Oregon Health Authority

2021 Delivery System Network Evaluation of Oregon Coordinated Care Organizations

February 2022

HSAG HEALTH SERVICES ADVISORY GROUP

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1. Overview and Objective

Overview

Federal and State regulations require each Medicaid managed care contractor to maintain a network of appropriate health care providers to ensure Medicaid beneficiaries have adequate access to all services covered under the Medicaid contract. Each contractor must submit documentation to the state Medicaid authority demonstrating the contractor's capacity to serve enrolled members in its service area in accordance with the State's standards for access to care.[1-1]

The Oregon Health Authority (OHA) contracts with 16 coordinated care organizations (CCOs) to deliver managed care services for Oregon Health Plan (OHP) Medicaid members (members) in the state. Annually, each CCO is required to develop and submit a Delivery System Network (DSN) Report that consists of two components—i.e., (1) a DSN Provider Narrative Report, and (2) a DSN Provider Capacity Report. As part of its ongoing network adequacy monitoring activities, OHA requested that Health Services Advisory Group, Inc. (HSAG), its external quality review organization (EQRO), conduct an evaluation of the CCOs' 2021 DSN Report submissions.

Based on the requirements outlined in the OHA 2020 Health Plan Services CCO 2.0 Contract (CCO Contract), Exhibit G(2)(a), HSAG developed a comprehensive approach to review and assess the CCOs' provider capacity, compliance with access to care and network adequacy standards, and overall quality of provider data and network monitoring programs. The goal of the calendar year (CY) 2021 DSN Evaluation was to evaluate compliance with provider network standards, assess the strengths associated with CCO network management and operations, and identify both statewide and CCO-specific opportunities for improvement.

Report Objective

This report provides a comprehensive summary of DSN evaluation results. Information from the DSN Provider Narrative Reports and DSN Provider Capacity Reports were analyzed, synthesized, and aggregated to prepare for an overall assessment of the Oregon Medicaid CCO program. Individual CCO results are reported in the appendices. Based on HSAG's findings, the report identifies:

- Program-level recommendations for OHA, including future technical assistance and operational improvements.
- CCO-specific findings and recommendations necessary to improve the quality of individual provider networks and meet OHA's network adequacy standards.

[1-1] See Title 42 of the Code of Federal Regulations (42 CFR) §438.206 and §438.207; Oregon Administrative Rules (OAR) 410-141-3515.

2. Methodology

Overview

The 2021 DSN Report is a comprehensive analysis of how the CCOs monitor and evaluate provider network capacity and the geographic distribution of network providers relative to members, as well as how they assess member needs, coordinate member care, and measure performance on quality metrics and the utilization of services. Based on the OHA 2021 Health Plan Services CCO Contract, Exhibit G(2)(a), and in coordination with OHA, HSAG developed DSN evaluation materials to support CCO participation, including the *2021 CCO Annual DSN Provider Narrative Report Instructions*, *2021 CCO Quarterly DSN Provider Capacity Report Instructions*, and associated reporting templates. Additionally, HSAG conducted a technical assistance webinar with all participating CCOs on May 28, 2021, to review the scope of the 2021 DSN and network adequacy activities; discuss CCO reporting responsibilities and documentation submission requirements; review the DSN evaluation measures and scoring methodology; and offer an opportunity for questions and answers. The CCOs provided all necessary DSN Provider Capacity Report data, completed provider narrative templates, and supporting documentation to OHA by August 17, 2021, which OHA then supplied to HSAG.

The 2021 DSN Report synthesizes the results from the Quarter 2 (Q2) DSN Provider Capacity Reports, performed by OHA, and the annual DSN Provider Narrative Evaluation, conducted by HSAG. Contained within the DSN Provider Narrative Evaluation is the Time and Distance Analysis conducted by HSAG using member and provider address-level location data supplied by OHA and the CCOs, respectively. The Time and Distance Analysis examined members' average travel time and distance to the three closest participating providers across multiple service categories. A detailed methodology for each section is provided below. Table 2-1 shows the provider category values and descriptions, and Table 2-2 shows the service category values and descriptions.

Table 2-1—DSN Provider Capacity Field Values—Provider Category

Provider Category Value	Provider Category Description
01	Individual Physician
02	Individual Mid-Level
03	Other Individual Non-Physician
04	Facility or Clinic
05	Business or Healthcare Services

Table 2-2—DSN Provider Capacity Field Values—Service Category

Service Category Value	Service Category Description
EMT	Ambulance and Emergency Medical Transportation
QHCI	Certified or Qualified Health Care Interpretation Service
CPS	Community Prevention Services
DME	Durable Medical Providers
FQHC	Federally Qualified Health Centers
HH	Home Health
HOSPICE	Hospice
HOSP	Hospital
HPSY	Hospital, Acute Psychiatric Care
IMAGE	Imaging
IHS/THS	Indian Health Service and Tribal Health Services
MHC*	Mental Health Clinic
MHCS	Mental Health Crisis Services
MHPA	Mental Health Provider, Adult
MHPP	Mental Health Provider, Pediatric
MHPB*	Mental Health Provider, Both (Adult and Pediatric)
NEMT	Non-Emergent Medical Transportation
OHC*	Oral Health Clinic
OHMC*	Oral Health Mobile Clinic
OHPA	Oral Health Provider, Adult
OHPP	Oral Health Provider, Pediatric
OHPB*	Oral Health Provider, Both (Adult and Pediatric)
PC	Palliative Care Provider♦
RX	Pharmacies
SNF	Post-hospital Skilled Nursing Facility
PCC*	Primary Care Clinic
PCPA	Primary Care Provider, Adult
PCPP	Primary Care Provider, Pediatric
PCPB*	Primary Care Provider, Both (Adult and Pediatric)
RHC	Rural Health Centers
SHC	School-based Health Centers
SCC*	Specialty Care Clinic

Service Category Value	Service Category Description
SPA	Specialty Practitioner, Adult
SPP	Specialty Practitioner, Pediatric
SPB*	Specialty Practitioner, Both (Adult and Pediatric)
SUDC	Substance Use Disorder Clinic
SUDPA	Substance Use Disorder Provider, Adult
SUDPP	Substance Use Disorder Provider, Pediatric
SUDPB*	Substance Use Disorder Provider, Both (Adult and Pediatric)
THW	Traditional Health Workers
UCC	Urgent Care Center

* New CY 2021 service category value and description.
♦ Updated CY 2021 service category description.

Table 2-3 lists the CCOs that were included in this study. The remainder of this section describes the methodology for the CY 2021 DSN Evaluation.

Table 2-3—List of CCOs

CCO Plan Name	Acronym
Advanced Health	AH
AllCare CCO, Inc.	AllCare
Cascade Health Alliance, LLC	CHA
Columbia Pacific CCO, LLC	CPCCO
Eastern Oregon CCO, LLC	EOCCO
Health Share of Oregon	Health Share
InterCommunity Health Network	IHN
Jackson Care Connect	JCC
PacificSource Community Solutions–Central Oregon	PSCS-CO
PacificSource Community Solutions–Columbia Gorge	PSCS-CG
PacificSource Community Solutions–Lane	PSCS-Lane
PacificSource Community Solutions–Marion Polk	PSCS-MP
Trillium Community Health Plan, Inc.–North	TCHP-North
Trillium Community Health Plan, Inc.–South	TCHP-South
Umpqua Health Alliance, LLC	UHA
Yamhill Community Care Organization	YCCO

DSN Provider Narrative Evaluation

The DSN Provider Narrative Evaluation activity targeted four DSN categories based on OHA's CCO Contract requirements. Each category included sub-requirements (i.e., elements) that the CCOs addressed through narrative responses and providing supporting documentation (e.g., policies, procedures, manuals, analytics), where applicable, to demonstrate how the CCO monitored its provider network to ensure adequate provider capacity and member access. Table 2-4 identifies the four DSN Provider Narrative Report categories, the number of reporting elements associated with each category, and the maximum number of points possible for scoring the CCOs' compliance with the elements. Category scores were weighted equally and counted as one (1.0) point. The 2021 DSN Provider Narrative Evaluation differed from previous years' evaluations by reducing the number of categories from five to four and separating complex elements into smaller elements to provide greater clarity and granularity. As a result, the total number of elements and points in the 2021 DSN Provider Narrative Evaluation (i.e., 74 and 74.0 points, respectively) were greater than presented in the 2020 DSN Provider Narrative Evaluation (i.e., 26 or 26.0 points, respectively).

Table 2-4—DSN Provider Narrative Evaluation Categories

Category Number	Category	Number of Elements	Maximum Points
1	Description of the Delivery Network and Adequacy	33	33.0
2	Description of Members and Membership Needs	17	17.0
3	Coordination of Care	20	20.0
4	Performance on Metrics	4	4.0
	Totals	**74**	**74.0**

HSAG evaluated the completeness of each CCO's provider narrative responses and supporting documentation and assigned a rating (i.e., *Not Met*, *Partially Met*, or *Met*) based on the CCO's compliance with contract requirements. Each rating was then translated into score as defined in Table 2-5. Element scores were then aggregated into category scores and an overall summary score.

Table 2-5—DSN Provider Narrative Evaluation Scoring Criteria

Score	Rating	Rating Description
0.0	*Not Met*	Response and supporting documentation did not address the element.
0.5	*Partially Met*	Response and supporting documentation addressed some but not all of the element.
1.0	*Met*	Response and supporting documentation comprehensively addressed the element.

Per the CCO Contract, the CCOs may elect to contract or delegate responsibility for the maintaining, reporting, and monitoring of adequate provider capacity, but the CCOs are ultimately responsible for

ensuring compliance with federal and State provider network requirements. If any component of a CCO's DSN was subcontracted or delegated, the CCO was required to include a narrative response and supplemental documentation (e.g., policies, procedures, manuals, analytics) describing how delegated services are integrated with the CCO's overall DSN, and crucially how the CCO monitors its delegates.

Time and Distance Analysis

As part of the DSN Provider Narrative Evaluation, HSAG also assessed the geographic distribution of providers relative to member populations as represented by the percentage of members having access to a provider within the OHA-defined time and distance standards. These standards included the average travel time (in minutes) and driving distance (in miles) to the nearest three providers for each of the service categories evaluated. Table 2-6 outlines OHA's time and distance standards.

Table 2-6—Time and Distance Standards

Geographic Classification	Definition	Time Standard	Distance Standard	Percentage of Member Access Standard
Urban	A geographic area that is less than 10 map miles from a population center of 30,000 people or more.	30 Minutes	30 Miles	100%
Rural	A geographic area that is 10 or more map miles from a population center of 30,000 people or less.	60 Minutes	60 Miles	100%

The time and distance standards changed significantly in 2021, with the percentage of members required to have access changing from 90 percent to 100 percent for both the urban and rural geographic classifications and for all service categories. Although only a 10 percentage point difference, the standard became an absolute required total compliance for every member. Additionally, OHA selected new service categories to include in the analysis, including HPSY, IHS/THS, FQHC, RHC, and UCC.

HSAG evaluated the completeness of each CCO's provider narrative responses and supporting documentation and assigned a rating (i.e., *Not Met*, *Partially Met*, or *Met*) based on the CCO's compliance with contract requirements. Each rating was then translated into a score as defined in Table 2-5. Element scores were then aggregated into category scores and an overall summary score.

HSAG evaluated each CCO's self-reported time and distance metrics to determine each CCO's compliance with contract standards and assigned a rating (i.e., *Not Met*, *Partially Met*, or *Met*). Each rating was then translated into a score as defined in Table 2-7. Element scores were then aggregated into category scores and an overall summary score.

Table 2-7—DSN Provider Narrative Report—Time and Distance Standards Scoring Criteria

Score	Rating	Rating Description
0.0	*Not Met*	Submission did not include any time and distance reporting.
0.5	*Partially Met*	Submission included one, but not all, time and distance reporting standards.
		Submission included all time and distance reporting but did not meet all OHA-defined time and distance standards.
1	*Met*	Submission included all time and distance reporting and met all OHA-defined time and distance standards.

DSN Provider Capacity Report

The DSN Provider Capacity Report is 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 Oregon Health Plan members. The CCOs were required to submit data, in a prescribed format, for all required provider and service categories identified in Appendix A. OHA processed, cleaned, and analyzed the data to evaluate the quality of the data and each CCO's general compliance with the required provider file layout as outlined in the *2021 CCO Quarterly DSN Provider Capacity Report Instructions*. OHA's analysis of the CCOs' DSN Provider Capacity Reports evaluated several key performance measures across three domains and measures. Table 2-8 highlights the domain and description of the domain as well as provides a list of the measures associated with each domain.

Table 2-8—DSN Provider Capacity Report Domains and Key Measures

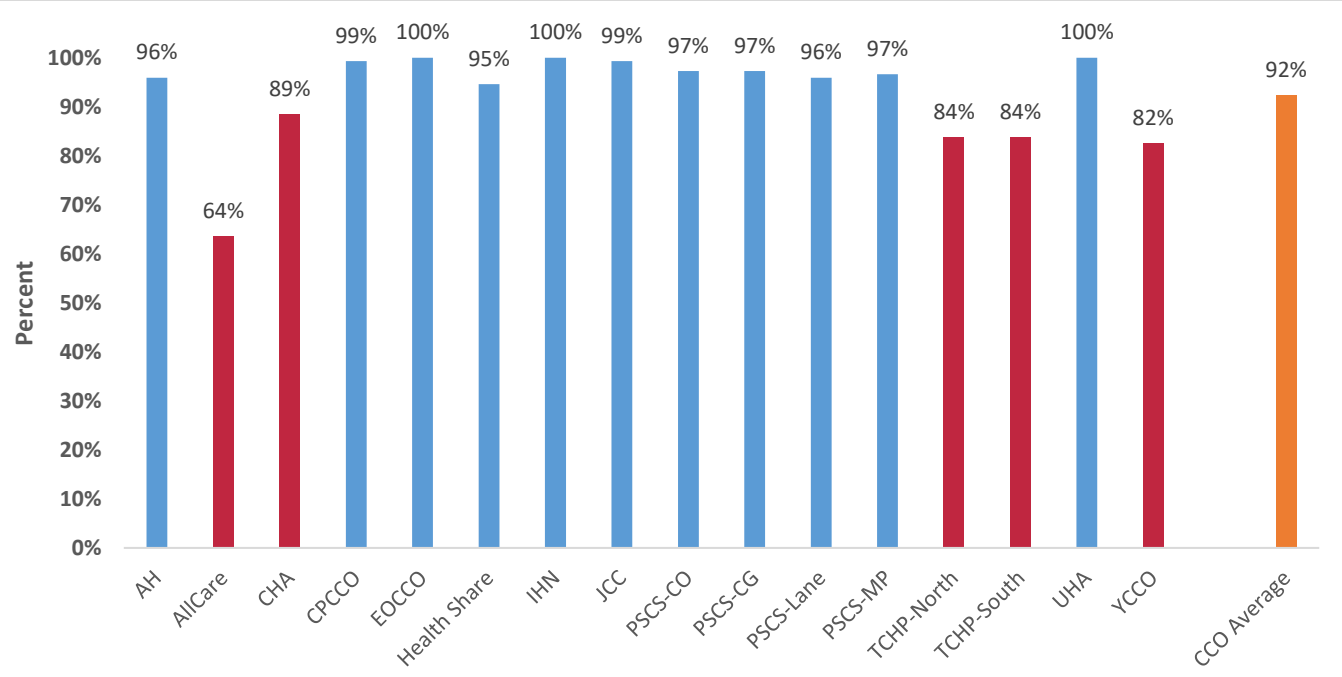
Domain	Description	Key Measures
Quality of DSN Provider Capacity Reporting	The CCO's ability to provide complete and accurate provider network data in the required format.	• Percent Present—The percentage of key data fields that are populated. • Percent Valid Format—The percentage of key fields where data are submitted in the required format (e.g., date elements are populated with formatted dates). • Percent Valid Values—The percentage of key data fields containing allowable data values.
Provider Network Count	The underlying infrastructure of the CCO's DSN, including whether or not health services are available to members through a sufficient supply and variety of providers.	• Provider Counts—The number and percentage of providers and facilities by key stratifications (e.g., provider specialty/category, pediatric/adult provider, panel status, network status, and contract status). • Provider Counts by Geographic Service Area—The number and percentage of individual practitioners

Domain	Description	Key Measures
		and facilities by geographic service areas (counties within CCO service area, OR counties bordering CCO service area, OR counties not bordering CCO service area, out of state).
Provider Accessibility	The degree to which contracted services are accessible to the CCO's member populations.	• Percent Accepting New Patients—The number and percentage of providers accepting new patients by key stratifications (e.g., provider specialty/category, county, network status, and contract status). • Percent Non-English Language—The number and percentage of providers that support non-English languages by key stratifications (e.g., provider specialty/category, county, network status, and contract status).

DSN Provider Narrative Evaluation Results

Figure 3-1 shows the overall compliance percentages for the overall provider narrative across all four narrative categories. The CCO average is a calculated mean average between the CCOs and is displayed in orange. CCOs with scores below the CCO average are displayed in red.

Figure 3-1—Overall Provider Narrative Results



On average, the CCOs exhibited compliance with 92 percent of elements across all four provider narrative categories. Of the 16 organizations, three were fully compliant (i.e., 100 percent—EOCCO, IHN, and UHA). Eight CCOs scored 95 to 99 percent, with an additional four CCOs scoring between 82 and 89 percent. One CCO (i.e., AllCare) was an outlier at 64 percent. Individual CCO results and findings are located in the appendices.

Report Categories

Description of the Delivery Network and Adequacy

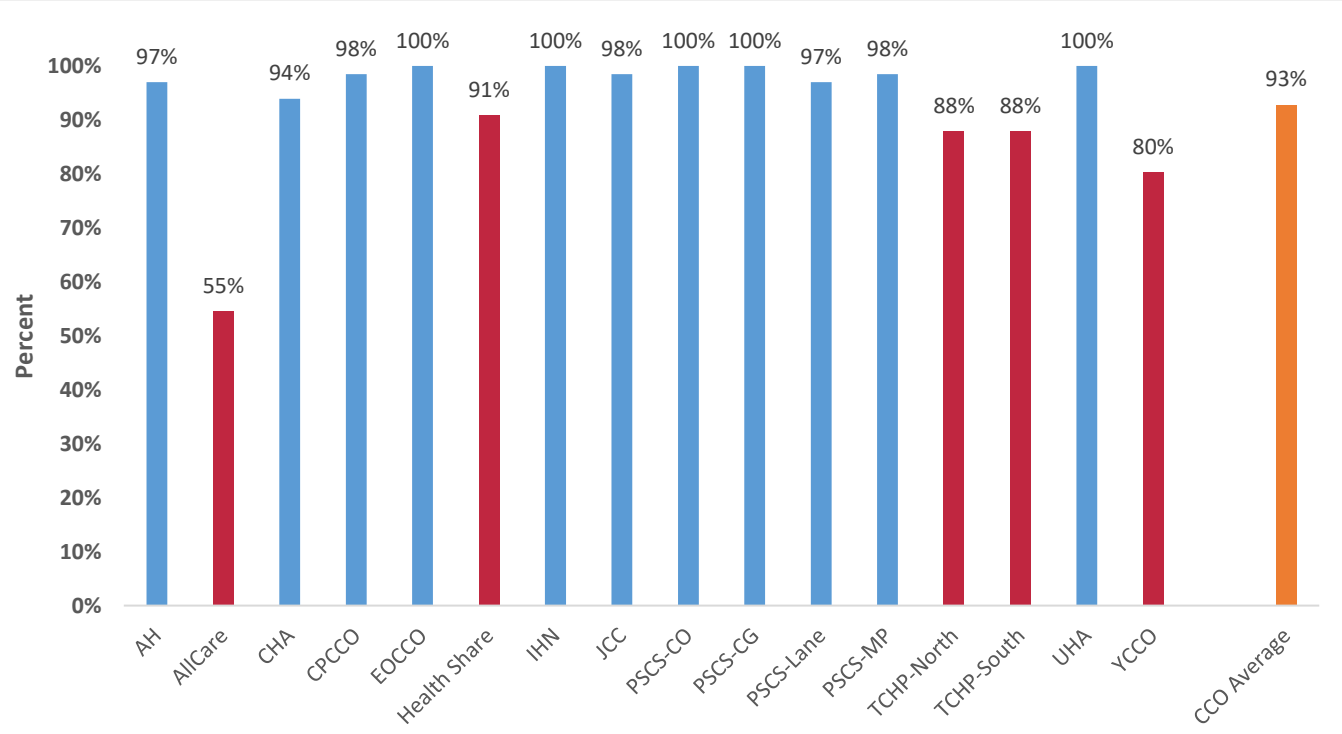
The *Description of the Delivery Network and Adequacy* category contained elements that pertained to the geographic distribution of each CCO's providers relative to the geographic distribution of its membership. It also related to each CCO's ability to meet time and distance standards for PCPs, Specialty Practitioners (SPs) (e.g., pediatric, adult, or both combined), Mental Health Providers (MHPs), Substance Use Disorder (SUD) Providers, and Oral Health Providers (OHPs), among other provider

types. Additionally, this category required each CCO to define its methods for geocoding and related analysis, analyzing member-to-provider ratios, ensuring member access to timely care, and incorporating member feedback (including complaints and grievances, survey results, provider encounters, and community advisory council [CAC] input) into network adequacy decisions. Additional elements that the CCOs addressed included non-emergent medical transportation (NEMT) utilization for members with disabilities or special health care needs (SHCN) and monitoring network adequacy for American Indian/Alaska Native (AI/AN) members in their service areas.

CCO Results

Figure 3-2 shows the overall compliance percentages for the *Description of the Delivery Network and Adequacy* category. The CCO average is a calculated mean average between the CCOs and is displayed in orange. CCOs with scores below the CCO average are displayed in red.

Figure 3-2—Description of the Delivery Network and Adequacy Results



On average, the CCOs exhibited compliance with 93 percent of elements within the category. Of the 16 organizations, five were fully compliant (i.e., 100 percent). Five CCOs scored 95 to 98 percent, with two additional CCOs scoring 91 and 94 percent. One CCO (i.e., AllCare) was an outlier at 55 percent. Individual CCO results and findings are located in the appendices. Additional observations include:

- Most CCOs demonstrated effective collection and use of provider and member geocoding data to assist in network adequacy decisions and strategies.

- Some CCOs struggled with submitting necessary data, tracking all service categories, and providing sufficient explanations for efforts to remediate instances of noncompliance.
- The CCOs pointed to on-the-ground difficulties in meeting the 100 percent time and distance standards, due either to lack of available providers in the service area to contract with or the nature of the population served (e.g., IHS/THS).
- Most CCOs struggled with the collection and use of timely access data. Approaches varied widely in method and frequency, with most relying heavily on the retrospective quarterly analysis of member grievance data.

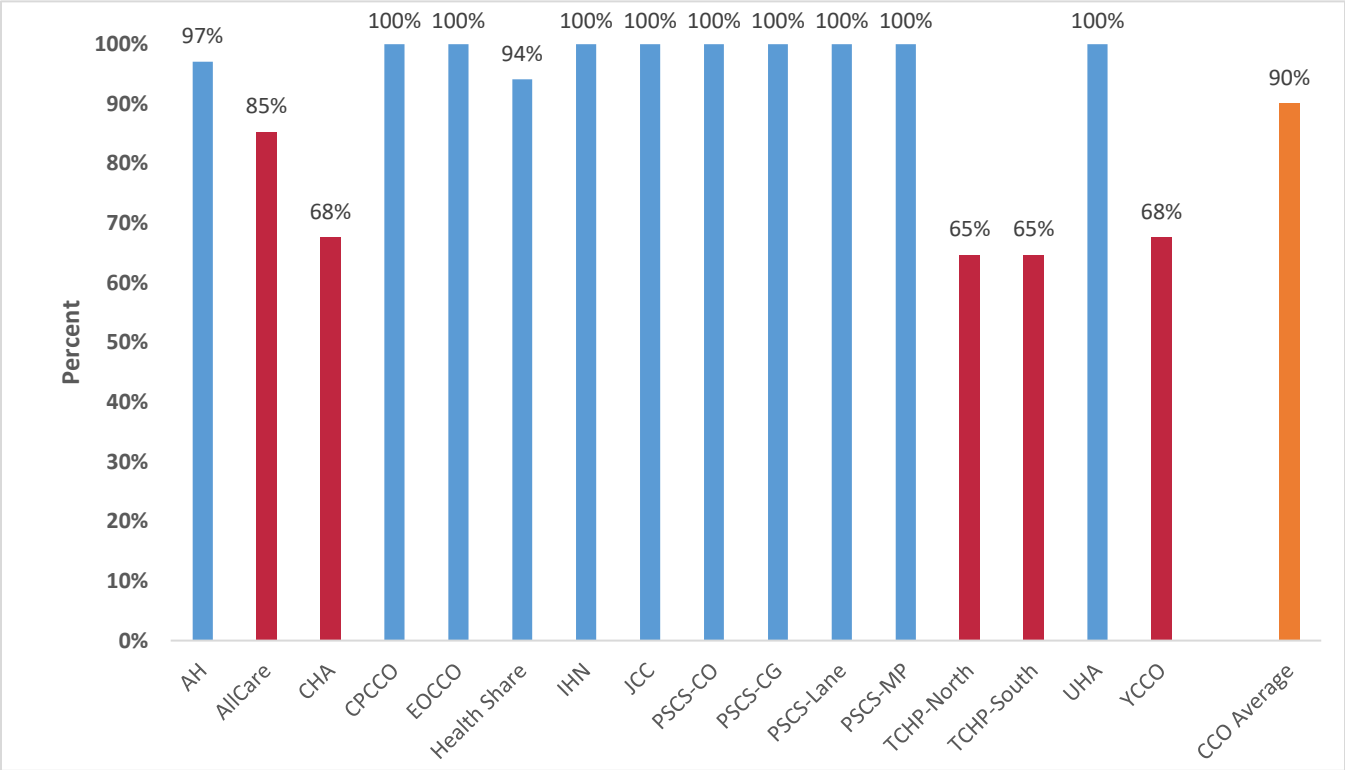
Description of Members and Membership Needs

The *Description of Members and Membership Needs* category contained elements that required each CCO to describe its ability to identify and analyze the needs of its members. More specifically, each CCO was required to demonstrate its ability to identify and analyze the cultural, language, disability, and special health care needs, and disease prevalence of its membership and use this information to improve member access and/or experience.

CCO Results

Figure 3-3 shows the overall compliance percentages for the *Description of Members and Membership Needs* category. The CCO average is a calculated mean average between the CCOs and is displayed in orange. CCOs with scores below the CCO average are displayed in red.

Figure 3-3—Description of Members and Membership Needs Results



On average, the CCOs exhibited compliance with 90 percent of elements within the category. Of the 16 organizations, nine were fully compliant (i.e., 100 percent), with an additional two CCOs scoring 94 and 97 percent. The remaining five CCOs scored between 65 and 85 percent. Individual CCO results and findings are located in the appendices. Additional observations include:

- Most CCOs reported using the membership eligibility data provided by OHA in combination with intake assessments and provider and/or member-supplied data to gather and maintain member population information.
- Some CCOs struggled with either providing or gathering and utilizing disease prevalence data to assist in network adequacy monitoring and decision making, focusing instead on one or two diseases (e.g., diabetes) that were already part of a different quality improvement effort or providing insufficient explanation of any process used.
- All CCOs approached serving the linguistic and cultural needs of their membership through language accessibility and demographic analysis. However, the reliance on language and demographic data is limited and does not account for the full spectrum of socio-cultural needs within the population, including but not limited to, employment status, housing, veteran status, national origin, and gender identity.
- Some CCOs were unable to demonstrate either completion of provider training related to cultural competency or follow-up with providers who had not completed such training.

- Most CCOs described and demonstrated a strong partnership with their CACs and communities in general, often establishing a separate CAC for each county and reserving seats for different constituencies of membership served (e.g., Tribal members or members with disabilities), all of which were supported and facilitated by dedicated CCO staff members. Feedback from CACs flowed directly to decision-making bodies and helped facilitate meaningful network adequacy decisions.

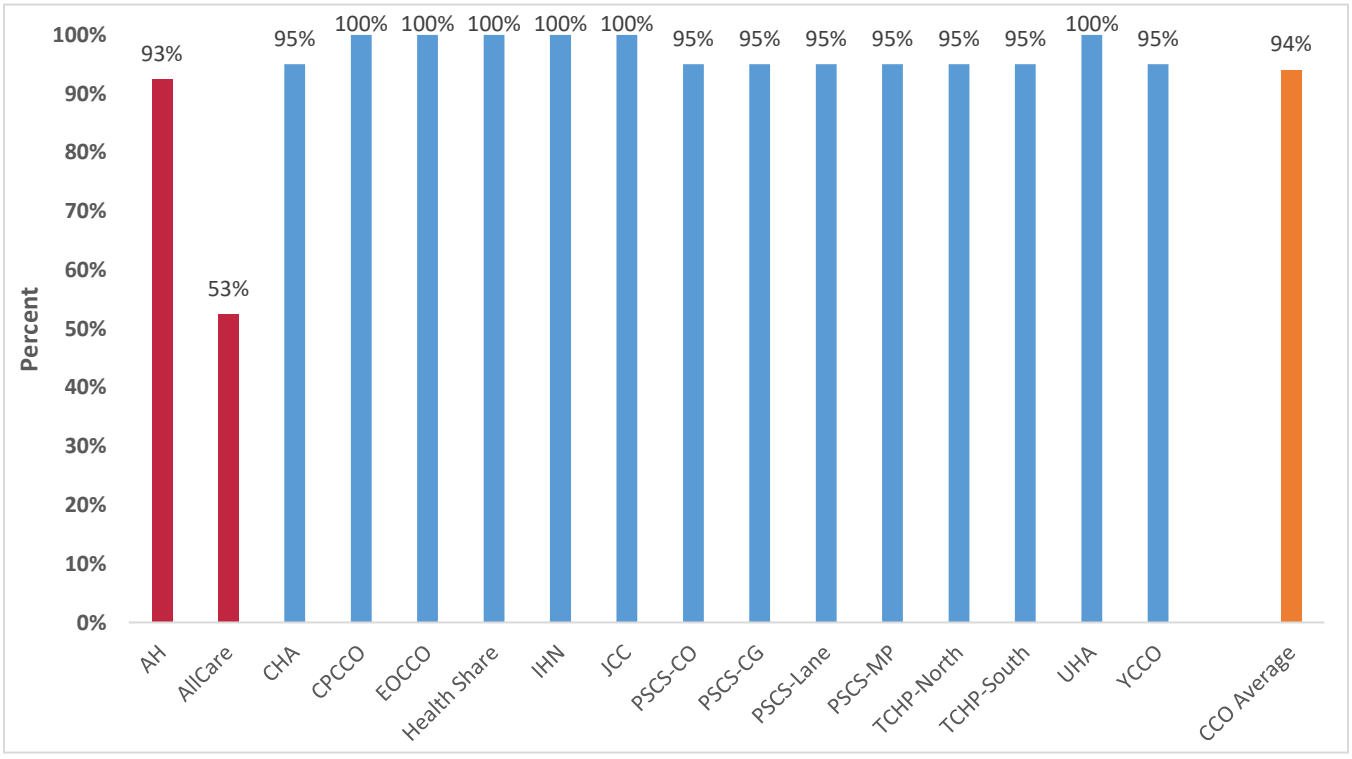
Coordination of Care

The *Coordination of Care* category contained elements that required each CCO to describe its relationships and ability to coordinate care for members across its provider network for physical and MH/SUD services. In addition, each CCO was required to describe coordination with community stakeholders, the use of interdisciplinary care teams, and electronic health records or other technological innovations to identify and assess members with SHCN and coordinate services across the continuum of care to reduce hospital readmission and emergency room use, promote access to preventive health care, and facilitate network adequacy decisions.

CCO Results

Figure 3-4 shows the overall compliance percentages for the *Coordination of Care* category. The CCO average is a calculated mean average between the CCOs and is displayed in orange. CCOs with scores below the CCO average are displayed in red.

Figure 3-4—Coordination of Care Results



On average, the CCOs exhibited compliance with 94 percent of elements within the category, showing the best average performance of the four provider narrative categories. Of the 16 organizations, six were fully compliant (i.e., 100 percent), with an additional nine CCOs scoring 93 to 95 percent. One CCO (i.e., AllCare) was an outlier at 53 percent. Individual CCO results and findings are located in the appendices. Additional observations include:

- The CCOs generally demonstrated a high degree of compliance and competence with elements within the category.
- Most CCOs described significant investment in multiple forms of health information technology to facilitate coordination of care, interdisciplinary collaboration, coordination with community partners, and other essential functions.
- Many CCOs described close collaboration in day-to-day operations with community stakeholders (e.g., Aging and People with Disabilities, Local Mental/Public Health Authorities).

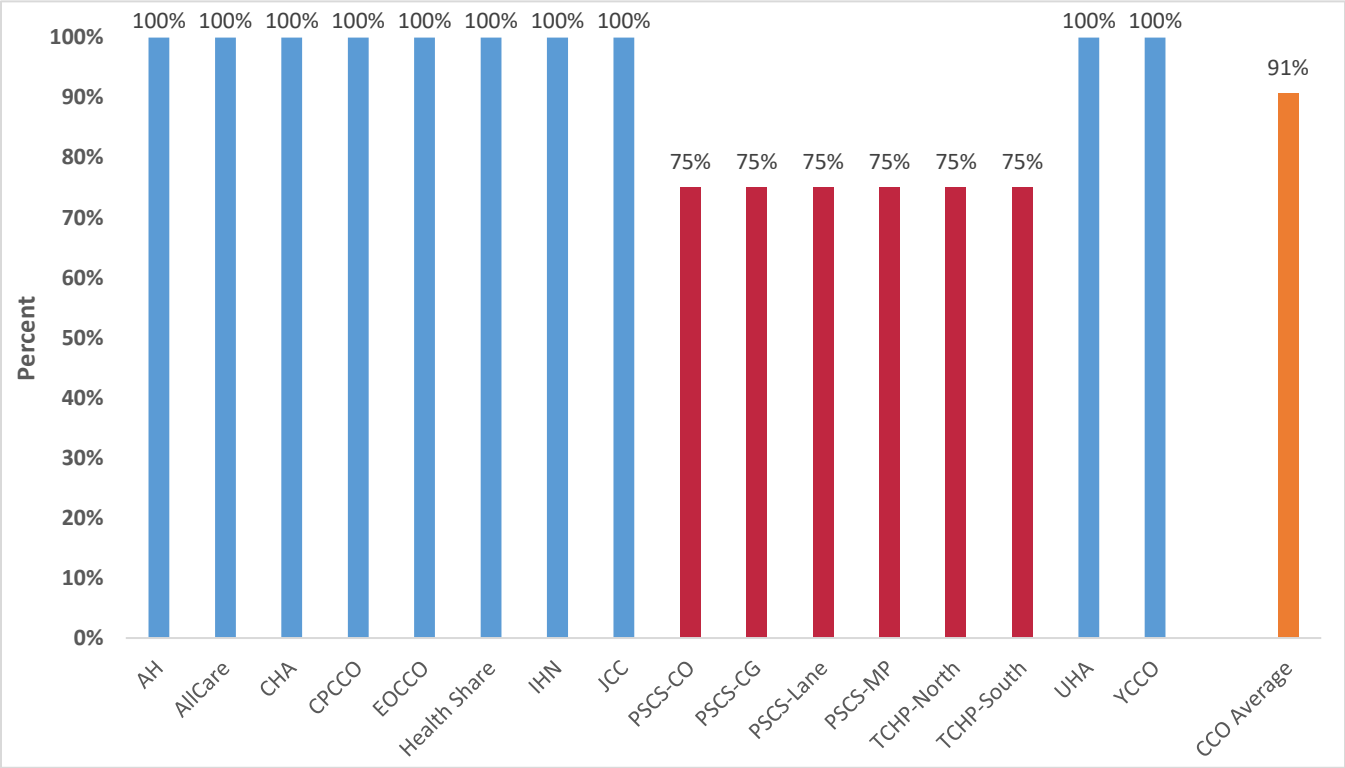
Performance on Metrics

The *Performance on Metrics* category contained elements related to each CCO's efforts to build network capacity for those quality metrics that performed below established baseline rates. Additionally, the CCOs were required to describe how they analyze patterns of underutilization and overutilization along with any actions taken to address the underutilization or overutilization of services.

CCO Results

Figure 3-5 shows the overall compliance percentages for the *Performance on Metrics* category. The CCO average is a calculated mean average between the CCOs and is displayed in orange. CCOs with scores below the CCO average are displayed in red.

Figure 3-5—Performance on Metrics Results



On average, the CCOs exhibited compliance with 91 percent of elements within the category. Of the 16 organizations, 10 were fully compliant (i.e., 100 percent), and the remaining six scored 75 percent. Because this category had a maximum possible score of 4.0, the CCOs that scored 3.0 in this category exhibited 75 percent compliance with the category. Individual CCO results and findings are located in the appendices. Additional observations include:

- Most CCOs performed well in this category, particularly in regard to examining utilization patterns when considering network adequacy.
- The CCOs that scored less than 100 percent did so due to either not yet implementing a system of using provider performance metrics data to facilitate network adequacy decisions or did not provide sufficient narrative responses and documentation to determine compliance with that requirement.

Time and Distance Analysis

Table 3-1 and Table 3-2 show the scores for urban and rural classifications respectively across selected service categories. Four CCOs (i.e., AH, CHA, PSCS-CG, and UHA) were excluded from the urban assessment since they did not have members considered to live within areas meeting the urban classification. All CCOs had at least some members living within areas that met the rural classification. Any CCO that submitted data for a category but did not demonstrate 100 percent access received a partially compliant score of 0.5. Thus, partial compliance with the standard does not fully reflect the

(typically low) number of members affected by a lack of access and does not allow the State to evaluate the quality of access.

The service categories selected for overall compliance with the time and distance access standards were selected for the broadest and most fundamental types of services offered by individual practitioners and facilities. These included Primary Care Providers (PCPs), FQHCs, MHPs, SUD Providers, HOSP, RX, OHPs, and SPs.

Service categories which were evaluated through the Time and Distance Analysis but are not shown below include HPSY, RHC, UCC, SNF, and IHS/THS. HPSY and IHS/THS will be discussed further in Section 4: Conclusions and Recommendations. Please see Appendix A for a list of service category descriptions.

Table 3-1—Time and Distance Evaluation Results—Selected Categories: Urban

CCO Name	PCPA	PCPP	FQHC	MHPA	MHPP	SUDPA	SUDPP	HOSP	RX	OHPA	OHPP	SPA	SPP	Total Score
AllCare	1	1	0	1	1	0	0	1	1	0.5	0.5	1	1	9
CPCCO	1	1	1	1	1	0.5	0.5	1	1	1	1	1	1	12
EOCCO	1	1	0.5	1	0.5	1	1	1	1	1	1	1	0.5	11.5
Health Share	1	1	1	1	1	1	1	1	1	1	1	1	1	13
IHN	1	1	1	1	1	1	1	1	1	1	1	1	1	13
JCC	1	1	1	1	1	1	1	1	1	1	1	1	1	13
PSCS-CO	1	1	1	1	1	1	1	0.5	1	1	1	1	1	12.5
PSCS-Lane	1	1	1	1	1	1	1	1	1	1	1	1	1	13
PSCS-MP	1	1	1	1	1	1	1	1	1	1	1	1	1	13
TCHP-North	1	1	1	1	1	1	1	1	1	1	1	1	1	13
TCHP-South	1	1	1	1	1	1	1	1	1	1	1	1	1	13
YCCO	1	1	1	1	1	1	1	1	1	1	1	1	1	13
Average Score	**1**	**1**	**.83**	**1**	**.91**	**.88**	**.96**	**.96**	**1**	**.96**	**.96**	**1**	**.92**	**12.4**
Points Possible	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**13**

Table 3-2—Time and Distance Evaluation Results—Selected Categories: Rural

CCO Name	PCPA	PCPP	FQHC	MHPA	MHPP	SUDPA	SUDPP	HOSP	RX	OHPA	OHPP	SPA	SPP	Total Score
AH	1	1	0.5	1	1	1	0.5	1	1	1	1	1	1	12
AllCare	1	1	0	1	1	0	0	1	1	0.5	0.5	1	1	9
CHA	1	1	1	1	1	1	1	1	1	1	1	1	1	13
CPCCO	1	1	1	1	1	1	1	1	1	1	1	1	1	13
EOCCO	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	6.5
Health Share	1	1	1	1	1	1	1	1	1	1	1	1	1	13
IHN	1	1	1	1	1	1	1	1	1	1	1	1	1	13
JCC	1	1	1	1	1	1	1	1	1	1	1	1	1	13
PSCS-CO	0.5	0.5	0.5	1	1	1	1	0.5	1	1	1	1	1	10.5
PSCS-CG	1	1	1	1	1	1	1	1	1	1	1	1	1	13
PSCS-Lane	1	1	1	1	1	1	1	1	1	1	1	1	1	13
PSCS-MP	1	1	1	1	1	1	1	1	1	1	1	1	1	13
TCHP-North	1	1	1	1	1	1	1	1	1	1	1	1	1	13
TCHP-South	1	1	0.5	1	1	1	1	1	1	1	1	1	1	12.5
UHA	1	1	1	1	1	0.5	0.5	0.5	1	1	1	0.5	0.5	10
YCCO	1	1	1	1	1	1	1	1	1	1	1	1	1	13
Average Score	**.97**	**.94**	**.81**	**.97**	**.97**	**.9**	**.9**	**.91**	**.97**	**.94**	**.94**	**.94**	**.94**	**11.9**
Points Possible	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**13**

Overall, the CCOs showed a high degree of overall time and distance access compliance with selected service categories, with an average score of 12.4 out of a possible 13 (i.e., 95 percent access) for the urban classification and an average score of 11.9 out of a possible 13 (i.e., 92 percent access) for the rural classification. Individual full results for access standard compliance, including number of members affected and assessments of potential access issues, are located in the individual CCO appendices.

DSN Provider Capacity Analysis Results

DSN Provider Capacity Reporting results are based on the Q2 2021 Quarterly DSN Provider Capacity Analysis conducted and written by OHA. Full CCO results are available in the appendices.

Quality of DSN Provider Capacity Reporting

Data quality in DSN Provider Capacity Reporting is a cornerstone of accurate and actionable network adequacy assessment. Provider data also determines the utility of a provider directory for members. The CCOs showed a marked improvement in the quality of DSN Provider Capacity Reporting from 2020 to 2021. The CCOs were evaluated based on the percentage of data entry fields that demonstrated whether:

1. A data value was present.
2. The data were in a valid format.
3. The data provided valid values.

For most CCOs across nearly all field values, data values were present for 99.9 percent of providers or better. For nearly all data fields, if a data value was present, then that value was valid in both format and value for >99.9 percent of cases or better. Key data fields that did not show a high percentage of present data values are shown below in Table 3-3:

Table 3-3—Key Data Fields With Low Presence Averaged Across CCOs

Data Field	Value Present Across All CCOs (Percent)
Non-English Languages Spoken (Primary)	7.5%
Capacity (Individual)	47.3%
Patient-Centered Primary Care Home (PCPCH) Indicator	80.2%
PCP Assignment	45.6%
Accepting New Patients	21.3%

These results indicated that, while significant progress has been made to improve DSN Provider Capacity Reporting, further clarification between the State and the CCOs on expectations around data collection, technical assistance for CCOs, and increased CCO validation of provider directory data is needed.

Provider Network Count

Provider counts, stratified by provider types, help provide a picture of the underlying infrastructure of each CCO's DSN, including whether health services are available to members through a sufficient supply and variety of providers. Table 3-4 provides a simple count of how many CCOs reported zero providers for a particular provider type to OHA. Due to data considerations, the service categories of

QHCI and PC are excluded. AllCare and YCCO are excluded from the overall count due to not reporting data for multiple service categories.

Table 3-4—Number of CCOs Reporting Zero Counts of Individual Practitioner and Facility/Business/Service Providers

Service Category	Number of CCOs Reporting Zero Count of Service Category (Out of 14 CCOs)
UCC	1
OHC	4
THW	2
OHMC	9
SHC	6
NEMT	5
EMT	2

In general, counts of some provider types submitted by the CCOs were reliably reported. However, in some cases no data records were submitted by the CCO or were submitted in such an array of categorization combinations that counts for certain service categories could not be reliably evaluated. Therefore, a count of zero for any given provider type should be interpreted with caution, as it could represent either a deficiency in the CCO's provider network or a provider data quality issue. While these results suggest that service gaps could exist, they more strongly suggest that there is a need for the CCOs to align reporting with OHA requirements, and for OHA to determine what service categories are truly relevant to its monitoring efforts.

Provider Accessibility

OHA assessed CCO provider accessibility, identifying the total number of PCPs accepting new members based on data supplied by the CCOs for Q2 of CY 2021. Table 3-5 exhibits data results stratified by PCPs providing care to adults (PCPA), children (PCPP), both (PCPB), as a PCPCH, and overall PCPs. These service categories were selected as key measures of the adequacy of accessibility to front-line medical services, which serve the widest array of needs and act as intake points and facilitators to more specialized care.

Table 3-5—PCPs Accepting New Patients by CCO

CCO[1]	Percentage of PCPs Accepting New Patients				
	PCPA	PCPP	PCPB	PCPCH	Overall
AH	100%	100%	100%	100%	100.0%
AllCare	50.0%	18.9%	29.5%	22.3%	25.7%
CHA	60.4%	64.0%	40.0%	0.0%	58.2%

CCO[1]	Percentage of PCPs Accepting New Patients				
	PCPA	PCPP	PCPB	PCPCH	Overall
CPCCO	7.4%	44.7%	20.1%	41.4%	27.6%
EOCOO	41.5%	24.3%	35.6%	37.8%	37.5%
Health Share	100%	100%	99.9%	100%	>99.9%
IHN	100%	97.1%	97.6%	0.0%	83.0%
JCC	7.8%	44.7%	20.5%	42.1%	28.0%
PSCS-CO	47.4%	89.5%	69.4%	30.8%	43.4%
PSCS-CG	91.7%	83.3%	96.4%	18.0%	31.2%
PSCS-Lane	42.9%	61.7%	57.1%	27.2%	40.1%
PSCS-MP	63.5%	88.2%	55.0%	32.0%	43.1%
TCHP-North[2]	0.0%	0.0%	0.0%	0.0%	0.0%
TCHP-South[2,3]	0.0%	0.0%	0.0%	0.0%	0.0%
UHA	33.3%	57.1%	61.4%	58.9%	59.1%
YCCO	100%	100%	100%	99.6%	99.7%

[1] Limited to providers in Oregon.
[2] None of the PCP categories for the CCO's provider capacity data had populated data indicating the number and percentage accepting new patients.
[3] No PCPA category data records were provided.

In general, while the overall percentage of PCPs accepting new patients varies network to network, where each network's PCPs accept adults at a higher rate, they then accept pediatric members at a lower rate and vice versa; therefore, the difference between the two is generally offset by the percentage of PCPs accepting both adult and pediatric members. This suggests that there is capacity within each CCO network to accept new adult and pediatric patients at the primary care level. The lack of data supplied by TCHP-North and TCHP-South points to a need for additional technical assistance and data oversight for these CCOs.

Table 3-6 displays another measure of provider accessibility: the number and percentage of overall providers for each CCO who speak a non-English language. While the CCOs are required to and do provide qualified health care interpreter services (typically via subcontractor), assessing the number of providers within a network who speak a non-English language contributes to an understanding of how each CCO evaluates and adjusts its ability to provide services in a linguistically accessible and culturally responsive manner. The provider service categories in this overall measure include PCPs, SPs, OHPs, MHPs, SUD Providers, QHCI, THW, and PC.

Table 3-6—Providers Speaking a Non-English Language by CCO

CCO[1]	Number of Providers Speaking a Non-English Language	Total Number of Providers	Percent
AH	88	590	14.9%
AllCare	48	1,383	3.5%
CHA	52	855	6.1%
CPCCO	1,277	12,177	10.5%
EOCOO	65	6,534	1.0%
Health Share	1,321	17,583	7.5%
IHN	156	9,854	1.6%
JCC	1,250	12,125	10.3%
PSCS-CO	624	13,658	4.6%
PSCS-CG	607	13,476	4.5%
PSCS-Lane	618	13,872	4.5%
PSCS-MP	688	14,106	4.9%
TCHP-North	495	5,923	8.4%
TCHP-South	257	4,026	6.4%
UHA	40	703	5.7%
YCCO[2]	1,697	5,830	29.1%

[1] Limited to providers in Oregon.
[2] YCCO's reported data showed 374 out of 4,172 in-network providers (9.0%) spoke a non-English language, while 1,322 out of 1,657 out-of-network providers (79.8%) spoke a non-English language.

These results indicate that typically less than 10 percent of the CCOs' provider workforce across all specialties are known to speak a non-English language. These results should be interpreted with caution, as smaller provider pools (e.g., AH) can demonstrate a high degree of drift if only a few more providers are able to speak a non-English language. It should also be noted that the ability to speak a non-English language does not necessarily equate to the ability to speak a member's preferred language, or to speak a non-English language in a medically accurate and culturally responsive or effective manner. Finally, it is notable that the CCOs that share an administrative umbrella (i.e., CPCCO and JCC; PSCS) tend to report providers globally across all associated networks, so these numbers may not reflect the providers who are actually available to members residing in each respective CCO's service area.

4. Conclusions and Recommendations

Conclusions

In general, the quantitative and qualitative results from this evaluation demonstrated that the CCOs have established extensive provider networks within their respective services areas and actively work to address deficiencies. Although limited in scope, the CCOs have established network monitoring programs that focus on monitoring the adequacy of the network in alignment with members' needs. However, despite efforts to address network deficiencies, the results also identified opportunities to improve the quality of the CCOs' collection of provider data, DSN monitoring and network performance, and reporting.

