# General Information

In alignment with Exhibit G of the CCO contract, the DSN Narrative Template review collects information on the organizational structure, methods, and procedures for monitoring the CCO delivery system networks. Data collection relies on responses to data elements outlined in the following tool and the submission of supplemental documentation. In collaboration with OHA, the 2023 DSN Narrative Template has been revised to align with OHA’s overall objectives for monitoring network adequacy and the recently released CMS external quality review (EQR) protocol for validating network adequacy. While the format and presentation of the template has changed, the data elements and requested documentation continue to align with the CCO contract. The 2023 DSN Narrative Template is separated into four domains: DSN Governance Structure, Member Needs and Population Monitoring, Delivery System Network Monitoring and Analysis, and Network Response Strategy.

**General Instructions:**

* **Do not alter the formatting or file type of the DSN Narrative Template tool.**
* **Do not embed documents in the DSN Narrative Template.** All supporting documents must be submitted as separate documents.
* **Only include documents that are relevant to the specific requirement.** Excessive, irrelevant, or insufficiently/incorrectly identified documentation may hinder review and result in a finding.
* **Indicate precisely which components, paragraphs, or pages 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.
* **All questions and elements must be answered.** CCOs are encouraged to submit supplemental documentation in lieu of lengthy responses when it contains the requested information.

|  |  |
| --- | --- |
| **Organization Name:** | Choose your organization. |
| **Submitter Name:** |  |
| **Submitter Email Address:** |  |
| **Date of Submission:** |  |
| **Comments:** |  |

# Delivery System Network (DSN) Governance Structure

| Governance Structure | |
| --- | --- |
| The purpose of this section is to document the governance structure (e.g., internal structure of the organization, committee structure, oversight of external vendors, etc.) in place to monitor, assess, and address the adequacy of the CCO’s provider network.  *Note: If supplemental documentation (e.g., policies, procedures, technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* | |
| Use the table below to describe the committee(s) and/or operational department/teams in place for managing the CCO’s delivery system, including oversight of subcontractors to whom the CCO has delegated network-related managed care functions.   |  |  |  |  | | --- | --- | --- | --- | | **Committee Name/**  **Operational Team** | **List of Members**  **- *for committees only* -** *(e.g., Exec. Leadership Position/ Departments)* | **Scope of Committee/Operational Team *(e.g., committee/department responsibilities, standing agenda items,  monitoring metrics and reports)*** | **Meeting Frequency** | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. | | Enter text. | Enter text. | Enter brief description. | Frequency. |   **Note**: To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | |
| **Documentation submitted for desk review.** *Please be sure to annotate the submitted document(s) clearly to identify where the requested information is present within the materials*.   |  |  | | --- | --- | | **Required and Suggested Documents** | **Document Title** | | Organizational Chart **(required)** | Enter filename. | | Committee reporting structure **(required)** | Enter filename. | | Network adequacy and/or monitoring program descriptions | Enter filename. | | Network adequacy and/or monitoring policies and procedures | Enter filename. | | Enter document description. | Enter filename. | | Enter document description. | Enter filename. | | Enter document description. | Enter filename. |   **Note**: To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | |
| HSAG Findings | HSAG Rating |
|  | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | |
| Use the table below to identify the subcontractor(s) with whom the CCO has delegated network-related managed care functions, including delegation of credentialing (excluding organizational credentialing), network management, compliance with provider network requirements (e.g., availability of services), and regulatory reporting requirements. Please exclude vendors, providers, and provider organizations contracted to render health care services only who are not delegated managed care functions.   |  |  | | --- | --- | | **Name of Delegate Subcontractor** | **Scope of Delegated Network Services**  **(e.g., description of delegated functions, subcontractor reporting requirements, network data requirements [i.e., collection, analysis, and reporting], etc.)** | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. | | Enter Organization Name. | Enter description. |   Note: To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | |
| **Documentation submitted for desk review.** *Please be sure to annotate the submitted document(s) clearly to identify where the requested information is present within the materials*. | |
| |  |  | | --- | --- | | **Required and Suggested Documents** | **Document Title** | | Subcontractor organizational reporting structure | Enter filename. | | Enter document description | Enter filename. | | Enter document description | Enter filename. | | Enter document description | Enter filename. | | |
| **Note:** To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | |
| HSAG Findings | HSAG Rating |
|  | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | |
| Based on the CCO’s responses to the *Information Systems Capabilities Assessment Tool (ISCAT)* and *Standard XIII—Health Information Systems review tool* in 2022, were there any changes made to the information system(s) used to support the management of the CCO’s delivery system networks and monitoring of network adequacy, including the collection, management, analysis, and reporting of provider data?  No → Go to [Section 2—Member Needs and Population Monitoring](#_Member_Needs_and).  Yes → Please explain in the tables below.   |  |  | | --- | --- | | **Information System/Database** | **Please describe the nature of the change to each identified information system/database.** *(Including, but not limited to, data collection processes, subcontracting, data elements, validation processes, etc.)* | | Enter Information System. | Enter description. | | Enter Information System. | Enter description. | | Enter Information System. | Enter description. | | Enter Information System. | Enter description. | | Enter Information System. | Enter description. |   **Note:** To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | |
| **Documentation submitted for desk review.** Please be sure to annotate the submitted document(s) clearly to identify where the requested information is present within the materials. Documents listed below should be related to the changes described above.   |  |  | | --- | --- | | **Required and Suggested Documents** | **Document Title** | | Provider data table/file layouts | Enter filename. | | Provider data process flows | Enter filename. | | Policies and procedures supporting information systems and operations | Enter filename. | | Enter document description. | Enter filename. | | Enter document description. | Enter filename. | | Enter document description. | Enter filename. |   **Note:** To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | |
| HSAG Findings | HSAG Rating |
|  | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | |

## HSAG Evaluation – Scoring Matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DSN Governance Structure | | | | | |
| **Rating** | **Total** | **Point Value** | | | **Score** |
| Met |  | X | 1.0 | = |  |
| Partially Met |  | X | 0.5 | = |  |
| Not Met |  | X | 0.0 | = |  |
| Not Applicable |  |  | | |  |
| **Total Applicable** | 3 | **Total Score** | | |  |
| **Overall Domain Score** | | | | | **%** |

# Member Needs and Population Monitoring

| Member Needs and Population Management |
| --- |
| The purpose of this section is to document the policies, procedures, and methodologies in place to identify, assess, and monitor the CCO’s current and anticipated membership. |
| For each of the elements below, describe how the CCO identifies and monitors the relevant member populations to direct and support its monitoring of the adequacy of its delivery system networks. CCO documentation should address and describe:  the data source(s) and elements used to identify the member population.  the metrics used to monitor the member population, including the methodology.  the process for calculating and reporting member metric results, including identification of the staff/subcontractor/vendor responsible for producing the metrics, procedures for validating the data and results, and reporting format and frequency.  the target audience for monitoring metrics—i.e., who is using the data to make decisions regarding the CCO’s delivery system network.  *Note: If supplemental documentation (e.g., policies, procedures, technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* ***When applicable, the CCO’s responses and documentation should address the use of REALD and SOGI data for each element below. Sample reports are required for all documented monitoring metrics.*** |

Members with Physical and Mental Disabilities

| **Members with Physical, Intellectual, and Developmental Disabilities** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor its population of members with physical, intellectual, and developmental disabilities ?   Yes  No → Skip to Question 2-3. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor its population of members with physical, intellectual, and developmental disabilities.** | | | |
| * 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| * 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| * 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| * 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| * 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| * 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Members with SCHN

| **Members with Special Health Care Needs (SHCN)** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor its population of members with SHCN ?   Yes  No → Skip to Question 2-5. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor its population of members with SHCN.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

American Indian/Alaskan Native Members

| **American Indian/Alaskan Native Members** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the population of American Indian/Alaskan Native members?   Yes  No → Skip to Question 2-7. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor its population of American Indian/Alaskan Native members.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Members with Linguistic and Cultural Needs

| **Members with Linguistics and Cultural Needs** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor members’ linguistic and cultural needs?   Yes  No → Skip to Question 2-8. | | | |
| 1. How does the CCO define linguistic and cultural needs (e.g., language, race, ethnicity, religion, LGBTQIA+, etc.)?   Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor members’ linguistic and cultural needs.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Anticipated Medicaid Enrollment

| **Anticipated Medicaid Enrollment** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor changes in the projected enrollment of Medicaid members?   Yes  No → Skip to Question 2-12. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the projected enrollment of Medicaid members.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Full Benefit Dual Eligible Members

