Oregon Health Authority

2021 Delivery System Network Evaluation of Oregon Dental 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 five dental care organizations (DCOs) to deliver managed care services for Oregon Health Plan (OHP) Medicaid members (members) in the state. Annually, each DCO 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 DCOs' 2021 DSN Report submissions.

Based on the requirements outlined in the OHA 2020 Health Plan Services DCO Contract (DCO Contract), Exhibit G(2)(a), HSAG developed a comprehensive approach to review and assess the DCOs' 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 DCO network management and operations, and identify both statewide and DCO-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 DCO program. Individual DCO 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.
- DCO-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 DCOs 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 DCO Contract, Exhibit G(2)(a), and in coordination with OHA, HSAG developed DSN evaluation materials to support DCO participation, including the *2021 DCO Annual DSN Provider Narrative Report Instructions*, *2021 DCO Quarterly DSN Provider Capacity Report Instructions*, and associated reporting templates. Additionally, HSAG conducted a technical assistance webinar with all participating DCOs on May 28, 2021, to review the scope of the 2021 DSN and network adequacy activities; discuss DCO reporting responsibilities and documentation submission requirements; review the DSN evaluation measures and scoring methodology; and offer an opportunity for questions and answers. The DCOs 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 DCOs, respectively. The Time and Distance Analysis examined members' average travel time and distance to the three closest participating providers across multiple provider categories. 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 (Doctor of Dental Surgery and Doctor of Medicine in Dentistry)
02	Other Individual Non-Physician
03	Facility or Clinic
04	Business or Healthcare Services

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

Service Category Value	Service Category Description
DEN♦	Denturist
DOP	Dental Clinic, Pediatric
EDSC	Emergency Dental Services Clinic

Service Category Value	Service Category Description
END♦	Endodontist
EPDH	Expanded Practice Dental Hygienist
FQHC	Federally Qualified Health Centers
GDC	General Dental Clinic
IHS/THS	Indian Health Service and Tribal Health Services
MDC	Mobile Dental Clinic
OAC	Orthodontics & Dentofacial Orthopedics Clinic
ODO♦	Orthodontist & Dentofacial Orthopedics
OMP♦	Oral & Maxillofacial Pathologist
OMS♦	Oral & Maxillofacial Surgeon
OMSC	Oral & Maxillofacial Surgery Clinic
PCDA	Primary Care Dentist, Adult
PCDB*	Primary Care Dentist, Both (Adult and Pediatric)
PCDP	Primary Care Dentist, Pediatric
PCHD	Public/County Health Department
PER♦	Periodontist
PRO♦	Prosthodontics
QHCI	Certified or Qualified Health Care Interpreters
RDH	Registered Dental Hygienist
RHC	Rural Health Centers
SHC	School-based Health Centers

* New CY 2021 service category value and description.
♦ Indicates individual practitioners that should be collectively identified as "Oral Health Specialists."

Table 2-3 lists the DCOs 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 DCOs

DCO Plan Name	Acronym
Advantage Dental Services, LLC	ADS
Capitol Dental Care, Inc.	CDC
Family Dental Care, Inc.	FDCi
Managed Dental Care of Oregon, Inc.	MDCO
ODS Community Dental	ODS

DSN Provider Narrative Evaluation

The DSN Provider Narrative Evaluation activity targeted four DSN categories based on OHA's DCO Contract requirements. Each category included sub-requirements (i.e., elements) that the DCOs addressed through narrative responses and providing supporting documentation (e.g., policies, procedures, manuals, analytics), where applicable, to demonstrate how the DCO 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 DCOs' 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 aligning more closely with the coordinated care organization (CCO) DSN Provider Narrative Evaluation, increasing the number of categories from three 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., 42 and 42.0 points, respectively) were greater than presented in the 2020 DSN Provider Narrative Evaluation (i.e., 14 and 14.0 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	21	21.0
2	Description of Members and Membership Needs	15	15.0
3	Coordination of Care	4	4.0
4	Performance on Metrics	2	2.0
	Totals	**42**	**42.0**

HSAG evaluated the completeness of each DCO's Provider Narrative responses and supporting documentation and assigned a rating (i.e., *Not Met*, *Partially Met*, or *Met*) based on the DCO'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 DCO Contract, the DCOs may elect to contract or delegate responsibility for the maintaining, reporting, and monitoring of adequate provider capacity, but the DCOs are ultimately responsible for ensuring compliance with federal and State provider network requirements. If any component of a DCO's DSN was subcontracted or delegated, the DCO was required to include a narrative response and supplemental documentation (e.g., policies, procedures, manuals, analytics) describing how delegated services are integrated with the DCO's overall DSN, and crucially how the DCO 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 provider 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 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 FQHC to add to the analysis.

HSAG evaluated the completeness of each DCO's provider narrative responses and supporting documentation and assigned a rating (i.e., *Not Met*, *Partially Met*, or *Met*) based on the DCO'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 DCO's self-reported time and distance metrics to determine each DCO'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.
1.0	*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., primary care dentist [PCD], mid-level practitioner, or other practitioners), facility, or business, whether employed by or under subcontract with a DCO, or paid fee-for-service, that agrees to provide the described services, or items, to OHP members. The DCOs 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 evaluated the quality of the data and each DCO's general compliance with the required provider file layout as outlined in the *2021 DCO Quarterly DSN Provider Capacity Report Instructions*. OHA's analysis of the DCOs' 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

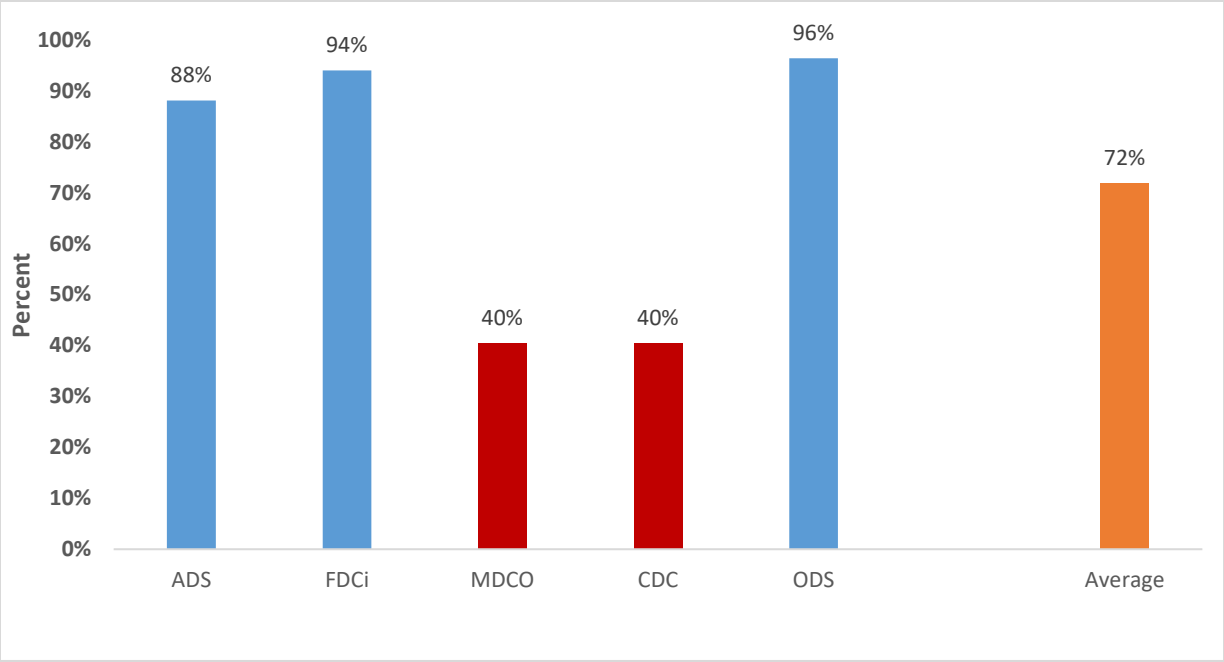
Domain	Description	Key Measures
Quality of DSN Provider Capacity Reporting	The DCO's ability to provide complete and accurate provider network data in the required format.	• Percent Present—The percentage of key data fields that are populated. • Percent Valid Format—The percentage of key fields where 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 DCO'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

Domain	Description	Key Measures
		individual practitioners and facilities by geographic service areas (counties within DCO service area, OR counties bordering DCO service area, OR counties not bordering DCO service area, out of state).
Provider Accessibility	The degree to which contracted services are accessible to the DCO'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 DCO average is a calculated mean average between the DCOs and is displayed in orange. DCOs with scores below the DCO average are displayed in red.

Figure 3-1—Overall Provider Narrative Results



On average, the DCOs exhibited compliance with 72 percent of elements across all four provider narrative categories. Of the five organizations, none were fully compliant (i.e., 100 percent). Two DCOs that share central staff and administration (i.e., MDCO and CDC) were outliers at 40 percent. Individual DCO results and findings are located in the appendices.

Report Categories

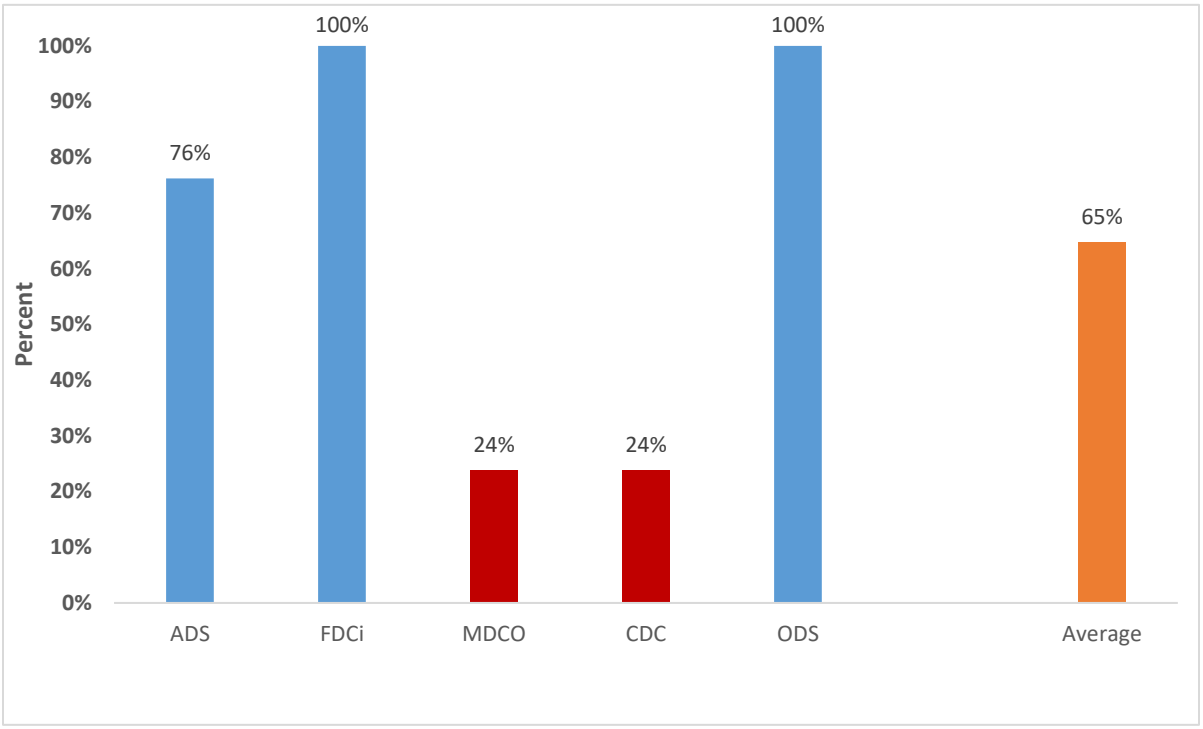
Description of the Delivery Network and Adequacy

The *Description of the Delivery Network and Adequacy* category contained elements that pertained to the geographic distribution of each DCO's providers relative to the geographic distribution of its membership, as well as each DCO's ability to meet time and distance standards for primary care and specialty (e.g., pediatric, adult, or both combined) providers, among other provider types. This category also required each DCO to define its methods for geocoding and related analysis, analyzing member-to-provider ratios, ensuring member access to timely care, and incorporating these analyses into network adequacy decisions.

DCO Results

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

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



On average, the DCOs exhibited compliance with 65 percent of elements within the category. Of the five organizations, two were fully compliant (i.e., FDCi and ODS at 100 percent). One DCO scored 76 percent (i.e., ADS). Two DCOs that share central staff and administration (i.e., MDCO and CDC) were outliers at 24 percent. Individual DCO results and findings are located in the appendices. Additional observations include:

- Most DCOs demonstrated effective collection and use of provider and member geocoding data to assist in network adequacy decisions and strategies.
- CDC and MDCO did not demonstrate appropriate time and distance reporting or analysis, which significantly impacted their score for this category and overall score.
- All DCOs reported having no providers or facilities of a particular specialty or another within their network, citing the low rate of need for such specialties given what is covered by OHP (e.g., orthodontia). They further stated that they were nearly always able to fulfill the oral health needs of their membership with specially trained PCDs or single use case agreements with out-of-network specialists.

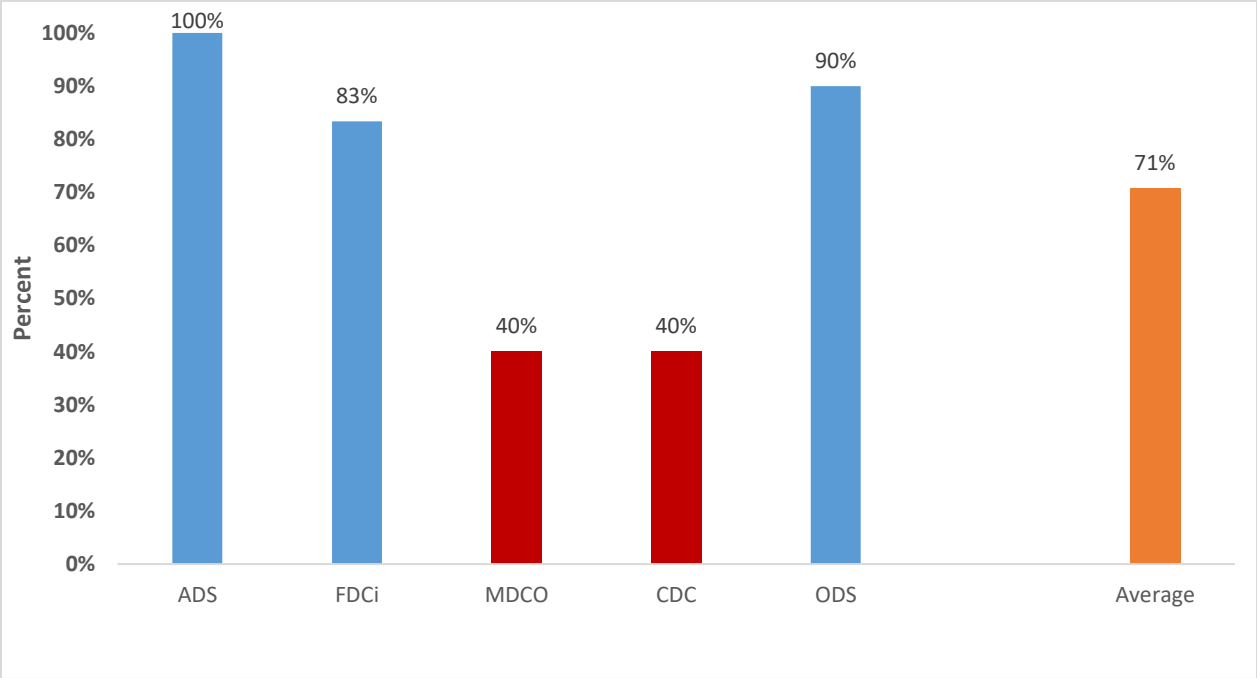
Description of Members and Membership Needs

The *Description of Members and Membership Needs* category contained elements that required each DCO to describe its ability to identify and analyze the needs of its members. More specifically, each DCO 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.

DCO Results

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

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



On average, the DCOs exhibited compliance with 71 percent of elements within the category. Of the five organizations, one was fully compliant (i.e., ADS with 100 percent). Two DCOs that share central staff and administration (i.e., MDCO and CDC) were outliers at 40 percent. Individual DCO results and findings are located in the appendices. Additional observations include:

- Most DCOs 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. However, most DCOs reported using only member-supplied information to maintain disease information, and did not report analyzing disease prevalence at a population level or using such data to facilitate network adequacy decision making.

- All DCOs 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 with the population, including but not limited to employment status, housing, veteran status, national origin, and gender identity.
- Most DCOs provided narrative answers and supporting documentation, which described diligent and responsive monitoring of the linguistic and cultural needs of their membership.

