025 DSN Narrative Reports and supplemental documentation describing the CCOs’ governance structure; membership and network monitoring; provider network monitoring, analysis, and reporting processes; and network response strategy.	July 1, 2024 – June 30, 2025
OHA’s Quarter 1 (Q1) 2025 DSN Provider Capacity Report: Analysis and Review results for each CCO addressing CCO network capacity, availability and accessibility, network adequacy.	March 31, 2025

Data Aggregation and Analysis

DSN Narrative Report Review

In alignment with Exhibit G of the CCO contract, the DSN Narrative Report Review will assess CCOs’ compliance with OARs and contract requirements for monitoring CCO DSNs. Data collection will rely on CCO responses and supplemental documentation collected through the 2025 DSN Narrative Report template.

Table 2 describes the four domains of the 2025 DSN Narrative Report.

Table 2—DSN Narrative Report Domains and Description

Domain	Description
DSN Governance Structure	Requires the CCO to provide documentation that describes the operational infrastructure responsible for oversight and monitoring the adequacy of its delivery system networks. Supporting documentation and responses may include: <ul style="list-style-type: none"> CCO organization charts, roles and responsibilities, and committee structure.

Domain	Description
	<ul style="list-style-type: none"> Policies, procedures, and processes outlining oversight of subcontractors delegated network-related managed care functions.
Member Needs and Population Monitoring	<p>Requires the CCO to provide documentation that describes the CCO's processes for monitoring of current and anticipated membership and service needs. Supporting documentation and responses may include:</p> <ul style="list-style-type: none"> Policies, procedures, and processes supporting member monitoring programs, population metrics, and reporting mechanisms. Sample reports (e.g., service utilization, disease prevalence, etc.).
DSN Monitoring and Analysis	<p>Requires the CCO to provide documentation that describes the CCO's processes for monitoring and analyzing its DSN, including the collection, calculation, and reporting of network performance measures. Supporting documentation and responses may include:</p> <ul style="list-style-type: none"> Documentation of CCO network performance measures (e.g., technical specification, reporting templates, etc.). Sample reports and network performance results (e.g., time and distance reports, provider-to-member ratios, appointment availability, etc.).
Network Response Strategy	<p>Requires the CCO to provide documentation that describes actions taken to address network findings related to ongoing monitoring of network adequacy. Supporting documentation may include:</p> <ul style="list-style-type: none"> Identification of barriers to access. Short- and long-term interventions, including follow-up to findings. Implementation of corrective actions based on prior DSN evaluations.

HSAG may obtain additional information for the DSN evaluation through interactions, discussions, and interviews with each CCO's key staff members, as necessary.

HSAG will use the ratings of *Met*, *Partially Met*, and *Not Met*, as defined in

Table 3, to indicate the degree to which each CCO addressed the reporting requirements and submitted the required documentation. A rating of *Not Applicable (NA)* will be used when a specific reporting element on the review tool was not applicable to a CCO.

Table 3—DSN Narrative Report Review Rating Criteria

Rating	Rating Description
<i>Met</i>	Indicates <i>all</i> components in the CCO's response were present and complete:

	<ul style="list-style-type: none"> Narrative response fully addressed reporting requirements of the element; and Required documentation/data (when applicable) was submitted, complete, and relevant to the elements and/or review period.
<i>Partially Met</i>	<p>Indicates <i>at least one</i> component in the CCO's response was missing or incomplete:</p> <ul style="list-style-type: none"> Narrative response fully addressed reporting requirements of the element, but required documentation/data was not submitted, complete, or relevant to the elements and/or review period. Required documentation/data (when applicable) was submitted, complete, and relevant, but the narrative response did not fully address the reporting requirement.
<i>Not Met</i>	<p>Indicates <i>none</i> of the components in the CCO's response were present and complete:</p> <ul style="list-style-type: none"> Narrative response did not address the element or the CCO indicated that the reporting requirement was not conducted during the measurement period; and Required documentation/data (when applicable) was not submitted, complete, or relevant to the elements and/or review period.

From the ratings assigned to each of the reporting requirements, HSAG will calculate a total score for each domain. HSAG calculates the total score for each organization by totaling the number of *Met* (1 point) elements, the number of *Partially Met* (0.5 points) elements, and the number of *Not Met* (0 points) elements and dividing the result by the total number of applicable elements. Elements *Not Applicable* to the organization are not included in the total score. Table 4 illustrates the DSN Narrative Report Review scoring methodology used for each domain.

