

Network Adequacy Quantitative Template

Provider & Carrier Questions — DFR Responses

Oregon Division of Financial Regulation — March 2026

This document responds to questions submitted by carriers and providers during the Network Adequacy template review process. It is organized into four sections: (1) confirmed changes DFR is making to the template; (2) questions with answers; (3) items still under active review where guidance is forthcoming; and (4) items needing further discussion.

Section 1: Confirmed Template Changes

Tab	Topic	DFR Response / Guidance
Reporting Info Tab	Identification of Network Market	Added "Student" as an option for the Network Market field.
Reporting Info Tab	Identifying Health benefit plans that apply to Network	Added field to identify all health benefit plans that apply to the network.
Exceptions Tab	Departure / Closure Terminology	The label "recent departure" will be renamed to "departure or closure of provider/facility" to more accurately reflect historical information.
Providers Tab	Oregon Counties Served Field	The "Oregon Counties Served" field will be removed from the Providers tab.
Behavioral Health	Assigned/Attributed Enrollees Column	The "number of enrollees assigned to or attributed to receive care from the specific provider" column will be removed. This language has been removed from the rule.
Behavioral Health	Unique Members Seen Column	The "unique members seen" column will be removed. This language has been removed from the rule.
Narrative Fields	Instructions & Examples	Examples will be added to the instructions and definitions section to clarify how narrative fields should be structured and what level of detail is expected.
Exceptions Tab	Mitigating Measures	The "mitigating measures" tab has been updated to allow carriers to select more than one measures they have undertaken to ensure enrollees have access to care without delay.

Section 2: Questions with Answers

A. Reporting Info Tab

A. Provider / Carrier Question	A. DFR Response
<p>Q <i>How should student health plans be classified in the template?</i></p>	<p>A The Reporting Info tab now includes “Student Plan” as a selectable option under the Network Market Row.</p>

B. Providers Tab — Data Fields & Identification

Provider / Carrier Question	DFR Response
<p>Q <i>For fields with a “yes/no” option, can a carrier’s input “unknown/unresponsive” if a provider is unable or unwilling to provide the information?</i></p>	<p>A Yes, but only after you have made reasonable and documented efforts to contact the carrier to obtain the information. If the carrier is still unable or unwilling to provide it after those attempts, you may enter “unknown” or “unresponsive.”</p>
<p>Q <i>Provider Identification: Does “Facility/Provider number” refer to the NPI?</i></p>	<p>A Yes. “Facility/Provider number” refers to the National Provider Identifier (NPI). The template will be updated to make this explicit.</p>
<p>Q <i>Must individual providers within a facility be listed separately, or does listing the facility itself suffice?</i></p>	<p>A Data should be approached from the individual provider perspective first, then facility. Individual providers within a facility should be listed separately where applicable.</p>
<p>Q <i>Counties formatting: Should multiple counties be listed in one row with commas, or in separate rows? Does this apply to shared or adjacent counties?</i></p>	<p>A County language has been removed from the rule and the template. Carriers should report the zip code of the provider’s physical practice location rather than listing counties. For virtual or statewide providers, manually enter “Virtual”.</p>
<p>Q</p>	<p>A Carriers may manually enter “Virtual” in the template. Providers who deliver services</p>

