# 2019 DSN Provider Capacity Report Protocol

## Overview

Federal and state regulations governing Medicaid services require each managed care contractor to maintain a network of appropriate health care providers to ensure 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]](#footnote-1)

The Oregon Health Authority (OHA) contracts with 15 regional Coordinated Care Organizations (CCOs) to deliver managed care services for Oregon Health Plan (OHP) enrollees. CCOs are required to submit an annual integrated Delivery System Network (DSN) report and analysis to OHA on July 1st every year. The DSN report consist of two components, a Provider Narrative Report and a Provider Capacity Report that crosswalks to the network standards in the OHA 2019 Health Plan Services CCO Contract Exhibit G (1)(b)(2).

## DSN Provider Capacity Report

The DSN Provider Capacity Report is an inventory of each individual provider (i.e., physician, mid-level practitioner, or other practitioner), facility, or business, whether employed by or under subcontract with a CCO, or paid fee-for-service, that agree to provide the described services, or items, to Medicaid and fully dual eligible CCO members. The inventory of the provider categories and service categories that must be included in the DSN Provider Capacity Report is found in Exhibit G of the CCO contract.

The 2019 DSN Provider Capacity Report Protocol outlines the data submission requirements and includes the specifications for defining the data extracts used to submit both individual- and facility-based provider files. Each of the following sections includes the file extract specifications and the minimum required data elements. DSN Provider Capacity Report submissions will be assessed for both completeness and accuracy, as well as the timeliness of submission. A CCO’s individual and facility provider files must meet the file layout and content specifications outlined below to be accepted. Failure to submit the DSN Provider Capacity Report as described in this document can result in the rejection of the CCOs report submission, and lead to required resubmission.

### Individual DSN Provider File

The CCO’s Individual DSN provider file should include all individual providers (i.e., physicians, mid-level practitioners, other Practitioners) enrolled, or who are pending enrollment, and who participated in the CCO’s integrated and coordinated service delivery network as of April 1, 2019. This listing should include all known practice locations as well as any providers participating with a CCO’s delegate.

#### File Extract Specifications

Table 1 describes the specific file extraction requirements for the Individual DSN Provider file.

Table 1—File Extraction Requirements for Individual DSN Provider File

| Requirement | Specification |
| --- | --- |
| Providers | * Include all individual providers whether employed by or under subcontract with a CCO or its delegate. Providers must have agreed to provide services or items to Medicaid and fully dual eligible CCO members. * Active and contracted, or pending enrollment, as of **April 1, 2019.** * All provider locations should be included. Note that this may create multiple records for some providers. |
| Submission Date | * **Due: April 22, 2019**   NOTE: Failure to submit the requested data elements in the required file layout will cause the file submission to be rejected. CCOs will be required to resubmit the file until a complete and accurate file is received. |
| File Format | Files may be submitted in any of the following file formats:   * ASCII text file formatted in a pipe delimited (|) format (preferred) * Database file (e.g., Access, SQL, Oracle) * Spreadsheet file (e.g., see OHA Excel Provider Capacity Report template: <https://www.oregon.gov/oha/HSD/OHP/CCO/2019%20DSN%20Provider%20Capacity%20and%20Narrative%20Report%20Template.xlsx>) * Other file types as coordinated with OHA |

#### Minimum Required Data Elements

Table 2 identifies the required minimum data elements for the provider data file layout.

Table 2—Minimum Required Data Elements for Individual DSN Provider File

| Field Name | Field Full Name | Field Description |
| --- | --- | --- |
| **FName** | Provider first name | The first name of the provider |
| **LName** | Provider last name | The last name of the provider |
| **Taxonomy** | Provider taxonomy | The healthcare provider taxonomy code. |
| ProvCat | Provider Category | See Table A‑1 in Appendix A for values |
| ServCat | Provider Service Category | See Table A‑2 in Appendix A for values |
| **NPI** | Provider NPI# | The provider NPI number. |
| TIN | Provider TIN# | The provider tax ID number. |
| **DMAP\_ID** | DMAP (Medicaid ID) # | The OHA Medicaid ID number. |
| **CredDate** | Credentialing Date | The current provider credentialing date on file. |
| **LANG1** | Non-English Language 1 | Language other than English, spoken by the provider. *(Only one entry in this column).* |
| **LANG2** | Non-English Language 2 | Language other than English, spoken by the provider |
| **LANG3** | Non-English Language 3 | Language other than English, spoken by the provider |
| **GrpName** | Group/Clinic Name | The provider’s clinic/group name. |
| **Add1** | Address #1 | The site location - street address (line 1) |
| Add2 | Address #2 | The site location - street address (line 2) |
| **City** | City | The site location - city |
| **Zip** | Zip Code | The site location - zip code |
| **County** | County | The site location - county |
| State | State | The site location - state |
| **Phone** | Phone # | The site location - phone number |
| PCP\_Ind | PCP Indicator | “Y” = Yes, Primary Care Provider  “N” = No, Specialist or other type of Practitioner |
| Capacity | Provider’s capacity | The maximum number of members associated with provider |
| **PCP\_Tier** | PCPCH Tier | The Primary Centered Primary Care Home (PCPCH) tier status |
| **PCP\_Assign** | # of Members Assigned to PCPs | The number of members assigned |
| **Accept** | Accepting New Medicaid Enrollees | “Y” = Yes, provider panel is **open** to new CCO enrollees  “N” = No, provider panel is **not open** to new CCO enrollees |
| NetStatus | Provider Network Status | “In” = In-network provider  “Out” = Out-of-network provider |
| Contract | Status of Medicaid Contract | “Yes” = Yes, provider is **contracted** with CCO  “Pend” = Provider is currently **pending a contract** with CCO  “No” = No, provider is not currently contracted, and no contract is pending |
| Note: Highlighted and bolded items are defined and required by Exhibit G of the CCO contract. | | |

Facility and Services DSN Provider File

The CCO’s Facility and Services DSN provider file should include all contracted facilities (i.e., hospitals, nursing facilities, rural health centers, etc.) and service providers (i.e., Non-emergent Medical Transportation, Durable Medical Providers, Home Health, etc.), or who are pending contracting, and wo participated in the CCO’s integrated and coordinated service delivery network as of April 1, 2019. For a complete listing of required facility provider categories and associated service categories see Appendix A. This listing should include all known facility locations as well as any providers participating with a CCO’s delegate.