Table 4— DSN Narrative Report Review Scoring Methodology

DSN Monitoring and Analysis					
Rating	Total	Point Value			Score
Met	7	X	1.0	=	7.0
Partially Met	1	X	0.5	=	0.5
Not Met	1	X	0.0	=	0.0
NA	1				
Total Applicable	9	Domain Score			7.5
Domain Percentage					83.3%

HSAG will calculate an overall DSN Narrative Report Review score across all domains by following the same method used to calculate the scores for each individual domain (i.e., summing the total values of the scores for all domains and dividing by the total number of applicable elements for all domains).

Network Capacity and Adequacy Assessment

To understand the capacity and adequacy of CCO provider networks, HSAG will assess two interrelated dimensions of access: network capacity and geographic distribution. While network capacity addresses the underlying infrastructure of a provider network, geographic distribution addresses whether the distribution of available providers and services is adequate to facilitate access to all members. All analyses will be limited to a subset of core individual and facility-based providers selected in collaboration with OHA and in alignment with requirements for quantitative network adequacy standards described in 42 CFR §438.68.

Table 5 lists the provider types⁴ with quantitative access standards established by OHA, organized by provider tier.

Table 5—Provider Types included in 2025 DSN Evaluation

Tier 1	Tier 2	Tier 3
<ul style="list-style-type: none"> Individual Providers <ul style="list-style-type: none"> Primary Care Provider (PCP) Primary Care Dentist (PCD) Mental Health (MH) Provider Substance Use Disorder (SUD) Provider Facilities <ul style="list-style-type: none"> Pharmacy³ (Rx) 	<ul style="list-style-type: none"> Specialty Providers <ul style="list-style-type: none"> Cardiology (CRD) Medical Oncology (M-ONC) Neurology (NEUR) Obstetrics/Gynecology (OB/GYN) Occupational Therapy (OT) Ophthalmology (OPH) Optometry (OPT) Physical Therapy (PT) Podiatry (POD) Psychiatry (PSYC) Radiation Oncology (R-ONC) Speech Language Pathology (SLP) Facilities <ul style="list-style-type: none"> Durable Medical Equipment (DME) Hospital (HOSP) Methadone Clinic (MTD) 	<ul style="list-style-type: none"> Specialty Providers <ul style="list-style-type: none"> Allergy & Immunology (ALIM) Dermatology (DERM) Endocrinology (END) Gastroenterology (GST) Hematology (HEM) Nephrology (NEPH) Otolaryngology (OTO) Pulmonology (PUL) Rheumatology (RHEU) Urology (URO) Facilities <ul style="list-style-type: none"> Skilled Nursing Facility (SNF)

⁴ Oregon Health Authority. DSN Provider Specialty Matrix, August 2024. Available at: <https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx>. Accessed on: March 26, 2025.

Note: All individual providers are assessed by applicable member population (i.e., adult and pediatric populations as defined by OHA at the time of analysis) with the exception of individual OB/GYN providers and facilities which are assessed by total member population.

Measures of network capacity assess whether health services are available to members through a sufficient supply and variety of providers. Using provider network monitoring results calculated by OHA, HSAG will aggregate data and report three metrics based on participating providers in, or contiguous to, CCO service areas:

- **Provider Counts:** the number and percentage of providers and facilities by provider type.
- **Network Stability:** the percent change in provider counts (by provider type) between Q3 2024 and Q1 2025.
- **Provider-to-Member Ratios:** the number of providers relative to the number of members by provider type.

Key measures for assessing the geographic distribution of providers include time and distance analyses and compliance with network adequacy requirements. When combined with member and provider characteristics, these analyses will determine the extent to which the supply of providers is distributed appropriately relative to the member population. HSAG will assess the geographic distribution of adult and pediatric providers relative to adult and pediatric member populations as the percentage of members having access within acceptable travel times and distances to the nearest provider.

