August 29, 2016

Dear Ms. Coyner:

On behalf of Oregon's Medicaid Advisory Committee, we are writing in support of the Oregon Access Monitoring Review Plan (the Plan). We applaud state efforts to assess and, ultimately, to improve access to care for the fee-for-service (FFS) population, which includes some of the most vulnerable populations in the Oregon Health Plan: low-income aging adults, pregnant women not eligible to enroll in Coordinated Care Organizations (CCO), many of Oregon's tribal OHP members, medically fragile children, and others.

In general, we support the Oregon Health Authority's (OHA) approach in building the Plan from the monitoring and performance improvement measurements used for CCOs. We applaud this efficient use of existing systems and resources, and encourage OHA to continue to look for opportunities to leverage its resources for broad impact. While enrollment in a CCO offers greater opportunities to coordinate and integrate care to further improve health, we agree with the goal of ensuring Oregonians inside and outside of the coordinated care system have access to high quality care.

The Medicaid Advisory Committee is currently developing a framework for oral health access in OHP overall. As such, we take a particular interest in the dental access sections of this plan and offer the following comments and recommendations:

- We encourage OHA to identify a utilization measure for dental access and to incorporate this measure into the plan as soon as practicable. OHA could look to the work of recent stakeholder groups, such as the Dental Quality Metrics Work Group and the CCO Oregon Dental Work Group for recommended measures.
- We support OHA's plans to include dentists and dental hygienists in the Provider Workforce Survey starting in 2016. This data will shed additional light on the availability of dental providers within Medicaid, as well as barriers to Medicaid acceptance, such as reimbursement rates or administrative requirements.
- We recommend that OHA benchmark FFS dental rates to Medicaid rates in selected comparison states or to a national average of Medicaid FFS dental. Benchmarking to national Medicaid dental rates may provide the state with more actionable data than benchmarking against the American Dental Association (ADA) dental fee survey, which includes commercial carriers. It is notable, however, that Oregon FFS dental rates are significantly lower than CCO rates.
- We support OHA's work to strengthen access to dental care for pregnant women in the FFS population and encourage OHA to incorporate information gained from the Plan into that ongoing work.
- More broadly, the MAC recommends that OHA take steps to fully integrate dental care into the Patient-Centered Primary Care Home (PCPCH) model with explicit inclusion of dental providers in the care management team. This could improve access to care for both the FFS and managed care populations when they see providers practicing in a PCPCH.

We urge OHA to share not only the Plan, but also its underlying data, with stakeholder groups and fellow state agencies. We believe the data and analysis will have broad and valuable applications. Further, we request OHA develop and share a defined strategy for addressing access deficiencies or shortfalls revealed by the Plan no later than spring of 2017. We believe the Plan and companion strategy assessment will provide OHA a clear opportunity to make evidence-based decisions to improve care for OHP members, and therefore encourage the state to develop a plan of action even if federal regulations do not specifically require one. We are happy to support this effort if we can be helpful.

The Oregon Access Monitoring Plan is a positive step toward improving access to care for OHP FFS members, many of whom cannot or choose not to enroll in CCOs. We support Oregon's continued efforts to monitor, understand, and improve health care delivery for all members of OHP.

Sincerely,

Janet E. Patin, MD
Co-Chair, Medicaid Advisory Committee

Karen Gaffney, MS
Co-Chair, Medicaid Advisory Committee