

Delivery System Network (DSN)/Network Adequacy (NA) CCO Targeted DSN Report Review – Q&A

Health Services Advisory Group (HSAG) conducted a one-time Targeted DSN Provider Capacity Report Review using each CCOs' DSN Provider Capacity Report submitted on or before September 1, 2020. The targeted review focused on the quality (e.g., percent present, valid field formats, and valid values) of the CCOs' DSN Provider Capacity Reports, providing OHA verification of each CCO's ability to comply with subsequent quarterly submission requirements. As a follow-up to results provided to the CCOs on September 30, 2020, HSAG documented the questions asked by CCO representatives and related answers as listed below. HSAG modified the questions for grammatical clarity and are not verbatim from CCO emails.

CCOs are strongly encouraged to use this guidance and specifications in the corresponding CY2020 *2020 CCO DSN Provider Capacity Report Instructions* to validate and ensure that all data field values are populated in valid format/values prior to the submission of subsequent Quarterly DSN Provider Capacity Reports.

| # | Question | HSAG Response |
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| 1. | When should the Group Practice or Clinic Name ("GrpName") and Group's NPI# ("GroupNPI#") data fields be populated with a value? What logic can be applied to identify providers that should have a value populated? | <ul style="list-style-type: none"> The "GrpName" data field should be populated for individual practitioner's categorized as "ProvCat" = 01, 02 or 03 to identify their affiliated Group Practice Name or Clinic. If an individual practitioner categorized as "ProvCat" = 01, 02 or 03 and operates as a solo provider and group, their NPI should only be listed as a "ProviderNPI#." |
| 2. | If an individual practitioner categorized as "ProvCat" = 01, 02 or 03 operates as a solo provider, not affiliated to a group, should their "ProviderNPI" be duplicated in the "GrpNPI#" data field? | <ul style="list-style-type: none"> For those instances in which an individual practitioner categorized as "ProvCat" = 01, 02 or 03 operates as a solo provider, not affiliated with a group, the "GrpName" and "GrpNPI" data fields should be left blank. HSAG and OHA are aware that these instances could impact a CCO's percent present quality measure for "GrpName" and "GrpNPI" data fields. Thresholds less than 98% will be closely examined. |
| 3. | When should the Facility or Business Name ("FacilityName") and Facility or Business NPI# ("FacilityNPI#") data fields be populated with a value? | <ul style="list-style-type: none"> "FacilityName" data field should be populated for facilities or businesses categorized as "ProvCat" = 04 and 05. "FacilityNPI#" data field should be populated with the provider's corresponding NPI#. |

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| 4. | How should the Practitioner, Facility or Business TIN # (“TIN#”) data field be populated if a facility or business does not have a TIN#? | <ul style="list-style-type: none"> The “TIN#” data field should be populated with a primary Provider, Facility or Business Taxpayer Identification Number, an individual’s Social Security Number, or business’ Employer Identification Number. |
| 5. | How should the DMAP (Medicaid ID) # (“DMAP_ID#”) data field be populated if a facility or business does not have a DMAP#? | <ul style="list-style-type: none"> There are very few exceptions in which a “DMAP_ID#” data field would not have a populated value. All individual practitioners, facilities, or businesses submitting claims to Medicaid should be enrolled with a DMAP ID. OHA requests that CCOs separately provide examples of providers/facilities that do not have a DMAP ID for further research. |
| 6. | What Service Category Value (“ServCat”) should be used to categorize OB/GYNs in the Provider Capacity Report? | <ul style="list-style-type: none"> OB/GYN providers should be categorized as “ServCat” = Specialty Practitioner, Adult (SPA) or Specialty Practitioner, Pediatric (SPP). |
| 7. | Does the NCQA COVID-19 guidance for credentialing and/or re-credentialing timeframes apply to the Credentialing Date (“CredDate”) data field? | <ul style="list-style-type: none"> OHA expects CCOs to conduct regular credentialing activities required under Contract, per Exhibit B, Part 4, Section 6, and OAR 410-141-3510. Oversight for credentialing activities is not waived at this time. OHA will provide flexibility for any in-person site visits required to perform credentialing activities and will allow virtual site visits for the activities that can be verified via a virtual site visit. OHA requests that CCOs separately provide examples/documentation of those activities that cannot be performed through a virtual site visit. “CredDate” data field values older than three years prior to the September 30, 2020 extraction date and “CredDate” values anticipated after the September 30, 2020 extraction date will be considered invalid values. |
| 8. | Can acronyms or abbreviations be submitted as a valid format or value for Non-English Language (“Lang1”, “Lang2”, “Lang3”) data fields? | <ul style="list-style-type: none"> All non-English languages values populated in “Lang1”, “Lang2”, “Lang3” should be spelled out in their entirety. HSAG will not be able to use acronyms or abbreviations when conducting capacity analysis for the 2020 CCO DSN Evaluation Report. Any values identified as “NA,” “N/A,” acronyms or abbreviations will be calculated as “Null” values. |