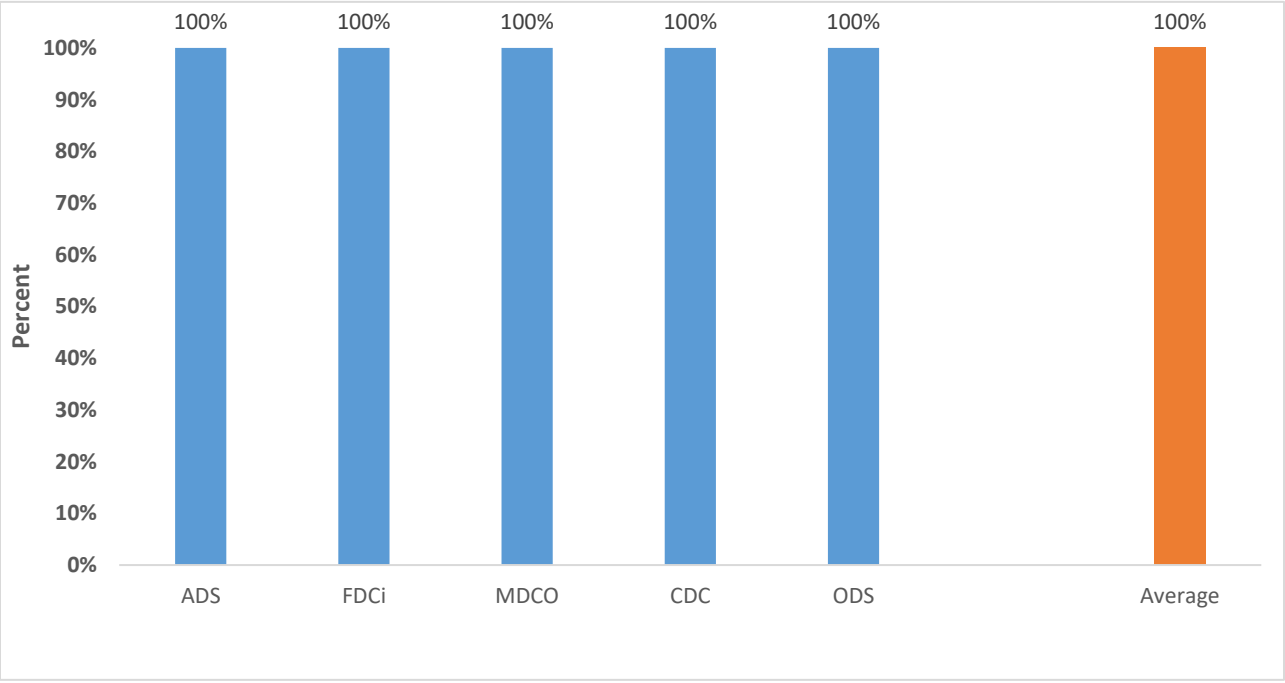
Coordination of Care

The *Coordination of Care* category contained elements that required each DCO to describe its relationships and ability to coordinate care. In addition, each DCO was required to describe the use of interdisciplinary care teams, and electronic health records or other technological innovations to identify and assess members with special health care needs (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.

DCO Results

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

Figure 3-4—Coordination of Care Results



All DCOs exhibited full compliance (i.e., 100 percent) with the category. Individual DCO results and findings are located in the appendices. Additional observations include:

- The DCOs demonstrated a high degree of compliance and competence with elements within the category.
- Most DCOs described significant investment in multiple forms of health information technology to facilitate coordination of care, coordination with community partners, and other essential functions.

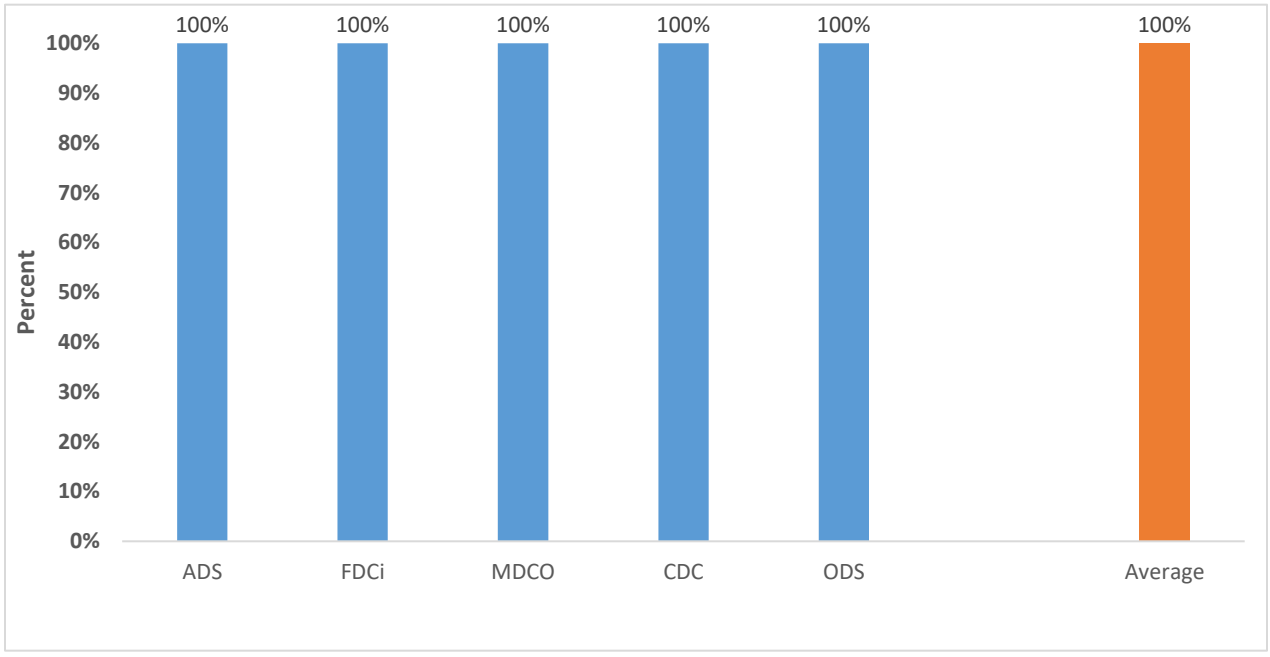
Performance on Metrics

The *Performance on Metrics* category contained elements related to each DCO's efforts to analyze patterns of underutilization and overutilization along with any actions taken to address the underutilization or overutilization of services.

DCO Results

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

Figure 3-5—Performance on Metrics Results



All DCOs exhibited full compliance (i.e., 100 percent) with the category. Individual DCO results and findings are located in the appendices. Additional observations include:

- While all DCOs conducted utilization data monitoring, the frequency with which each did so was proportional to the size of the DCO and its staff (i.e., less frequently for smaller DCOs, more frequently for larger DCOs).

Time and Distance Analysis

Table 3-1 and Table 3-2 show the scores for urban and rural classifications, respectively, across selected provider categories. All DCOs had at least some members living in both urban and rural designations. Any DCO 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 or percentage of members affected by a lack of access, and does not allow the State to evaluate the quality of access.

The provider 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 PCDA, PCDP, EPDH, Oral Health Specialists, and FQHC.

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

DCO Name	PCDA	PCDP	EPDH	OHSP	FQHC	Total Score
ADS	0.5	0.5	1.0	0.5	0.5	3.0
CDC	0.5	0.5	0.5	0.5	0.5	2.5
FDCi	0.5	1.0	0.5	0.5	0.5	3.0
MDCO	0.5	1.0	0.5	0.5	0.5	3.0
ODS	1.0	1.0	0.5	1.0	0.0	3.5
Average Score	**0.6**	**0.8**	**0.6**	**0.6**	**0.4**	**3.0**
Points Possible	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**5.0**

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

DCO Name	PCDA	PCDP	EPDH	OHSP	FQHC	Total Score
ADS	0.5	0.5	0.5	0.5	0.5	2.5
CDC	0.5	0.5	0.5	0.5	0.5	2.5
FDCi	0.5	0.5	0.5	0.5	0.5	2.5
MDCO	0.5	0.5	0.5	0.5	0.5	2.5
ODS	0.5	1.0	0.5	0.5	0.0	2.5
Average Score	**0.5**	**0.6**	**0.5**	**0.5**	**0.4**	**2.5**
Points Possible	**1.0**	**1.0**	**1.0**	**1.0**	**1.0**	**5.0**

Overall, the DCOs showed partial overall time and distance access compliance with selected service categories, with an average score of 3.0 out of a possible 5.0 (i.e., 60 percent access) for the urban classification and an average score of 2.5 out of a possible 5.0 (i.e., 50 percent access) for the rural classification. The results should be interpreted with caution and should not necessarily be taken to mean that 50 to 60 percent of DCO members have appropriate access, since the 100 percent standard does not take into account low numbers or percentages of members affected, nor does the 100 percent standard for the DCOs take into account their generally small numbers of providers and typically statewide presence. Individual full results for access standard compliance, including the number of members affected and assessments of potential access issues, are located in the individual DCO 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 DCO 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 DCOs 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 DCOs 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 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 DCOs

Data Field	Value Present Across All DCOs (Percent)
Non-English Languages Spoken (Primary)	20.2%
PCD Assignment	90.2%
Accepting New Patients	21.3%

Additionally, while the percentage of PCD Assignment present was relatively high, the percentage of values in a valid format was much lower than any other category at 32.2 percent. These results indicated that, while the DCOs have made significant improvements in DSN Provider Capacity Reporting, further clarification between the State and the DCOs on expectations around data collection, technical assistance for DCOs, and increased DCO 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 DCO'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 DCOs reported zero providers for a particular provider type to OHA. Due to data considerations (i.e., no records being populated), the results from ODS for facility/business/service providers were excluded.

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

Service Category	Number of DCOs Reporting Zero Count of Service Category (Out of Five DCOs)
Individual Practitioners	
PCDA	1
ODO	1
OMS	1
OMP	4
PER	3
END	4
DEN	1
PRO	1
RDH	1
Facility/Business/Service Providers	
MDC	2
OAC	2
OMSC	3
EDSC	1
PCHD	3
IHS/THS	3
RHC	2
SHC	2

In general, the DCOs reported a diversity of provider counts depending on the size of their network and varying approaches in business operations. A count of zero for any given provider type should be interpreted with caution, as it could represent either a deficiency in the DCO's provider network or a provider data quality issue. For example, three DCOs reported having no PCDs specific to adults, but reported sufficient counts for PCDs serving both adult and pediatric members. Additionally, multiple DCOs reported a single provider or facility of any given type or having specially-trained PCDs that were

capable of meeting many of the service needs associated with listed specialists, which is not reflected in the results provided above. While these results suggest that service gaps could exist, they more strongly suggest that there is a need for the DCOs to align reporting with OHA requirements, and for OHA to determine what service categories are most relevant to its monitoring efforts.

Provider Accessibility

OHA assessed DCO provider accessibility, identifying the total number of PCDs accepting new members based on data supplied by the DCOs for Q2 of CY 2021. Table 3-5 exhibits data results stratified by PCDs providing care to adults (PCDA), children (PCDP), both (PCDB), and overall PCDs. These service categories were selected as key measures of the adequacy of accessibility to front-line oral health services, which serve the widest array of needs and act as intake points and facilitators to more specialized care.

Table 3-5—PCDs Accepting New Patients by DCO

DCO[1]	Percentage of PCDs Accepting New Patients			
	PCDA	PCDP	PCDB	Overall
ADS	NA	100%	100%	100%
CDC	NA	100%	98.2%	98.5%
FDCi	100%	100%	100%	100%
MDCO	100%	100%	100%	100%
ODS	NA	63.2%	53.7%	55.0%

[1] Limited to providers in Oregon.
NA indicates the DCO had no PCDAs.

In general, while the overall percentage of PCDs accepting new patients suggests that there is capacity within each DCO network to accept new adult and pediatric patients at the primary care level, ODS' lower overall rate of new patient acceptance should be interpreted with caution, as it listed 640 PCDs within network; the next-largest DCO listed 149 PCDs. Similarly, ADS, CDC, and ODS reported having no PCDAs, while FDCi, showing a 100 percent new patient acceptance rate, had a single PCDA.

Table 3-6 displays another measure of provider accessibility: the number and percentage of overall providers for each DCO who speak a non-English language. While the DCOs 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 DCO 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 PCDs, EPDH, OAC, ODO, OMS, OMP, PER, END, DEN, PRO, and RDH.

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

DCO	Number of Providers Speaking a Non-English Language	Total Number of Providers	Percent
ADS	32	295	10.8%
CDC	74	165	44.8%
FDCi	59	106	55.7%
MDCO	35	60	58.3%
ODS	168	822	20.4%

These results indicate that, compared to other types of health care providers, the DCOs reported a relatively high proportion of their providers were able to speak a non-English language. This is particularly notable due to the fact that nearly all reported providers were PCDs. However, these results should be interpreted with caution, since DCOs with small provider pools (e.g., MDCO) can disproportionately impact the overall percentage of providers who 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.

4. Conclusions and Recommendations

Conclusions

In general, the quantitative and qualitative results from this evaluation demonstrated that the DCOs have established provider networks and actively monitor and work to address network deficiencies. The DCOs that submitted appropriate data demonstrated they have both a sufficient provider network and monitor their networks for adequacy and alignment with the needs of their membership. However, despite efforts to address network deficiencies, the results also identified opportunities to improve the quality of the DCOs' collection of provider data, DSN monitoring and network performance, and reporting.

The DCOs' 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 DCOs 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 DCOs' data presented at least some gaps in the provider data being collected and reported to the State. For example, fields critical to managing primary oral health care services (e.g., accepting new patients, language, and PCD assignment) and provider categories were frequently missing. In particular, the percentage of PCD Assigned values that were in a valid format was much lower than any other category at 32.2 percent, leading to concerns as to whether all DCOs understood and were compliant with the reporting requirements and instructions produced by the State. Further, provider counts based on the quarterly capacity reporting did not appear to fully align with time and distance data supplied in the DCOs' DSN provider narrative submissions, leading to additional concerns about data quality. This pointed to a need for further technical assistance, coordination, and communication between the State and the DCOs.

When compared to other types of Medicaid managed care providers, the DCOs reported a relatively high proportion of their providers were able to speak a non-English language. However, this result should be interpreted with caution as a measure for the ability of a network to provide linguistically accessible and culturally appropriate care, as languages spoken may not be relevant to the needs of a member, or may not be targeted toward health-related needs.

DSN Provider Capacity Reporting by OHA also showed that, out of all DCOs, only one (i.e., FDCi) reported contracted out-of-network providers or outside of its service area. All other DCOs considered their networks to be statewide. As a result, only a very small percentage (i.e., approximately 2 percent) of all contracted DCO providers were out of network. This result highlights the need for OHA to reevaluate reporting and analysis of these data elements in the future.

In addition to evaluating provider capacity, this evaluation assessed the distribution of the DCOs' provider networks relative to their members. Overall, nearly all DCOs struggled to meet OHA's 2021 time and distance standard that required 100 percent access to providers in both urban and rural areas. However, these results should not necessarily be interpreted to mean that members were without access to oral health services. While the DCOs were sometimes noncompliant with the time and distance standards for an individual provider type (e.g., EPDH or FQHC), the evaluation showed provider types

offering similar services (e.g., preventive and primary dental services) were reasonably available to members. For example, while members may not have access to an EPHD, they did have access to a PCD. In most cases, relatively small numbers of people were affected by network noncompliance, often less than 50 in total per DCO.

Two DCOs (i.e., CDC and MDCO) struggled significantly with providing appropriate and complete reporting of data, responses to provider narrative elements, and sufficient explanation of processes. These findings suggest the need for targeted technical assistance and follow-up from OHA. Further, all DCOs reported having no providers or facilities of at least one specialty or another (e.g., END or OMSC) within their networks, citing the low incidence of need for such specialties given the oral health services covered by OHP, and the ability to fulfill nearly all oral health needs of their membership through either specially trained PCDs or single use case agreements with out-of-network specialists.

The DCOs also described being in the beginning stages of oral health-related disease prevalence monitoring, and using it to facilitate network decisions. Several DCOs stated that they had requested technical assistance from OHA in using the 834 eligibility file disease prevalence but had not received any assistance at the time of DSN documentation submission (i.e., July 2021). Since all DCOs demonstrated a high degree of compliance and competence with utilization monitoring and the coordination of oral health care, any technical assistance provided to the DCOs would likely lead to significant improvements in their ability to perform membership population monitoring.

DSN Provider Narrative Report Recommendations

To improve the quality of DSN Provider Narrative Report submissions by the DCOs, HSAG offers the following recommendations to assist OHA and the DCOs 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 DCO time and distance performance to identify current time and distance performance by key stratifications (i.e., geography, provider type, panel 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., EPDHs, FQHCs), OHA should consider grouping providers that offer similar services (e.g., primary preventive services).This should include considerations for the fundamental differences in scope of care and membership needs relevant to oral health care as opposed to physical health care, and should also include the overlapping and near-statewide presence of most DCOs.

