

Oregon Health Authority

2024 Delivery System Network Evaluation – Protocol

May 2024



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1. Background

According to federal and State regulations governing Medicaid services¹⁻¹, 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 (DSN) 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 toolkit¹⁻² and the CMS EQR Protocols released in February 2023.¹⁻³

Table 1-1 lists the organizations that will be included in this review.

Table 1-1—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

¹⁻¹ 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.

¹⁻² Centers for Medicare & Medicaid Services. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider network Adequacy and Service Availability. Available at: <https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf>. Accessed on: Jan 8, 2024

¹⁻³ 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: Jan 8, 2024

CCO Name	Acronym
PacificSource Community Solutions–Lane County	PCS-LN
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

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, network capacity, and geographic distribution of providers relative to member populations.
- CCOs' compliance with OHA-defined time and distance access standards.
- Program-level recommendations for OHA, including future technical assistance and operational improvements in 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 standards.

To accomplish its objectives, HSAG has developed an evaluation protocol and tools to collect information and assess CCOs' compliance with State rules and CCO contract requirements.

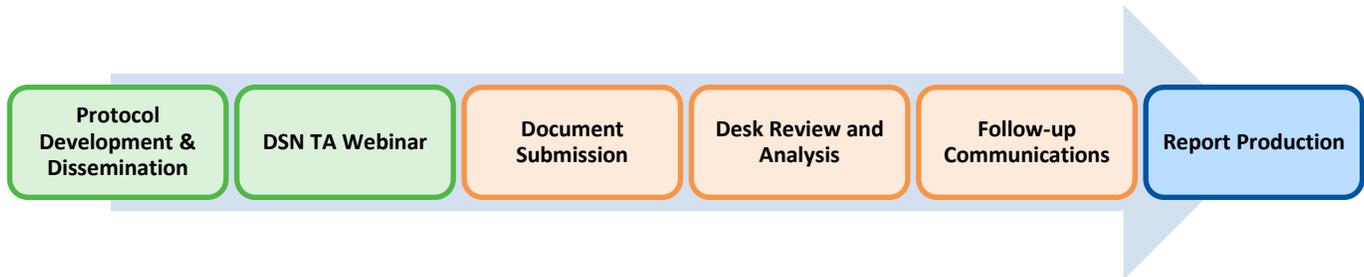
In 2024, HSAG's evaluation will include three components:

- DSN Narrative Template Review
- Network Capacity and Adequacy Assessment
- Network Availability and Accessibility

Technical Methods of Data Collection

The key 2024 DSN Evaluation activities are illustrated in Figure 2-1 and described below.

Figure 2-1—2024 DSN Analysis Activities



1. **Protocol Development and Dissemination:** HSAG has developed the 2024 DSN Evaluation protocol to describe the scope and methodology for conducting the DSN analysis and provide guidance to the CCOs on their participation. HSAG also developed data collection tools to support information gathering on CCOs’ network monitoring processes and procedures.
 - **DSN Narrative Template**—Standardized tool CCOs use to submit documentation of compliance key federal and state regulations and contract requirements across four domains: DSN governance structure, member needs and population monitoring, DSN monitoring and analysis, and CCOs’ network response strategy.
2. **DSN Technical Assistance (TA) Webinar:** HSAG will host a TA webinar on May 15, 2024, for CCOs to review the 2024 DSN Evaluation timeline, required documentation and submission guidelines, analysis, reporting processes, and allow an opportunity for questions and answers.
3. **Documentation Submission:** The CCOs will complete the *2024 DSN Narrative Template* and submit all applicable supporting documentation. All requested data and documentation must be submitted on or before **July 31, 2024**.
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 OARs and contract requirements for monitoring DSNs. The desk review enables HSAG reviewers to increase their knowledge and understanding of each CCOs’ operations, identify areas needing clarification, and begin compiling information needed to make a formal assessment. HSAG will perform an analysis of the provider capacity data to assess the adequacy, availability, and timeliness of access to providers and healthcare services. The evaluation will incorporate a multi-dimensional approach using a series of measures to support DSN reporting.
5. **Follow-up Communications:** HSAG will conduct follow-up communication with organizations when desk review results or data analysis identify areas where additional information and/or clarification is required.
6. **Report Production:** HSAG will compile all information obtained from the desk review and data analysis to derive DSN findings for each CCO. HSAG will summarize the results of its review and present the findings to OHA in a draft report; CCOs will have an opportunity to review CCO-specific findings and recommendations. Upon receipt of feedback from OHA and the CCOs, HSAG will draft a final DSN Evaluation report for submission to OHA.