| **Full Benefit Dual Eligible Members** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor its population of full benefit dual eligible members?   Yes  No → Skip to Question 2-14. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor its population of full benefit dual eligible members.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Member Service Utilization

| **Member Service Utilization** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor members’ utilization of health care services?   Yes  No → Skip to Question 2-17. | | | |
| 1. Please describe the types of services monitored by the CCO to assess members’ utilization of health care services (e.g., emergency department use, inpatient readmissions, preventive care visits, etc.).   Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor members’ service utilization.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Performance measures or metrics | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Disease Prevalence/Population Health

| **Disease Prevalence and Population Health** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the prevalence of disease among members and overall population health characteristics of its Medicaid population?   Yes  No → Skip to [Section 3—Delivery System Network Monitoring and Analysis](#_Delivery_System_Network). | | | |
| 1. Please describe the clinical conditions and population health characteristics (e.g., asthma, diabetes, mental illness, etc.) monitored by the CCO.   Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the disease prevalence and population health of its Medicaid population.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report name, presentation, etc.)  Enter document description  Not Applicable | Document Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

## HSAG Evaluation – Scoring Matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Member Needs and Population Monitoring | | | | | |
| **Rating** | **Total** | **Point Value** | | | **Score** |
| Met |  | X | 1.0 | = |  |
| Partially Met |  | X | 0.5 | = |  |
| Not Met |  | X | 0.0 | = |  |
| Not Applicable |  |  | | |  |
| **Total Applicable** | 8 | **Total Score** | | |  |
| **Overall Domain Score** | | | | | **%** |

# Delivery System Network Monitoring and Analysis

| Delivery System Network Monitoring and Analysis |
| --- |
| The purpose of this section is to document the policies, procedures, and methodologies in place to identify, assess, and monitor the CCO’s delivery system networks. This includes the monitoring and assessment of network adequacy and the availability of services. |
| For each of the elements below, identify how the CCO currently monitors the adequacy of its network relative to the needs of its member population. CCO documentation should address and describe:  whether the CCO monitors key aspects of network capacity and adequacy.  the member and provider populations targeted in network capacity and adequacy monitoring.  the data source(s) and elements used to identify the member population.  the metrics used to monitor the member population, including the methodology.  the process for calculating and reporting member metric results, including identification of the staff/vendor responsible for producing the metrics, procedures for validating the data and results, and reporting format and frequency.  the target audience for monitoring metrics—i.e., who is using the data to make decisions regarding the CCO’s delivery system network.  ***Note:*** *If supplemental documentation (e.g., policies, procedures, technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* ***When applicable, the CCO’s responses and documentation should address the use of REALD and SOGI data for each element below. Sample reports are required for all documented monitoring metrics.*** |

Time and Distance

| **Time and Distance** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the average time (in minutes) and distance (in miles) to the nearest provider for enrolled members?   Yes  No → Skip to Question 3-4. | | | |
| 1. Please identify the targeted member and provider populations used to monitor time and distance metrics (e.g., gender and age groups, provider types, accessibility accommodations, proximity to public transportation, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor members’ travel time and distance to the nearest provider.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Provider-to-Member Ratios

| **Provider-to-Member Ratios** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor provider-to-member ratios for provider types?   Yes  No → Skip to Question 3-7. | | | |
| 1. Please identify the targeted member and provider populations used to monitor provider-to-member metrics (e.g., gender and age groups, provider types, participation status, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor provider-to-member ratios.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Wait Time to Appointment Availability

| **Wait Time to Appointment Availability** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor members’ wait time to appointment availability for standard, emergent, and urgent appointments (e.g., average number of days between appointment request and next available appointment)?   Yes  No → Skip to Question 3-10. | | | |
| 1. Please identify the targeted member and provider populations used to monitor wait time appointment availability (e.g., gender and age groups, provider types, participation status, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor members’ wait time to appointment availability.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Call Center Performance

| **Call Center Performance** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the performance of its member call center (e.g., hours of operation, wait time, call abandonment, etc.)?   Yes  No → Skip to Question 3-12. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the accessibility and performance of its call centers.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Panel Status

| **Panel Status—*percentage of providers accepting new patients*** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the percentage of providers accepting new patients as part of its ongoing monitoring of the adequacy of its provider network?   Yes  No → Skip to Question 3-15. | | | |
| 1. Please identify the targeted member and provider populations used to monitor providers’ panel status (e.g., gender and age groups, provider types, participation status, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the providers’ panel status (i.e., percentage of providers accepting new patients).** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Hours of Operation

| **Hours of Operation** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the hours of operation associated with providers (individual and facility) within its delivery system network?   Yes  No → Skip to Question 3-18. | | | |
| 1. Please identify the targeted member and provider populations used to monitor providers’ hours of operation (e.g., gender and age groups, provider types, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor providers’ hours of operation.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

