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December 3, 2024

Dental Directed Payment

*Expanding Access and Rewarding
Preventive Care*

Agenda

- Directed Payment Development
 - What is a Directed Payment?
 - 2025 Directed Payments and Timelines
- 2025 New CCO Dental Directed Payment Program
- 2025 Dental Annual Incentives
 - New Provider Incentive
 - Existing Provider Retention and Increased Access Incentive
- 2025 Bundled payments
 - Pediatric Bundles
 - Minimally Invasive Service Bundles
- Next Steps





Introductions

***Please fill out the Smartsheet
linked in the chat.***



Meet the OHA Dental Medicaid Team

OHA Dental Director

Ahmed Farag, DDS, MBA, DHSc, FACHE



OHA Dental Policy

Jessica Dusek, BS, CDHC





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Directed Payment Development Overview

What are Directed Payments?

Managed care directed payments are a way for state Medicaid agencies to ensure certain payments are made to managed care network providers. 42 CFR §438.6(c)

- These payments are directed by the state to support specific goals, like improving access to care.
- Directed payments require the state to apply (e.g. pre-print) to CMS for approval.

Code of Federal Regulations (CFR)
Centers for Medicare & Medicaid Services (CMS)

2025 Directed Payments

Priced within CCO capitation rates and CCOs are at-risk

New: Dental Directed Payments (DDP)

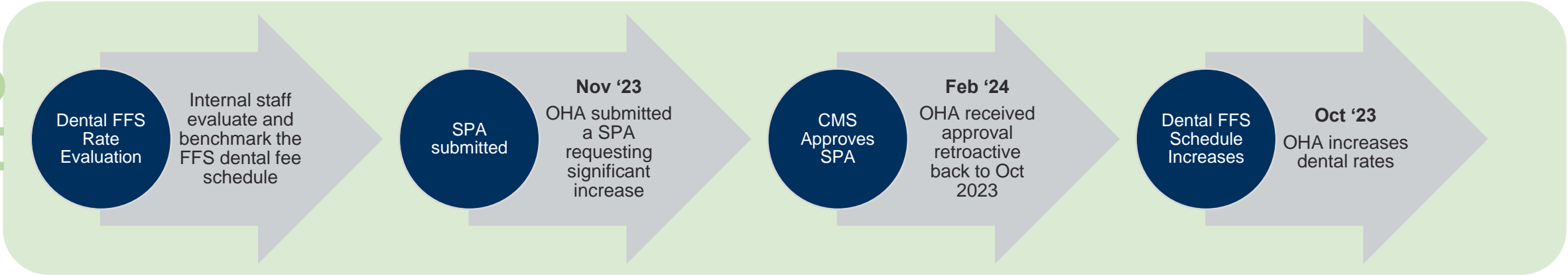
- Bundled payments for pediatric and minimally invasive services
- New provider incentive
- Existing provider retention and increased access incentive

Renewed: Behavioral Health Directed Payments (BHDP)

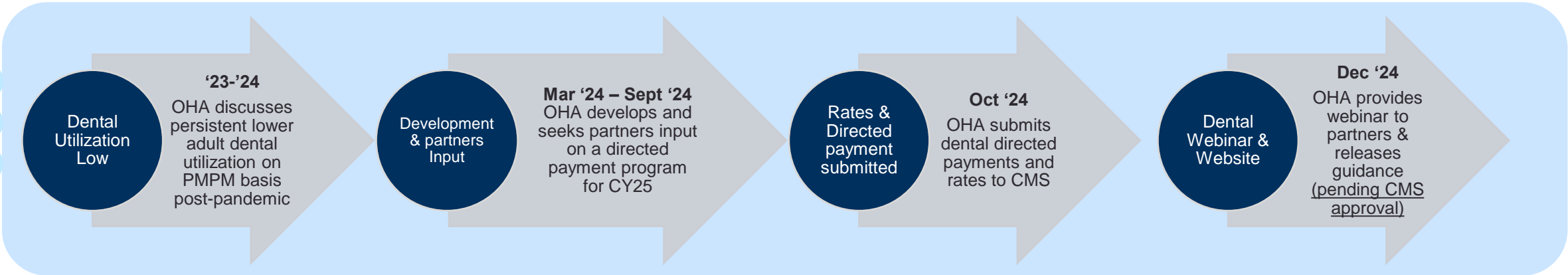
- Primarily Medicaid behavioral health providers increase
- Culturally and Linguistically Specific (CLS) Services for Behavioral Health (BH) & Traditional Health Worker (THW) add-on
- Co-occurring Disorder (COD) add-on