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 2-1 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 2-1—Description of DSN Data Sources

Data Obtained	Time Period to Which the Data Applied
<p>Completed <i>DSN Narrative Template</i> and supplemental documentation describing the CCOs’ governance structure; membership and network monitoring; network monitoring, analysis, and reporting processes; and network response strategy. This data will be used to assess compliance with OAR and CCO contract requirements.</p>	<p>July 1, 2023 – June 30, 2024</p>
<p><i>DSN Provider Capacity</i> data files submitted by CCOs to OHA for Quarter 1 (Q1) 2024 that represent an inventory of each individual (i.e., physician, mid-level practitioner, or other practitioners), facility, or business, whether employed by or under subcontract with a CCO, or paid fee-for-service, that agrees to provide the described services, or items, to Medicaid CCO members. These data will be used in conjunction with member enrollment data to support the calculation of network adequacy metrics.</p> <ul style="list-style-type: none"> • Number and percent of individual practitioners and facilities. • Provider-to-member ratios. • Average drive time and distance to the nearest provider. 	<p>March 31, 2024</p>
<p>Member eligibility and enrollment files from OHA. These data will be used in conjunction with <i>DSN Provider Capacity</i> data files to support the calculation of network adequacy metrics:</p> <ul style="list-style-type: none"> • Provider-to-member ratios. • Average drive time and distance to the nearest provider. 	<p>March 31, 2024^A</p>
<p><i>DSN – Provider Capacity Report: Analysis & Review</i> reports submitted by OHA for Q1 2024 that include OHA’s assessment of the CCOs’ provider capacity data files. These reports will be used to report availability and accessibility metrics:</p> <ul style="list-style-type: none"> • Percent of active providers. • Percent of providers within the CCO’s service area. • Percent of providers accepting new Medicaid patients. • PCP capacity. • Percent of providers speaking a prevalent non-English language. 	<p>March 31, 2024</p>

^A Member eligibility and enrollment data will be extracted by OHA and reflect members enrolled in a CCO on March 31, 2024, to align with CCO *DSN Provider Capacity* data.

Data Aggregation and Analysis

DSN Narrative Review

In alignment with Exhibit G of the CCO contract, the DSN Narrative 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 *2024 DSN Narrative Template* tool.

Table 2-2 describes the four domains that comprise the *DSN Narrative Template*.

Table 2-2—DSN Narrative Template Domains and Description

Domain	Description
DSN Governance Structure	<p>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:</p> <ul style="list-style-type: none"> • CCO organization charts, roles and responsibilities, and committee structure. • Policies, procedures, and processes outlining oversight of subcontractors delegated network-related managed care functions.
Member Needs and Population Management	<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.



Domain	Description
	<ul style="list-style-type: none"> 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 2-3, to indicate the degree to which each CCO addressed the reporting requirements and submitted the required documentation. A designation of *Not Applicable* (NA) will be used when a specific reporting element on the review tool was not applicable to a CCO.

Table 2-3—DSN Narrative Evaluation 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 addresses 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>	Indicates <i>at least one</i> component in the CCO’s response is missing or incomplete: <ul style="list-style-type: none"> • Narrative response fully addresses 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>	Indicates <i>none</i> of the components in the CCO’s response were present and complete: <ul style="list-style-type: none"> • Narrative response does not address the element or indicates the reporting requirement was not conducted; 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 scored NA, and not included in the total score. Table 2-4 illustrates the DSN Narrative Template Review scoring methodology.

Table 2-4— Example of Scoring Methodology by Domain

DSN Monitoring and Analysis					
Rating	Total	Point Value			Score
Met	12	X	1.0	=	12.0
Partially Met	1	X	0.5	=	0.5
Not Met	1	X	0.0	=	0.0
NA	1				
Total Applicable	14	Total Score			12.5
Overall Domain Score					89.3%

HSAG will determine the overall percentage-of-compliance score across the areas of review by following the same method used to calculate the scores for each standard (i.e., by summing the total values of the scores and dividing the result by the total number of applicable elements).

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 to represent fundamental health services covered by the CCOs and relevant to OHA’s quality strategy and network adequacy objectives. The *Network Capacity and Adequacy Assessment* will report key findings for select provider types as defined by federal regulations, State contract requirements, and Oregon’s quality strategy.