#### File Extract Specifications

Table 3 describes the specific file extraction requirements for the Facility and Services DSN Provider file.

Table 3—File Extraction Requirements for Facility and Services DSN Provider File

| Requirement | Specification |
| --- | --- |
| Facility or Service | * Include all facilities and business services whether contracted by or under subcontract with a CCO or its delegate. Providers must have agreed to provide services or items to Medicaid and fully dual eligible CCO members. * Active and contracted, or pending contract, as of **April 1, 2019.** * All provider locations should be included, where appropriate. Note that this may create multiple records for some providers. |
| Submission Date | * **Due: April 22, 2019**   NOTE: Failure to submit the requested data elements in the required file layout will cause the file submission to be rejected. CCOs will be required to resubmit the file until a complete and accurate file is received. |
| File Format | Files may be submitted in any of the following file formats:   * ASCII text file formatted in a pipe delimited (|) format (preferred) * Database file (e.g., Access, SQL, Oracle) * Spreadsheet file (e.g., see OHA Excel Provider Capacity Report template: <https://www.oregon.gov/oha/HSD/OHP/CCO/2019%20DSN%20Provider%20Capacity%20and%20Narrative%20Report%20Template.xlsx>) * Other file types as coordinated with OHA |

#### Minimum Required Data Elements

Table 4 identifies the required minimum data elements for the provider data file layout.

Table 4—Minimum Required Data Elements for the Facility and Services DSN Provider File

| Field Name | Field Full Name | Field Description |
| --- | --- | --- |
| **BusName** | Facility or Business Name | Name of the Facility or Business |
| ProvCat | Provider Category | See Table A‑1 in Appendix A for values |
| ServCat | Provider Service Category | See Table A‑2 in Appendix A for values |
| **NPI** | Facility NPI# | The Facility or Business NPI number |
| TIN | Facility TIN# | The Facility or Business tax ID number |
| **DMAP\_ID** | DMAP (Medicaid ID) # | The Facility or Business Medicaid ID number |
| **Taxonomy** | Facility or Business Taxonomy | The Facility or Business taxonomy code |
| **Add1** | Address #1 | The site location - street address (line 1) |
| Add2 | Address #2 | The site location - street address (line 2) |
| **City** | City | The site location - city |
| **Zip** | Zip Code | The site location - zip code |
| **County** | County | The site location - county |
| State | State | The site location - state |
| **Phone** | Phone # | The site location - phone number |
| Contract | Status of Medicaid Contract | “Yes” = Yes, provider is **contracted** with CCO  “Pend” = Provider is currently **pending a contract** with CCO  “No” = No, provider is not currently contracted, and no contract is pending |

# Provider Capacity Report Field Value Sets

Table A‑1—Individual and Facility DSN Provider Category

| **Provider Category Value** | **Provider Category Description** |
| --- | --- |
| 01 | Individual Practitioner |
| 02 | Mid-level Practitioner |
| 03 | Other Practitioner |
| 04 | Facility |
| 05 | Business or Healthcare Service |

Table A‑2—Individual and Facility DSN Provider Service Category

| **Service Category Value** | **Service Category Description** |
| --- | --- |
| PCPP | Primary Care Provider, Pediatric |
| PCPA | Primary Care Provider, Adult |
| SPP | Specialty Practitioner, Pediatric |
| SPA | Specialty Practitioner, Adult |
| DSPP | Dental Service Providers, Pediatric |
| DSPA | Dental Service Provider, Adult |
| OHPP | Oral Health Provider, Pediatric |
| OHPA | Oral Health Provider, Adult |
| MHPP | Mental Health Provider, Pediatric |
| MHPA | Mental Health Provider, Adult |
| SUDPP | Substance Use Disorder Provider, Pediatric |
| SUDPA | Substance Use Disorder Provider, Adult |
| QHCI | Certified or Qualified Health Care Interpreters |
| THW | Traditional Health Workers |
| HPSY | Hospital, Acute Psychiatric Care |
| AD | Alcohol/Drug |
| EMT | Ambulance and Emergency Medical Transportation |
| CPS | Community Prevention Services |
| FQHC | Federally Qualified Health Centers |
| HPROMO | Health Education, Health Promotion, Health Literacy |
| HH | Home Health |
| Hospice | Hospice |
| HOSP | Hospital |
| Image | Imaging |
| THS | Indian Health Service and Tribal Health Services |
| MHCS | Mental Health Crisis Services |
| NEMT | Non-Emergent Medical Transportation |
| PC | Palliative Care |
| PCPCH | Patient Centered Primary Care Homes (PCPCH) |
| RX | Pharmacies |
| DME | Durable Medical Providers |
| SNF | Post-hospital Skilled Nursing Facility |
| RHC | Rural Health Centers |
| SHC | School-based Health Centers |
| UCC | Urgent Care Center |

1. See 42 CFR §438.206 and §438.207; OAR 410-141-3220. [↑](#footnote-ref-1)