- **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. Transition to the use of nationally recognized provider taxonomy codes associated with the National Provider Identifier database would facilitate alignment with provider contracting activities and support data quality issues identified with the DCOs. Alternatively, HSAG recommends conducting regular validation studies to verify the accuracy of the DCOs' provider and service categories through file review or survey.
- **Coordinate Technical Assistance and Training Sessions:** As illustrated by the nascent state of some DCO-based network monitoring programs, OHA should schedule technical assistance trainings to provide guidance on how to collect, monitor, and report on the network monitoring requirements and how to use the information to support network management. Specific training topics could include, at a minimum, monitoring disease prevalence within member populations.

DSN Provider Capacity Report Recommendations

To improve the quality of provider capacity data collected and reported by the DCOs, HSAG offers the following recommendations to assist OHA and the DCOs 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 DCO 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., PCDs, FQHCs, etc.] to assess capacity and ratios, instead of individual provider types 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 DCOs in Reporting:** OHA should continue to provide regular feedback to the DCOs based on OHA's evaluation of the quarterly DSN Provider Capacity Reports submitted by the DCOs. 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 DCOs over time. Additionally, OHA should provide one-on-one technical assistance to or conduct informational interviews with the DCOs whose results demonstrated unusual data trends or deficiencies in order to identify root causes and help direct quality improvement activities within the DCOs.

Appendix A. DSN Evaluation Results for Advantage Dental Services, LLC

Advantage Dental Services, LLC (ADS) contracts with OHA to provide direct oral health services to approximately 22,696 OHP members who are not assigned to a CCO. It is the largest DCO by membership served.

- ADS leverages its robust health information technology infrastructure to provide proactive care coordination, member outreach, and assist with network adequacy monitoring.
- ADS demonstrated cogent network adequacy monitoring efforts through a bimonthly workgroup that reviews access rates, utilization data, provider satisfaction and recruitments, language needs, and care coordination needs.
- ADS did not provide sufficient context for some of its access and contracting data to determine compliance with all requirements, suggesting the need for additional communication, clarification, or other follow-up.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. ADS achieved 88 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	16.0	76%
Description of Members and Membership Needs	15.0	100%
Coordination of Care	4.0	100%
Performance on Metrics	2.0	100%
Overall	**37.0**	**88%**

ADS received five findings across all provider narrative elements.

Table A-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3: DCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel files) for each of the below provider types in elements 3.1 through 3.15 based the DCO's relevant geographic classification(s) within its service	ADS did not provide any time and distance data for this element. Although ADS stated that time and distance data for this provider type would "produce skewed data based on the geographic distribution of this classification," this did not address the requirement to report	ADS should provide all required data for all DSN elements in future submissions. Additionally, ADS should note that the Narrative does not necessarily score on apparent adequacy of a network, but rather on the fullness

Element	Finding	Recommendation
area. DCO 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. **3.10:** Emergency Dental Services Clinic	the data. This element was *Not Met*.	of answers provided. Further, any apparently "skewed" data can be given context via the narrative, which may inform interpretation of results and future DSN efforts.
3.11: Federally Qualified Health Centers	ADS did not provide any time and distance data for this element. Although ADS stated that time and distance data for this provider type would "produce skewed data based on the geographic distribution of this classification," this did not address the requirement to report the data. This element was *Not Met*.	ADS should provide all required data for all DSN elements in future submissions. Additionally, ADS should note that the provider narrative does not necessarily score on apparent adequacy of a network, but rather on the fullness of answers provided. Further, any apparently "skewed" data can be given context via the narrative, which may inform interpretation of results and future DSN efforts.
3.12: Indian Health Service and Tribal Health Services	ADS did not provide any time and distance data for this element. Although ADS stated that time and distance data for this provider type would "produce skewed data based on the geographic distribution of this classification," this did not address the requirement to report the data. This element was *Not Met*.	ADS should provide all required data for all DSN elements in future submissions. Additionally, ADS should note that the provider narrative does not necessarily score on apparent adequacy of a network, but rather on the fullness of answers provided. Further, any apparently "skewed" data can be given context via the narrative, which may inform interpretation of results and future DSN efforts.
3.13: Public/County Health Department	ADS did not provide any time and distance data for this element. Although ADS stated that time and distance data for this provider type	ADS should provide all required data for all DSN elements in future submissions.

Element	Finding	Recommendation
	would "produce skewed data based on the geographic distribution of this classification," this did not address the requirement to report the data. This element was *Not Met*.	Additionally, ADS should note that the provider narrative does not necessarily score on apparent adequacy of a network, but rather on the fullness of answers provided. Further, any apparently "skewed" data can be given context via the narrative, which may inform interpretation of results and future DSN efforts.
3.14: Rural Health Centers	ADS did not provide any time and distance data for this element. Although ADS stated that time and distance data for this provider type would "produce skewed data based on the geographic distribution of this classification," this did not address the requirement to report the data. This element was *Not Met*.	ADS should provide all required data for all DSN elements in future submissions. Additionally, ADS should note that the provider narrative does not necessarily score on apparent adequacy of a network, but rather on the fullness of answers provided. Further, any apparently "skewed" data can be given context via the narrative, which may inform interpretation of results and future DSN efforts.

Time and Distance Analysis results are presented in the table below, showing only the provider categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the DCO 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 DCO'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—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
Oral Health Specialists	1 in 30 miles or 30 mins	8	99.9
FQHC	1 in 30 miles or 30 mins	2,312	79.9
PCDA	1 in 30 miles or 30 mins	7	99.9
PCDP	1 in 30 miles or 30 mins	1	>99.9

Table A-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 (%)
EPDH	1 in 60 miles or 60 mins	1	>99.9
Oral Health Specialists	1 in 60 miles or 60 mins	637	93.8
FQHC	1 in 60 miles or 60 mins	2,732	73.3
PCDP	1 in 60 miles or 60 mins	14	99.7
PCDA	1 in 60 miles or 60 mins	22	99.6

ADS did not meet the urban and rural time and distance access standards for Oral Health Specialists, FQHC, or PCDA and PCDP. ADS also did not meet the rural time and distance access standards for EPDH. However, these results should not necessarily be interpreted to mean that members are without access to key services. Only a few dozen members lacked access across all of these categories combined with the exception of FQHC. Some of these providers and facilities (i.e., FQHCs and EPDHs) offer services that could reasonably be accessible through a nearly compliant PCD service category.

The Time and Distance Analysis showed that ADS' contracted FQHCs were situated in the central Willamette Valley, southern Oregon, and central Oregon, leaving approximately 5,044 members without access to that provider category. Most of these were located in the Portland metro area for the urban designation, Clatsop County, and 13 counties in eastern Oregon. While FQHCs are not evenly distributed within the state, this did raise a potential access or data reporting concern because the DCO did not provide sufficient context to explain these facility access gaps. Maps are included below to provide visual context.

Figure A-1—FQHC—Urban

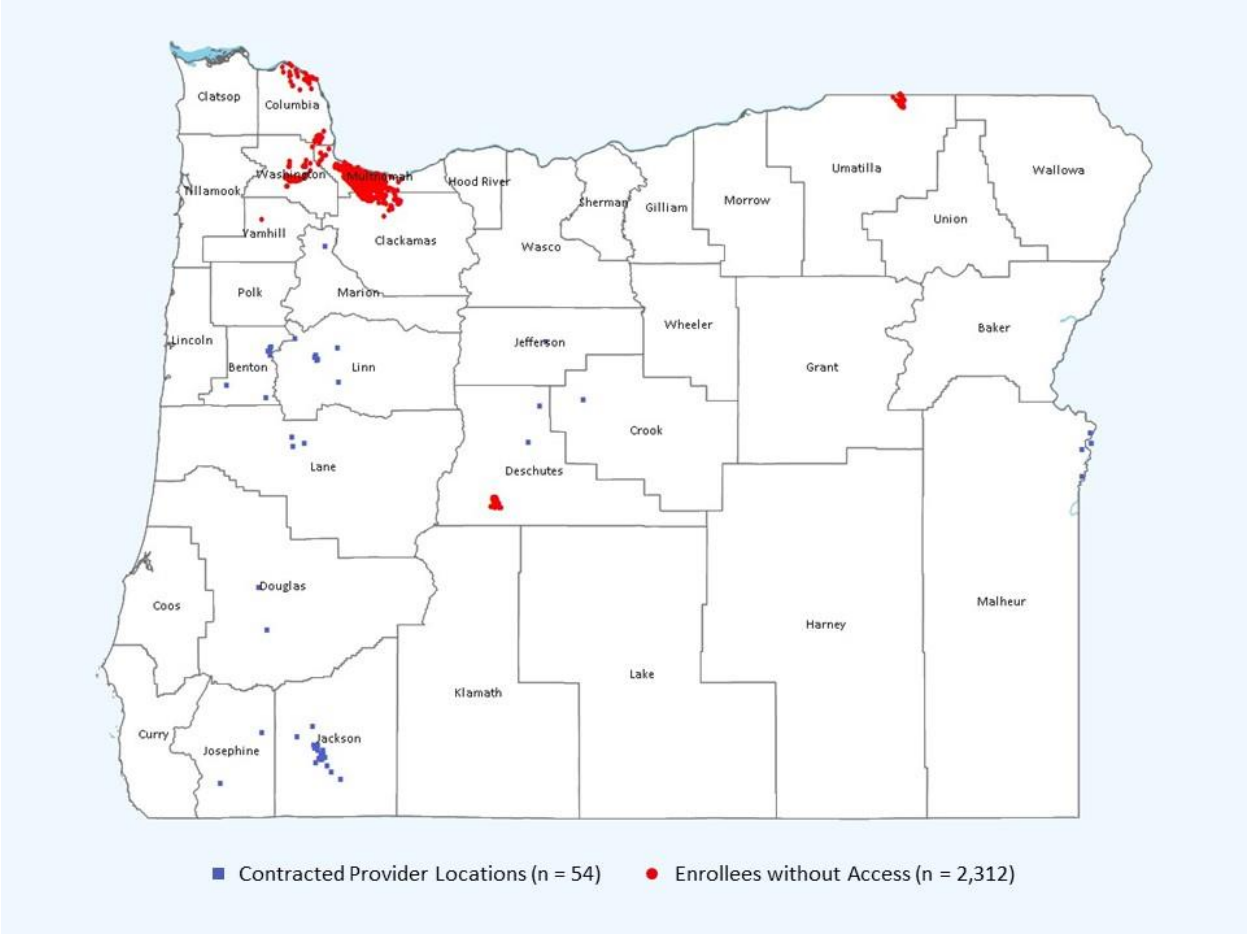
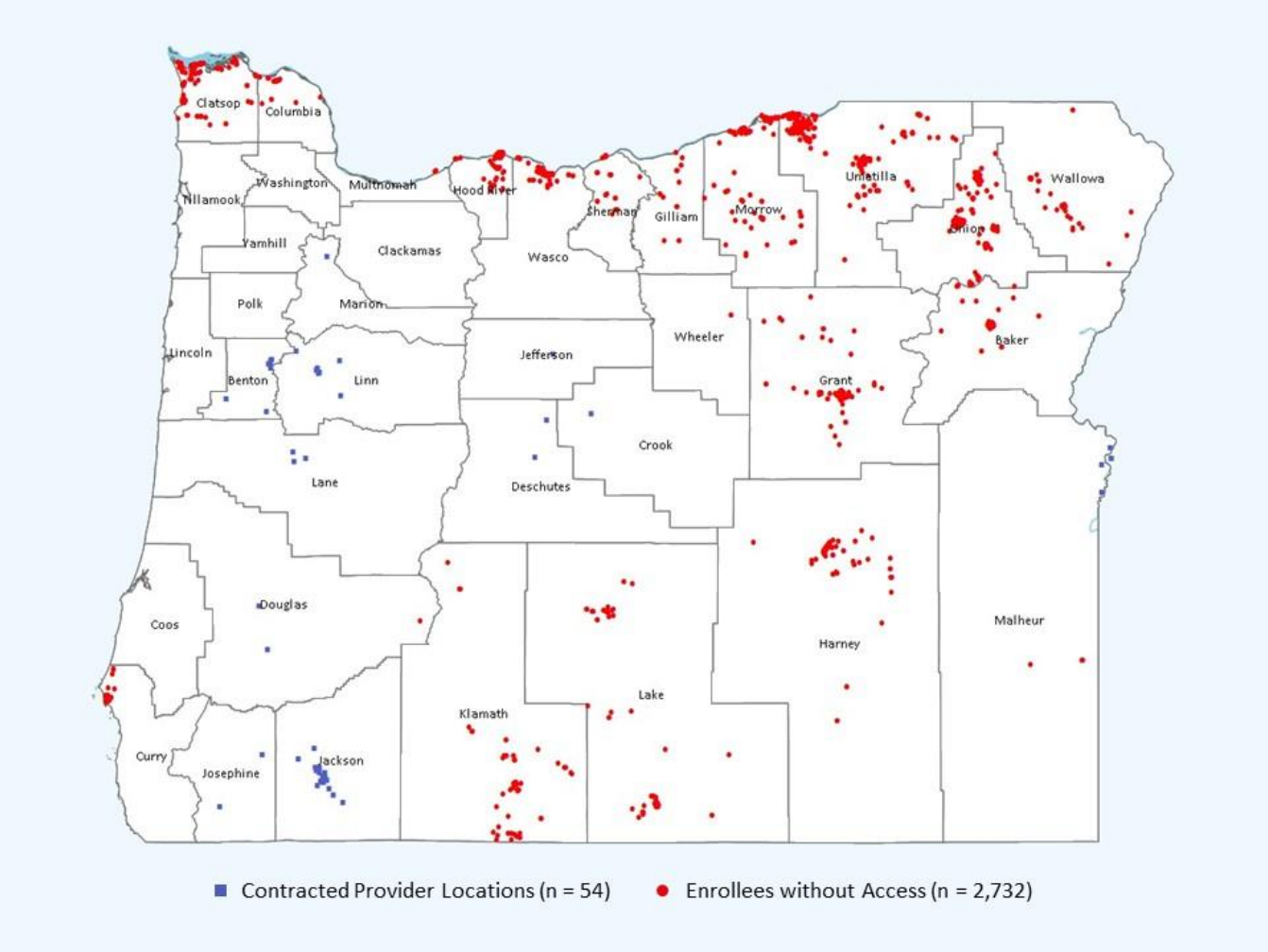


Figure A-2—FQHC—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the DCO'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

Advantage Dental'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 Advantage Dental's submissions illustrated data populated with valid values and valid formats; however, there were some data quality issues (outlined below). Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers.

- Of the data records required to have a value populated in the PCD Assigned data field, only 27.7 percent had values present.
- Of the data records required to have a value populated in the Accepting New OHP Members, only 73.4 percent had values present.

Table 1— Advantage Dental 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%	100.0%	--
Provider's Middle Name or Initial	Individual	61.0%	100.0%	--
Provider NPI	Individual	99.9%	100.0%	100.0%
Provider Taxonomy Code	Individual	99.9%	100.0%	100.0%
Solo Provider	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	99.9%	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%	100.0%	100.0%
TIN	All	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
DMAP (Medicaid ID)	All	100.0%	99.9%	--
Provider Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	99.9%
Credentialing Date	Individual	99.9%	100.0%	99.9%
Non-English Language #1	Individual	8.0%	100.0%	--
Non-English Language #2	Individual	2.6%	100.0%	--
Non-English Language #3	Individual	0.2%	100.0%	--
Address #1	All	100.0%	99.8%	--
Address #2	All	14.8%	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	99.9%	100.0%	--
PCD Assigned	Individual[1]	27.7%	100.0%	--
Accepting New OHP Members	Individual	73.4%	100.0%	100.0%
Network Status	All	99.9%	100.0%	100.0%
Status of Medicaid Contract	All	99.9%	100.0%	100.0%

1Individual includes ProvCat Values 01, 02

Individual[1] includes ProvCat Values 01 with ServCat Values PCDA, PCDP, PCDB

Facility includes ProvCat Values 03, 04

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

Provider Network Counts

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 469 individual practitioner and 136 facility/business/service provider data records of contracted providers. It should be noted that the data submitted does not reflect processes or steps taken by Advantage Dental 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 Advantage Dental's DSN Provider Capacity Report submission:

- Of the 295 total counted individual practitioners, all 295 data records were identified as contracted and in-network providers.
- Of the 132 total counted facility/business/service providers, all 132 data records were identified as contracted and in-network providers.