Provider / Carrier Question	DFR Response
<p><i>Telehealth Locations: What address should be used for virtual-only providers?</i></p>	<p>exclusively via telehealth or who serve members statewide virtually should use this option instead of entering a physical address. If a provider offers both in-person and telehealth services, carriers should enter the provider's in-person address and ZIP code.</p>
<p>Q <i>Phone Numbers: Is the provider phone number field necessary, and is there a required format?</i></p>	<p>A Yes, the provider's phone number is a required field. The required format is a 10-digit number including area code (e.g., 5031234567 or 503-123-4567).</p>
<p>Q <i>How should carriers account for virtual providers who cover all Oregon counties? Carriers noted the need to include counties outside Oregon for telehealth providers and those in border areas like Vancouver, WA.</i></p>	<p>A County language has been removed from the rule and the template. Carriers should report the ZIP code of the provider's physical practice location, even for out-of-state providers such as those located in Vancouver, WA. However, if the provider is virtual-only, carriers may manually enter "Virtual" instead of a physical ZIP code.</p>
<p>Q <i>Do we expect multiple rows per provider or facility by specialty or location?</i></p>	<p>A Yes. Multiple rows per provider are expected. Providers who contract with multiple facilities or carriers, or who practice across multiple specialties or locations, should be reported in separate rows for each. Instructions will be updated to clarify this.</p>
<p>Q <i>Does the "accepting new patients" field apply to facilities?</i></p>	<p>A Yes. Where a facility has providers associated with it, the "accepting new patients" field applies to the facility's capacity to accept new patients through those providers.</p>
<p>Q <i>What value do the county and zip code fields have since most providers treat members statewide? Is this duplicative of the Time and Distance tab?</i></p>	<p>A County language has been removed from the rule and the template. DFR is only asking carriers to report the zip code of the provider or facility location. This is not duplicative of the Time and Distance tab. The Time and Distance tab measures</p>

Provider / Carrier Question	DFR Response
	<p>whether enrollees can access care within specific geographic benchmarks. It analyzes distance from enrollees to providers. The zip code field on the Providers tab captures where the provider is physically located, which is the underlying data that makes the Time and Distance analysis possible. The two serve different but complementary purposes.</p>

C. Time & Distance and Specialty Types

Provider / Carrier Question	DFR Response
<p>Q <i>Can carriers include “critical access facilities” when reporting the “acute inpatient hospital” specialty?</i></p>	<p>A Yes. Carriers may include critical access facilities when reporting the acute inpatient hospital specialty.</p>
<p>Q <i>Are carriers required to meet appointment wait time standards for inpatient behavioral health facilities?</i></p>	<p>A Carriers must meet quantitative standards consistent with federal Qualified Health Plan (QHP) requirements as of January 1, 2025. Under the 2025 CMS rules, appointment wait time standards apply only to outpatient behavioral health services. Inpatient behavioral health services are not subject to these standards. Oregon’s requirements align with the federal approach; carriers are not currently required to meet appointment wait time standards for inpatient behavioral health facilities.</p>
<p>Q <i>Request to remove “reproductive health” from the provider specialty type list in the Time and Distance tab, as it does not appear on the QHP specialty list and does not represent a recognized provider licensure category.</i></p>	<p>A DFR understands the concern. “Reproductive health” is not a recognized provider licensure category or taxonomy code, and it does not appear on the CMS QHP specialty list. However, DFR is still required to collect information on reproductive health access as defined under the Reproductive Health Equity Act (RHEA, ORS 743A.067). DFR is evaluating whether reproductive health reporting belongs on this tab or whether it should be captured elsewhere in the template. If this information</p>

Provider / Carrier Question	DFR Response
<p>Q <i>Request to accept Quest Analytics submissions as an alternative to the DFR Excel template.</i></p>	<p>does not belong in the Time and Distance tab, we welcome carrier input on where it would be most appropriate to report it. Note: Carriers should already be tracking and collecting this information as required under RHEA. We ask that carriers help us identify the best mechanism for reporting it within the existing template structure.</p> <p>A For consistency and data integrity purposes, DFR is only accepting submissions using the DFR-created and approved Excel template currently. Quest Analytics templates will not be accepted as a substitute. Carriers should ensure their data is entered into the DFR template directly.</p>
<p>Q <i>Can you clarify the interpretation of “is in or serves” an HPSA or low-income zip code, especially for telehealth providers?</i></p>	<p>A The rule includes the following definitions: “Low-income ZIP code” means a ZIP code listed in the Centers for Medicare & Medicaid Services (CMS) Marketplace Low-Income ZIP Code list for the applicable plan year, as published by CMS. “Health Professional Shortage Area” (HPSA) means a geographic area, population group, or facility designated as such by the U.S. Department of Health and Human Services under 42 U.S.C. § 254e. For network adequacy purposes, a provider or facility is considered to be located in or serving an HPSA if it is located in, or serves, a population group designated as an HPSA by the Health Resources and Services Administration (HRSA), updated annually. The same approach applies to low-income ZIP codes.</p>

