

Dental Care Delivery for Oregon's Medicaid Population

Oregon's Coordinated Care Model



Coordinated Care Organizations (CCOs)

A CCO is a network of all types of health care providers (physical health care, addictions and mental health care, and sometimes dental care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).

- 16 CCOs serve approximately 90% of Oregon Health Plan members.
- Mental, physical, dental care held to one per capita budget.
- Responsible for health outcomes and receive monetary incentives for quality care.
- Required to develop Transformation Plans with strategies to improve health outcomes, increase member satisfaction, and reduce overall costs.

Dental Care Integration

Prior to Oregon's health system transformation, Dental Care Organizations (DCOs) served the majority of the Medicaid population.

As of July 1, 2014, CCOs began managing the dental benefit, primarily by contracting directly with DCOs.

- Nine DCOs work with 16 CCOs and community partners to improve oral health for adults and children.
- CCOs contract with all DCOs available in their region (in some cases, all nine).
- CCOs connect members with DCOs.

Eight CCOs have specific oral health strategies in their 2015-2017 Transformation Plans, including:

- Eliminate/minimize barriers to dental care for all members
- Primary care integration, including implementing First Tooth early childhood prevention training, referral mechanisms, dental screenings for co-morbid severe and persistence mental illness (SPMI)/diabetes populations
- Value-based payments for dental
- Dental/medical integration

A small percentage of Oregon Health Plan members receive dental care outside of a CCO dental care arrangement, either in dental-only managed care or through the fee-for-service delivery system.

Developing Dental Quality Metrics

In 2013, OHA convened the Dental Quality Metrics Workgroup, including dental and CCO stakeholders.

Workgroup purpose: Recommend to the Metrics and Scoring Committee objective outcome and quality measures and benchmarks for oral health services provided by the CCOs.

Parameters: Metrics should align with national measures, be measurable, and focus on outcomes where possible.

Outcome: Metrics and Scoring Committee adopted two incentive pool quality metrics as of 2015.

1. Mental, physical and dental* health assessments within 60 days for children in Department of Human Services (DHS) custody (e.g. foster care). (**measure amended in 2015 to include dental along with mental/physical health assessment*)
2. Dental sealants on permanent molars for children (ages 6-14)

Quality Metric: Dental Sealants on Permanent Molars for Children

Dental sealants are a widely recognized, evidence-based tool used to prevent tooth decay. Childhood tooth decay causes needless pain and infection, and can affect a child's nutrition and academic performance.

Description: Percentage of children ages 6-14 who received a dental sealant during the measurement year.

- Preliminary 2015 data indicates improvement by all 16 CCOs
- Statewide change since 2014: +65%
- All racial and ethnic groups experienced improvement