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

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Dentist, Adult	0	0.0%	0	0.0%	0	0.0%
Primary Care Dentist, Pediatric	24	8.1%	24	8.1%	0	0.0%
Primary Care Dentist, Both	125	42.4%	125	42.4%	0	0.0%
Expanded Practice Dental Hygienist	56	19.0%	56	19.0%	0	0.0%
Orthodontist & Dentofacial Orthopedics	4	1.4%	4	1.4%	0	0.0%
Oral & Maxillofacial Surgeon	10	3.4%	10	3.4%	0	0.0%
Oral & Maxillofacial Pathologist	0	0.0%	0	0.0%	0	0.0%
Periodontist	56	19.0%	56	19.0%	0	0.0%
Endodontist	0	0.0%	0	0.0%	0	0.0%
Denturist	4	1.4%	4	1.4%	0	0.0%
Prosthodontics	8	2.7%	8	2.7%	0	0.0%
Registered Dental Hygienist	8	2.7%	8	2.7%	0	0.0%
Overall	295	100.0%	295	100.0%	0	0.0%

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Facility/Business/Service Providers			69	52.3%	69	52.3%
General Dental Clinic	28	21.2%	28	21.2%	0	0.0%
Dental Clinic, Pediatric	1	0.8%	1	0.8%	0	0.0%
Mobile Dental Clinic	1	0.8%	1	0.8%	0	0.0%
Orthodontics & Dentofacial Orthopedics Clinic	7	5.3%	7	5.3%	0	0.0%
Oral & Maxillofacial Surgery Clinic	9	6.8%	9	6.8%	0	0.0%
Emergency Dental Services Clinic	1	0.8%	1	0.8%	0	0.0%
Public/County Health Department	10	7.6%	10	7.6%	0	0.0%
Federally Qualified Health Centers	3	2.3%	3	2.3%	0	0.0%
Indian Health Service and Tribal Health Services	1	0.8%	1	0.8%	0	0.0%
Rural Health Centers	2	1.5%	2	1.5%	0	0.0%
School-based Health Centers	132	100.0%	132	100.0%	0	0.0%
Overall	0	0.0%	0	0.0%	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 and counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the DCO'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 that 458 such providers were located in counties within Advantage Dental's service area. 13 individual providers considered contracted and in-network are located in neighboring states.
- Stratifying data records of contracted and in-network facilities, businesses, and services by geographic service areas illustrated that 200 such providers were located in counties within Advantage Dental's service area. 11 facilities, businesses, and services considered contracted and in-network are located in neighboring states.

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

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	458	97.2%	458	97.2%	0	0.0%
Out of Service Area	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state –Bordering Counties	13	2.8%	13	2.8%	0	0.0%
Overall	0	0.0%	0	0.0%	0	0.0%
Facilities						
In Service Area	200	94.8%	200	94.8%	0	0.0%
Out of Service Area	0	0.0%	0	0.0%	0	0.0%
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Out of state –Bordering Counties	11	5.2%	11	5.2%	0	0.0%
Overall	0	0.0%	0	0.0%	0	0.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed Advantage Dental's provider accessibility, identifying the total number of PCDs (e.g., PCDA, PCDP, and PCDB) accepting new members. OHA's network analysis demonstrated that both new adult and pediatric Advantage Dental members had access to Primary Care Dentists. Overall, there were no noted concerns with the total number of PCDs reported by Advantage Dental. Table 4 exhibits data results stratified by contracted, in-network providers.

Table 4—Number and Percent of PCDs Accepting New Patients for Advantage Dental

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out of Network Providers		
	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent
Primary Care Dentist, Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out of Network Providers		
	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent
Primary Care Dentist, Pediatric	24	24	100.0%	24	24	100.0%	0	0	0.0%
Primary Care Dentist, Both	125	125	100.0%	125	125	100.0%	0	0	0.0%
Overall	149	149	100.0%	149	149	100.0%	0	0	0.0%

[1] *Limited to providers in Oregon.*

Non-English Language Provider Accessibility

OHA's analysis of Advantage Dental 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 areas of concern were observed in Advantage Dental's report:

- Of the 56 total counted contracted and in-network "Expanded Practice Dental Hygienist," 1 was identified as speaking a non-English Language.
- Of the 10 total counted contracted and in-network "Oral & Maxillofacial Surgeon," 0 were identified as speaking a non-English Language.
- Of the 8 total counted contracted and in-network "Endodontists," 1 was identified as speaking a non-English Language.

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

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Primary Care Dentist, Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Primary Care Dentist, Pediatric	4	24	16.7%	4	24	16.7%	0	0	0.0%
Primary Care Dentist, Both	22	125	17.6%	22	125	17.6%	0	0	0.0%
Expanded Practice Dental Hygienist	1	56	1.8%	1	56	1.8%	0	0	0.0%
Orthodontist & Dentofacial Orthopedics	2	4	50.0%	2	4	50.0%	0	0	0.0%
Oral & Maxillofacial Surgeon	0	10	0.0%	0	10	0.0%	0	0	0.0%
Oral & Maxillofacial Pathologist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Periodontist	1	56	1.8%	1	56	1.8%	0	0	0.0%
Endodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Denturist	0	4	0.0%	0	4	0.0%	0	0	0.0%
Prosthodontics	1	8	12.5%	1	8	12.5%	0	0	0.0%
Registered Dental Hygienist	1	8	12.5%	1	8	12.5%	0	0	0.0%
Overall	32	295	10.8%	32	295	10.8%	0	0	0.0%

[1] *Limited to providers in Oregon*

Appendix B. DSN Evaluation Results for Capitol Dental Care, Inc.

Capitol Dental Care, Inc. (CDC) contracts with OHA to provide direct oral health services to approximately 16,550 OHP members who are not assigned to a CCO. It shares central staff, administration, policies, and procedures with its sister DCO, MDCO.

- CDC demonstrated innovative efforts in providing oral health care to its membership community, including mobile dental services, community partnerships, and embedded providers within emergency departments to divert emergency utilization for oral health care.
- CDC consistently did not provide full, complete, and relevant answers to elements within the provider narrative nor appropriate supporting documentation. This suggested a need for additional technical assistance in reporting.
- Time and Distance Analysis combined with a lack of sufficient context from the DCO raised access concerns for CDC members residing outside of the Willamette Valley, Jackson County, and Josephine County, particularly for members residing in rural areas.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. CDC achieved 40 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	5.0	24%
Description of Members and Membership Needs	6.0	40%
Coordination of Care	4.0	100%
Performance on Metrics	2.0	100%
Overall	**17.0**	**40%**

CDC received 27 findings across all provider narrative elements.

Table B-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3: DCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel files) for each of the below provider types in elements 3.1 through 3.15 based the DCO's relevant geographic	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be	CDC should provide time and distance calculations separated by provider type in future submissions.

Element	Finding	Recommendation
classification(s) within its service area. DCO 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:** Denturist	evaluated. This element was *Not Met*.	
3.2: Endodontist	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.3: Expanded Practice Dental Hygienist	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.4: Periodontist	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.5: Oral & Maxillofacial Surgeon	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.

Element	Finding	Recommendation
3.6: Orthodontist & Dentofacial Orthopedics	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.7: Primary Care Dentist, Adult; Primary Care Dentist, Pediatric; Primary Care Dentist, Both Combined (Adult and Pediatric)	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.8: Prosthodontics	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.9: Registered Dental Hygienist	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.10: Emergency Dental Services Clinic	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.11: Federally Qualified Health Centers	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not	CDC should provide time and distance calculations separated by provider type in future submissions.

Element	Finding	Recommendation
	separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	
3.12: Indian Health Service and Tribal Health Services	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.13: Public/County Health Department	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.14: Rural Health Centers	CDC provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	CDC should provide time and distance calculations separated by provider type in future submissions.
3.15: If the DCO'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 DCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.	CDC provided several interpretations of how its data may be skewed or affected by source data but did not address any actual or potential gaps in its network. While other responses to previous elements stated that the DCO employed a dental services van to reach members with access issues, this was not sufficient to determine compliance with the requirement. This element was *Not Met*.	CDC should describe how member access below the standard was and/or is being addressed to achieve compliance in future submissions.
4.2: DCO describes its ongoing monitoring cycle to ensure that timely access data for oral health (PCD and specialty) member	While CDC described its process for collecting timely access data, the DCO did not describe or provide examples of how such	CDC should describe how it uses timely access data in making network adequacy decisions.

Element	Finding	Recommendation
appointments are used in a meaningful manner to facilitate network adequacy decisions.	information is used in a meaningful manner to facilitate network adequacy decisions, focusing instead on how it uses such data to enforce access standards within its existing network. This element was *Partially Met*.	
5.2: DCO submits its provider-to-member ratio data calculations for member populations in proportion to each of the following provider types: • Primary Care Dentist, Adult • Primary Care Dentist, Pediatric • Primary Care Dentist, Both (Rendering care from ages 0 to 99) • All Specialty Care Providers (Combined) – Denturist – Endodontist – Expanded Practice Dental Hygienist – Periodontist – Oral & Maxillofacial Surgeon – Oral & Maxillofacial Pathologist – Orthodontist & Dentofacial Orthopedics – Prosthodontics – Registered Dental Hygienist	While CDC reported provider ratios for most provider categories, it did not report ratios for either PRO or RDH. This element was *Partially Met*.	CDC should provide ratios for either all listed categories or a combined "All Specialty Care Providers" as denoted in the element in future submissions.
6.3: DCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.	CDC did not submit any data to demonstrate member disabilities and SHCN across its membership. This element was *Not Met*.	CDC should submit data to demonstrate member disabilities and SHCN across its membership in future submissions (e.g., a report or export from its records).
6.4: DCO describes the frequency in which it gathers and analyzes data for members with disabilities and SHCN.	CDC described its process for gathering and analyzing relevant data, including utilization review, chart audits, gap lists, etc., but did	CDC should describe the frequency with which it gathers and analyzes data for members with disabilities and SHCN in future submissions.

Element	Finding	Recommendation
	not address the frequency with which it collects or analyzes data for members with disabilities and SHCN, only describing it as "ongoing." This element was *Partially Met*.	
6.5: DCO describes its ongoing monitoring cycle to ensure that member disability and SHCN data are used in a meaningful manner to facilitate network adequacy decisions.	Although CDC described how it assists members with disabilities and SHCN, including dental care coordination, it did not address how member disability and SHCN data are used to facilitate network adequacy decisions. This element was *Not Met*.	CDC should describe how it uses population-level data on members with disabilities and SHCN to facilitate network adequacy decisions in future submissions.
7.1: DCO describes how it actively identifies prevalence of disease data across its membership.	Although CDC described how it analyzes data relating to requests for services and encounter data to assess clinical and location needs, it did not address how it actively identifies prevalence of disease data across its membership. This element was *Not Met*.	CDC should describe how it actively identifies prevalence of oral health-related disease data across its membership in future submissions.
7.2: DCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.	Although CDC described how it is shifting focus toward addressing root causes of oral health diseases and stated in other narrative responses that it "may" assess disease prevalence through utilization review, prior authorization/referral review, chart review, and case coordination, it did not concretely describe how it actively monitors prevalence of oral health diseases across its membership. This element was *Not Met*.	CDC should describe how it actively monitors prevalence of oral health-related disease data across its membership in future submissions.
7.3: DCO submits data to demonstrate prevalence of disease across its membership.	CDC did not submit any data to demonstrate prevalence of disease across its membership. This element was *Not Met*.	CDC should submit data to demonstrate disease prevalence across its membership in future submissions (e.g., a report or export from its records).

Element	Finding	Recommendation
7.4: DCO describes the frequency in which it gathers and analyzes the prevalence of disease data across its membership.	CDC did not describe the frequency of its analysis of disease prevalence beyond stating that it was "ongoing." This element was *Not Met*.	CDC should describe the frequency with which it gathers and analyzes data for disease prevalence across its membership (e.g., monthly or quarterly via a report from its system).
7.5: DCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.	Although CDC described innovative efforts in providing oral health care to its membership and community, it did not sufficiently describe its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions, stating only that such data are "used in recruitment of network providers." This element was *Not Met*.	CDC should describe in detail how its ongoing monitoring of member disease prevalence data is used in a meaningful manner to facilitate network adequacy decisions in future submissions.
8.2: DCO describes how it actively collects, monitors, and interprets member linguistic and cultural needs data.	While CDC described how it collects member linguistic and cultural needs data via enrollment information from OHA and through interpreter request analysis, it did not describe how it monitors and interprets such data. This element was *Partially Met*.	CDC should describe how it monitors and interprets member linguistic and cultural needs data.
8.3: DCO submits data to demonstrate the linguistic and cultural needs across its membership.	CDC did not submit any data to demonstrate member linguistic and cultural needs across its membership. This element was *Not Met*.	CDC should submit data to demonstrate member linguistic and cultural needs across its membership in future submissions (e.g., a language and demographic report).

Time and Distance Analysis results are presented in the table below, showing only the provider categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the DCO 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 DCO'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 (%)
EPDH	1 in 30 miles or 30 mins	1,064	91.0
Oral Health Specialists	1 in 30 miles or 30 mins	618	94.7
FQHC	1 in 30 miles or 30 mins	650	94.5
PCDA	1 in 30 miles or 30 mins	51	99.3
PCDP	1 in 30 miles or 30 mins	42	99.1

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 (%)
EPDH	1 in 60 miles or 60 mins	1,167	71.8
Oral Health Specialists	1 in 60 miles or 60 mins	1,111	73.2
FQHC	1 in 60 miles or 60 mins	807	80.5
PCDP	1 in 60 miles or 60 mins	3	99.8
PCDA	1 in 60 miles or 60 mins	493	78.8

CDC did not meet the urban and rural time and distance access standards for EPDH, Oral Health Specialists, FQHC, or PCDA and PCDP. However, these results should not necessarily be interpreted to mean that members are without access to key services. For some categories (i.e., PCDP and PCDs in an urban setting), less than 100 members lacked access. Some of these providers and facilities (i.e., FQHCs and EPDHs) offer services that could reasonably be accessible through a service category with a higher degree of accessibility (i.e., PCDs).

The Time and Distance Analysis showed that CDC's provider network appears to have access gaps for multiple categories and a significant number of members. The analysis also showed that, while the majority of CDC's provider network extends along the Interstate 5 corridor between Portland and Eugene with some presence in southern and central Oregon around major cities, there are few to no contracted providers (of the service categories examined) outside of these areas. This leads to access concerns for CDC members residing outside of the Willamette Valley, Jackson County, and Josephine County, particularly for members residing in rural areas. Additionally, the DCO did not provide sufficient context to explain these access gaps, raising further concerns.

Maps are included below to provide visual context. The map results for relative urban and rural access rates should be interpreted with caution in two known cases, as Time and Distance Analysis demonstrated that the affected urban populations located in northern Columbia and Umatilla counties

were in relatively small communities (i.e., populations of less than several thousand people), which had been classified as urban due to state-approved categorization methodology. However, the total number of people without access was unaffected.

