

Oregon Health Authority

2020 Delivery System Network (DSN)

Evaluation Protocol

July 2020



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1. 2020 DSN Evaluation

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 enrolled members in its service area in accordance with the state's standards for access to care.¹

The Oregon Health Authority (OHA) contracts with 15 coordinated care organizations (CCOs) and five dental care organizations (DCOs) to deliver managed care services for Oregon Health Plan (OHP) enrollees. These organizations, collectively referred to as managed care organizations (MCOs), are contractually required to develop and submit Delivery Service Network (DSN) reports that consist of two components, a Provider Narrative Report and a Provider Capacity Report that crosswalks to the network standards in Exhibit G (2) of the MCO contracts. While the MCOs were originally scheduled to submit quarterly DSN Provider Narrative and Capacity Reports to OHA, OHA reduced the frequency of DSN Provider Narrative submissions to an annual basis, and amended submission deadlines in response to the COVID-19 pandemic. In April 2020, OHA communicated that MCOs are required to submit an Annual DSN Narrative and an initial DSN Provider Capacity report on or before September 1, 2020. Each MCO is additionally required to submit subsequent quarterly DSN Provider Capacity reports as scheduled for the 3rd and 4th quarters of 2020.

Health Services Advisory Group (HSAG), the State's contracted External Quality Review Organization, conducts an annual DSN evaluation, assessing each MCOs' DSN Report to determine compliance with the State's access to care standards and adequacy of networks to provide timely covered services to all members. This protocol outlines each of the 2020 DSN Evaluation activities, instructions for submitting documentation, and the anticipated reporting format for future results.

DSN Evaluation Activities

HSAG collaborated with OHA to develop the 2020 DSN Evaluation ensuring accurate data submissions, a detailed data analysis, and a thorough assessment of how MCOs maintain a network of appropriate health care providers to ensure adequate access to all services covered under the Medicaid contract. The 2020 DSN Evaluation includes the following activities:

- Initial Targeted DSN Provider Capacity Report Review.
- 2020 Annual DSN Evaluation:
 - Capacity Report Review.

¹ See 42 CFR §438.206 and §438.207; OAR 410-141-3515.

- Narrative Report Review.
- Time and Distance Analysis.

HSAG developed templates and detailed DSN Provider Capacity and Narrative Report instructions that include specifications that aim to capture better data and incorporate more of the intent of the 2020 MCO contracts, including provider workforce reporting components. MCOs will be required to use the templates and instructions to provide complete and accurate DSN Reports for evaluation. The templates and instructions will be provided separately to the MCOs and made available on the OHA contract forms websites available using the following links:

CCO Contract Forms: <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx>

DCO Contract Forms: <https://www.oregon.gov/OHA/HSD/OHP/Pages/DCO-Contract-Forms.aspx>

The 2020 DSN Evaluation timeline, including required submission date adjustments due to the impact of COVID-19 priorities, are identified in Table 1 below.

Table 1—DSN Evaluation Activities Timeline

Activity	Responsible Entity	Timeframe
Submit initial DSN Provider Capacity Report	MCOs	September 1, 2020
Submit annual DSN Provider Narrative Report	MCOs	September 1, 2020
Conduct initial targeted analysis of initial DSN Provider Capacity Reports and provide results to OHA/MCOs	HSAG	September 30, 2020
Submit third quarter DSN Provider Capacity Report	MCOs	October 30, 2020
Conduct Annual DSN Provider Narrative Report evaluation and quarterly DSN Provider Capacity Report analysis	HSAG	November 2020–January 2021
Submit fourth quarter DSN Provider Capacity Report	MCOs	January 30, 2020
Provide draft 2020 Annual DSN Evaluation Report to OHA/MCOs for review and feedback	HSAG	January–February 2021
Finalize and distribute 2020 Annual DSN Evaluation Report	HSAG	February 2021

2. 2020 DSN Reporting

Overview

MCOs must submit DSN Reports including the two reporting components, the DSN Provider Capacity Report and the DSN Provider Narrative Report. MCOs are required to submit an Annual DSN Narrative and a DSN Provider Capacity report on or before September 1, 2020. Each MCO is additionally required to submit subsequent quarterly DSN Provider Capacity reports as scheduled for the 3rd and 4th quarters of 2020 (i.e., on or before October 30, 2020 and January 30, 2021). The following sections identify the process and expectations for the Initial DSN Provider Capacity Report, Annual DSN Provider Narrative Report, and Quarterly DSN Provider Capacity Report submissions.