Effective January 1, 2024, the CCOs were required to align monitoring and reporting with updated travel times and distances. These requirements revised provider designations based on taxonomy, expanded urbanicity definitions, and acceptable travel times and distances based on urbanicity and a provider type's access priority and frequency of member need, known as a "tier." OHA's network adequacy compliance standard threshold is 95 percent of adult (i.e., 21 years of age and older) and pediatric (i.e., less than 21 years of age) members with acceptable access to adult and pediatric providers, respectively. All study results will be stratified by CCO, provider type, and member population. Table 6 outlines acceptable travel times and distances.

Table 6—Acceptable Travel Time and Distance by Urbanicity and Provider Tier

Urbanicity Classification	Definition	Provider Tier ^A	Acceptable Travel Time	Acceptable Travel Distance
Large Urban	Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile.	Tier 1	10 Minutes	5 Miles
		Tier 2	20 Minutes	10 Miles
		Tier 3	30 Minutes	15 Miles
Urban	An area with greater than 40,000 people within a 10-mile radius of a city center.	Tier 1	25 Minutes	15 Miles
		Tier 2	30 Minutes	20 Miles
		Tier 3	45 Minutes	30 Miles
Rural		Tier 1	30 Minutes	20 Miles

Urbanicity Classification	Definition	Provider Tier ^A	Acceptable Travel Time	Acceptable Travel Distance
Extreme Access	An area greater than 10 miles from the center of an urban area.	Tier 2	75 Minutes	60 Miles
		Tier 3	110 Minutes	90 Miles
	County with a population density of 10 or fewer people per square mile.	Tier 1	40 Minutes	30 Miles
		Tier 2	95 Minutes	85 Miles
		Tier 3	140 Minutes	125 Miles

^ASee Table 5 for the specific provider types included in each tier.

Table 7 presents the network adequacy indicators and standards included in the 2025 DSN Evaluation.

Table 7—Network Adequacy Standards

Provider Type	Provider Tier ^A	Definition	Compliance Standard
Individual Provider, Adult	Tier 1	Percentage of adult members (21 years and older) within acceptable driving time or distance ^B to the nearest provider serving adult members. ^C	95 percent
	Tier 2		
	Tier 3		
Individual Provider, Pediatric	Tier 1	Percentage of pediatric members (less than 21 years of age) within acceptable driving time or distance ^B to the nearest provider serving pediatric members. ^C	95 percent
	Tier 2		
	Tier 3		
Individual OB/GYN Provider	Tier 2	Percentage of members within acceptable driving time or distance ^B to the nearest provider.	95 percent
Facility Provider	Tier 1	Percentage of members within acceptable driving time or distance ^B to the nearest provider.	95 percent
	Tier 2		
	Tier 3		

^A See Table 5 for the specific provider types included in each tier.

^B See Table 6 for the definition of acceptable driving time and distance.

^C Member populations served by individual providers are defined by the Age_Group indicator reported by CCOs in the Q1 DSN Provider Capacity Report data files.

The Network Capacity and Adequacy Assessment section will report key findings for select provider types as defined by federal regulations, State contract requirements, and Oregon’s quality strategy, including:

- PCPs, PCDs, MH Providers, SUD Providers, and Pharmacies (Tier 1)
- Hospitals (Tier 2)
- Obstetricians/Gynecologists (Tier 2)

Additional network capacity and adequacy results for the remaining Tier 2 and Tier 3 provider types will be included in the report appendices. Except where standards exist, the assessment of provider capacity

and geographic distribution will be used to observe key patterns associated with the structure of CCO provider networks.

Network Availability and Accessibility

Provider counts, panel status, and level of participation in a CCO's network describe the underlying infrastructure of each CCO's DSN, including whether health services are available to members through a sufficient supply and variety of providers. Together with key practitioner and office characteristics (e.g., non-English languages spoken), the results will provide insight into the degree to which contracted providers and services are available and accessible to CCO members. As a proxy measure of accessibility, the percentage of providers who speak a non-English language is useful in understanding the ability of the CCOs' provider networks to render linguistically accessible and culturally responsive services. In alignment with prior evaluations, HSAG will include the following metrics:

- Network Availability
 - Percentage of active⁵ providers
 - Percentage of in-network providers operating within the CCO's service area
 - Percentage of providers offering telehealth services
 - Percentage of providers accepting new Medicaid patients
 - Overall PCP capacity
- Network Accessibility
 - Percentage of providers speaking non-English languages⁶

Reporting

Once findings are formulated and applicable scoring is calculated, HSAG will prepare an aggregate draft report summarizing the findings and identifying strengths, opportunities for improvement, and required actions that must be implemented to ensure compliance with OHA Network Adequacy reporting requirements. The aggregate report will include:

- A comprehensive summary of evaluation results, including general assessments.
- Individual findings and recommended actions for each CCO to achieve State network adequacy standards.
- Overarching recommendations to OHA, including any need for technical assistance or clarification regarding OHA requirements.