The CCOs' provider capacity data and results were evaluated across three domains—i.e., *Quality of DSN Provider Capacity Reporting*, *Provider Network Count*, and *Provider Accessibility*. Overall, nearly all data fields in the quarterly provider capacity data submitted by the CCOs were populated (i.e., 99.9 percent). Moreover, if a data value was present, then more than 99.9 percent of the time, the value was valid in both format and value. However, while the results demonstrated a relatively high level of completeness and validity for data that were submitted, most CCOs' data presented at least some gaps in the provider data being collected and reported to the State. For example, fields critical to managing primary care services (e.g., capacity, accepting new patients, language, and PCP assignment) were frequently missing. One area that missing data showed potential gaps in coverage was provider capacity. As noted in the evaluation, while many provider specialties and categories were reported reliably across all CCOs, some provider and service categories were frequently omitted, resulting in a count of zero for certain provider and service categories. These omissions could represent either a deficiency in the CCO's provider network or a provider data quality issue. These results highlight opportunities to improve the quality of provider data and collaboration amongst the CCOs and OHA to align network expectations and reporting requirements. Similarly, provider accessibility results exhibited considerable variation across the CCOs with regard to the number and percentage of providers accepting new patients and who speak a non-English language. Although poor performance on these indicates it is limited to certain CCOs, they indicate ongoing challenges with data collection and opportunities for improvement in the provision of culturally appropriate services. Together, the results demonstrate ongoing improvement in both the collection and reporting of provider data by the CCOs, though specific deficiencies highlight several opportunities for improvement in the completeness and accuracy of data.

In addition to evaluating provider capacity, this evaluation assessed the distribution of the CCOs' provider networks relative to their members. Overall, nearly all CCOs struggled to meet OHA's 2021 time and distance standard that required 100 percent access to providers in both urban and rural areas. In particular, HSAG found gaps in the reported provider networks associated with access to HPSY and IHS/THS. In reviewing the provider landscape of each CCO's service region, particularly for areas with a rural designation, it was evident that environmental limitations (e.g., limited providers in the area or municipality locations) made achieving the rigorous standard difficult. Multiple CCOs described instances in which there were few to no providers of a particular type within the established time and distance standards. However, while the CCOs were sometimes noncompliant with the time and distance

standards for an individual service category (e.g., RHC, PCP, PCC), the evaluation showed service categories offering similar services (e.g., preventive and primary care services) were reasonably available to members. For example, while members may not have access to a RHC, they did have access to a PCP. Also, some service categories, such as HPSY, are inherently limited in number and geographic location. As such, although caution should be taken when evaluating the CCOs' compliance with time and distance standards, the results indicate ongoing monitoring, recruitment, and evaluation of network infrastructure remain important.

Additionally, time and distance analysis identified a potential data quality issue with four CCOs where the state-defined service and category (i.e., HPSY) were in conflict with the provider's federal taxonomy code associated with their National Provider Identifier in the National Plan and Provider Enumeration System. These discrepancies led to the miscategorization of some individual providers and facilities and affected the reported time and distance findings for this category, further indicating gaps in the quality of provider data.

In general, most CCOs struggled to describe the implementation of the network monitoring programs, including the collection and use of provider and network adequacy data. Individual CCO approaches varied widely in method and frequency, including the CCOs' approach to ensuring timely access to appointments. While most CCOs relied on retrospective quarterly analyses of member grievance data to identify timely access issues, a few CCOs implemented more robust practices, including monthly surveys to contracted providers.

Overall, the CCOs continued to demonstrate improvement in the monitoring of network adequacy and use of data to support the design, management, and health of their DSN. However, the findings from this evaluation show continued opportunities for improvement. Specifically, issues surrounding the completeness and accuracy of provider data and the CCOs' understanding of State and federal regulations continue to impact the ongoing monitoring efforts. Findings from this evaluation show that the CCOs would benefit from increased guidance, clear communication, and technical assistance from OHA to support higher quality data collection and reporting.

DSN Provider Narrative Report Recommendations

To improve the quality of DSN Provider Narrative Report submissions by the CCOs, HSAG offers the following recommendations to assist OHA and the CCOs in addressing opportunities for improvement:

- **Review and Update DSN Provider Narrative Evaluation Elements:** Based on HSAG's 2021 DSN Provider Narrative Evaluation, several opportunities for improvement were identified in the DSN provider narrative protocol and reporting templates. OHA should work with its EQRO to redefine both the structure of the reporting template and individual elements to eliminate redundancy, support and guide the implementation of meaningful work analyses, and align narrative responses with OHA network adequacy goals and objectives.
- **Review and Update Provider Network Access Standards and Service Categorizations:** OHA should review existing time and distance access standards of 100 percent for all geographic areas

and provider types. Specifically, HSAG recommends conducting a baseline assessment of CCO time and distance performance to identify current time and distance performance by key stratifications (i.e., geography, provider type, panel status, etc.) and member demographics (i.e., gender, age, tribal membership status, etc.). Based on the results from this analysis, OHA should develop short- and long-term time and distance standards that account for variation by geography and provider type. OHA should also evaluate the value and reasonableness of recategorizing how providers are grouped for the purposes of these analyses. For example, instead of developing standards for individual types of providers (i.e., PCPs, FQHCs, RHCs, etc.), OHA should consider grouping providers that offer similar services (e.g., primary preventive services).

- **Review Reporting Service Categorizations:** OHA should review its use of state-defined provider and service categorization codes to define reporting categories in its DSN Provider Narrative Report and DSN Provider Capacity Report. Based on the findings of this evaluation, the data and findings suggest some level of inconsistency in the application and use of these fields that may impact the validity of reported outcomes. Transition to the use of nationally recognized provider taxonomy codes associated with the National Provider Identifier database would facilitate alignment with provider contracting activities. Alternatively, HSAG recommends conducting regular validation studies to verify the accuracy of the CCOs' provider and service categories through file review or survey.
- **Coordinate Technical Assistance and Training Sessions:** As illustrated by the variation and inconsistency in CCO-based network monitoring programs, OHA should schedule technical assistance trainings to provide guidance on how to collect, monitor, and report on network monitoring requirements and how to use the information to support network management. Specific training topics should include, at a minimum, the following:
  - Appointment Availability
  - Monitoring Disease Prevalence
  - Linguistic and Cultural Services

DSN Provider Capacity Report Recommendations

To improve the quality of provider capacity data collected and reported by the CCOs, HSAG offers the following recommendations to assist OHA and the CCOs in addressing opportunities for improvement:

- **Review and Update Provider Capacity Monitoring and Reporting Program:** OHA should convene a time-limited network adequacy workgroup to review existing provider network monitoring activities in order to identify gaps in data collection, network performance measures, program standards, and CCO reporting requirements. Workgroup objectives should focus on development of short- and long-term goals to support ongoing monitoring and assurance of meaningful and adequate provider networks. In particular, network performance measures and standards should be expanded to reflect the diverse and interwoven nature of network access to include network capacity, distribution, adequacy and accessibility, and timeliness. In particular, OHA should review and address how network services are categorized and reported to ensure they

address members' needs and health equity (e.g., grouping individual primary care type providers [i.e., PCPs, FQHCs, RHCs, etc.] to assess capacity and ratios, instead of individual service categories and specialties). Based on the workgroup's findings, OHA should then work to determine an appropriate implementation plan and timeline to ensure successful adoption of the updated monitoring and reporting program, including any ancillary documentation to support data collection and reporting (i.e., data layout and submission guides, reporting templates, etc.).

- **Continue Ongoing Technical Assistance to CCOs in Reporting:** OHA should continue to provide regular feedback to the CCOs based on OHA's evaluation of the quarterly DSN Provider Capacity Reports submitted by the CCOs. This feedback should be timely and continue to include existing error logs and reports to support continuous quality improvement efforts. OHA should also consider incorporating additional monitoring metrics, such as performance trending, to track and ensure improvement by the CCOs over time. Additionally, OHA should provide one-on-one technical assistance to or conduct informational interviews with the CCOs whose results demonstrated unusual data trends or deficiencies in order to identify root causes and help direct quality improvement activities within the CCOs.

Appendix A. DSN Evaluation Results for Advanced Health

Advanced Health (AH) contracts with OHA to provide physical, behavioral, and oral health services to approximately 24,157 members residing in Coos and Curry counties.

- AH serves a rural, remote area, which presents inherent difficulties in ensuring network adequacy. Although AH often contracts with all or nearly all available providers, some service categories are unable to meet the 100 percent time and distance standard (e.g., no urgent care center is available with which to contract).
- AH was able to demonstrate that necessary services are either available to members by other service categories within network (i.e., urgent services via regular providers and a hospital), or that out-of-network transportation and coordination were readily available (i.e., pediatric SUD services), while still consistently pursuing network growth as needed and able.
- The CCO demonstrated notable investment and flexibility in community-identified health needs through grants, expanded provider training, and additional resources for social determinants of health (SDOH) needs.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. AH achieved 96 percent overall compliance with provider narrative elements.

Table A-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	32.0	97%
Description of Members and Membership Needs	16.5	97%
Coordination of Care	18.5	93%
Performance on Metrics	4.0	100%
Overall	**71.0**	**96%**

AH received five findings across all provider narrative elements.

Table A-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member	While AH described a year-over-year reduction in access-related complaints and has worked to ensure that specialist referrals are necessary on the "front end," the CCO's monitoring of timely access	AH should describe how it actively collects and monitors timely access data (i.e., collecting information directly from providers) in future submissions.

Element	Finding	Recommendation
appointments are timely for emergent, urgent, and routine/well-care visits.	relied too heavily on member-reported data (i.e., grievances and surveys) and informal communication with its providers rather than active collection of data and monitoring. This did not demonstrate a proactive approach to monitoring timeliness. This element was *Partially Met*.	
8.3: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.	While AH described a process identical to its timely access monitoring for non-THS Clinics, the CCO's monitoring of timely access relied on member-reported data (i.e., grievances and surveys) and informal communication with its providers rather than active collection of data and monitoring. This did not demonstrate a proactive approach to monitoring timeliness. This element was *Partially Met*.	AH should describe how it actively collects and monitors timely access data (i.e., collecting information directly from providers) in future submissions.
10.5: CCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.	While AH described its disease prevalence monitoring cycle, it did not adequately describe how it uses disease prevalence data to make network adequacy decisions, only explaining how providers receive expanded training to try to meet needs. The CCO described the development of a diabetes dietary education program, but it was not apparent from the submitted data that there was a standout need for it—diabetes seemed to make up a relatively small disease prevalence. This element was *Partially Met*.	AH should describe how it uses its population-level disease prevalence data to facilitate network adequacy decisions in future submissions.
14.5: CCO describes its ongoing monitoring cycle to ensure that member utilization data for treatment of SUDs is used in a meaningful manner to facilitate network adequacy decisions.	While AH described multiple SUD-related programs and initiatives, there was no explanation of how the CCO uses member utilization data for SUD treatment to facilitate network adequacy decisions. This element was *Not Met*.	AH should describe how it uses member utilization data for SUD treatment to facilitate network adequacy decisions in future submissions.

Element	Finding	Recommendation
15.1: CCO describes how it uses cross-departmental interdisciplinary care teams to provide care and intensive care coordination across the continuum of care for members identified with cultural, linguistic, disability, and special health care needs.	While AH described its intensive care coordination department, community integration, and emergency department use reduction efforts, it did not describe how it provides continuum of care for members identified with cultural, linguistic, disability, and special health care needs. This element was *Partially Met*.	AH should describe how its care coordination efforts address the cultural, linguistic, disability, and special health care needs of members in future submissions.

Time and Distance Analysis results are presented in the table below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table A-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
FQHC	1 in 60 miles or 60 mins	1,198	95.0
HPSY	1 in 60 miles or 60 mins	2,061	91.5
IHS/THS	1 in 60 miles or 60 mins	2,013	91.7
RHC	1 in 60 miles or 60 mins	14,734	39.0
UCC	1 in 60 miles or 60 mins	24,157	—
SUDPP	1 in 60 miles or 60 mins	872	88.8

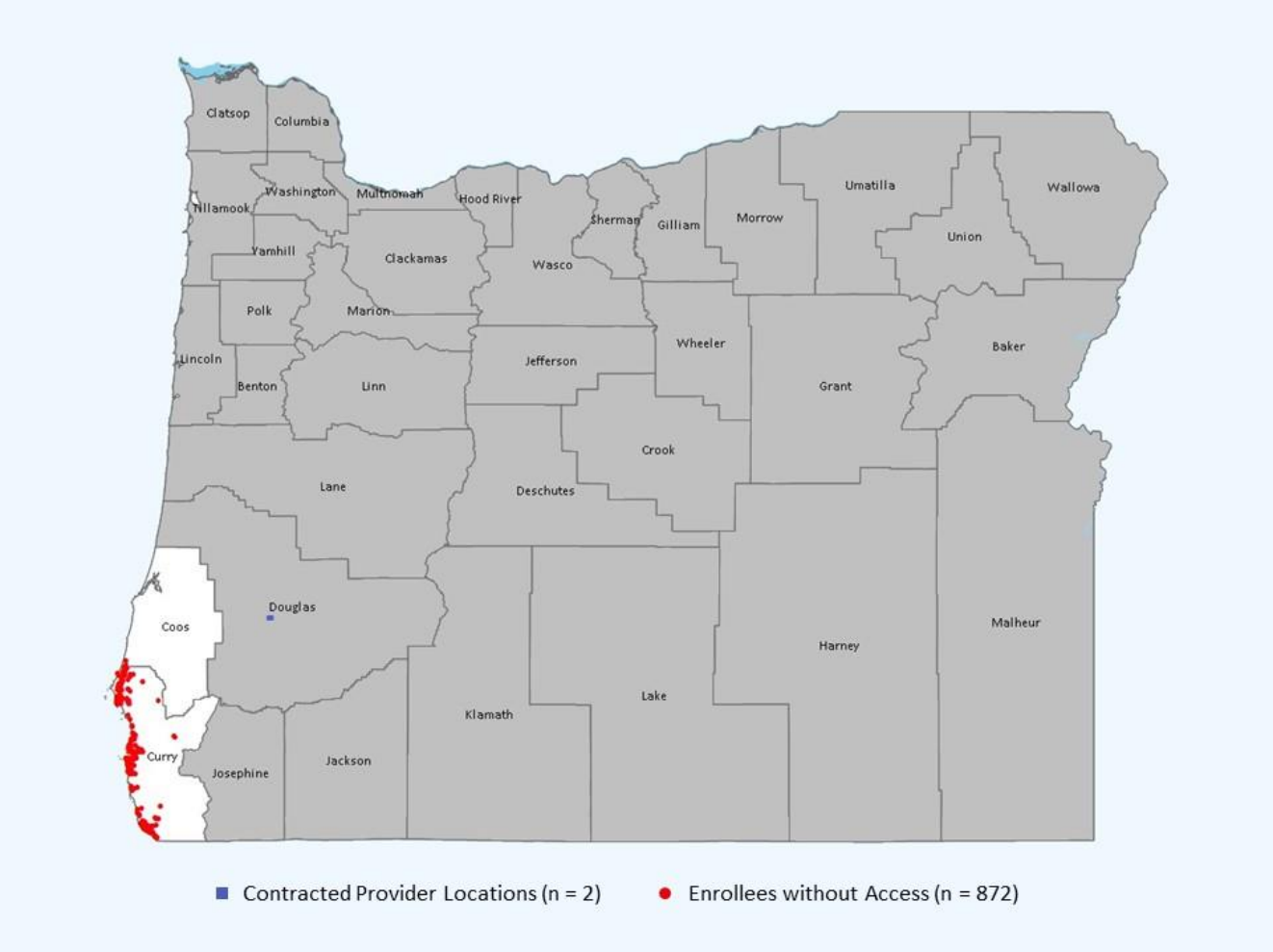
AH did not meet the rural time and distance access standards for FQHC, HPSY, IHS/THS, RHC, UCC, and SUDPP. However, these results should not necessarily be interpreted to mean that members are without access to key services. Many of these providers and facilities offer services that could reasonably be accessible through the fully compliant access standards met for PCPs and similar facilities. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

AH described contracting with all or nearly all providers available in both counties within its service area and in neighboring counties. The first urgent care center within its service area began operations in

Coos County in late 2020 and, at the time of the DSN submission, AH was in negotiations to add it to its network, which it estimated would allow more than 80 percent of its member population to have access to an urgent care center.

AH did not meet the rural access standard for SUDPP, which AH acknowledged as an access issue. The CCO explained that this was due to a lack of providers available for contracting within time and distance standards and provided evidence of care coordination and transportation for members requiring such services. The Time and Distance Analysis showed that the pediatric populations lacking access within time and distance standards resided in Curry County. The map is included to demonstrate both the lack of access as well as the lack of contracted providers.

Figure A-1—SUDPP—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[A-1]

Quality of DSN Provider Capacity Reporting

The overall data quality of AH's second quarter submission was good, with a few data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the PCPCH Indicator data field, only 17.6 percent had values present.

Table 1—AH Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	77.9%	99.4%	--
Provider NPI	Individual	100.0%	100.0%	99.1%
Provider Taxonomy Code	Individual	100.0%	100.0%	99.3%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	100.0%	100.0%	100.0%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	100.0%	100.0%	100.0%
Facility Taxonomy Code	Facility	100.0%	92.0%	100.0%
TIN	All	100.0%	100.0%	--
DMAP (Medicaid ID)	All	98.9%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.7%
Credentialing Date	Individual	100.0%	100.0%	100.0%

[A-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Non-English Language #1	Individual	14.4%	100.0%	--
Non-English Language #2	Individual	8.8%	100.0%	--
Non-English Language #3	Individual	0.3%	100.0%	--
Address #1	All	100.0%	99.6%	--
Address #2	All	15.4%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	17.6%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	100.0%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 590 individual practitioner and 65 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by Advanced Health to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations

and areas of concern identified in the analysis results of AH's DSN Provider Capacity Report submission:

- Of the 590 total counted individual practitioners, 445 data records were identified as contracted and in-network providers.
- Of the 65 total counted facility/business/service providers, 56 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- No Urgent Care Clinic data records were populated.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for AH

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	29	4.9%	29	6.5%	0	0.0%
Primary Care Provider, Pediatric	8	1.4%	8	1.8%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	52	8.8%	52	11.7%	0	0.0%
Specialty Provider	210	35.6%	153	34.4%	57	39.3%
Oral Health Provider	35	5.9%	35	7.9%	0	0.0%
Mental Health Provider	202	34.2%	133	29.9%	69	47.6%
SUD Provider	41	6.9%	24	5.4%	17	11.7%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	13	2.2%	11	2.5%	2	1.4%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	590	100.0%	445	100.0%	145	100.0%
Facility/Business/Service Providers						
Primary Care Clinic	2	3.1%	2	3.6%	0	0.0%
Specialty Care Clinic	1	1.5%	0	0.0%	0	0.0%
Hospital	4	6.2%	4	7.1%	0	0.0%
Urgent Care Center	0	0.0%	0	0.0%	0	0.0%
Ambulance and Emergency Medical Transportation	5	7.7%	0	0.0%	0	0.0%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Non-Emergent Medical Transportation	1	1.5%	1	1.8%	0	0.0%
Hospital, Acute Psychiatric Care	1	1.5%	1	1.8%	0	0.0%
Mental Health Crisis Services	2	3.1%	2	3.6%	0	0.0%
Mental Health Clinic	1	1.5%	1	1.8%	0	0.0%
Substance Use Disorder Clinic	5	7.7%	3	5.4%	2	66.7%
Community Prevention Services	2	3.1%	2	3.6%	0	0.0%
Home Health	2	3.1%	2	3.6%	0	0.0%
Durable Medical Providers	3	4.6%	3	5.4%	0	0.0%
Post-hospital Skilled Nursing Facility	6	9.2%	6	10.7%	0	0.0%
Imaging	5	7.7%	5	8.9%	0	0.0%
Pharmacies	17	26.2%	16	28.6%	1	33.3%
Oral Health Clinic	0	0.0%	0	0.0%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	2	3.1%	2	3.6%	0	0.0%
Federally Qualified Health Centers	2	3.1%	2	3.6%	0	0.0%
School-based Health Centers	1	1.5%	1	1.8%	0	0.0%
Indian Health Service and Tribal Health Services	1	1.5%	1	1.8%	0	0.0%
Rural Health Centers	2	3.1%	2	3.6%	0	0.0%
Overall	65	>99.9%	56	100.0%	3	100.0%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of in-network and contracted individual providers by geographic service areas illustrated 377 in Coos County and 77 in Curry County.

- Stratifying data records of in-network and contracted facilities, businesses, and services by geographic service areas illustrated 44 in Coos County and 12 in Curry County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for AH

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	456	76.1%	454	100.0%	2	1.4%
Bordering County	98	16.4%	0	0.0%	98	67.6%
Non-Bordering County	45	7.5%	0	0.0%	45	31.0%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	599	100.0%	454	100.0%	145	100.0%
Facilities						
In Service Area	61	93.8%	56	100.0%	0	0.0%
Bordering County	4	6.2%	0	0.0%	3	100.0%
Non-Bordering County	0	0.0%	0	0.0%	0	0.0%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	65	100.0%	56	100.0%	3	100.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed AH's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric AH members had access to Primary Care Providers. Overall, based on the Q2 submitted data, there were no noted concerns with the total number of PCPs reported by AH. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for AH

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	29	29	100.0%	29	29	100.0%	0	0	0.0%
Primary Care Provider Pediatric	8	8	100.0%	8	8	100.0%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	52	52	100.0%	52	52	100.0%	0	0	0.0%
PCPCH	74	74	100.0%	74	74	100.0%	0	0	0.0%
Overall	163	163	100.0%	163	163	100.0%	0	0	0.0%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of AH provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in AH's report:

- Of the 24 total count in-network and contracted SUD Providers populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for AH

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	5	29	17.2%	5	29	17.2%	0	0	0.0%
Primary Care Provider Pediatric	2	8	25.0%	2	8	25.0%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	5	52	9.6%	5	52	9.6%	0	0	0.0%
Specialty Provider	16	210	7.6%	12	153	7.8%	4	57	7.0%
Oral Health Provider	5	35	14.3%	5	35	14.3%	0	0	0.0%
Mental Health Provider	54	202	26.7%	52	133	39.1%	2	69	2.9%
SUD Provider	0	41	0.0%	0	24	0.0%	0	17	0.0%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	1	13	7.7%	1	11	9.1%	0	2	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	88	590	14.9%	82	445	18.4%	6	145	4.1%

[1] *Limited to providers in Oregon.*

Appendix B. DSN Evaluation Results for AllCare CCO, Inc.

AllCare CCO, Inc. (AllCare) contracts with OHA to provide physical, behavioral, and oral health services to approximately 54,280 members residing in Curry, Jackson, and Josephine counties, as well as parts of Douglas County.

- AllCare demonstrated a strength in its use of technological innovations across the continuum of care to reduce hospital readmission and emergency room use, support access to preventive health care and social services, and respond quickly and effectively to developing crises (e.g., 2020 Labor Day Fires).
- AllCare's DSN provider narrative submission struggled to demonstrate compliance with or adequately respond to many required elements, or submitted supporting evidence of implementation (e.g., SUD utilization data) that was either out of date, lacking in sufficient detail, or both. This suggested a need for technical assistance in appropriate reporting and additional oversight.
- AllCare stated that it had not yet conducted network adequacy assessments or monitoring for seven service categories, including HOSP. This in conjunction with other difficulties in reporting for monitored provider types constituted a serious concern about AllCare's monitoring of its network adequacy as well as its network capacity reporting. While the CCO stated in its provider narrative that it would correct these deficiencies by the end of 2021, it did not provide any concrete explanation for how it would do so.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. AllCare achieved 64 percent overall compliance with provider narrative elements.

Table B-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	18.0	55%
Description of Members and Membership Needs	14.5	85%
Coordination of Care	10.5	53%
Performance on Metrics	4.0	100%
Overall	**47.0**	**64%**

AllCare received 27 findings across all provider narrative elements, primarily related to not providing time and distance calculations for multiple service categories, which was reflected in its DSN Provider Capacity Reports to OHA. Per the CCO's narrative explanation, it had not yet conducted network adequacy assessments or monitoring across multiple service categories. This raised overall concerns about the CCO's network status and network adequacy monitoring efforts.

Table B-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3: CCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel) for each of the provider types in elements 3.1 through 3.14 based the CCO's relevant geographic classification(s) within its service area. CCO calculations must address all three of the following specifications: • Average time (in minutes). • Average distance (in miles). • Percentage of members living within the time and distance standards. **3.1:** • Primary Care Provider, Adult • Primary Care Provider, Pediatric • Primary Care Provider, Both Combined (Rendering care ages 0 to 99)	While AllCare provided calculations for percentage of members living within time and distance standards of PCPs, it did not provide either average time or average distance calculations. This element was *Partially Met*.	AllCare should provide calculations for average time and distance for adult, pediatric, and combined PCPs in future submissions.
3.2: • Specialty Practitioner, Adult • Specialty Practitioner, Pediatric • Specialty Practitioner, Both Combined (Rendering care ages 0 to 99)	While AllCare provided calculations for percentage of members living within time and distance standards of SPs, it did not provide either average time or average distance calculations. This element was *Partially Met*.	AllCare should provide calculations for average time and distance for adult, pediatric, and combined SPs in future submissions.
3.3: • Mental Health Provider, Adult • Mental Health Provider, Pediatric • Mental Health Provider, Both Combined (Rendering care ages 0 to 99)	While AllCare provided calculations for percentage of members living within time and distance standards of SPs, it did not provide either average time or average distance calculations for the category of MHP. Additionally, supplementary documentation only listed estimated full-time equivalent (FTE) need for MHPs, which did not address the element. This element was *Not Met*.	AllCare should provide calculations for average time and distance for adult, pediatric, and combined MHPs in future submissions.
3.4:	While AllCare stated that its SUD providers were all within the 30	AllCare should provide calculations for average time and

Element	Finding	Recommendation
• Substance Use Disorder Provider, Adult • Substance Use Disorder Provider, Pediatric • Substance Use Disorder Provider, Both Combined (Rendering care ages 0 to 99)	minutes/30 miles standard, it also stated that the calculations for SUD were "modified" from the overall program to list based on an estimated FTE need for SUD providers, which did not address the element. This element was *Not Met*.	distance for adult, pediatric, and combined SUD providers in future submissions.
3.5: • Oral Health Provider, Adult • Oral Health Provider, Pediatric • Oral Health Provider, Both Combined (Rendering care ages 0 to 99)	AllCare provided neither a narrative response nor calculations for OHPs. This element was *Not Met*.	AllCare should provide calculations for average time and distance for adult, pediatric, and combined OHPs in future submissions.
3.6: Federally Qualified Health Centers	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for FQHCs. This element was *Not Met*.	AllCare should provide calculations for average time and distance for FQHCs in future submissions.
3.7: Hospital	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for HOSP. This element was *Not Met*.	AllCare should provide calculations for average time and distance for HOSP in future submissions.
3.8: Hospital, Acute Psychiatric Care	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for HPSY. This element was *Not Met*.	AllCare should provide calculations for average time and distance for HPSY in future submissions.
3.9: Pharmacies	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for RX. This element was *Not Met*.	AllCare should provide calculations for average time and distance for RX in future submissions.
3.10: Rural Health Centers	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for RHC. This element was *Not Met*.	AllCare should provide calculations for average time and distance for RHC in future submissions.
3.11: Post-hospital Skilled Nursing Facility	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for SNF. This element was *Not Met*.	AllCare should provide calculations for average time and distance for SNF in future submissions.
3.12: Urgent Care Center	AllCare stated that it had not yet conducted network adequacy assessments or monitoring for UCC. This element was *Not Met*.	AllCare should provide calculations for average time and distance for UCC in future submissions.

Element	Finding	Recommendation
3.13: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, the CCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.	While AllCare briefly described shortcomings in its data (e.g., "downstream subcontractors are not reporting Children vs Adult services for mental health providers") and adequacy of its network (i.e., a shortage of SUD providers in its service area), it did not provide a full description of what steps it was taking to achieve compliance in these areas. Additionally, AllCare acknowledged multiple gaps in its monitoring of network adequacy with regard to FQHC, HOSP, HPSY, RX, RHC, SNF, and UCC. AllCare's statement that "by December of 2021 this gap will be addressed in AllCare's programs" was insufficient for describing how the CCO will achieve compliance in monitoring these areas for network adequacy. This element was *Not Met*.	AllCare should provide a sufficiently detailed plan and timeline for addressing areas of noncompliance in future submissions.
3.14: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, CCO must describe the expected time frame for resolution before compliance is achieved.	While AllCare stated that gaps in its network adequacy monitoring would be addressed by December 2021, this statement was insufficient to determine compliance with the requirement. This element was *Not Met*.	AllCare should provide a sufficiently detailed plan and timeline for addressing areas of noncompliance in future submissions.
5.2: CCO submits its provider-to-member ratio data calculations specifically for member populations in proportion to each of the following provider types: • Primary Care Provider, Adult • Primary Care Provider, Pediatric • Primary Care Provider, Both (Rendering care from ages 0 to 99) • Specialty Practitioner, Adult	While AllCare submitted data for its primary care, specialty, mental health, and SUD providers, it did not submit ratio data for OHPs and instead submitted third-next-available appointment information. This element was *Partially Met*.	AllCare should submit provider to member ratio data for OHPs categories in future submissions.

Element	Finding	Recommendation
• Specialty Practitioner, Pediatric • Specialty Practitioner, Both • Mental Health Provider, Adult • Mental Health Provider, Pediatric • Mental Health Provider, Both • Substance Use Disorder Provider, Adult • Substance Use Disorder Provider, Pediatric • Substance Use Disorder Provider, Both • Oral Health Provider, Adult • Oral Health Provider, Pediatric • Oral Health Provider, Both		
7: CCO describes how it actively collects, monitors, and interprets data, survey results, and member feedback from each group source listed in elements 7.1 through 7.5 and incorporates the feedback into network adequacy decisions: **7.2:** • Mental Health Statistics Improvement Program (MHSIP)—Adult • Youth Services (Mental Health) Survey for Families (YSS-F)—Caregiver • YSS-F—Adolescents (15–17) • Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[C-1] Survey	AllCare did not address the use of MHSIP, YSS-F, and CAHPS data in its narrative response. This element was *Not Met*.	AllCare should address the use of MHSIP, YSS-F, and CAHPS data in future submissions.
7.4: CCO encounter data	While AllCare did not address the use of encounter data in its narrative response, it did demonstrate the analysis of encounter data in other	AllCare should address the use of encounter data in future

[B-1] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Element	Finding	Recommendation
	narrative responses. However, sample encounter data provided was from 2019 and therefore was insufficient to determine current implementation and compliance. This element was *Partially Met*.	submissions and provide timely data as supporting evidence.
9.5: CCO describes its ongoing monitoring cycle to ensure that member disability and SHCN data are used in a meaningful manner to facilitate network adequacy decisions.	While AllCare described an ongoing monitoring cycle of member disability and SHCN data in its care coordination and provider training efforts, the CCO's narrative did not describe the use of such data to facilitate network adequacy decisions. This element was *Partially Met*.	AllCare should describe how it uses member disability and SHCN data to facilitate network adequacy decisions in future submissions.
11.3: CCO submits data to demonstrate the linguistic and cultural needs across its membership.	While AllCare's Health Equity Plan included a work plan for using member linguistic and cultural needs data, the referenced assessment was an estimation of interpreter need by FTE based on data from 2014–2018. The 2020 Health Equity Plan demonstrated usage of services cross-referenced with REAL-D data (from which some level of linguistic needs could be inferred), but no relevant and timely data were presented. This element was *Not Met*.	AllCare should submit current data to demonstrate the linguistic and cultural needs of its member population in future submissions (i.e., demographic data and language preference or interpreter request data from the previous year).
11.4: CCO describes the frequency in which it gathers and analyzes member linguistic and cultural needs data.	While AllCare provided an estimate of qualified language interpreter access by FTE, the data was only as recent as 2018. This was insufficient to determine implementation of its annual language access assessment. This element was *Partially Met*.	AllCare should submit current data to demonstrate timely assessment of the linguistic and cultural needs of its member population in future submissions (i.e., demographic data and language preference or interpreter request data from the previous year).
11.5: CCO describes its ongoing monitoring cycle to ensure that member linguistic and cultural needs data are used in a meaningful manner to facilitate network adequacy decisions.	While AllCare provided an estimate of qualified language interpreter access by FTE, the data were only as recent as 2018. This was insufficient to determine implementation of its annual language access assessment. This element was *Partially Met*.	AllCare should submit current data to demonstrate timely assessment of the linguistic and cultural needs of its member population in future submissions (i.e., demographic data and language preference or interpreter request data from the previous year).

Element	Finding	Recommendation
13: CCO describes how it coordinates care, ensuring adult and member access to each of the services for treatment of MH disorders identified in elements 13.1 through 13.6. **13.1:** Behavioral Health Crisis Management (BHCM)	AllCare's narrative response addressed its approach to interdisciplinary intensive care coordination and case assignment/ management, including both monthly and daily meetings among specialized care coordinators and CCO leadership. However, neither the response nor the supporting documentation addressed specific mental health services including BHCM. This element was *Not Met*.	AllCare should describe how it coordinates care for members requiring BHCM services in future submissions.
13.2: Assertive Community Treatment (ACT), Dialectic Behavioral Therapy (DBT)	Neither the response nor the supporting documentation addressed specific mental health services including ACT and DBT. This element was *Not Met*.	AllCare should describe how it coordinates care for members requiring ACT and DBT services in future submissions.
13.3: Intensive Outpatient Services (IOS)	Neither the response nor the supporting documentation addressed specific mental health services including IOS. This element was *Not Met*.	AllCare should describe how it coordinates care for members requiring IOS in future submissions.
13.4: Crisis Outpatient Services	Neither the response nor the supporting documentation addressed specific mental health services including Crisis Outpatient Services. This element was *Not Met*.	AllCare should describe how it coordinates care for members requiring Crisis Outpatient Services in future submissions.
13.5: Residential and Inpatient Facilities	Neither the response nor the supporting documentation addressed specific mental health services including Residential and Inpatient Facilities. This element was *Not Met*.	AllCare should describe how it coordinates care for members requiring Residential and Inpatient Facilities services in future submissions.
14: CCO describes how it coordinates care, ensuring adult and member access to each of the services for treatment of SUDs identified in elements 14.1 through 14.5. **14.3:** Crisis Outpatient Services	While AllCare described and provided documentation for SUD Crisis Outpatient/Intensive Services, the most recent data offered was dated 2019 and only listed the "Residential," "Detox," and "Peer Services" service categories. The narrative response and supporting documentation were thus insufficient to determine full compliance. This element was *Partially Met*.	AllCare should submit timely and complete data for Crisis Outpatient Services in future submissions.

Element	Finding	Recommendation
14.4: Residential and Inpatient Facilities	While AllCare described and provided documentation for residential and inpatient SUD facilities, the most recent data offered was dated 2019. The narrative response and supporting documentation were thus insufficient to determine full compliance. This element was *Partially Met*.	AllCare should submit timely and complete data for residential and inpatient SUD facilities services in future submissions.
14.5: CCO describes its ongoing monitoring cycle to ensure that member utilization data for treatment of SUDs is used in a meaningful manner to facilitate network adequacy decisions.	While AllCare described and provided documentation for the array of SUD services offered through its subcontractors (including detoxification, medication-assisted, residential, and inpatient facility treatment) as well as a sample review outline. However, the most recent data offered was dated 2019 and only listed the "Residential," "Detox," and "Peer Services" service categories. The narrative response and supporting documentation were thus insufficient to determine full compliance. This element was *Partially Met*.	AllCare should submit timely member SUD utilization data in future submissions to demonstrate the implementation of an ongoing SUD utilization data monitoring cycle.
16: CCO describes care coordination activities and/or interdisciplinary care teams established with each of the community stakeholders identified in elements 16.1 through 16.5. **16.1:** IHS and/or THS Clinics	AllCare did not describe care coordination activities or efforts with IHS and/or THS Clinics in its narrative response. This element was *Not Met*.	AllCare should describe care coordination activities and/or interdisciplinary care team efforts with IHS and/or THS Clinics in future submissions.
16.3: Local MH Authority	AllCare did not describe care coordination activities or efforts with the Local MH Authority in its narrative response. This element was *Not Met*.	AllCare should describe care coordination activities and/or interdisciplinary care team efforts with Local MH Authorities in future submissions.
16.4: Local Public Health Authority	AllCare did not describe care coordination activities or efforts with the local public health authority in its narrative response. This element was *Not Met*.	AllCare should describe care coordination activities and/or interdisciplinary care team efforts with local public health authorities in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report any data for that category. In the case of AllCare, service categories which either did not meet the access standard or did not provide data were the same for both urban and rural service areas. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table B-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
SUDPA	1 in 30 miles or 30 mins	25,446	—
OHPA	1 in 30 miles or 30 mins	4,229	83.4
FQHC	1 in 30 miles or 30 mins	37,928	—
HPSY	1 in 30 miles or 30 mins	37,928	—
IHS/THS	1 in 30 miles or 30 mins	37,928	—
SNF	1 in 30 miles or 30 mins	37,928	—
RHC	1 in 30 miles or 30 mins	37,928	—
UCC	1 in 30 miles or 30 mins	37,928	—
SUDPP	1 in 30 miles or 30 mins	12,482	—
OHPP	1 in 30 miles or 30 mins	1,866	85.1

Table B-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
SUDPA	1 in 60 miles or 60 mins	11,691	—
OHPA	1 in 60 miles or 60 mins	2,799	76.1
FQHC	1 in 60 miles or 60 mins	16,352	—
HPSY	1 in 60 miles or 60 mins	16,352	—
IHS/THS	1 in 60 miles or 60 mins	16,352	—
SNF	1 in 60 miles or 60 mins	16,352	—
RHC	1 in 60 miles or 60 mins	16,352	—
UCC	1 in 60 miles or 60 mins	16,352	—

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
SUDPP	1 in 60 miles or 60 mins	4,661	—
OHPP	1 in 60 miles or 60 mins	1,244	73.3

AllCare did not provide data for the Time and Distance Analysis for multiple categories, including SUDPA, SUDPP, FQHCs, HPSY, IHS/THS, SNF, and RHC. This raised concerns about the adequacy of AllCare's provider network for these facilities and the services they provide, as well as AllCare's monitoring of its network.

AllCare provided data for OHPs, which raised concerns about access for both adult and pediatric populations. It was notable that for both adult and pediatric members, rural areas showed a lower rate of access to OHPs than urban areas. While no access issues for OHPs were identified in Jackson County, this was unsurprising due to the magnet communities of Medford and Ashland, with generally easier access to the interstate highway system and reduced time and distance barriers.

Figure B-1—OHPA—Urban

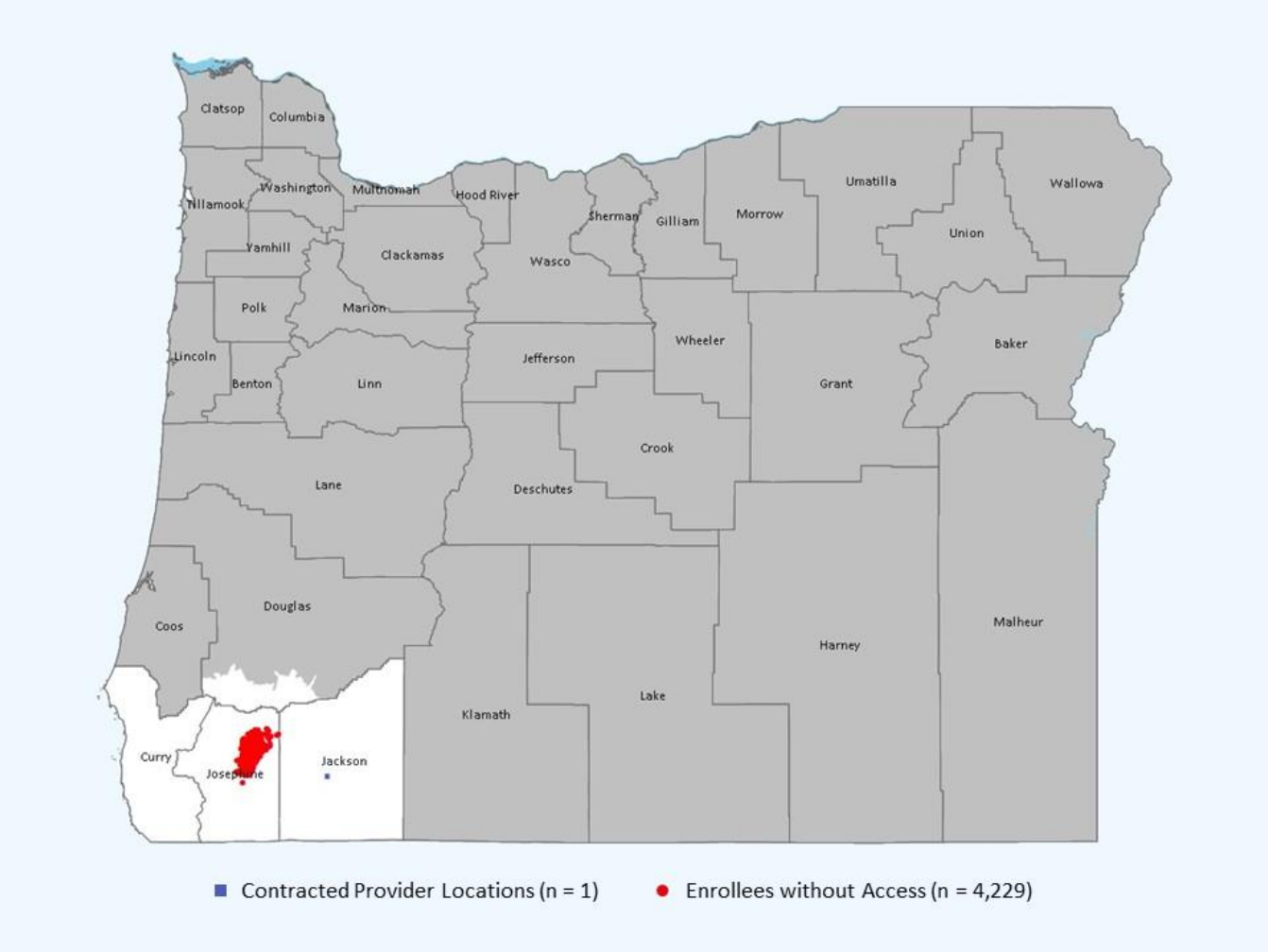


Figure B-2—OHPA—Rural

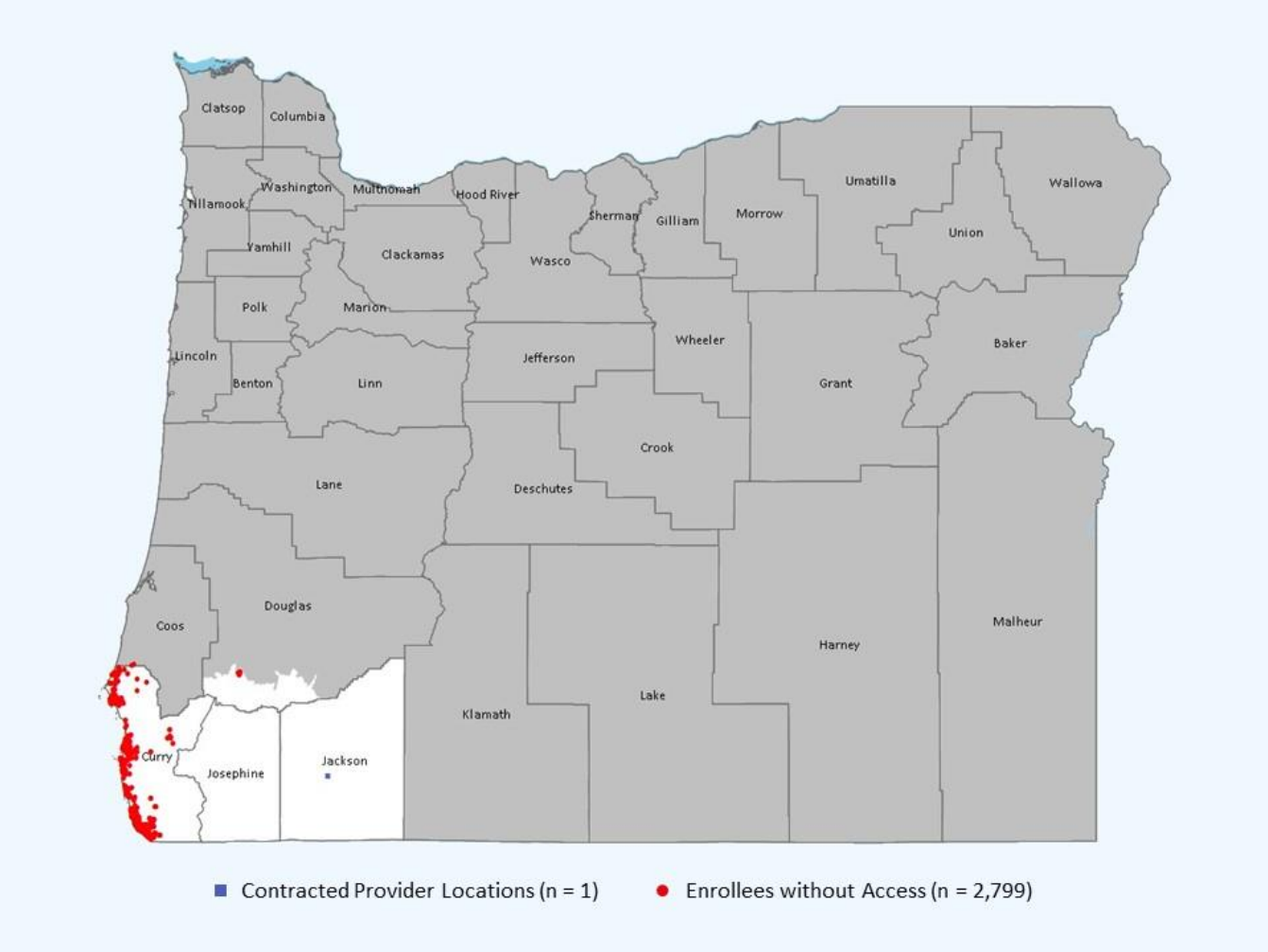


Figure B-3—OHPP—Urban

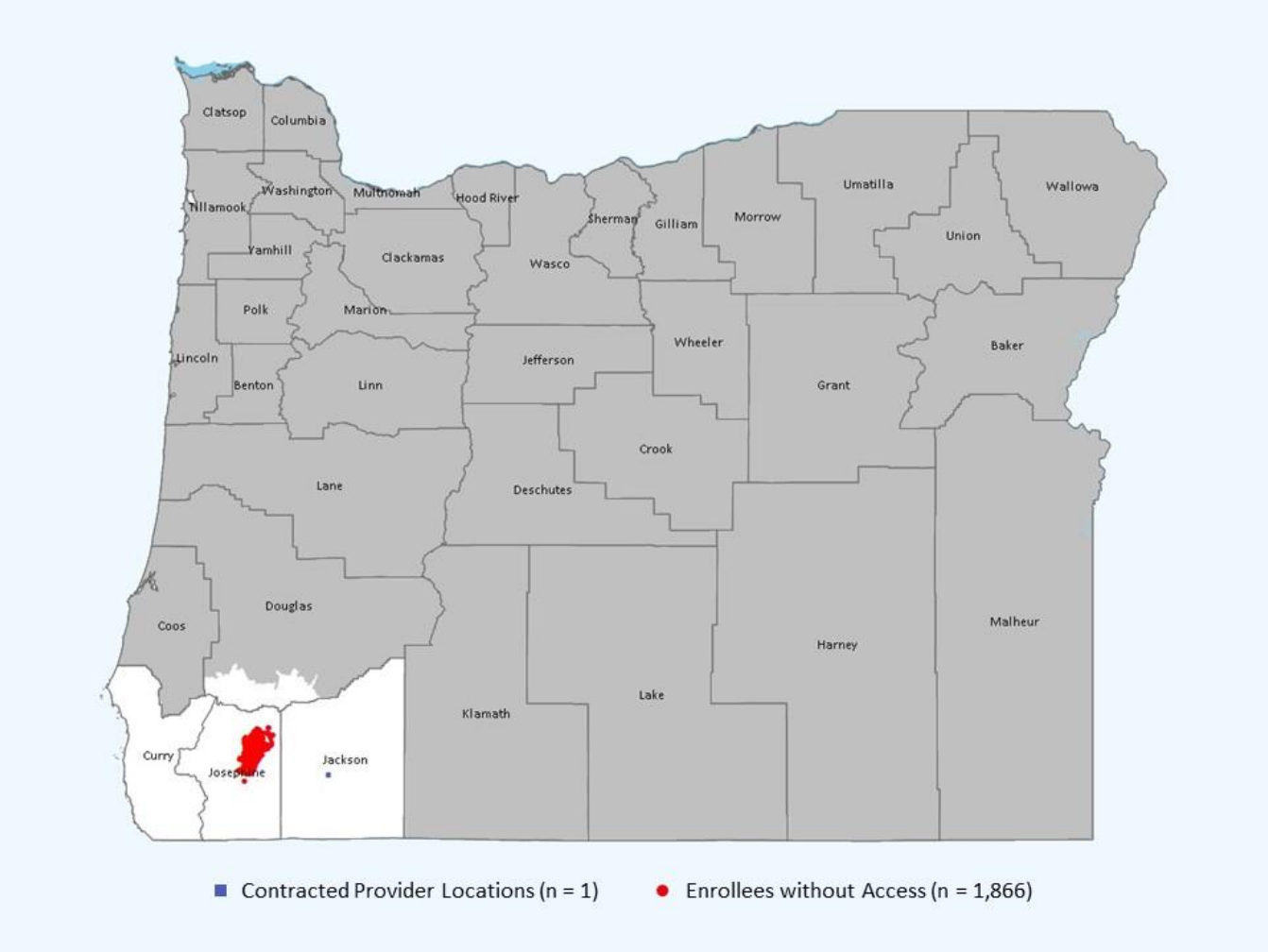
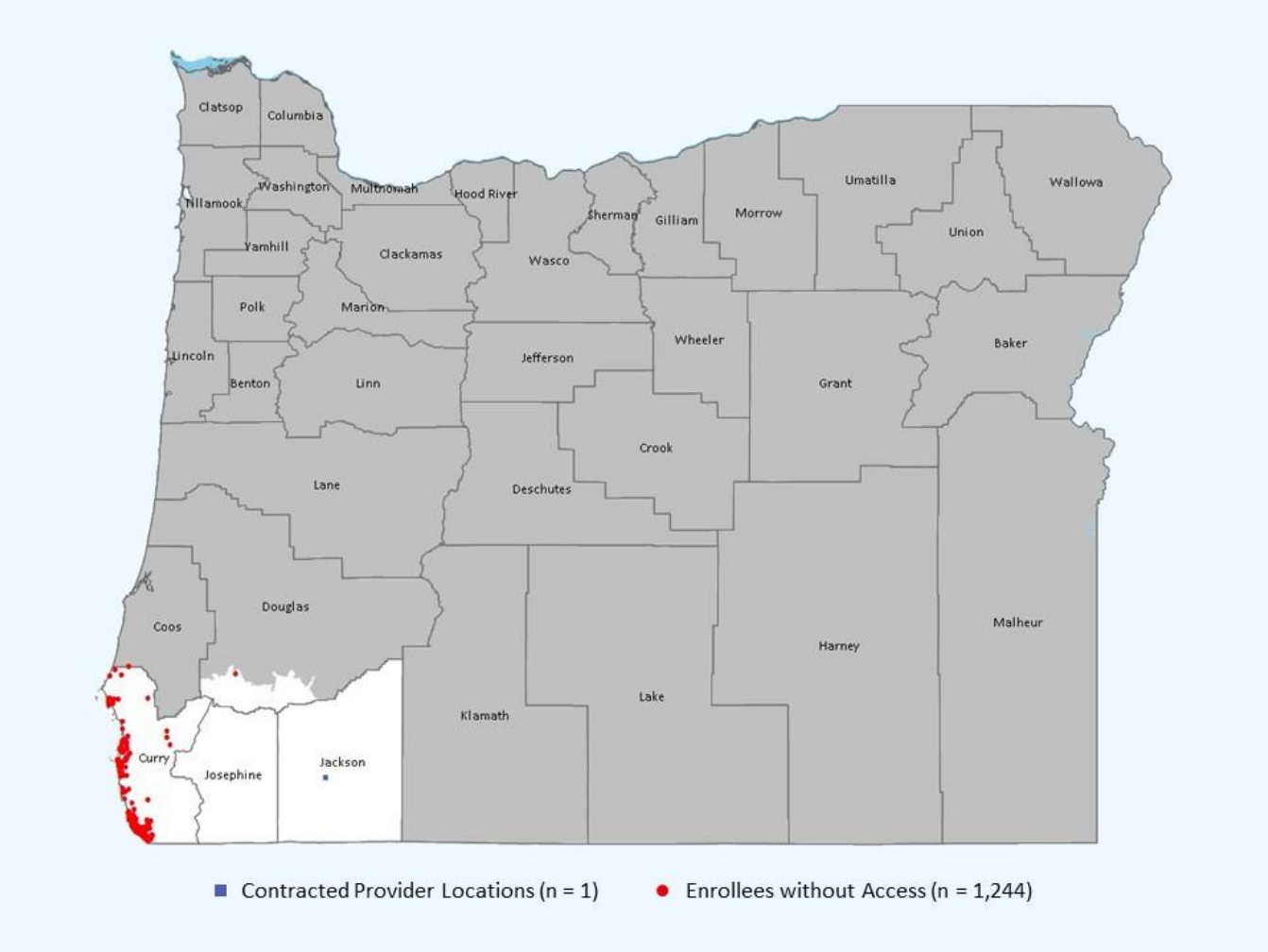


Figure B-4—OHPP—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[B-2]

Quality of DSN Provider Capacity Reporting

The overall data quality of the CCOs Q2 submission was fair with multiple data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Many facilities were reported as individual providers leading to missing values present in the following fields: Provider's First Name, Provider's Last Name, Provider NPI, Provider Taxonomy Code.
- Of the data records required to have a value populated in the PCPCH Indicator data field, only 21.5 percent had values present.
- Of the data records required to have a value populated in the Number of Members Assigned to a PCP data field, only 81.0 percent had values present.