FFS Increases and CCO Dental Directed Payments Timeline

FFS



CCO



Fee-for-Service Dental 95% Increase

Prior to October 2023

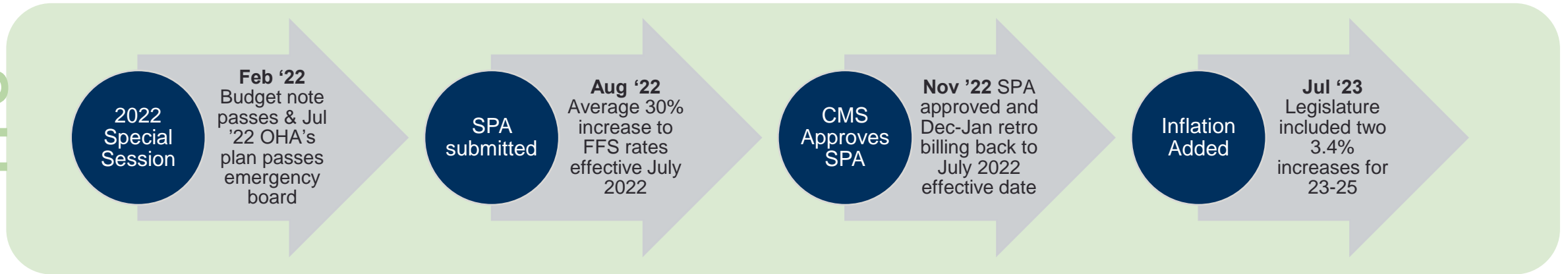
CDT Code Examples	Sept 2023 Rate
D1206 (Topical Fluoride Varnish)	\$14.27
D1354 (Int caries med app per tooth)	\$14.27
D0230 (Intraoral periapical each add)	\$6.00
D0220 (Intraoral periapical first)	\$10.38
D0150 (Comprehensive oral evaluation)	\$40.49
D0140 (Limit oral eval problem focus)	\$34.69
D7140 (Extraction erupted tooth/exr)	\$99.58
D1120 (Dental prophylaxis child)	\$31.45
D0120 (Periodic oral evaluation)	\$26.03
D0191 (Assessment of a patient)	\$13.01

FFS Rates Effective October 2023 forward

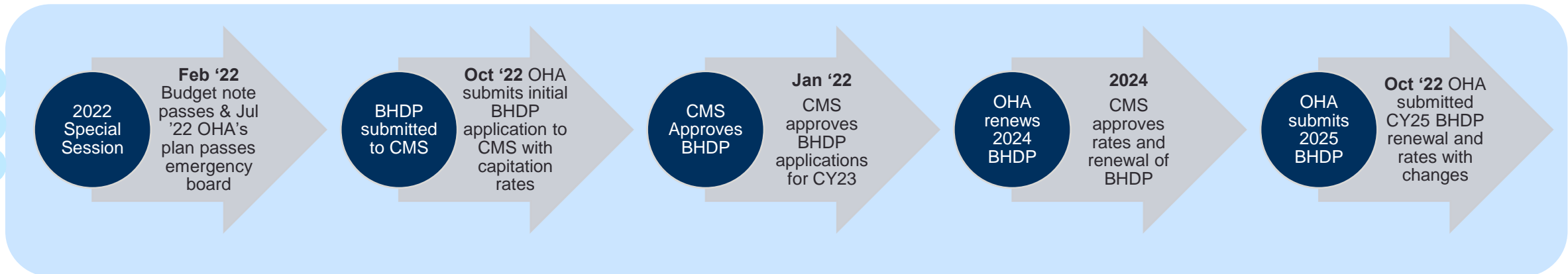
CDT Code Examples	October 2023 Rate
D1206	\$30.03
D1354	\$21.33
D0230	\$14.65
D0220	\$19.30
D0150	\$61.50
D0140	\$52.71
D7140	\$132.93
D1120	\$52.24
D0120	\$43.06
D0191	\$23.87

FFS increases and CCO Behavioral Health Directed Payments (BHDP) Timeline

FFS



CCO



Other 2025 Directed Payments

Separate payment terms (outside CCO capitation)