Figure B-1—EPDH—Urban

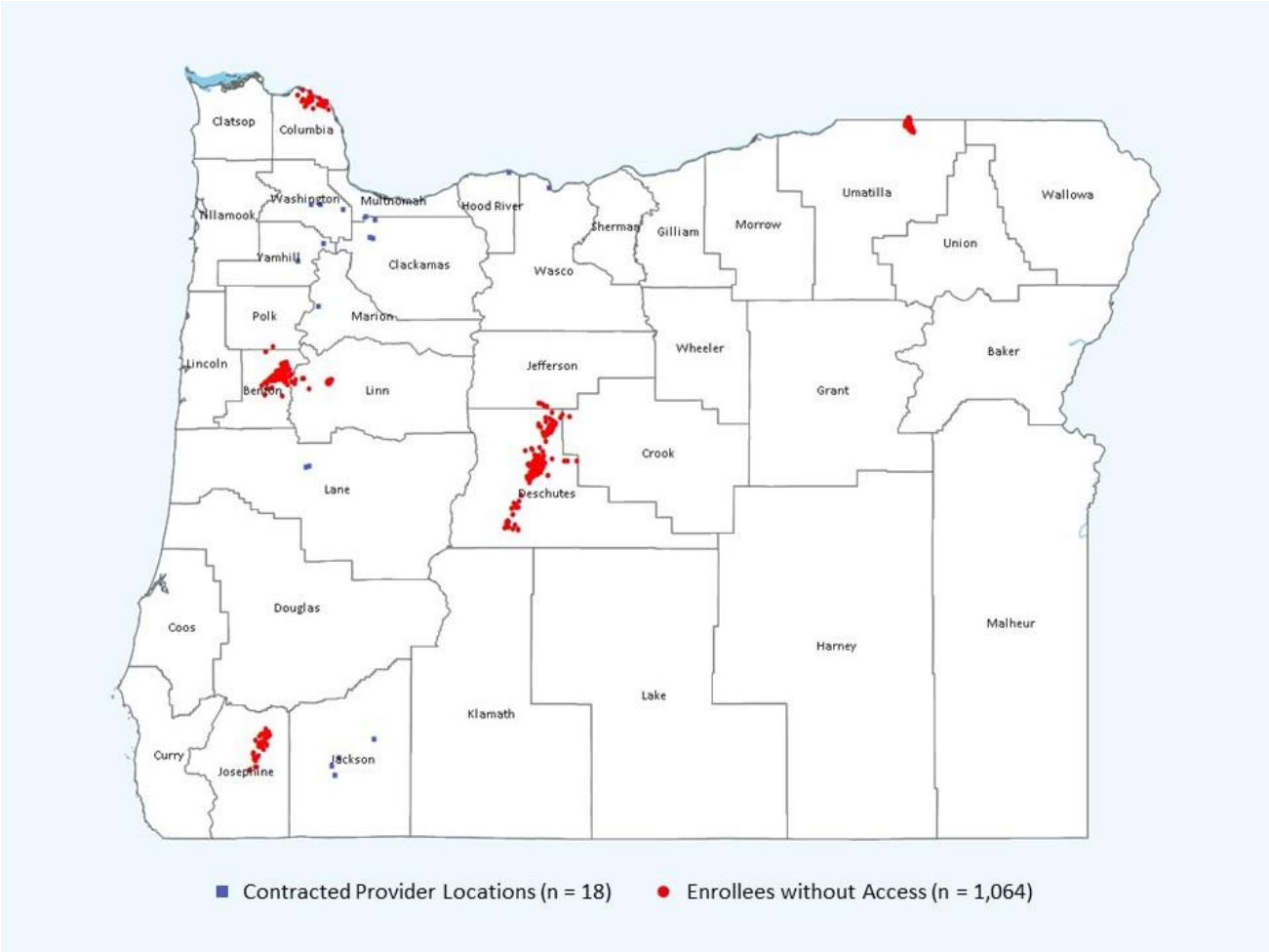


Figure B-2—EPDH—Rural

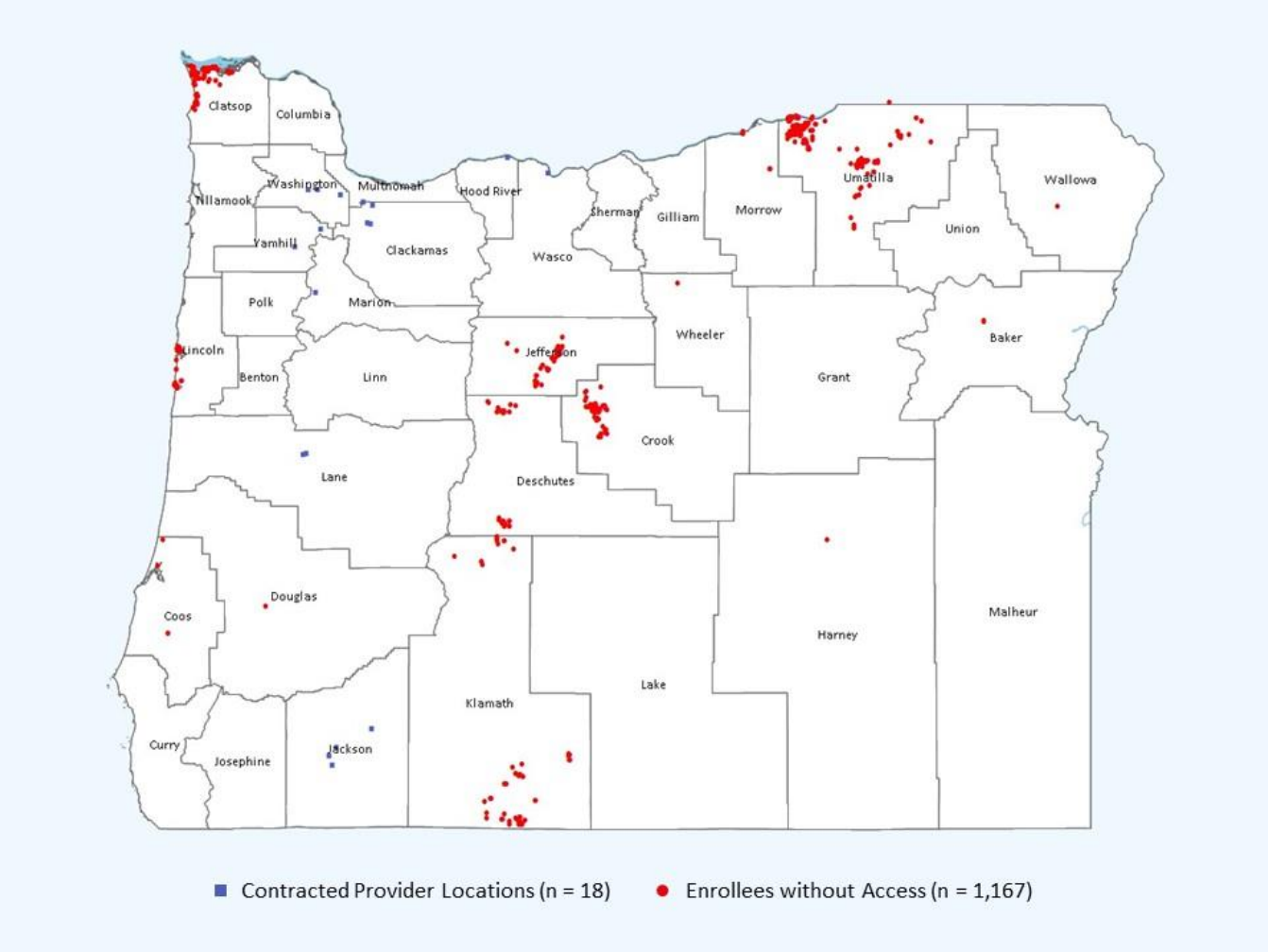


Figure B-3—Oral Health Specialists—Urban

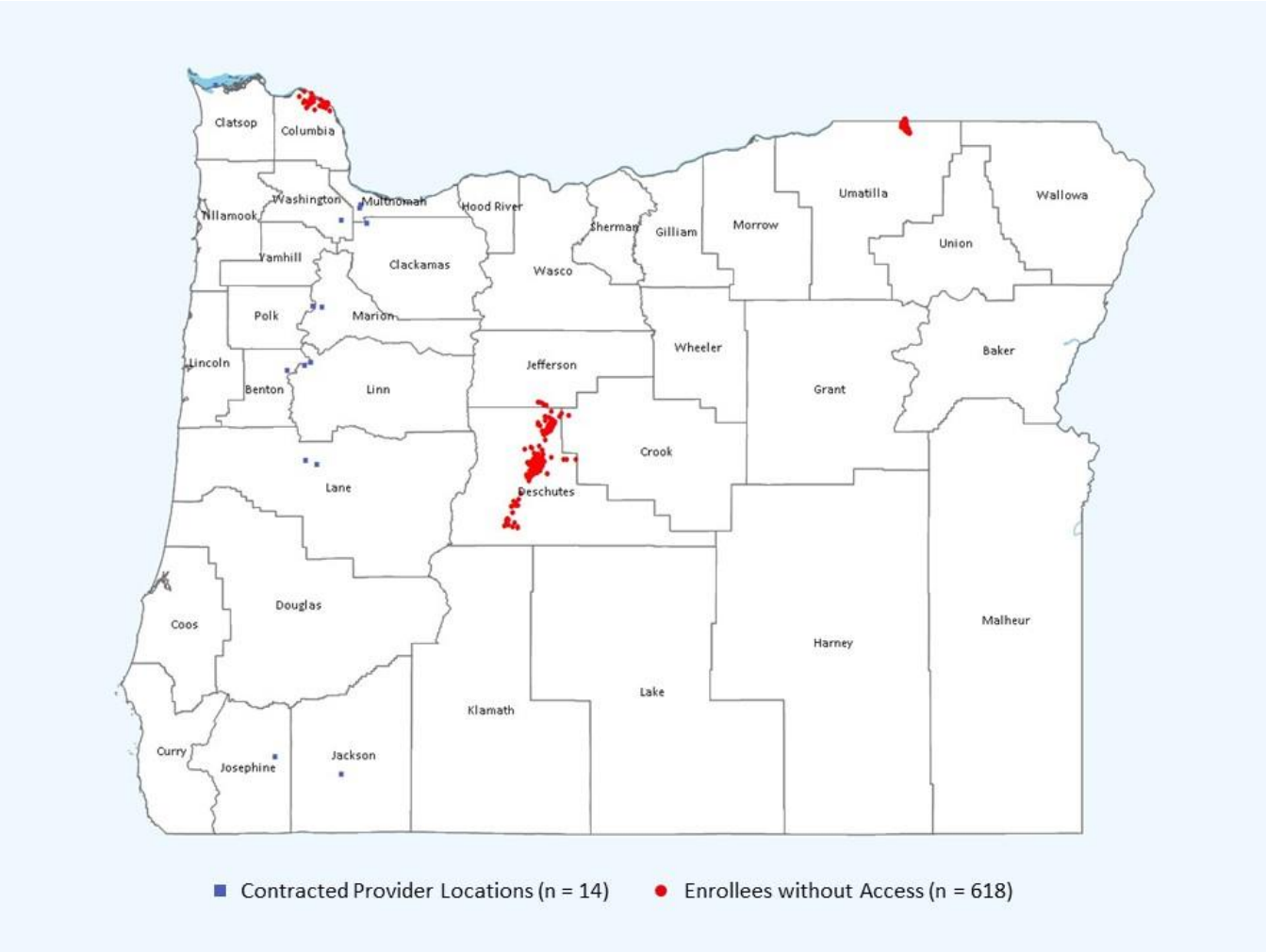


Figure B-4—Oral Health Specialists—Rural

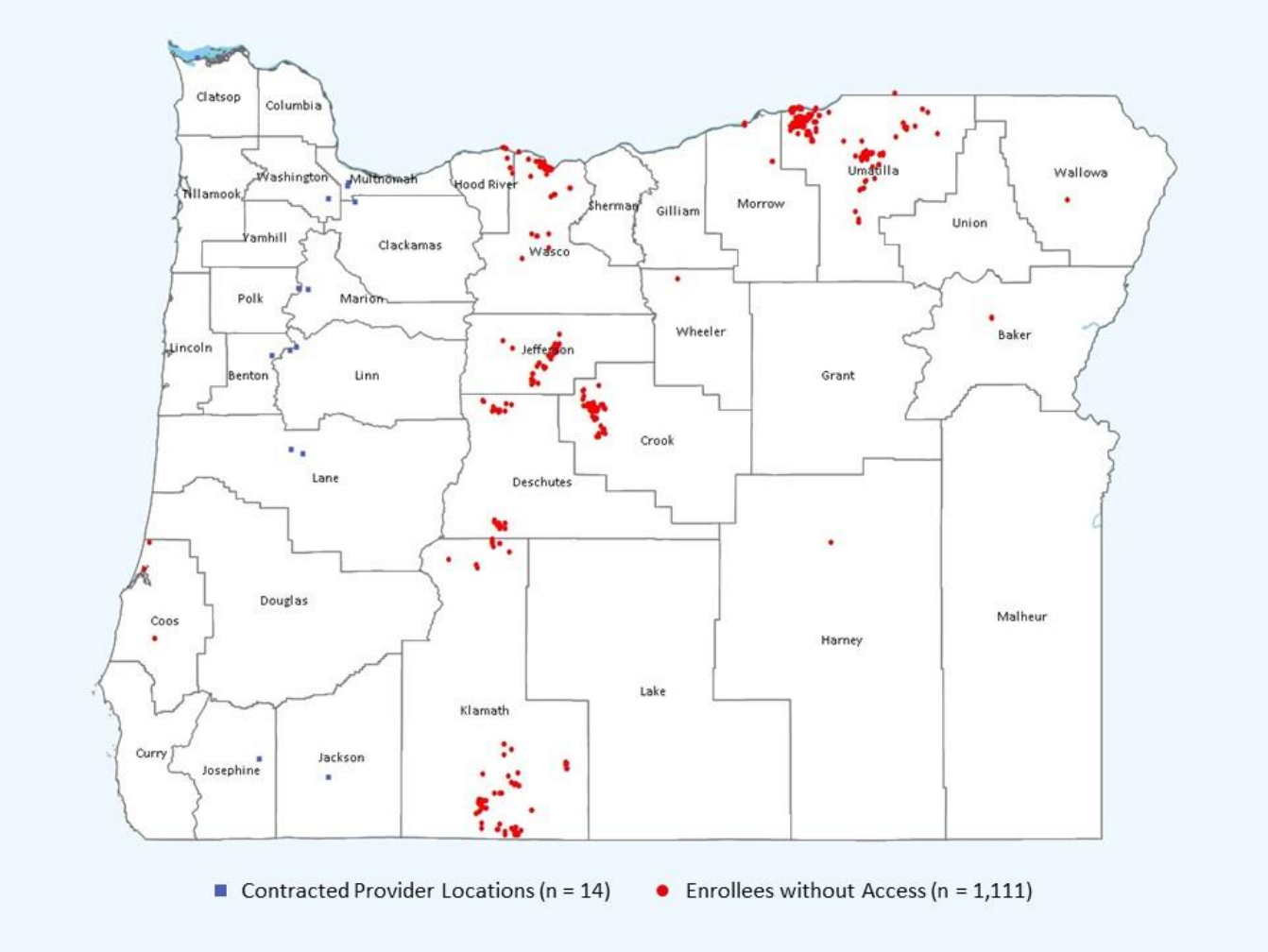


Figure B-5—FQHC—Urban

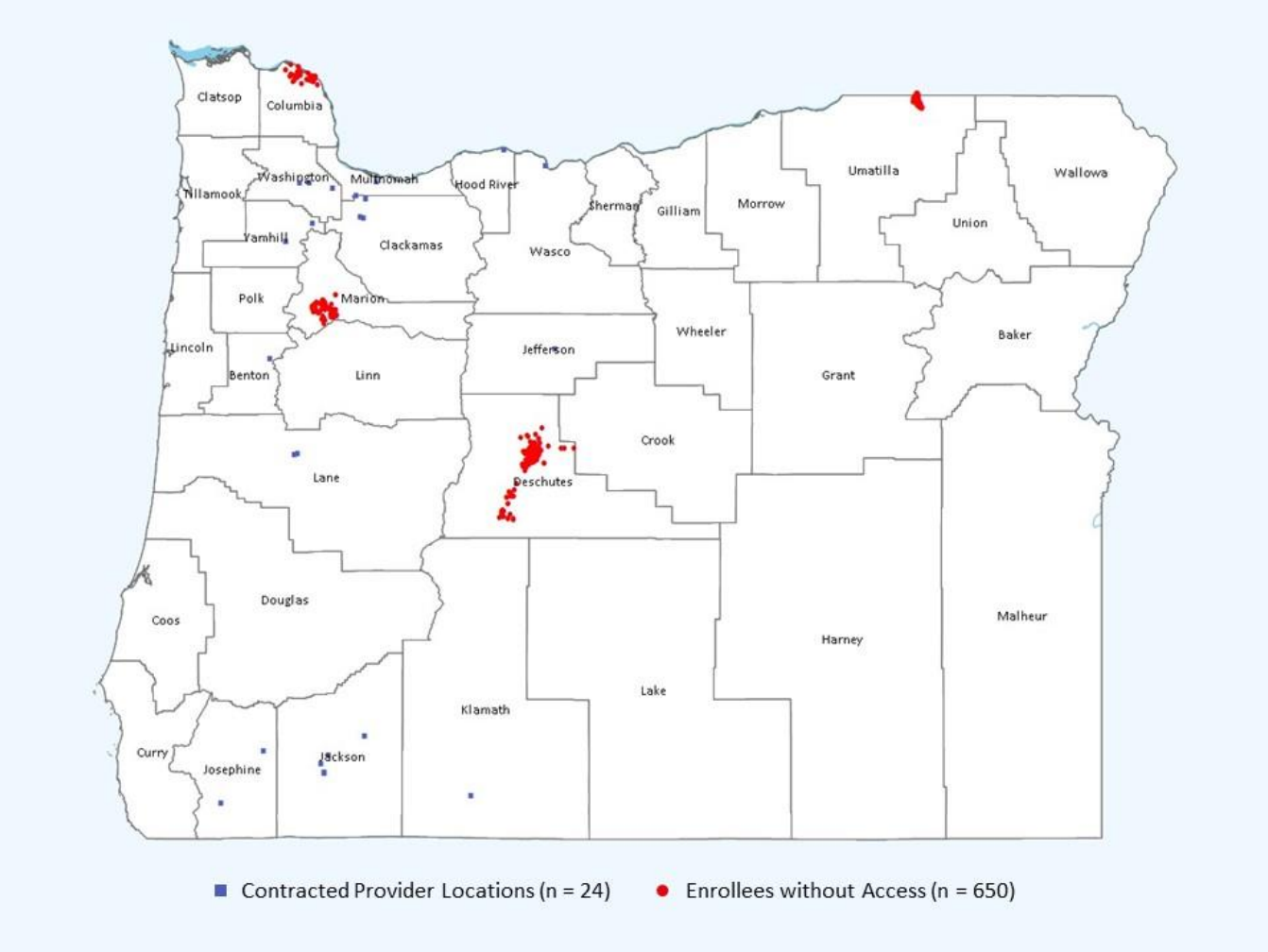


Figure B-6—FQHC—Rural

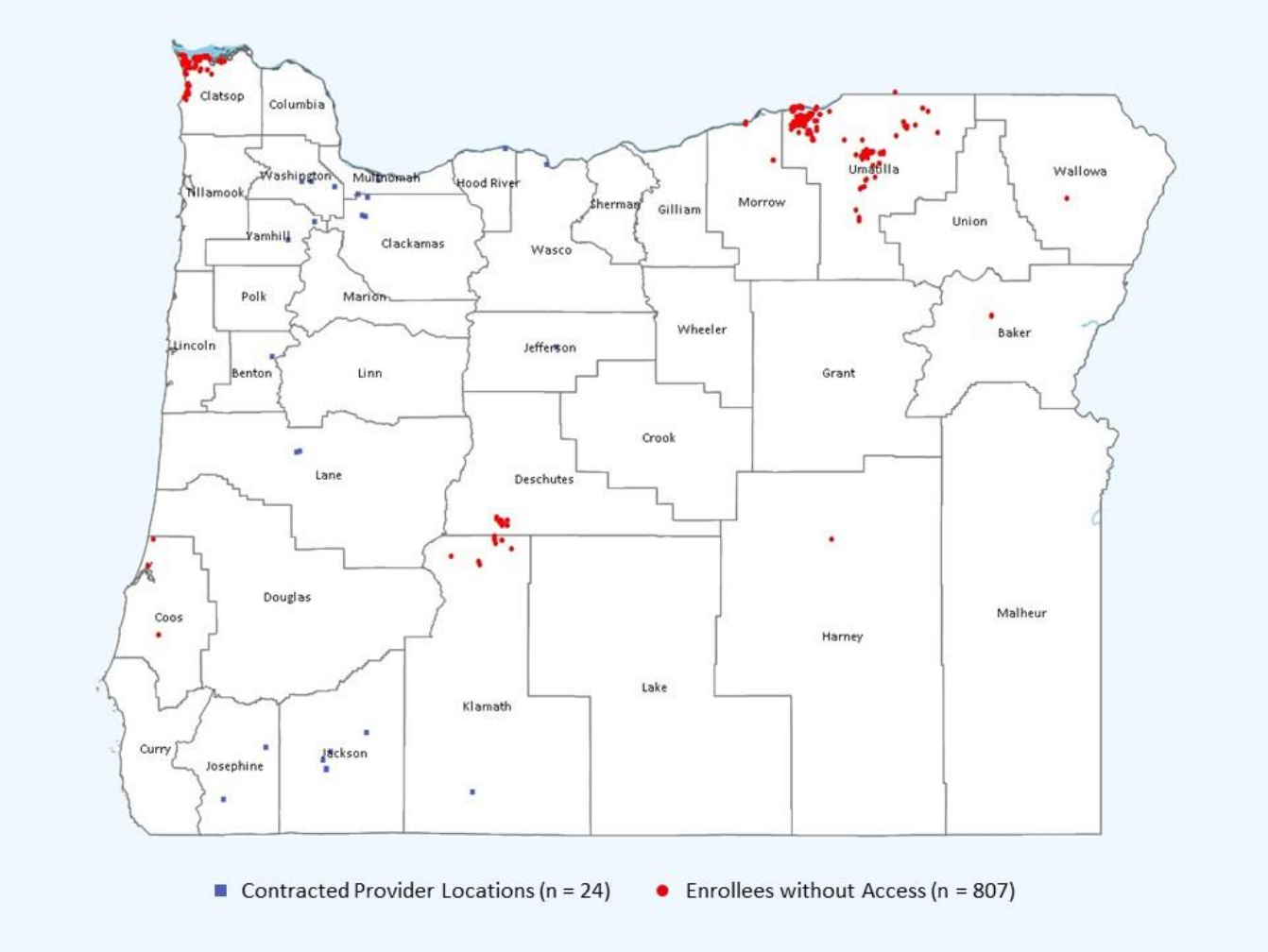
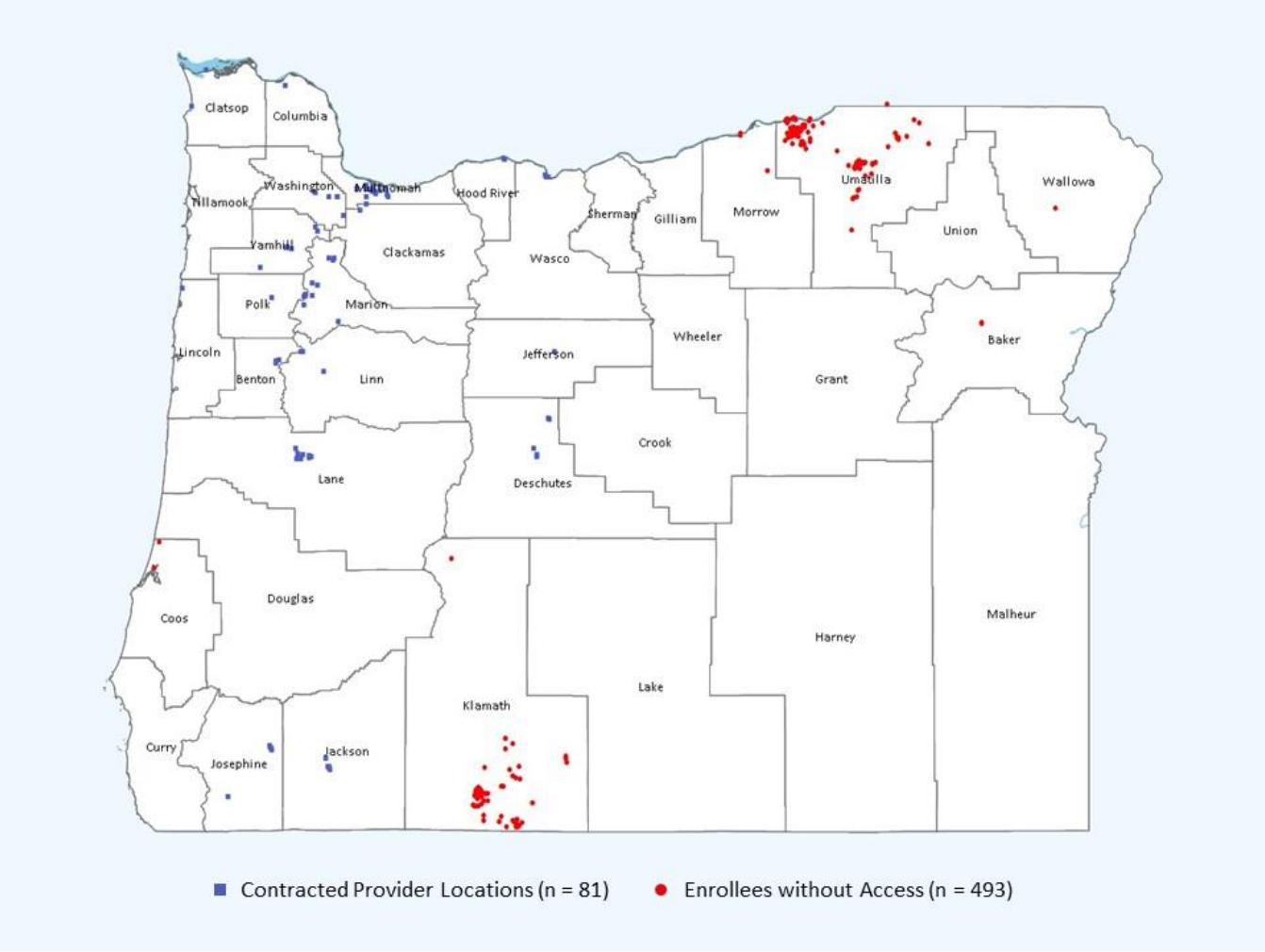


Figure B-7—PCDA—Rural



DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the DCO'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-1]

Quality of DSN Provider Capacity Reporting

Capitol Dental'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 Capitol Dental's submissions illustrated data populated with valid values and valid formats; however, of the data records required to have a value populated in the Accepting New OHP Members field, only 67.9 percent had values present. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers.

Table 1—Capitol Dental 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%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	99.6%
Solo Provider	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	97.4%	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%	100.0%	100.0%
TIN	All	100.0%	100.0%	--
DMAP (Medicaid ID)	All	100.0%	96.4%	--

[B-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 Category	All	100.0%	100.0%	100.0%
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	99.6%	99.2%
Non-English Language #1	Individual	42.6%	100.0%	--
Non-English Language #2	Individual	5.3%	100.0%	--
Non-English Language #3	Individual	1.9%	100.0%	--
Address #1	All	100.0%	99.5%	--
Address #2	All	37.4%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	99.7%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	100.0%	--
PCD Assigned	Individual[1]	100.0%	100.0%	--
Accepting New OHP Members	Individual	67.9%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	100.0%	100.0%	100.0%

1Individual includes ProvCat Values 01, 02

Individual[1] includes ProvCat Values 01 with ServCat Values PCDA, PCDP, PCDB

Facility includes ProvCat Values 03, 04

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

Provider Network Counts

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 165 individual practitioner and 65 facility/business/service provider data records of contracted providers. It should be noted that the data submitted does not reflect processes or steps taken by Capitol Dental 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 Capitol Dental's DSN Provider Capacity Report submission:

- Of the 165 total counted individual practitioners, 162 data records were identified as contracted and in-network providers.

- All 65 data records for facility/business/service providers were identified as contracted and in-network.

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

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Dentist, Adult	0	0.0%	0	0.0%	0	0.0%
Primary Care Dentist, Pediatric	28	17.0%	28	17.3%	0	0.0%
Primary Care Dentist, Both	109	66.1%	106	65.4%	0	0.0%
Expanded Practice Dental Hygienist	16	9.7%	16	9.9%	0	0.0%
Orthodontist & Dentofacial Orthopedics	3	1.8%	3	1.9%	0	0.0%
Oral & Maxillofacial Surgeon	3	1.8%	3	1.9%	0	0.0%
Oral & Maxillofacial Pathologist	0	0.0%	0	0.0%	0	0.0%
Periodontist	0	0.0%	0	0.0%	0	0.0%
Endodontist	0	0.0%	0	0.0%	0	0.0%
Denturist	1	0.6%	1	0.6%	0	0.0%
Prosthodontics	5	3.0%	5	3.1%	0	0.0%
Registered Dental Hygienist	0	0.0%	0	0.0%	0	0.0%
Overall	165	100.0%	162	100.0%	0	0.0%
General Dental Clinic	29	44.6%	29	44.6%	0	0.0%
Dental Clinic, Pediatric	12	18.5%	12	18.5%	0	0.0%
Mobile Dental Clinic	1	1.5%	1	1.5%	0	0.0%
Orthodontics & Dentofacial Orthopedics Clinic	0	0.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Surgery Clinic	0	0.0%	0	0.0%	0	0.0%
Emergency Dental Services Clinic	1	1.5%	1	1.5%	0	0.0%
Public/County Health Department	0	0.0%	0	0.0%	0	0.0%

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Federally Qualified Health Centers	22	33.8%	22	33.8%	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%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Overall	65	100.0%	65	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 and counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the DCO'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 practitioners by geographic service areas illustrated 10 in Benton County, 11 in Clackamas County, 4 in Clatsop County, 2 in Columbia County, 0 in Crook County, 7 in Deschutes County, 6 in Hood River County, 19 in Jackson County, 0 in Jefferson County, 11 in Josephine County, 2 in Klamath County, 24 in Lane County, 4 in Lincoln County, 13 in Linn County, 28 in Marion County, 35 in Multnomah County, 6 in Polk County, 1 in Umatilla County, 7 in Wasco County, 19 in Washington County, and 12 in Yamhill County.
- Stratifying data records of contracted, in-network facilities/businesses/services by geographic service area illustrated 3 in Benton County, 7 in Clackamas County, 2 in Clatsop County, 1 in Columbia County, 1 in Crook County, 4 in Deschutes County, 3 in Hood River County, 9 in Jackson County, 2 in Jefferson County, 5 in Josephine County, 3 in Klamath County, 9 in Lane County, 1 in Lincoln County, 1 in Linn County, 6 in Marion County, 16 in Multnomah County, 2 in Polk County, 2 in Umatilla County, 3 in Wasco County, 8 in Washington County, and 4 in Yamhill County.

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

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	225	100.0%	221	100.0%	0	0.0%