Table 1—AllCare Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	86.8%	100.0%	--
Provider's Last Name	Individual	86.8%	99.9%	--
Provider's Middle Name or Initial	Individual	0.0%	--	--
Provider NPI	Individual	86.8%	100.0%	100.0%
Provider Taxonomy Code	Individual	86.8%	99.9%	100.0%
Solo Provider Indicator	Individual	1.2%	100.0%	100.0%
Telehealth Indicator	Individual	45.2%	100.0%	100.0%
Group Name	Individual	86.8%	100.0%	--
Group NPI	Individual	86.9%	100.0%	100.0%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	100.0%	100.0%	99.8%
Facility Taxonomy Code	Facility	100.0%	100.0%	100.0%

[B-2] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
TIN	All	>99.9%	98.4%	--
DMAP (Medicaid ID)	All	100.0%	91.6%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.9%
Credentialing Date	Individual	86.9%	100.0%	97.9%
Non-English Language #1	Individual	100.0%	100.0%	--
Non-English Language #2	Individual	0.0%	--	--
Non-English Language #3	Individual	0.0%	--	--
Address #1	All	100.0%	99.0%	--
Address #2	All	33.1%	99.5%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	100.0%
Phone	All	99.9%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	21.5%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	81.0%	100.0%	--
Accepting New Medicaid Members	Individual	100.0%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03

Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB

Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y

Facility includes ProvCat Values of 04 & 05

All includes ProvCat Values of 01, 02, 03, 04, 05, blank

All[3] includes ProvCat Values of 01, 02, 04, 05

All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 1383 individual practitioner and 54 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by AllCare to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of AllCare's DSN Provider Capacity Report submission:

- All 1383 counted individual practitioners data records were identified as contracted and in-network providers.
- All 54 total counted facility/business/service providers data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- There are no contracted facility/business/service providers data records across many specialty categories.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for AllCare

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	4	0.3%	4	0.3%	0	0.0%
Primary Care Provider, Pediatric	37	2.7%	37	2.7%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	400	28.9%	400	28.9%	0	0.0%
Specialty Provider	854	61.7%	854	61.7%	0	0.0%
Oral Health Provider	1	<0.1%	1	<0.1%	0	0.0%
Mental Health Provider	87	6.3%	87	6.3%	0	0.0%
SUD Provider	0	0.0%	0	0.0%	0	0.0%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	0	0.0%	0	0.0%	0	0.0%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	1383	100.0%	1383	100.0%	0	0.0%
Facility/Business/Service Providers						

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Primary Care Clinic	10	18.5%	10	18.5%	0	0.0%
Specialty Care Clinic	8	14.8%	8	14.8%	0	0.0%
Hospital	4	7.4%	4	7.4%	0	0.0%
Urgent Care Center	0	0.0%	0	0.0%	0	0.0%
Ambulance and Emergency Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Non-Emergent Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	0	0.0%	0	0.0%	0	0.0%
Mental Health Crisis Services	0	0.0%	0	0.0%	0	0.0%
Mental Health Clinic	3	5.6%	3	5.6%	0	0.0%
Substance Use Disorder Clinic	2	3.7%	2	3.7%	0	0.0%
Community Prevention Services	1	1.9%	1	1.9%	0	0.0%
Home Health	4	7.4%	4	7.4%	0	0.0%
Durable Medical Providers	11	20.4%	11	20.4%	0	0.0%
Post-hospital Skilled Nursing Facility	0	0.0%	0	0.0%	0	0.0%
Imaging	2	3.7%	2	3.7%	0	0.0%
Pharmacies	9	16.7%	9	16.7%	0	0.0%
Oral Health Clinic	0	0.0%	0	0.0%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	0	0.0%	0	0.0%	0	0.0%
Federally Qualified Health Centers	0	0.0%	0	0.0%	0	0.0%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	0	0.0%	0	0.0%	0	0.0%
Rural Health Centers	0	0.0%	0	0.0%	0	0.0%
Overall	54	100.0%	54	100.0%	0	0.0%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted in-network individual providers by geographic service areas illustrated 56 in Curry County, 11 in Douglas County, and 1023 in Jackson County, and 453 in Josephine. There were 19 data records reflected as in-network contracted individual providers in Coos County, an Oregon county neighboring AllCare's primary service area.
- Stratifying data records of contracted in-network facilities by geographic service areas illustrated 32 in Jackson County and 10 in Josephine County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for AllCare

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	1543	97.6%	1543	97.6%	0	0.0%
Bordering County	19	1.2%	19	1.2%	0	0.0%
Non-Bordering County	7	0.4%	7	0.4%	0	0.0%
Out of state – Bordering Counties	3	0.2%	3	0.2%	0	0.0%
Out of state – No Bordering Counties	9	0.6%	9	0.6%	0	0.0%
Overall	1581	100.0%	1581	100.0%	0	0.0%
Facilities						
In Service Area	49	80.3%	49	80.3%	0	0.0%
Bordering County	4	6.6%	4	6.6%	0	0.0%
Non-Bordering County	4	6.6%	4	6.6%	0	0.0%
Out of state – Bordering Counties	2	3.3%	2	3.3%	0	0.0%
Out of state – No Bordering Counties	2	3.3%	2	3.3%	0	0.0%
Overall	61	100.0%	61	100.0%	0	0.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed AllCare's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult

and pediatric AllCare members had access to Primary Care Providers. Overall, based on the Q2 submitted data, there were no noted concerns with the total number of PCPs reported by AllCare. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for AllCare

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	2	4	50.0%	2	4	50.0%	0	0	0.0%
Primary Care Provider Pediatric	7	37	18.9%	7	37	18.9%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	118	400	29.5%	118	400	29.5%	0	0	0.0%
PCPCH	87	391	22.3%	87	391	22.3%	0	0	0.0%
Overall	214	832	25.7%	214	832	25.7%	0	0	0.0%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of AllCare provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in AllCare's report:

- Of the nine total count in-network and contracted SUD Providers populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for AllCare

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	0	4	0.0%	0	4	0.0%	0	0	0.0%
Primary Care Provider Pediatric	4	37	10.8%	4	37	10.8%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	10	400	2.5%	10	400	2.5%	0	0	0.0%
Specialty Provider	34	854	4.0%	34	854	4.0%	0	0	0.0%
Oral Health Provider	0	1	0.0%	0	1	0.0%	0	0	0.0%
Mental Health Provider	0	87	0.0%	0	87	0.0%	0	0	0.0%
SUD Provider	0	0	0.0%	0	0	0.0%	0	0	0.0%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	0	0.0%	0	0	0.0%	0	0	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	48	1383	3.5%	48	1383	3.5%	0	0	0.0%

[1] *Limited to providers in Oregon.*

Appendix C. DSN Evaluation Results for Cascade Health Alliance, LLC

Cascade Health Alliance, LLC (CHA) contracts with OHA to provide physical, behavioral, and oral health services to approximately 22,353 members residing in Klamath County.

- CHA maintains close working relationships with many of its community stakeholders, particularly with Aging and People with Disabilities as well as Maternity Case Management through the local public health authority.
- CHA meets regularly with each clinic and facility to discuss performance metrics, dashboards, reports, grievances, and other operational details, providing an environment that uses performance data and close communication to support network adequacy.
- CHA struggled to provide evidence of using population-level data such as disease prevalence and linguistic and cultural needs information to drive network adequacy decision making beyond a few narrow cases (e.g., diabetes prevalence). However, CHA has also invested heavily in its information technology infrastructure, staff, and governance, and is well-situated to begin using population-level data to help inform network adequacy decision making.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. CHA achieved 89 percent overall compliance with provider narrative elements.

Table C-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	31.0	94%
Description of Members and Membership Needs	11.5	68%
Coordination of Care	19.0	95%
Performance on Metrics	4.0	100%
Overall	**65.5**	**89%**

CHA received 11 findings across all provider narrative elements.

Table C-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3.13: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types	While CHA provided a rationale for access rates below the state-determined compliance level of 100 percent, its response focused on "human error" in data entry, P.O. box addresses, and the	CHA should describe how member access below the standard was and/or is currently being addressed to achieve compliance in future submissions.

Element	Finding	Recommendation
demonstrates noncompliance, the CCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.	homeless population, and stated that it was "mathematically impossible" to achieve 100 percent compliance rates. Although this response did not speak to what the CCO was doing to address its areas of noncompliant access, CHA did provide evidence of working to improve access in deficient areas (i.e., UCC), showing responsivity to its network needs. This element was *Partially Met*.	
3.14: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, CCO must describe the expected time frame for resolution before compliance is achieved.	While CHA provided a rationale for access rates below the state-determined compliance level of 100 percent, its response did not address a timeline for taking action to address its areas of noncompliant access. However, CHA did provide evidence of working to improve access in deficient areas (i.e., UCC), showing responsivity to its network needs. This element was *Partially Met*.	CHA should describe how member access below the standard was and/or is currently being addressed to achieve compliance in future submissions.
6.1: CCO describes how it actively collects, monitors, and interprets NEMT utilization data for members with and without disabilities or special needs to identify barriers to access.	While CHA described meeting with its NEMT subcontractor quarterly to review utilization data and provided a sample data report, the report did not indicate utilization of NEMT for those with disabilities or special needs (e.g., wheelchair van requests). This element was *Partially Met*.	CHA should describe how it collects and utilizes NEMT data for members with disabilities or special needs to identify barriers to access in future submissions. Additionally, data supplied by CHA showed that of a fleet of approximately 280 NEMT vehicles, only one vehicle was inspected per month over the course of three months. CHA should consider whether it finds this rate of inspection by its subcontractor sufficient to ensure quality NEMT services for its membership.
6.2: CCO describes its ongoing monitoring cycle NEMT utilization data are used in a meaningful	While CHA described its ongoing quarterly and "ad hoc based on grievances" cycle for monitoring	CHA should describe how it collects and considers NEMT utilization data to facilitate network

Element	Finding	Recommendation
manner to facilitate network adequacy decisions.	the services provided by its NEMT subcontractor, it did not describe how such monitoring resulted in meaningful action to facilitate network adequacy decisions. This element was *Partially Met*.	adequacy decision making in future submissions.
9.3: CCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.	CHA did not submit data showing the disability and SHCN status of membership. This element was *Not Met*.	CHA should submit data to demonstrate classification or categorization of member disabilities and SHCN status across its membership in future submissions.
10.1: CCO describes how it actively identifies prevalence of disease data across its membership.	CHA stated that it does not regularly analyze disease prevalence across its membership, instead providing a response based on care coordination services. This element was *Not Met*.	CHA should describe and demonstrate a process where it actively collects and monitors disease prevalence across its membership in future submissions.
10.2: CCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.	CHA stated that it does not regularly analyze disease prevalence across its membership, instead providing a response based on care coordination services. This element was *Not Met*.	CHA should describe and demonstrate a process where it actively collects and monitors disease prevalence across its membership in future submissions.
10.3: CCO submits data to demonstrate prevalence of disease across its membership.	While CHA provided a sample of its performance improvement projects (PIPs) data covering the prevalence of several diseases (e.g., rates of poor diabetes control), this did not constitute data that could demonstrate prevalence of common diseases across its membership. This element was *Not Met*.	CHA should submit data to demonstrate prevalence of disease across its membership in future submissions.
10.4: CCO describes the frequency in which it gathers and analyzes the prevalence of disease data across its membership.	CHA stated that it does not regularly analyze disease prevalence across its membership, instead focusing on using information gained from health risk assessments (HRAs) conducted when a member joined the CCO or was referred for an HRA. The CCO described gathering and analyzing disease data for targeted	CHA should describe and demonstrate a process where it actively collects and monitors disease prevalence across its membership in future submissions.

Element	Finding	Recommendation
	diseases (i.e., diabetes) but did not describe doing so on a broader scale. This element was *Not Met*.	
11.5: CCO describes its ongoing monitoring cycle to ensure that member linguistic and cultural needs data are used in a meaningful manner to facilitate network adequacy decisions.	CHA acknowledged that it does not currently have an ongoing monitoring cycle to ensure that member linguistic and cultural needs data are used in a meaningful manner to facilitate network adequacy decisions beyond a quarterly language access report. The CCO described a multi-year effort to incorporate these data moving forward as part of its Member Language Access (MLA) Project. This element was *Partially Met*.	CHA should describe an established monitoring cycle that ensures member linguistic and cultural needs data are used to facilitate network adequacy decisions in future submissions.
13.6: CCO describes its ongoing monitoring cycle to ensure that member utilization data for treatment of MH disorders is used in a meaningful manner to facilitate network adequacy decisions.	CHA stated that it does not currently have a monitoring cycle of utilization data for treatment of MH disorders. This element was *Not Met*.	CHA should describe an established, ongoing monitoring cycle that ensures member utilization data for treatment of MH disorders is used in a meaningful manner to facilitate network adequacy decisions in future submissions.

Time and Distance Analysis results are presented in the table below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table C-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
HPSY	1 in 60 miles or 60 mins	22,353	0.0
IHS/THS	1 in 60 miles or 60 mins	2	>99.9

CHA did not meet the rural time and distance access standards for HPSY and IHS/THS. However, these results should not necessarily be interpreted to mean that members are without access to key services.

Many of these providers and facilities offer services that could reasonably be accessible through the fully compliant access standards met for PCPs and similar facilities. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

CHA explained that the lack of access to HPSY was due to a lack of facilities available for contracting within time and distance standards, and described providing care coordination and transportation for members requiring such services at the nearest facility several hundred miles away. Since none of CHA's membership was within the access standard for HPSY, no map is provided as it would only demonstrate the distribution of the CCO's full membership.

Although nearly 100 percent, the Time and Distance Analysis results for IHS/THS showed two members without access within the established standard. In reviewing the deficiency, CHA noted that Klamath Tribal Health and Family Services was a closed system and services were not available to its general Medicaid population. CHA also noted that it participates in community-wide committees with members of the tribe and has met with tribal leadership to identify potential opportunities for collaboration. Given these circumstances and the low number of members (two) who did not have access to IHS/THS, this service category was not of concern.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[C-1]

Quality of DSN Provider Capacity Reporting

The overall data quality of the CCO's second quarter submission was good, with a few data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Accepting New Medicaid Members data field, only 13.9 percent had values present.
- Of the data records required to have a value populated in the Credentialing Date data field, only 60.0 percent had values present.

[C-1] This section was created by OHA and the content has not been altered or corrected grammatically.

Table 1—CHA Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	48.1%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	99.4%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	100.0%	100.0%	99.3%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	99.0%	100.0%	100.0%
Facility Taxonomy Code	Facility	100.0%	100.0%	100.0%
TIN	All	99.9%	100.0%	--
DMAP (Medicaid ID)	All	100.0%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	60.0%	100.0%	100.0%
Non-English Language #1	Individual	6.0%	100.0%	--
Non-English Language #2	Individual	0.3%	100.0%	--
Non-English Language #3	Individual	0.0%	--	--
Address #1	All	100.0%	100.0%	--
Address #2	All	22.7%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	99.8%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	100.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Accepting New Medicaid Members	Individual	13.9%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 844 individual practitioner and 93 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by CHA to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of CHA's DSN Provider Capacity Report submission:

- Of the 855 total counted individual practitioners, 672 data records were identified as contracted and in-network providers.
- Of the 93 total counted facility/business/service providers, only 32 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the "Certified or Qualified Health Care Interpreters," "Health Education, Health Promotion, Health Literacy," and "Palliative Care," these service categories were not evaluated as part of this key measure.
- Only one record was populated for the following categories: "Urgent Care Center", Hospital, Acute Psychiatric Care", "Mental health Crisis Services" "Community Prevention Services", "Indian Health Service and Tribal Health Services". None were in-network or contracted.
- Of the two total counted "Hospice" data records populated, none were identified as in-network.
- Of the six total counted "Durable Medical Providers" data records populated, none were identified as in-network or contracted.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for CHA

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	144	16.8%	115	17.1%	0	0.0%
Primary Care Provider, Pediatric	25	2.9%	17	2.5%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	10	1.2%	6	0.9%	0	0.0%
Specialty Provider	239	28.0%	129	19.2%	1	50.0%
Oral Health Provider	25	2.9%	23	3.4%	0	0.0%
Mental Health Provider	300	35.1%	274	40.8%	0	0.0%
SUD Provider	90	10.5%	86	12.8%	1	50.0%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	22	2.6%	22	3.3%	0	0.0%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	855	100.0%	672	100.0%	2	100.0%
Facility/Business/Service Providers						
Primary Care Clinic	5	5.4%	5	15.6%	0	0.0%
Specialty Care Clinic	7	7.5%	1	3.1%	0	0.0%
Hospital	14	15.1%	2	6.2%	1	100.0%
Urgent Care Center	2	2.2%	0	0.0%	0	0.0%
Ambulance and Emergency Medical Transportation	8	8.6%	0	0.0%	0	0.0%
Non-Emergent Medical Transportation	1	1.1%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	2	2.2%	0	0.0%	0	0.0%
Mental Health Crisis Services	1	1.1%	0	0.0%	0	0.0%
Mental Health Clinic	10	10.8%	3	9.4%	0	0.0%
Substance Use Disorder Clinic	6	6.5%	5	15.6%	0	0.0%
Community Prevention Services	1	1.1%	0	0.0%	0	0.0%
Home Health	1	1.1%	1	3.1%	0	0.0%
Durable Medical Providers	6	6.5%	0	0.0%	0	0.0%
Post-hospital Skilled Nursing Facility	1	1.1%	1	3.1%	0	0.0%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Imaging	2	2.2%	2	6.2%	0	0.0%
Pharmacies	10	10.8%	2	6.2%	0	0.0%
Oral Health Clinic	8	8.6%	7	21.9%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	2	2.2%	0	0.0%	0	0.0%
Federally Qualified Health Centers	3	3.2%	1	3.1%	0	0.0%
School-based Health Centers	1	1.1%	1	3.1%	0	0.0%
Indian Health Service and Tribal Health Services	1	1.1%	0	0.0%	0	0.0%
Rural Health Centers	1	1.1%	1	3.1%	0	0.0%
Overall	93	>99.9%	32	100.0%	1	100.0%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted, in-network individual providers by geographic service areas illustrated 632 in Klamath County. Eight data records of contracted, in-network individual providers were reflected in neighboring Deschutes County, 30 in Jackson County, and 3 in Lane County.
- Stratifying data records of contracted, in-network facilities/businesses/services by geographic service areas illustrated 29 in Klamath County. Two data records of contracted, in-network facilities/business/service providers were reflected in neighboring Jackson County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for CHA

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	667	76.4%	632	92.3%	0	0.0%

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Bordering County	165	18.9%	42	6.1%	1	50.0%
Non-Bordering County	33	3.8%	4	0.6%	1	50.0%
Out of state – Bordering Counties	8	0.9%	7	1.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	873	100.0%	685	100.0%	2	100.0%
Facilities						
In Service Area	65	65.0%	29	90.6%	0	0.0%
Bordering County	14	14.0%	2	6.3%	1	100.0%
Non-Bordering County	14	14.0%	1	3.1%	0	0.0%
Out of state – Bordering Counties	5	5.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	2	2.0%	0	0.0%	0	0.0%
Overall	100	100.0%	32	100.0%	1	100.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed CHA's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric CHA members had access to Primary Care Providers. Overall, based on the Q2 submitted data, there were no noted concerns with the total number of PCPs reported by CHA. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Based on the submitted data, it appears that no in-network, contracted Patient Centered Primary Care Homes are accepting new patients. This could represent a gap in the network.

Table 4—Number and Percent of PCPs Accepting New Patients for CHA

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	87	144	60.4%	87	115	75.7%	0	0	0.0%
Primary Care Provider Pediatric	16	25	64.0%	16	17	94.1%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	4	10	40.0%	4	6	66.7%	0	0	0.0%
PCPCH	0	5	0.0%	0	5	0.0%	0	0	0.0%
Overall	107	184	58.2%	107	143	74.8%	0	0	0.0%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of CHA's provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in CHA's report:

- Of the 22 total count of in-network and contracted Traditional Health Worker populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for CHA

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	18	144	12.5%	18	115	15.7%	0	0	0.0%
Primary Care Provider Pediatric	4	25	16.0%	3	17	17.6%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	0	10	0.0%	0	6	0.0%	0	0	0.0%
Specialty Provider	11	239	4.6%	9	129	7.0%	0	1	0.0%
Oral Health Provider	3	25	12.0%	3	23	13.0%	0	0	0.0%
Mental Health Provider	14	300	4.7%	13	274	4.7%	0	0	0.0%
SUD Provider	2	90	2.2%	2	86	2.3%	0	1	0.0%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	22	0.0%	0	22	0.0%	0	0	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	52	855	6.1%	48	672	7.1%	0	2	0.0%

[1] *Limited to providers in Oregon.*

Appendix D. DSN Evaluation Results for Columbia Pacific CCO, LLC

Columbia Pacific CCO, LLC (CPCCO) contracts with OHA to provide physical, behavioral, and oral health services to approximately 30,733 members residing in the northwest Tillamook, Clatsop, and Columbia counties. It is administered in part by the Portland-based nonprofit health plan CareOregon.

- CPCCO's service area is rural and challenged by provider availability, particularly for HPSY and IHS/THS. The CCO offsets these challenges by maintaining and developing working relationships with providers across state lines, neighboring Tribal governments and health services, and partners in the Portland metro area.
- CPCCO, in conjunction with CareOregon, makes sophisticated and extensive use of population data and health information technology to drive network adequacy decision making, care coordination, and risk analysis.
- The CCO described proactive, persistent, and responsive processes for gathering community input and feedback and then using that information for network adjustments.
- OHA noted a concern that only a small portion of the total counts of facilities and individual providers for CPCCO were considered in network, with most providers and facilities in the total counts being contracted and out of network. This may suggest an issue with the CCO's data, reporting methodology, or an insufficient network.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. CPCCO achieved 99 percent overall compliance with provider narrative elements.

Table D-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	32.5	98%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	20.0	100%
Performance on Metrics	4.0	100%
Overall	**73.5**	**99%**

CPCCO received one finding across all provider narrative elements.

Table D-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that	While CPCCO provided a comprehensive response with regard to monitoring physical and	CPCCO should describe and demonstrate its direct oversight and monitoring of timely access of its

Element	Finding	Recommendation
scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member appointments are timely for emergent, urgent, and routine/well-care visits.	behavioral health, it was implied in its narrative response that the leadership of subcontracted dental plans conducted oversight of its own operations and timely access; therefore, it was not clear what role the CCO took in oversight of its dental subcontractors. This element was *Partially Met*.	dental subcontractors in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table D-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
SUDPA	1 in 30 miles or 30 mins	166	93.1
HPSY	1 in 30 miles or 30 mins	2,068	46.2
IHS/THS	1 in 30 miles or 30 mins	2,068	46.2
SNF	1 in 30 miles or 30 mins	264	93.1
UCC	1 in 30 miles or 30 mins	278	92.8
SUDPP	1 in 30 miles or 30 mins	115	91.9

Table D-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
HPSY	1 in 60 miles or 60 mins	9,704	63.9
IHS/THS	1 in 60 miles or 60 mins	11,276	58.1

CPCCO did not meet urban access standards for SUDPA, SUDPP, HPSY, IHS/THS, SNF, and UCC. These results for urban access should be interpreted with caution, as the Time and Distance Analysis demonstrated that the affected urban population was in a single small community, which had been

classified as urban due to the state-approved categorization methodology. These results should also not necessarily be interpreted to mean that members are without access to key services. Many of these providers and facilities offer services that could reasonably be accessible through the fully compliant access standards met for PCPs and similar facilities, or that would be within rural access under a different methodology. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories. CPCCO also did not meet the rural access standard for either HPSY or IHS/THS, which as explained above should be interpreted with the inherent limitations of such service categories in mind.

In its narrative response, CPCCO acknowledged deficiencies in accessibility for HPSY within its network and explained that this was due to the lack of any such facilities within its service region to contract with—the closest being in nearby Washington and Multnomah counties, or out of state in Longview, Washington. The CCO described coordinating out-of-area transportation and coordinating care for members requiring such facilities and engaging at a leadership level with nearby facilities to ensure appropriate coordination and prioritization of the CCO's membership. While a large percentage of the CCO's membership did not have access within time and distance standards to IHS/THS, CPCCO stated that this was due to not having such clinics within its service area. However, the CCO acknowledged that some of its membership are part of the Siletz Tribe, and CPCCO has conducted outreach with the nearby Grande Ronde and Siletz Tribes to gather feedback and work toward collaborative relationships.

Figure D-1—HPSY—Urban

Figure D-2—HPSY—Rural

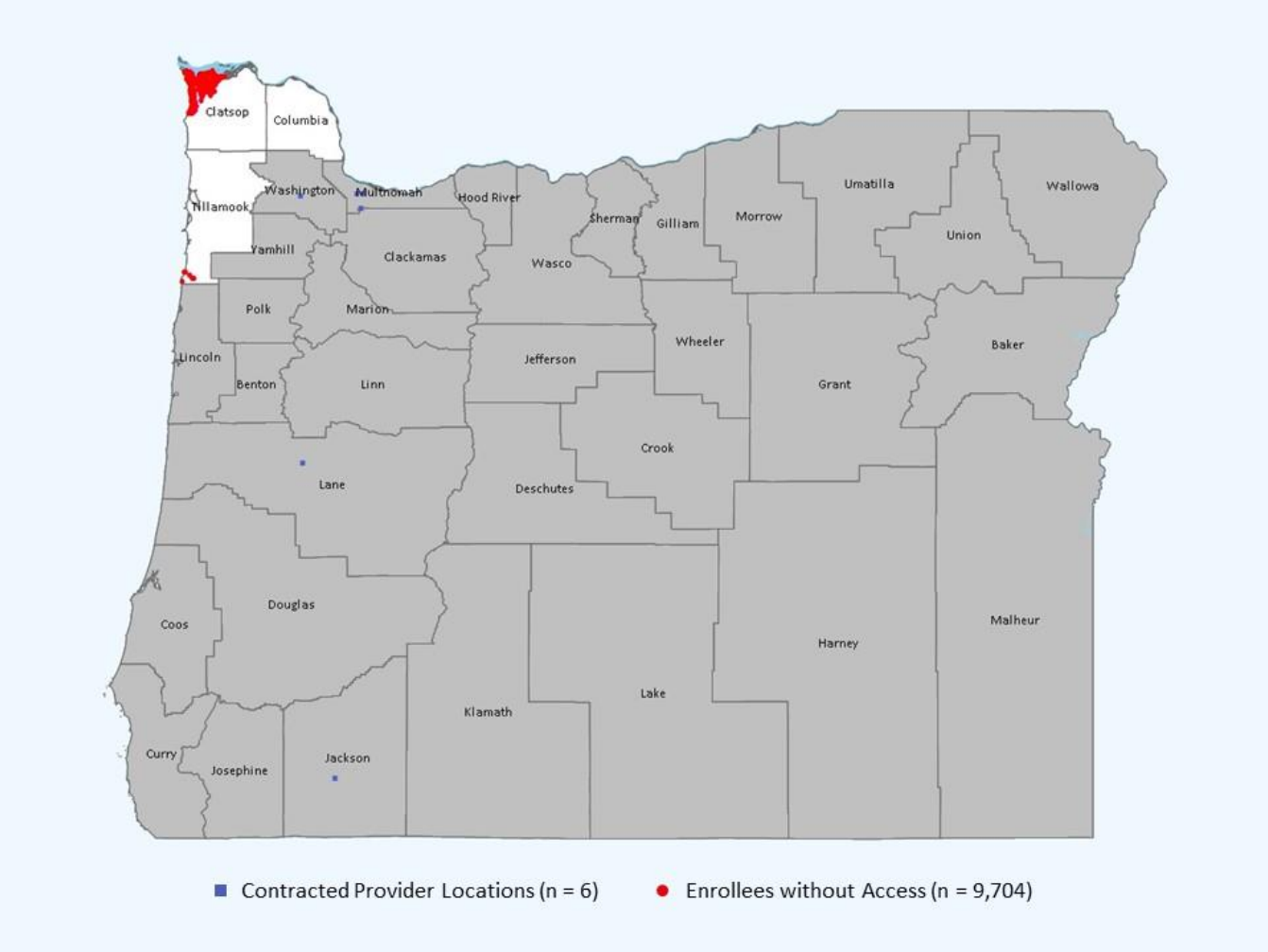


Figure D-3—IHS/THS—Urban

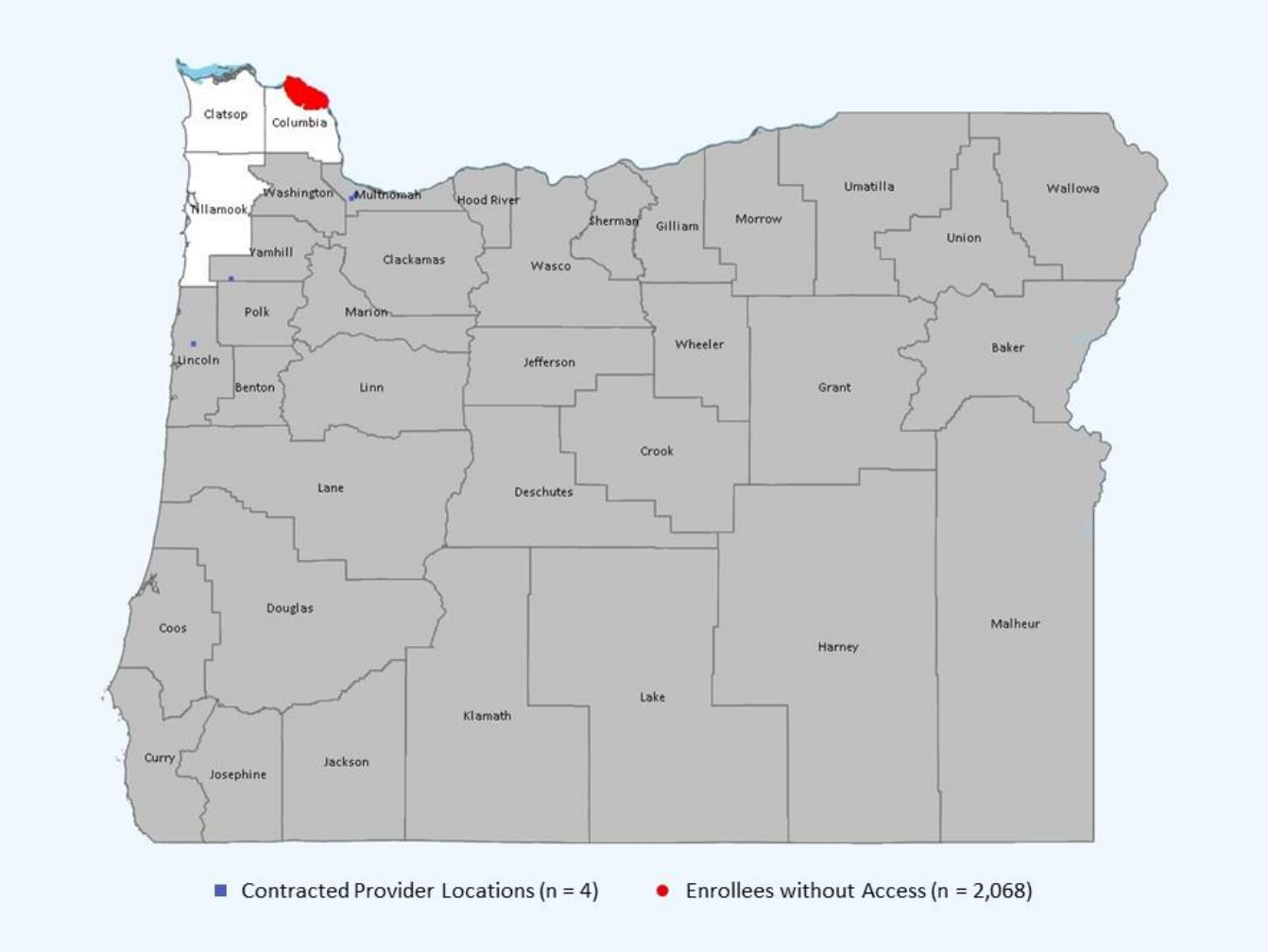
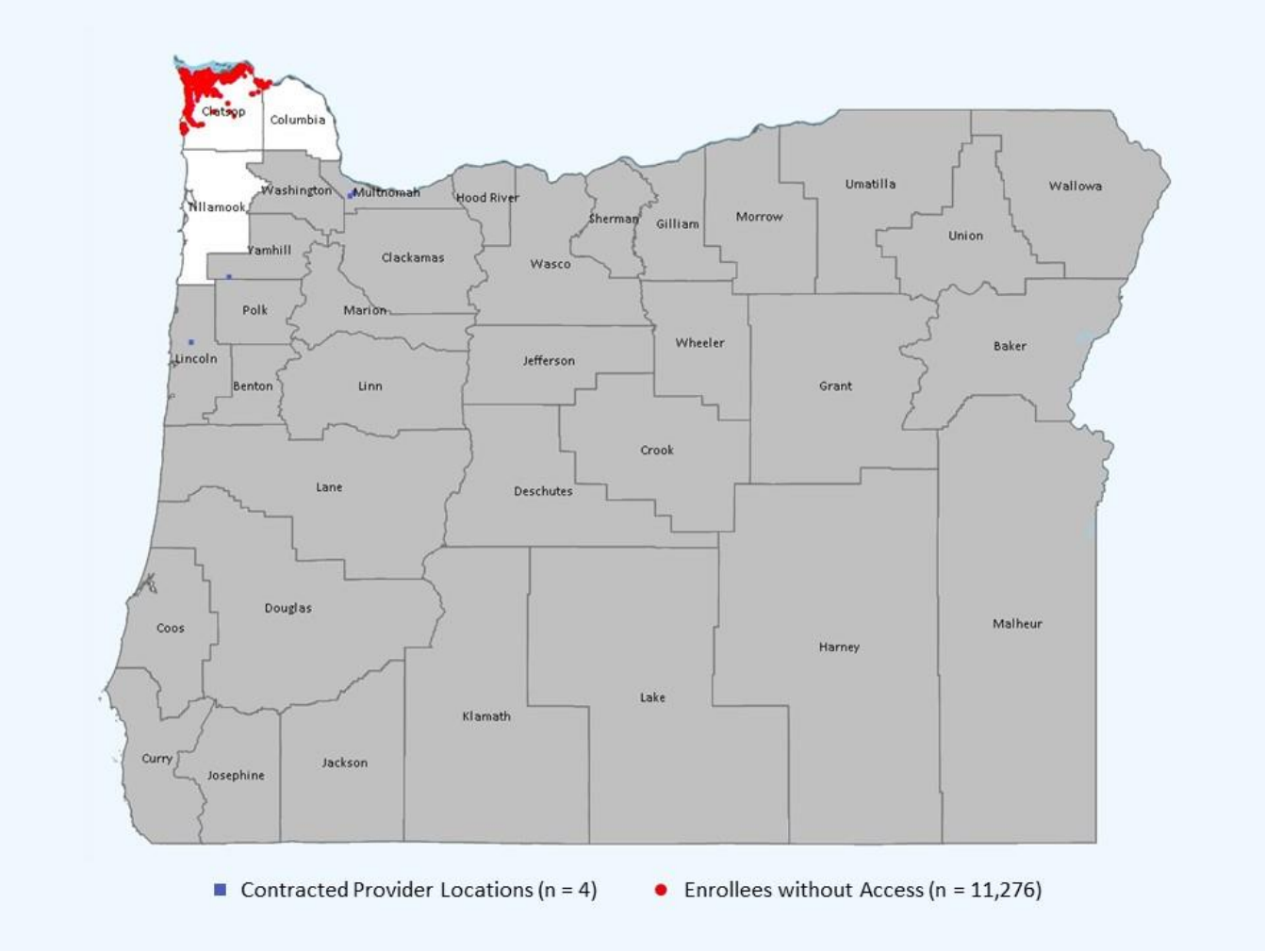


Figure D-4—IHS/THS—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[D-1].

Quality of DSN Provider Capacity Reporting

Several data quality issues were identified in the quarter two submission. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Accepting New Medicaid Members data field, only 10.9 percent had values present.
- Of the data records required to have a value populated in the Individual Provider Capacity data field, only 2.7 percent had values present.
- Of the data records required to have a value populated in the # of Members Assigned to PCPs data field, only 2.7 percent had values present.

Table 1—CPCCO Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	83.7%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	100.0%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	100.0%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	100.0%	100.0%	100.0%
Facility Taxonomy Code	Facility	99.9%	100.0%	100.0%

[D-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
TIN	All	100.0%	>99.9%	--
DMAP (Medicaid ID)	All	>99.9%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.9%
Credentialing Date	Individual	100.0%	100.0%	98.7%
Non-English Language #1	Individual	11.8%	100.0%	--
Non-English Language #2	Individual	2.2%	100.0%	--
Non-English Language #3	Individual	0.3%	100.0%	--
Address #1	All	100.0%	>99.9%	--
Address #2	All	44.9%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	2.7%	100.0%	--
PCPCH Indicator	All[3]	96.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	2.7%	100.0%	--
Accepting New Medicaid Members	Individual	10.9%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03

Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB

Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y

Facility includes ProvCat Values of 04 & 05

All includes ProvCat Values of 01, 02, 03, 04, 05, blank

All[3] includes ProvCat Values of 01, 02, 04, 05

All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 12,177 individual practitioner and 2,276 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by CPCCO to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. There was a trend across provider and facility counts where only a small subset of the total counts of facilities and individual providers were considered in-network, with the majority of providers and facilities in the total counts being contracted and out-of-network. Below are observations and areas of concern identified in the analysis results of CPCCO DSN Provider Capacity Report submission:

- Of the 2,276 total counted facility/business/service providers, only 135 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- No Mental health Crisis Services or Community Prevention Services data records were populated.
- Seven Hospital, Acute Psychiatric Care data records were populated, but none were identified as in-network.
- Of the 13 total counted Hospice data records populated, none were identified as in-network.
- Only three Indian Health Service and Tribal Health Service data records were populated, but none were identified as in-network.
- 13 School-based Health Center data records were populated, but none were identified as in-network.
- 595 Pharmacies data records were populated, but only 22 were identified as in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for CPCCO

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	215	1.8%	11	1.4%	204	1.8%
Primary Care Provider, Pediatric	421	3.5%	12	1.5%	409	3.6%
Primary Care Provider, Both (Adult and Pediatric)	3716	30.5%	255	31.6%	3461	30.4%
Specialty Provider	4674	38.4%	213	26.4%	4461	39.2%
Oral Health Provider	295	2.4%	37	4.6%	258	2.3%
Mental Health Provider	2313	19.0%	232	28.7%	2081	18.3%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
SUD Provider	515	4.2%	47	5.8%	468	4.1%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	0	0.0%	0	0.0%	0	0.0%
Palliative Care	28	0.2%	0	0.0%	28	0.2%
Overall	12177	>99.9%	807	100.0%	11370	>99.9%
Facility/Business/Service Providers						
Primary Care Clinic	235	10.3%	12	8.9%	223	10.4%
Specialty Care Clinic	847	37.2%	43	31.9%	804	37.6%
Hospital	36	1.6%	4	3.0%	32	1.5%
Urgent Care Center	34	1.5%	4	3.0%	30	1.4%
Ambulance and Emergency Medical Transportation	1	<0.1%	1	0.7%	0	0.0%
Non-Emergent Medical Transportation	1	<0.1%	1	0.7%	0	0.0%
Hospital, Acute Psychiatric Care	7	0.3%	0	0.0%	7	0.3%
Mental Health Crisis Services	0	0.0%	0	0.0%	0	0.0%
Mental Health Clinic	71	3.1%	10	7.4%	61	2.8%
Substance Use Disorder Clinic	38	1.7%	3	2.2%	35	1.6%
Community Prevention Services	0	0.0%	0	0.0%	0	0.0%
Home Health	21	0.9%	1	0.7%	20	0.9%
Durable Medical Providers	114	5.0%	4	3.0%	110	5.1%
Post-hospital Skilled Nursing Facility	65	2.9%	2	1.5%	63	2.9%
Imaging	36	1.6%	1	0.7%	35	1.6%
Pharmacies	595	26.1%	22	16.3%	573	26.8%
Oral Health Clinic	56	2.5%	10	7.4%	46	2.1%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	13	0.6%	0	0.0%	13	0.6%
Federally Qualified Health Centers	72	3.2%	5	3.7%	67	3.1%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	3	<0.1%	0	0.0%	3	<0.1%
Rural Health Centers	31	1.4%	12	8.9%	19	0.9%
Overall	2276	>99.9%	135	100.0%	2141	>99.9%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted, in-network individual providers by geographic service areas illustrated 320 in Clatsop County, 383 in Columbia County, and 149 in Tillamook County.
- Stratifying data records of contracted and in-network facilities by geographic service areas illustrated 56 in Clatsop County, 44 in Columbia County, and 33 in Tillamook County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for CPCCO

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	852	5.4%	852	100.0%	0	0.0%
Bordering County	3260	20.8%	0	0.0%	3260	22.0%
Non-Bordering County	11557	73.7%	0	0.0%	11557	78.0%
Out of state – Bordering Counties	4	0.0%	0	0.0%	4	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	15673	100.0%	852	100.0%	14821	100.0%

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Facilities						
In Service Area	136	5.4%	136	100.0%	0	0.0%
Bordering County	575	22.9%	0	0.0%	575	24.2%
Non-Bordering County	1780	70.9%	0	0.0%	1780	75.0%
Out of state – Bordering Counties	19	0.8%	0	0.0%	19	0.8%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	2510	100.0%	136	100.0%	2374	100.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed CPCCO's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric CPCCO members had access to Primary Care Providers. Overall, there were no noted concerns with the total number of PCPs reported by CPCCO. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for CPCCO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	16	215	7.4%	1	11	9.1%	15	204	7.4%
Primary Care Provider Pediatric	188	421	44.7%	7	12	58.3%	181	409	44.3%
Primary Care Provider Both (Adult and Pediatric)	747	3716	20.1%	88	255	34.5%	659	3461	19.0%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
PCPCH	758	1831	41.4%	79	160	49.4%	679	1671	40.6%
Overall	1709	6183	27.6%	175	438	40.0%	1534	5745	26.7%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of CPCCO provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following area of concern was observed in CPCCO's report:

- Of the 47 total count in-network and contracted SUD Providers populated, 0 were identified as speaking a non-English language.
- Of the 232 total count in-network and contracted Mental Health Providers populated, only 7 were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for CPCCO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	9	215	4.2%	0	11	0.0%	9	204	4.4%
Primary Care Provider Pediatric	79	421	18.8%	0	12	0.0%	79	409	19.3%
Primary Care Provider Both (Adult and Pediatric)	436	3716	11.7%	29	255	11.4%	407	3461	11.8%
Specialty Provider	617	4674	13.2%	28	213	13.1%	589	4461	13.2%
Oral Health Provider	42	295	14.2%	1	37	2.7%	41	258	15.9%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Mental Health Provider	76	2313	3.3%	7	232	3.0%	69	2081	3.3%
SUD Provider	11	515	2.1%	0	47	0.0%	11	468	2.4%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	0	0.0%	0	0	0.0%	0	0	0.0%
Palliative Care	7	28	25.0%	0	0	0.0%	7	28	25.0%
Overall	1277	12177	10.5%	65	807	8.1%	1212	11370	10.7%

[1] *Limited to providers in Oregon.*

Appendix E. DSN Evaluation Results for Eastern Oregon CCO, LLC

Eastern Oregon CCO, LLC (EOCCO) contracts with OHA to provide physical, behavioral, and oral health services to approximately 61,755 members residing in 12 contiguous counties east of the Cascade Mountains. It is by far the largest CCO in terms of geographic area.

- EOCCO's service area presents inherent challenges to providing ready accessibility of services to a widely dispersed, low-density member population despite having a relatively high number of providers in comparison to the population. The CCO addresses this challenge by readily contracting with eligible providers within its service area and coordinating for out-of-network and out-of-state care for members whose needs cannot be easily met within the network.
- EOCCO has made significant investment over time in health information technology and health information exchange to leverage its available provider resources. EOCCO has also worked to use its information technology base to coordinate closely with community entities and resources, and address SDOH.
- The CCO showed a notable commitment to gathering and meaningfully utilizing community and member feedback in multiple venues, including 12 CACs, regional councils, a "consumer caucus," and regular formal monitoring and analysis of all member feedback.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. EOCCO achieved 100 percent overall compliance with provider narrative elements.

Table E-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	33.0	100%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	20.0	100%
Performance on Metrics	4.0	100%
Overall	**74.0**	**100%**

EOCCO received no findings across all provider narrative elements.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table E-2—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
FQHC	1 in 30 miles or 30 mins	3,540	0.0
HPSY	1 in 30 miles or 30 mins	3,540	0.0
IHS/THS	1 in 30 miles or 30 mins	3,001	15.2
UCC	1 in 30 miles or 30 mins	3,540	0.0
MHPP	1 in 30 miles or 30 mins	1,728	0.0
SPP	1 in 30 miles or 30 mins	1,728	0.0

Table E-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
MHPA	1 in 60 miles or 60 mins	219	99.3
SUDPA	1 in 60 miles or 60 mins	592	98.2
OHPA	1 in 60 miles or 60 mins	20	99.9
PCPA	1 in 60 miles or 60 mins	57	99.8
SPA	1 in 60 miles or 60 mins	109	99.7
FQHC	1 in 60 miles or 60 mins	9,128	84.3
HOSP	1 in 60 miles or 60 mins	884	98.5
HPSY	1 in 60 miles or 60 mins	58,151	0.1
IHS/THS	1 in 60 miles or 60 mins	28,034	51.8
RX	1 in 60 miles or 60 mins	354	99.4
SNF	1 in 60 miles or 60 mins	2,079	96.4
RHC	1 in 60 miles or 60 mins	390	99.3
UCC	1 in 60 miles or 60 mins	1,559	97.3
MHPP	1 in 60 miles or 60 mins	349	98.6
SUDPP	1 in 60 miles or 60 mins	1,028	96.0
OHPP	1 in 60 miles or 60 mins	22	99.9
PCPP	1 in 60 miles or 60 mins	136	99.5
SPP	1 in 60 miles or 60 mins	3,843	85.1

EOCCO did not meet urban access standards for FQHCs, HPSY, IHS/THS, UCC, SUDPP, and SPP. These results for urban access should be interpreted with caution, as the Time and Distance Analysis

demonstrated that the affected urban population was in a single small community, which had been classified as urban due to the state-approved categorization methodology. These results should also not necessarily be interpreted to mean that members are without access to key services. Some of these providers and facilities offer services that could reasonably be accessible through more compliant access standards met for PCPs and similar facilities, or that would be within rural access standards under a different methodology. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

EOCCO did not meet rural access standards for any service category. These results should be interpreted with caution and should not be interpreted to mean that members are without access to key services. In addition to the rationale provided above for available services, EOCCO came very close to meeting the 100 percent access standard in all categories except FQHC, HPSY, IHS/THS, and SPP. These results (for FQHCs in particular), should be interpreted within the context of the diffuse nature of EOCCO's service area and low population density.