Oregon utilizes directed payments to pay supplemental payments to two groups of providers outside of the CCO capitation rates:

- **Hospitals:** Directed payments are paid to hospitals (rural and urban) per OAR 410-125-0230
- **GEMT:** Directed payments are paid to Ground Emergency Medical Transportation (GEMT) providers per OAR 410-136-3371



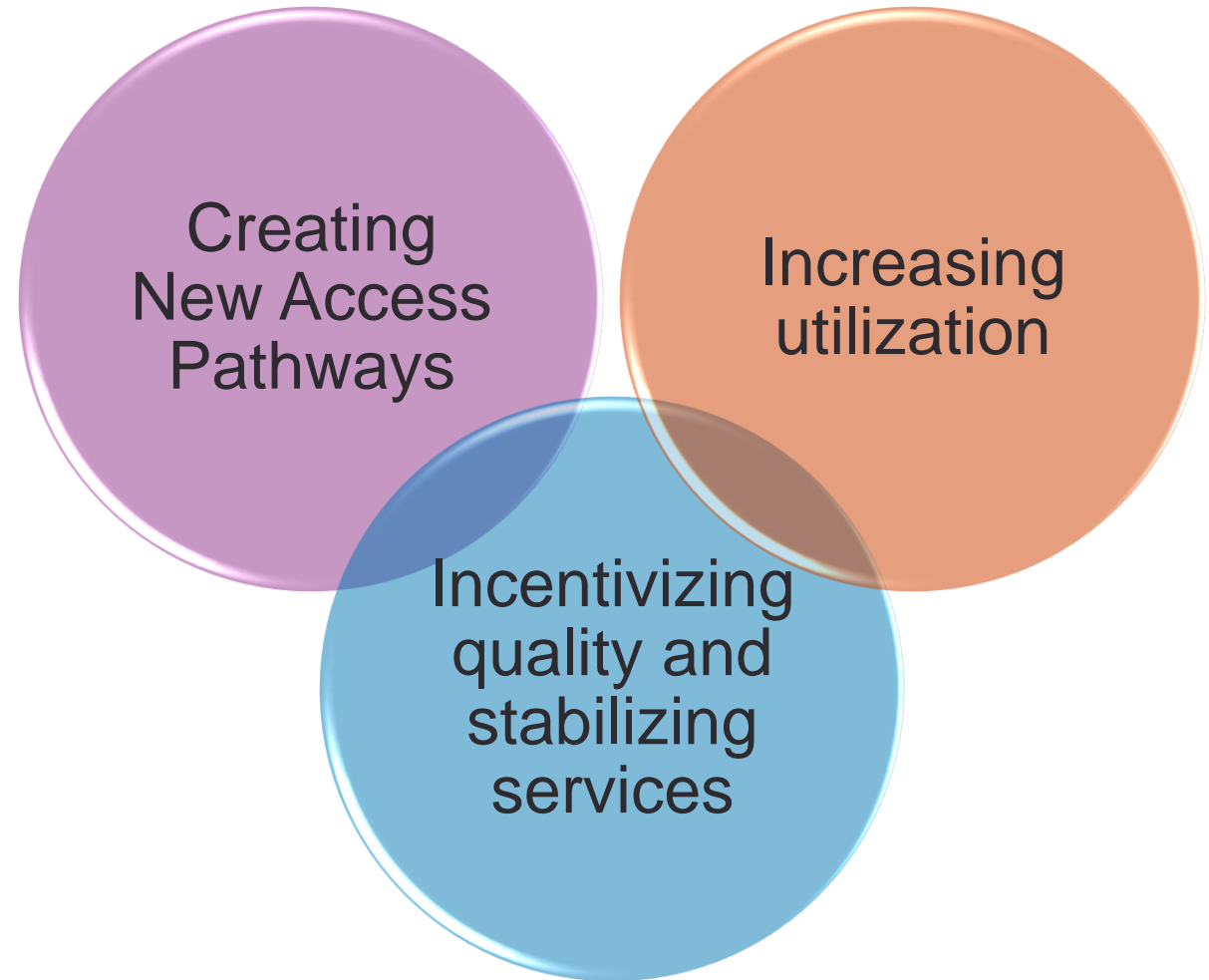
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Exploring CCO Directed Payments for Dental