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| 9. | Does the PCP Indicator (“PCP_Ind”) data field include all PCPs (those in which patients can be paneled and those in which patients cannot be paneled), or does it also include PCPs (according to Taxonomy) that may be working in a specialty clinic (e.g. Gastroenterology clinic)? | <ul style="list-style-type: none"> CCOs should use the OAR 410-120-0000 definition of a Primary Care Provider (PCP) to identify participating providers contracted with their CCO as a PCP. Any provider identified as a PCP should have a value populated in the “PCP_Ind” data field. Provider Taxonomy code (“ProviderTax#”) should not be used to identify PCPs. “PCP_Ind” data field should be populated for PCPs with or without a panel of members. Based on this definition, PCPs must be categorized with a “ProvCat” = 01 or 02 and a corresponding “ServCat” = PCPA/PCPP and/or SPA/SPP. “PCP_Ind” should be blank for providers not defined as PCPs. |
| 10. | When should the “Capacity” data fields be populated with a value? What logic can be applied to identify providers that should have a value populated? | <ul style="list-style-type: none"> CCOs should use the OAR 410-120-0000 definition of a PCP to identify participating providers contracted with a CCO as a PCP. Any provider identified as a PCP should have a value populated in the “Capacity” data field, indicating the quantity of Medicaid and fully dual eligible CCO members for which the PCP can serve/render care (i.e., PCP panel size). Based on this definition, PCPs should be categorized with a “ProvCat” format/value of 01 or 02 and a corresponding “ServCat” value of PCPA/PCPP and/or SPA/SPP. |
| 11. | When should the “PCPCH_Tier” data fields be populated with a value? What logic can be applied to identify providers that should have a value populated? | <ul style="list-style-type: none"> A majority of the PCPCH recognition is done at the facility/clinic (“ProvCat” = 04 and 05) level. There are a small percentage of individual practitioners (“ProvCat” = 01 and 02) that have achieved PCPCH recognition. “PCPCH_Tier” designation data field should only be populated with a value to identify those described above with OHA PCPCH recognition. The word “STAR” has been removed from the field description within the instructions. The valid format/value for the “PCPCH_Tier” data field is a 1-digit numeric value (i.e., 1,2,3,4, or 5). |
| 12. | When should the number of Members Assigned to PCPs (“PCP_Assign”) data | <ul style="list-style-type: none"> CCOs should use the OAR 410-120-0000 definition of a PCP to identify participating providers contracted |

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| | fields be populated with a value? What logic can be applied to identify providers that should have a value populated? | <p>with their CCO as a PCP. Any provider identified as a PCP should have a value populated in the “PCP_Assign” data field, indicating the number of members assigned to the PCP’s panel as of the extraction date.</p> <ul style="list-style-type: none"> Based on this definition, PCPs must be categorized with a “ProvCat” = 01 or 02 and a corresponding “ServCat” = PCPA/PCPP and/or SPA/SPP. This data field is <u>not</u> limited to PCPCH recognized individual practitioners and facility/clinic. |
| 13. | When should the Accepting New Members (“Accept”) data fields be populated with a value? What logic can be applied to identify providers that should have a value populated? | <ul style="list-style-type: none"> CCOs should use the OAR 410-120-0000 definition of a PCP to identify participating providers contracted with a CCO as a PCP. Any provider identified as a PCP should have a value populated in the “Accept” data field, indicating that the PCP is accepting assignment (empanelment) of new Medicaid members. CCOs should identify the number of members assigned to the PCP’s panel as of the extraction date Based on this definition, PCPs must be categorized with a “ProvCat” = 01 or 02 and a corresponding “ServCat” = PCPA/PCPP and/or SPA/SPP. |
| 14. | Are data fields populated with values “Yes” or “No” considered invalid? | <ul style="list-style-type: none"> Yes. Data fields requiring a “yes” or no” response must align with the format/value indicated in the instructions. The correct formats and values are “Y” and “N.” |
| 15. | What submission format is acceptable for the DSN Provider Capacity Report file? | <ul style="list-style-type: none"> After discussion, both HSAG and OHA are in agreement that DSN Provider Capacity Reports can be submitted in the below file format: <ul style="list-style-type: none"> ASCII text file formatted in a pipe delimited () format (preferred). Database file (e.g., Access, SQL, Oracle). Spreadsheet file (e.g., see Excel OR2020 DSN Provider Capacity Report template. Other file types as coordinated with OHA. |
| 16. | Where should the 3 rd and 4 th Quarter CCO DSN Provider Capacity Report files be submitted to? | <ul style="list-style-type: none"> Quarterly DSN deliverables must be submitted to OHA via email to the CCO deliverables email box: CCO.MCOTDeliverableReports@dhsosha.state.or.us. |