In its narrative response, EOCCO acknowledged difficulties in achieving the 100 percent accessibility standard within its network and explained that this was due to having a large geographic area in relation to the available provider pool (e.g., there is only one relatively nearby acute psychiatric care hospital to contract with in Deschutes County, which is non-adjacent to EOCCO's service area). This was the case even when reaching full saturation with some provider types (i.e., RX). EOCCO described approving out-of-network care and coordinating care for members requiring any such services.

In its provider narrative, EOCCO described and provided evidence for its engagement with both the Confederated Tribes of the Umatilla Reservation and the Burns Paiute Indian Tribe, soliciting and acting upon feedback to provide needed services in a culturally and linguistically appropriate manner. While EOCCO described its efforts to expand its physical health contract with the Yellowhawk Tribal Health Center in Umatilla County to include behavioral health, it was not clear what efforts had been made to provide access to IHS/THS that would be within access standards for the Burns Paiute Indian Tribe centered in Harney County. This was a potential access concern.

Since the services offered by FQHCs could reasonably be obtained within a primary care or urgent care setting, member access to this service category may not represent an access concern. The service category that raised more serious access concerns was for SPP, which EOCCO acknowledged as an access issue and explained that, despite an ongoing effort to recruit providers, there was a limited pool from which to recruit to the network that practiced within time and distance access standards.

Maps for FQHCs, IHS/THS, and SPP are provided below for visual context. Since virtually none of EOCCO's membership was within the access standard for HPSY, no map is provided as it would only demonstrate the distribution of the CCO's full membership.

Figure E-1—FQHC—Urban

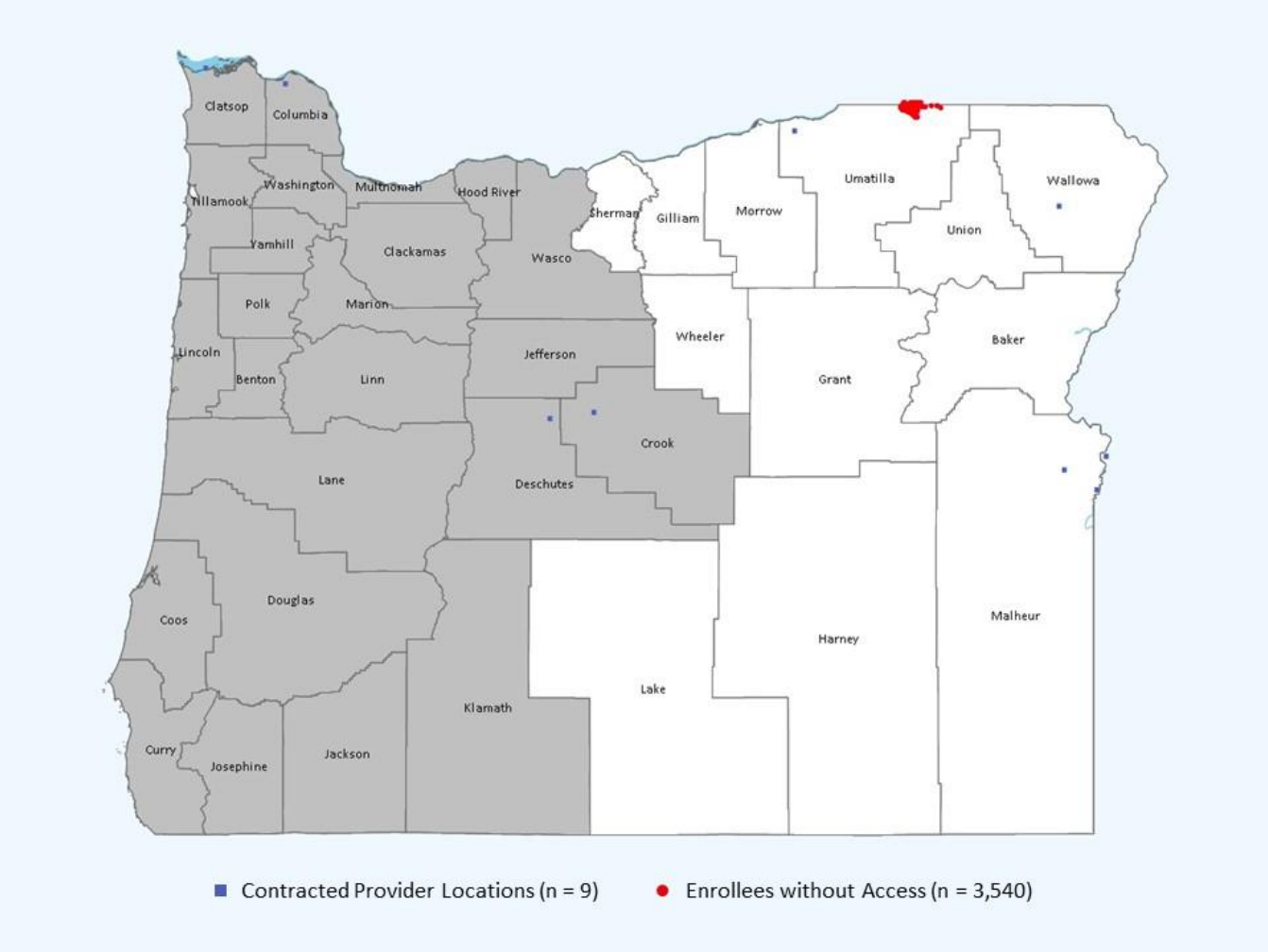


Figure E-2—FQHC—Rural

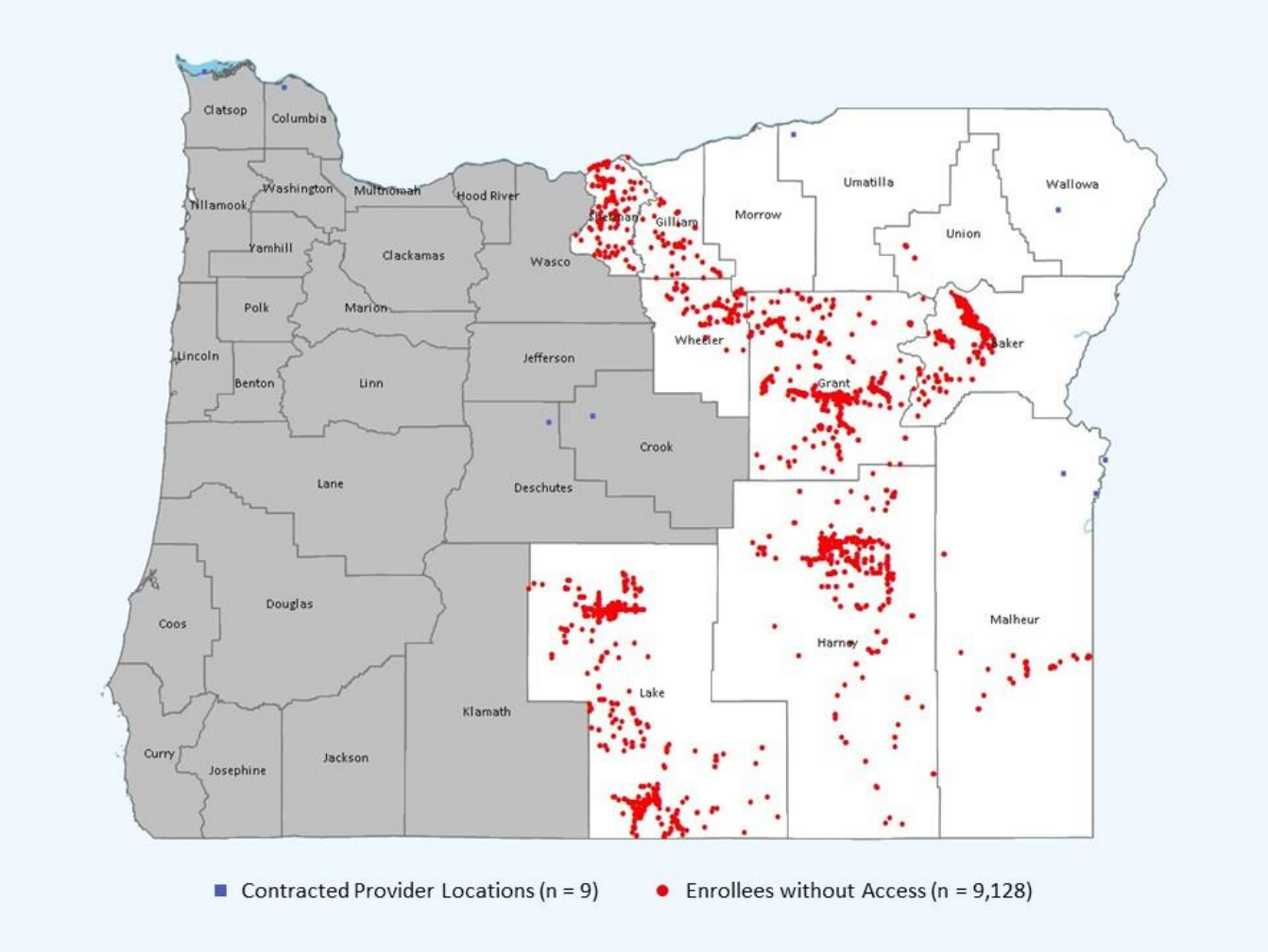


Figure E-3—IHS/THS—Urban

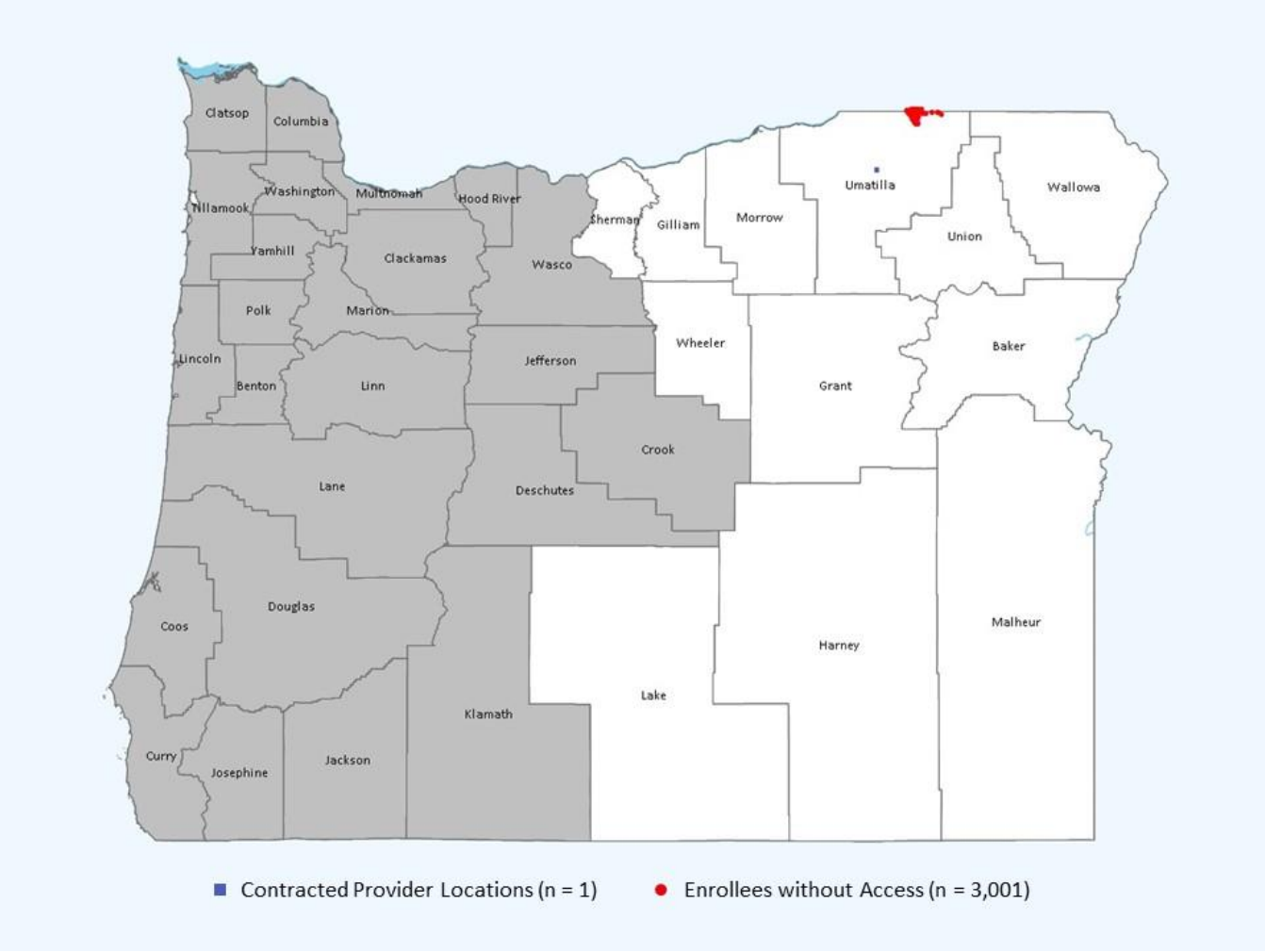


Figure E-4—IHS/THS—Rural

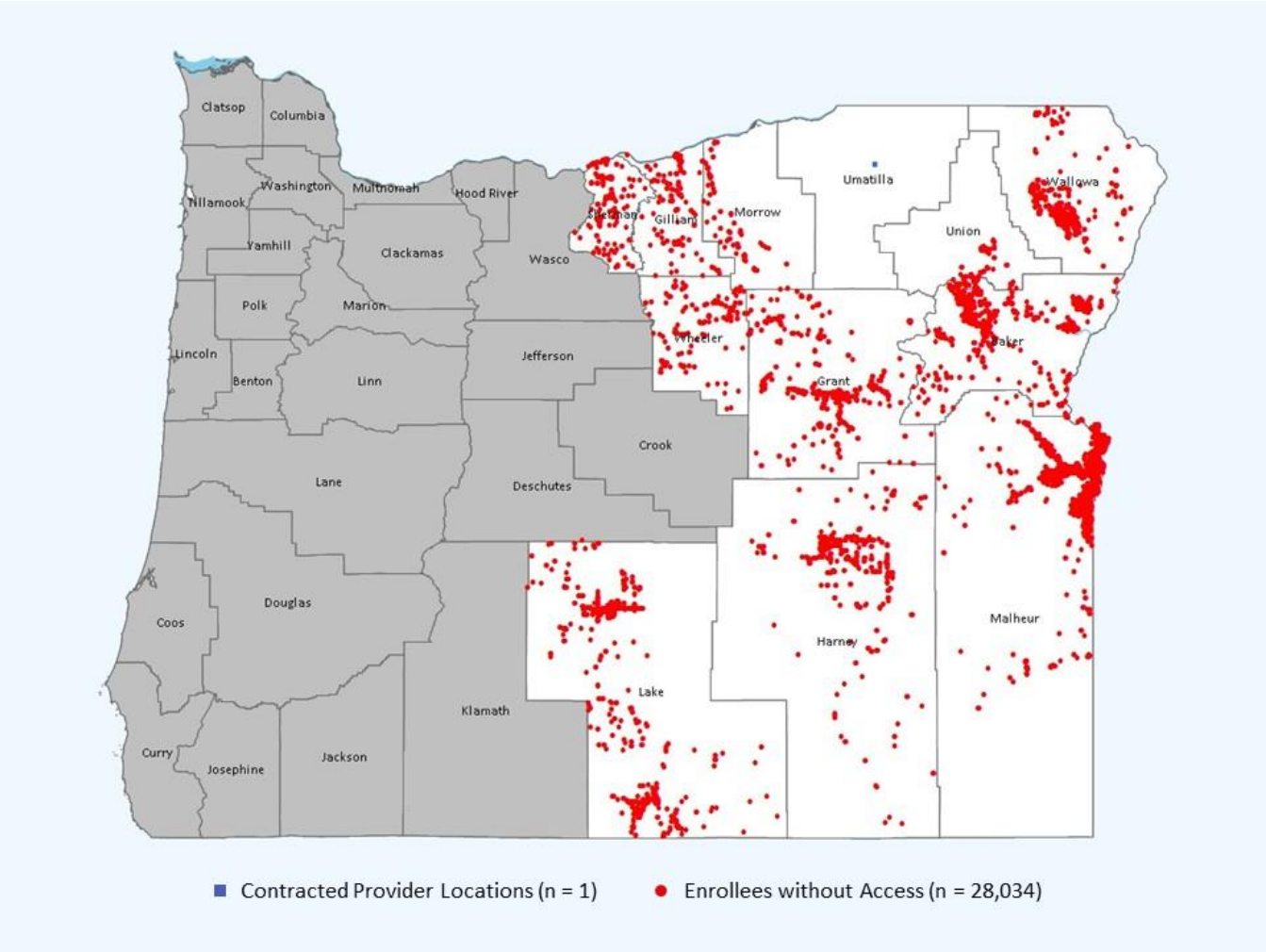


Figure E-5—SPP—Urban

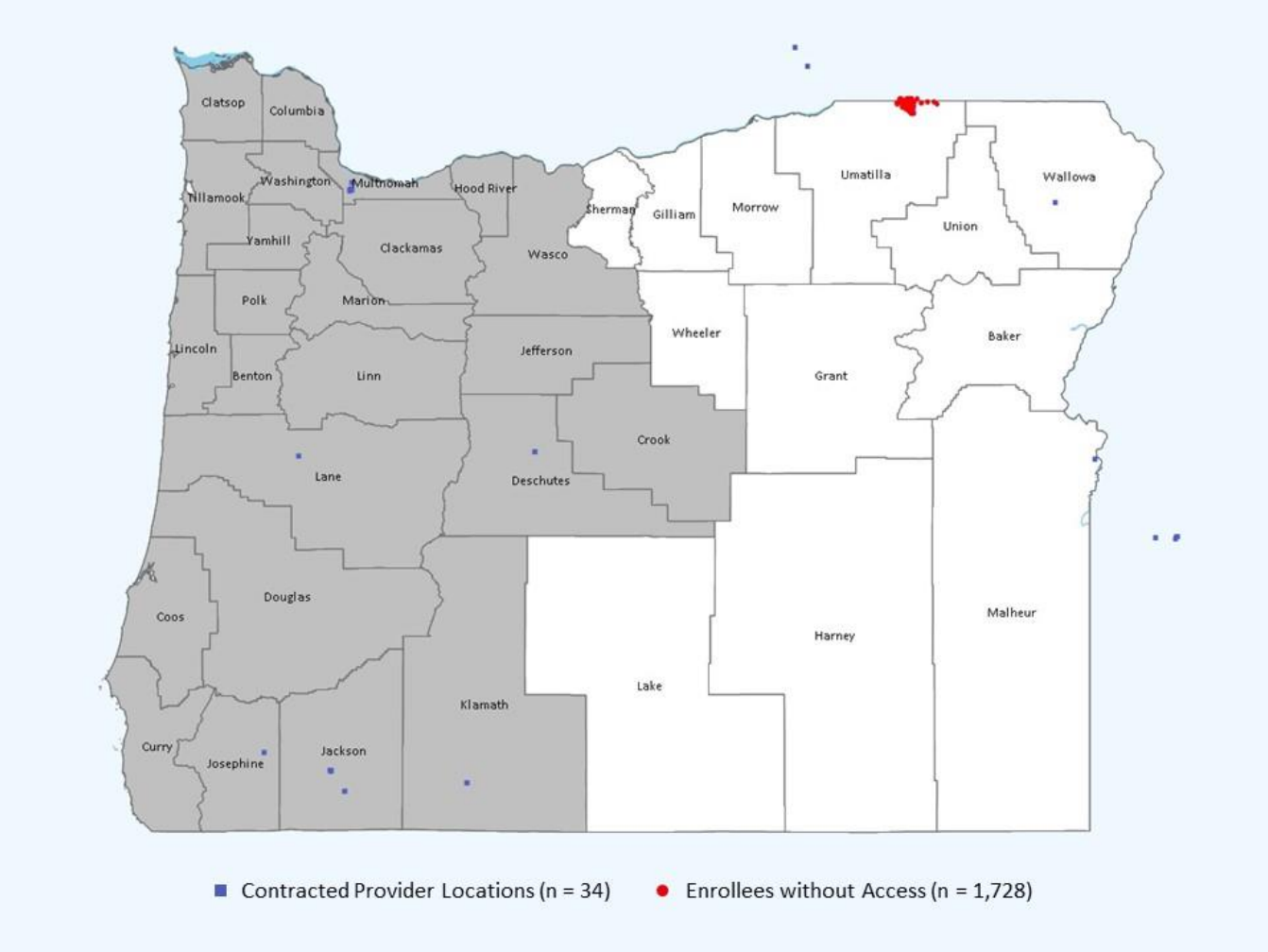
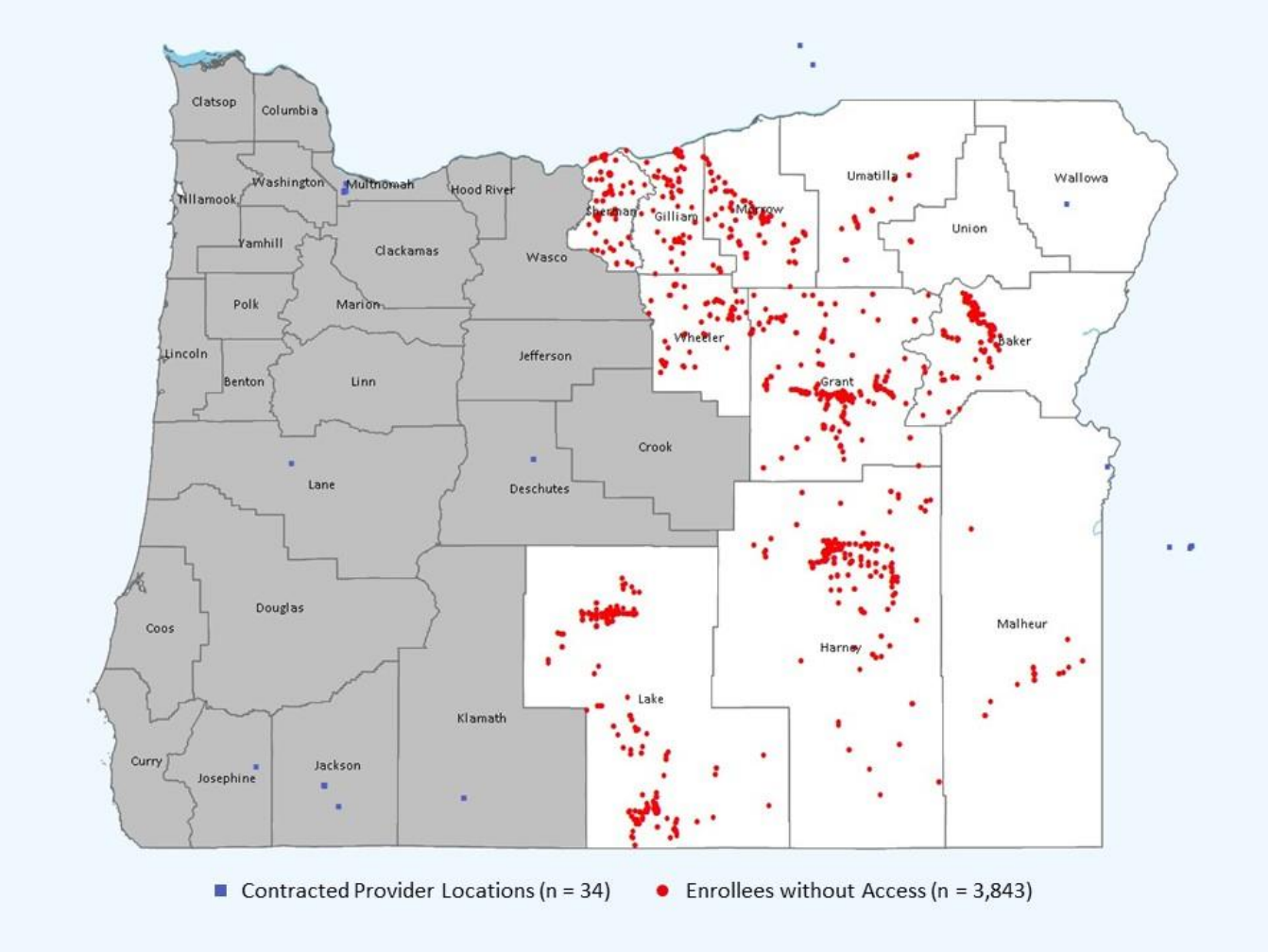


Figure E-6—SPP—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[E-1].

Quality of DSN Provider Capacity Reporting

Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Credentialing Date only 86.5 percent had values present.

Table 1—EOCCO Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	85.3%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	>99.9%
Provider Taxonomy Code	Individual	100.0%	>99.9%	>99.9%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	100.0%	100.0%	99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	100.0%	100.0%	98.8%
Facility Taxonomy Code	Facility	100.0%	100.0%	100.0%
TIN	All	100.0%	100.0%	--
DMAP (Medicaid ID)	All	>99.9%	98.9%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	86.5%	100.0%	86.7%
Non-English Language #1	Individual	1.2%	100.0%	--

[E-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Non-English Language #2	Individual	<0.1%	100.0%	--
Non-English Language #3	Individual	<0.1%	100.0%	--
Address #1	All	100.0%	99.8%	--
Address #2	All	28.9%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	>99.9%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	100.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	100.0%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 6534 individual practitioner and 1415 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by EOCCO to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of EOCCO's DSN Provider Capacity Report submission:

- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Only one Hospital, Acute Psychiatric Care data records were populated, and it was not identified as in-network.
- Of the 85 Durable Medical Providers data records populated, only 11 were identified as in-network.
- Of the 52 total counted Substance Use Disorder Clinic data records populated, only 17 were identified as in-network.
- Only one Indian Health Service and Tribal Health Service data records were populated. It was identified as in-network.
- Only one School-based Health Center data record was populated. It was identified as in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for EOCCO

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	609	9.3%	179	14.5%	430	8.1%
Primary Care Provider, Pediatric	148	2.3%	20	1.6%	128	2.4%
Primary Care Provider, Both (Adult and Pediatric)	450	6.9%	98	7.9%	352	6.6%
Specialty Provider	3399	52.0%	362	29.2%	3037	57.3%
Oral Health Provider	144	2.2%	75	6.1%	69	1.3%
Mental Health Provider	1446	22.1%	407	32.9%	1039	19.6%
SUD Provider	283	4.3%	73	5.9%	210	4.0%
Certified or Qualified Health Care Interpreters	1	<0.1%	0	0.0%	1	<0.1%
Traditional Health Workers	54	0.8%	24	1.9%	30	0.6%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	6534	100.0%	1238	100.0%	5296	100.0%
Facility/Business/Service Providers						
Primary Care Clinic	112	7.9%	57	17.5%	55	5.0%
Specialty Care Clinic	196	13.9%	68	20.9%	128	11.7%
Hospital	54	3.8%	15	4.6%	39	3.6%
Urgent Care Center	8	0.6%	7	2.2%	1	<0.1%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Ambulance and Emergency Medical Transportation	2	<0.1%	2	0.6%	0	0.0%
Non-Emergent Medical Transportation	1	<0.1%	0	0.0%	1	<0.1%
Hospital, Acute Psychiatric Care	1	<0.1%	0	0.0%	1	<0.1%
Mental Health Crisis Services	5	0.4%	5	1.5%	0	0.0%
Mental Health Clinic	32	2.3%	8	2.5%	24	2.2%
Substance Use Disorder Clinic	52	3.7%	17	5.2%	35	3.2%
Community Prevention Services	5	0.4%	2	0.6%	3	0.3%
Home Health	11	0.8%	6	1.8%	5	0.5%
Durable Medical Providers	85	6.0%	11	3.4%	74	6.8%
Post-hospital Skilled Nursing Facility	42	3.0%	8	2.5%	34	3.1%
Imaging	9	0.6%	4	1.2%	5	0.5%
Pharmacies	688	48.6%	42	12.9%	646	59.3%
Oral Health Clinic	48	3.4%	29	8.9%	19	1.7%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	14	1.0%	6	1.8%	8	0.7%
Federally Qualified Health Centers	7	0.5%	4	1.2%	3	0.3%
School-based Health Centers	1	<0.1%	1	0.3%	0	0.0%
Indian Health Service and Tribal Health Services	1	<0.1%	1	0.3%	0	0.0%
Rural Health Centers	41	2.9%	32	9.8%	9	0.8%
Overall	1415	>99.9%	325	100.0%	1090	100.0%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted and in-network individual providers by contracted geographic service areas illustrated 121 in Baker County, 9 in Gilliam County, 54 in Grant County, 85 in Harney

County, 56 in Lake County, 220 in Malheur County, 82 in Morrow County, 9 in Sherman County, 351 in Umatilla County, 215 in Union County, 88 in Wallowa County, and 10 in Wheeler County.

- Stratifying data records of contracted and in-network facilities by contracted geographic service areas illustrated 34 in Baker County, 6 in Gilliam County, 13 in Grant County, 22 in Harney County, 15 in Lake County, 56 in Malheur County, 23 in Morrow County, 3 in Sherman County, 84 in Umatilla County, 52 in Union County, 24 in Wallowa County, and 4 in Wheeler County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for EOCCO

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	1303	13.7%	1300	100.0%	3	0.0%
Bordering County	1407	14.8%	0	0.0%	1407	17.2%
Non-Bordering County	4288	45.2%	0	0.0%	4288	52.4%
Out of state – Bordering Counties	2478	26.1%	0	0.0%	2478	30.3%
Out of state – No Bordering Counties	1	0.0%	0	0.0%	1	0.0%
Overall	**9477**	**100.0%**	**1300**	**100.0%**	**8177**	**100.0%**
Facilities						
In Service Area	336	19.4%	336	99.7%	0	0.0%
Bordering County	216	12.5%	0	0.0%	216	15.5%
Non-Bordering County	894	51.7%	0	0.0%	894	64.2%
Out of state – Bordering Counties	261	15.1%	1	0.3%	260	18.7%
Out of state – No Bordering Counties	23	1.3%	0	0.0%	23	1.7%
Overall	**1730**	**100.0%**	**337**	**100.0%**	**1393**	**100.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed EOCCO's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric CPCCO members had access to Primary Care Providers. Overall, there were no noted concerns with the total number of PCPs reported by EOCCO. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for EOCCO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	253	609	41.5%	179	179	100.0%	74	430	17.2%
Primary Care Provider Pediatric	36	148	24.3%	20	20	100.0%	16	128	12.5%
Primary Care Provider Both (Adult and Pediatric)	160	450	35.6%	98	98	100.0%	62	352	17.6%
PCPCH	363	961	37.8%	197	220	89.5%	166	741	22.4%
Overall	812	2168	37.5%	494	517	95.6%	318	1651	19.3%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of EOCCO's provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following area of concern was observed in EOCCO's report:

- Of the 73 total count of in-network and contracted SUD Providers populated, none were identified as speaking a non-English language.
- Of the 407 total count of in-network and contracted Mental Health Providers populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for EOCCO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	4	609	0.7%	4	179	2.2%	0	430	0.0%
Primary Care Provider Pediatric	0	148	0.0%	0	20	0.0%	0	128	0.0%
Primary Care Provider Both (Adult and Pediatric)	21	450	4.7%	8	98	8.2%	13	352	3.7%
Specialty Provider	18	3399	0.5%	4	362	1.1%	14	3037	0.5%
Oral Health Provider	19	144	13.2%	11	75	14.7%	8	69	11.6%
Mental Health Provider	3	1446	0.2%	0	407	0.0%	3	1039	0.3%
SUD Provider	0	283	0.0%	0	73	0.0%	0	210	0.0%
Certified or Qualified Health Care Interpreters	0	1	0.0%	0	0	0.0%	0	1	0.0%
Traditional Health Workers	0	54	0.0%	0	24	0.0%	0	30	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	65	6534	1.0%	27	1238	2.2%	38	5296	0.7%

[1] *Limited to providers in Oregon.*

Appendix F. DSN Evaluation Results for Health Share of Oregon

Health Share of Oregon (Health Share) contracts with OHA to provide physical, behavioral, and oral health services to approximately 382,706 members residing in Washington, Multnomah, and Clackamas counties. Health Share has the largest and most diverse membership of any CCO and provides services to the majority of Oregon Health Plan members in the Portland metro area.

- Health Share makes sophisticated and extensive use of member population data, encounter data, and health information technology (particularly its data aggregator and communication platform, Health Share Bridge) to drive network adequacy decision making, care coordination, and risk analysis.
- The CCO demonstrated meaningful subcategorization and thoughtful analysis of grievances by geography, provider type, grievance type, subcontractor, and member demographic to identify barriers to care.
- OHA noted a concern that out of approximately 14,000 providers contracted with Health Share, only one was identified as a traditional health worker. Given Health Share's provider narrative description of building capacity for this service category at a strategic level, this may indicate issues with the CCO's data and/or reporting rather than network capacity.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. Health Share achieved 95 percent overall compliance with provider narrative elements.

Table F-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	30.0	91%
Description of Members and Membership Needs	16.0	94%
Coordination of Care	20.0	100%
Performance on Metrics	4.0	100%
Overall	**70.0**	**95%**

Health Share received five findings across all provider narrative elements.

Table F-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3: CCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel) for each of the provider types in elements 3.1 through 3.14 based	Health Share did not provide time and distance data for HPSY within its provider narrative or supporting documentation. This element was *Not Met*.	Health Share should ensure that it provides time and distance data for HPSY in future submissions.

Element	Finding	Recommendation
the CCO's relevant geographic classification(s) within its service area. CCO calculations must address all three of the following specifications: • Average time (in minutes). • Average distance (in miles). • Percentage of members living within the time and distance standards. **3.8:** Hospital, Acute Psychiatric Care		
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member appointments are timely for emergent, urgent, and routine/well-care visits.	Although Health Share stated that it delegates the monitoring of timely access for all providers to its subcontractors and conducts oversight through timely access reports reviewed by its various committees and Board of Directors, the CCO only provided evidence of such reports for behavioral health, SUD, and oral health—not physical health. This element was *Partially Met*.	Health Share should describe and demonstrate mechanisms of appropriate oversight of timely access data for physical health in future submissions.
7: CCO describes how it actively collects, monitors, and interprets data, survey results, and member feedback from each group source listed in elements 7.1 through 7.5 and incorporates the feedback into network adequacy decisions: 7.2: • MHSIP—Adult • YSS-F—Caregiver • YSS-F—Adolescents (15–17) • CAHPS Survey	While Health Share provided a narrative response for how it utilizes CAHPS survey data as well as an explanation for how its behavioral health subcontractor collects member feedback, the CCO did not address the use of data from the MHSIP and YSS-F surveys. This element was *Partially Met*.	Health Share should provide an explanation for how it utilizes data from the MHSIP and YSS-F surveys in future submissions.
12.1: CCO describes how it actively collects, monitors, and interprets data to identify physical health (PCP and specialty), oral	While Health Share's narrative response indicated that it delegates responsibility for the provision of culturally and linguistically	Health Share should provide evidence of oversight of its subcontractors' ability to deliver culturally and linguistically

Element	Finding	Recommendation
health, MH, and SUD participating providers within its service area that are prepared to provide member services in a culturally and linguistically appropriate and trauma-informed manner.	appropriate and trauma-informed care to its subcontractors and performs an annual review, the elements of the annual review did not address the ability of subcontracted providers to offer culturally and linguistically appropriate care, nor was evidence provided of the annual review. This element was *Partially Met*.	appropriate care (e.g., tracking completion rates of cultural competency training) and evidence of a follow-up process in cases of noncompliance.
12.2: CCO describes its ongoing monitoring cycle to ensure that data identifying participating providers within its service area that are prepared to provide member services in a culturally and linguistically appropriate and trauma-informed manner are used in a meaningful manner to facilitate network adequacy decisions.	While Health Share's narrative response and supporting documentation indicated consistent investment in providing culturally and linguistically appropriate care, the CCO did not describe or demonstrate that it is directly involved in using data from such services to facilitate network adequacy decisions. The CCO provided examples of actions taken by itself and subcontractors to facilitate care for vulnerable populations, but these examples were more relevant to care coordination and trauma-informed care (i.e., targeted, and proactive care coordination and provider assignment for children in foster care and incoming refugees) than the ability of the network to provide culturally and linguistically appropriate care. This element was *Partially Met*.	Health Share should provide an explanation and evidence of its use of data identifying providers prepared to deliver services in a linguistically and culturally appropriate manner to facilitate network adequacy decisions in future submissions.

The Time and Distance Analysis for Health Share showed 100 percent of the CCO's members were within time and distance access standards; therefore, no tables or maps demonstrating potential access gaps are shown.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[F-1].

Quality of DSN Provider Capacity Reporting

Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the PCPCH Indicator, only 8.0 percent had values present.
- Of the data records required to have a value populated in the Accepting New Medicaid Members data field, only 22.0 percent had values present.

Table 1—HSO Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	>99.9%	--
Provider's Last Name	Individual	100.0%	>99.9%	--
Provider's Middle Name or Initial	Individual	84.3%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	>99.9%
Provider Taxonomy Code	Individual	>99.9%	>99.9%	100.0%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	99.7%	>99.9%	--
Group NPI	Individual	99.6%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	>99.9%	--
Facility NPI	Facility	97.8%	100.0%	99.9%
Facility Taxonomy Code	Facility	96.5%	>99.9%	100.0%
TIN	All	>99.9%	>99.9%	--
DMAP (Medicaid ID)	All	97.4%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	>99.9%

[F-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Credentialing Date	Individual	99.8%	100.0%	99.6%
Non-English Language #1	Individual	6.7%	99.9%	--
Non-English Language #2	Individual	1.1%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	99.9%	--
Address #2	All	23.1%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	>99.9%
County	All	100.0%	100.0%	>99.9%
Phone	All	98.4%	>99.9%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	8.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	22.0%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 17902 individual practitioner and 4133 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by HSO to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations

and areas of concern identified in the analysis results of HSO's DSN Provider Capacity Report submission:

- Of the 17,583 total counted individual practitioners, 13,776 data records were identified as contracted and in-network providers.
- Of the 4,141 total counted facility/business/service providers, only 2,342 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the "Certified or Qualified Health Care Interpreters," "Health Education, Health Promotion, Health Literacy," and "Palliative Care," these service categories were not evaluated as part of this key measure.
- Only one Traditional Health Worker was recorded in the submission.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for HSO

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	775	4.4%	631	4.6%	144	3.8%
Primary Care Provider, Pediatric	485	2.8%	423	3.1%	62	1.6%
Primary Care Provider, Both (Adult and Pediatric)	3576	20.3%	2510	18.2%	1066	28.0%
Specialty Provider	7283	41.4%	5355	38.9%	1928	50.6%
Oral Health Provider	766	4.4%	686	5.0%	80	2.1%
Mental Health Provider	2049	11.7%	1713	12.4%	336	8.8%
SUD Provider	2619	14.9%	2428	17.6%	191	5.0%
Certified or Qualified Health Care Interpreters	1	<0.1%	1	<0.1%	0	0.0%
Traditional Health Workers	1	<0.1%	1	<0.1%	0	0.0%
Palliative Care	28	0.2%	28	0.2%	0	0.0%
Overall	17583	>99.9%	13776	100.0%	3807	100.0%
Facility/Business/Service Providers						
Primary Care Clinic	405	9.8%	177	7.6%	228	12.7%
Specialty Care Clinic	1664	40.2%	739	31.6%	925	51.5%
Hospital	50	1.2%	30	1.3%	20	1.1%
Urgent Care Center	65	1.6%	35	1.5%	30	1.7%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Ambulance and Emergency Medical Transportation	7	0.2%	4	0.2%	3	0.2%
Non-Emergent Medical Transportation	1	<0.1%	1	<0.1%	0	0.0%
Hospital, Acute Psychiatric Care	7	0.2%	5	0.2%	2	<0.1%
Mental Health Crisis Services	6	<0.1%	6	0.3%	0	0.0%
Mental Health Clinic	557	13.5%	172	7.3%	385	21.4%
Substance Use Disorder Clinic	100	2.4%	36	1.5%	64	3.6%
Community Prevention Services	6	<0.1%	5	0.2%	1	<0.1%
Home Health	36	0.9%	23	1.0%	13	0.7%
Durable Medical Providers	149	3.6%	149	6.4%	0	0.0%
Post-hospital Skilled Nursing Facility	74	1.8%	43	1.8%	31	1.7%
Imaging	47	1.1%	37	1.6%	10	0.6%
Pharmacies	703	17.0%	701	29.9%	0	0.0%
Oral Health Clinic	121	2.9%	99	4.2%	22	1.2%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	27	0.7%	22	0.9%	5	0.3%
Federally Qualified Health Centers	78	1.9%	50	2.1%	28	1.6%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	3	<0.1%	1	<0.1%	2	<0.1%
Rural Health Centers	35	0.8%	7	0.3%	28	1.6%
Overall	4141	100.0%	2342	100.0%	1797	100.0%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted in-network individual providers by geographic service areas illustrated 3,030 in Clackamas County, 9,333 in Multnomah County, and 5,115 in Washington County.
- Stratifying data records of contracted in-network facilities by geographic service areas illustrated 431 in Clackamas County, 988 in Multnomah County, and 628 in Washington County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for HSO

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	17478	76.9%	17478	100.0%	0	0.0%
Bordering County	2098	9.2%	0	0.0%	2098	39.9%
Non-Bordering County	2585	11.4%	0	0.0%	2585	49.2%
Out of state – Bordering Counties	535	2.4%	0	0.0%	535	10.2%
Out of state – No Bordering Counties	41	0.2%	0	0.0%	41	0.8%
Overall	22737	100.0%	17478	100.0%	5259	100.0%
Facilities						
In Service Area	2047	40.7%	2047	68.8%	0	0.0%
Bordering County	795	15.8%	123	4.1%	672	32.8%
Non-Bordering County	1673	33.3%	379	12.7%	1292	63.1%
Out of state – Bordering Counties	215	4.3%	143	4.8%	72	3.5%
Out of state – No Bordering Counties	294	5.9%	284	9.5%	10	0.5%
Overall	5024	100.0%	2976	100.0%	2046	100.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed HSO's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric HSO members had access to Primary Care Providers. Based on the data submitted by HSO for Q2 there were no noted concerns with the total number of PCPs reported. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for HSO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	775	775	100.0%	631	631	100.0%	144	144	100.0%
Primary Care Provider Pediatric	485	485	100.0%	423	423	100.0%	62	62	100.0%
Primary Care Provider Both (Adult and Pediatric)	3573	3576	99.9%	2507	2510	99.9%	1066	1066	100.0%
PCPCH	1811	1811	100.0%	1398	1398	100.0%	413	413	100.0%
Overall	6644	6647	>99.9%	4959	4962	99.9%	1685	1685	100.0%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of HSO provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following area of concern was observed in HSO's report:

- One in-network and contracted Certified or Qualified Health Care Interpreter record populated, and it was not identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for HSO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	21	775	2.7%	18	631	2.9%	3	144	2.1%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Pediatric	50	485	10.3%	42	423	9.9%	8	62	12.9%
Primary Care Provider Both (Adult and Pediatric)	339	3576	9.5%	204	2510	8.1%	135	1066	12.7%
Specialty Provider	470	7283	6.5%	284	5355	5.3%	186	1928	9.6%
Oral Health Provider	141	766	18.4%	132	686	19.2%	9	80	11.2%
Mental Health Provider	83	2049	4.1%	77	1713	4.5%	6	336	1.8%
SUD Provider	209	2619	8.0%	204	2428	8.4%	5	191	2.6%
Certified or Qualified Health Care Interpreters	0	1	0.0%	0	1	0.0%	0	0	0.0%
Traditional Health Workers	1	1	100.0%	1	1	100.0%	0	0	0.0%
Palliative Care	7	28	25.0%	7	28	25.0%	0	0	0.0%
Overall	1321	17583	7.5%	969	13776	7.0%	352	3807	9.2%

[1] *Limited to providers in Oregon.*

Appendix G. DSN Evaluation Results for InterCommunity Health Network

InterCommunity Health Network (IHN) contracts with OHA to provide physical, behavioral, and oral health services to approximately 68,151 members residing in Linn, Benton, and Lincoln counties.

- IHN demonstrated meaningful use of CAHPS and mental health survey data to inform strategic decision making, including network adequacy.
- IHN has begun assessing the status of trauma-informed care training across all provider types and will use the information to develop targeted outreach, education, and training for providers within the network. The goal of this initiative is to ensure that all providers receive training in providing trauma-informed care.
- The CCO's network monitoring efforts led it to expand its behavioral health and SUD network capacity in 2020 and 2021, including SUD residential and detox services within Linn County.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. IHN achieved 100 percent overall compliance with provider narrative elements.

Table G-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	33.0	100%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	20.0	100%
Performance on Metrics	4.0	100%
Overall	**74.0**	**100%**

IHN received no findings across all provider narrative elements.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table G-2—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
HPSY	1 in 30 miles or 30 mins	13	>99.9
IHS/THS	1 in 30 miles or 30 mins	38,116	0.4

Table G-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 60 miles or 60 mins	7,040	76.5

IHN did not meet the urban time and distance access standards for HPSY and IHS/THS. IHN also did not meet the rural time and distance access standard for IHS/THS. However, these results should not necessarily be interpreted to mean that members are without access to key services. Some of the services offered by IHS/THS could reasonably be accessible to members through other fully compliant access standards met for PCPs and similar facilities. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

Although IHN did not meet the 100 percent access standard for HPSY for its urban membership, the CCO came very close to meeting the standard, with only 13 members affected. While nearly all of IHN's urban membership and 23.5 percent of its rural membership did not have access within time and distance standards to IHS/THS, the CCO stated that it contracts with the only Tribal Health Clinic in its service area, the Siletz Community Health Clinic in Lincoln County. Per the Time and Distance Analysis, the urban and rural membership without access to these facilities reside in Benton and Linn counties, and IHN was able to give precise numbers of AI/AN members residing in those counties (133 members and 373 members, respectively). Additionally, IHN recently began contracting with another Tribal Health Clinic in adjacent Polk County to provide additional access to both PCP services and medication-assisted treatment options. As such, these results should not necessarily be taken to mean that IHN offers limited or no access to IHS/THS.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[G-1].

Quality of DSN Provider Capacity Reporting

Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Telehealth Indicator data field, only 23.5% had values present.

Table 1—IHN Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	83.1%	>99.9%	--
Provider NPI	Individual	100.0%	100.0%	99.6%
Provider Taxonomy Code	Individual	100.0%	>99.9%	100.0%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	23.5%	100.0%	100.0%
Group Name	Individual	98.6%	100.0%	--
Group NPI	Individual	98.5%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	>99.9%	100.0%	99.3%
Facility Taxonomy Code	Facility	99.9%	99.9%	100.0%
TIN	All	>99.9%	100.0%	--
DMAP (Medicaid ID)	All	94.4%	99.8%	--
Provider Category	All	99.9%	100.0%	100.0%
Provider Service Category	All	99.9%	100.0%	100.0%
Credentialing Date	Individual	72.1%	100.0%	62.2%

[G-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Non-English Language #1	Individual	1.9%	100.0%	--
Non-English Language #2	Individual	0.5%	100.0%	--
Non-English Language #3	Individual	<0.1%	100.0%	--
Address #1	All	>99.9%	99.7%	--
Address #2	All	27.3%	100.0%	--
City	All	>99.9%	100.0%	--
State	All	>99.9%	100.0%	100.0%
Zip Code	All	>99.9%	100.0%	100.0%
County	All	>99.9%	100.0%	100.0%
Phone	All	>99.9%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	92.8%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	100.0%	100.0%	100.0%
Network Status	All	>99.9%	100.0%	100.0%
Status of Medicaid Contract	All	>99.9%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 9,854 individual practitioner and 1,785 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by IHN to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations

and areas of concern identified in the analysis results of IHN's DSN Provider Capacity Report submission:

- Of the 9,854 total counted individual practitioners, 2,301 data records were identified as contracted and in-network providers.
- Of the 1,785 total counted facility/business/service providers, only 438 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters, and Palliative Care, these service categories were not evaluated as part of this key measure.
- No Mental health Crisis Services, or School-based Health Center data records were populated.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for IHN

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	42	0.4%	38	1.7%	4	<0.1%
Primary Care Provider, Pediatric	35	0.4%	29	1.3%	6	<0.1%
Primary Care Provider, Both (Adult and Pediatric)	167	1.7%	131	5.7%	36	0.5%
Specialty Provider	7645	77.6%	1238	53.8%	6407	84.8%
Oral Health Provider	176	1.8%	125	5.4%	51	0.7%
Mental Health Provider	1289	13.1%	521	22.6%	768	10.2%
SUD Provider	415	4.2%	157	6.8%	258	3.4%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	85	0.9%	62	2.7%	23	0.3%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	9854	100.0%	2301	100.0%	7553	100.0%
Facility/Business/Service Providers						
Primary Care Clinic	57	3.2%	34	7.8%	23	1.7%
Specialty Care Clinic	507	28.4%	180	41.1%	327	24.3%
Hospital	31	1.7%	8	1.8%	23	1.7%
Urgent Care Center	12	0.7%	5	1.1%	7	0.5%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Ambulance and Emergency Medical Transportation	122	6.8%	13	3.0%	109	8.1%
Non-Emergent Medical Transportation	1	<0.1%	1	0.2%	0	0.0%
Hospital, Acute Psychiatric Care	13	0.7%	1	0.2%	12	0.9%
Mental Health Crisis Services	0	0.0%	0	0.0%	0	0.0%
Mental Health Clinic	90	5.0%	43	9.8%	47	3.5%
Substance Use Disorder Clinic	32	1.8%	16	3.7%	16	1.2%
Community Prevention Services	6	0.3%	4	0.9%	2	<0.1%
Home Health	14	0.8%	6	1.4%	8	0.6%
Durable Medical Providers	103	5.8%	21	4.8%	82	6.1%
Post-hospital Skilled Nursing Facility	21	1.2%	7	1.6%	14	1.0%
Imaging	7	0.4%	2	0.5%	5	0.4%
Pharmacies	692	38.8%	52	11.9%	640	47.5%
Oral Health Clinic	30	1.7%	15	3.4%	15	1.1%
Oral Health Mobile Clinic	2	<0.1%	2	0.5%	0	0.0%
Hospice	7	0.4%	3	0.7%	4	0.3%
Federally Qualified Health Centers	15	0.8%	10	2.3%	5	0.4%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	1	<0.1%	1	0.2%	0	0.0%
Rural Health Centers	22	1.2%	14	3.2%	8	0.6%
Overall	1785	100.0%	438	>99.9%	1347	100.0%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted and in-network individual providers by geographic service areas illustrated 1,195 in Benton County, 650 in Lincoln County, and 995 in Linn County.