Exploring Dental Directed Payments for 2025

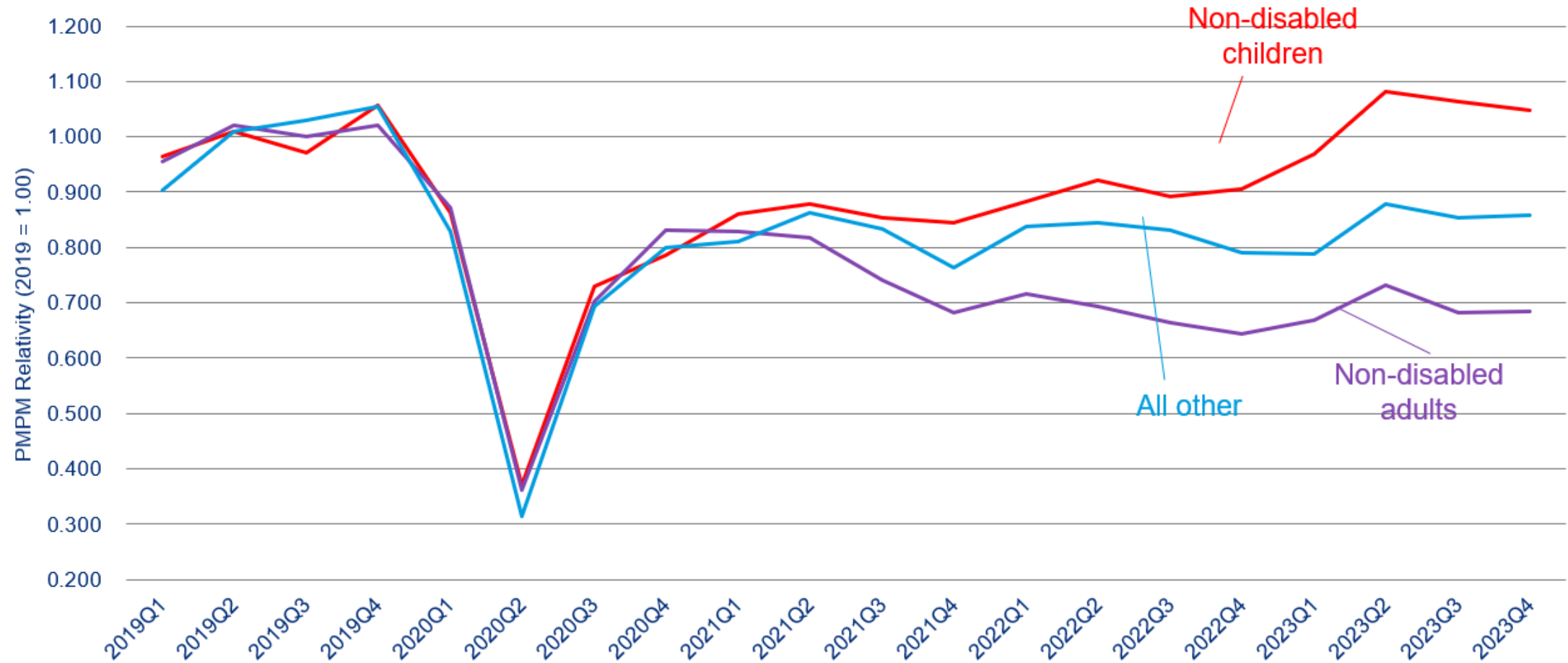
Why are OHA and partners exploring a directed payment program for dental in 2025?

- Oregon's Medicaid dental program has seen reduced per-member utilization since the pandemic, reducing per-member rates for the dental component of CCO capitation rates.
- Directed payments can be designed to achieve the state's goals and are also a mechanism to pull down Medicaid federal funds to support the dental program.



Service and Utilization Impact

Based on 2023 claims data, dental utilization has not rebounded back to 2019 levels, specifically for adults. Lower service levels per member reduce the dental component of CCO capitation rates.



- Utilization is based on billed charges by COA and normalized to 2019 based on most recent enrollment



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2025 New CCO Dental Directed Payment Program

Program Mission and Goals



Mission: Expand dental access and increase preventive care for Oregon Health Plan (OHP) members.



