OHA Response to CCO Feedback Regarding Proposed Changes to the 2023 DSN Quarterly Provider Capacity Reporting

OHA presented the proposed changes to the Coordinated Care Organizations on August 15th, 2022. CCOs had an opportunity to provide additional feedback to OHA after further consideration of the proposed changes. CCOs were asked to provide this feedback to OHA by COB on September 16th, 2022. What follows is a summary of the points of concern and feedback provided regarding the proposed changes.

Data Element / Reporting Change	CCO Feedback	OHA Response
Splitting report into Individual Provider and Facility/Clinic/Business/Healthcare sections	This will result in a burden on the plans to split the information into the two sections manually or rewrite the logic to do so as part of an automated process.	OHA is making this change in order to improve the quality of the reporting. The intent is to improve the clarity around which data elements are required for individual providers and for facilities/clinics/businesses/healthcare services. OHA recognizes that CCOs may need to update automated processes and that may be initially burdensome. OHA is releasing the final reporting instructions and template with additional time beyond the contractually required 90 days to allow for time to make these changes and updates that will support better data quality in the long-run.
Taxonomy	Concerns around removing Provider and Service Categories from reporting. Plans often use these categories for internal purposes and reporting. Concerns around the use of taxonomy codes and that there will be additional	CCOs may continue to use the current Provider and Service categories for their own internal purposes. OHA will no longer use these categories in its analysis and therefore does not need the CCOs to report them.

	work to categorize providers appropriately.	OHA has concerns around the adequacy of Provider and Service categories as the primary means to monitor networks and identify gaps based on provider supply to member need, specifically for specialty providers. OHA is preparing to release a Provider Specialty Matrix. This will be shared with the CCOs as soon as possible, pending finalization of the tool. The Specialty Matrix moves beyond the current Provider and Service Categories to allow for deeper understanding and analysis of the mix and supply of providers by specialty. It is based on CMS definitions of provider categories used in Medicare Advantage reporting. OHA will regularly update the Specialty Matrix to incorporate CMS guidance and align with OHA business needs. The Specialty Matrix will group multiple related taxonomy codes into usable categories for the purpose of understanding provider specialty.
SoloProv_Ind	Based on the current systems for many CCOs reporting only on the Individual Provider tab could result in additional burden and introduce potential for error.	Based on feedback from CCOs, OHA will include reporting on Solo Providers/Sole Practitioners in both the Individual and Facility/Clinic/Business/Healthcare Services sections of the report. This change aligns with the overall approach

		of tying individual providers on that particular section of the reporting to the facility/clinic(s) in which they practice on the Facility/Clinic/Business/Healthcare services section of the reporting. This change also facilitates the removal of the telehealth indicator from the Individual Provider section of the reporting and its inclusion on the Facility/Clinic/Business/Healthcare services section.
Telehealth_Ind	There is a general preference for this element to be reported at the facility/clinic level, in some cases due to CCO system limitations.	OHA has moved this element to the Facility/Clinic/Business/Healthcare services section of the report. Using the GrpNPI field, OHA will still have the ability to connect the telehealth information at the facility/clinic level back to the individual providers practicing within the facility/clinic.
Language	Concerns that individual entries for each language spoken by a provider will result in duplication of rows.	After consideration of the feedback and concerns expressed by the CCOs, OHA is retracting this proposed reporting change for the Language data element. CCOs will continue to report languages spoken by the provider across multiple columns within the same row.
PCP_Ind	System limitations in reporting on specialists also acting as a primary care provider for a subset of the CCO member population.	This has been a long-standing data element. OHA clarified the reporting instructions but did not fundamentally change the reporting requirement.

		At this time, CCOs should continue to report on this element as they have in the prior iteration of reporting. Beginning with the Q1 2023 quarterly reporting, OHA will seek additional information from each plan regarding their methodology for reporting on this data element and will coordinate additional TA opportunities as needed.
PCP_Cap	Additional clarity and guidance is needed around measuring PCP Capacity. Often capacity is measured at the clinic/facility level and not at the individual provider level.	This has been a long-standing data element. OHA clarified the reporting instructions but did not fundamentally change the reporting requirement. At this time, CCOs should continue to report on this element as they have in the prior iteration of reporting. Beginning with the Q1 2023 quarterly reporting, OHA will seek additional information from each plan regarding their methodology for measuring capacity and will coordinate additional TA opportunities for CCOs around capacity measurement and reporting.
PCP_Assign	No concerns or feedback received regarding this data element.	N/A
Age_Group	Concerns around the Age_Group data element. Some plans indicating a preference to report this information numerically (e.g. 0-99) and others requesting that provider and service	Information provided by CCOs highlighted that this information is formatted differently from CCO to CCO. The introduction of this element does not represent a major shift from the previous

	category reporting remain in place in order to address this element.	version of the DSN reporting (e.g. PCPA, PCPP, PCPB). OHA will move forward with the proposed data element to be as consistent as possible with previous reporting instructions. OHA will be available for TA as needed.
EPSDT_Ind	Additional clarity and context requested around this proposed data element. There are many types of providers able to render EPSDT services.	After review of the feedback from CCOs and consideration of the value-add of the additional reporting element, OHA made the determination that this proposed data element is not necessary at this time. This proposed data element is not included in the final DSN Provider Capacity Reporting template and instructions.
IHS_THS_Ind	CCO challenges in reporting if there are limitations in members served by IHS/THS facilities.	OHA is changing this data element based on the feedback received. CCOs will only be required to indicate whether an entry on the facility/clinic/business/healthcare services section is designated as an Indian Health Service/Tribal Health Service center.
Participating_Ind	Does not capture providers that may be in the process of credentialing, so they would be "Pending Contract", or expired credentialing with an active contract. Some CCOs report that Out-of-Network providers are not currently included in their Provider Database.	OHA will make use of the Credentialing Date field to understand if a provider's credentials are pending or have expired. The intent of this element is only to capture whether the provider has an active contract as a participating provider or is considered to be non-participating. OHA can provide additional TA to individual CCOs as needed.

Contract	Some CCOs reported that they have providers that fall under sub-agreements and direct agreements. This could complicate reporting on this element.	OHA has removed this data element from the reporting. After consideration of feedback received and the business need for this information, the determination was made that the reporting burden would outweigh the value of the information gained through this reporting element at this time.