- Stratifying data records of contracted and in-network facilities by geographic service areas illustrated 168 in Benton County, 122 in Lincoln County, and 175 in Linn County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for IHN

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	2840	25.1%	2840	98.8%	0	0.0%
Bordering County	2335	20.7%	0	0.0%	2335	27.7%
Non-Bordering County	5875	52.0%	0	0.0%	5875	69.7%
Out of state – Bordering Counties	236	2.1%	34	1.2%	202	2.4%
Out of state – No Bordering Counties	18	0.2%	0	0.0%	18	0.2%
Overall	11304	100.0%	2874	100.0%	8430	100.0%
Facilities						
In Service Area	465	18.3%	465	97.5%	0	0.0%
Bordering County	478	18.8%	0	0.0%	478	23.2%
Non-Bordering County	924	36.4%	0	0.0%	924	44.9%
Out of state – Bordering Counties	359	14.2%	10	2.1%	349	16.9%
Out of state – No Bordering Counties	310	12.2%	2	0.4%	308	15.0%
Overall	2536	100.0%	477	100.0%	2059	100.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed IHN's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric IHN members had access to Primary Care Providers. Overall, there were no noted concerns with the total number of PCPs reported by IHN. However, the analysis reflects that new IHN members do not currently have access to Patient Centered Primary Care Homes, as none are noted as accepting new patients. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for IHN

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	42	42	100.0%	38	38	100.0%	4	4	100.0%
Primary Care Provider Pediatric	34	35	97.1%	29	29	100.0%	5	6	83.3%
Primary Care Provider Both (Adult and Pediatric)	163	167	97.6%	129	131	98.5%	34	36	94.4%
PCPCH	0	44	0.0%	0	31	0.0%	0	13	0.0%
Overall	239	288	83.0%	196	229	85.6%	43	59	72.9%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of IHN provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following area of concern was observed in IHN's report:

- Of the 157 total count in-network and contracted SUD Providers populated, none were identified as speaking a non-English language.
- Of the 62 total count in-network and contracted Traditional Health Worker populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for IHN

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	2	42	4.8%	1	38	2.6%	1	4	25.0%
Primary Care Provider Pediatric	5	35	14.3%	4	29	13.8%	1	6	16.7%
Primary Care Provider Both (Adult and Pediatric)	6	167	3.6%	6	131	4.6%	0	36	0.0%
Specialty Provider	106	7645	1.4%	12	1238	1.0%	94	6407	1.5%
Oral Health Provider	23	176	13.1%	20	125	16.0%	3	51	5.9%
Mental Health Provider	13	1289	1.0%	9	521	1.7%	4	768	0.5%
SUD Provider	1	415	0.2%	0	157	0.0%	1	258	0.4%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	85	0.0%	0	62	0.0%	0	23	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	156	9854	1.6%	52	2301	2.3%	104	7553	1.4%

[1] *Limited to providers in Oregon.*

Appendix H. DSN Evaluation Results for Jackson Care Connect

Jackson Care Connect (JCC) contracts with OHA to provide physical, behavioral, and oral health services to approximately 55,920 members residing in Jackson County. It is administered in part by the Portland-based nonprofit health plan CareOregon.

- JCC's service area is rural and challenged by provider availability, particularly for HPSY and IHS/THS. The CCO offsets these challenges by maintaining and developing working relationships with neighboring Tribal governments and health services. In 2020 and 2021, representatives from the Cow Creek Band of Umpqua Indians and the Coquille Indian Tribe joined the CCO's CAC.
- JCC, in conjunction with CareOregon, makes sophisticated and extensive use of population data and health information technology to drive network adequacy decision making, care coordination, and risk analysis.
- The CCO described proactive, persistent, and responsive processes for gathering community input and feedback and then using that information for network adjustments.
- JCC demonstrated exemplary and proactive coordination with and both logistical and financial support of its local public health authority.
- OHA noted a concern that only a small portion of the total counts of facilities and individual providers for JCC were considered in network, with the majority of providers and facilities in the total counts being contracted and out of network. This may suggest an issue with the CCO's data, reporting methodology, or an insufficient network.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. JCC achieved 99 percent overall compliance with provider narrative elements.

Table H-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	32.5	98%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	20.0	100%
Performance on Metrics	4.0	100%
Overall	**73.5**	**99%**

JCC received one finding across all provider narrative elements.

Table H-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member appointments are timely for emergent, urgent, and routine/well-care visits.	While JCC provided a comprehensive response with regard to monitoring physical and behavioral health, it was implied in its narrative response that the leadership of subcontracted dental plans conducted oversight of its own operations and timely access; therefore, it was not clear what role the CCO took in oversight of its dental subcontractors. This element was *Partially Met*.	JCC should describe and demonstrate its direct oversight and monitoring of timely access of its dental subcontractors in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table H-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
HPSY	1 in 30 miles or 30 mins	43	99.9
IHS/THS	1 in 30 miles or 30 mins	44,876	0.0
RHC	1 in 30 miles or 30 mins	15	>99.9

Table H-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 60 miles or 60 mins	11,043	0.0

JCC did not meet urban access standards for HPSY, IHS/THS, and RHC. These results should not necessarily be interpreted to mean that members are without access to key services, as JCC came very close to meeting the standard, with only a few dozen members affected in its access to HPSY and RHC combined. Some of these providers and facilities also offer services that could reasonably be accessible

through other service categories (e.g., PCPs) which were within access standards. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for those service categories.

JCC did not meet rural access standards for IHS/THS but does maintain network ties with four IHS/THS facilities through its relationship with CareOregon; however, these facilities are located several hundred miles away in Lincoln, Yamhill, and Multnomah counties. Again, these results should be interpreted with caution, as there is no federally recognized tribe associated with the lands within Jackson County.

Maps for these service categories are not provided, as the populations represented would either be too low to conduct a meaningful visual assessment, or would provide no more than a visualization of the CCO's full membership.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[H-1].

Quality of DSN Provider Capacity Reporting

Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Accepting New Medicaid Members data field, only 12.4 percent had values present.
- Of the data records required to have a value populated in the # of Members Assigned to PCPs data field, only 4.4 percent had values present.
- Of the data records required to have a value populated in the Individual Provider Capacity data field, only 4.4 percent had values present.

Table 1—JCC Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--

[H-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's Middle Name or Initial	Individual	83.9%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	100.0%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	100.0%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	100.0%	100.0%	100.0%
Facility Taxonomy Code	Facility	99.9%	100.0%	100.0%
TIN	All	100.0%	>99.9%	--
DMAP (Medicaid ID)	All	>99.9%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.9%
Credentialing Date	Individual	100.0%	100.0%	98.6%
Non-English Language #1	Individual	11.8%	100.0%	--
Non-English Language #2	Individual	2.2%	100.0%	--
Non-English Language #3	Individual	0.4%	100.0%	--
Address #1	All	100.0%	>99.9%	--
Address #2	All	44.4%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	4.4%	100.0%	--
PCPCH Indicator	All[3]	98.3%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	4.4%	100.0%	--
Accepting New Medicaid Members	Individual	12.4%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 12,125 individual practitioner and 2,303 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by JCC to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of JCC's DSN Provider Capacity Report submission:

- Of the 12,125 total counted individual practitioners, 1,558 data records were identified as contracted and in-network providers.
- Of the 2,303 total counted facility/business/service providers, only 319 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters, and Palliative Care, these service categories were not evaluated as part of this key measure.
- No Mental health Crisis Services, or Community Prevention Services data records were populated.
- Across multiple specialty categories for both individual providers and facilities, there was a trend of many more providers and facilities reported as out of network vs those reported as in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for JCC

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	219	1.8%	27	1.7%	192	1.8%
Primary Care Provider, Pediatric	421	3.5%	34	2.2%	387	3.7%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Primary Care Provider, Both (Adult and Pediatric)	3682	30.4%	491	31.5%	3191	30.2%
Specialty Provider	4706	38.8%	478	30.7%	4228	40.0%
Oral Health Provider	129	1.1%	80	5.1%	49	0.5%
Mental Health Provider	2422	20.0%	370	23.7%	2052	19.4%
SUD Provider	518	4.3%	78	5.0%	440	4.2%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	0	0.0%	0	0.0%	0	0.0%
Palliative Care	28	0.2%	0	0.0%	28	0.3%
Overall	12125	100.0%	1558	100.0%	10567	100.0%
Facility/Business/Service Providers						
Primary Care Clinic	236	10.2%	37	11.6%	199	10.0%
Specialty Care Clinic	853	37.0%	128	40.1%	725	36.5%
Hospital	36	1.6%	5	1.6%	31	1.6%
Urgent Care Center	36	1.6%	3	0.9%	33	1.7%
Ambulance and Emergency Medical Transportation	2	<0.1%	1	0.3%	1	<0.1%
Non-Emergent Medical Transportation	1	<0.1%	1	0.3%	0	0.0%
Hospital, Acute Psychiatric Care	7	0.3%	1	0.3%	6	0.3%
Mental Health Crisis Services	0	0.0%	0	0.0%	0	0.0%
Mental Health Clinic	104	4.5%	38	11.9%	66	3.3%
Substance Use Disorder Clinic	46	2.0%	7	2.2%	39	2.0%
Community Prevention Services	0	0.0%	0	0.0%	0	0.0%
Home Health	21	0.9%	3	0.9%	18	0.9%
Durable Medical Providers	114	5.0%	15	4.7%	99	5.0%
Post-hospital Skilled Nursing Facility	65	2.8%	4	1.3%	61	3.1%
Imaging	36	1.6%	3	0.9%	33	1.7%
Pharmacies	595	25.8%	37	11.6%	558	28.1%
Oral Health Clinic	36	1.6%	21	6.6%	15	0.8%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Oral Health Mobile Clinic	2	<0.1%	2	0.6%	0	0.0%
Hospice	13	0.6%	2	0.6%	11	0.6%
Federally Qualified Health Centers	66	2.9%	10	3.1%	56	2.8%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	3	<0.1%	0	0.0%	3	0.2%
Rural Health Centers	31	1.3%	1	0.3%	30	1.5%
Overall	2303	100.0%	319	100.0%	1984	>99.9%

[1] *Limited to providers in Oregon*

Geographic Service Area

The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the CCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Stratifying data records of contracted in-network individual providers by geographic service areas illustrated 1,558 in JCC's primary service area of Jackson County.
- Stratifying data records of contracted in-network facilities by geographic service areas illustrated 319 in Jackson County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for JCC

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	1558	10.1%	1558	100.0%	0	0.0%
Bordering County	647	4.2%	0	0.0%	647	4.7%
Non-Bordering County	13210	85.7%	0	0.0%	13210	95.3%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	15415	100.0%	1558	100.0%	13857	100.0%
Facilities						

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
In Service Area	319	12.7%	319	100.0%	0	0.0%
Bordering County	132	5.3%	0	0.0%	132	6.0%
Non-Bordering County	2040	81.4%	0	0.0%	2040	93.2%
Out of state – Bordering Counties	16	0.6%	0	0.0%	16	0.7%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	2507	100.0%	319	100.0%	2188	100.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed JCC's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. OHA's analysis demonstrated that both new adult and pediatric JCC members had access to Primary Care Providers. Overall, based on the Q2 submitted data, there were no noted concerns with the total number of PCPs reported by JCC. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for JCC

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	17	219	7.8%	3	27	11.1%	14	192	7.3%
Primary Care Provider Pediatric	188	421	44.7%	20	34	58.8%	168	387	43.4%
Primary Care Provider Both (Adult and Pediatric)	755	3682	20.5%	111	491	22.6%	644	3191	20.2%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
PCPCH	751	1785	42.1%	108	226	47.8%	643	1559	41.2%
Overall	1711	6107	28.0%	242	778	31.1%	1469	5329	27.6%

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of JCC provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in JCC's report:

- Of the 78 total count in-network and contracted SUD Providers populated, only one was identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for JCC

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	9	219	4.1%	2	27	7.4%	7	192	3.6%
Primary Care Provider Pediatric	79	421	18.8%	7	34	20.6%	72	387	18.6%
Primary Care Provider Both (Adult and Pediatric)	422	3682	11.5%	62	491	12.6%	360	3191	11.3%
Specialty Provider	628	4706	13.3%	76	478	15.9%	552	4228	13.1%
Oral Health Provider	18	129	14.0%	13	80	16.2%	5	49	10.2%
Mental Health Provider	76	2422	3.1%	12	370	3.2%	64	2052	3.1%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
SUD Provider	11	518	2.1%	1	78	1.3%	10	440	2.3%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	0	0.0%	0	0	0.0%	0	0	0.0%
Palliative Care	7	28	25.0%	0	0	0.0%	7	28	25.0%
Overall	1250	12125	10.3%	173	1558	11.1%	1077	10567	10.2%

[1] *Limited to providers in Oregon.*

Appendix I. DSN Evaluation Results for PacificSource Community Solutions–Central Oregon

PacificSource Community Solutions–Central Oregon (PSCS-CO) contracts with OHA to provide physical, behavioral, and oral health services to approximately 62,980 members residing in Jefferson, Crook, Deschutes, and Klamath counties. It is administered by the multi-state health group PacificSource.

- PSCS-CO makes extensive and effective use of data, health information technology, and health information exchange platforms to support and inform its operations, care coordination, network monitoring, and strategic decisions.
- While PSCS-CO makes strong use of its data, the CCO showed some difficulty in aligning its reporting with OHA provider capacity requirements.
- Time and Distance Analysis suggested possible inconsistencies between service categorizations and actual services offered by individual facilities and providers, resulting in some providers and facilities being incorrectly identified and potentially impacting overall analysis (e.g., HPSY).
- PSCS-CO described significant innovations in network adequacy monitoring and DSN adjustments, including such things as interpreting NEMT utilization data and utilization of language interpretation services within the same family or housing unit to identify systemic barriers to access or potential need for resources.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. PSCS-CO achieved 97 percent overall compliance with provider narrative elements.

Table I-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	33.0	100%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	19.0	95%
Performance on Metrics	3.0	75%
Overall	**72.0**	**97%**

PSCS-CO received three findings across all provider narrative elements.

Table I-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
15.2: CCO describes its ongoing monitoring cycle to ensure that cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions.	While PSCS-CO stated that it was developing the capability to identify and gather Regional Care Team (RCT) feedback and insight to inform network adequacy, it was not yet doing so. The CCO's narrative also indicated that the feedback would be shared "at least annually" with its Oregon Access to Care Steering Committee. This element was *Partially Met*.	PSCS-CO should describe, in future submissions, an established and ongoing monitoring cycle that ensures cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions. Additionally, HSAG recommends, as a best practice, that the CCO collate and share cross-departmental interdisciplinary care team insights more frequently than annually.
16: CCO describes care coordination activities and/or interdisciplinary care teams established with each of the community stakeholders identified in elements 16.1 through 16.5. **16.1:** IHS and/or THS Clinics	PSCS-CO stated that it was in the process of developing systems to support collaboration with the PCS Tribal Liaison to provide culturally specific support to members who seek health care services from an IHS/THS Clinic. The CCO clearly described goals of the developing systems that would directly serve the members and needs of IHS and/or THS Clinics. This element was *Partially Met*.	PSCS-CO should describe an established system of care coordination and collaboration with IHS and/or THS Clinics in future submissions.
18.2: CCO describes its ongoing monitoring cycle to ensure that performance metrics are used in a meaningful manner to facilitate network adequacy decisions.	PSCS-CO stated that it would add performance metric data pertinent to access by 2022 and described how it would utilize such data. However, no such use of performance metrics was yet used to facilitate network adequacy decisions. This element was *Not Met*.	PSCS-CO should describe how it incorporates performance metrics data to facilitate network adequacy decisions in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show

the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table I-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
HOSP	1 in 30 miles or 30 mins	361	99.2
HPSY	1 in 30 miles or 30 mins	2,131	95.1
IHS/THS	1 in 30 miles or 30 mins	43,133	1.4
SNF	1 in 30 miles or 30 mins	542	98.8
RHC	1 in 30 miles or 30 mins	29,054	33.6

Table I-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
PCPA	1 in 60 miles or 60 mins	2	>99.9
FQHC	1 in 60 miles or 60 mins	8	>99.9
HOSP	1 in 60 miles or 60 mins	129	99.3
HPSY	1 in 60 miles or 60 mins	145	99.2
IHS/THS	1 in 60 miles or 60 mins	3,463	82.0
SNF	1 in 60 miles or 60 mins	126	99.3
RHC	1 in 60 miles or 60 mins	3,301	82.8
UCC	1 in 60 miles or 60 mins	17	99.9
PCPP	1 in 60 miles or 60 mins	6	99.9

PSCS-CO did not meet the urban time and distance access standards for HOSP, HPSY, IHS/THS, SNF, and RHC. PSCS-CO also did not meet the rural time and distance access standard for PCPA, PCPP, FQHC, HOSP, HPSY, IHS/THS, SNF, RHC, and UCC. However, these results should not necessarily be interpreted to mean that members are without access to key services. Most of the services offered by some service categories could reasonably be accessible to members through other fully compliant access standards met for PCPs and similar facilities, and in some cases the CCO has reached contracting saturation with some service categories in its region (i.e., RHC). Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

Although PSCS-CO did not meet the 100 percent access urban and rural standards for multiple service categories, the CCO came very close to meeting the standard in nearly all categories, with less than

2 percent of urban and less than 1 percent of rural membership typically affected, so the results for these service types should not necessarily be interpreted as a significant impact to members.

PSCS-CO acknowledged that it does not yet have an adequate tribal health network in its service region and described both its current efforts to reduce or eliminate barriers to such care in the interim as well as its ongoing efforts to build relationships and secure additional contracts with IHS/THS. As such, these results should not necessarily be taken to mean that PSCS-CO offers limited or no access to IHS/THS.

In the course of conducting time and distance analysis, HSAG noted that there were possible inconsistencies between the State's provider and service categories, national provider taxonomies, and the services rendered by individual providers and facilities. As a result of these discrepancies, PSCS-CO reported a greater number of HPSY than appear available in the region. As such, results associated with HPSY should be viewed with caution until further review is conducted.

The figures below depict on a map the distribution of members without access to select types of providers that were noncompliant with OHA's time and distance standards. Maps are displayed for the following provider types for members in urban and rural locations: HPSY, IHS/THS, and RHC. While all three provider types failed to meet OHA time and distance standards, caution should be used when interpreting the results. As noted earlier, data quality issues associated with the categorization of HPSY could impact the accuracy of the time and distance results by overestimating access. For both IHS/THS and RHC, while access may be limited to these specific provider types, many of the services rendered at these locations are available to members through PCPs and similar preventive care providers.

Figure I-1—HPSY—Urban

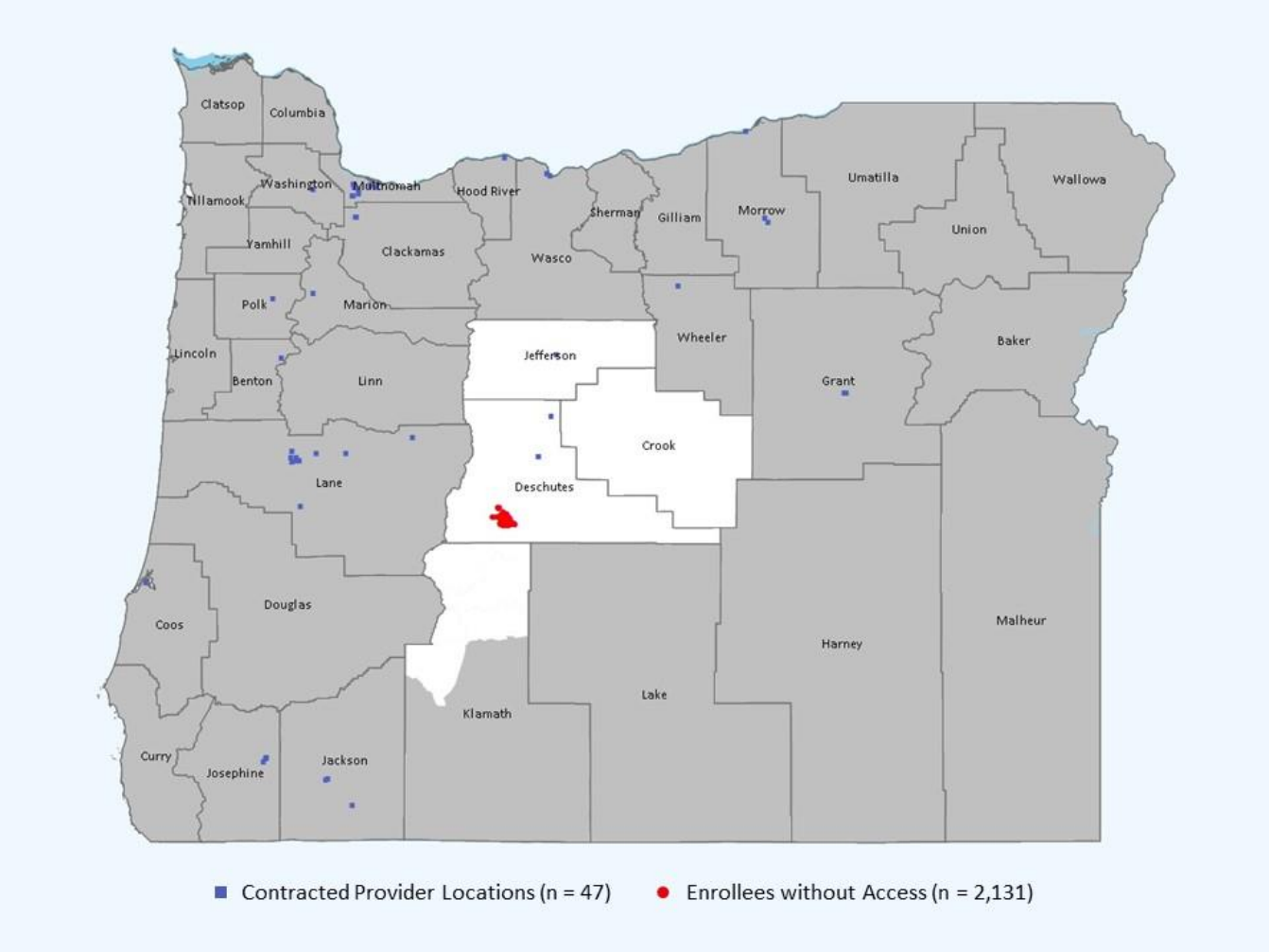


Figure I-2—HPSY—Rural

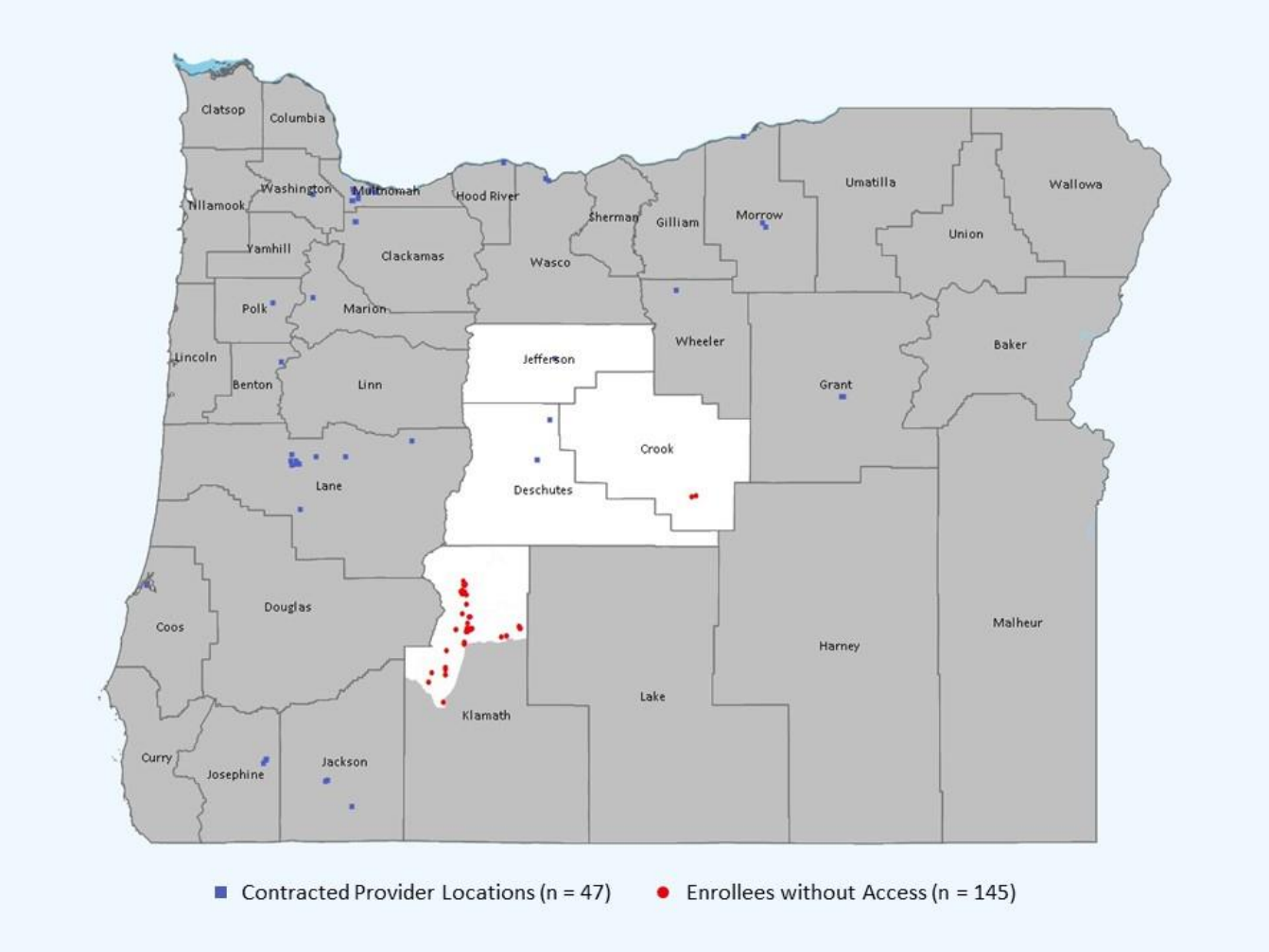


Figure I-3—IHS/THS—Urban

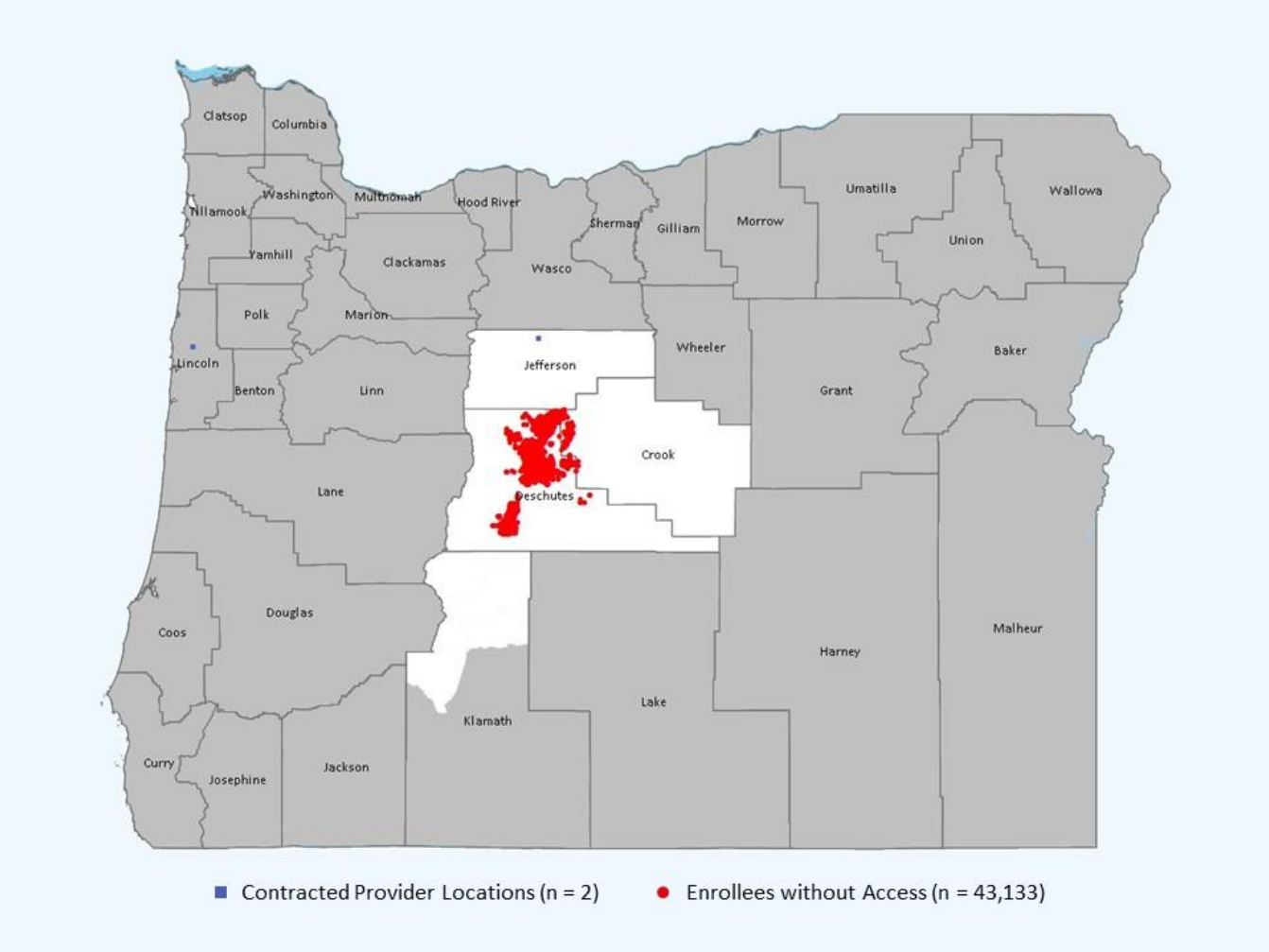


Figure I-4—IHS/THS—Rural

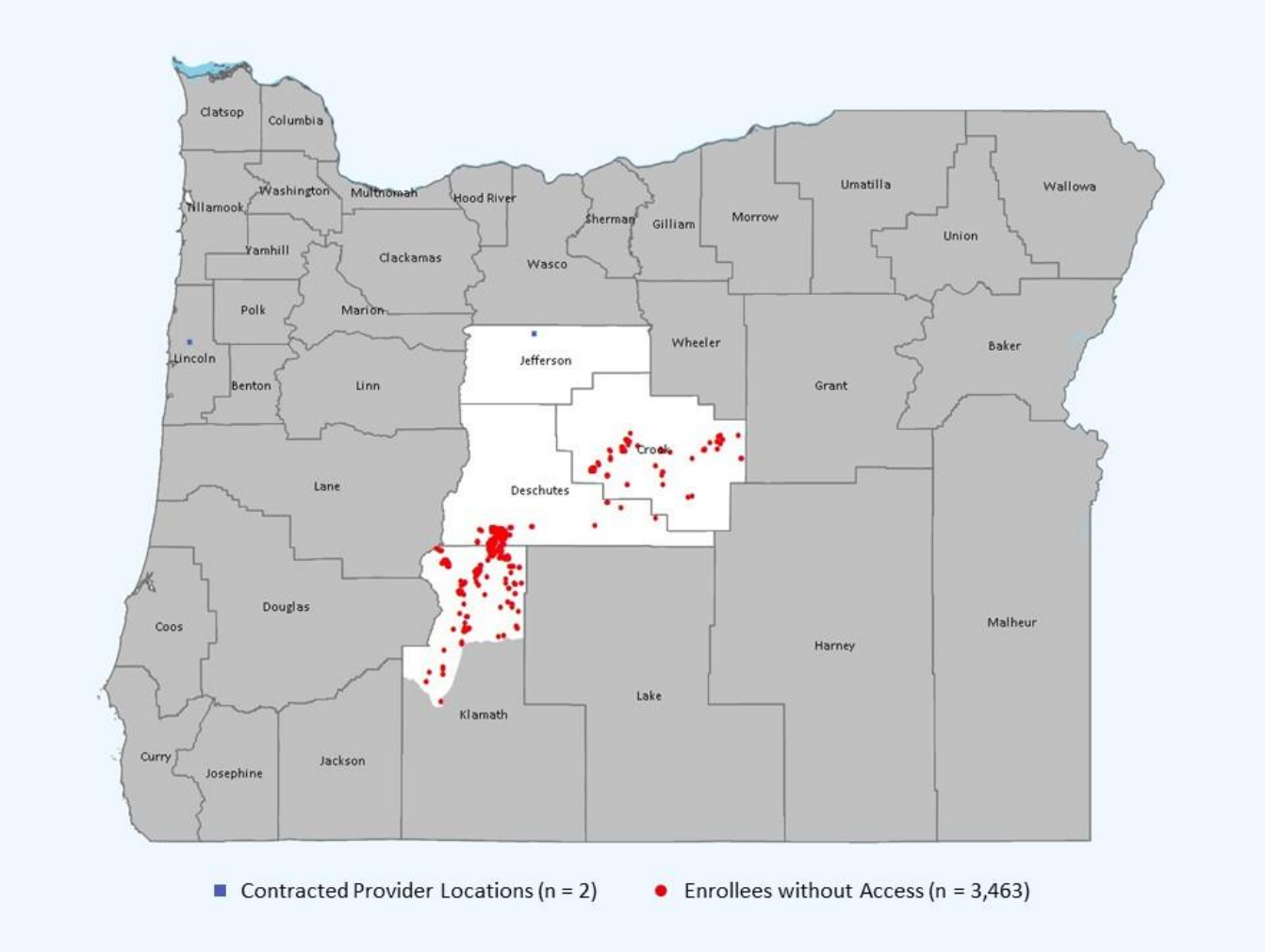


Figure I-5—RHC—Urban

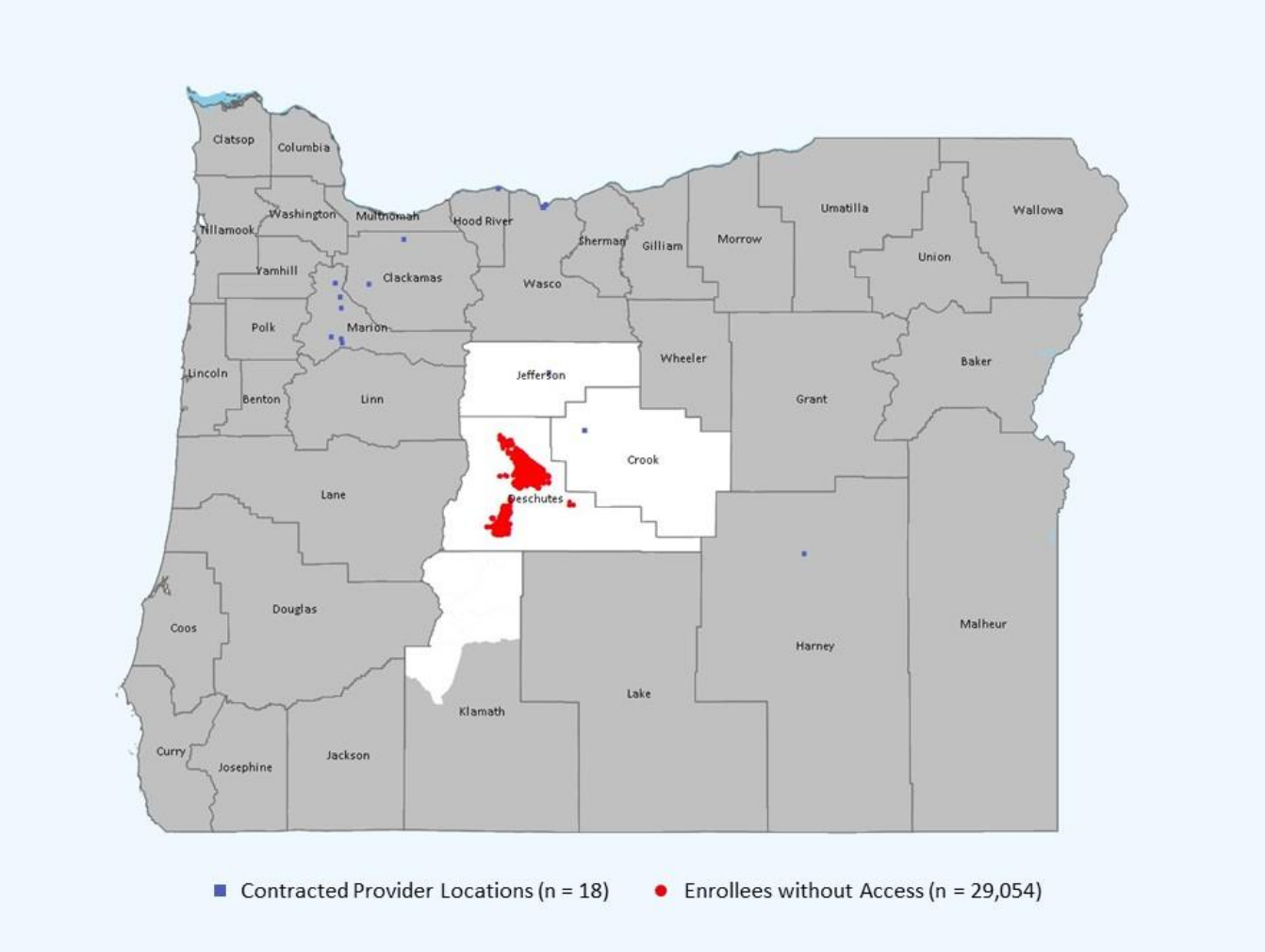
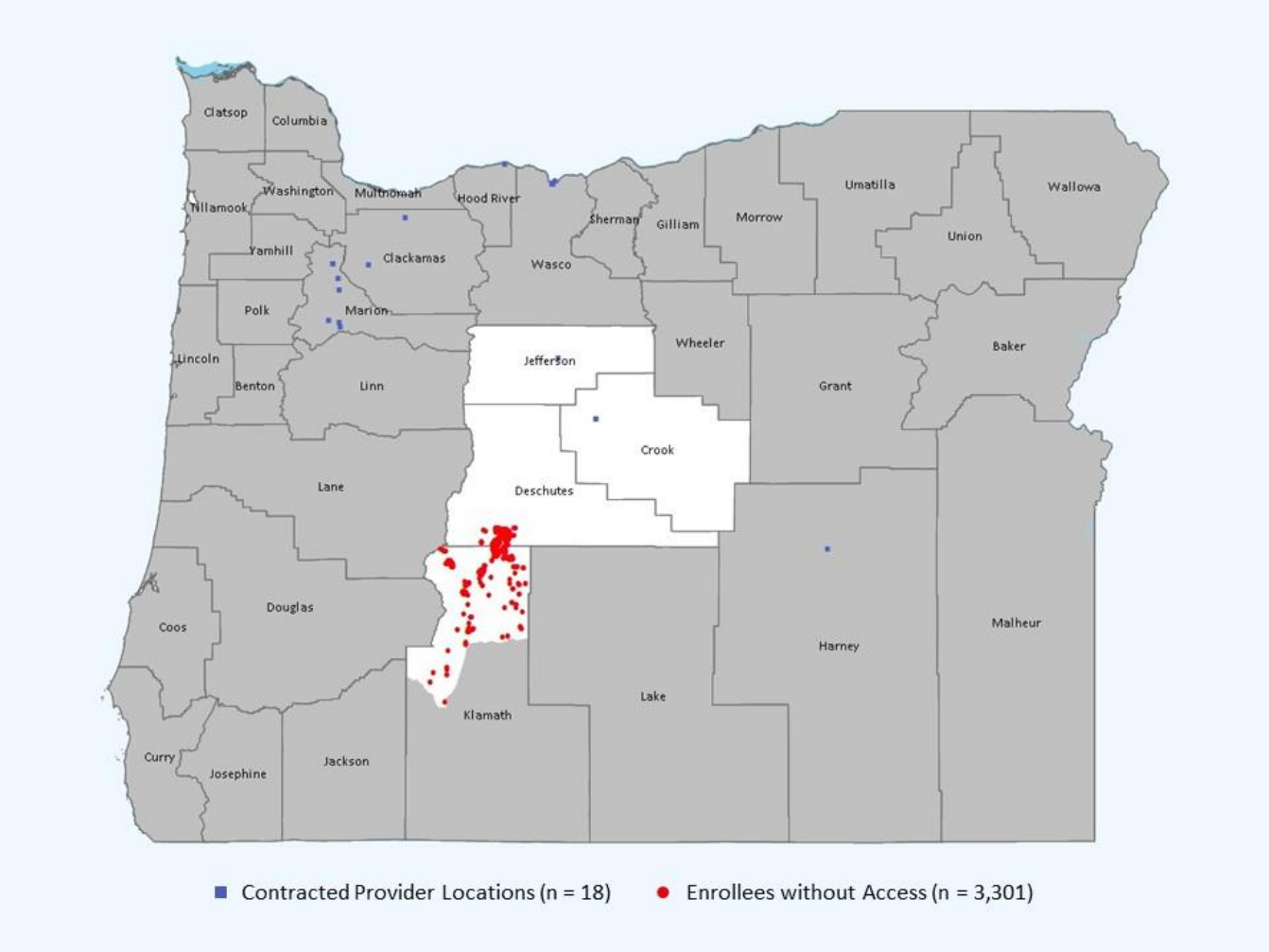


Figure I-6—RHC—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[I-1].

Quality of DSN Provider Capacity Reporting

PSCS-COs submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was fair with several data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Group Name data field, only 95.5 percent had values present.
- Of the data records required to have a value populated in the Group NPI data field, only 94.9 percent had values present.
- Of the data records required to have a value populated in the Facility NPI data field, only 97.0 percent had values present.
- Of the data records required to have a value populated in the Facility Taxonomy Code data field, only 95.3 percent had values present.
- Of the data records required to have a value populated in the DMAP (Medicaid ID) data field only 96.0 percent had values present.
- Of the data records populated in the Phone data field 95.6 percent had values present.
- Of the data records required to have a value populated in Accepting New Medicaid Members data field, only 1.5 percent had values present.

Table 1—PSCS-CO Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field		DSN Quality Metrics		
	Providers Included[1]	% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	92.2%	100.0%	--

[I-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider NPI	Individual	>99.9%	100.0%	>99.9%
Provider Taxonomy Code	Individual	>99.9%	>99.9%	>99.9%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	95.5%	100.0%	--
Group NPI	Individual	94.9%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	97.0%	100.0%	99.8%
Facility Taxonomy Code	Facility	95.3%	99.8%	100.0%
TIN	All	>99.9%	>99.9%	--
DMAP (Medicaid ID)	All	96.0%	>99.9%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	100.0%	100.0%
Non-English Language #1	Individual	4.8%	100.0%	--
Non-English Language #2	Individual	0.8%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	99.8%	--
Address #2	All	0.7%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	>99.9%
County	All	>99.9%	100.0%	100.0%
Phone	All	95.6%	100.0%	--
PCP Indicator	Individual*	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual*	100.0%	100.0%	--
PCPCH Indicator	All**	100.0%	100.0%	100.0%
PCPCH Tier	All***	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual*	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	1.5%	100.0%	100.0%

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Network Status	All	99.3%	>99.9%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]*Individual includes ProvCat Values 01, 02 & 03*

Individual includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB*
Facility includes ProvCat Values 04&05
All includes ProvCat Values 01, 02, 03, 04, 05
*All** includes ProvCat Values01, 02, 04, 05*
*All*** includes ProvCat Values of 01,02,04,05 and PCPCH_Ind = Y*

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 13,658 individual practitioner and 3,109 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by PSCS-CO to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of PSCS-CO DSN Provider Capacity Report submission:

- Of the 13,658 total counted individual practitioners, 2,059 data records were identified as contracted in-network providers.
- Of the 8,953 total Specialty Provider data records populated, only 1,071 were identified as in-network.
- Of the 462 total SUD Provider data records populated, only 64 were identified as in-network.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 3,109 total counted facility/business/service providers, only 489 data records were identified as contracted and in-network providers.
- Of the 25 Home Health data records were populated, three were identified as in-network.
- Of the 82 Post-hospital Skilled Nursing Facility data records were populated, five were identified as in-network.
- Of the 663 total counted Pharmacies data records populated, 39 were identified as in-network.
- Of the 26 total counted Hospice data records populated, four were identified as in-network.

- Of the 23 total counted Federally Qualified Health Center data records populated, four were identified as in-network.
- No Non-Emergent Medical Transportation, Oral Health Clinic, Oral Health Mobile Clinic, or School-based Health Centers data records were populated.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for PSCS-CO

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	38	0.3%	38	1.8%	0	0.0%
Primary Care Provider, Pediatric	38	0.3%	38	1.8%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	170	1.2%	170	8.3%	0	0.0%
Specialty Provider	8953	65.6%	1071	52.0%	7882	68.0%
Oral Health Provider	472	3.5%	94	4.6%	378	3.3%
Mental Health Provider	3525	25.8%	583	28.3%	2942	25.4%
SUD Provider	461	3.4%	64	3.1%	397	3.4%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	1	<0.1%	1	<0.1%	0	0.0%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	**13658**	**100.0%**	**2059**	**100.0%**	**11599**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	183	5.9%	31	6.3%	152	5.8%
Specialty Care Clinic	985	31.7%	177	36.2%	808	30.8%
Hospital	76	2.4%	13	2.7%	63	2.4%
Urgent Care Center	34	1.1%	7	1.4%	27	1.0%
Ambulance and Emergency Medical Transportation	105	3.4%	19	3.9%	86	3.3%
Non-Emergent Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	34	1.1%	5	1.0%	29	1.1%
Mental Health Crisis Services	60	1.9%	13	2.7%	47	1.8%
Mental Health Clinic	457	14.7%	104	21.3%	353	13.5%
Substance Use Disorder Clinic	62	2.0%	11	2.2%	51	1.9%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Community Prevention Services	34	1.1%	6	1.2%	28	1.1%
Home Health	25	0.8%	3	0.6%	22	0.8%
Durable Medical Providers	219	7.0%	37	7.6%	182	6.9%
Post-hospital Skilled Nursing Facility	82	2.6%	5	1.0%	77	2.9%
Imaging	22	0.7%	7	1.4%	15	0.6%
Pharmacies	663	21.3%	39	8.0%	624	23.8%
Oral Health Clinic	0	0.0%	0	0.0%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	26	0.8%	4	0.8%	22	0.8%
Federally Qualified Health Centers	23	0.7%	4	0.8%	19	0.7%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	2	<0.1%	1	0.2%	1	<0.1%
Rural Health Centers	17	0.5%	3	0.6%	14	0.5%
Overall	**3109**	**>99.9%**	**489**	**100.0%**	**2620**	**100.0%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data has been presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not equal to the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Of the total 19,028 counted Individual Practitioners, stratifying data records identified 2,385 total contracted in-network providers in the geographic service area: 255 in Crook, 1,926 in Deschutes, 203 in Jefferson, and 117 in Klamath.
- Of the total 3,934 counted Facilities/Business/Service Providers, stratifying data records identified 517 total contracted in-network Facilities/Business in the geographic service area: 45 in Crook, 424 in Deschutes, 38 in Jefferson, and 37 in Klamath.

Table 3—Individual Practitioner and Facility/Business/Service County Count for PSCS-CO

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	2501	13.1%	2385	100.0%	116	0.7%
Bordering County	6137	32.4%	0	0.0%	6137	37.0%
Non-Bordering County	9688	50.8%	0	0.0%	9688	58.1%
Out of state – Bordering Counties	653	3.4%	0	0.0%	653	3.9%
Out of state – No Bordering Counties	49	0.3%	0	0.0%	49	0.3%
Overall	**19028**	**100.0%**	**2385**	**100.0%**	**16643**	**100.0%**
Facilities						
In Service Area	544	13.8%	510	98.7%	34	1.0%
Bordering County	1235	31.4%	0	0.0%	1235	36.1%
Non-Bordering County	1592	40.4%	0	0.0%	1592	46.6%
Out of state – Bordering Counties	246	6.3%	0	0.0%	246	7.2%
Out of state – No Bordering Counties	317	8.1%	7	1.3%	309	9.0%
Overall	**3934**	**100.0%**	**517**	**100.0%**	**3416**	**>99.9%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed PSCS-COs provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and pediatric populations, was reported out as a standalone category. OHAs analysis demonstrated that both new adult and pediatric PSCS-CO members had access to Primary Care Providers. Overall, there were no noted concerns with the total number of PCPs reported by PSCS-CO. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for PSCS-CO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	18	38	47.4%	18	38	47.4%	0	0	0.0%
Primary Care Provider Pediatric	34	38	89.5%	34	38	89.5%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	118	170	69.4%	118	170	69.4%	0	0	0.0%
PCPCH	155	503	30.8%	155	253	61.3%	0	250	0.0%
Overall	**325**	**749**	**43.4%**	**325**	**499**	**65.1%**	**0**	**250**	**0.0%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHAs analysis of PSCS-CO provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in PSCS-COs report:

- Of the 3,525 total contracted Mental Health Provider data records populated, only 58 (1.6%) were identified as speaking a non-English language.
- Of the 461 total SUD Providers populated, only ten (2.2%) were identified as speaking a non-English language, with none being contracted in-network providers.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for PSCS-CO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	4	38	10.5%	4	38	10.5%	0	0	0.0%
Primary Care Provider Pediatric	6	38	15.8%	6	38	15.8%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	20	170	11.8%	20	170	11.8%	0	0	0.0%
Specialty Provider	453	8953	5.1%	65	1071	6.1%	388	7882	4.9%
Oral Health Provider	73	472	15.5%	9	94	9.6%	64	378	16.9%
Mental Health Provider	58	3525	1.6%	10	583	1.7%	48	2942	1.6%
SUD Provider	10	461	2.2%	0	64	0.0%	10	397	2.5%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	1	0.0%	0	1	0.0%	0	0	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	**624**	**13658**	**4.6%**	**114**	**2059**	**5.5%**	**510**	**11599**	**4.4%**

[1] *Limited to providers in Oregon.*

Appendix J. DSN Evaluation Results for PacificSource Community Solutions–Columbia Gorge

PacificSource Community Solutions–Columbia Gorge (PSCS-CG) contracts with OHA to provide physical, behavioral, and oral health services to approximately 14,403 members residing in Wasco and Hood River counties. It is administered by the multi-state health group PacificSource.