Out of Service Area	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	0	0.0%	0	0.0%	0	0.0%
Facilities						
In Service Area	92	100.0%	92	100.0%	0	0.0%
Out of Service Area	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	0	0.0%	0	0.0%	0	0.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed Capitol Dental's provider accessibility, identifying the total number of PCDs (e.g., PCDA, PCDP, and PCDB) accepting new members. OHA's network analysis demonstrated. OHA's network analysis demonstrated that both new adult and pediatric Capitol Dental members had access to Primary Care Dentists. Overall, there were no noted concerns with the total number of PCDs reported by Capitol Dental. Table 4 exhibits data results stratified by contracted, in-network providers.

Table 4—Number and Percent of PCDs Accepting New Patients for Capitol Dental

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out of Network Providers		
	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent
Primary Care Dentist, Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%
Primary Care Dentist, Pediatric	28	28	100.0%	28	28	100.0%	0	0	0.0%

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out of Network Providers		
	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent
Primary Care Dentist, Both	107	109	98.2%	104	106	98.1%	0	0	0.0%
Overall	135	137	98.5%	132	134	98.5%	0	0	0.0%

[1] *Limited to providers in Oregon.*

Non-English Language Provider Accessibility

OHA's analysis of Capitol Dental'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 areas of concern were observed in Capitol Dental's report:

- Of the 5 total counted contracted and in-network "Prosthodontics" records, none were identified as speaking a non-English language.
- Of the 3 total counted contracted and in-network "Oral & Maxillofacial Surgeon" records, none were identified as speaking a non-English language.

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

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Primary Care Dentist, Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%
Primary Care Dentist, Pediatric	12	28	42.9%	12	28	42.9%	0	0	0.0%
Primary Care Dentist, Both	48	109	44.0%	48	106	45.3%	0	0	0.0%

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Expanded Practice Dental Hygienist	12	16	75.0%	12	16	75.0%	0	0	0.0%
Orthodontist & Dentofacial Orthopedics	0	3	0.0%	0	3	0.0%	0	0	0.0%
Oral & Maxillofacial Surgeon	2	3	66.7%	2	3	66.7%	0	0	0.0%
Oral & Maxillofacial Pathologist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Periodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Endodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Denturist	0	1	0.0%	0	1	0.0%	0	0	0.0%
Prosthodontics	0	5	0.0%	0	5	0.0%	0	0	0.0%
Registered Dental Hygienist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Overall	74	165	44.8%	74	162	45.7%	0	0	0.0%

[1] *Limited to providers in Oregon*

Appendix C. DSN Evaluation Results for Family Dental Care, Inc.

Family Dental Care, Inc. (FDCi) contracts with OHA to provide direct oral health services to approximately 3,760 OHP members who are not assigned to a CCO.

- FDCi demonstrated significant improvements over previous reporting efforts in all respects, demonstrating a commitment to staffing skill growth and general compliance with State standards.
- Due to its small size in terms of membership population, provider network, and service area, FDCi is able to make effective and rapid use of network adequacy analysis, but is also limited in terms of frequency of analysis due to staffing considerations.
- FDCi would benefit from technical assistance in using member population disease prevalence 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. FDCi achieved 94 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	21.0	100%
Description of Members and Membership Needs	12.5	83%
Coordination of Care	4.0	100%
Performance on Metrics	2.0	100%
Overall	**39.5**	**94%**

FDCi received three findings across all provider narrative elements.

Table C-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
7.3: DCO submits data to demonstrate prevalence of disease across its membership.	FDCi did not submit data to demonstrate prevalence of oral health-related diseases across it membership population. This element was *Not Met*.	FDCi should submit data to demonstrate prevalence of oral health-related diseases (e.g., periodontal disease) across its membership population in future submissions.
7.4: DCO describes the frequency in which it gathers and analyzes the prevalence of disease data across its membership.	While FDCi stated that it gathers self-reported disease information from members and uses this to inform care coordination, it does	FDCi should analyze disease prevalence across its membership and describe the frequency of the analysis in future submissions.

Element	Finding	Recommendation
	not analyze these data across its membership. This element was *Partially Met*.	
7.5: DCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.	While FDCi pointed out that it does not have direct disease information beyond what is identified by member self-reporting and described a process to respond to such needs via care coordination, the DCO's answer did not address how it assesses the prevalence of oral health-related diseases (e.g., periodontal disease) across its membership population to facilitate network adequacy decisions (e.g., adjusting periodontal contracting). This element was *Not Met*.	FDCi should describe how it uses member disease prevalence data to facilitate network adequacy decisions in future submissions.

