

Oregon Health Authority

2026 Delivery System Network Evaluation *Protocol*

May 2026



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1. Background

According to federal and State regulations governing Medicaid services,¹ each managed care contractor is required to maintain a network of appropriate health care providers to ensure all services covered under the State plan are available and accessible to members in a timely manner. The State of Oregon, Oregon Health Authority (OHA) contracts with 15 coordinated care organizations (CCOs) to deliver managed care services for Oregon Health Plan (OHP) members. Each contractor must demonstrate the capacity to serve its current and expected membership within its service area and submit documentation to the State Medicaid authority.

To meet oversight requirements, OHA has contracted with Health Services Advisory Group, Inc. (HSAG) to conduct an evaluation of the CCOs’ delivery system networks (DSNs) to assess network adequacy and compliance with Oregon’s standards for access to care. To assess CCO compliance with State network adequacy and availability of services requirements, HSAG will:

- Conduct a review of the CCOs’ network monitoring processes and procedures for ensuring the adequacy of its provider network, including the availability and accessibility of services.
- Assess the CCOs’ network capacity and geographic distribution of providers relative to member populations.
- Evaluate, summarize, and present aggregate findings based on DSN Provider Capacity Report (PCR) results supplied by OHA.
- Conduct the DSN Evaluation in alignment with guidance outlined in the Centers for Medicare & Medicaid Services’ (CMS’) network access and adequacy toolkit² and the CMS External Quality Review (EQR) Protocols released in February 2023.³

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

Table 1 – List of CCOs

CCO Name	Acronym
Advanced Health	AH
AllCare CCO, Inc.	AllCare
Cascade Health Alliance, LLC	CHA

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

² Centers for Medicare & Medicaid Services. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability, April 2017. Available at: <https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf>. Accessed on: February 25, 2026.

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: February 25, 2026.

CCO Name	Acronym
Columbia Pacific CCO, LLC	CPCCO
Eastern Oregon CCO	EOCCO
Health Share of Oregon	HSO
InterCommunity Health Network	IHN
Jackson Care Connect	JCC
PacificSource Community Solutions–Central Oregon	PCS-CO
PacificSource Community Solutions–Columbia Gorge	PCS-CG
PacificSource Community Solutions–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' compliance 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 adult and pediatric member populations.
- CCOs' compliance with OHA-defined time and distance access standards.
- Program-level recommendations for OHA, including future technical assistance and operational improvements for monitoring the adequacy of CCO provider networks.
- CCO-specific findings and recommendations necessary to improve network adequacy monitoring capabilities and compliance with OHA's network adequacy standards.

To accomplish its objectives, HSAG developed an evaluation protocol, data collection tools, network adequacy summary metrics, and evaluation criteria. In 2026, HSAG's evaluation will include three components:

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

Technical Methods of Data Collection

The key DSN Evaluation will include the following activities:

1. **Protocol Development and Dissemination:** HSAG developed the 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 the CCOs' network monitoring processes and procedures.
 - **DSN Narrative Template**—Standardized tool for CCOs to submit documentation of compliance with key federal and State regulations and contract requirements across four domains: DSN Governance Structure, Member Needs and Population Monitoring, DSN Monitoring and Analysis, and Network Response Strategy.

2. **DSN Technical Assistance Webinar:** HSAG will host a technical assistance webinar on May 13, 2026, for the CCOs to review the DSN Evaluation timeline, required documentation and submission guidelines, analysis, reporting processes, and to allow an opportunity for questions and answers.
3. **Documentation Submission:** The CCOs will complete the DSN Narrative Template and submit all applicable supporting documentation. Per OAR and contract requirement, all requested data and documentation are due on or before July 31st of each year.
4. **Desk Review and Analysis:** HSAG will conduct a desk review of each CCO’s documentation and data to evaluate the CCOs’ network adequacy and compliance with the OARs and contract requirements for monitoring DSNs. The desk review will enable HSAG reviewers to increase their knowledge and understanding of each CCO’s operations, identify areas needing clarification, and compile information needed to make a formal assessment.
5. **Network Analysis:** HSAG will aggregate and synthesize the network capacity, adequacy, availability, and accessibility metrics calculated and provided by OHA. OHA’s DSN PCR results will be used to assess the adequacy, availability, and timeliness of access to providers and health care services.
6. **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 are required.
7. **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; the CCOs will have the opportunity to review CCO-specific findings and recommendations. Upon receipt of feedback from OHA and the CCOs, HSAG will draft a final report for submission to OHA.

