

# **OHP Dental Program**

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## **Oral Health Importance**

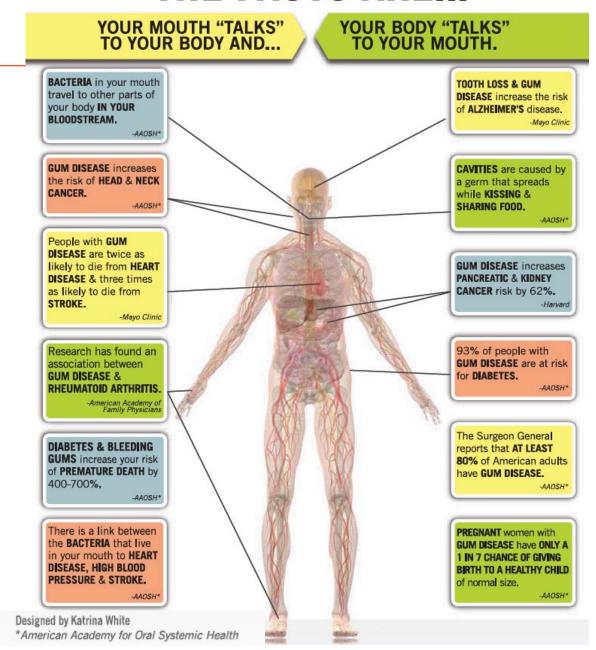
Oral health is not separate from overall health, it's **fundamental** to it.

Poor oral health is linked to:

- Poor diabetes and hypertension
- Heart disease
- Brain infections
- Vision loss risks

Many hospitalized patients had dental coverage but lacked timely dental care.

## THE FACTS ARE...



## The Human Impact

Patients suffer in silence: Pain, difficulty eating, social stigma.

- Children: School absences, inability to concentrate due to dental pain.
- Adults: Preventable tooth loss, job insecurity, lower quality of life.
- **Elders:** Dentures causing discomfort, malnutrition risks, worsening chronic disease.

## Trends & System Challenges

- Low utilization rates despite Medicaid coverage.
- Limited scope of services in OHP plan
- Administrative burdens for providers (variable documentation & reporting).
- Workforce shortage not enough dentists, hygienists, and assistants.

Complex, multifaceted challenges require thoughtful solutions.

## The Path Forward

No single solution, but collaboration is key.

- Rethink benefits to encourage preserving teeth.
- Reduce administrative complexity for providers.
- Standardization where it makes sense to improve efficiency.
- Monitoring and ensuring access to care.
- Increase public awareness of the importance of oral health & OHP benefits.
- Legislative support is critical

## **Medicaid Limited Scope of Services**

**History**: In 2012, Oregon's legislature reduced the OHP dental benefit scope for non-pregnant adults. Currently, OHP dental providers are faced with challenges like:

- Confusing treatment options due to the benefits differing for children, pregnant adults, and non-pregnant adults.
- Extracting teeth that can otherwise be restored by root canals and crowns.
- Using less durable and less effective materials. (SS crowns)
- Not able to provide timely interventions when adult prevention care is limited to once per 12 months (vs per 6 months).

# Let's make Oregon a leader in equitable oral health outcomes.



## **OHP Dental Payment Rates**

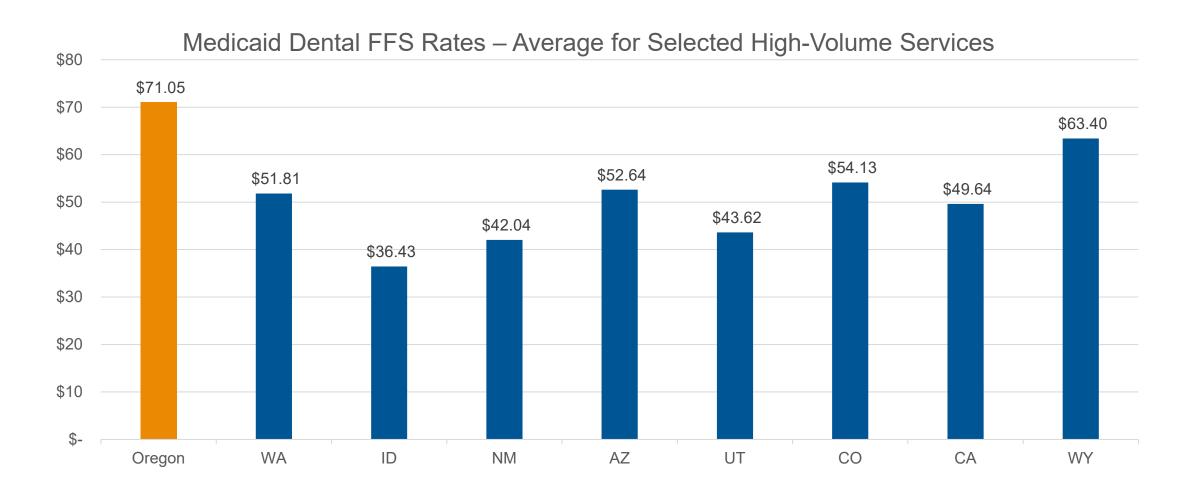
#### Fee for Service (FFS) Payment Rates

- Paid by OHA to providers
- One payment per service delivered
   E.g. \$43 for an oral examination

#### **CCO Capitation Rates**

- Paid by OHA to CCOs
- Part of a "global budget" including medical services and CCO administrative costs
- Per-member per-month payment
   E.g. \$30 per child per month
- CCOs may pay dental portion of capitation rate to subcontractors

## Rates: Oregon FFS Schedule vs Peers



## **Dental Component of Capitation Rates**

#### **Rate Considerations**

Payment per service ("unit cost")

- Historical services delivered per member ("utilization")
- Projected future changes ("utilization trend")
- Non-medical load

#### **Recent Experience**

- Higher than FFS rates; OHA increased each year
- Decreased in 2020; has since recovered for children but not adults
- OHA assumed rebound for 2023 which did not materialize
- Part of overall CCO capitation rates

### **Recent CCO Member Dental Utilization**



- Utilization by CDT is repriced to the fee rate and normalized to 2019 based on most recent enrollment
- Comparable review to be performed on emerging 2024 data as part of 2026 rate development

## **CY25 Dental Directed Payment Program**

- Instead of passing through reduced per-member utilization of dental services in CY25 CCO rates, OHA created a Directed Payment Program that incentivizes preventative services and increased access for OHP membership
  - 1. Additional payment for preventative bundles of services
  - 2. Incentive for New Providers to serve Medicaid
  - 3. Incentive for Existing Providers to retain and increase service

## Thank you

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