Telehealth Modalities

| **Use of Telehealth Modalities** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the implementation and/or use of telehealth modalities by provider type within its DSN?   Yes  No → Skip to Question 3-21. | | | |
| 1. Please identify any targeted member and provider populations used in monitoring providers’ implementation and use of telehealth modalities (e.g., gender and age groups, provider types, etc.), as well as specific telehealth modalities evaluated by the CCO (e.g., synchronous, asynchronous, video, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Telehealth modality(ies): Enter text.  Other: Enter text. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor providers’ use of telehealth services.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Availability of Culturally and Linguistic Provider

| **Availability of Culturally and Linguistically Appropriate Care** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the availability of culturally and linguistically appropriate care?   Yes  No → Skip to Question 3-25. | | | |
| 1. Please describe the types of cultural and linguistic characteristics of providers used to monitor the availability of culturally and linguistically appropriate care to members.   Cultural characteristics: Enter text.  Linguistic characteristics: Enter text. | | | |
| 1. Please identify any targeted member and provider populations used to monitor the availability of culturally and linguistically appropriate care (e.g., gender and age groups, provider types, language, etc.).   Member population(s): Enter text.  Provider characteristics and/or populations: Enter text.  Other: Enter text.  **Not Applicable:** the monitoring of and/or metrics used by the CCO are not defined for specific member and provider populations. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the availability of culturally and linguistically appropriate providers.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Availability of Interpreter Services

| **Availability of Interpreter Services** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the availability of interpretation services, including oral and sign language interpreters, Qualified and Certified Health Care Interpretation Services, and written translation?   Yes  No → Skip to Question 3-28. | | | |
| 1. Please identify any targeted member and provider populations used to monitor the availability of interpreter services (e.g., gender and age groups, provider types, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text.  **Not Applicable:** the monitoring of and/or metrics used by the CCO are not defined for specific member and provider populations. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the availability of interpreter services.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

### Availability of Physical Accessibility Accommodations

| **Availability of Physical Accessibility Accommodations** | | | |
| --- | --- | --- | --- |
| 1. Does the CCO monitor the ability of its providers to make accommodations for members with physical accessibility needs?   Yes  No → Skip to [Section 4—Network Response Strategy](#_Network_Response_Strategy). | | | |
| 1. Please list the types of physical accessibility accommodations for which data elements are collected, monitored, and/or reported by the CCO (e.g., parking spaces, building and room access, modified signage, etc.).   Enter text. | | | |
| 1. Please identify any targeted member and provider populations used to monitor the availability of physical accessibility accommodations (e.g., gender and age groups, provider types, etc.).   Member population(s): Enter text.  Provider population(s): Enter text.  Other: Enter text.  **Not Applicable:** the monitoring of and/or metrics used by the CCO are not defined for specific member and provider populations. | | | |
| 1. **Use the table below to define the monitoring approach and metrics, measure specifications, and reporting strategy used by the CCO to monitor the availability of physical accessibility accommodations.** | | | |
| 1. Monitoring approach | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Data source(s) and element(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Performance measures/ metrics | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Analytic software or platform | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Process for calculating and validating metric(s) | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Standards and/or thresholds used by CCO | Enter text.  Not Applicable | Document(s) Submitted for Desk Review   * Enter filename. | |
| 1. Reporting format, target audience, and frequency | Enter text.  Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| 1. Two (2) most recent sample reports from the review period **(required)** | Document Description (e.g., report, presentation, etc.)   * Enter document description   Not Applicable | Document(s) Submitted for Desk Review  Enter filename. | |
| HSAG Findings | | | HSAG Rating |
|  | | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | | |

## HSAG Evaluation – Scoring Matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DSN Monitoring and Analysis | | | | | |
| **Rating** | **Total** | **Point Value** | | | **Score** |
| Met |  | X | 1.0 | = |  |
| Partially Met |  | X | 0.5 | = |  |
| Not Met |  | X | 0.0 | = |  |
| N/A |  |  | | |  |
| **Total Applicable** | 10 | **Total Score** | | |  |
| **Overall Domain Score** | | | | | **%** |