Description of Data to Obtain

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

Table 2—Description of DSN Data Sources

Data Obtained	Time Period to Which the Data Applies	Timing of Activity
Completed CCO DSN Narrative Templates and supplemental documentation describing the CCOs’ governance structure; membership and network monitoring; provider network monitoring, analysis, and reporting processes; and network response strategy.	July 1, 2025 – June 30, 2026	August 2026 – December 2026

Data Obtained	Time Period to Which the Data Applies	Timing of Activity
OHA’s Quarter 1 (Q1) 2026 DSN PCR results for each CCO addressing CCO network capacity, availability and accessibility, and network adequacy.	March 31, 2026	August 2026 – December 2026

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 DSN Narrative Template. Table 2 describes the four domains of the DSN Narrative Review.

Table 2—DSN Narrative Review Domains and Description

Domain	Description
DSN Governance Structure	Requires the CCO to provide documentation that describes the operational infrastructure responsible for oversight and monitoring the adequacy of its delivery system networks. Supporting documentation and responses may include: <ul style="list-style-type: none"> • CCO organization charts, roles and responsibilities, and committee structure. • Policies, procedures, and processes outlining oversight of subcontractors delegated network-related managed care functions.
Member Needs and Population Monitoring	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: <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	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: <ul style="list-style-type: none"> • Documentation of CCO network performance measures (e.g., technical specification, reporting templates, etc.).

Domain	Description
	<ul style="list-style-type: none"> • Sample reports and network performance results (e.g., time and distance reports, provider-to-member ratios, appointment availability, etc.).
Network Response Strategy	Requires the CCO to provide documentation that describes actions taken to address network findings related to ongoing monitoring of network adequacy. Supporting documentation and responses may include: <ul style="list-style-type: none"> • Identification of barriers to access. • Short- and long-term interventions

HSAG may obtain additional information for the DSN evaluation through interactions, discussions, and interviews with each CCO’s key staff members as necessary. HSAG will use the ratings of *Met*, *Partially Met*, and *Not Met*, as defined in

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

Table 3—DSN Narrative Review Rating Criteria

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

From the ratings assigned to each of the reporting requirements, HSAG will calculate a total score for each domain. HSAG calculates the total score for each CCO 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. Elements *Not Applicable* to the CCO are not included in the total score. HSAG will determine

the overall percentage-of-compliance score across the areas of review 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. Results presented in the main report will be limited to a subset of core individual and facility-based providers selected in collaboration with OHA and in alignment with requirements for quantitative network adequacy standards described in 42 CFR §438.68. However, full results are made available in the CCO appendices.

Table 4 lists the provider types with quantitative access standards established by OHA, organized by provider tier. The provider types are based on OHA’s most recent provider specialty matrix (See ‘TD Tier Categories’ tab) available on the CCO Contract Forms page.

Table 4—Provider Types^A Included in the DSN Evaluation

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

^A All providers are assessed by applicable adult and pediatric populations as defined by OHA at the time of analysis except for (1) individual OB/GYN providers who are assessed for female members 13 years of age and older, and (2) facilities which are assessed by total member population.

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

- **Provider Counts:** the number and percentage of providers and facilities by provider type.
- **Network Stability⁴:** the percent change in provider counts (by provider type) between Q3 2025 and Q1 2026.
- **Provider-to-Member Ratios:** the number of providers relative to the number of members by provider type.⁵

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

OHA’s network adequacy compliance standards are set at 95 percent of adult (i.e., defined by OHA as 21 years of age and older) and pediatric (i.e., defined by OHA as less than 21 years of age) members with acceptable access to adult and pediatric providers, respectively. Specific time and distance standards are designated by OHA per taxonomy, urbanicity, and a provider type’s access priority and frequency of member need, known as a “tier.” All study results will be stratified by CCO, provider type, and member population. Table 5 outlines acceptable travel times and distances.

Table 5—Acceptable Travel Time and Distance by Urbanicity and Provider Tier

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

⁴ HSAG will use the following guidelines for assessing the degree of stability within provider networks. Percent changes less than 5.0 percent are considered minimal. Percent changes between 5.0 percent and 9.9 percent are considered moderate. Percent changes 10.0 or greater are considered substantial.

⁵ There are no State requirements for acceptable provider-to-member ratios. Ratios are reported for informational purposes only.

Urbanicity Classification	Definition	Provider Tier	Acceptable Travel Time	Acceptable Travel Distance
Rural	An area greater than 10 miles from the center of an urban area.	Tier 1	30 Minutes	20 Miles
		Tier 2	75 Minutes	60 Miles
		Tier 3	110 Minutes	90 Miles

Urbanicity Classification	Definition	Provider Tier	Acceptable Travel Time	Acceptable Travel Distance
Extreme Access	County with a population density of 10 or fewer people per square mile.	Tier 1	40 Minutes	30 Miles
		Tier 2	95 Minutes	85 Miles
		Tier 3	140 Minutes	125 Miles

Table 6 presents the network adequacy indicators and standards included in the 2026 DSN Evaluation.