Initial Targeted DSN Provider Capacity Report

The DSN Provider Capacity Report is a provider inventory of each individual provider (e.g., physician, mid-level practitioner, or other practitioner), facility, or business, whether employed by or under subcontract with a MCO or paid fee-for-service, that agrees to provide the described services or items to Medicaid and fully dual eligible MCO members that were contracted and participated in the MCO's integrated and coordinated DSN. The initial DSN Provider Capacity Report must follow the template and instructions, including the appropriate Provider, Facility or Business provider categories and associated service categories and field values. Failure to submit the initial DSN Provider Capacity Report according to the instructions may result in the rejection of the MCO's report submission and lead to required resubmission.

To assess each MCO's ability to provide complete and accurate provider network data in the required template format, and prepare them to provide accurate subsequent submissions, HSAG will conduct a one-time Targeted DSN Capacity Report review using the MCOs' September 1, 2020 DSN Provider Capacity Report submissions. The targeted review will focus on the quality (e.g., percent present, valid field formats, and valid values) of the MCOs' DSN Provider Capacity Reports and a limited number of DSN data elements collaboratively identified by OHA and HSAG, providing OHA with a focused verification of the MCOs' ability to comply with the initial quarterly DSN submission requirements. Initial target review results will be communicated to MCOs and should inform future DSN Provider Capacity Report submissions.

Quarterly DSN Provider Capacity Report

Consistent with the initial DSN Provider Capacity Report, the quarterly DSN Provider Capacity Report must be compiled following the template and instructions as failure to do so may result in the rejection of the MCOs report submission and lead to required resubmission. To assess each MCO's provider capacity in 2020, HSAG will conduct evaluations of third quarter DSN Provider Capacity Reports

submitted on or before October 30, 2020 and January 30, 2021. The DSN Capacity Report assessment will focus on the following four domains:

1. **Quality of DSN Provider Capacity Reporting** – The ability to provide complete and accurate provider network data in the required format.
2. **Provider Network Capacity** – The underlying infrastructure of the CCOs’ DSNs, including whether or not health services are available to members through a sufficient supply and variety of providers
3. **Provider Accessibility** – The degree to which contracted services are accessible to the CCOs’ member populations
4. **Geographic Distribution** – The geographic distribution of providers relative to member beneficiary populations, assessing whether not the location of providers is spread proportionately across the member population.

Annual DSN Provider Narrative Report

Pursuant to 42 CFR §§438.206 and 438.207, MCOs are required demonstrate that all covered services are available and accessible to members and that they maintain networks with adequate provider capacity. MCOs, in agreement with OHA, are required to submit an annual integrated DSN Provider Narrative Report. In response to the COVID-19 pandemic, OHA extended the due date of DSN Provider Narrative Report submissions to September 1, 2020.

The DSN Provider Narrative Report shall include comprehensive narrative responses and analysis demonstrating how the CCOs ensure, monitor, and evaluate adequate provider capacity, including geographic location of network providers and members, considering distance, travel time, member needs, coordination of care, and performance metrics. The DSN Provider Narrative Report template and instructions provide format and details on required information to assist MCOs in submitting complete and accurate information. As part of the DSN Provider Narrative Report, MCOs must provide supporting documentation as identified in the instructions to demonstrate compliance with the State’s network adequacy standards.

DSN Provider Narrative Categories

The DSN Provider Narrative Report requirement defines five categories based on OHA’s MCO contract requirements. Each category includes corresponding elements that require the MCOs to describe how they monitor and ensure adequate provider capacity within their delivery networks. Per the DSN Provider Narrative Report instructions, DCOs will only be required to report on the first three categories. A comprehensive list of the five categories is listed below.

1. **Description of the Delivery Network and Adequacy** – This category pertains to the geographic distribution of each MCO’s providers relative to the geographic distribution of its members, as well as the ability to meet time and distance standards. It also pertains to member-to-provider ratios,

method of geocoding and analysis, member access to non-emergent medical transportation, the continuum of care for treatment of mental health and substance use disorders, and a description of network availability/adequacy and use of alternative therapies to meet the needs of members.

2. **Description of Members** – This category pertains to each MCO’s ability to identify and analyze member needs. MCOs are required to demonstrate their ability to identify and analyze the cultural, language, disability, and special health care needs (SHCN) of assigned membership, using this information to assign members to appropriate providers. This category additionally requires MCOs to conduct an analysis of the distribution of specialists based on member needs to ensure access to relevant providers, continuity of care, and appropriate transitions between different levels of care.
3. **Additional Analysis of the CCO’s Provider Network to Meet Member Needs** – This category focuses on each MCO’s process for incorporating member feedback (including complaints and grievances, survey results, provider encounters, and community advisory council input) into network adequacy decisions. MCOs are additionally required to describe technology’s role in the delivery of care; procedures used to promote self-care for members with specific health care needs; and how the MCO operationalizes its commitment to making culturally and linguistically appropriate services available to members within the organization, including CCO leadership.
4. **Coordination of Care (CCOs only)** – This category requires each MCO to describe its relationships and ability to coordinate care with community agencies and stakeholders. It includes elements related to the MCO’s use of interdisciplinary teams and electronic health records 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 healthcare.
5. **Performance on Metrics (CCOs only)** – This category focuses on each MCO’s efforts to build network capacity for quality metrics that performed below established baseline rates. MCOs are also required to describe how they analyze and address patterns of underutilization and overutilization of services.

