



# Capitol Dental Care, Inc.

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## Testimony to the Senate Health & Human Resources Committee

April 17, 2013

### **RE: -5 Amendments to SB 373**

Chair Monnes Anderson and members of the committee:

For the record, I am Deborah Loy, Executive Director of Government Programs, for Capitol Dental Care.

Capitol Dental Care (CDC) supports the -5 amendment to SB373. The amendment addresses several issues from HB3650 and SB1580 that have been problematic.

#### Issue 1:

HB3650 and SB1580 state a coordinated care organization (CCO) must contract with 'any' dental care organization serving members in the area. It has not been clear if any means all. CDC believes any does mean all. Legislative counsel testified (at a previously held Senate Health Care and Human Services committee meeting) that any does mean all. In 5(a) of the amendment it clarifies the legislative intent that a CCO shall contract with each (any) DCO in geographic area by July 1, 2014. Having said that current statute does not allow flexibility should a CCO and DCO mutually agree that contracting should not take place, 5(a) allows for that flexibility.

#### Issue 2:

HB3650 and SB1580 allowed for DCOs and CCOs to contract on or before July 1, 2014. Thus allowing DCOs a period of time to both transition their providers and maintain continuity of member care. Based on an August 24, 2012 memo from Bruce Goldberg to the DCOs and other interested parties the Oregon Health Authority's assistant attorney general interpreted current statute as once the first DCO contracts with a CCO, that CCO becomes certified for dental. The CCO can then either deliver dental services exclusively through the dental plans and/or develop its own network. CDC believes the focus of the CCOs should be on contracting with all of its dental plans prior to going outside the DCO networks to develop its own panel. In 5(b) a CCO may not contract outside the DCOs until all are contracted or have mutually agreed not to contract. The end date would either be by July 1, 2014 (when all are to be contracted) or earlier if the CCO contracts with all prior to that date.

#### Issue 3:

Through SB725 CCO organizations have requested long term contracting with the Oregon Health Authority, to provide long term stability for operations. It is expensive to build infrastructure to improve health (including oral health). CDC believes that, for oral health continuity of care and in order to commit resources to expand prevention/dental services to

meet the Triple Aim goals, DCO's also need to have long term contract assurances versus an annual one. Even with a long term contract, a CCO should not have to continue contracting with a DCO who is not meeting quality and performance measures. In 5(c) (A and B) the CCO and DCO contract term shall extend to July 1, 2017 to offer this stability but allows a CCO to terminate the contract of a DCO for the reasons stated.

Issue 4:

Many of the state's service areas have multiple DCOs serving members. In 5(d) it would allow for two or more DCOs to decide to jointly form a limited liability company or another business arrangement in order to simplify contracting and create a single point of entry for the CCO. CDC believes allowing DCOs this flexibility would be positive and can lead to better outcomes.

We would ask you to support SB373-5 amendment. I would be happy to answer any questions. Thank you for your consideration.