Goals: Increase access to quality dental care, with incentives for expanded engagement, continuity, and preventive care services. Support new providers entering the OHP network with financial rewards for patient volume, growth, and preventive care services.



Technical Objective: Align payment structures with CMS 42 C.F.R. §438 regulations, supporting Medicaid goals under managed care contracts; receive CMS approval (federal matching funds to support dental services).

2025 Dental Direct Payments Overview

Only for CCO network dental providers

- **New Dental Provider Annual Incentive**

New dental providers who sign up and provide service in 2025 are eligible to receive an annual bonus that varies by services provided in CY25.

- **Existing Provider Retention and Increased Access Incentive**

Existing dental providers who retain service levels from 2024 are eligible for an annual bonus that can also increase if services are expanded in CY25.

- **Bundled Payments for Pediatric and Minimally Invasive Services (once per year, per member)**

- Dental providers who complete a pediatric preventative bundle will receive an add-on payment of \$30 per bundle.
- Dental providers who complete a minimally invasive bundle will receive an add-on payment of \$50 per bundle.

Who's Eligible for Which Payment Program?

- **“New Provider”** is defined as performing providers who did not have a Medicaid Provider identification (ID) in calendar years 2023 or 2024, or who billed for 25 or fewer unique Medicaid, Healthier Oregon, BHP, COFA Dental, or Veterans Dental members in each of those years.
- **“Existing Provider”** is defined as performing providers who are contracted with a CCO (or subcontracted DCO) and do not meet the new provider definition.

New Providers

New Provider Annual Incentive

Bundles

Existing Providers

Retention Annual Incentive

Increase Access Incentive

Bundles

Who Qualifies as a Dental Provider?

Taxonomy of Providers that Qualify for Directed Payments

- 122300000X for Dentist
- 1223D0004X for Dentist Anesthesiologist
- 1223G0001X for Dental General Practice
- 124Q00000X for Dental Hygienist
- 1223D0001X for Dental Public Health
- 125J00000X for Dental Therapist
- 122400000X for Denturist
- 1223E0200X for Endodontics
- 1223P0106X for Oral and Maxillofacial Pathology
- 1223X0008X for Oral and Maxillofacial Radiology
- 1223S0112X for Oral and Maxillofacial Surgery
- 125Q00000X for Oral Medicinist
- 1223X2210X for Orofacial Pain
- 1223X0400X for Orthodontics and Dentofacial Orthopedics
- 1223P0221X for Pediatric Dentistry
- 1223P0300X for Periodontics
- 1223P0700X for Prosthodontics

Please note, Providers eligible for cost-based encounter payments (FQHCs, RHCs, etc.) are also eligible for annual incentive payments (pending CMS's approval).



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2025 New CCO Dental Provider Annual Incentive Payments

CCO & Provider Responsibilities

New Dental Provider Annual Incentive

Coordinated Care Organizations

- **Network:** Work with new providers and facilitate contracting process.
- **Website:** CCOs create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA.
- **Attestation:** CCOs attest to compliance to all directed payments by March 31, 2025. ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, Healthier Oregon, BHP, COFA Dental, and Veterans Dental members to OHA for incentive evaluation.
- **Payment:** OHA will evaluate the incentive achievement by provider and notify CCOs their amount to send to the billing provider IDs that achieved the incentive in 2026.

Dental Providers

- Determine if you have a Medicaid Provider ID. If you do not, take steps to contract with one or more CCOs in your region.
- Schedule and provide services to members in CY2025 to meet the service/claim thresholds.

Number of Services/claims Provided for Medicaid, Healthier Oregon, BHP, COFA Dental or Veterans Dental members in CY25	Bonus amount to be earned
100 - 349	\$3,500
350 – 699	\$8,000
700 or more	\$15,000

CCO Responsibilities

Existing Dental Provider Annual Incentive - Retention

Coordinated Care Organizations

- **Website:** CCOs must create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA
- **Attestation:** CCOs must attest to compliance to all Directed Payments by March 31, 2025 ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, Healthier Oregon, BHP, COFA Dental and COFA Dental members to OHA for incentive evaluation
- **Payment:** OHA will evaluate the incentive achievement by provider and notify CCOs their amount to send to the billing provider IDs that achieved the incentive in 2026

Existing Dental Providers

- Determine how many unique members received dental services in CY2024 as a benchmark.
- Schedule and provide services to members in CY2025 to meet the service/claim thresholds.
- Next slide for calculation.