DSN Time and Distance

The Provider Narrative Report additionally requires each MCO to document its compliance with OHA’s travel time and distance standards pursuant to Oregon Administrative Rule [410-141-3515](#). MCOs shall demonstrate compliance by reporting the time and distance standards of minutes, miles, and percent of overall member access for each geographic classification in its service area distance as listed in Table 2 below. MCOs shall use the precise location of the closest participating DSN provider and the member’s address to calculate the MCO’s time (minutes), distance (miles), and overall member access (percent) standards. MCOs will calculate member travel time and distance based on the provider types identified in the DSN Provider Narrative Report instructions.

Table 2—DSN Time and Distance Standards

Geographic Classification	Definition	Time Standard	Distance Standard	Percentage of Member Access
Urban	A geographic area that is less than 10	30 Minutes	30 Miles	90 Percent (%)

	map miles from a population center of 30,000 people or more.			
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	90 Percent (%)

Delegation

While MCOs may elect to contract or delegate responsibility for the maintenance, reporting, and monitoring of adequate provider capacity, they are ultimately responsible for ensuring compliance with federal and state provider network requirements. If any component of a MCO’s delivery network system is subcontracted or delegated, the MCOs must also include a narrative response and supplemental documentation (e.g., policies, procedures, manuals, analytics, etc.), including three OHA-defined time and distance standards for each geographic classification in its service area, describing how delegated services are integrated with the MCO’s overall delivery system network, and how the MCO monitors its delegated providers.

3. DSN Documentation Submission

Submitting Documentation

DSN reports and supplemental documentation must be submitted using HSAG's Secure Access File Exchange (SAFE) site accessible at <https://safe.hsag.com/>. Instructions for using the site and uploading documents will be provided to identified MCO representatives.

When submitting documents, MCOs should:

- Upload documents to the appropriate folders.
- Limit the length of the filename of uploaded documents.
- Ensure document file names reflect the content.

Difficulties accessing the SAFE site and folders and questions regarding posting documents can be directed to either of the following HSAG personnel:

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4. Annual DSN Evaluation Reporting and Scoring

Overview

The 2020 Annual DSN Evaluation will be based on each MCO’s 2020 DSN Provider Narrative Report submitted by September 1, 2020 and quarterly DSN Provider Capacity Report submitted by October 30, 2020, and will also include a review of all supplemental documentation submitted based on the requirements outlined in Exhibit G of the MCO contracts. HSAG will assess each MCO’s compliance with Oregon’s access to care standards and adequacy of networks to provide timely covered services to all members, compiling and presenting results in two separate reports, a 2020 CCO Annual DSN Evaluation Report and a 2020 DCO Annual DSN Evaluation Report, including overall strengths, weaknesses, and recommendations on how to improve compliance. Evaluation results of each CCO and DCO will be provided within the respective annual report. Below are details on how the MCO DSN Reports will be evaluated and scored.

DSN Provider Capacity Report Evaluation and Scoring Criteria

HSAG will process, clean, and evaluate the data to assess the general capacity of each CCO’s compliance with the required provider file layout as outlined in the *2020 Quarterly DSN Provider Capacity Report Instructions*. Specifically, HSAG will evaluate each CCO DSN Provider Capacity Reports on four domains:

- Quality of DSN Provider Capacity Reporting.
- Provider Network Capacity.
- Provider Accessibility.
- Geographic Distribution.

Each domain will be evaluated according to key measures identified in Table 3 below.