Table 2-5—Provider Types included in 2024 DSN Evaluation

Individual Practitioners	Facility/Service Providers
<ul style="list-style-type: none"> • Primary Care Provider (PCP), Adult and Pediatric¹ • Primary Care Dentist (PCD), Adult and Pediatric² • Mental Health (MH) Provider, Adult and Pediatric¹ • Substance Use Disorder (SUD) Provider, Adult and Pediatric¹ • Specialty Providers^{1,4} <ul style="list-style-type: none"> – Allergy & Immunology (ALIM) – Cardiology (CRD) – Dermatology (DERM) – Endocrinology (END) – Gastroenterology (GST) – Hematology (HEM) – Medical Oncology (M-ONC) – Nephrology (NEPH) – Neurology (NEUR) – Obstetrics/Gynecology Provider¹ (OB/GYN) – Occupational Therapy (OT) – Ophthalmology (OPH) – Optometry (OPT) – Otolaryngology (OTO) – Physical Therapy (PT) – Podiatry (POD) – Psychiatry (PSYC) – Pulmonology (PUL) – Radiation Oncology (R-ONC) – Rheumatology (RHEU) – Speech Language Pathology (SLP) 	<ul style="list-style-type: none"> • Durable Medical Equipment (DME) • Hospital³ (HOSP) • Methadone Clinic (MTD) • Pharmacy³ (Rx) • Skilled Nursing Facility (SNF)

Individual Practitioners	Facility/Service Providers
– Urology (URO)	

¹ These provider types are defined 42 CFR §438.68 and includes stratification by providers serving adult and pediatric members where applicable.

² This provider type is defined in 42 CFR §438.68 for the pediatric population only.

³ These provider types are defined in 42 CFR §438.68 without stratification by adult or pediatric member populations.

⁴ Individual specialty providers included in the 2024 DSN Evaluation are based on OHA’s Time and Distance Tier designations and alignment with OHA’s quality strategy and internal goals and objectives. Based on review of the Q1 2024 Data Capacity CCO data submission, adjustments may be required to finalize provider types included in this year’s evaluation.

Measures of network capacity assess whether health services are available to members through a sufficient supply and variety of providers. Using provider network data obtained from 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 2023 and 2024.
- **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 providers relative to member populations as represented by the percentage of members having access to a provider within the current OHA-defined time and distance standards. These standards include the average travel time (in minutes) and driving distance (in miles) to the nearest provider by provider type.

Provider and member data used to calculate time and distance metrics will be reviewed, cleaned, and prepared as follows.

- Providers included in the analysis will have:
 - Office locations geocoded in Oregon or within 75 miles of the Oregon border²⁻⁴.
 - An active National Provider Identifier (NPI) on March 31, 2024.
 - An eligible provider type, or indicator, per designation on OHA’s *DSN Provider Specialty Matrix*²⁻⁵.

²⁻⁴ Mile limit per OHA direction and in alignment with OAR 410-120-1180.

<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=306653>. Accessed on: April 18, 2024.

²⁻⁵ Oregon Health Authority. *DSN Provider Specialty Matrix*. <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx>. The most current *DSN Provider Specialty Matrix* will be used at the time of analysis for all provider category definitions.

- Members included in the analysis will:
 - Have an address within the State of Oregon and within the CCO’s service area.
 - Be actively enrolled with the CCO on March 31, 2024.
 - Not have a date of death on or before March 31, 2024.

All study results will be stratified by CCO, provider type, provider tier, and urbanicity. Table 2-6 outlines OHA’s time and distance standards effective January 1, 2024.

Table 2-6—DSN Time and Distance Standards by Provider Tier and Urbanicity

Urbanicity Classification	Definition	Provider Tier	Time Standard	Distance Standard	Standard (% of Members with Access)
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	95%
		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	95%
		Tier 2	30 Minutes	20 Miles	
		Tier 3	45 Minutes	30 Miles	
Rural	An area greater than 10 miles from the center of an urban area.	Tier 1	30 Minutes	20 Miles	95%
		Tier 2	75 Minutes	60 Miles	
		Tier 3	110 Minutes	90 Miles	
Extreme Access	County with a population density of 10 or fewer people per square mile.	Tier 1	40 Minutes	30 Miles	95%
		Tier 2	95 Minutes	85 Miles	
		Tier 3	140 Minutes	125 Miles	

Table 2-7 presents the provider types included in the 2024 DSN Evaluation separated by Tier per OHA’s *DSN Provider Specialty Matrix*.