Retention Bonus Schedule & Calculation

Number of Unique Members Medicaid, Healthier Oregon, BHP, COFA Dental, or Veterans Dental members serviced in CY24 and again in CY25 (rendering provider)	Maximum Bonus amount to be earned
26 - 50 unique members	\$2,000
51 - 100 unique members	\$4,000
101 - 250 unique members	\$8,000
251 - 500 unique members	\$16,000
501 or more unique members	\$25,000

Bonus achievement schedule based on retained members serviced in CY25, compared to CY24:

- **0%:** If the retention percentage is under 50%, the existing provider will receive 0% of the bonus listed.
- **50%:** If the retention percentage is at least 50% but less than 65%, the existing provider will receive 50% of the maximum bonus listed.
- **75%:** If the retention percentage is at least 65% but less than 80%, the existing provider will receive 75% of the maximum bonus listed.
- **100%:** If retention is 80% or higher, the existing provider will receive the maximum bonus (100%) listed.

CCO Responsibilities

Existing Dental Provider Annual Incentive – Increased Access

Coordinated Care Organizations

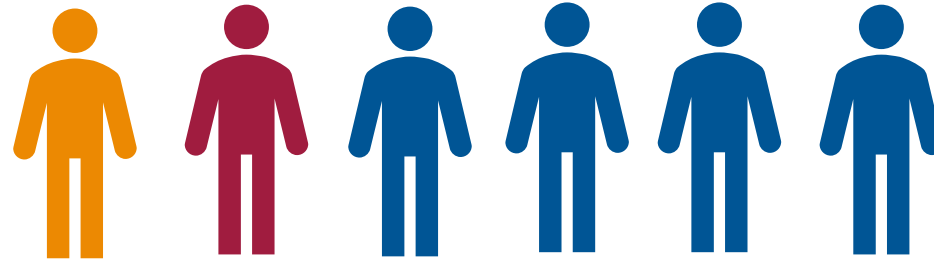
- **Website:** CCOs must create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA
- **Attestation:** CCOs must attest to compliance to all Directed Payments by March 31, 2025 ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, Healthier Oregon, BHP, COFA Dental, and Veterans Dental members to OHA for incentive evaluation
- **Payment:** OHA will evaluate the incentive achievement by rendered provider and notify CCOs their amount to send to the billing provider IDs that achieved the incentive in 2026

Existing Dental Providers

- Develop a plan or identify additional times (after-hours/weekends) to expand capacity of services to achieve the increased access bonus in 2025.
- Schedule and provide services to members in CY2025 to meet the service/claim thresholds.
- Next slide for calculation.

Increased Access Calculation

2024



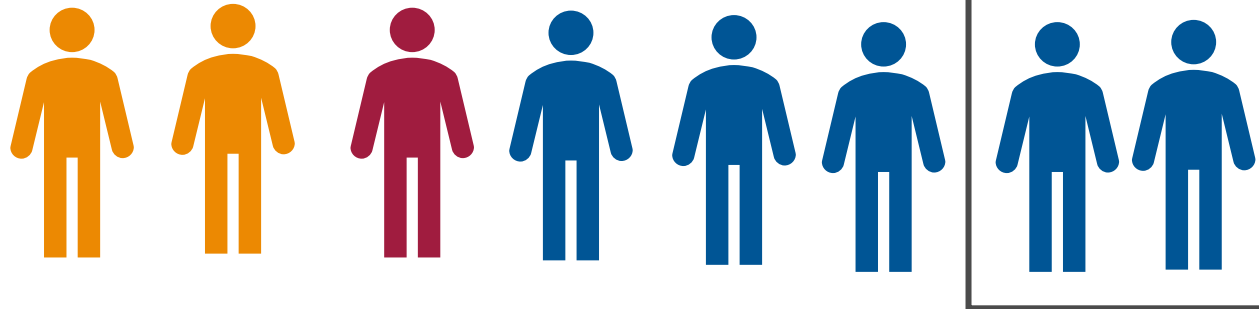
BHP

Healthier
Oregon

OHP

Net Increase

2025



Increased Access Calculation

Number of Unique Members Medicaid, Healthier Oregon, BHP, COFA Dental, or Veterans Dental members serviced in CY25 (rendering provider)	Maximum Bonus amount to be earned
One member more than prior year (CY24 count)	\$4,000
Every 50 more unique member served over CY24 count	+ \$2,000 per 50 additional members
Up to 400 more unique members served over CY24 count	Up to \$20,000 max (\$4,000 + \$16,000)

How Will the Payments be Calculated?