Table 3—DSN Provider Capacity Domains and Measures

Domain	Description	Key Measures
Quality of DSN Provider Capacity Reporting	The CCO’s ability to provide complete and accurate provider network data in required format	<ul style="list-style-type: none"> • Percent Present – The percent of key data fields that are populated. • Percent Valid Format – The percent of key fields where data are submitted in the required format (e.g., date elements are populated with formatted dates). • Percent Valid Values – The percent of key data fields containing allowable data values

Provider Network Capacity	The underlying infrastructure of the CCOs’ DSNs, including whether or not health services are available to members through a sufficient supply and variety of providers	<ul style="list-style-type: none"> Provider Counts – The number and percent of providers by key stratifications (e.g., provider specialty/category, pediatric/adult provider, panel status, network status, and contract status).
Provider Accessibility	The degree to which contracted services are accessible to the CCOs’ member populations	<ul style="list-style-type: none"> Percent Accepting New Patients —The number and percent of providers accepting new patients by key stratifications (e.g., provider specialty/category, county, network status, and contract status). Percent Non-English Language —The number and percent of providers that support non-English languages by key stratifications (e.g., provider specialty/category, county, network status, and contract status).
Geographic Distribution	The geographic distribution of providers relative to member beneficiary populations, assessing whether not the location of providers is spread proportionately across the member population	<ul style="list-style-type: none"> Provider Count by Geography – The number and percent of providers by county (or zip code) by provider specialty/category. Provider Coverage Maps – A visual presentation of coverage area provided by each CCO’s DSN based on pre-defined time and distance thresholds, by provider specialty/category.

DSN Narrative Report Evaluation and Scoring Criteria

HSAG will review each MCO’s DSN Narrative Report and score the elements based on the *Narrative Response Specifications* identified in the *2020 Annual DSN Provider Narrative Report Instructions* and scoring criteria defined in Table 4. Elements will receive a score ranging from 0 (*Not Met*) to 1 (*Met*) with a score of 0.5 for elements receiving a rating of *Partially Met*. All element scores will then be aggregated into category score and overall summary score.

Table 4—DSN Provider Narrative Report Scoring Criteria

Score	Rating	Rating Description
0.0	<i>Not Met</i>	Discussion did not address the element.
0.5	<i>Partially Met</i>	Discussion addressed some, but not all of the element.
1	<i>Met</i>	Discussion comprehensively addressed the element.

Table 5 identifies the five DSN Provider Narrative Report categories, the number of reporting elements associated with each category, and the maximum number of points possible for scoring CCOs’ compliance with the elements.

Table 5 — CCO DSN Provider Narrative Report Categories

Category Number	Categories	Number of Elements	Maximum Points
1	Description of the Delivery Network and Adequacy	12	12.0
2	Description of Enrollees (Members)	3	3.0
3	Additional Analysis of the CCO’s Provider Network to Meet Enrollee (Member) Needs	4	4.0
4	Coordination of Care	5	5.0
5	Performance on Metrics	2	2.0
Totals		26	26.0

DSN Time and Distance Standard Report Evaluation and Scoring Criteria

HSAG will review time and distance reported in the DSN Provider Narrative Report to assess the extent to which each MCO meets contract standards related to members’ access to providers.² More specifically, HSAG will review the provider time and distance standard reporting (i.e., minutes, miles, and percent of overall member access) for each geographic classification in its service area to determine compliance based on the three OHA-defined time and distance standards using the rating and scoring criteria defined in Table 6. All element scores will then be aggregated into category scores and an overall summary score.

Table 6— DSN Time and Distance Report Scoring Criteria

Score	Rating	Rating Description
0.0	<i>Not Met</i>	Submission did not include any time and distance reporting.
0.5	<i>Partially Met</i>	Submission included one, but not all time and distance reporting (minutes, miles, and percent of overall member access).
		Submission included all time and distance reporting but did not meet all of the three OHA-defined time and distance standards.
1	<i>Met</i>	Submission included all time and distance reporting and met all of the three OHA-defined time and distance standards.

Using member data provided by OHA and October 30, 2020 DSN Provider Capacity Reports, HSAG will conduct an additional time and distance analysis using the following key measures:

² Contract standards are detailed in Oregon Administrative Rule 410-141-3220, available online at <https://www.oregon.gov/oha/HSD/OHP/Policies/141rb011118.pdf>.

- Percentage of members living within the time/distance standards.
- Average time (in minutes) and distance (in miles) to the nearest three providers for each provider type evaluated (e.g., PCPs and hospitals).

2020 Annual DSN Evaluation Reporting

HSAG will evaluate MCO DSN reports and supporting documentation according to federal and OHA contract requirements and compile the results. Evaluation results will be presented in two separate reports, a 2020 CCO Annual DSN Evaluation Report and a 2020 DCO Annual DSN Evaluation Report. Each report will include:

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

Prior to finalizing the 2020 Annual DSN Evaluation Reports, HSAG will submit drafts to OHA and MCOs for review and feedback. MCOs are provided a two-week period to review and submit clarification related to the original September 1st submissions. Data resubmissions will not be permitted. If applicable, HSAG will incorporate feedback gathered from the MCOs in the final report scheduled to be provided in February 2021.