D. Behavioral Health

Provider / Carrier Question	DFR Response
<p>Q <i>How should carriers report whether a provider treats chronic or complex behavioral health conditions?</i></p>	<p>A Carriers should include whether providers self-report the ability to serve individuals with chronic or complex behavioral health conditions. The template allows carriers to write in Yes, No, or Unknown/Unresponsive for each provider. Additionally, there is a box at the top of this section of the template where carriers should provide additional details if they have entered Unknown or Unresponsive.</p>
<p>Q <i>How should carriers report appointment types for complex procedures requiring multi-provider coordination, such as breast reconstruction under SB 1137?</i></p>	<p>A Reporting for these procedures does not differ from reporting for other provider types. Each provider involved in a multi-provider procedure, such as a plastic surgeon or reconstructive surgeon, should be listed as a separate row in the template under their applicable specialty type. Carriers should ensure all required specialties are represented in the network and reported accordingly.</p>
<p>Q <i>What is the reporting period for "unique members seen," and how should members be counted when they receive care from multiple providers?</i></p>	<p>A This language has been removed from the rule and the template. Carriers are not required to report this information.</p>

Section 3: Items Currently Under Review

A. Definitions & Terminology

Status	Topic	DFR Status / Notes
<p>UNDER REVIEW</p>	<p>Definition Requests</p>	<p>DFR is reviewing existing definitions in Oregon statute and rule for terms such as "appointment request," "provider," "specialty," "telehealth provider," "facility," "network affiliation," "network tier level," and "reproductive healthcare provider." DFR is assessing whether existing definitions can be used for reporting purposes and will update the workgroup as that review progresses.</p>

B. Quantitative Measurement & Wait Times

Status	Topic	DFR Status / Notes
UNDER REVIEW	Survey Methodology: Who to Count	DFR is working to clarify whether reported counts should reflect providers contacted, providers who responded, or providers actively accepting new patients. Detailed methodology guidance is forthcoming. <i>Example: If 100 providers are contacted and 5 respond, the instructions will specify which number to report.</i>
UNDER REVIEW	Sample Sizes / Provider Sample File	DFR is evaluating whether to provide a provider sample file or specify sample size requirements similar to CMS methodology.
UNDER REVIEW	Secret Shopper Surveys	DFR is reviewing how secret shopper surveys should be conducted, particularly for carriers with custom large groups where provider network sizes vary.
UNDER REVIEW	Appointment Wait Time: Calculation Methodology	DFR will provide guidance on how to calculate the “% of enrollees able to schedule within CMS appointment wait time standards” field, including whether to break this out between new and existing patients.
UNDER REVIEW	Sampling — Weighting & Cross-Carrier Comparability	DFR will provide clarification on sampling expectations, weighting methodology, and how the Division intends to ensure “apples-to-apples” comparisons across carriers.

C. Enrollees & General Process

Status	Topic	DFR Status / Notes
UNDER REVIEW	Enrollee Count Timeframe	DFR is determining whether the enrollee count should reflect members enrolled at any point during the year or a snapshot from a specific date. Guidance will be included in the instructions.

Section 4: Items Needing Further Discussion

Topic	Question
Reproductive Healthcare Reporting	How should reproductive healthcare access information be reported to DFR, and where in the template should it go if it is removed from the “Providers” tab?
Provider Types: Mid-Level Practitioners (NPs/PAs)	Further discussion with the workgroup is needed on how to include mid-level practitioners (NPs and PAs) and how to align specialties to specific taxonomy codes.

Topic	Question
Geospatial Analysis Reporting Format	Carriers must conduct a geospatial analysis to demonstrate compliance with travel time and distance standards and report the results to the Department. The Department is seeking the workgroup's guidance on the appropriate format for submitting this information.

Questions or Comments?

If you have additional questions not addressed in this document, or if guidance is needed urgently, please contact the DFR Network Adequacy team. Updated versions of this document will be distributed as additional questions are resolved.