Table 6—Network Adequacy Standards

Provider Type	Provider Tier ^A	Definition	Compliance Standard
Individual Provider, Adult	Tier 1	Percentage of adult members (21 years of age and older) within acceptable driving time or distance ^B to the nearest provider serving adult members. ^C	95 percent
	Tier 2		
	Tier 3		
Individual Provider, Pediatric	Tier 1	Percentage of pediatric members (less than 21 years of age) within acceptable driving time or distance ^B to the nearest provider serving pediatric members. ^C	95 percent
	Tier 2		
	Tier 3		
Individual OB/GYN Provider	Tier 2	Percentage of female members 13 years of age and older within acceptable driving time or distance ^B to the nearest provider.	95 percent
Facility Provider	Tier 1	Percentage of members within acceptable driving time or distance ^B to the nearest provider.	95 percent
	Tier 2		
	Tier 3		

^A See Table 4 for the specific provider types included in each tier.

^B See Table 5 for the definition of acceptable driving time and distance.

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

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

- PCPs, PCDs, MH providers, SUD providers, and Rx facilities (Tier 1)⁶
- HOSP facilities (Tier 2)
- OB/GYN providers (Tier 2)

⁶ For the purposes of network capacity reporting in the DSN PCR results, OHA uses a subset of MH and SUD provider types that excludes psychologists and residential treatment providers from its Tier 1 definitions.

Additional network capacity and adequacy results for the remaining Tier 2 and Tier 3 provider types will be included in the report appendices.

Network Availability and Accessibility Analysis

Provider counts, panel status, and level of participation in a CCO’s network describe the underlying infrastructure of each CCO’s DSN, including whether health services are available to members through a sufficient supply and variety of providers. Together with key practitioner and office characteristics (e.g., non-English languages spoken), the results will provide insight into the degree to which contracted providers and services are available and accessible to CCO members.

As a proxy measure of accessibility, the percentage of providers who speak a non-English language is useful in understanding the ability of the CCOs’ provider networks to render linguistically accessible and culturally responsive services. In alignment with prior evaluations, HSAG will use network performance metrics within OHA’s Q1 2026 DSN PCR results to assess the extent to which providers were contracted, available, and accessible within the CCOs’ provider networks. These performance metrics will include the following:

- Network Availability
 - Percentage of active⁷ providers
 - Percentage of providers within the CCOs’ service areas
 - Percentage of providers accepting new Medicaid patients
- Network Accessibility
 - Percentage of providers speaking non-English languages⁸

⁷ Providers are considered “active” if they were a participating provider within the CCO’s network, located in ZIP codes within Oregon or border counties, and were represented in claims and encounter data within the 21 months preceding the end of Q1 2025.

⁸ Providers are included in this analysis if they are a participating provider within the CCO’s network, located in ZIP codes within Oregon or border counties, and speak at least one language in addition to English.

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.

Prior to finalizing the DSN Evaluation Report and its findings, both the CCOs and OHA will have an opportunity to review the draft report/preliminary findings and provide feedback. A final report will be submitted to OHA following any required revisions. Pursuant to 42 CFR §438.364, final DSN results are aggregated across all CCOs and reported to CMS in the State's ATR that encompasses results from all EQR activities conducted in CY 2026, including the degree in which CCOs have effectively addressed recommendations made by the EQRO during the previous year's activities. The 2026 ATR and 2026 DSN Evaluation reports will be published on OHA's public website.

Appendix A. DSN Timeline

Table A-1 outlines the 2026 DSN Evaluation activities and relevant dates.

Table A-1—2026 DSN Evaluation Timeline

Task	Date
HSAG and OHA post 2026 DSN Evaluation protocol and narrative template to CCOs	05/01/26
HSAG conducts 2026 DSN Technical Assistance Webinar with CCOs	05/13/26
CCOs submit 2026 DSN Narrative Template and all supporting documentation to OHA via CCO Deliverables Portal	07/31/26
OHA submits Q1 2026 DSN PCR results to HSAG	August
HSAG conducts desk review and analysis	August - September
HSAG prepares draft 2026 DSN Evaluation report	October - November
HSAG submits draft DSN Evaluation report to OHA and individual appendices to CCOs	11/20/26
OHA and CCOs submit feedback to HSAG	12/04/26
HSAG reviews feedback and updates report as necessary; submits final 2026 DSN Evaluation report to OHA	12/18/26