Table 2-7- Provider Tier List

Provider/ Facility Tier	Provider Type	Facility Type
Tier 1	<ul style="list-style-type: none"> • PCP, Adult and Pediatric • PCD, Adult and Pediatric • Mental Health (MH) Provider, Adult and Pediatric • SUD Provider, Adult and Pediatric 	<ul style="list-style-type: none"> • Rx

Provider/ Facility Tier	Provider Type	Facility Type
Tier 2	<ul style="list-style-type: none"> • OB/GYN • CRD, Adult and Pediatric • M-ONC, Adult and Pediatric • NEUR, Adult and Pediatric • OT, Adult and Pediatric • OPH, Adult and Pediatric • OPT, Adult and Pediatric • PT, Adult and Pediatric • POD, Adult and Pediatric • PSYC, Adult and Pediatric • R-ONC, Adult and Pediatric • SLP, Adult and Pediatric 	<ul style="list-style-type: none"> • HOSP • DME • MTD
Tier 3	<ul style="list-style-type: none"> • ALIM, Adult and Pediatric • DERM, Adult and Pediatric • END, Adult and Pediatric • GST, Adult and Pediatric • HEM, Adult and Pediatric • NEPH, Adult and Pediatric • OTO, Adult and Pediatric • PUL, Adult and Pediatric • RHEU, Adult and Pediatric • URO, Adult and Pediatric 	<ul style="list-style-type: none"> • SNF

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., prevalent non-English languages spoken), the results 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 number of providers who speak a prevalent 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 use network performance metrics within OHA’s Q1 2024 *DSN – Provider Capacity Report: Analysis & Review* reports to assess the extent to which providers were contracted, available, and accessible within the CCOs’ provider networks. Pending the availability of data from OHA, these performance metrics will include the following:

- Availability
 - Percentage of active²⁻⁶ providers
 - Percentage of providers within the CCOs’ service areas
 - Percentage of PCPs accepting new Medicaid patients
 - Overall PCP capacity
- Accessibility
 - Percentage of providers speaking prevalent non-English languages²⁻⁷

HSAG will synthesize OHA’s findings across key health care provider types, including primary care services (physical and oral) and MH and SUD providers. Additional analyses on specialty providers are summarized along with detailed plan-specific findings in the appendices. The reported categories were unweighted percentages calculated based on the number of individual practitioners within each category. The analysis will also indicate, where possible, whether the change from 2023 to 2024 resulted in a substantial increase (i.e., ↑, or 10 percentage points) or decrease (i.e., ↓, or 10 percentage points) across each metric.

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.

²⁻⁶ Providers are considered “active” if they were a participating provider within the CCO’s network, located within Oregon or within 75 miles of the State border, and were represented in claims and encounter data within the 21 months preceding the end of Q1 2024.

²⁻⁷ As defined in OAR 410-141-3575: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=298884> . Accessed on: April 3, 2024.



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 DSN 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 annual technical report (ATR) that encompasses results from all EQR activities conducted in CY 2024, including the degree in which CCOs have effectively addressed recommendations made by the EQRO during the previous year's activities. The ATR and DSN Evaluation Report will be published on OHA's website.

3. Data Collection Tools and Submission

DSN Narrative Template

The *2024 DSN Narrative Template* tool is a required, fillable Microsoft Word document that 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 Template to submit all responses, including listing any supplemental documentation requested by a specific data element (e.g., sample reports) or 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, 2023 – June 30, 2024.

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:

- **Do not alter the formatting or file type of the DSN Narrative Template tool.** Complete and upload the 2024 DSN Narrative Template tool in its original MS Word file type.
- **Enter the names of supporting documents in the DSN Narrative Template 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.” However, please be concise in your naming conventions.
- **Do not embed documents in the DSN Narrative Template.** 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.
- **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 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.

Table A-A-1 outlines the 2024 DSN Evaluation activities and relevant dates.

Table A-A-1—2024 DSN Evaluation Timeline

Task	Date
HSAG posts DSN Evaluation materials to CCOs	05/01/24
HSAG submits Medicaid member data file request to OHA	05/01/24
HSAG conducts 2024 DSN technical assistance webinar with CCOs	05/15/24
OHA submits Q1 2024 DSN Provider Capacity Reports and data files to HSAG	05/30/24
OHA submits Medicaid member file to HSAG	05/30/24
CCOs submit DSN Narrative Template and all supporting documentation to OHA via secure CCO Deliverables Portal; HSAG retrieves documentation via CCO Deliverables Portal	07/31/24
HSAG conducts DSN Evaluation desk review and analysis	August - September
HSAG prepares draft DSN Evaluation report and CCO individual results appendices	October - November
HSAG submits draft DSN Evaluation report to OHA and individual result appendices to CCOs	11/21/24
OHA and CCOs submit feedback to HSAG	12/06/24
HSAG reviews feedback and updates report as necessary; submits final 2024 DSN Evaluation report to OHA	12/20/24