⁵ Providers are considered "active" if they were a participating provider within the CCO's network, located in ZIP codes within Oregon or border counties, and were represented in claims and encounter data within the 21 months preceding the end of Q1 2025.

⁶ Providers are included in this analysis if they are a participating provider within the CCO's network, located in ZIP codes within Oregon or border counties, and speak at least one language in addition to English.

Prior to finalizing the DSN Evaluation Report and its findings, both the CCOs and OHA will have an opportunity to review the draft report/preliminary findings and provide feedback. A final report will be submitted to OHA following any required revisions. Pursuant to 42 CFR §438.364, final DSN results are aggregated across all CCOs and reported to CMS in the State's ATR that encompasses results from all EQR activities conducted in CY 2025, including the degree in which CCOs have effectively addressed recommendations made by the EQRO during the previous year's activities. The 2025 ATR and 2025 DSN Evaluation reports will be published on OHA's website.

3. Data Collection Tools and Submission

DSN Narrative Report Template

The 2025 DSN Narrative Report template allows each CCO to report on its governance structure and operations for monitoring its DSN in support of its member population, as well as actions taken to address past and ongoing challenges. CCOs will use the DSN Narrative Report template to submit all responses, including listing any documentation required by a specific element (e.g., sample reports) or supplementary documentation submitted as evidence by the CCO. Unless otherwise requested, data and information provided for the review should be associated with the following measurement period: July 1, 2024 – June 30, 2025.

Document Submission

When submitting documentation to support the DSN Evaluation, CCOs must submit all DSN-related deliverables and supporting materials to the CCO Deliverables Portal. CCOs should follow these guidelines when submitting DSN materials:

- **Indicate precisely which components, paragraphs, or pages within documents directly support narrative responses or demonstrate compliance.** Lack of precision in identifying these components (e.g., referencing “whole document”) may hinder review and result in a finding.
- **Only include and cross-reference documents that are directly relevant to the specific requirement.** Excessive, irrelevant, or insufficiently/incorrectly identified documentation may hinder review and result in a finding.
- **Do not alter the formatting or file type of the DSN Narrative Report template.** Complete and upload the 2025 DSN Narrative Report template in its original MS Word file type.
- **Enter the names of supporting documents in the DSN Narrative Report to reflect the content of the file and to match any references to it in the tool.** For example, “Policy 300.01 Network Adequacy Policy and Procedure” is more descriptive than “Policy 300.01.” Please be concise in your naming conventions.
- **Do not embed or encrypt documents.** All supporting documents must be submitted as separate documents. For large numbers of documents, it is recommended that the CCO create .zip format folders as necessary. Documents should not be encrypted or password-protected; all instances of sensitive information are managed by HSAG’s federally required data security measures.
- **Do not submit PDF files as images.** All supporting documentation must be submitted in a searchable format (e.g., a text-based PDF, Excel, or Word), where appropriate.

Appendix A. DSN Timeline

Table A-1 outlines the 2025 DSN Evaluation activities and relevant dates.

Table A-1—2025 DSN Evaluation Timeline

Task	Date
HSAG posts 2025 DSN Evaluation materials to CCOs	05/01/25
HSAG conducts 2025 DSN Technical Assistance Webinar with CCOs	05/15/25
OHA submits Q1 2025 DSN Provider Capacity Report: Analysis and Review results to HSAG	07/11/25
CCOs submit 2025 DSN Narrative Report tool and all supporting documentation to OHA via CCO Deliverables Portal	07/31/25
HSAG conducts desk review and analysis	August - September
HSAG prepares draft 2025 DSN Evaluation report	October - November
HSAG submits draft DSN Evaluation report to OHA and individual result appendices to CCOs	11/21/25
OHA and CCOs submit feedback to HSAG	12/05/25
HSAG reviews feedback and updates report as necessary; submits final 2025 DSN Evaluation report to OHA	12/19/25