Time and Distance Analysis results are presented in the table below, showing only the provider categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the DCO 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 DCO'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—Urban

Service Category	Access Standard	Members Without Access	Percentage of Members With Access (%)
EPDH	1 in 30 miles or 30 mins	1	>99.9
Oral Health Specialists	1 in 30 miles or 30 mins	22	99.4
FQHC	1 in 30 miles or 30 mins	1	>99.9
PCDA	1 in 30 miles or 30 mins	1	>99.9

Table C-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 (%)
EPDH	1 in 60 miles or 60 mins	7	96.0
Oral Health Specialists	1 in 60 miles or 60 mins	12	93.1
FQHC	1 in 60 miles or 60 mins	7	96.0
PCDP	1 in 60 miles or 60 mins	2	97.8
PCDA	1 in 60 miles or 60 mins	5	93.9

FDCi did not meet the urban and rural time and distance access standards for EPDH, Oral Health Specialists, FQHC, or PCDA. FDCi also did not meet the rural time and distance access standards for PCDP. However, these results should not necessarily be interpreted to mean that members are without access to key services. Only a few dozen members lacked access across all of these categories combined, and do not represent an access concern. Therefore, no access maps are included.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the DCO'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

Family Dental Care'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 Family Dental Care's submissions was good, illustrating data populated with valid values and valid formats. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers.

Table 1— Family Dental Care 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	77.4%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	100.0%
Solo Provider	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%	91.3%
Facility Taxonomy Code	Facility	100.0%	100.0%	100.0%
TIN	All	100.0%	100.0%	--
DMAP (Medicaid ID)	All	100.0%	100.0%	--
Provider Category	All	100.0%	100.0%	100.0%

[C-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	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	100.0%	100.0%
Non-English Language #1	Individual	54.0%	100.0%	--
Non-English Language #2	Individual	0.8%	100.0%	--
Non-English Language #3	Individual	0.0%	--	--
Address #1	All	100.0%	100.0%	--
Address #2	All	60.0%	100.0%	--
City	All	100.0%	100.0%	--
State	All	100.0%	100.0%	100.0%
Zip Code	All	100.0%	100.0%	99.6%
County	All	100.0%	100.0%	100.0%
Phone	All	100.0%	100.0%	--
PCD Assigned	Individual[1]	100.0%	100.0%	--
Accepting New OHP Members	Individual	100.0%	100.0%	100.0%
Network Status	All	100.0%	100.0%	100.0%
Status of Medicaid Contract	All	91.6%	100.0%	100.0%

1Individual includes ProvCat Values 01, 02

Individual[1] includes ProvCat Values 01 with ServCat Values PCDA, PCDP, PCDB

Facility includes ProvCat Values 03, 04

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

Provider Network Counts

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHA's analysis resulted in a total count of 106 individual practitioner and 20 facility/business/service provider data records of contracted providers. It should be noted that the data submitted does not reflect processes or steps taken by Family Dental Care 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 Family Dental Care's DSN Provider Capacity Report submission:

- Of the 106 total counted individual practitioners, 72 data records were identified as contracted and in-network providers.
- Of the 20 total counted facility/business/service providers, none of the data records were identified as contracted and in-network.

Table 2—Individual Practitioner and Facility/Business/Service Providers Count for Family Dental Care

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Dentist, Adult	1	0.9%	1	1.4%	0	0.0%
Primary Care Dentist, Pediatric	8	7.5%	8	11.1%	0	0.0%
Primary Care Dentist, Both	71	67.0%	46	63.9%	25	73.5%
Expanded Practice Dental Hygienist	23	21.7%	15	20.8%	8	23.5%
Orthodontist & Dentofacial Orthopedics	0	0.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Surgeon	0	0.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Pathologist	0	0.0%	0	0.0%	0	0.0%
Periodontist	2	1.9%	1	1.4%	1	2.9%
Endodontist	0	0.0%	0	0.0%	0	0.0%
Denturist	0	0.0%	0	0.0%	0	0.0%
Prosthodontics	0	0.0%	0	0.0%	0	0.0%
Registered Dental Hygienist	1	0.9%	1	1.4%	0	0.0%
Overall	106	100.0%	72	>99.9%	34	100.0%
General Dental Clinic	8	40.0%	0	0.0%	0	0.0%
Dental Clinic, Pediatric	3	15.0%	0	0.0%	0	0.0%
Mobile Dental Clinic	0	0.0%	0	0.0%	0	0.0%
Orthodontics & Dentofacial Orthopedics Clinic	1	5.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Surgery Clinic	0	0.0%	0	0.0%	0	0.0%
Emergency Dental Services Clinic	0	0.0%	0	0.0%	0	0.0%
Public/County Health Department	0	0.0%	0	0.0%	0	0.0%
Federally Qualified Health Centers	7	35.0%	0	0.0%	0	0.0%

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Indian Health Service and Tribal Health Services	0	0.0%	0	0.0%	0	0.0%
Rural Health Centers	1	5.0%	0	0.0%	0	0.0%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Overall	20	100.0%	0	0.0%	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 and counts represented in the table above. The total provider count represents a unique count of the providers and facilities in the DCO's network. The counts by geographic service area may duplicate providers across counties due to those providers working in multiple locations across counties.

Table 3—Individual Practitioner and Facility/Business/Service County Count for Family Dental Care

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	85	70.8%	85	98.8%	0	0.0%
Out of Service Area	35	29.2%	1	1.2%	34	100.0%
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	0	0.0%	0	0.0%	0	0.0%
Facilities						
In Service Area	18	90.0%	0	0.0%	0	0.0%
Out of Service Area	2	10.0%	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	0	0.0%	0	0.0%	0	0.0%

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed Family Dental Care's provider accessibility, identifying the total number of PCDs (e.g., PCDA and PCDP) accepting new members. OHA's network analysis demonstrated that both new adult and pediatric Family Dental Care members had access to Primary Care Dentists. Overall, there were no noted concerns with the total number of PCDs reported by Family Dental Care. Table 4 exhibits data results stratified by contracted, in-network providers.

Table 4—Number and Percent of PCDs Accepting New Patients for Family Dental Care

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out of Network Providers		
	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent
Primary Care Dentist, Adult	1	1	100.0%	1	1	100.0%	0	0	0.0%
Primary Care Dentist, Pediatric	8	8	100.0%	8	8	100.0%	0	0	0.0%
Primary Care Dentist, Both	71	71	100.0%	46	46	100.0%	25	25	100.0%
Overall	80	80	100.0%	55	55	100.0%	25	25	100.0%

[1] *Limited to providers in Oregon.*

Non-English Language Provider Accessibility

OHA's analysis of Family Dental Care 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 areas of concern were observed in Family Dental Care's report:

Table 5—Number and Percent Individual Practitioners Speaking a Non-English Language for Family Dental Care

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Primary Care Dentist, Adult	0	1	0.0%	0	1	0.0%	0	0	0.0%
Primary Care Dentist, Pediatric	4	8	50.0%	4	8	50.0%	0	0	0.0%
Primary Care Dentist, Both	38	71	53.5%	23	46	50.0%	15	25	60.0%
Expanded Practice Dental Hygienist	15	23	65.2%	8	15	53.3%	7	8	87.5%
Orthodontist & Dentofacial Orthopedics	0	0	0.0%	0	0	0.0%	0	0	0.0%
Oral & Maxillofacial Surgeon	0	0	0.0%	0	0	0.0%	0	0	0.0%
Oral & Maxillofacial Pathologist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Periodontist	2	2	100.0%	1	1	100.0%	1	1	100.0%
Endodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Denturist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Prosthodontics	0	0	0.0%	0	0	0.0%	0	0	0.0%
Registered Dental Hygienist	0	1	0.0%	0	1	0.0%	0	0	0.0%
Overall	59	106	55.7%	36	72	50.0%	23	34	67.6%

[1] *Limited to providers in Oregon*

Appendix D. DSN Evaluation Results for Managed Dental Care of Oregon, Inc.

Managed Dental Care of Oregon, Inc. (MDCO) contracts with OHA to provide direct oral health services to approximately 3,730 OHP members who are not assigned to a CCO. It shares central staff, administration, policies, and procedures with its sister DCO, CDC. It is the smallest and most urban DCO in Oregon.

- MDCO demonstrated innovative efforts in providing oral health care to its membership community, including mobile dental services, community partnerships, and embedded providers within emergency departments to divert emergency utilization for oral health care.
- MDCO consistently did not provide full, complete, and relevant answers to elements within the provider narrative nor appropriate supporting documentation. This suggested a need for additional technical assistance in reporting.
- While the DCO did not meet the 100 percent access standard for several provider categories, the Time and Distance Analysis did not raise any concerns around time and distance access standards due to the low actual number of members affected.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. MDCO achieved 40 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	5.0	24%
Description of Members and Membership Needs	6.0	40%
Coordination of Care	4.0	100%
Performance on Metrics	2.0	100%
Overall	**17.0**	**40%**

MDCO received 27 findings across all provider narrative elements.

Table D-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
3: DCO submits its time and distance calculations (geocoding maps, tables, or Microsoft Excel files) for each of the below	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not	MDCO should provide time and distance calculations separated by provider type in future submissions.

Element	Finding	Recommendation
provider types in elements 3.1 through 3.15 based the DCO's relevant geographic classification(s) within its service area. DCO 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:** Denturist	separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	
3.2: Endodontist	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.3: Expanded Practice Dental Hygienist	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.4: Periodontist	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.5: Oral & Maxillofacial Surgeon	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type;	MDCO should provide time and distance calculations separated by provider type in future submissions.

Element	Finding	Recommendation
	therefore, the element could not be evaluated. This element was *Not Met*.	
3.6: Orthodontist & Dentofacial Orthopedics	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.7: Primary Care Dentist, Adult; Primary Care Dentist, Pediatric; Primary Care Dentist, Both Combined (Adult and Pediatric)	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.8: Prosthodontics	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.9: Registered Dental Hygienist	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.10: Emergency Dental Services Clinic	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.

Element	Finding	Recommendation
3.11: Federally Qualified Health Centers	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.12: Indian Health Service and Tribal Health Services	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.13: Public/County Health Department	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.14: Rural Health Centers	MDCO provided a screenshot of data that showed member count, percentage, and time and distance "banding," but the data were not separated by provider type; therefore, the element could not be evaluated. This element was *Not Met*.	MDCO should provide time and distance calculations separated by provider type in future submissions.
3.15: If the DCO'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 DCO must describe how member access below the standard was and/or is currently being addressed to achieve compliance.	MDCO provided several interpretations of how its data may be skewed or affected by source data but did not address any actual or potential gaps in its network. While other responses to previous elements stated that the DCO employed a dental services van to reach members with access issues, this was not sufficient to determine compliance with the requirement. This element was *Not Met*.	MDCO should describe how member access below the standard was and/or is being addressed to achieve compliance in future submissions.

Element	Finding	Recommendation
4.2: DCO describes its ongoing monitoring cycle to ensure that timely access data for oral health (PCD and specialty) member appointments are used in a meaningful manner to facilitate network adequacy decisions.	While MDCO described its process for collecting timely access data, the DCO did not describe or provide examples of how such information is used in a meaningful manner to facilitate network adequacy decisions, focusing instead on how it uses such data to enforce access standards within its existing network. This element was *Partially Met*.	MDCO should describe how it uses timely access data in making network adequacy decisions.
5.2: DCO submits its provider-to-member ratio data calculations for member populations in proportion to each of the following provider types: • Primary Care Dentist, Adult • Primary Care Dentist, Pediatric • Primary Care Dentist, Both (Rendering care from ages 0 to 99) • All Specialty Care Providers (Combined) – Denturist – Endodontist – Expanded Practice Dental Hygienist – Periodontist – Oral & Maxillofacial Surgeon – Oral & Maxillofacial Pathologist – Orthodontist & Dentofacial Orthopedics – Prosthodontics – Registered Dental Hygienist	While MDCO reported provider ratios for most provider categories, it did not report ratios for either PRO or RDH. This element was *Partially Met*.	MDCO should provide ratios for either all listed categories or a combined "All Specialty Care Providers" as denoted in the element in future submissions.
6.3: DCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.	MDCO did not submit any data to demonstrate member disabilities and SHCN across its membership. This element was *Not Met*.	MDCO should submit data to demonstrate member disabilities and SHCN across its membership in future submissions (e.g., a report or export from its records).

Element	Finding	Recommendation
6.4: DCO describes the frequency in which it gathers and analyzes data for members with disabilities and SHCN.	MDCO described its process for gathering and analyzing relevant data, including utilization review, chart audits, gap lists, etc., but did not address the frequency with which it collects or analyzes data for members with disabilities and SHCN, only describing it as "ongoing." This element was *Partially Met*.	MDCO should describe the frequency with which it gathers and analyzes data for members with disabilities and SHCN in future submissions.
6.5: DCO describes its ongoing monitoring cycle to ensure that member disability and SHCN data are used in a meaningful manner to facilitate network adequacy decisions.	Although MDCO described how it assists members with disabilities and SHCN, including dental care coordination, it did not address how member disability and SHCN data are used to facilitate network adequacy decisions. This element was *Not Met*.	MDCO should describe how it uses population-level data on members with disabilities and SHCN to facilitate network adequacy decisions in future submissions.
7.1: DCO describes how it actively identifies prevalence of disease data across its membership.	Although MDCO described how it analyzes data relating to requests for services and encounter data to assess clinical and location needs, it did not address how it actively identifies prevalence of disease data across its membership. This element was *Not Met*.	MDCO should describe how it actively identifies prevalence of oral health-related disease data across its membership in future submissions.
7.2: DCO describes how it actively collects, monitors, and interprets prevalence of disease data across its membership.	Although MDCO described how it is shifting focus toward addressing root causes of oral health diseases and stated in other narrative responses that it "may" assess disease prevalence through utilization review, prior authorization/referral review, chart review, and case coordination, it did not concretely describe how it actively monitors prevalence of oral health diseases across its membership. This element was *Not Met*.	MDCO should describe how it actively monitors prevalence of oral health-related disease data across its membership in future submissions.
7.3: DCO submits data to demonstrate prevalence of disease across its membership.	MDCO did not submit any data to demonstrate prevalence of disease across its membership. This element was *Not Met*.	MDCO should submit data to demonstrate disease prevalence across its membership in future

Element	Finding	Recommendation
		submissions (e.g., a report or export from its records).
7.4: DCO describes the frequency in which it gathers and analyzes the prevalence of disease data across its membership.	MDCO did not describe the frequency of its analysis of disease prevalence beyond stating that it was "ongoing." This element was *Not Met*.	MDCO should describe the frequency with which it gathers and analyzes data for disease prevalence across its membership (e.g., monthly or quarterly via a report from its system).
7.5: DCO describes its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions.	Although MDCO described innovative efforts in providing oral health care to its membership and community, it did not sufficiently describe its ongoing monitoring cycle to ensure that member disease prevalence data are used in a meaningful manner to facilitate network adequacy decisions, stating only that such data are "used in recruitment of network providers." This element was *Not Met*.	MDCO should describe in detail how its ongoing monitoring of member disease prevalence data is used in a meaningful manner to facilitate network adequacy decisions in future submissions.
8.2: DCO describes how it actively collects, monitors, and interprets member linguistic and cultural needs data.	While MDCO described how it collects member linguistic and cultural needs data via enrollment information from OHA and through interpreter request analysis, it did not describe how it monitors and interprets such data. This element was *Partially Met*.	MDCO should describe how it monitors and interprets member linguistic and cultural needs data.
8.3: DCO submits data to demonstrate the linguistic and cultural needs across its membership.	MDCO did not submit any data to demonstrate member linguistic and cultural needs across its membership. This element was *Not Met*.	MDCO should submit data to demonstrate member linguistic and cultural needs across its membership in future submissions (e.g., a language and demographic report).

Time and Distance Analysis results are presented in the table below, showing only the provider categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the DCO 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 DCO'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 (%)
EPDH	1 in 30 miles or 30 mins	4	99.9
Oral Health Specialists	1 in 30 miles or 30 mins	4	99.9
FQHC	1 in 30 miles or 30 mins	4	99.9
PCDA	1 in 30 miles or 30 mins	4	99.8

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 (%)
EPDH	1 in 60 miles or 60 mins	6	95.5
Oral Health Specialists	1 in 60 miles or 60 mins	6	95.5
FQHC	1 in 60 miles or 60 mins	6	95.5
PCDP	1 in 60 miles or 60 mins	2	96.2
PCDA	1 in 60 miles or 60 mins	4	95.1

MDCO did not meet the urban and rural time and distance access standards for EPDH, Oral Health Specialists, FQHC, or PCDA. MDCO also did not meet the rural time and distance access standards for PCDP. However, these results should not necessarily be interpreted to mean that members are without access to key services. Only a few dozen members lacked access across all of these categories combined, and do not represent an access concern. Therefore, no access maps are included.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the DCO'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

MDCO'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 MDCO's submissions was good with only a few data issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers.

- Of the data records required to have a value populated in the Group NPI data field, only 97.3 percent had values present.