- PSCS-CG makes extensive and effective use of data, health information technology, and health information exchange platforms to support and inform its operations, care coordination, network monitoring, and strategic decisions.
- While PSCS-CG makes strong use of its data, the CCO showed some difficulty in aligning its reporting with OHA provider capacity requirements.
- Time and Distance Analysis suggested possible inconsistencies between service categorizations and actual services offered by individual facilities and providers, resulting in some providers and facilities being incorrectly identified and potentially impacting overall analysis (e.g., HPSY).
- PSCS-CG described significant innovations in network adequacy monitoring and DSN adjustments, including such things as interpreting NEMT utilization data and utilization of language interpretation services within the same family or housing unit to identify systemic barriers to access or potential need for resources.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. PSCS-CG achieved 97 percent overall compliance with provider narrative elements.

Table J-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	33.0	100%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	19.0	95%
Performance on Metrics	3.0	75%
Overall	**72.0**	**97%**

PSCS-CG received three findings across all provider narrative elements.

Table J-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
15.2: CCO describes its ongoing monitoring cycle to ensure that cross-departmental	While PSCS-CG stated that it was developing the capability to identify and gather RCT feedback	PSCS-CG should describe, in future submissions, an established and ongoing monitoring cycle that

Element	Finding	Recommendation
interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions.	and insight to inform network adequacy, it was not yet doing so. The CCO's narrative also indicated that the feedback would be shared "at least annually" with its Oregon Access to Care Steering Committee. This element was *Partially Met*.	ensures cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions. Additionally, HSAG recommends, as a best practice, that the CCO collate and share cross-departmental interdisciplinary care team insights more frequently than annually.
16: CCO describes care coordination activities and/or interdisciplinary care teams established with each of the community stakeholders identified in elements 16.1 through 16.5. **16.1:** IHS and/or THS Clinics	PSCS-CG stated that it was in the process of developing systems to support collaboration with the PCS Tribal Liaison to provide culturally specific support to members who seek health care services from an IHS/THS Clinic. The CCO clearly described goals of the developing systems that would directly serve the members and needs of IHS and/or THS Clinics. This element was *Partially Met*.	PSCS-CG should describe an established system of care coordination and collaboration with IHS and/or THS Clinics in future submissions.
18.2: CCO describes its ongoing monitoring cycle to ensure that performance metrics are used in a meaningful manner to facilitate network adequacy decisions.	PSCS-CG stated that it would add performance metric data pertinent to access by 2022 and described how it would utilize such data. However, no such use of performance metrics was yet used to facilitate network adequacy decisions. This element was *Not Met*.	PSCS-CG should describe how it incorporates performance metrics data to facilitate network adequacy decisions in future submissions.

Time and Distance Analysis results are presented in the table below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table J-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 60 miles or 60 mins	7,378	48.8

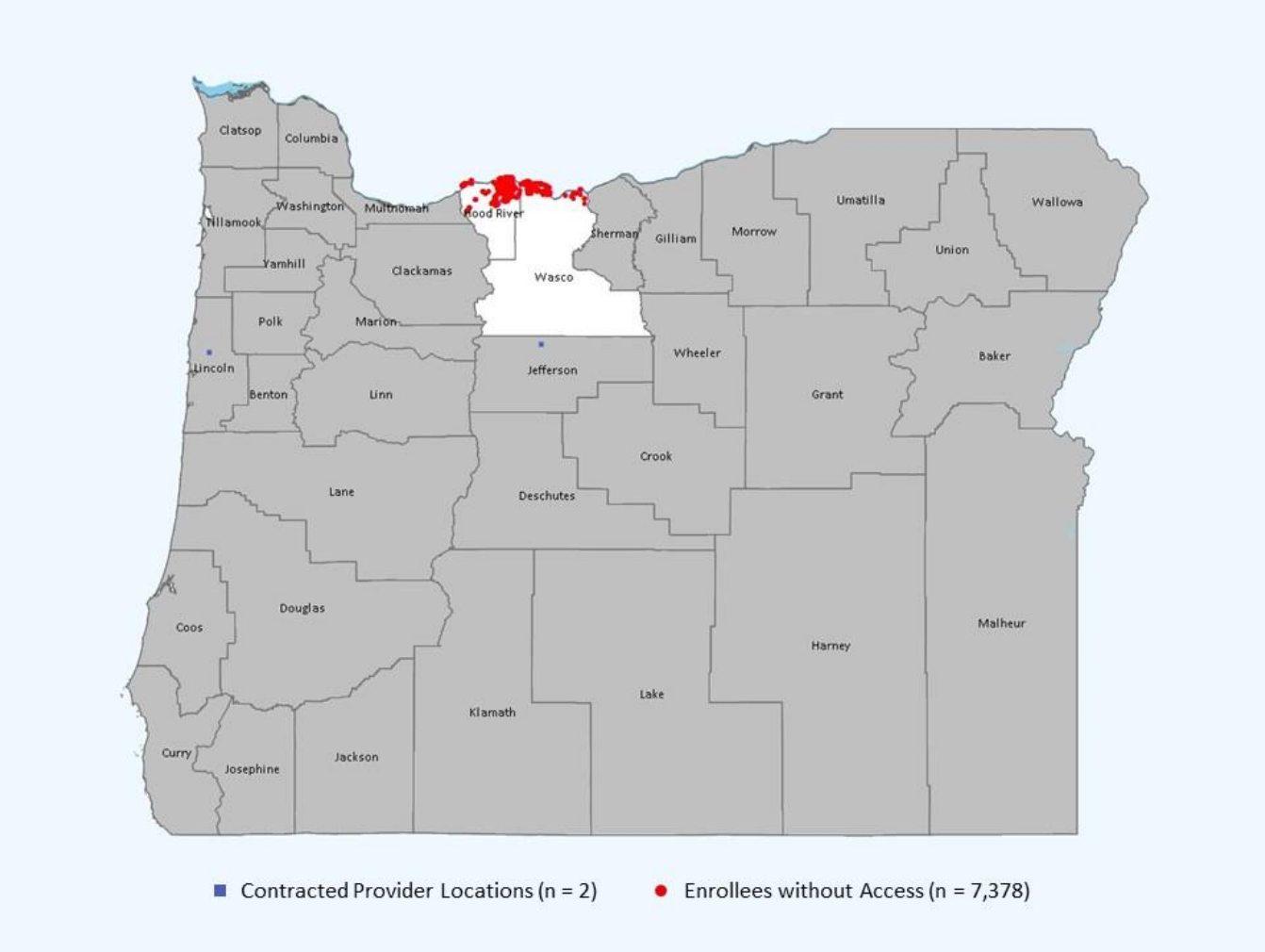
PSCS-CG did not meet the rural time and distance access standard for IHS/THS. However, some service categories, such as IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

PSCS-CG acknowledged that it does not yet have an adequate tribal health network in its service region and described both its current efforts to reduce or eliminate barriers to such care in the interim as well as its ongoing efforts to build relationships and secure additional contracts with IHS/THS. As such, these results should not necessarily be taken to mean that PSCS-CG offers limited or no access to IHS/THS.

In the course of conducting time and distance analysis, HSAG noted that there were possible inconsistencies between the State's provider and service categories, national provider taxonomies, and the services rendered by individual providers and facilities. As a result of these discrepancies, PSCS-CG reported a greater number of HPSY than appear available in the region. As such, results associated with HPSY should be viewed with caution until further review is conducted.

The figures below depict on a map the distribution of members without access to select types of providers that were noncompliant with OHA's time and distance standards. Maps are displayed for the following provider types for members in urban and rural locations: HPSY, IHS/THS, and RHC. While all three provider types failed to meet OHA time and distance standards, caution should be used when interpreting the results. As noted earlier, data quality issues associated with the categorization of HPSY could impact the accuracy of the time and distance results by overestimating access. For both IHS/THS and RHC, while access may be limited to these specific provider types, many of the services rendered at these locations are available to members through PCPs and similar preventive care providers.

Figure J-1—IHS/THS—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[J-1].

Quality of DSN Provider Capacity Reporting

PSCS-CG's submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was fair with several data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Group Name data field, only 95.5 percent had values present.
- Of the data records required to have a value populated in the Group NPI data field, only 94.9 percent had values present.
- Of the data records required to have a value populated in the Facility NPI data field, only 97.1 percent had values present.
- Of the data records required to have a value populated in the Facility Taxonomy Code data field, only 95.4 percent had values present.
- Of the data records required to have a value populated in the DMAP (Medicaid ID) data field only 96.0 percent had values present.
- Of the data records populated in the Phone data field, only 95.6 percent had values present.
- Of the data records required to have a value populated in Accepting New Medicaid Members data field, only 0.4 percent had values present.

Table 1—PSCS-CG Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field		DSN Quality Metrics		
	Providers Included[1]	% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	92.2%	100.0%	--
Provider NPI	Individual	>99.9%	100.0%	>99.9%

[J-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider Taxonomy Code	Individual	>99.9%	100.0%	>99.9%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	>99.9%	100.0%
Group Name	Individual	95.5%	100.0%	--
Group NPI	Individual	94.9%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	97.1%	100.0%	99.8%
Facility Taxonomy Code	Facility	95.4%	100.0%	100.0%
TIN	All	>99.9%	100.0%	--
DMAP (Medicaid ID)	All	96.0%	99.8%	--
Provider Category	All	100.0%	>99.9%	100.0%
Provider Service Category	All	100.0%	>99.9%	100.0%
Credentialing Date	Individual	100.0%	100.0%	100.0%
Non-English Language #1	Individual	4.8%	100.0%	--
Non-English Language #2	Individual	0.8%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	100.0%	--
Address #2	All	0.7%	100.0%	--
City	All	100.0%	99.8%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	>99.9%
County	All	>99.9%	100.0%	100.0%
Phone	All	95.6%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	100.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	0.4%	100.0%	100.0%
Network Status	All	99.3%	100.0%	100.0%

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values of 01, 02, & 03
Individual[1] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values of 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values of 04 & 05
All includes ProvCat Values of 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01, 02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 13,476 individual practitioner and 3,089 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by PSCS-CG to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of PSCS-CG DSN Provider Capacity Report submission:

- Of the 13,476 total counted individual practitioners, 530 data records were identified as contracted in-network providers.
- Of the 8,993 total Specialty Provider data records populated, 304 were identified as in-network.
- Of the 3,495 total counted Mental Health Provider data records populated, only 111 were identified as in-network.
- Of the 458 total SUD Provider data records populated, only seven were identified as in-network.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 3,089 total counted Facility/Business/Service Providers, only 132 data records were identified as contracted and in-network.
- Of the 76 total Hospital data records populated, only three were identified as in-network.
- Of the 56 total Mental Health Crisis Services data records populated, only one was identified as in-network.
- Of the 455 total Mental Health Clinic data records populated, 22 were identified as in-network.
- Of the 216 total Durable Medical Providers data records populated, only six were identified as in-network.

- Of the 22 total Image data records populated, none were identified as in-network.
- Of the 662 total Pharmacies data records populated, only 10 were identified as in-network.
- Of the 23 total Federally Qualified Health Center data records populated, two were identified as in-network.
- Only two Indian Health Service and Tribal Health Service data records were populated, but none were identified as in-network.
- No Non-Emergent Medical Transportation, Oral Health Clinic, Oral Health Mobile Clinic, or School-based Health Centers data records were populated.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for PSCS-CG

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	12	<0.1%	12	2.3%	0	0.0%
Primary Care Provider, Pediatric	6	<0.1%	6	1.1%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	56	0.4%	56	10.6%	0	0.0%
Specialty Provider	8993	66.7%	304	57.4%	8689	67.1%
Oral Health Provider	455	3.4%	34	6.4%	421	3.3%
Mental Health Provider	3495	25.9%	111	20.9%	3384	26.1%
SUD Provider	458	3.4%	7	1.3%	451	3.5%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	1	<0.1%	0	0.0%	1	<0.1%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	**13476**	**100.0%**	**530**	**100.0%**	**12946**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	182	5.9%	11	8.3%	171	5.8%
Specialty Care Clinic	980	31.7%	51	38.6%	929	31.4%
Hospital	76	2.5%	3	2.3%	73	2.5%
Urgent Care Center	33	1.1%	2	1.5%	31	1.0%
Ambulance and Emergency Medical Transportation	103	3.3%	7	5.3%	96	3.2%
Non-Emergent Medical Transportation	0	0.0%	0	0.0%	0	0.0%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Hospital, Acute Psychiatric Care	34	1.1%	2	1.5%	32	1.1%
Mental Health Crisis Services	56	1.8%	1	0.8%	55	1.9%
Mental Health Clinic	455	14.7%	22	16.7%	433	14.6%
Substance Use Disorder Clinic	61	2.0%	1	0.8%	60	2.0%
Community Prevention Services	33	1.1%	2	1.5%	31	1.0%
Home Health	26	0.8%	2	1.5%	24	0.8%
Durable Medical Providers	216	7.0%	6	4.5%	210	7.1%
Post-hospital Skilled Nursing Facility	82	2.7%	3	2.3%	79	2.7%
Imaging	22	0.7%	0	0.0%	22	0.7%
Pharmacies	662	21.4%	10	7.6%	652	22.0%
Oral Health Clinic	0	0.0%	0	0.0%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	26	0.8%	2	1.5%	24	0.8%
Federally Qualified Health Centers	23	0.7%	2	1.5%	21	0.7%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	2	<0.1%	0	0.0%	2	<0.1%
Rural Health Centers	17	0.6%	5	3.8%	12	0.4%
Overall	**3089**	**100.0%**	**132**	**100.0%**	**2957**	**100.0%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data was presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Of the total 19,005 counted Individual Practitioners, stratifying data records identified 611 total contracted in-network providers in the geographic service area: 277 in Hood River and 334 in Wasco.
- Of the total 3,934 counted Facilities/Business/Service Providers, stratifying data records identified 144 total contracted in-network Facilities/Business in the geographic service area: 66 in Hood River and 78 in Wasco.

Table 3—Individual Practitioner and Facility/Business/Service County Count for PSCS-CG

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	611	3.3%	611	100.0%	0	0.0%
Bordering County	7920	41.7%	0	0.0%	7920	43.1%
Non-Bordering County	9771	51.3%	0	0.0%	9771	53.0%
Out of state – Bordering Counties	654	3.4%	0	0.0%	654	3.6%
Out of state – No Bordering Counties	49	0.3%	0	0.0%	49	0.3%
Overall	**19005**	**100.0%**	**611**	**100.0%**	**18394**	**100.0%**
Facilities						
In Service Area	144	3.7%	144	100.0%	0	0.0%
Bordering County	1191	30.3%	0	0.0%	1191	31.4%
Non-Bordering County	2036	51.6%	0	0.0%	2036	53.8%
Out of state – Bordering Counties	246	6.3%	0	0.0%	246	6.5%
Out of state – No Bordering Counties	317	8.1%	0	0.0%	316	8.3%
Overall	**3934**	**100.0%**	**144**	**100.0%**	**3789**	**100.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed PSCS-CGs provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and pediatric populations, was reported out as a standalone category. OHAs analysis demonstrated that both new adult and pediatric PSCS-CG members had access to Primary Care Providers. Overall, there were

no noted concerns with the total number of PCPs reported by PSCS-CG. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for PSCS-CG

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	11	12	91.7%	11	12	91.7%	0	0	0.0%
Primary Care Provider Pediatric	5	6	83.3%	5	6	83.3%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	54	56	96.4%	54	56	96.4%	0	0	0.0%
PCPCH	64	356	18.0%	64	95	67.4%	0	261	0.0%
Overall	**134**	**430**	**31.2%**	**134**	**169**	**79.3%**	**0**	**261**	**0.0%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of PSCS-CG provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in PSCS-CGs report:

- PCPA and PCPB total data records populated, no providers were identified as speaking a non-English language.
- Of the 3,495 total count contracted Mental Health Provider data records populated, only 58 (1.7%) were identified as speaking a non-English language, with none being contracted in-network providers.
- Of the 458 total count contracted SUD Provider data records populated, only ten (2.2%) were identified as speaking a non-English language, with none being contracted in-network providers.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for PSCS-CG

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	0	12	0.0%	0	12	0.0%	0	0	0.0%
Primary Care Provider Pediatric	0	6	0.0%	0	6	0.0%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	19	56	33.9%	19	56	33.9%	0	0	0.0%
Specialty Provider	451	8993	5.0%	15	304	4.9%	436	8689	5.0%
Oral Health Provider	69	455	15.2%	8	34	23.5%	61	421	14.5%
Mental Health Provider	58	3495	1.7%	0	111	0.0%	58	3384	1.7%
SUD Provider	10	458	2.2%	0	7	0.0%	10	451	2.2%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	1	0.0%	0	0	0.0%	0	1	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	**607**	**13476**	**4.5%**	**42**	**530**	**7.9%**	**565**	**12946**	**4.4%**

[1] *Limited to providers in Oregon.*

Appendix K. DSN Evaluation Results for PacificSource Community Solutions–Lane

PacificSource Community Solutions–Lane (PSCS-Lane) contracts with OHA to provide physical, behavioral, and oral health services to approximately 74,300 members residing in Lane County. It is administered by the multi-state health group PacificSource.

- PSCS-Lane makes extensive and effective use of data, health information technology, and health information exchange platforms to support and inform its operations, care coordination, network monitoring, and strategic decisions.
- While PSCS-Lane makes strong use of its data, the CCO showed some difficulty in aligning its reporting with OHA provider capacity requirements.
- Time and Distance Analysis suggested possible inconsistencies between service categorizations and actual services offered by individual facilities and providers, resulting in some providers and facilities being incorrectly identified and potentially impacting overall analysis (e.g., HPSY).
- PSCS-Lane described significant innovations in network adequacy monitoring and DSN adjustments, including such things as interpreting NEMT utilization data and utilization of language interpretation services within the same family or housing unit to identify systemic barriers to access or potential need for resources.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. PSCS-Lane achieved 96 percent overall compliance with provider narrative elements.

Table K-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	32.0	97%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	19.0	95%
Performance on Metrics	3.0	75%
Overall	**71.0**	**96%**

PSCS-Lane received five findings across all provider narrative elements.

Table K-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3.13: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, the CCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.	While PSCS-Lane addressed its low rate of access to RHC (83.5 percent without access) by stating that it has contracted with all available RHCs in the service region and will audit provider records to determine if there are any undesignated RHC facilities in Q4 2021, the CCO did not address the issues of noncompliant access rates to HOSP and HPSY in its narrative response. This element was *Partially Met*.	PSCS-Lane should address all instances of noncompliance in future narrative submissions.
3.14: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, CCO must describe the expected time frame for resolution before compliance is achieved.	While PSCS-Lane addressed its low rate of access to RHC (83.5 percent without access) by stating that it has contracted with all available RHCs in the service region and will audit provider records to determine if there are any undesignated RHC facilities in Q4 2021, the CCO did not address the issues of noncompliant access rates to HOSP and HPSY in its narrative response. This element was *Partially Met*.	PSCS-Lane should address all instances of noncompliance in future narrative submissions.
15.2: CCO describes its ongoing monitoring cycle to ensure that cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions.	While PSCS-Lane stated that it was developing the capability to identify and gather RCT feedback and insight to inform network adequacy, it was not yet doing so. The CCO's narrative also indicated that the feedback would be shared "at least annually" with its Oregon Access to Care Steering Committee. This element was *Partially Met*.	PSCS-Lane should describe, in future submissions, an established and ongoing monitoring cycle that ensures cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions. Additionally, HSAG recommends, as a best practice, that the CCO collate and share cross-departmental interdisciplinary care team insights more frequently than annually.

Element	Finding	Recommendation
16: CCO describes care coordination activities and/or interdisciplinary care teams established with each of the community stakeholders identified in elements 16.1 through 16.5. **16.1:** IHS and/or THS Clinics	PSCS-Lane stated that it was in the process of developing systems to support collaboration with the PCS Tribal Liaison to provide culturally specific support to members who seek health care services from an IHS/THS Clinic. The CCO clearly described goals of the developing systems that would directly serve the members and needs of IHS and/or THS Clinics. This element was *Partially Met*.	PSCS-Lane should describe an established system of care coordination and collaboration with IHS and/or THS Clinics in future submissions.
18.2: CCO describes its ongoing monitoring cycle to ensure that performance metrics are used in a meaningful manner to facilitate network adequacy decisions.	PSCS-Lane stated that it would add performance metric data pertinent to access by 2022 and described how it would utilize such data. However, no such use of performance metrics was yet used to facilitate network adequacy decisions. This element was *Not Met*.	PSCS-Lane should describe how it incorporates performance metrics data to facilitate network adequacy decisions in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table K-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 30 miles or 30 mins	63,195	0.0
RHC	1 in 30 miles or 30 mins	63,195	0.0

Table K-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 60 miles or 60 mins	6,824	38.6
RHC	1 in 60 miles or 60 mins	10,233	7.9

PSCS-Lane did not meet either the urban or rural time and distance access standards for IHS/THS and RHC. These results should not necessarily be interpreted to mean that members are without access to key services. Most of the services offered by some service categories could reasonably be accessible to members through other fully compliant access standards met for PCPs and similar facilities, and in some cases the CCO has reached contracting saturation with some service categories in its region (i.e., RHC). Additionally, some service categories, such as IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

PSCS-Lane acknowledged that it does not yet have an adequate tribal health network in its service region and described both its current efforts to reduce or eliminate barriers to such care in the interim as well as its ongoing efforts to build relationships and secure additional contracts with IHS/THS. As such, these results should not necessarily be taken to mean that PSCS-Lane offers limited or no access to IHS/THS.

In the course of conducting time and distance analysis, HSAG noted that there were possible inconsistencies between the State's provider and service categories, national provider taxonomies, and the services rendered by individual providers and facilities. As a result of these discrepancies, PSCS-Lane reported a greater number of HPSY than appear available in the region. As such, results associated with HPSY should be viewed with caution until further review is conducted.

The figures below depict on a map the distribution of members without access to select types of providers that were noncompliant with OHA's time and distance standards. Maps are displayed for the following provider types for members in urban and rural locations: HPSY, IHS/THS, and RHC. While all three provider types failed to meet OHA time and distance standards, caution should be used when interpreting the results. As noted earlier, data quality issues associated with the categorization of HPSY could impact the accuracy of the time and distance results by overestimating access. For both IHS/THS and RHC, while access may be limited to these specific provider types, many of the services rendered at these locations are available to members through PCPs and similar preventive care providers.

Figure K-1—IHS/THS—Rural

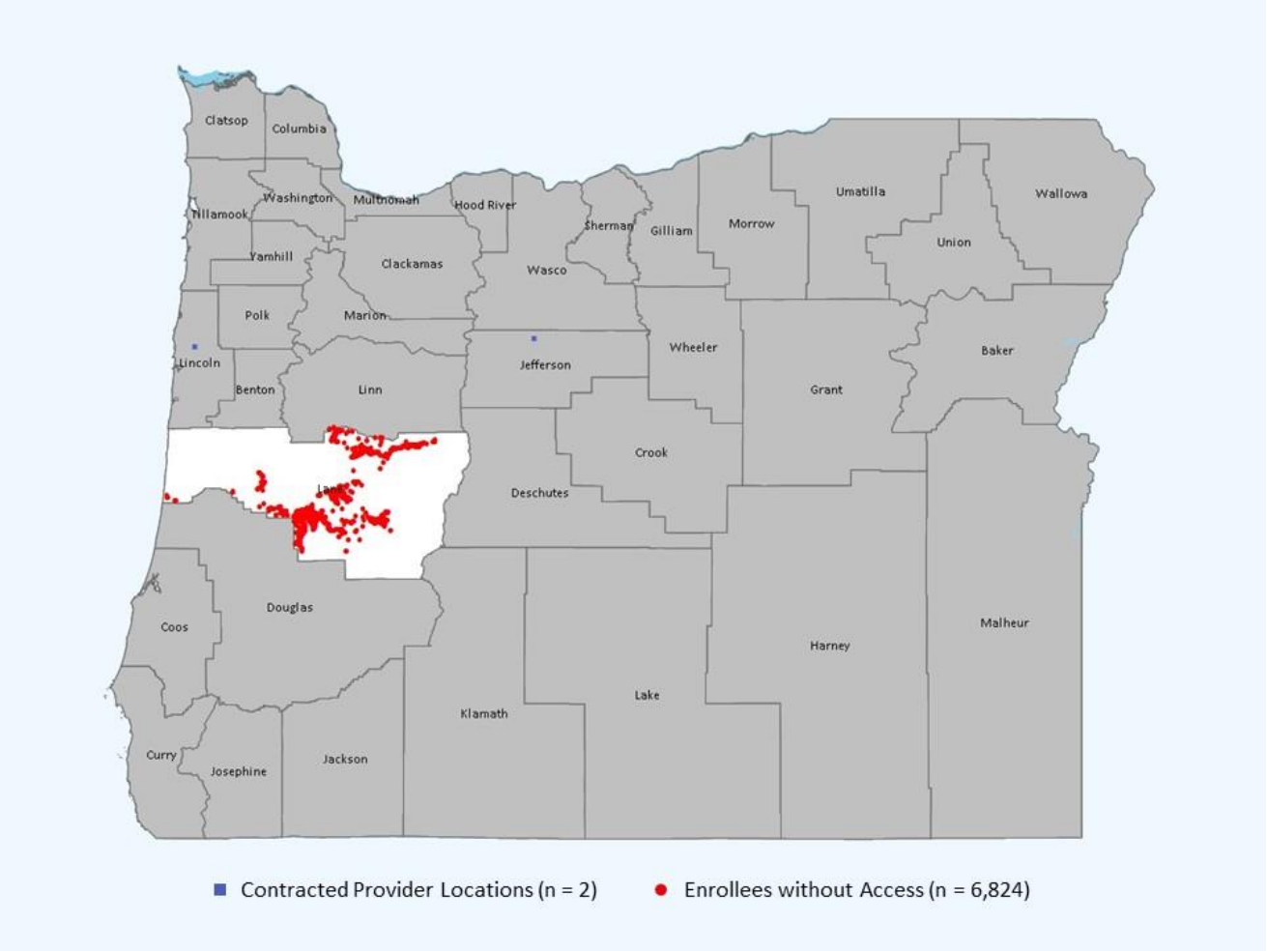
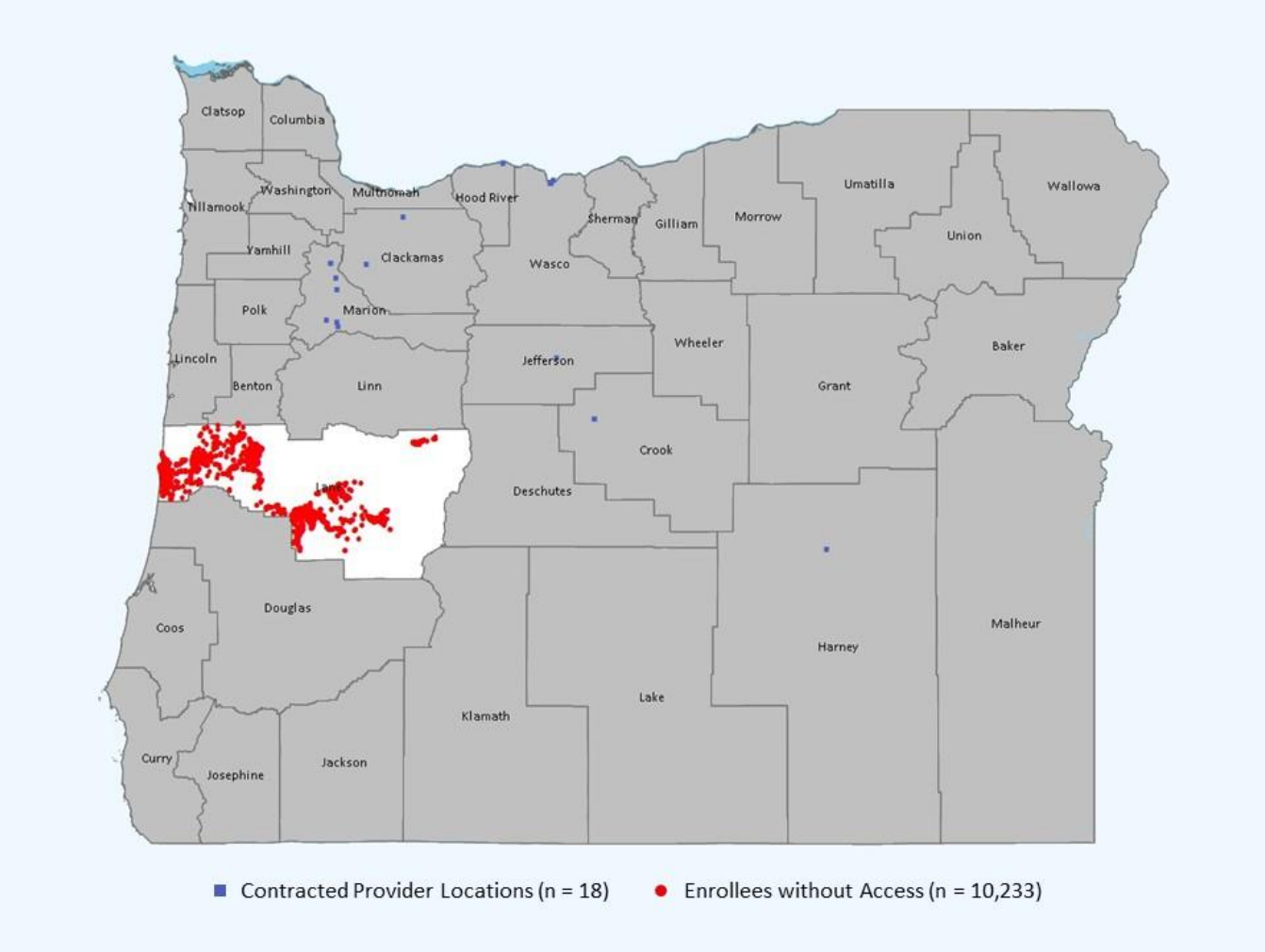

Clatsop
Columbia
Washington
Multnomah
Hood River
Tillamook
Yamhill
Clackamas
Wasco
Sherman
Gilliam
Morrow
Umatilla
Wallowa
Union
Polk
Marion
Jefferson
Wheeler
Baker
Lincoln
Benton
Linn
Grant
Crook
Deschutes
Douglas
Coos
Harney
Malheur
Lake
Klamath
Curry
Josephine
Jackson
Contracted Provider Locations (n = 2)
Enrollees without Access (n = 6,824)

Figure K-2—RHC—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[K-1].

Quality of DSN Provider Capacity Reporting

PSCS-Lane's submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was fair with several data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Group Name data field, only 95.5 percent had values present.
- Of the data records required to have a value populated in the Group NPI data field, only 94.9 percent had values present.
- Of the data records required to have a value populated in the Facility NPI data field, only 97.1 percent had values present.
- Of the data records required to have a value populated in the Facility Taxonomy Code, only 95.3 percent had values present.
- Of the data records required to have a value populated in the DMAP (Medicaid ID) data field, only 96.0 percent had values present.
- Of the data records required to have a value populated in the Phone data field, only 95.6 percent had values present.
- Of the data records required to have a value populated in Accepting New Medicaid Members data field, only 2.5 percent had values present.

Table 1—PSCS-Lane Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	92.2%	100.0%	--

[K-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider NPI	Individual	>99.9%	100.0%	>99.9%
Provider Taxonomy Code	Individual	>99.9%	>99.9%	>99.9%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	95.5%	100.0%	--
Group NPI	Individual	94.9%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	97.1%	100.0%	99.8%
Facility Taxonomy Code	Facility	95.3%	99.8%	100.0%
TIN	All	>99.9%	>99.9%	--
DMAP (Medicaid ID)	All	96.0%	>99.9%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	100.0%	100.0%
Non-English Language #1	Individual	4.8%	100.0%	--
Non-English Language #2	Individual	0.8%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	99.8%	--
Address #2	All	0.7%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	>99.9%
County	All	>99.9%	100.0%	100.0%
Phone	All	95.6%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	100.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	2.5%	100.0%	100.0%

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Network Status	All	99.3%	>99.9%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]*Individual includes ProvCat Values 01, 02, & 03*
Individual[1] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values 04 & 05
All includes ProvCat Values 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01 ,02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in total counts of 13,872 individual practitioner and 3,128 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by PSCS-LC to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of PSCS-Lane's DSN Provider Capacity Report submission:

- Of the 13,872 total counted individual practitioners populated, only 3,095 data records were identified as contracted and in-network providers.
- Of the 8,964 total Specialty Provider data records populated, only 1,277 were identified as in-network.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 3,128 total counted facility/business/service providers populated, only 550 data records were identified as contracted and in-network providers.
- Of the 35 total Urgent Care Center data records populated, only four were identified as in-network.
- Of the 104 total Ambulance and Emergency Medical Transportation data records populated, only nine were identified as in-network.
- Of the 60 total Mental Health Crisis Services data records populated, only nine were identified as in-network.
- Of the 26 total Home Health data records populated, only four were identified as in-network.

- Of the 82 total Post-hospital Skilled Nursing Facility data records populated, only 11 were identified as in-network.
- Of the 662 total Pharmacies data records populated, only 70 were identified as in-network.
- Of the 25 total Hospice data records populated, three were identified as in-network.
- Of the 23 total Federally Qualified Health Center data records populated, one was identified as in-network.
- Only two Indian Health Service and Tribal Health Service data records were populated, but none were identified as in-network.
- Of the 17 Rural Health Centers data records populated, none were identified as in-network.
- No Oral Health Clinic, Oral Health Mobile Clinic, or School-based Health Centers data records were populated.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for PSCS-Lane

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	63	0.5%	63	2.0%	0	0.0%
Primary Care Provider, Pediatric	60	0.4%	60	1.9%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	294	2.1%	294	9.5%	0	0.0%
Specialty Provider	8964	64.6%	1277	41.3%	7687	71.3%
Oral Health Provider	473	3.4%	130	4.2%	343	3.2%
Mental Health Provider	3561	25.7%	1108	35.8%	2453	22.8%
SUD Provider	456	3.3%	163	5.3%	293	2.7%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	1	<0.1%	0	0.0%	1	<0.1%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	**13872**	**100.0%**	**3095**	**100.0%**	**10777**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	190	6.1%	39	7.1%	151	5.9%
Specialty Care Clinic	990	31.6%	176	32.0%	814	31.6%
Hospital	76	2.4%	19	3.5%	57	2.2%
Urgent Care Center	35	1.1%	4	0.7%	31	1.2%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Ambulance and Emergency Medical Transportation	104	3.3%	9	1.6%	95	3.7%
Non-Emergent Medical Transportation	1	<0.1%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	36	1.2%	9	1.6%	27	1.0%
Mental Health Crisis Services	60	1.9%	9	1.6%	51	2.0%
Mental Health Clinic	463	14.8%	131	23.8%	332	12.9%
Substance Use Disorder Clinic	63	2.0%	19	3.5%	44	1.7%
Community Prevention Services	33	1.1%	1	0.2%	32	1.2%
Home Health	26	0.8%	4	0.7%	22	0.9%
Durable Medical Providers	218	7.0%	40	7.3%	178	6.9%
Post-hospital Skilled Nursing Facility	82	2.6%	11	2.0%	71	2.8%
Imaging	22	0.7%	5	0.9%	17	0.7%
Pharmacies	662	21.2%	70	12.7%	592	23.0%
Oral Health Clinic	0	0.0%	0	0.0%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	25	0.8%	3	0.5%	22	0.9%
Federally Qualified Health Centers	23	0.7%	1	0.2%	22	0.9%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	2	<0.1%	0	0.0%	2	<0.1%
Rural Health Centers	17	0.5%	0	0.0%	17	0.7%
Overall	**3128**	**100.0%**	**550**	**100.0%**	**2577**	**>99.9%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data has been presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not total to the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic

service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Of the total 19,059 counted Individual Practitioners, stratifying data records identified 3,095 total contracted in-network providers in the geographic service area of Lane County.
- Of the total 3,931 counted Facilities/Business/Service Providers, stratifying data records identified 550 total contracted in-network Facilities/Business in the geographic service area of Lane County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for PSCS-*Lane*

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	3095	16.2%	3095	100.0%	0	0.0%
Bordering County	2854	15.0%	0	0.0%	2854	18.0%
Non-Bordering County	12406	65.1%	0	0.0%	12406	77.6%
Out of state – Bordering Counties	655	3.4%	0	0.0%	655	4.1%
Out of state – No Bordering Counties	49	0.3%	0	0.0%	49	0.3%
Overall	**19059**	**100.0%**	**3095**	**100.0%**	**15964**	**100.0%**
Facilities						
In Service Area	551	14.0%	550	100.0%	0	0.0%
Bordering County	691	17.6%	0	0.0%	691	20.3%
Non-Bordering County	2129	54.2%	0	0.0%	2129	63.1%
Out of state – Bordering Counties	244	6.00%	0	0.0%	244	7.0%
Out of state – No Bordering Counties	316	8.2%	0	0.0%	316	9.6%
Overall	**3931**	**100.0%**	**550**	**100.0%**	**3380**	**100.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed PSCS-Lane's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and

pediatric populations, was reported out as a standalone category. OHAs analysis demonstrated that both new adult and pediatric PSCS-Lane members had access to Primary Care Providers. Overall, there were no noted concerns with the total number of PCPs reported by PSCS-Lane. Table 4 exhibits data results stratified by contracted, in-network providers and contracted, out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for PSCS-Lane

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	27	63	42.9%	27	63	42.9%	0	0	0.0%
Primary Care Provider Pediatric	37	60	61.7%	37	60	61.7%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	168	294	57.1%	168	294	57.1%	0	0	0.0%
PCPCH	137	503	27.2%	137	282	48.6%	0	221	0.0%
Overall	**369**	**920**	**40.1%**	**369**	**699**	**52.8%**	**0**	**221**	**0.0%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHA's analysis of PSCS-Lane provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5.

- Of the 3,561 total contracted Mental Health Provider data records populated, only 58 (1.6%) was identified as speaking a non-English language.
- Of the 456 total contracted SUD Provider data records populated, only 10 (2.2%) was identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for PSCS-Lane

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	6	63	9.5%	6	63	9.5%	0	0	0.0%
Primary Care Provider Pediatric	10	60	16.7%	10	60	16.7%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	13	294	4.4%	13	294	4.4%	0	0	0.0%
Specialty Provider	449	8964	5.0%	58	1277	4.5%	391	7687	5.1%
Oral Health Provider	72	473	15.2%	21	130	16.2%	51	343	14.9%
Mental Health Provider	58	3561	1.6%	19	1108	1.7%	39	2453	1.6%
SUD Provider	10	456	2.2%	5	163	3.1%	5	293	1.7%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	1	0.0%	0	0	0.0%	0	1	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	**618**	**13872**	**4.5%**	**132**	**3095**	**4.3%**	**486**	**10777**	**4.5%**

[1] *Limited to providers in Oregon.*

Appendix L. DSN Evaluation Results for PacificSource Community Solutions–Marion Polk

PacificSource Community Solutions–Marion Polk (PSCS-MP) contracts with OHA to provide physical, behavioral, and oral health services to approximately 119,692 members residing in Marion and Polk counties. It is administered by the multi-state health group PacificSource.

- PSCS-MP makes extensive and effective use of data, health information technology, and health information exchange platforms to support and inform its operations, care coordination, network monitoring, and strategic decisions.
- While PSCS-MP makes strong use of its data, the CCO showed some difficulty in aligning its reporting with OHA provider capacity requirements.
- Time and Distance Analysis suggested possible inconsistencies between service categorizations and actual services offered by individual facilities and providers, resulting in some providers and facilities being incorrectly identified and potentially impacting overall analysis (e.g., HPSY).
- PSCS-MP described significant innovations in network adequacy monitoring and DSN adjustments, including such things as interpreting NEMT utilization data and utilization of language interpretation services within the same family or housing unit to identify systemic barriers to access or potential need for resources.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. PSCS-MP achieved 97 percent overall compliance with provider narrative elements.

Table L-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	32.5	98%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	19.0	95%
Performance on Metrics	3.0	75%
Overall	**71.5**	**97%**

PSCS-MP received four findings across all provider narrative elements.

Table L-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
7: CCO describes how it actively collects, monitors, and interprets data, survey results, and member	While PSCS-MP's narrative response spoke to the use of its encounter data as well as the	PSCS-MP should provide additional explanation and evidence of oversight of its

Element	Finding	Recommendation
feedback from each group source listed in elements 7.1 through 7.5 and incorporates the feedback into network adequacy decisions: **7.4:** CCO encounter data	processes of its subcontractor Kaiser Permanente Northwest (KPNW), it was not clear how the CCO conducts oversight of KPNW's use of encounter data to influence network adequacy decisions. This element was *Partially Met*.	subcontractor KPNW's use of encounter data to influence network adequacy decisions in future submissions.
15.2: CCO describes its ongoing monitoring cycle to ensure that cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions.	While PSCS-MP stated that it was developing the capability to identify and gather RCT feedback and insight to inform network adequacy, it was not yet doing so. The CCO's narrative also indicated that the feedback would be shared "at least annually" with its Oregon Access to Care Steering Committee. This element was *Partially Met*.	PSCS-MP should describe, in future submissions, an established and ongoing monitoring cycle that ensures cross-departmental interdisciplinary care team insight and/or feedback is used in a meaningful manner to facilitate network adequacy decisions. Additionally, HSAG recommends, as a best practice, that the CCO collate and share cross-departmental interdisciplinary care team insights more frequently than annually.
16: CCO describes care coordination activities and/or interdisciplinary care teams established with each of the community stakeholders identified in elements 16.1 through 16.5. **16.1:** IHS and/or THS Clinics	PSCS-MP stated that it was in the process of developing systems to support collaboration with the PCS Tribal Liaison to provide culturally specific support to members who seek health care services from an IHS/THS Clinic. The CCO clearly described goals of the developing systems that would directly serve the members and needs of IHS and/or THS Clinics. This element was *Partially Met*.	PSCS-MP should describe an established system of care coordination and collaboration with IHS and/or THS Clinics in future submissions.
18.2: CCO describes its ongoing monitoring cycle to ensure that performance metrics are used in a meaningful manner to facilitate network adequacy decisions.	PSCS-MP stated that it would add performance metric data pertinent to access by 2022 and described how it would utilize such data. However, no such use of performance metrics was yet used to facilitate network adequacy	PSCS-MP should describe how it incorporates performance metrics data to facilitate network adequacy decisions in future submissions.

Element	Finding	Recommendation
	decisions. This element was *Not Met*.	

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table L-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 30 miles or 30 mins	108,140	<0.1

Table L-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 60 miles or 60 mins	4,798	58.4

PSCS-MP did not meet either the urban or rural time and distance access standards for IHS/THS. These results should not necessarily be interpreted to mean that members are without access to key services. Most of the services offered by some service categories could reasonably be accessible to members through other fully compliant access standards met for PCPs and similar facilities. Additionally, some service categories, such as IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

PSCS-MP acknowledged that it does not yet have an adequate tribal health network in its service region and described both its current efforts to reduce or eliminate barriers to such care in the interim as well as its ongoing efforts to build relationships and secure additional contracts with IHS/THS. As such, these results should not necessarily be taken to mean that PSCS-MP offers limited or no access to IHS/THS.

In the course of conducting time and distance analysis, HSAG noted that there were possible inconsistencies between the State's provider and service categories, national provider taxonomies, and the services rendered by individual providers and facilities. As a result of these discrepancies, PSCS-MP

reported a greater number of HPSY than appear available in the region. As such, results associated with HPSY should be viewed with caution until further review is conducted.

The figures below depict on a map the distribution of members without access to select types of providers that were noncompliant with OHA's time and distance standards. Maps are displayed for the following provider types for members in urban and rural locations: HPSY, IHS/THS, and RHC. While all three provider types failed to meet OHA time and distance standards, caution should be used when interpreting the results. As noted earlier, data quality issues associated with the categorization of HPSY could impact the accuracy of the time and distance results by overestimating access. For both IHS/THS and RHC, while access may be limited to these specific provider types, many of the services rendered at these locations are available to members through PCPs and similar preventive care providers.

Figure L-1—IHS/THS—Urban

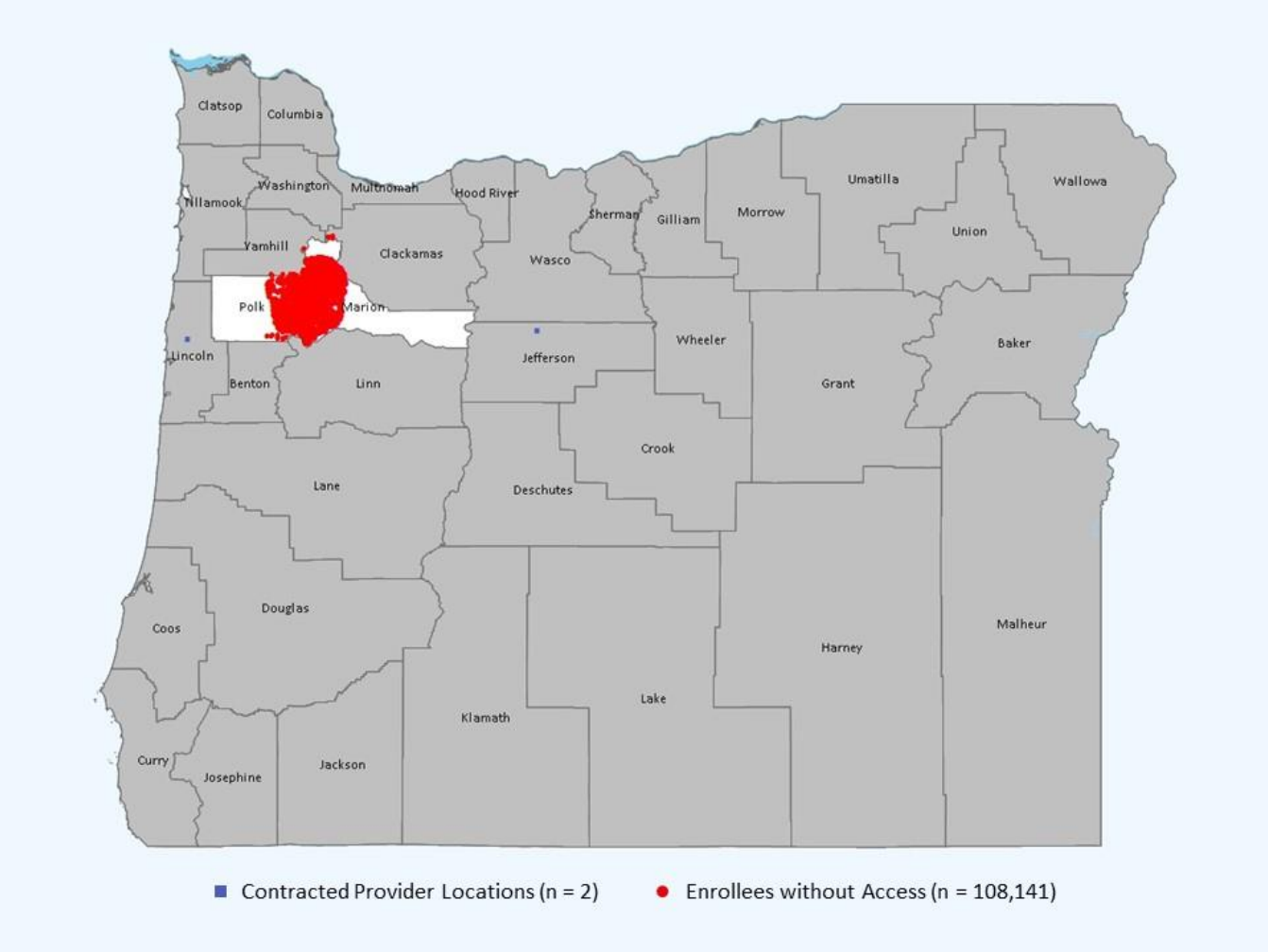
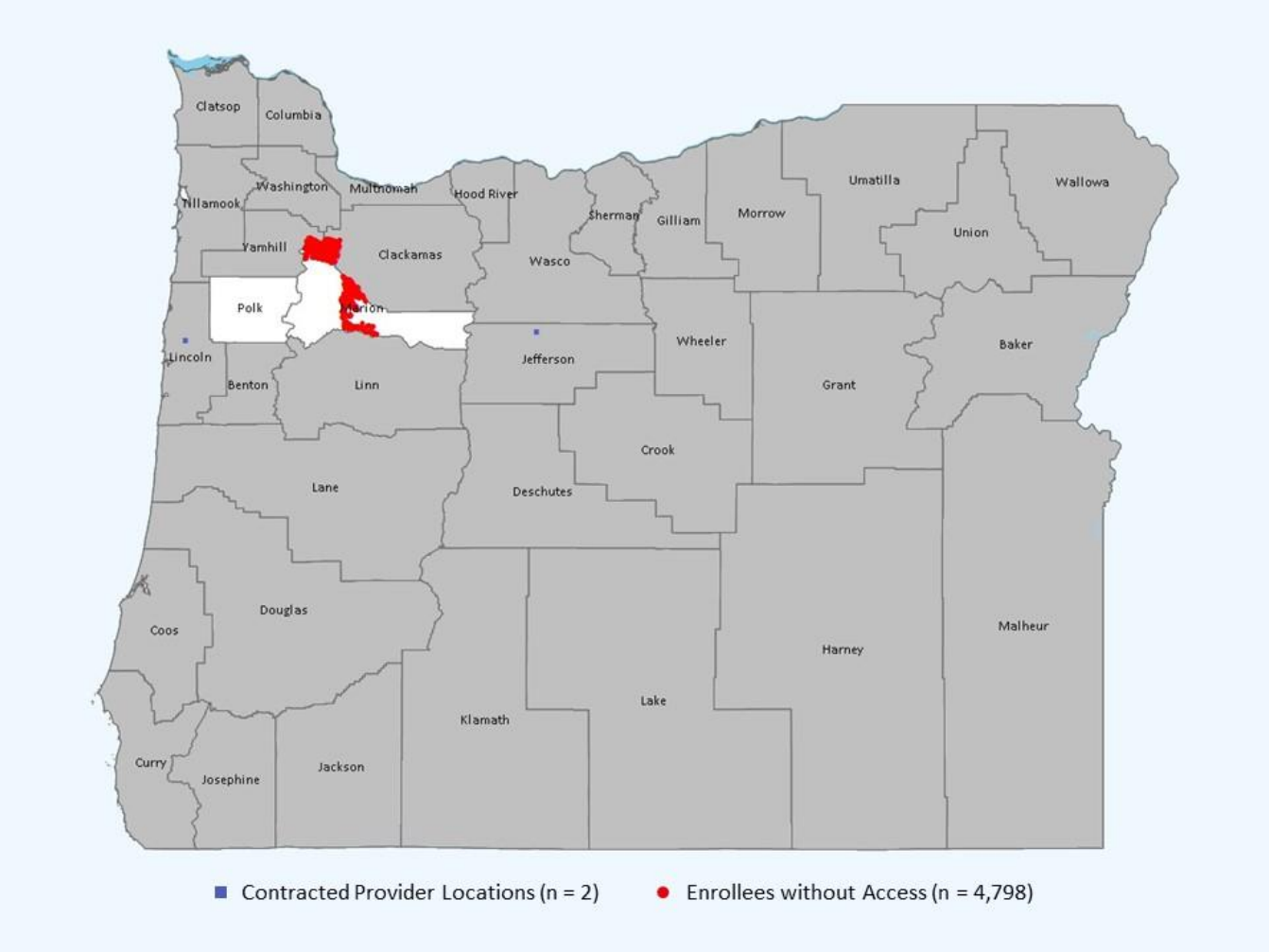


Figure L-2—IHS/THS—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[L-1].

