



**Date:** December 16, 2022

**To:** Coordinated care organizations (CCOs)

**From:** Dave Inbody, CCO Operations Director  
Medicaid Programs

**Subject:** CCOF coverage of dental services in facility settings

For CCO members in plan types CCOG and CCOF:

- CCOs must reimburse for covered dental services delivered in an ambulatory surgical center, inpatient or outpatient hospital setting.
- CCOs are not required to cover the facility fees associated with these services. The Oregon Health Authority (OHA) will reimburse for these facility fees.

Oregon Administrative Rule [410-123-1490](#) explains when the CCO, under the CCOF and CCOG plan types, is the payer and when OHA is the payer.

### Why is this happening?

Starting January 1, 2023, OHA is adding a new plan type, CCOF. This plan type will manage the new OHP dental-only benefit, including for COFA Dental and Veteran Dental Program members. Questions arose around how hospital dentistry benefit should apply to these members. OHA is clarifying that the responsibility for CCOF coverage of dental services delivered in facility settings will be the same as already established policy for CCOG.

### What should you do?

Please prepare to administer the CCOF benefit including for COFA Dental and Veteran Dental members to include dental services delivered in facility settings. For dental services delivered in a facility setting, CCOs should coordinate care with OHA for the facility payment.

### Questions?

If you have questions about this announcement, [please contact your CCO Account Representative](#).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.