# Network Response Strategy

| Network Response Strategy | | |
| --- | --- | --- |
| The purpose of this section is to describe the barriers to network adequacy, gaps in the CCO’s provider network, and how the CCO has responded to address those deficiencies. The summary should reflect both current (i.e., identified during the measurement period) and continuing barriers.  *Note: If supplemental documentation (e.g., policies, procedures, technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation to eliminate the need for a lengthy response and help clarify its answers. Please annotate all documentation and direct reviewers to specific sections/components.* | | |
| 1. Briefly describe the methodology used by the CCO to identify barriers and network gaps. The description should discuss ***how*** the CCO’s network monitoring program (as described above) is used to support both the identification of barriers and gaps as well as the development of short- and long-term interventions.   Enter brief description. | **Document(s) for Desk Review** | |
| * Enter filename. | |
| HSAG Findings | | HSAG Rating |
|  | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | |
| 1. Did the CCO identify, or continue to address, any barriers to health care services or network gaps during the review period (i.e., July 1, 2022 – June 30, 2023)?   Yes  No → Skip to Question 4-4. | | |
| 1. Use the tables below to list the CCO’s barriers to health care services and network gaps. The CCO’s responses should identify the barrier or network gap, planned interventions or next steps, and projected timeline for implementation or resolution date. Use **Table 4-A** to list supplemental documentation that includes this information, or **Table 4-B** to manually enter identified barriers, gaps, and interventions. **Note: CCOs should only complete one of the tables.**  |  |  | | --- | --- | | **Table 4-A. Documentation submitted for desk review** | | | **Document Description** | **Filename** | |  |  | |  |  | |  |  |   Note: To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key.   |  |  |  | | --- | --- | --- | | **Table 4-B. Manual entry of network barriers, gaps, and planned interventions.** | | | |  | **Network Barrier or Gap** *(include newly identified or continuing barriers and gaps)* | **Planned Intervention** (*include anticipated implementation date and/or resolution date*) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Note: To add additional rows to the table, place the cursor in the bottom-right row and column, and press the TAB key. | | |
| HSAG Findings | | HSAG Rating |
|  | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | |
| 1. How does the CCO evaluate the effectiveness of planned interventions to fill network gaps and resolve network barriers?   Enter text. | | |
| HSAG Findings | | HSAG Rating |
|  | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | |
| 1. Based on the assessment of network adequacy, does the CCO anticipate any changes to your future network capacity needs?   Yes → Explain: Enter text.  No → Explain: Enter text. | | |
| HSAG Findings | | HSAG Rating |
|  | | Met  Partially Met  Not Met |
| **<Required/Recommended> Actions:** | | |
| 1. Please describe any network development activities, not previously described in Element 4-3, currently being conducted by the CCO based on identified barriers/gaps or future network needs.   Enter text. | | |
| HSAG Findings | | HSAG Rating |
|  | | Met  Partially Met  Not Met  Not Applicable |
| **<Required/Recommended> Actions:** | | |
| 1. Please indicate the activities and/or interventions that were implemented in response to the recommendations made in the *2022 DSN Evaluation* and *2022 Annual Technical Report* released in April 2023. If there have been no activities and/or interventions implemented to date, please propose activities and/or interventions that will be implemented to address the past recommendations. If prior findings and recommendations from activities overlap with barriers identified in Element 4-3, you may simply reference your earlier response—i.e., *see Element 4-3 response to X barrier.*  **Responses should be entered directly into the DSN Evaluation Recommendations Follow-up form posted to SAFE: <CCO>\_OR2023\_DSN\_FollowUpPriorRecs\_F1.doc.** | | |
| HSAG Findings | | HSAG Rating |
|  | | Met  Partially Met  Not Met  Not Applicable |
| **<Required/Recommended> Actions:** | | |

## HSAG Evaluation – Scoring Matrix

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Network Response Strategy | | | | | |
| **Rating** | **Total** | **Point Value** | | | **Score** |
| Met |  | X | 1.0 | = |  |
| Partially Met |  | X | 0.5 | = |  |
| Not Met |  | X | 0.0 | = |  |
| N/A |  |  | | |  |
| **Total Applicable** | 7 | **Total Score** | | |  |
| **Overall Domain Score** | | | | | **%** |