Quality of DSN Provider Capacity Reporting

PSCS-MP's submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was fair with a several data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Of the data records required to have a value populated in the Group Name data field, only 95.7 percent had values present.
- Of the data records required to have a value populated in the Group NPI data field, only 95.1 percent had values present.
- Of the data records required to have a value populated in the Facility NPI data field, only 97.1 percent had values present.
- Of the data records required to have a value populated in the Facility Taxonomy Code data field, only 95.4 percent had values present.
- Of the data records required to have a value populated in the DMAP (Medicaid ID) data field only 96.1 percent had values present.
- Of the data records required to have a value populated in the phone data field, only 95.7 percent had values present.
- Of the data records required to have a value populated in Accepting New Medicaid Members data field, only 1.8 percent had values present.

Table 1—PSCS-MP Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	91.9%	100.0%	--

[L-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider NPI	Individual	>99.9%	100.0%	>99.9%
Provider Taxonomy Code	Individual	>99.9%	>99.9%	>99.9%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	95.7%	100.0%	--
Group NPI	Individual	95.1%	100.0%	>99.9%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	97.1%	100.0%	99.8%
Facility Taxonomy Code	Facility	95.4%	99.8%	100.0%
TIN	All	>99.9%	>99.9%	--
DMAP (Medicaid ID)	All	96.1%	>99.9%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	100.0%	100.0%
Non-English Language #1	Individual	4.9%	100.0%	--
Non-English Language #2	Individual	0.8%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	99.7%	--
Address #2	All	1.2%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	>99.9%
County	All	>99.9%	100.0%	100.0%
Phone	All	95.7%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	100.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	1.8%	100.0%	100.0%

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Network Status	All	99.3%	>99.9%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]*Individual includes ProvCat Values 01, 02, & 03*

Individual[1] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values 04 & 05
All includes ProvCat Values 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01 ,02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 14,106 individual practitioner and 3,148 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by PSCS-MP to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of PSCS-MP DSN Provider Capacity Report submission:

- Of the 14,106 total individual practitioners, 2,593 data records were identified as contracted in-network providers.
- Of the 8,900 total counted Specialty Provider data records populated, 960 were identified as in-network.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 3,148 total counted Facility/Business/Service Providers, only 511 data records were identified as contracted in-network.
- Of the 76 total counted Hospital data records populated, only ten were identified as in-network.
- Of the 102 total counted Ambulance and Emergency Medical Transportation data records populated, only elevens were identified as in-network.
- Of the 461 total counted Mental Health Clinic data records populated, only 71 were identified as in-network
- Of the 35 total counted Hospital, Acute Psychiatric Care data records populated, only two were identified as in-network.

- Of the 223 total counted Durable Medical Providers data records populated, only 29 were identified as in-network.
- Of the 82 total counted Post-hospital Skilled Nursing Facility data records populated, only eleven were identified as in-network.
- Of the 25 total counted Image data records populated, only four were identified as in-network.
- Of the 666 total counted Pharmacies data records populated, only 62 were identified as in-network.
- Of the 23 total counted Federally Qualified Health Center data records populated, one was identified as in-network.
- Only two Indian Health Service and Tribal Health Service data records were populated, but none were identified as in-network.
- No Non-Emergent Medical Transportation, Oral Health Clinic, Oral Health Mobile Clinic, or School-based Health Centers data records were populated.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for PSCS-MP

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	74	0.5%	74	2.9%	0	0.0%
Primary Care Provider, Pediatric	51	0.4%	51	2.0%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	278	2.0%	278	10.7%	0	0.0%
Specialty Provider	8900	63.1%	960	37.0%	7940	69.0%
Oral Health Provider	475	3.4%	171	6.6%	304	2.6%
Mental Health Provider	3585	25.4%	677	26.1%	2908	25.3%
SUD Provider	742	5.3%	382	14.7%	360	3.1%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	1	<0.1%	0	0.0%	1	<0.1%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	**14106**	**>99.9%**	**2593**	**100.0%**	**11513**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	186	5.9%	58	11.4%	128	4.9%
Specialty Care Clinic	1004	31.9%	191	37.4%	813	30.8%
Hospital	76	2.4%	10	2.0%	66	2.5%
Urgent Care Center	36	1.1%	10	2.0%	26	1.0%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Ambulance and Emergency Medical Transportation	102	3.2%	11	2.2%	91	3.5%
Non-Emergent Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	35	1.1%	2	0.4%	33	1.3%
Mental Health Crisis Services	58	1.8%	15	2.9%	43	1.6%
Mental Health Clinic	461	14.6%	71	13.9%	390	14.8%
Substance Use Disorder Clinic	62	2.0%	12	2.3%	50	1.9%
Community Prevention Services	34	1.1%	6	1.2%	28	1.1%
Home Health	29	0.9%	7	1.4%	22	0.8%
Durable Medical Providers	223	7.1%	29	5.7%	194	7.4%
Post-hospital Skilled Nursing Facility	82	2.6%	11	2.2%	71	2.7%
Imaging	25	0.8%	4	0.8%	21	0.8%
Pharmacies	666	21.2%	62	12.1%	604	22.9%
Oral Health Clinic	0	0.0%	0	0.0%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	26	0.8%	4	0.8%	22	0.8%
Federally Qualified Health Centers	23	0.7%	1	0.2%	22	0.8%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	2	<0.1%	0	0.0%	2	<0.1%
Rural Health Centers	18	0.6%	7	1.4%	11	0.4%
Overall	**3148**	**100.0%**	**511**	**100.0%**	**2637**	**100.0%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data has been presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not equal to the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic

service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Of the total 19,155 counted Individual Practitioners, stratifying data records identified 2,777 total contracted in-network providers in the geographic service area: 2,326 in Marion and 451 in Polk.
- Of the total 3,939 counted Facilities/Business/Service Providers, stratifying data records identified 524 total contracted in-network Facilities/Business in the geographic service area: 443 in Marion, 75 in Polk, and six in out of state non-bordering counties.

Table 3—Individual Practitioner and Facility/Business/Service County Count for PSCS-MP

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	2777	14.5%	2777	100.0%	0	0.0%
Bordering County	2462	13.0%	0	0.0%	2462	14.9%
Non-Bordering County	13213	68.8%	0	0.0%	13213	80.9%
Out of state – Bordering Counties	654	3.4%	0	0.0%	648	3.9%
Out of state – No Bordering Counties	49	0.3%	0	0.0%	52	0.3%
Overall	**19155**	**100.0%**	**2777**	**100.0%**	**16375**	**100.0%**
Facilities						
In Service Area	518	13.1%	518	98.8%	0	0.0%
Bordering County	535	13.6%	0	0.0%	535	15.6%
Non-Bordering County	2339	59.1%	0	0.0%	2339	68.2%
Out of state – Bordering Counties	230	6.0%	0	0.0%	244	6.9%
Out of state – No Bordering Counties	317	8.2%	6	1.2%	310	9.3%
Overall	**3939**	**100.0%**	**524**	**100.0%**	**3428**	**100.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed PSCS-MPs provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and

pediatric populations, was reported out as a standalone category. OHAs analysis demonstrated that both new adult and pediatric PSCS-MP members had access to Primary Care Providers. Overall, there were no noted concerns with the total number of PCPs reported by PSCS-MP. Table 4 exhibits data results stratified by contracted in-network providers and contracted out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for PSCS-MP

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	47	74	63.5%	47	74	63.5%	0	0	0.0%
Primary Care Provider Pediatric	45	51	88.2%	45	51	88.2%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	153	278	55.0%	153	278	55.0%	0	0	0.0%
PCPCH	205	640	32.0%	205	463	44.3%	0	177	0.0%
Overall	**450**	**1043**	**43.1%**	**450**	**866**	**52.0%**	**0**	**177**	**0.0%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHAs analysis of PSCS-MP provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following area of concern was observed in PSCS-MPs report:

- Of the 3,585 total contracted Mental Health Provider data records populated, only 59 (1.6%) was identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for PSCS-MP

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	3	74	4.1%	3	74	4.1%	0	0	0.0%
Primary Care Provider Pediatric	12	51	23.5%	12	51	23.5%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	34	278	12.2%	34	278	12.2%	0	0	0.0%
Specialty Provider	450	8900	5.1%	70	960	7.3%	380	7940	4.8%
Oral Health Provider	72	475	15.2%	25	171	14.6%	47	304	15.5%
Mental Health Provider	59	3585	1.6%	15	677	2.2%	44	2908	1.5%
SUD Provider	58	742	7.8%	51	382	13.4%	7	360	1.9%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	0	1	0.0%	0	0	0.0%	0	1	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	**688**	**14106**	**4.9%**	**210**	**2593**	**8.1%**	**478**	**11513**	**4.2%**

[1] *Limited to providers in Oregon.*

Appendix M. DSN Evaluation Results for Trillium Community Health Plan, Inc.–North

Trillium Community Health Plan, Inc–North (TCHP-North) contracts with OHA to provide physical, behavioral, and oral health services to approximately 16,453 members residing in Washington, Multnomah, and Clackamas counties.

- TCHP-North described frequent cross-departmental network adequacy review using multiple data streams and health plan teams to help inform network adequacy decision making.
- TCHP-North struggled to provide necessary and sufficient data, responses, and supporting documentation in some portions of the provider narrative and provider capacity reporting, particularly in regard to population-level data (e.g., disease prevalence and demographic analysis) and PCPs accepting new patients.
- TCHP-North was intentional in reaching out to all IHS/THS Clinics, Aging and People with Disabilities administrations, and local public health authorities at the outset of operations, ensuring rapid integration into the tri-county area community of health.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. TCHP-North achieved 84 percent overall compliance with provider narrative elements.

Table M-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	29.0	88%
Description of Members and Membership Needs	11.0	65%
Coordination of Care	19.0	95%
Performance on Metrics	3.0	75%
Overall	**62.0**	**84%**

TCHP-North received 16 findings across all provider narrative elements.

Table M-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member	While TCHP-North provided a narrative description of its process for reviewing timeliness standards, the CCO did not provide a sufficient response for active monitoring of those timeliness	TCHP-North should provide additional detail and documentation of its monitoring of timeliness in future submissions. Additionally, the CCO should monitor timeliness of any

Element	Finding	Recommendation
appointments are timely for emergent, urgent, and routine/well-care visits.	standards, stating that it conducted "regular" surveys of DCO appointment availability without addressing physical or behavioral health providers or subcontractors. Additionally, the CCO stated that it monitored OHP appointment availability annually via survey, which is an insufficient frequency for oversight of timeliness data. This element was *Partially Met*.	subcontractors more frequently than annually.
5.1: CCO describes how it actively collects, monitors, and interprets provider-to-member ratio data, specifically for adult, pediatric, or both combined member populations in proportion to the provider types listed in element 5.2.	While TCHP-North provided a narrative description of an annual analysis of provider-to-member ratios as well as a monthly network adequacy meeting to assess capacity and address gaps, the CCO did not describe what data or analysis is considered during network adequacy meetings to help inform decision making. This element was *Partially Met*.	TCHP-North should provide additional detail and documentation of its active monitoring of provider-to-member ratio data in future submissions.
7: CCO describes how it actively collects, monitors, and interprets data, survey results, and member feedback from each group source listed in elements 7.1 through 7.5 and incorporates the feedback into network adequacy decisions: **7.4:** CCO encounter data	While TCHP-North stated that it produced a weekly claims report, the CCO did not provide a description of how information from the report was incorporated into network adequacy decisions, focusing instead on cost recoupment and reprocessing. This element was *Not Met*.	TCHP-North should describe how CCO encounter data are incorporated into network adequacy decisions in future submissions.
8.2: CCO submits calculations to identify the total number of participating providers at IHS/THS Clinics and/or Centers that provide covered services for AI/AN members in its service area.	While TCHP-North stated that it submits all calculations identifying the total number of IHS/THS Clinics/Centers through quarterly capacity reporting, the CCO did not provide any supporting documentation or basic counts of participating providers. This element was *Not Met*.	TCHP-North should provide all necessary information and documentation in future submissions.
8.3: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring	While TCHP-North provided an overview of its quarterly assessment of diagnosis, treatment, utilization,	TCHP-North should address how it actively collects, monitors, and interprets timely access data for all

Element	Finding	Recommendation
specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.	and access patterns across its membership, it did not address how it ensures timely access, stating that "Additional information is obtained through provider and member surveys around appointment access and timelines." This was insufficient to determine compliance. This element was *Partially Met.*	members including AI/AN members with IHS/THS Clinics and/or Centers (e.g., the Native American Rehabilitation Association of the Northwest, Inc. [NARA]) in future submissions.
8.4: CCO describes its ongoing monitoring cycle to ensure timely access data, specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.	While TCHP-North described ongoing and regular efforts to interface with IHS and Tribal Health Clinic provider agencies via its Tribal Liaison position and monthly Network Adequacy Collaborative (NAC) meetings through direct feedback from members and providers, and also described frequent review and integration of utilization data, the CCO did not describe a cohesive approach to monitoring and ensuring timely access for members. This element was *Partially Met.*	TCHP-North should address its ongoing monitoring cycle for all members including AI/AN member timely access with IHS/THS Clinics and/or Centers in future submissions.
9.2: CCO describes how it actively collects, monitors, and interprets data for members with disabilities and SHCN.	While TCHP-North stated in broad terms that it met the element (e.g., "Trillium's Population Health Management suite of tools provides analytics and insight into patient populations"), the CCO neither provided further detail nor any supporting documentation, so compliance could not be determined. This element was *Not Met*.	TCHP-North should provide additional detail (e.g., when and how it collects data on members with disabilities and SHCN, and what sort of data) and supporting documentation (e.g., a sample report on the member population with disabilities and SHCN that would be assessed by any internal network adequacy group) to demonstrate how it actively collects, monitors, and interprets data for members with disabilities and SHCN.
9.3: CCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.	While TCHP-North stated that it conducts an annual assessment to evaluate member population based on several listed characteristics, it also stated that such reporting was proprietary and did not provide data to demonstrate member disabilities	For future submissions, TCHP-North should provide all necessary data as instructed in the DSN Provider Narrative and as required via the CCO contract, Exhibit B, Section 8, and Exhibit G(2)(a).

Element	Finding	Recommendation
	and SHCN across its membership. This element was *Not Met*.	
10.1: CCO describes how it actively identifies prevalence of disease data across its membership.	While TCHP-North described an annual population health assessment that incorporates demographics, clinical, utilization, and SDOH data, the CCO provided neither specifics of that process nor supporting documentation to demonstrate implementation, so full compliance could not be determined. This element was *Partially Met*.	TCHP-North should provide additional detail and supporting documentation to demonstrate how it actively identifies prevalence of disease across its membership in future submissions. Additionally, HSAG, as a best practice, encourages the CCO to conduct population-level disease data assessment at least quarterly rather than annually to ensure a consistent and timely analysis and response to disease prevalence trends and needs.
10.2: CCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.	While TCHP-North stated that it conducts an annual population health assessment that incorporates demographics, clinical, utilization, and SDOH data, the CCO provided neither specifics of that process nor supporting documentation to demonstrate implementation, so full compliance could not be determined. This element was *Partially Met*.	TCHP-North should provide additional detail and supporting documentation to demonstrate how it actively identifies prevalence of disease across its membership in future submissions. Additionally, HSAG recommends that the CCO conduct population-level disease data assessment at least quarterly rather than annually to ensure a consistent and timely analysis and response to disease prevalence trends and needs, as a best practice.
10.3: CCO submits data to demonstrate prevalence of disease across its membership.	While TCHP-North stated that it conducts an annual assessment to evaluate member population based on several listed characteristics, it also stated that such reporting was proprietary and did not provide data to demonstrate the prevalence of disease across its membership. This element was *Not Met*.	For future submissions, TCHP-North should provide all necessary data as instructed in the DSN Provider Narrative and as required via the CCO contract, Exhibit B, Section 8, and Exhibit G(2)(a).
10.5: CCO describes its ongoing monitoring cycle to ensure that member disease prevalence data	While TCHP-North described using its ongoing disease prevalence monitoring cycle as a component of	For future submissions, TCHP-North should describe how its monitoring of disease prevalence

Element	Finding	Recommendation
are used in a meaningful manner to facilitate network adequacy decisions.	its SDOH program, the CCO's answer did not address how disease prevalence data are used to facilitate network adequacy decisions. This element was *Not Met*.	data is used in a meaningful manner to facilitate network adequacy decisions.
11.3: CCO submits data to demonstrate the linguistic and cultural needs across its membership.	While TCHP-North stated that it conducts a quarterly language access report as well as a member demographic analysis as part of its annual Health Equity Plan, the CCO did not provide data to demonstrate the linguistic and cultural needs of its membership. This element was *Not Met*.	For future submissions, TCHP-North should provide all necessary data as instructed in the DSN Provider Narrative and as required via the CCO contract, Exhibit B, Section 8, and Exhibit G(2)(a).
13: CCO describes how it coordinates care, ensuring adult and member access to each of the services for treatment of MH disorders identified in elements 13.1 through 13.6. **13.1:** BHCM	While TCHP-North listed the services offered through its behavioral health subcontractors, the CCO did not describe how it coordinates BHCM provided to its members. This element was *Partially Met*.	TCHP-North should describe how it coordinates BHCM care for its members.
13.2: ACT, DBT	While TCHP-North listed the services offered through its behavioral health subcontractors, the CCO did not describe how it coordinates ACT and DBT services provided to its members. This element was *Partially Met*.	TCHP-North should describe how it coordinates ACT and DBT services for its members.
18.1: CCO describes how it actively identifies and monitors the need to expand its network of participating providers to address CCO performance metrics below the baseline.	TCHP-North provided a narrative response that was insufficient to determine compliance, substantively stating only that it reviews CCO metrics as part of its network monitoring. This element was *Not Met*.	TCHP-North should provide sufficient details and any applicable supporting documentation to demonstrate how it actively identifies and monitors the need to expand its network of participating providers to address CCO performance metrics below the baseline in future submissions.

The Time and Distance Analysis for TCHP-North showed 100 percent of the CCO's members were within time and distance access standards; therefore, no tables or maps demonstrating potential access gaps are shown.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[M-1].

Quality of DSN Provider Capacity Reporting

TCHP-North's submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCO's 2nd quarter submission was good with a few data issues identified. Table 1 contains the quality reporting measure results for the individual practitioner and the facility/business/service providers. Below are the observed reporting exceptions:

- Only 81.4 percent of the Credentialing Date data fields were populated, with 98.5 having valid values.
- Of the data records required to have values populated in the PCPCH Indicator data field, only 75.5 percent had values present.
- Of the data records required to have values populated in the # of Members Assigned to PCPs data field, only 8.5 percent had values present.
- Only 15.4 percent of the Accepting New Medicaid Members data fields were populated.

Table 1—TCHP-North Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field		DSN Quality Metrics		
	Providers Included[1]	% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	63.0%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	>99.9%	>99.9%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	99.9%	100.0%	100.0%
Facility or Business Name	Facility	99.8%	100.0%	--

[M-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Facility NPI	Facility	99.6%	100.0%	99.9%
Facility Taxonomy Code	Facility	98.9%	100.0%	100.0%
TIN	All	100.0%	100.0%	--
DMAP (Medicaid ID)	All	99.0%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.9%
Credentialing Date	Individual	81.4%	100.0%	98.5%
Non-English Language #1	Individual	10.2%	100.0%	--
Non-English Language #2	Individual	2.4%	100.0%	--
Non-English Language #3	Individual	0.6%	100.0%	--
Address #1	All	100.0%	98.8%	--
Address #2	All	39.7%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	100.0%
Phone	All	98.9%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	16.6%	100.0%	--
PCPCH Indicator	All[3]	75.5%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	8.5%	100.0%	--
Accepting New Medicaid Members	Individual	15.4%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values 01, 02, & 03

Individual[1] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values 04 & 05
All includes ProvCat Values 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01 ,02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in total counts of 5,923 individual practitioner and 1,083 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by TCHP-North to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of TCHP-North DSN Provider Capacity Report submission:

- Of the 5,923 total counted individual practitioners, 5,517 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 1,083 total counted facility/business/service providers, only 565 data records were identified as contracted and in-network providers.
- Of the 92 Durable Medical Providers only 34 were identified as being in-network.
- Of the 670 Pharmacies only 251 were identified as being in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for TCHP-North

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	2	<0.1%	2	<0.1%	0	0.0%
Primary Care Provider, Pediatric	74	1.2%	74	1.3%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	529	8.9%	512	9.3%	17	4.2%
Specialty Provider	3081	52.0%	2802	50.8%	279	68.7%
Oral Health Provider	539	9.1%	514	9.3%	25	6.2%
Mental Health Provider	1370	23.1%	1297	23.5%	73	18.0%
SUD Provider	211	3.6%	203	3.7%	8	2.0%
Certified or Qualified Health Care Interpreters	2	<0.1%	2	<0.1%	0	0.0%
Traditional Health Workers	96	1.6%	92	1.7%	4	1.0%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Palliative Care	19	0.3%	19	0.3%	0	0.0%
Overall	**5923**	**>99.9%**	**5517**	**100.0%**	**406**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	4	0.4%	4	0.7%	0	0.0%
Specialty Care Clinic	35	3.2%	26	4.6%	9	1.7%
Hospital	9	0.8%	9	1.6%	0	0.0%
Urgent Care Center	6	0.6%	6	1.1%	0	0.0%
Ambulance and Emergency Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Non-Emergent Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	6	0.6%	6	1.1%	0	0.0%
Mental Health Crisis Services	4	0.4%	4	0.7%	0	0.0%
Mental Health Clinic	9	0.8%	9	1.6%	0	0.0%
Substance Use Disorder Clinic	11	1.0%	8	1.4%	3	0.6%
Community Prevention Services	4	0.4%	4	0.7%	0	0.0%
Home Health	13	1.2%	12	2.1%	1	0.2%
Durable Medical Providers	92	8.5%	34	6.0%	58	11.2%
Post-hospital Skilled Nursing Facility	48	4.4%	38	6.7%	10	1.9%
Imaging	1	<0.1%	0	0.0%	1	0.2%
Pharmacies	670	61.9%	251	44.4%	419	80.9%
Oral Health Clinic	110	10.2%	97	17.2%	13	2.5%
Oral Health Mobile Clinic	5	0.5%	5	0.9%	0	0.0%
Hospice	10	0.9%	9	1.6%	1	0.2%
Federally Qualified Health Centers	32	3.0%	31	5.5%	1	0.2%
School-based Health Centers	8	0.7%	8	1.4%	0	0.0%
Indian Health Service and Tribal Health Services	1	<0.1%	1	0.2%	0	0.0%
Rural Health Centers	5	0.5%	3	0.5%	2	0.4%
Overall	**1083**	**100.0%**	**565**	**>99.9%**	**518**	**>99.9%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data has been presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not equal the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

- Of the total 6,313 counted individual practitioners, stratifying data records identified 5,888 total contracted in-network providers in the geographic service area: 580 in Clackamas, 4,080 in Multnomah, and 1,228 in Washington.
- Of the 1,387 total counted Facilities/Business/Service Providers, stratifying data records identified 582 total contracted in-network Facilities/Business in the geographic service area: 113 in Clackamas, 285 in Multnomah, and 184 in Washington.

Table 3—Individual Practitioner and Facility/Business/Service County Count for TCHP-N*orth*

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	5888	93.3%	5888	100.0%	0	0.0%
Bordering County	397	6.3%	0	0.0%	397	93.5%
Non-Bordering County	10	0.0%	0	0.0%	10	2.2%
Out of state – Bordering Counties	2	0.10%	0	0.0%	2	0.5%
Out of state – No Bordering Counties	16	0.3%	0	0.0%	16	3.8%
Overall	**6313**	**100.0%**	**5888**	**100.0%**	**425**	**100.0%**
Facilities						
In Service Area	398	50.0%	582	100.0%	0	0.0%
Bordering County	156	13.5%	0	0.0%	156	26.9%
Non-Bordering County	764	31.3%	0	0.0%	364	62.8%
Out of state – Bordering Counties	32	2.5%	0	0.0%	29	5.0%
Out of state – No Bordering Counties	37	2.7%	0	0.0%	31	5.3%
Overall	**1387**	**100.0%**	**582**	**100.0%**	**580**	**100.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed TCHP-North's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was be the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and pediatric populations, was reported as a standalone category. Table 4 exhibits data results stratified by contracted in-network providers and contracted out-of-network providers. Below are observations and areas of concern identified in the analysis:

- None of the PCP specialty categories had populated data indicating the number and percentage accepting new patients.

Table 4—Number and Percent of PCPs Accepting New Patients for TCHP-North

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	0	2	0.0%	0	2	0.0%	0	0	0.0%
Primary Care Provider Pediatric	0	74	0.0%	0	74	0.0%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	0	529	0.0%	0	512	0.0%	0	17	0.0%
PCPCH	0	57	0.0%	0	57	0.0%	0	0	0.0%
Overall	**0**	**662**	**0.0%**	**0**	**645**	**0.0%**	**0**	**17**	**0.0%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHAs analysis of TCHP-North provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following are areas of observations in TCHP-North's report:

- Of the 1,370 total Mental Health Provider data records populated, only 49 were identified as speaking a non-English language.
- Of the 211 total SUD Provider data records populated, eight were identified as speaking a non-English language.
- Of the 80 total Traditional Health Worker data records populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for TCHP-North

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	0	2	0.0%	0	2	0.0%	0	0	0.0%
Primary Care Provider Pediatric	8	74	10.8%	8	74	10.8%	0	0	0.0%
Primary Care Provider Both (Adult and Pediatric)	60	529	11.3%	59	512	11.5%	1	17	5.9%
Specialty Provider	204	3081	6.6%	190	2802	6.8%	14	279	5.0%
Oral Health Provider	164	539	30.4%	160	514	31.1%	4	25	16.0%
Mental Health Provider	49	1370	3.6%	46	1297	3.5%	3	73	4.1%
SUD Provider	8	211	3.8%	8	203	3.9%	0	8	0.0%
Certified or Qualified Health Care Interpreters	0	2	0.0%	0	2	0.0%	0	0	0.0%
Traditional Health Workers	0	96	0.0%	0	92	0.0%	0	4	0.0%
Palliative Care	2	19	10.5%	2	19	10.5%	0	0	0.0%
Overall	**495**	**5923**	**8.4%**	**473**	**5517**	**8.6%**	**22**	**406**	**5.4%**

[1] *Limited to providers in Oregon.*

Appendix N. DSN Evaluation Results for Trillium Community Health Plan, Inc.–South

Trillium Community Health Plan, Inc–South (TCHP-South) contracts with OHA to provide physical, behavioral, and oral health services to approximately 34,406 members residing in Lane, Linn, and Douglas counties.

- TCHP-South described frequent cross-departmental network adequacy review using multiple data streams and health plan teams to help inform network adequacy decision making.
- TCHP-South struggled to provide necessary and sufficient data, responses, and supporting documentation in some portions of the provider narrative and provider capacity reporting, particularly in regard to population-level data (e.g., disease prevalence and demographic analysis) and PCPs accepting new patients.
- While there is no residential inpatient pediatric SUD program in the region, TCHP-South ensured necessary care through coordination of referrals and admissions to out-of-region facilities.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. TCHP-South achieved 84 percent overall compliance with provider narrative elements.

Table N-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	29.0	88%
Description of Members and Membership Needs	11.0	65%
Coordination of Care	19.0	95%
Performance on Metrics	3.0	75%
Overall	**62.0**	**84%**

TCHP-South received 16 findings across all provider narrative elements.

Table N-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member	While TCHP-South provided a narrative description of its process for reviewing timeliness standards, the CCO did not provide a sufficient response for active monitoring of those timeliness	TCHP-South should provide additional detail and documentation of its monitoring of timeliness in future submissions. Additionally, the CCO should monitor timeliness of any

Element	Finding	Recommendation
appointments are timely for emergent, urgent, and routine/well-care visits.	standards, stating that it conducted "regular" surveys of DCO appointment availability without addressing physical or behavioral health providers or subcontractors. Additionally, the CCO stated that it monitored OHP appointment availability annually via survey, which is an insufficient frequency for oversight of timeliness data. This element was *Partially Met*.	subcontractors more frequently than annually.
5.1: CCO describes how it actively collects, monitors, and interprets provider-to-member ratio data, specifically for adult, pediatric, or both combined member populations in proportion to the provider types listed in element 5.2.	While TCHP-South provided a narrative description of an annual analysis of provider-to-member ratios as well as a monthly network adequacy meeting to assess capacity and address gaps, the CCO did not describe what data or analysis is considered during network adequacy meetings to help inform decision making. This element was *Partially Met*.	TCHP-South should provide additional detail and documentation of its active monitoring of provider-to-member ratio data in future submissions.
7: CCO describes how it actively collects, monitors, and interprets data, survey results, and member feedback from each group source listed in elements 7.1 through 7.5 and incorporates the feedback into network adequacy decisions: **7.4:** CCO encounter data	While TCHP-South stated that it produced a weekly claims report, the CCO did not provide a description of how information from the report was incorporated into network adequacy decisions, focusing instead on cost recoupment and reprocessing. This element was *Not Met*.	TCHP-South should describe how CCO encounter data are incorporated into network adequacy decisions in future submissions.
8.2: CCO submits calculations to identify the total number of participating providers at IHS/THS Clinics and/or Centers that provide covered services for AI/AN members in its service area.	While TCHP-South stated that it submits all calculations identifying the total number of IHS/THS Clinics/Centers through quarterly capacity reporting, the CCO did not provide any supporting documentation or basic counts of participating providers. This element was *Not Met*.	TCHP-South should provide all necessary information and documentation in future submissions.
8.3: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring	While TCHP-South provided an overview of its quarterly assessment of diagnosis, treatment,	TCHP-South should address how it actively collects, monitors, and interprets timely access data for all

Element	Finding	Recommendation
specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.	utilization, and access patterns across its membership, it did not address how it ensures timely access, stating that "Additional information is obtained through provider and member surveys around appointment access and timelines." This was insufficient to determine compliance. This element was *Partially Met*.	members including AI/AN members with IHS/THS Clinics and/or Centers (e.g., NARA) in future submissions.
8.4: CCO describes its ongoing monitoring cycle to ensure timely access data, specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.	While TCHP-South described ongoing and regular efforts to interface with IHS and Tribal Health Clinic provider agencies via its Tribal Liaison position and monthly NAC meetings through direct feedback from members and providers, and also described frequent review and integration of utilization data, the CCO did not describe a cohesive approach to monitoring and ensuring timely access for members. This element was *Partially Met*.	TCHP-South should address its ongoing monitoring cycle for all members including AI/AN member timely access with IHS/THS Clinics and/or Centers in future submissions.
9.2: CCO describes how it actively collects, monitors, and interprets data for members with disabilities and SHCN.	While TCHP-South stated in broad terms that it met the element (e.g., "Trillium's Population Health Management suite of tools provides analytics and insight into patient populations"), the CCO neither provided further detail nor any supporting documentation, so compliance could not be determined. This element was *Not Met*.	TCHP-South should provide additional detail (e.g., when and how it collects data on members with disabilities and SHCN, and what sort of data) and supporting documentation (e.g., a sample report on the member population with disabilities and SHCN that would be assessed by any internal network adequacy group) to demonstrate how it actively collects, monitors, and interprets data for members with disabilities and SHCN.
9.3: CCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.	While TCHP-South stated that it conducts an annual assessment to evaluate member population based on several listed characteristics, it also stated that such reporting was proprietary and did not provide	For future submissions, TCHP-South should provide all necessary data as instructed in the DSN Provider Narrative and as required via the CCO contract, Exhibit B, Section 8, and Exhibit G(2)(a).

Element	Finding	Recommendation
	data to demonstrate member disabilities and SHCN across its membership. This element was *Not Met*.	
10.1: CCO describes how it actively identifies prevalence of disease data across its membership.	While TCHP-South described an annual population health assessment that incorporates demographics, clinical, utilization, and SDOH data, the CCO provided neither specifics of that process nor supporting documentation to demonstrate implementation, so full compliance could not be determined. This element was *Partially Met*.	TCHP-South should provide additional detail and supporting documentation to demonstrate how it actively identifies prevalence of disease across its membership in future submissions. Additionally, HSAG, as a best practice, encourages the CCO to conduct population-level disease data assessment at least quarterly rather than annually to ensure a consistent and timely analysis and response to disease prevalence trends and needs.
10.2: CCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.	While TCHP-South stated that it conducts an annual population health assessment that incorporates demographics, clinical, utilization, and SDOH data, the CCO provided neither specifics of that process nor supporting documentation to demonstrate implementation, so full compliance could not be determined. This element was *Partially Met*.	TCHP-South should provide additional detail and supporting documentation to demonstrate how it actively identifies prevalence of disease across its membership in future submissions. Additionally, HSAG recommends that the CCO conduct population-level disease data assessment at least quarterly rather than annually to ensure a consistent and timely analysis and response to disease prevalence trends and needs, as a best practice.
10.3: CCO submits data to demonstrate prevalence of disease across its membership.	While TCHP-South stated that it conducts an annual assessment to evaluate member population based on several listed characteristics, it also stated that such reporting was proprietary and did not provide data to demonstrate the prevalence of disease across its membership. This element was *Not Met*.	For future submissions, TCHP-South should provide all necessary data as instructed in the DSN Provider Narrative and as required via the CCO contract, Exhibit B, Section 8, and Exhibit G(2)(a).

Element	Finding	Recommendation
10.5: CCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.	While TCHP-South described using its ongoing disease prevalence monitoring cycle as a component of its SDOH program, the CCO's answer did not address how disease prevalence data are used to facilitate network adequacy decisions. This element was *Not Met*.	For future submissions, TCHP-South should describe how its monitoring of disease prevalence data is used in a meaningful manner to facilitate network adequacy decisions.
11.3: CCO submits data to demonstrate the linguistic and cultural needs across its membership.	While TCHP-South stated that it conducts a quarterly language access report as well as a member demographic analysis as part of its annual Health Equity Plan, the CCO did not provide data to demonstrate the linguistic and cultural needs of its membership. This element was *Not Met*.	For future submissions, TCHP-South should provide all necessary data as instructed in the DSN Provider Narrative and as required via the CCO contract, Exhibit B, Section 8, and Exhibit G(2)(a).
13: CCO describes how it coordinates care, ensuring adult and member access to each of the services for treatment of MH disorders identified in elements 13.1 through 13.6. **13.1:** BHCM	While TCHP-South listed the services offered through its behavioral health subcontractors, the CCO did not describe how it coordinates BHCM provided to its members. This element was *Partially Met*.	TCHP-South should describe how it coordinates BHCM care for its members.
13.2: ACT, DBT	While TCHP-South listed the services offered through its behavioral health subcontractors, the CCO did not describe how it coordinates ACT and DBT services provided to its members. This element was *Partially Met*.	TCHP-South should describe how it coordinates ACT and DBT services for its members.
18.1: CCO describes how it actively identifies and monitors the need to expand its network of participating providers to address CCO performance metrics below the baseline.	TCHP-South provided a narrative response that was insufficient to determine compliance, substantively stating only that it reviews CCO metrics as part of its network monitoring. This element was *Not Met*.	TCHP-South should provide sufficient details and any applicable supporting documentation to demonstrate how it actively identifies and monitors the need to expand its network of participating providers to address CCO performance metrics below the baseline in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table N-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 30 miles or 30 mins	26,528	0.0
RHC	1 in 30 miles or 30 mins	26,056	1.8

Table N-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
FQHC	1 in 60 miles or 60 mins	5	99.9
IHS/THS	1 in 60 miles or 60 mins	5,354	32.0

TCHP-South did not meet the urban access standards for IHS/THS and RHC, nor did it meet the rural access standards for FQHC and IHS/THS. These results should not necessarily be interpreted to mean that members are without access to key services. Most of the services offered by some service categories could reasonably be accessible to members through other fully compliant access standards met for PCPs and similar facilities (i.e., RHC in an urban setting). It should also be noted that only five individuals in rural settings lacked access to an FQHC. Additionally, some service categories, such as IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

In its DSN Provider Narrative, TCHP-South described its engagement efforts with multiple Tribes within and adjacent to its service area, including the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, the Coquille Tribe, and the Siletz Tribe, soliciting and acting upon feedback to provide needed services in a culturally and linguistically appropriate manner. However, it was not clear what progress had been made to contract with IHS/THS Clinics that would be within access standards, and access rates remained low. This was a potential access concern. Maps for urban and rural access to IHS/THS are provided below for visual context. No map is provided for RHC in an urban setting, as the access standard was achieved for this service category in rural areas, and all services offered by an RHC could reasonably be expected in an urban setting.

Figure N-1—IHS/THS—Urban

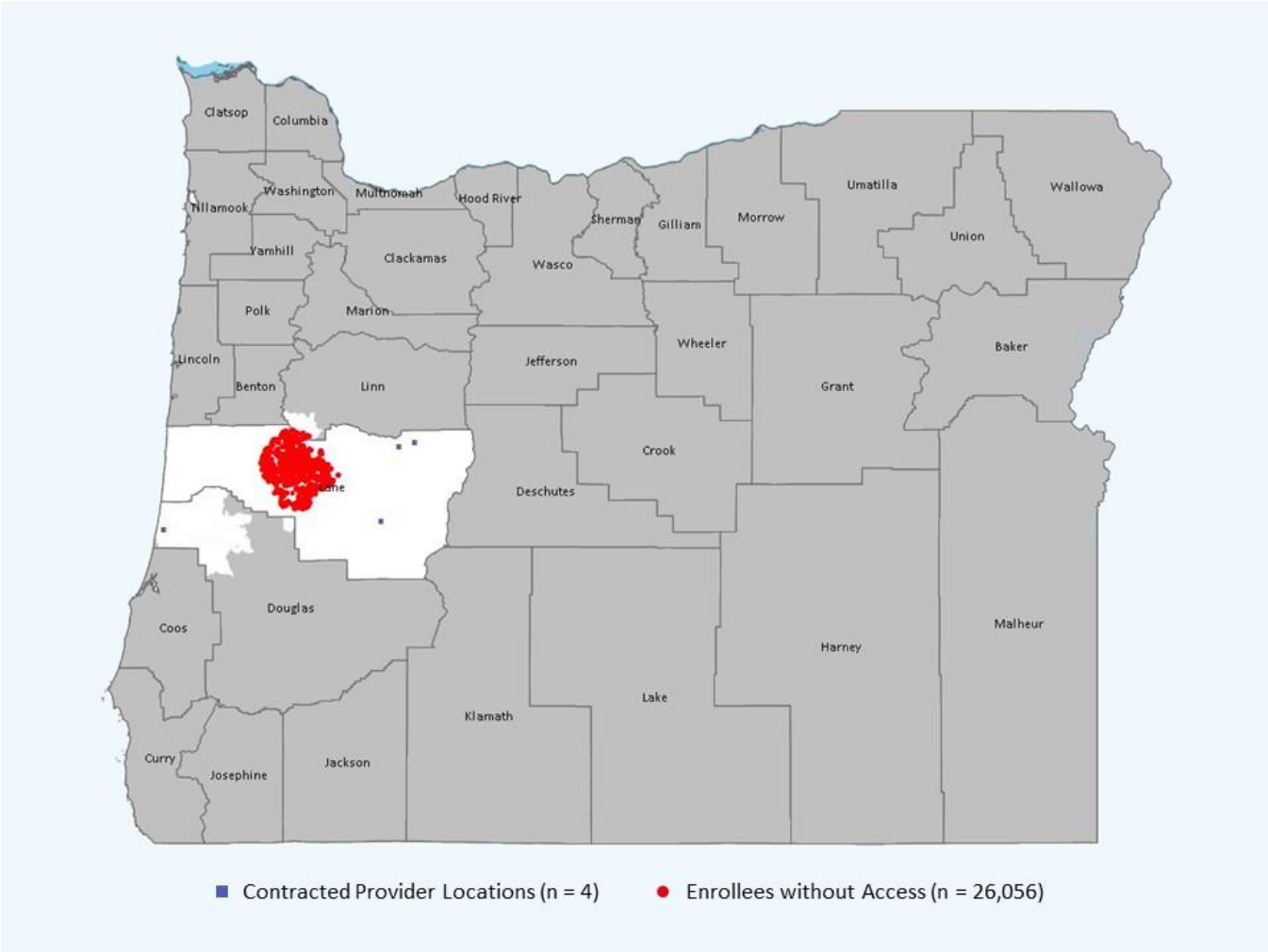
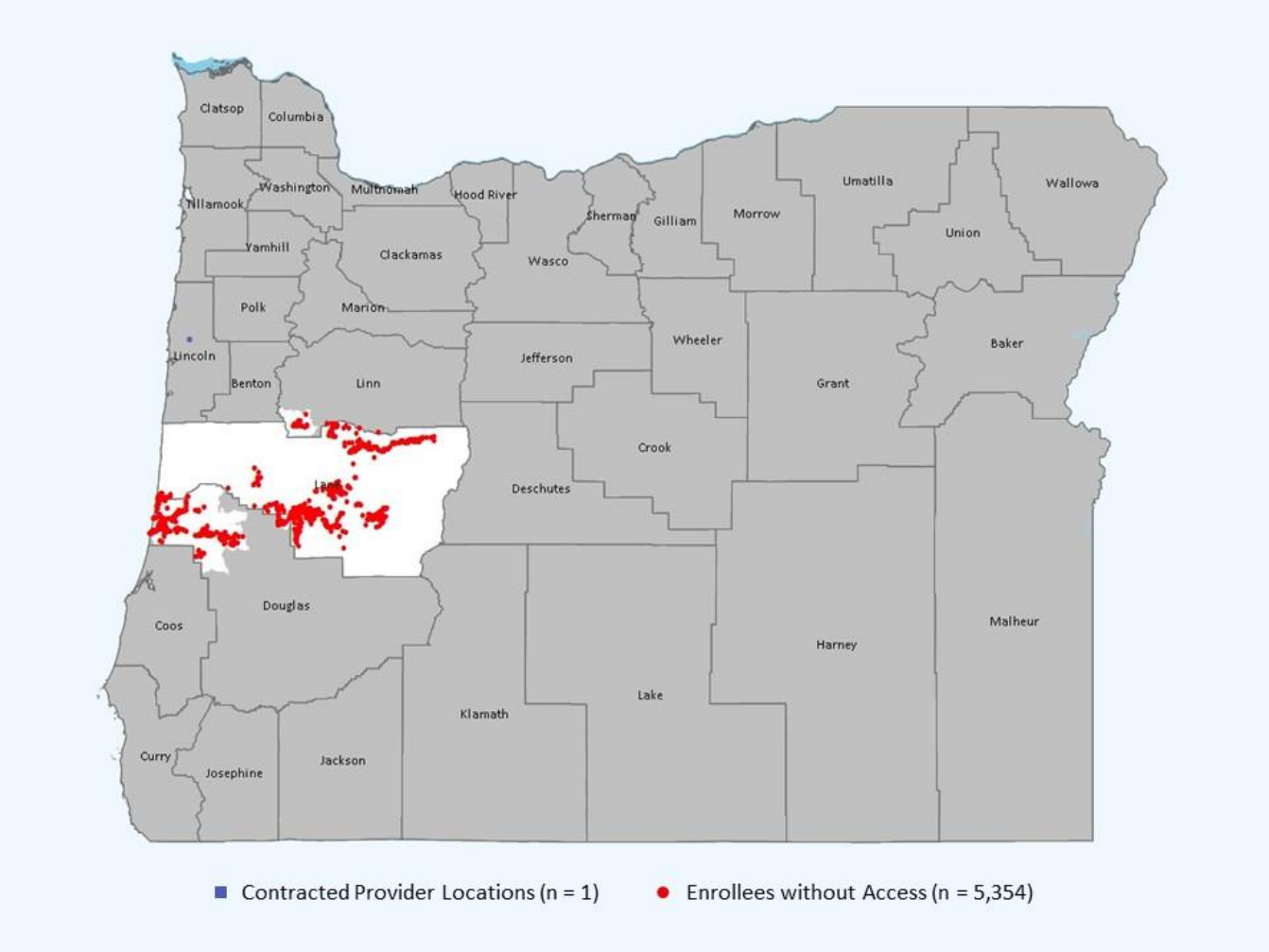


Figure N-2—IHS/THS—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[N-1].

Quality of DSN Provider Capacity Reporting

TCHP-South's submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was good with few data issues identified. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Only 66.4 percent of the Credentialing Date data fields were populated, with only 95.0 percent were in the valid format.
- Of the data records required to have values populated in the PCPCH Indicator data field, only 80.6 percent had values present.
- Of the data records required to have values populated in the # of Members Assigned to PCPs data field, only 8.8 percent had values present.
- Only 6.9 percent of the Accepting New Medicaid Members data fields were populated.

Table 1—TCHP-South Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field		DSN Quality Metrics		
	Providers Included[1]	% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	60.6%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	99.9%
Provider Taxonomy Code	Individual	100.0%	100.0%	100.0%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	99.9%	100.0%	100.0%

[N-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Facility or Business Name	Facility	99.7%	100.0%	--
Facility NPI	Facility	99.3%	100.0%	99.8%
Facility Taxonomy Code	Facility	99.3%	99.9%	100.0%
TIN	All	100.0%	>99.9%	--
DMAP (Medicaid ID)	All	99.2%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.9%
Credentialing Date	Individual	66.4%	100.0%	95.0%
Non-English Language #1	Individual	6.4%	100.0%	--
Non-English Language #2	Individual	1.2%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	99.8%	--
Address #2	All	34.6%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	>99.9%
County	All	100.0%	100.0%	100.0%
Phone	All	99.8%	100.0%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	21.6%	100.0%	--
PCPCH Indicator	All[3]	80.6%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	8.8%	100.0%	--
Accepting New Medicaid Members	Individual	6.9%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values 01, 02, & 03

Individual[1] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB

Individual[2] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y

Facility includes ProvCat Values 04 & 05

All includes ProvCat Values 01, 02, 03, 04, 05, blank

All[3] includes ProvCat Values of 01, 02, 04, 05

All[4] includes ProvCat Values of 01 ,02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 4,026 individual practitioner and 1,009 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by TCPH-South to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of TCHP-South DSN Provider Capacity Report submission:

- Of the 4,026 total counted individual practitioners, 2,665 data records were identified as contracted and in-network providers.
- No Primary Care Provider, Adult service category data records were provided.
- Due to various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 1,009 total counted facility/business/service providers, only 253 data records were identified as contracted and in-network providers.
- No Ambulance and Emergency Medical Transportation data records were populated.
- Of the 670 Pharmacies only 74 were identified as being contracted in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for TCHP-South

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	0	0.0%	0	0.0%	0	0.0%
Primary Care Provider, Pediatric	46	1.1%	30	1.1%	16	1.2%
Primary Care Provider, Both (Adult and Pediatric)	412	10.2%	239	9.0%	173	12.7%
Specialty Provider	1538	38.2%	985	37.0%	553	40.6%
Oral Health Provider	202	5.0%	126	4.7%	76	5.6%
Mental Health Provider	1441	35.8%	1081	40.6%	360	26.5%
SUD Provider	293	7.3%	138	5.2%	155	11.4%
Certified or Qualified Health Care Interpreters	2	<0.1%	0	0.0%	2	<0.1%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Traditional Health Workers	91	2.3%	65	2.4%	26	1.9%
Palliative Care	1	<0.1%	1	<0.1%	0	0.0%
Overall	**4026**	**100.0%**	**2665**	**100.0%**	**1361**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	3	0.3%	3	1.2%	0	0.0%
Specialty Care Clinic	48	4.8%	34	13.4%	14	1.9%
Hospital	10	1.0%	9	3.6%	1	<0.1%
Urgent Care Center	3	0.3%	2	0.8%	1	<0.1%
Ambulance and Emergency Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Non-Emergent Medical Transportation	1	<0.1%	1	0.4%	0	0.0%
Hospital, Acute Psychiatric Care	3	0.3%	2	0.8%	1	<0.1%
Mental Health Crisis Services	11	1.1%	11	4.3%	0	0.0%
Mental Health Clinic	13	1.3%	9	3.6%	4	0.5%
Substance Use Disorder Clinic	15	1.5%	5	2.0%	10	1.3%
Community Prevention Services	20	2.0%	11	4.3%	9	1.2%
Home Health	13	1.3%	6	2.4%	7	0.9%
Durable Medical Providers	92	9.1%	25	9.9%	67	8.9%
Post-hospital Skilled Nursing Facility	31	3.1%	13	5.1%	18	2.4%
Imaging	5	0.5%	5	2.0%	0	0.0%
Pharmacies	670	66.4%	74	29.2%	596	78.8%
Oral Health Clinic	48	4.8%	31	12.3%	17	2.2%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	7	0.7%	4	1.6%	3	0.4%
Federally Qualified Health Centers	10	1.0%	3	1.2%	7	0.9%
School-based Health Centers	2	0.2%	2	0.8%	0	0.0%
Indian Health Service and Tribal Health Services	1	<0.1%	0	0.0%	1	<0.1%
Rural Health Centers	3	0.3%	3	1.2%	0	0.0%
Overall	**1009**	**100.0%**	**253**	**>99.9%**	**756**	**>99.9%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data was presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not equal the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties. Below are observations identified in the analysis results:

- Of the total 4,173 counted Individual Practitioners, stratifying data records identified 2,668 total contracted in-network providers in the geographic service area: 298 in Douglas, 2,632 in Lane, and 200 in Linn.
- Of the total 1,074 counted Facilities/Business/Service Providers, stratifying data records identified 253 total contracted in-network Facilities/Business in the geographic service area: 39 in Douglas, 246 in Lane, and 39 in Linn.

