Willamette Dental Group

First In Proactive Dental Care

6950 NE Campus Way, Hillsboro, OR 97124
Tel 1.855.4DENTAL
www.willamettedental.com

Willamette Dental Group (WDG), on behalf of our hundreds of employed dentists, hygienists, and assistants in Oregon who serve over 90,000 Medicaid patients statewide, appreciates the opportunity to comment on HB 5024.

Simply put, we are concerned the Medicaid dental expenditures contemplated in HB 5024 jeopardizes our ability to serve Oregon's most vulnerable and will worsen the already compromised status of the OHP dental community due to the 11% rate cut we absorbed in 2021. Left unresolved, this decreased level of reimbursement will undoubtedly adversely affect short and long-term provider participation and reduce patient access to care. Long-term reductions in OHP dental also threaten our ability to fulfill the broad mission of CCO 2.0.

The OHP program's global budget – a risk-based, do more each year under constrained increases concept – contains multiple levels of cost: direct costs of delivering benefits, costs related to CCO 2.0 innovation, and costs related to administration and compliance. We agree with the global budget concept and have worked alongside CCO partners since 2014-15 to make it work. That said, it's hard to imagine we could continue to do more, let alone sustain historical gains, with an 11% reversal of funding that compromises all components of this complex cost structure, to the point it sets dental funding back to 2014 levels.

This foundational funding reduction fundamentally hurts patients and population health by undermining oral health's ability to deliver the core policy tenets of CCO 2.0:

1. **Focus on equity and disparities.** Good oral health improves a person's ability to speak, smile, smell, taste, and show feelings and emotions and contributes to general health and wellness, self-esteem and quality of life. Prior to pandemic, Oregon's Medicaid provider participation rate was low and led to small cohort of providers serving high volume of patients. The ADA has predicted pandemic-related higher costs and decreased capacity due of safety guidelines issued by the CDC and other organizations will cause a 20% reduction to the overall oral health delivery system. At the same time, dental caseload and demand for services is at an all-time high due to the pandemic, in addition to increased patient acuity. The 2021 Oregon Health Care Workforce Needs Assessment had it right in identifying oral health providers as one of four specific workforces needed to create an equitable, integrated health care system.
2. **Improve access to high quality, integrated health care.** Coordinating and integrating oral health within overall health care is about more than improving health and preventing disease. It is about supporting people to not feel isolated, to have confidence, to smile again. Getting dental care can be life changing. In one study, 61 percent of people with severe mental illness reported fair to poor dental health, and more than a third had oral health problems that made it difficult for them to eat.

Another study found people with severe mental illness are 3.4 times more likely to lose all their teeth than the general population. However, as noted, a confluence of factors risks exacerbating the already inadequate supply of participating providers. At the same time, CCO 2.0, regulatory and administrative work are at an all-time high and expected to continually increase.

3. **Increase value and pay for performance.** We are worried about how the reduction will impact our ability to meet quality metrics with targets set at pre-pandemic levels. We are also greatly troubled by how this will impact our ability to ensure our members are getting the care they deserve and most desperately need. Finally, we are at risk not only with the 11% cut, but a further financial implication that would occur if metrics are not met and quality reimbursement is not obtained.

4. **Maintain sustainable cost growth and ensure financial transparency.** Studies show more than 90% of all systemic diseases have oral manifestations and the cost to care for these chronic diseases contributes to growing expenditures. Just like the World Health Organization (WHO), Oregon has asserted that primary care is essential, oral health is integral to overall health, and has realized the cost effective, value-added potential of oral health:
   - 6-7%: apportionment of oral health as part of annual Medicaid expenditures.
   - $294-$402: mean cost of an avoidable (avoided) dental ED visit depending on prescriptions.
   - 200%: improvement from 2014-2018 for Assessment for Children in DHS Custody measure.
   - 36%: lower mean expenditures for diagnosed diabetics who receive preventative services.

The Dental plans are working with the OHA on improving the rate setting process for 2022 and beyond to accurately reflect the realities of our work but this will not address 2021 dental funding. We respectfully ask that the legislature consider an increase to dental funding under the 21-23 budget to support the OHP dental community in 2021 and preserve space in the budget for an anticipated increase in dental funding after 2021. We must not let this represent the demarcation point where Oregon deviated from commitment to oral health as a fundamental and foundational component of health system transformation.

Thank you.

Matthew Sinnott
Senior Director of Government Affairs and Contracts
Willamette Dental Group
Tel: 503.952.2571
Cell: 503.260.2102
E-mail: msinnott@willamettedental.com