Table 1— MDCO 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	71.2%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	100.0%	100.0%
Solo Provider	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	97.3%	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%	100.0%	100.0%
TIN	All	100.0%	100.0%	--
DMAP (Medicaid ID)	All	100.0%	100.0%	--
Provider Category	All	100.0%	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
Provider Service Category	All	100.0%	100.0%	100.0%
Credentialing Date	Individual	100.0%	100.0%	100.0%
Non-English Language #1	Individual	58.9%	100.0%	--
Non-English Language #2	Individual	13.7%	100.0%	--
Non-English Language #3	Individual	9.6%	100.0%	--
Address #1	All	100.0%	99.1%	--
Address #2	All	43.8%	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%	--
PCD Assigned	Individual[1]	100.0%	100.0%	--
Accepting New OHP 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%

1Individual includes ProvCat Values 01, 02

Individual[1] includes ProvCat Values 01 with ServCat Values PCDA, PCDP, PCDB

Facility includes ProvCat Values 03, 04

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

Provider Network Counts

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 60 individual practitioner and 25 facility/business/service provider data records of contracted providers. It should be noted that the data submitted does not reflect processes or steps taken by MDCO 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.

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

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Primary Care Dentist, Adult	10	16.7%	10	16.7%	0	0.0%
Primary Care Dentist, Pediatric	14	23.3%	14	23.3%	0	0.0%
Primary Care Dentist, Both	23	38.3%	23	38.3%	0	0.0%
Expanded Practice Dental Hygienist	5	8.3%	5	8.3%	0	0.0%
Orthodontist & Dentofacial Orthopedics	0	0.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Surgeon	2	3.3%	2	3.3%	0	0.0%
Oral & Maxillofacial Pathologist	0	0.0%	0	0.0%	0	0.0%
Periodontist	0	0.0%	0	0.0%	0	0.0%
Endodontist	0	0.0%	0	0.0%	0	0.0%
Denturist	1	1.7%	1	1.7%	0	0.0%
Prosthodontics	1	1.7%	1	1.7%	0	0.0%
Registered Dental Hygienist	4	6.7%	4	6.7%	0	0.0%
Overall	**60**	**100.0%**	**60**	**100.0%**	**0**	**0.0%**
Facility/Business/Service Providers						
General Dental Clinic	12	48.0%	12	48.0%	0	0.0%
Dental Clinic, Pediatric	6	24.0%	6	24.0%	0	0.0%
Mobile Dental Clinic	0	0.0%	0	0.0%	0	0.0%
Orthodontics & Dentofacial Orthopedics Clinic	0	0.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Surgery Clinic	0	0.0%	0	0.0%	0	0.0%
Emergency Dental Services Clinic	1	4.0%	1	4.0%	0	0.0%
Public/County Health Department	0	0.0%	0	0.0%	0	0.0%
Federally Qualified Health Centers	6	24.0%	6	24.0%	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%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Overall	**25**	**100.0%**	**25**	**100.0%**	**0**	**0.0%**

[1] *Limited to providers in Oregon.*

Geographic Service Area

While geographic service data has been gathered and reported on 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 DCOs 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 by contracted geographic county service areas for 67 individual practitioners illustrated 12 in Clackamas, 36 in Multnomah County, and 19 in Washington County.
- Stratifying data records by contracted geographic service areas for 28 for facility/business/service providers illustrated four in Clackamas County, 17 in Multnomah County, and seven in Washington County.

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

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	67	100.0%	67	100.0%	0	0.0%
Out of Service Area	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	**67**	**100.0%**	**67**	**100.0%**	**0**	**0.0%**
Facilities						
In Service Area	28	100.0%	28	100.0%	0	0.0%
Out of Service Area	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	**28**	**100.0%**	**28**	**100.0%**	**0**	**0.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed MDCOs provider accessibility, identifying the total number of PCDs (e.g., PCDA and PCDP) 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. OHAs network analysis demonstrated that both new adult and pediatric MDCOs members have adequate access to Primary Care Dentists. Overall, there were no noted concerns with the total number of PCDs reported by MDCO. Table 4 exhibits data results stratified by contracted, in-network providers.

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

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 Dentist, Adult	10	10	100.0%	10	10	100.0%	0	0	0.0%
Primary Care Dentist, Pediatric	14	14	100.0%	14	14	100.0%	0	0	0.0%
Primary Care Dentist, Both	23	23	100.0%	23	23	100.0%	0	0	0.0%
Overall	**47**	**47**	**100.0%**	**47**	**47**	**100.0%**	**0**	**0**	**0.0%**

[1] *Limited to providers in Oregon.*

Non-English Language Provider Accessibility

OHAs analysis of MDCO 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. Overall, there were no noted concerns with the total number of PCDs speaking a non-English language reported by MDCO.

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

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Primary Care Dentist, Adult	9	10	90.0%	9	10	90.0%	0	0	0.0%
Primary Care Dentist, Pediatric	4	14	28.6%	4	14	28.6%	0	0	0.0%
Primary Care Dentist, Both	14	23	60.9%	14	23	60.9%	0	0	0.0%
Expanded Practice Dental Hygienist	4	5	80.0%	4	5	80.0%	0	0	0.0%
Orthodontist & Dentofacial Orthopedics	0	0	0.0%	0	0	0.0%	0	0	0.0%
Oral & Maxillofacial Surgeon	1	2	50.0%	1	2	50.0%	0	0	0.0%
Oral & Maxillofacial Pathologist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Periodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Endodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Denturist	0	1	0.0%	0	1	0.0%	0	0	0.0%
Prosthodontics	0	1	0.0%	0	1	0.0%	0	0	0.0%
Registered Dental Hygienist	3	4	75.0%	3	4	75.0%	0	0	0.0%
Overall	**35**	**60**	**58.3%**	**35**	**60**	**58.3%**	**0**	**0**	**0.0%**

[1] *Limited to providers in Oregon*

Appendix E. DSN Evaluation Results for ODS Community Dental

ODS Community Dental (ODS) contracts with OHA to provide direct oral health services to approximately 14,975 OHP members who are not assigned to a CCO.

- ODS demonstrated cogent and frequent network adequacy review, examining multiple data streams and reports to understand and adjust its DSN to meet the needs of its membership.
- ODS submitted capacity data, which in some cases were incomplete, invalid, or noncompliant with State reporting requirements, suggesting a need for greater communication and alignment with OHA specifications as well as technical assistance.
- ODS noted that it had previously requested and would benefit from technical assistance in using member population disease prevalence data (specifically from the OHA-supplied 834 eligibility file) to help inform network adequacy decision making.
- ODS invests in and utilizes a robust health information technology infrastructure to assist its network adequacy decision making.

DSN Provider Narrative Evaluation Results

Results for the provider narrative are given as scores by category, findings, and recommended actions. ODS achieved 96 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	21.0	100%
Description of Members and Membership Needs	13.5	90%
Coordination of Care	4.0	100%
Performance on Metrics	2.0	100%
Overall	**40.5**	**96%**

ODS received two findings across all provider narrative elements.

Table E-2—DSN Provider Narrative Findings and Recommendations

Element	Finding	Recommendation
6.3: DCO submits data to demonstrate classification or categorization of member disabilities and SHCN across its membership.	While ODS provided a sample case management referral report demonstrating care coordination for some members with SHCN, the DCO did not provide data on member disabilities and SHCN	ODS should provide data on member disabilities and SHCN across its member population in future submissions.

Element	Finding	Recommendation
	across its full membership. This element was *Partially Met*.	
7.3: DCO submits data to demonstrate prevalence of disease across its membership.	While ODS described a process in which providers can be alerted of an individual member's oral health-related disease risk, ODS did not submit data demonstrating prevalence of oral health-related disease across its membership. This element was *Not Met*.	ODS should submit data demonstrating oral health-related disease prevalence across its member population that is used to help inform network adequacy decision making.

Time and Distance Analysis results are presented in the table below, showing only the provider categories that did not achieve 100 percent access within time and distance standards. Null categories represented by a dash indicate that the DCO 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 DCO'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-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 (%)
EPDH	1 in 30 miles or 30 mins	45	99.6
FQHC	1 in 30 miles or 30 mins	11,215	—

Table E-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 (%)
EPDH	1 in 60 miles or 60 mins	320	89.4
Oral Health Specialists	1 in 60 miles or 60 mins	7	99.8
FQHC	1 in 60 miles or 60 mins	3,006	—
PCDA	1 in 60 miles or 60 mins	1	99.9

ODS did not meet the urban and rural time and distance access standards for EPDH and FQHC. ODS also did not meet the rural time and distance access standards for Oral Health Specialists and PCDA. However, these results should not necessarily be interpreted to mean that members are without access to key services. Only a few dozen members lacked access across all of these categories combined, with the

exception of FQHC, and do not represent an access concern. Additionally, ODS explained that because it does not assign members to EPDH, it reviews data for the service category but does not use it to inform network capacity decisions.

With regard to FQHCs, ODS stated that it does not measure time and distance standards by clinic type but rather by provider type; therefore, such providers are included in its calculations by their specialty (e.g., any PCDs operating in a FQHC are allocated as PCDs). While this information helps explain why ODS shows no contracted FQHCs, it does indicate a data concern in that ODS' reporting and service categorization may not be in alignment with other DCOs, the State, or State reporting requirements, and merits further review by OHA.

Since each service category either did not represent an access concern or had no usable data, no maps are shown.

DSN Provider Capacity Analysis Results

In October 2021, OHA conducted an evaluation of the DCO'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

ODS'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 ODS's submission was good with a few data issues. Table 1 contains the quality reporting measure results for the individual practitioner and facility/business/service providers.

- The Credentialing Date data fields populated 100 percent present values, but with only had 97.4 percent valid values.
- The PCD Assigned data fields populated 100 percent present values, but none had valid formats. Refer to the "DSN Provider Capacity Report Instructions" to ensure the correct format/value is being applied to this data field, which should have up to 5-digit numeric values.

Table 1— ODS 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	79.3%	100.0%	--
Provider NPI	Individual	100.0%	100.0%	100.0%
Provider Taxonomy Code	Individual	100.0%	99.9%	100.0%
Solo Provider	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%	100.0%	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
TIN	All	100.0%	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	100.0%	100.0%	97.4%
Non-English Language #1	Individual	20.5%	100.0%	--
Non-English Language #2	Individual	4.4%	100.0%	--
Non-English Language #3	Individual	2.1%	100.0%	--
Address #1	All	100.0%	99.4%	--
Address #2	All	38.5%	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%	--
PCD Assigned	Individual[1]	100.0%	0.0%	--
Accepting New OHP 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%

1Individual includes ProvCat Values 01, 02

Individual[1] includes ProvCat Values 01 with ServCat Values PCDA, PCDP, PCDB

Facility includes ProvCat Values 03, 04

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

Provider Network Counts

Individual Practitioner and Facility/Business/Service Providers

After processing, cleaning, and deduplication, OHAs analysis resulted in total counts of 822 individual practitioner and zero facility/business/service provider data records of contracted providers. It should be noted that the data submitted does not reflect processes or steps taken by ODS 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 ODSs DSN Provider Capacity Report submission:

- 822 total counted individual practitioners were identified as contracted in-network.
- Facility/Business/Service provider data records were [not] populated, resulting in no values being applicable.

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

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Individual Practitioners						
Primary Care Dentist, Adult	0	0.0%	0	0.0%	0	0.0%
Primary Care Dentist, Pediatric	87	10.6%	87	10.6%	0	0.0%
Primary Care Dentist, Both	553	67.3%	553	67.3%	0	0.0%
Expanded Practice Dental Hygienist	86	10.5%	86	10.5%	0	0.0%
Orthodontist & Dentofacial Orthopedics	17	2.1%	17	2.1%	0	0.0%
Oral & Maxillofacial Surgeon	30	3.6%	30	3.6%	0	0.0%
Oral & Maxillofacial Pathologist	1	<0.1%	1	<0.1%	0	0.0%
Periodontist	0	0.0%	0	0.0%	0	0.0%
Endodontist	0	0.0%	0	0.0%	0	0.0%
Denturist	5	0.6%	5	0.6%	0	0.0%
Prosthodontics	15	1.8%	15	1.8%	0	0.0%
Registered Dental Hygienist	28	3.4%	28	3.4%	0	0.0%
Overall	**822**	**100.0%**	**822**	**100.0%**	**0**	**0.0%**
Facility/Business/Service Providers						
General Dental Clinic	0	0.0%	0	0.0%	0	0.0%
Dental Clinic, Pediatric	0	0.0%	0	0.0%	0	0.0%
Mobile Dental Clinic	0	0.0%	0	0.0%	0	0.0%
Orthodontics & Dentofacial Orthopedics Clinic	0	0.0%	0	0.0%	0	0.0%
Oral & Maxillofacial Surgery Clinic	0	0.0%	0	0.0%	0	0.0%
Emergency Dental Services Clinic	0	0.0%	0	0.0%	0	0.0%
Public/County Health Department	0	0.0%	0	0.0%	0	0.0%

Provider Specialty Category[1]	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Federally Qualified 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%
School-based Health Centers	0	0.0%	0	0.0%	0	0.0%
Overall	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**

[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, does 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 DCOs 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 by contracted geographic service areas for 1,125 individual practitioners illustrated six in Baker, 26 in Benton, 151 in Clackamas, 15 in Clatsop, 14 in Columbia, two in Crook, 44 in Deschutes, 14 in Hood River, 57 in Jackson, two in Jefferson, 32 in Josephine, 72 in Lane, 34 in Linn, 21 in Malheur, 104 in Marion, 205 in Multnomah, 37 in Polk, nine in Tillamook, seven in Wallowa, 13 in Wasco, 186 in Washington, and 25 in Yamhill.
- Facility/Business/Service provider data records were populated, resulting in no values being applicable.

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

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	1076	96.6%	1076	96.6%	0	0.0%
Out of Service Area	38	3.3%	38	3.3%	0	0.0%
Out of state – Bordering Counties	0	0.0%	0	0.0%	0	0.0%

Geographic Service Area	All Providers		Contracted, In-Network Providers		Contracted, Out-of-Network Providers	
	Number	Percent	Number	Percent	Number	Percent
Out of state – No Bordering Counties	0	0.0%	0	0.0%	0	0.0%
Overall	**1114**	**99.9%**	**1114**	**99.9%**	**0**	**0.0%**
Facilities						
In Service Area	0	0.0%	0	0.0%	0	0.0%
Out of Service Area	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	**0**	**0.0%**	**0**	**0.0%**	**0**	**0.0%**

Provider Accessibility

Accepting New Patients Provider Accessibility

OHA assessed ODSs provider accessibility, identifying the total number of PCDs (e.g., PCDA, PCDP, and PCDB) 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. OHAs analysis demonstrated that ODS members had access to Primary Care Dentists for either pediatric only or adult and pediatric services, but not for adults only. Table 4 exhibits data results stratified by contracted, in-network providers.

Table 4—Number and Percent of PCDs Accepting New Patients for ODS

Provider Specialty Category[1]	All Providers			Contracted, In-Network Providers			Contracted, Out of Network Providers		
	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent	Number Accepting New Patients	Total Number PCDs	Percent
Primary Care Dentist, Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%
Primary Care Dentist, Pediatric	55	87	63.2%	55	87	63.2%	0	0	0.0%
Primary Care Dentist, Both	297	553	53.7%	297	553	53.7%	0	0	0.0%
Overall	**352**	**640**	**55.0%**	**352**	**640**	**55.0%**	**0**	**0**	**0.0%**

[1] *Limited to providers in Oregon.*

Non-English Language Provider Accessibility

OHAs analysis of ODS 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 areas of concern were observed in ODSs report:

- No data was provided for Primary Care Dentist, Adults.
- Of the 86 counted contracted and in-network Expanded Practice Dental Hygienist, only two were identified as speaking a non-English Language.

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

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Primary Care Dentist, Adult	0	0	0.0%	0	0	0.0%	0	0	0.0%
Primary Care Dentist, Pediatric	19	87	21.8%	19	87	21.8%	0	0	0.0%
Primary Care Dentist, Both	130	553	23.5%	130	553	23.5%	0	0	0.0%
Expanded Practice Dental Hygienist	2	86	2.3%	2	86	2.3%	0	0	0.0%
Orthodontist & Dentofacial Orthopedics	4	17	23.5%	4	17	23.5%	0	0	0.0%
Oral & Maxillofacial Surgeon	5	30	16.7%	5	30	16.7%	0	0	0.0%
Oral & Maxillofacial Pathologist	1	1	100.0%	1	1	100.0%	0	0	0.0%
Periodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Endodontist	0	0	0.0%	0	0	0.0%	0	0	0.0%
Denturist	1	5	20.0%	1	5	20.0%	0	0	0.0%
Prosthodontics	4	15	26.7%	4	15	26.7%	0	0	0.0%

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 Providers Speaking a Non-English Language	Total Number of Providers	Percent
Registered Dental Hygienist	2	28	7.1%	2	28	7.1%	0	0	0.0%
Overall	**168**	**822**	**20.4%**	**168**	**822**	**20.4%**	**0**	**0**	**0.0%**

[1] *Limited to providers in Oregon*