Table 3—Individual Practitioner and Facility/Business/Service County Count for TCHP-South

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	3130	75.0%	2668	100.0%	462	30.7%
Bordering County	1025	24.6%	0	0.0%	1025	68.1%
Non-Bordering County	2		0	0.0%	2	0.1%

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	16	0.4%	0	0.0%	16	1.1%
Overall	**4173**	**100.0%**	**2668**	**100.0%**	**1505**	**100.0%**
Facilities						
In Service Area	324	30.1%	253	100.0%	71	8.6%
Bordering County	296	27.6%	0	0.0%	296	36.1%
Non-Bordering County	397	36.4%	0	0.0%	397	48.2%
Out of state – Bordering Counties	27	2.8%	0	0.0%	31	3.3%
Out of state – No Bordering Counties	30	3.1%	0	0.0%	35	3.7%
Overall	**1074**	**100.0%**	**253**	**100.0%**	**830**	**>99.9%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed TCHP-South's provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and pediatric populations, was reported as a standalone category. Table 4 exhibits data results stratified by contracted in-network providers and contracted out-of-network providers. Below are observations and areas of concern identified in the analysis:

- No Primary Care Provider Adult category data records were provided.
- None of the PCP specialty categories had populated data indicating the number and percentage accepting new patients.

Table 4—Number and Percent of PCPs Accepting New Patients for TCHP-South

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%
Primary Care Provider Pediatric	0	46	0.0%	0	30	0.0%	0	16	0.0%
Primary Care Provider Both (Adult and Pediatric)	0	412	0.0%	0	239	0.0%	0	173	0.0%
PCPCH	0	182	0.0%	0	170	0.0%	0	12	0.0%
Overall	**0**	**640**	**0.0%**	**0**	**439**	**0.0%**	**0**	**201**	**0.0%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

*N*on-English Language Provider Accessibility

OHAs analysis of TCHP-South provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon is demonstrated in Table 5. The following are areas of observations in TCHP-South's report:

- No provider data records were populated for Primary Care Provider Adult service category.
- Of the 1,441 total Mental Health Provider data records populated, only 29 were identified as speaking a non-English language.
- Of the 293 total SUD Provider data records populated, none were identified as speaking a non-English language.
- Of the 91 total Traditional Health Worker data records populated, only one is identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for TCHP-South

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%
Primary Care Provider Pediatric	8	46	17.4%	7	30	23.3%	1	16	6.2%
Primary Care Provider Both (Adult and Pediatric)	48	412	11.7%	35	239	14.6%	13	173	7.5%
Specialty Provider	130	1538	8.5%	88	985	8.9%	42	553	7.6%
Oral Health Provider	41	202	20.3%	31	126	24.6%	10	76	13.2%
Mental Health Provider	29	1441	2.0%	24	1081	2.2%	5	360	1.4%
SUD Provider	0	293	0.0%	0	138	0.0%	0	155	0.0%
Certified or Qualified Health Care Interpreters	0	2	0.0%	0	0	0.0%	0	2	0.0%
Traditional Health Workers	1	91	1.1%	1	65	1.5%	0	26	0.0%
Palliative Care	0	1	0.0%	0	1	0.0%	0	0	0.0%
Overall	**257**	**4026**	**6.4%**	**186**	**2665**	**7.0%**	**71**	**1361**	**5.2%**

[1] *Limited to providers in Oregon.*

Appendix O. DSN Evaluation Results for Umpqua Health Alliance, LLC

Umpqua Health Alliance, LLC (UHA) contracts with OHA to provide physical, behavioral, and oral health services to approximately 31,797 members residing in Douglas County.

- UHA described significant investment in health information technology, not only for its central processes and staff members, but also its provider network, including a multi-pronged, value-based payment incentive program to improve technological infrastructure and conduct meaningful and efficient health information exchange.
- UHA came very close to meeting the time and distance access standard for all service categories except HPSY, with only a handful of members affected in total. Taken in the context of UHA's rural setting, these access results should be considered impressive rather than necessarily deficient.
- OHA's assessment of the CCO's provider capacity data showed a low percentage of its provider network as speaking a non-English language. Given UHA's provider narrative response of assessing and training providers along these lines during credentialing and recredentialing, this might suggest a data or reporting error.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. UHA achieved 100 percent overall compliance with provider narrative elements.

Table O-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	33.0	100%
Description of Members and Membership Needs	17.0	100%
Coordination of Care	20.0	100%
Performance on Metrics	4.0	100%
Overall	**74.0**	**100%**

UHA received no findings across all provider narrative elements.

Time and Distance Analysis results are presented in the table below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table O-2—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

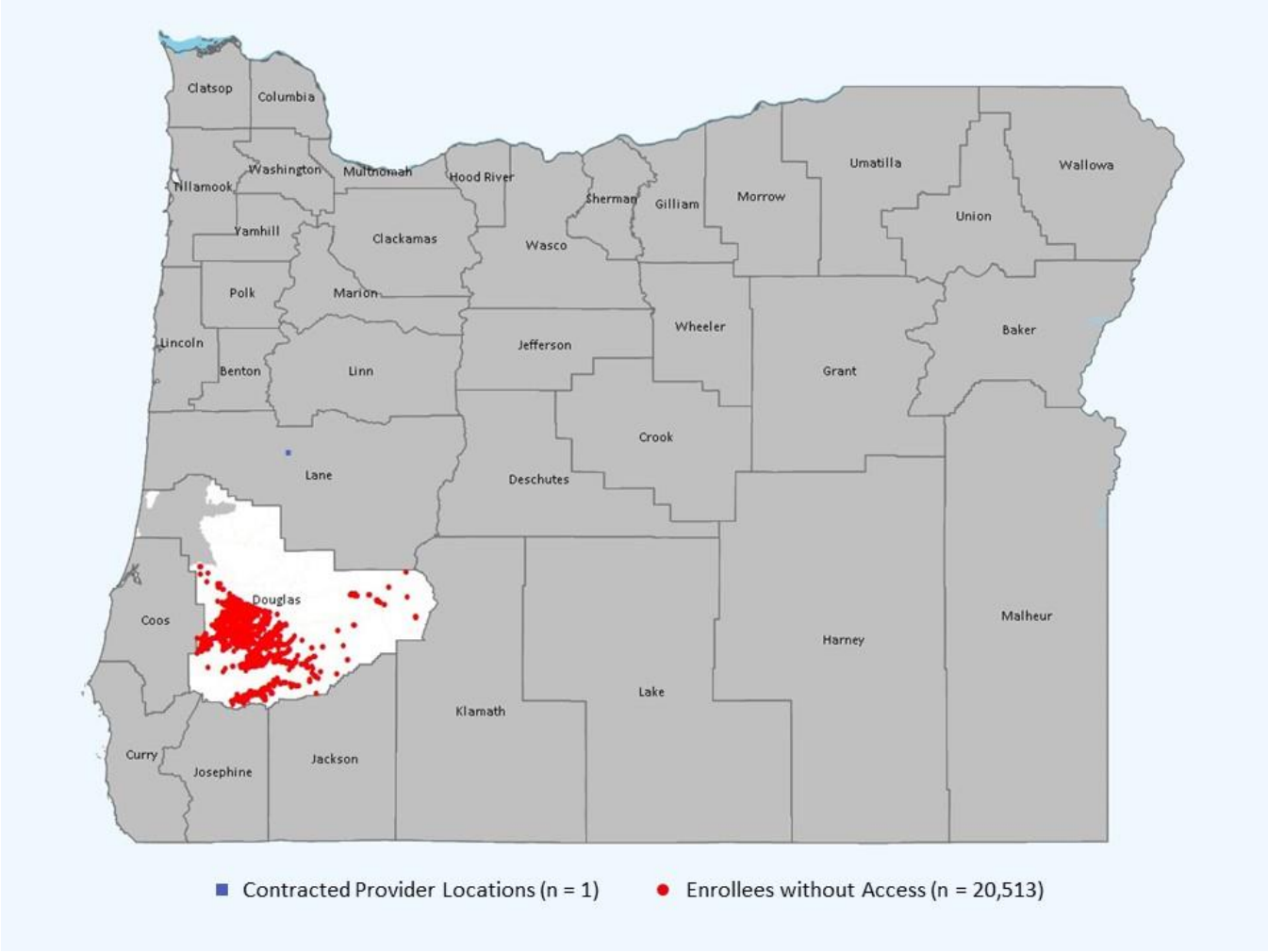
Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
SUDPA	1 in 60 miles or 60 mins	4	>99.9
SPA	1 in 60 miles or 60 mins	4	>99.9
HOSP	1 in 60 miles or 60 mins	6	>99.9
HPSY	1 in 60 miles or 60 mins	20,513	35.5
IHS/THS	1 in 60 miles or 60 mins	7	>99.9
SNF	1 in 60 miles or 60 mins	7	>99.9
RHC	1 in 60 miles or 60 mins	7	>99.9
UCC	1 in 60 miles or 60 mins	7	>99.9
SUDPP	1 in 60 miles or 60 mins	1	>99.9
SPP	1 in 60 miles or 60 mins	1	>99.9

UHA did not meet rural access standards for SUDPA, SUDPP, SPA, SPP, HOSP, HPSY, IHS/THS, SNF, RHC, and UCC. Many of these providers and facilities offer services that could reasonably be accessible through the fully compliant access standards met for PCPs and similar facilities. Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

While UHA did not meet the 100 percent access standard for multiple service categories, these results should not necessarily be interpreted to mean that members are without access to key services, as in all cases except HPSY, UHA came very close to meeting the access standard, with only a handful of members affected in total. Taken in the context of UHA's rural setting, these results should be considered impressive rather than deficient.

A map for HPSY is provided below for visual context of the difficulty in achieving access for this service category, which as stated above is inherently limited in terms of number and geographic location (the closest facility being in Eugene).

Figure O-1—HPSY—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[O-1].

Quality of DSN Provider Capacity Reporting

UHAs submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was good with few issues identified. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- Only 96.1 percent of the Group NPI data fields were populated, with the Group NPI valid values at 97.0 precent.
- Only 98.0 percent of the Facility NPI data fields were populated, with the Facility NPI valid values at 97.3 precent.
- Of the Address #1 data fields populated, only 98.8 percent had valid formats.

Table 1—UHA Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field		DSN Quality Metrics		
	Providers Included[1]	% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	100.0%	100.0%	--
Provider's Last Name	Individual	100.0%	100.0%	--
Provider's Middle Name or Initial	Individual	76.2%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	99.5%
Solo Provider Indicator	Individual	100.0%	100.0%	100.0%
Telehealth Indicator	Individual	100.0%	100.0%	100.0%
Group Name	Individual	100.0%	100.0%	--
Group NPI	Individual	96.1%	100.0%	97.0%
Facility or Business Name	Facility	100.0%	100.0%	--
Facility NPI	Facility	98.0%	100.0%	97.3%
Facility Taxonomy Code	Facility	98.0%	100.0%	100.0%
TIN	All	100.0%	99.8%	--

[O-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
DMAP (Medicaid ID)	All	99.0%	99.6%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	100.0%	99.9%
Non-English Language #1	Individual	5.7%	100.0%	--
Non-English Language #2	Individual	1.4%	100.0%	--
Non-English Language #3	Individual	<0.1%	100.0%	--
Address #1	All	100.0%	98.8%	--
Address #2	All	0.0%	--	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	100.0%
County	All	100.0%	100.0%	99.9%
Phone	All	100.0%	99.9%	--
PCP Indicator	Individual[1]	100.0%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	100.0%	100.0%	100.0%
PCPCH Tier	All[4]	100.0%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	100.0%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values 01, 02, & 03

Individual[1] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB

Individual[2] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y

Facility includes ProvCat Values 04 & 05

All includes ProvCat Values 01, 02, 03, 04, 05, blank

All[3] includes ProvCat Values of 01, 02, 04, 05

All[4] includes ProvCat Values of 01 ,02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 703 individual practitioner and 694 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by UHA to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status

and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of UHA DSN Provider Capacity Report submission:

- Of the 703 total counted individual practitioners, 518 data records were identified as contracted in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 694 total counted facility/business/service providers, only 110 data records were identified as contracted and contracted in-network providers.
- Of the 570 Pharmacies data records populated, only 16 were identified as being contracted in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for UHA

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	9	1.3%	5	1.0%	4	2.2%
Primary Care Provider, Pediatric	7	1.0%	6	1.2%	1	0.5%
Primary Care Provider, Both (Adult and Pediatric)	114	16.2%	80	15.4%	34	18.4%
Specialty Provider	317	45.1%	206	39.8%	111	60.0%
Oral Health Provider	44	6.3%	44	8.5%	0	0.0%
Mental Health Provider	146	20.8%	138	26.6%	8	4.3%
SUD Provider	60	8.5%	35	6.8%	25	13.5%
Certified or Qualified Health Care Interpreters	2	0.3%	0	0.0%	2	1.1%
Traditional Health Workers	4	0.6%	4	0.8%	0	0.0%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	**703**	**100.0%**	**518**	**100.0%**	**185**	**100.0%**
Facility/Business/Service Providers						
Primary Care Clinic	16	2.3%	14	12.7%	2	0.3%
Specialty Care Clinic	30	4.3%	23	20.9%	7	1.2%
Hospital	6	0.9%	1	0.9%	5	0.9%
Urgent Care Center	3	0.4%	3	2.7%	0	0.0%
Ambulance and Emergency Medical Transportation	2	0.3%	1	0.9%	1	0.2%

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Non-Emergent Medical Transportation	4	0.6%	3	2.7%	1	0.2%
Hospital, Acute Psychiatric Care	1	<0.1%	0	0.0%	1	0.2%
Mental Health Crisis Services	1	<0.1%	1	0.9%	0	0.0%
Mental Health Clinic	9	1.3%	8	7.3%	1	0.2%
Substance Use Disorder Clinic	2	0.3%	2	1.8%	0	0.0%
Community Prevention Services	4	0.6%	4	3.6%	0	0.0%
Home Health	1	<0.1%	1	0.9%	0	0.0%
Durable Medical Providers	6	0.9%	3	2.7%	3	0.5%
Post-hospital Skilled Nursing Facility	3	0.4%	2	1.8%	1	0.2%
Imaging	8	1.2%	4	3.6%	4	0.7%
Pharmacies	570	82.1%	16	14.5%	554	95.4%
Oral Health Clinic	12	1.7%	9	8.2%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	2	0.3%	1	0.9%	1	0.2%
Federally Qualified Health Centers	7	1.0%	7	6.4%	0	0.0%
School-based Health Centers	2	0.3%	2	1.8%	0	0.0%
Indian Health Service and Tribal Health Services	2	0.3%	2	1.8%	0	0.0%
Rural Health Centers	3	0.4%	3	2.7%	0	0.0%
Overall	**694**	**100.0%**	**110**	**>99.9%**	**581**	**100.0%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data was presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not equal the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties. Below are observations identified in the analysis results:

- Of the total 703 counted Individual Practitioners, stratifying data records identified 518 total contracted in-network providers in the geographic service area of Douglas County.
- Of the total 694 counted Facilities/Business/Service Providers, stratifying data records identified 109 total contracted in-network Facilities/Business in the geographic service area of Douglas County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for *UHA*

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	518	73.7%	518	100.0%	0	0.0%
Bordering County	180	25.60%	0	0	180	97.3%
Non-Bordering County	5	0.70%	0	0	5	2.7%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	**703**	**100.0%**	**518**	**100.0%**	**185**	**100.0%**
Facilities						
In Service Area	110	15.8%	109	100.0%	0	0.0%
Bordering County	140	20.2%	0	0.0%	139	23.8%
Non-Bordering County	444	64.0%	0	0.0%	442	75.9%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	**694**	**100.0%**	**109**	**100.0%**	**581**	**99.7%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed UHAs provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time that the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and pediatric populations, was reported as a standalone category. Overall, there were no noted concerns with the total number of PCPs reported by UHA. Table 4 exhibits data results stratified by contracted in-network providers and contracted out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for UHA

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Adult	3	9	33.3%	2	5	40.0%	1	4	25.0%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider Pediatric	4	7	57.1%	3	6	50.0%	1	1	100.0%
Primary Care Provider Both (Adult and Pediatric)	70	114	61.4%	59	80	73.8%	11	34	32.4%
PCPCH	86	146	58.9%	80	134	59.7%	6	12	50.0%
Overall	**163**	**276**	**59.1%**	**144**	**225**	**64.0%**	**19**	**51**	**37.3%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHAs analysis of UHA provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5. The following area of concern was observed in UHAs report:

- Of the seven total counted Primary Care Providers Pediatric date records populated, none speak a non-English language.
- Of the 44 total counted Oral Health Provider date records populated, only two speak a non-English language.
- Of the 146 total counted Mental Health Provider data records populated, only one was identified as speaking a non-English language.
- Of the 60 total count SUD Provider data records populated, only one is identified as speaking a non-English language.
- Of the four total counted Traditional Health Worker data records populated, none were identified as speaking a non-English language.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for UHA

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider Adult	2	9	22.2%	2	5	40.0%	0	4	0.0%
Primary Care Provider Pediatric	0	7	0.0%	0	6	0.0%	0	1	0.0%
Primary Care Provider Both (Adult and Pediatric)	13	114	11.4%	13	80	16.2%	0	34	0.0%
Specialty Provider	22	317	6.9%	20	206	9.7%	2	111	1.8%
Oral Health Provider	2	44	4.5%	2	44	4.5%	0	0	0.0%
Mental Health Provider	1	146	0.7%	1	138	0.7%	0	8	0.0%
SUD Provider	0	60	0.0%	0	35	0.0%	0	25	0.0%
Certified or Qualified Health Care Interpreters	0	2	0.0%	0	0	0.0%	0	2	0.0%
Traditional Health Workers	0	4	0.0%	0	4	0.0%	0	0	0.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	**40**	**703**	**5.7%**	**38**	**518**	**7.3%**	**2**	**185**	**1.1%**

[1] *Limited to providers in Oregon.*

Appendix P. DSN Evaluation Results for Yamhill Community Care Organization

Yamhill Community Care Organization (YCCO) contracts with OHA to provide physical, behavioral, and oral health services to approximately 30,617 members residing in Yamhill, Washington, and Polk counties.

- YCCO struggled to provide necessary and sufficient data, responses, and supporting documentation in some portions of the DSN Provider Narrative and DSN Provider Capacity reporting, particularly with regard to provider counts, timely access data, and population-level membership data (e.g., disease prevalence).
- OHA's analysis of the CCO's provider capacity data found that of all PCPs speaking a non-English language, nearly 80 percent were listed as out of network.
- One of YCCO's responses to a DSN Provider Narrative element referenced a different CCO and service area, the context of which suggested that the answer was provided by a subcontractor offering a similar service to a different CCO. While it is permissible for subcontractors to provide information and direct language in support of a CCO's provider narrative, the error suggested a lack of oversight by YCCO of its subcontractor.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. YCCO achieved 82 percent overall compliance with provider narrative elements.

Table P-1—DSN Provider Narrative Scores

Category	Score	Percent Compliant
Description of the Delivery Network and Adequacy	26.5	80%
Description of Members and Membership Needs	11.5	68%
Coordination of Care	19.0	95%
Performance on Metrics	4.0	100%
Overall	**61.0**	**82%**

YCCO received 15 findings across all provider narrative elements.

Table P-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3: CCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel)	While YCCO stated that it had no providers listed in the UCC category and that the category was	YCCO should provide a plan and timetable for remediating its noncompliance with regard to

Element	Finding	Recommendation
for each of the provider types in elements 3.1 through 3.14 based the CCO's relevant geographic classification(s) within its service area. CCO calculations must address all three of the following specifications: • Average time (in minutes). • Average distance (in miles). • Percentage of members living within the time and distance standards. **3.12:** Urgent Care Center	therefore not applicable to time and distance standards reporting, the CCO should have instead reported this category as having no access and provided a remediation plan. This element was *Not Met*.	member access to urgent care centers in future submissions.
3.13: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, the CCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.	While YCCO provided geographic explanations for its instances of noncompliance, it did not describe how member access below the standard would be addressed to achieve compliance. Additionally, it did not address its lack of urgent care centers. This element was *Not Met*.	YCCO should provide a plan and timetable for addressing all instances of noncompliant time and distance categories for the DSN reporting categories in future submissions.
3.14: If the CCO's calculated average time (in minutes), average distance (in miles), or percentage of members living within the time and distance standards for any of the above listed provider types demonstrates noncompliance, CCO must describe the expected time frame for resolution before compliance is achieved.	While YCCO provided geographic explanations for its instances of noncompliance, it did not describe the expected time frame for resolution to noncompliant provider types/service categories. This element was *Not Met*.	YCCO should provide a plan and timetable for addressing all instances of noncompliant time and distance categories for the DSN reporting categories.
4.1: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring that scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD member appointments are timely for	While YCCO stated that it monitors monthly service level reporting, grievance systems, and customer service usage, the CCO did not explain the monitoring sufficiently or provide evidence of implementation that could be used	YCCO should provide additional detail and evidence of active oversight and usage of timely access data in future submissions.

Element	Finding	Recommendation
emergent, urgent, and routine/well-care visits.	to determine full compliance. This element was *Partially Met*.	
4.2: CCO describes its ongoing monitoring cycle to ensure that timely access data for physical health (PCP and specialty), oral health, MH, and SUD member appointments are used in a meaningful manner to facilitate network adequacy decisions.	While YCCO stated that it monitors monthly service-level reporting, grievance systems, and customer service usage, the CCO did not explain the monitoring sufficiently or provide evidence of implementation that could be used to determine full compliance. This element was *Partially Met*.	YCCO should provide additional detail and evidence of active oversight and usage of timely access data in future submissions.
7: CCO describes how it actively collects, monitors, and interprets data, survey results, and member feedback from each group source listed in elements 7.1 through 7.5 and incorporates the feedback into network adequacy decisions: **7.2:** • MHSIP—Adult • YSS-F—Caregiver • YSS-F—Adolescents (15–17) • CAHPS Survey	While YCCO described conducting annual surveys on behavioral health and peer services and examining CAHPS survey results, no mention was made of using results from the YSS-F as part of network adequacy decisions. This element was *Partially Met*.	YCCO should address the use of results from the YSS-F in its network adequacy decision making in future submissions.
8.3: CCO describes how it actively collects, monitors, and interprets timely access data, ensuring specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.	YCCO stated that it does not yet track timely access data for AI/AN providers and members, and that this process was in development. This element was *Not Met*.	YCCO should describe how it tracks timely access data for AI/AN members and participating providers at IHS/THS Clinics and/or Centers in future submissions.
8.4: CCO describes its ongoing monitoring cycle to ensure timely access data, specifically that AI/AN members' scheduled or rescheduled physical health (PCP and specialty), oral health, MH, and SUD appointments are timely	YCCO stated that it does not yet track timely access data for AI/AN providers and members, and that this process was in development. This element was *Not Met*.	YCCO should describe how it tracks timely access data for AI/AN members and participating providers at IHS/THS Clinics and/or Centers in future submissions.

Element	Finding	Recommendation
for emergent, urgent, and routine/well-care visits with participating providers at IHS/THS Clinics and/or Centers.		
10.2: CCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.	YCCO's narrative response addressed what actions the CCO takes for a member identified with a "high risk specific disease," but did not provide an explanation of how it monitors disease prevalence for its overall member population. This element was *Not Met*.	YCCO should describe how it actively collects, monitors, and interprets prevalence of disease data across its entire member population (i.e., population-level data collection and analysis of disease prevalence) in future submissions.
10.3: CCO submits data to demonstrate prevalence of disease across its membership.	YCCO submitted data for two select diseases (i.e., diabetes and Hepatitis C) across its membership, but did not provide information on any other disease prevalence. This element was *Not Met*.	YCCO should provide data on the prevalence of leading diseases across its entire member population (i.e., population-level data collection and analysis of disease prevalence) in future submissions.
10.4: CCO describes the frequency in which it gathers and analyzes the prevalence of disease data across its membership.	While YCCO's narrative response addressed how it is able to collect and monitor member-specific data on "high risk" disease and PIP data, it did not address the frequency with which it gathers and analyzes population-level disease data. This element was *Not Met*.	YCCO should describe how it actively collects, monitors, and interprets prevalence of disease data across its entire member population (i.e., population-level data collection and analysis of disease prevalence) in future submissions.
10.5: CCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.	YCCO's narrative response addressed what actions the CCO takes for a member identified with a "high risk specific disease," ad hoc analysis, and monitoring of Hepatitis C and monitoring of select denials, but did not provide an explanation of how it monitors disease prevalence for its overall member population. This element was *Not Met*.	YCCO should describe how it actively collects, monitors, and interprets prevalence of disease data across its entire member population (i.e., population-level data collection and analysis of disease prevalence) in future submissions.
12.1: CCO describes how it actively collects, monitors, and interprets data to identify physical health (PCP and specialty), oral health, MH, and SUD participating providers within its service area	Although YCCO described updating its records of provider completion of language and cultural competency training every 36 months to coincide with recredentialing efforts, this is too infrequent to be considered	YCCO should conduct at least annual collection and monitoring of all participating providers' ability to provide member services in a culturally and linguistically appropriate and trauma-informed

Element	Finding	Recommendation
that are prepared to provide member services in a culturally and linguistically appropriate and trauma-informed manner.	active data collection. Additionally, only 51 participating providers responded to its 2021 provider accessibility survey, which represents less than 3 percent of its provider pool. This element was *Partially Met*.	manner (i.e., via training opportunities and tracking of provider training completion).
12.2: CCO describes its ongoing monitoring cycle to ensure that data identifying participating providers within its service area that are prepared to provide member services in a culturally and linguistically appropriate and trauma-informed manner are used in a meaningful manner to facilitate network adequacy decisions.	While YCCO described using language services access reporting quarterly and grievance data analysis, it did not address the use of data identifying providers prepared to offer culturally and linguistically appropriate, trauma-informed services to members to help inform network adequacy decisions. Grievance data analysis is an insufficient methodology in this context. Additionally, review of the CCO's provider directory demonstrated that many if not most participating providers had not completed cultural competency training, and the CCO provided no evidence or narrative response indicating follow-up with these providers to remediate their lack of training. This element was *Not Met*.	YCCO should address the use of data identifying providers prepared to offer culturally and linguistically appropriate, trauma-informed services to members to help inform network adequacy decisions in future submissions.
13: CCO describes how it coordinates care, ensuring adult and member access to each of the services for treatment of MH disorders identified in elements 13.1 through 13.6. **13.6:** CCO describes its ongoing monitoring cycle to ensure that member utilization data for treatment of MH disorders is used in a meaningful manner to facilitate network adequacy decisions.	YCCO's narrative response described the use of grievance data, rather than mental health service utilization data, to facilitate network adequacy decisions. Additionally, the CCO's response stated that delegated utilization management teams monitor service requests and authorization of services, which did not address the oversight and use of population-level utilization data. This element was *Not Met*.	YCCO should describe its ongoing monitoring cycle to ensure that member utilization data for treatment of MH disorders are used in a meaningful manner to facilitate network adequacy decisions in future submissions.

Time and Distance Analysis results are presented in the tables below, showing only the service categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the CCO does not have any provider of that category within its network or did not report data for that category. Results which suggested an access issue are displayed visually as maps below the table: areas shaded in white represent the CCO's service area, blue dots show the locations of contracted providers, and red dots show the locations of members residing outside of the access standards. The exact numbers of providers and affected members are given as "n" in each map.

Table P-3—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
HPSY	1 in 30 miles or 30 mins	177	99.1
IHS/THS	1 in 30 miles or 30 mins	20,794	—
RHC	1 in 30 miles or 30 mins	17,432	16.2
UCC	1 in 30 miles or 30 mins	20,794	—

Table P-4—DSN Time and Distance Analysis—Service Categories Below 100 Percent Access—Rural

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
IHS/THS	1 in 60 miles or 60 mins	9,823	—
RHC	1 in 60 miles or 60 mins	1,623	83.5
UCC	1 in 60 miles or 60 mins	9,823	—

YCCO did not meet urban access standards for HPSY, IHS/THS, RHC, and UCC. YCCO also did not meet rural access standards for IHS/THS and UCC. Many of these providers and facilities offer services that could reasonably be accessible through the fully compliant access standards met for PCPs and similar facilities (i.e., RHC). Additionally, some service categories, such as HPSY and IHS/THS, are inherently limited in number and geographic location; therefore, caution should be taken when evaluating any CCO's compliance with the standard for these service categories.

While YCCO did not meet the 100 percent access standard for several service categories, these results should not necessarily be interpreted to mean that members are without access to key services, as the CCO came very close to meeting the standard for HPSY. However, its access rates for RHC were low for both urban and rural settings, and its only contracted facilities were outside of its service area. While this does not necessarily mean that members were unable to receive the types of services offered by RHC, it was notable that YCCO had not contracted with any closer facilities, particularly for the members in the rural southwest portion of the CCO's service region. This raised concerns around network adequacy and YCCO's responsivity to needs identified by internal network monitoring. Maps are included below for RHC to provide visual context.

Figure P-1—RHC—Urban

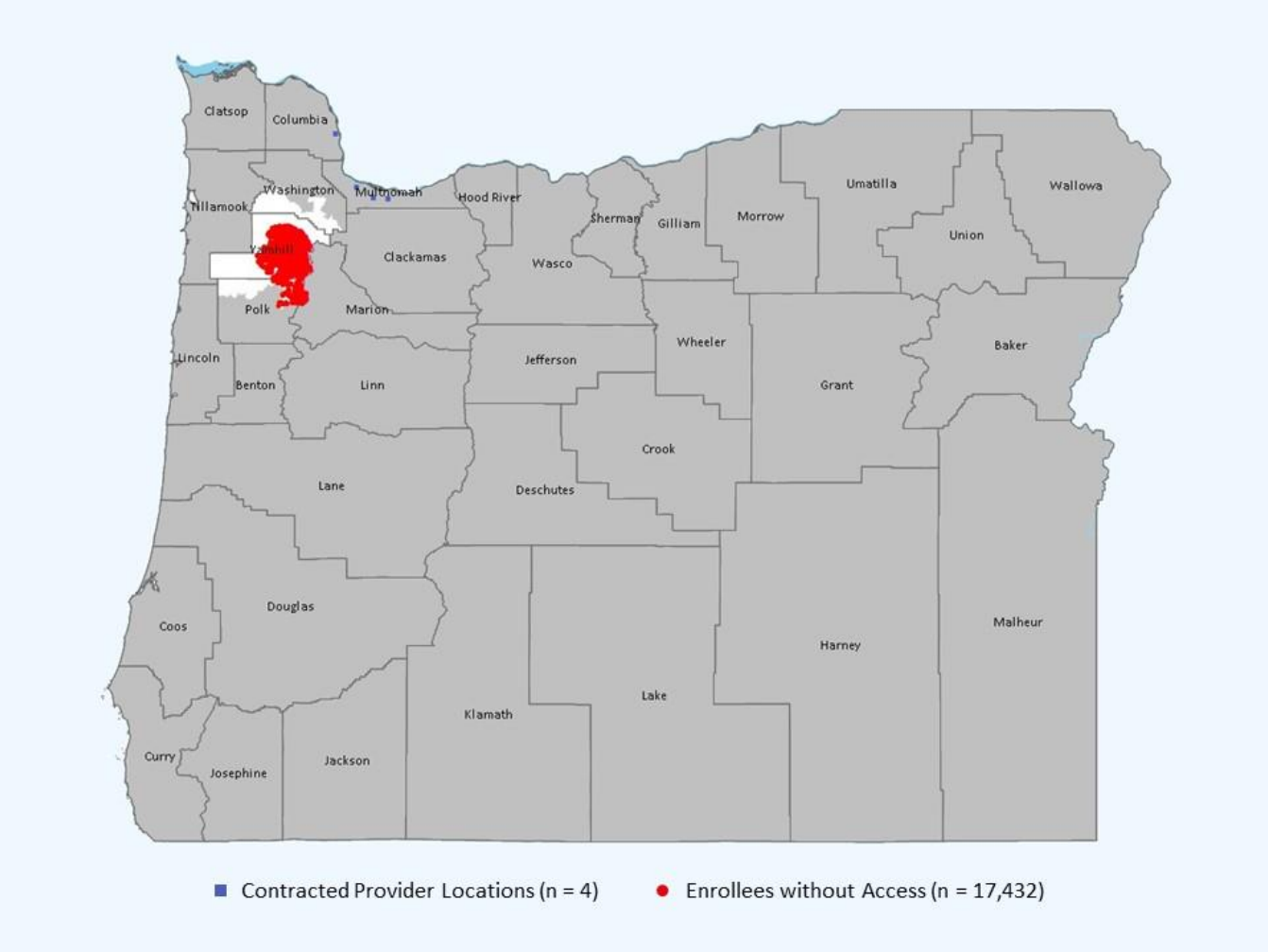
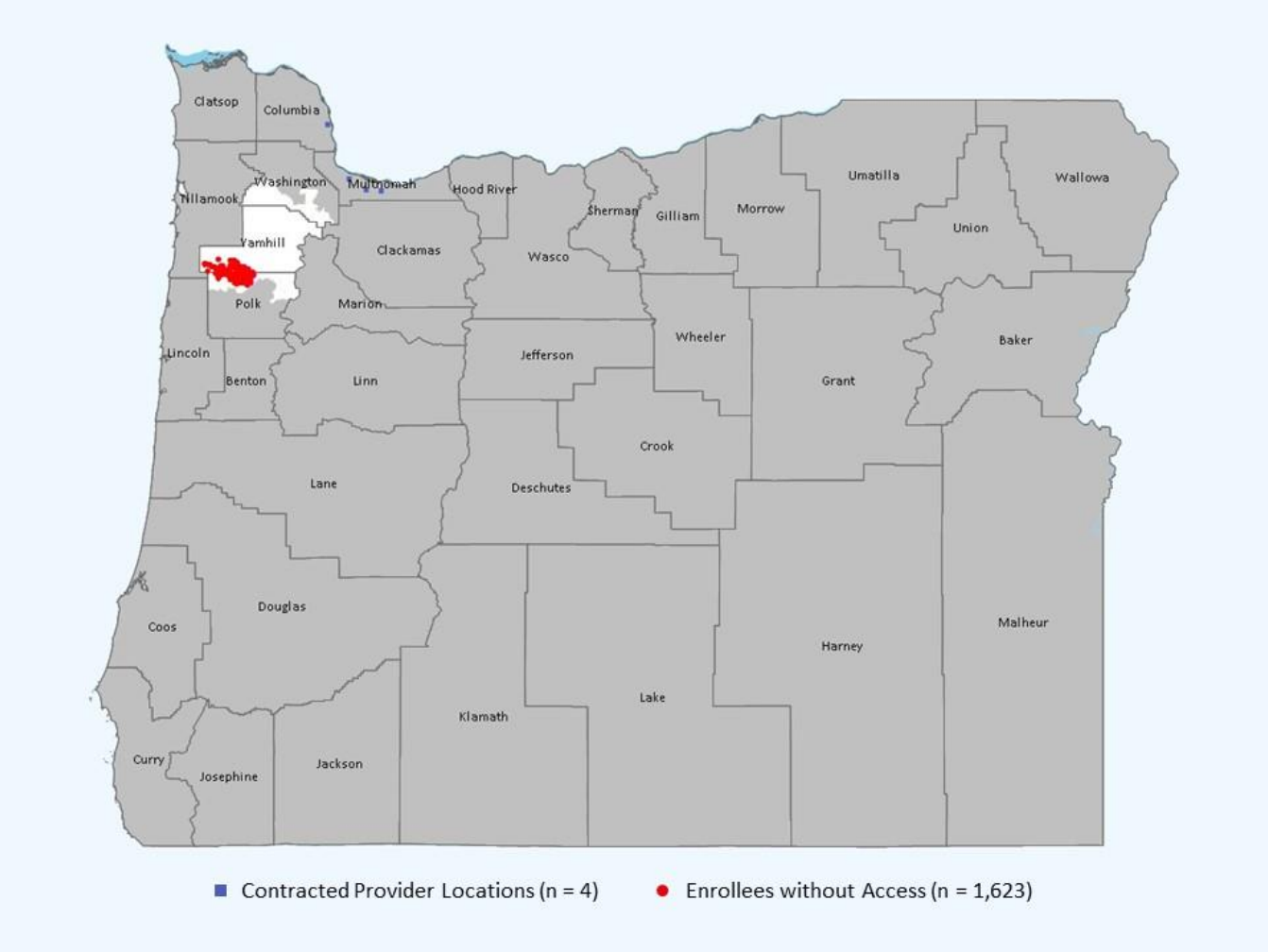


Figure P-2—RHC—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the CCO's Q2 2021 provider capacity data submission. Based on its review, OHA prepared and presented its results in the Q2 2021 Quarterly DSN Provider Capacity Report. HSAG subsequently reviewed these findings and incorporated them into the 2021 DSN Report.[P-1].

Quality of DSN Provider Capacity Reporting

YCCO's submission contained all of the required data fields and accounted for both individual practitioners and facility/business/service providers. The overall data quality of the CCOs 2nd quarter submission was fair with several data quality issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers. Below are the observed reporting exceptions:

- The majority of Percent Present column was less than 100 percent.
- Only 94.8 percent of the Credentialing Data fields were populated.

Table 1—YCCO Individual Practitioner and Facility/Business/Service Providers Quality Measures

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider's First Name	Individual	99.9%	100.0%	--
Provider's Last Name	Individual	99.9%	>99.9%	--
Provider's Middle Name or Initial	Individual	76.0%	99.7%	--
Provider NPI	Individual	99.9%	99.9%	99.9%
Provider Taxonomy Code	Individual	99.6%	100.0%	100.0%
Solo Provider Indicator	Individual	99.9%	100.0%	100.0%
Telehealth Indicator	Individual	99.9%	100.0%	100.0%
Group Name	Individual	99.9%	100.0%	--
Group NPI	Individual	99.8%	100.0%	>99.9%
Facility or Business Name	Facility	88.5%	100.0%	--
Facility NPI	Facility	88.5%	100.0%	100.0%
Facility Taxonomy Code	Facility	88.5%	98.2%	100.0%
TIN	All	99.7%	99.9%	--
DMAP (Medicaid ID)	All	98.5%	98.8%	--
Provider Category	All	99.9%	100.0%	100.0%

[P-1] This section was created by OHA and the content has not been altered or corrected grammatically.

DSN Data Field	Providers Included[1]	DSN Quality Metrics		
		% Present	% Valid Format	% Valid Values
Provider Service Category	All	99.9%	100.0%	100.0%
Credentialing Date	Individual	94.8%	100.0%	100.0%
Non-English Language #1	Individual	19.2%	100.0%	--
Non-English Language #2	Individual	0.9%	100.0%	--
Non-English Language #3	Individual	<0.1%	100.0%	--
Address #1	All	>99.9%	99.7%	--
Address #2	All	1.9%	100.0%	--
City	All	>99.9%	100.0%	--
State	All	>99.9%	100.0%	100.0%
Zip Code	All	>99.9%	100.0%	100.0%
County	All	>99.9%	100.0%	100.0%
Phone	All	97.9%	100.0%	--
PCP Indicator	Individual[1]	>99.9%	100.0%	100.0%
Individual Provider Capacity	Individual[2]	100.0%	100.0%	--
PCPCH Indicator	All[3]	99.9%	100.0%	100.0%
PCPCH Tier	All[4]	99.7%	100.0%	100.0%
# of Members Assigned to PCPs	Individual[2]	100.0%	100.0%	--
Accepting New Medicaid Members	Individual	99.9%	100.0%	100.0%
Network Status	All	99.9%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

[1]Individual includes ProvCat Values 01, 02, & 03
Individual[1] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB
Individual[2] includes ProvCat Values 01 & 02 with ServCat Values PCPA, PCPP, PCPB, SPA, SPP, or SPB, and PCP_Ind = Y
Facility includes ProvCat Values 04 & 05
All includes ProvCat Values 01, 02, 03, 04, 05, blank
All[3] includes ProvCat Values of 01, 02, 04, 05
All[4] includes ProvCat Values of 01 ,02, 04, 05, and PCPCH_Ind = Y

Provider Network Count

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 5,830 individual practitioner and 753 facility/business/service provider data records of all providers. It should be noted that the data submitted does not reflect processes or steps taken by YCCO to validate the information on the provider/facility side. Table 2 exhibits the results of contracted providers stratified by network status

and provider service category throughout all counties in Oregon. Below are observations and areas of concern identified in the analysis results of YCCO DSN Provider Capacity Report submission:

- Of the 5,830 total counted individual practitioners, 4,172 data records were identified as contracted and in-network providers.
- Of the 1586 total counted Mental Health Provider, only 380 data records were identified as contracted and in-network providers.
- Of the 326 total counted SUD Providers, only 68 data records were identified as contracted and in-network providers.
- Due to the various categorization combinations used by CCOs to identify the Certified or Qualified Health Care Interpreters, and Palliative Care, these service categories were not evaluated as part of this key measure.
- Of the 753 total counted facility/business/service providers, only 185 data records were identified as contracted and in-network providers.
- Of the 648 Pharmacies only 90 were identified as being in-network.
- No data records were populated for Primary Care Clinics, Specialty Care Clinic, Urgent Care Center, Ambulance and Emergency Medical Transportation, Non-Emergent Medical Transportation, Mental Health Crisis Services, Community Prevention Services, Oral Health Mobile Clinic, School-based Health Centers, or Indian Health Service and Tribal Health Services.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for YCCO

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Provider, Adult	675	11.6%	675	16.2%	0	0.0%
Primary Care Provider, Pediatric	215	3.7%	215	5.2%	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	22	0.4%	6	<0.1%	16	1.0%
Specialty Provider	2819	48.4%	2693	64.5%	126	7.6%
Oral Health Provider	56	1.0%	56	1.3%	0	0.0%
Mental Health Provider	1586	27.2%	380	9.1%	1206	72.8%
SUD Provider	326	5.6%	68	1.6%	258	15.6%
Certified or Qualified Health Care Interpreters	0	0.0%	0	0.0%	0	0.0%
Traditional Health Workers	131	2.2%	79	1.9%	51	3.1%
Palliative Care	0	0.0%	0	0.0%	0	0.0%
Overall	**5830**	**100.0%**	**4172**	**>99.9%**	**1657**	**100.0%**

Service Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Facility/Business/Service Providers						
Primary Care Clinic	0	0.0%	0	0.0%	0	0.0%
Specialty Care Clinic	0	0.0%	0	0.0%	0	0.0%
Hospital	13	1.7%	12	6.5%	1	0.2%
Urgent Care Center	0	0.0%	0	0.0%	0	0.0%
Ambulance and Emergency Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Non-Emergent Medical Transportation	0	0.0%	0	0.0%	0	0.0%
Hospital, Acute Psychiatric Care	11	1.5%	7	3.8%	4	0.7%
Mental Health Crisis Services	0	0.0%	0	0.0%	0	0.0%
Mental Health Clinic	1	<0.1%	0	0.0%	1	0.2%
Substance Use Disorder Clinic	3	0.4%	0	0.0%	3	0.5%
Community Prevention Services	0	0.0%	0	0.0%	0	0.0%
Home Health	11	1.5%	10	5.4%	1	0.2%
Durable Medical Providers	7	0.9%	7	3.8%	0	0.0%
Post-hospital Skilled Nursing Facility	36	4.8%	36	19.5%	0	0.0%
Imaging	5	0.7%	5	2.7%	0	0.0%
Pharmacies	648	86.1%	90	48.6%	557	98.2%
Oral Health Clinic	4	0.5%	4	2.2%	0	0.0%
Oral Health Mobile Clinic	0	0.0%	0	0.0%	0	0.0%
Hospice	8	1.1%	8	4.3%	0	0.0%
Federally Qualified Health Centers	2	0.3%	2	1.1%	0	0.0%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Indian Health Service and Tribal Health Services	0	0.0%	0	0.0%	0	0.0%
Rural Health Centers	4	0.5%	4	2.2%	0	0.0%
Overall	**753**	**>99.9%**	**185**	**100.0%**	**567**	**100.0%**

[1] *Limited to providers in Oregon*

Geographic Service Area

While the geographic service data has been gathered and reported in previous DSN reporting cycles, the 2021 Q1 cycle was the first time this data has been presented as a standalone section from the total Provider Count data (in Table 2 above). The counts by geographic service area, exhibited in Table 3, do not equal to the same overall total provider counts represented in Table 2. The total provider count represents a unique count of the providers and facilities in the CCOs network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties. Below are observations identified in the analysis results:

- Of the total 7,382 counted Individual Practitioners, stratifying data records identified 5,598 contracted in-network providers in the geographic service areas: 77 in Polk County, 1,471 in Washington County, and 683 in Yamhill County.
- Of the total 766 total counted Facilities/Business/Service Providers, stratifying data records identified 197 contracted in-network providers in the geographic service areas: 14 in Polk County, 80 in Washington County, and 28 in Yamhill County.

Table 3—Individual Practitioner and Facility/Business/Service County Count for YCCO

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
In Service Area	2541	34.6%	2231	39.9%	309	17.9%
Bordering County	4613	62.9%	3367	60.1%	1246	72.1%
Non-Bordering County	166	2.3%	0	0.0%	166	9.5%
Out of state – Bordering Counties	8	0.10%	0	0.0%	8	0.5%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	**7328**	**>99.9%**	**5598**	**100.0%**	**1729**	**100.0%**
Facilities						
In Service Area	122	15.9%	122	61.9%	0	0.0%
Bordering County	373	48.8%	65	33.1%	307	54.0%
Non-Bordering County	271	35.3%	10	5.0%	261	46.0%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	**766**	**100.0%**	**197**	**100.0%**	**568**	**100.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed YCCOs provider accessibility, identifying the total number of PCPs (e.g., PCPA, PCPP, PCPB, and PCPCH) accepting new members. The 2021 Q1 analysis was the first time the PCPB Provider Specialty Category, representing Primary Care Providers serving both adult and pediatric populations, was reported out as a standalone category. Overall, there were no noted concerns with the total number of PCPs reported by YCCO. Table 4 exhibits data results stratified by contracted in-network providers and contracted out-of-network providers.

Table 4—Number and Percent of PCPs Accepting New Patients for YCCO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent	Number Accepting New Patients	Total Number PCPs	Percent
Primary Care Provider, Adult	675	675	100.0%	675	675	100.0%	0	0	0.0%
Primary Care Provider, Pediatric	215	215	100.0%	215	215	100.0%	0	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	22	22	100.0%	6	6	100.0%	16	16	100.0%
PCPCH	1915	1923	99.6%	1915	1916	99.9%	0	7	0.0%
Overall	**2827**	**2835**	**99.7%**	**2811**	**2812**	**>99.9%**	**16**	**23**	**69.6%**

[1]*Limited to providers in Oregon. 'Overall' indicates unique PCP providers.*

Non-English Language Provider Accessibility

OHAs analysis of YCCO provider accessibility, identifying the number and percent of individual practitioners speaking a non-English language by key stratifications (e.g., provider/service category, panel status, network status, and contract status) throughout all counties in Oregon, is demonstrated in Table 5.

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for YCCO

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out-of-Network Providers		
	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Providers Speaking a Non-English Language	Total Number of Providers	Percent	Number Non-English Language	Total Number of Providers	Percent
Primary Care Provider, Adult	34	675	5.0%	34	675	5.0%	0	0	0.0%
Primary Care Provider, Pediatric	18	215	8.4%	18	215	8.4%	0	0	0.0%
Primary Care Provider, Both (Adult and Pediatric)	13	22	59.1%	0	6	0.0%	13	16	81.2%
Specialty Provider	269	2819	9.5%	157	2693	5.8%	112	126	88.9%
Oral Health Provider	14	56	25.0%	14	56	25.0%	0	0	0.0%
Mental Health Provider	1088	1586	68.6%	89	380	23.4%	999	1206	82.8%
SUD Provider	188	326	57.7%	16	68	23.5%	172	258	66.7%
Certified or Qualified Health Care Interpreters	0	0	0.0%	0	0	0.0%	0	0	0.0%
Traditional Health Workers	73	131	55.7%	46	79	58.2%	26	51	51.0%
Palliative Care	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	**1697**	**5830**	**29.1%**	**374**	**4172**	**9.0%**	**1322**	**1657**	**79.8%**

[1] *Limited to providers in Oregon.*