- **New and Existing Annual Provider Incentives:**
 - CCO will provide claims/encounters to OHA based on the timeframes in the contracts
 - OHA's actuarial team will determine the rendering providers who have met the thresholds to qualify for the incentive and communicate it to the appropriate CCOs for payment to billing provider ID in 2026
- **Bundled Payments:** CCO will calculate earned incentive per member and provide the add-on payment to the billing providers on a regular basis throughout the year (at least annually).



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2025 New CCO Dental Provider Bundled Add-on Payments

Pediatric Bundle Criteria

- **Ages:** 0-15
- **Services:** Dental cleaning + fluoride application + sealant placement within a six-month period in CY2025
- **Incentive:** \$30 add-on payment per completed bundle per member
- **Technical Specifications:** Must use CDT codes D1110, D1120, D4341, D4342, D4346, D4910 for cleaning; D1206, D1208 for fluoride; D1351 for sealant

Minimally Invasive Bundle Criteria

- **Ages:** 16+ years
- **Services:** Dental cleaning plus two additional minimally invasive treatments (e.g., fluoride, tobacco cessation) within a six-month period in CY2025
- **Incentive:** \$50 add-on payment per completed bundle per member
- **Technical Specifications:** Must use CDT codes D1110, D4341, D4342, D4346, D4910 for cleaning, then complete two of the following services:
 - D1354 or D1355 for caries prevention
 - D2940 for protective restorations
 - D1320 (tobacco), D1310 (nutritional) or D1321 (SUD) for counseling
 - D1701-1714, or D1781-D1783 for vaccine administration

CCO Responsibilities

Bundles

Coordinated Care Organizations

- **Track and Pay Bundled Add-on Payments:** Develop a reporting process that identifies the bundled services and determine when the requirement is met by a rendering provider and pay out add-on reimbursement regularly once achieved (at least once annually).
- **Eligible members:** CCO enrolled members are eligible for the bundle – OHP, Healthier Oregon, BHP, COFA Dental, and Veterans Dental. Capitation rates assume the reimbursement risk for the bundle across all three contracts.
- **Website:** CCOs must create a publicly accessible website for providers to understand how to access these incentives and submit link to OHA.
- **Attestation:** CCOs must attest to compliance to all directed payments by March 31, 2025. ([available here](#))
- **Encounters/claims:** Submit timely claims and encounters for all OHP, Healthier Oregon, BHP, COFA Dental, and Veterans Dental members to OHA for incentive evaluation.

New & Existing Dental Providers

- **Provide services** that meet the bundle requirements within six months for an enrolled member within calendar year 2025.
- **Bill** using the appropriate and eligible CDT codes.
- **Track** and reconcile with CCOs (or DCO subcontractors) to ensure appropriate bundled payments have been paid at least annually.



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**Strengthen and Expand Oregon's
Basic Health Program (BHP) &
Medicaid Dental Services**

Call to Action

- **Interested and new to Medicaid?**
 - Contact your local CCO and start the networking process for incentives
 - Contact OHA and provide service to FFS members to receive new higher FFS rates
- **Currently serving Medicaid?**
 - Retain service level and expand your panel
- **Are you a CCO or subcontracted DCO?**
 - Communicate the directed payment program to your dental providers and organizations in your region during in-person and virtual engagements



Important Dates

- **Effective Dates:** The program applies for services rendered (date of service) between 1/1/2025 and ends on 12/31/2025 (CY25)
- **Prior Contract Period:** Unique members for existing incentives will be counted based on services rendered (date of service) CY24
- **Annual Incentive Timing:** The amount each CCO owes the providers for new and existing provider payments will be determined by OHA in mid-2026

Coordinated Care Organizations (CCOs)

Advanced Health

InterCommunity Health

AllCare

Jackson Care Connect

Cascade Health Alliance

Pacific Source

Columbia Pacific

Trillium Community Health

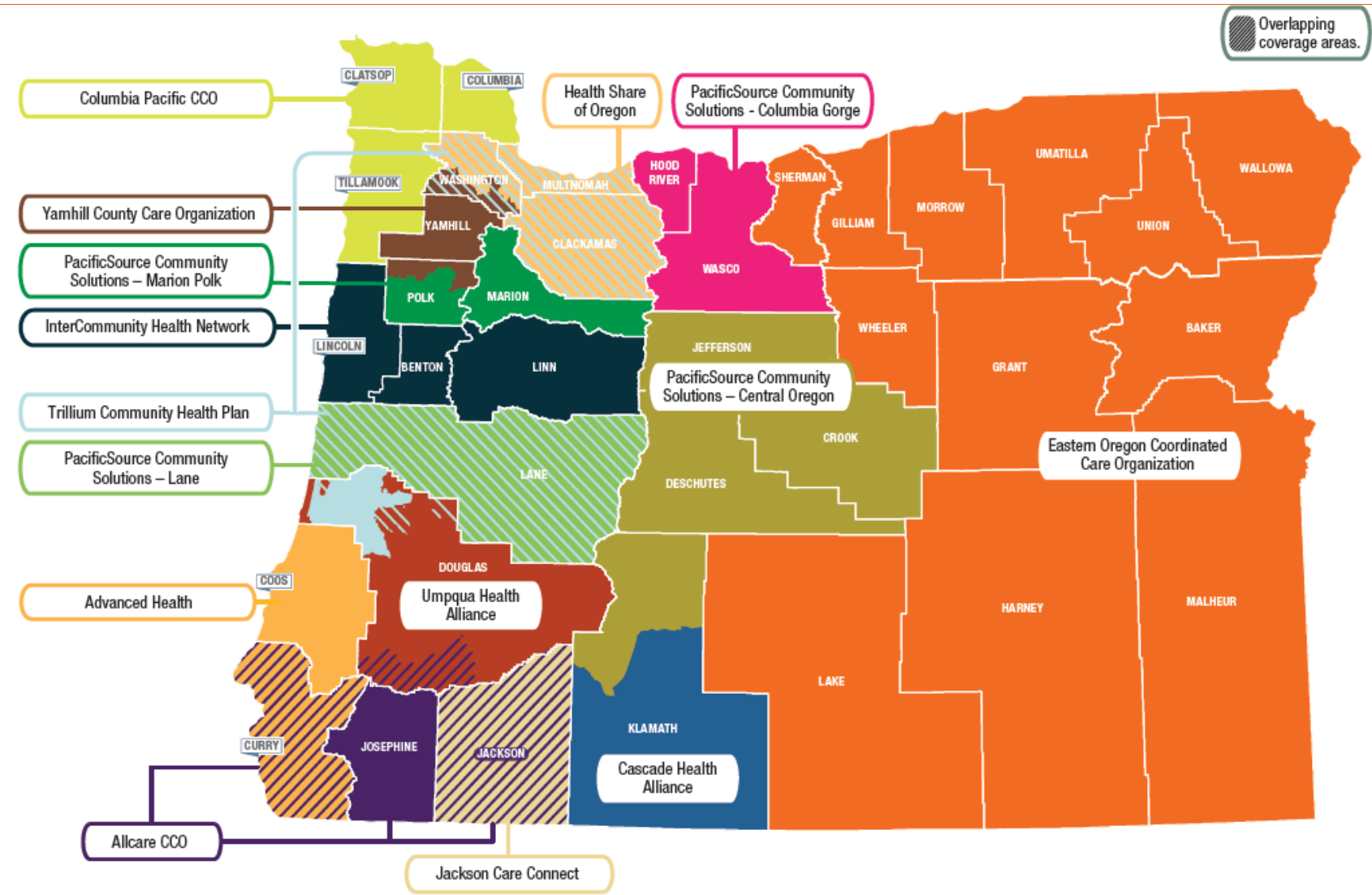
Eastern Oregon (EOCCO)

Umpqua Health

Health Share of Oregon

Yamhill Community Care

CCO Service Areas



Dental Care Organizations (DCOs)

- Advantage Dental
- Capitol Dental Care
- Kaiser Permanente
- ODS Community Dental
- Willamette Dental

Webpage & Contact Information

Dental Directed Payment Incentive webpage

www.oregon.gov/oha/HSD/OHP/Pages/Dental-Incentives.aspx

Questions & Comments

Medicaid.Programs@odhsoha.oregon.gov



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Thank you!