



Capitol Dental Care, Inc.

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February 18, 2013

Testimony provided to:
House Health Care Committee

RE: HB2122

Chair Greenlick,
Vice Chairs Keny-Guyer and Thompson, and
Members of the Committee:

Thank you for the opportunity to testify on HB 2122. For the record my name is Deborah Loy. I am the Executive Director of Government Programs for Capitol Dental Care (CDC), a dental care organization (DCO) contracted with the state to deliver services under the Oregon Health Plan (OHP).

In the 2011 session, SB 201 was passed. This bill provided that the Oregon Health Authority may approve the transfer of 500 or more enrollees from one managed care organization (MCO) or coordinated care organization (CCO) if the enrollees' provider has contracted with a new MCO/CCO (receiving organization) and has stopped accepting patients from or has terminated providing services to enrollees in the previous MCO/CCO (transferring organization).

SB 201 and the rules implementing it are silent as to the situation of an MCO/CCO who terminates a provider for quality of care, competency, fraud or other similar reasons prescribed by the Agency as 'Cause.' CDC has requested HB 2122 to clarify that, in the event of termination of a provider for 'Cause' by an MCO/CCO that it does not allow for the implementation of SB 201.

CDC is required by the Agency to be compliant with our contract as well as to monitor and ensure the compliance of our participating providers with the requirements of the Oregon Health Plan. This responsibility includes ensuring participating providers provide Covered Services (as defined by DCO Contract) that are Dentally Appropriate care. Other responsibilities include adopting evidence based practice guidelines; requiring providers comply with member rights such as the right to receive information on available treatment options in a manner they understand; and the right to refuse treatment.

Should either we and/or our participating providers be non-compliant with OHP requirements, the Agency may impose sanctions on us and/or terminate our contract for Cause. In CDC's contract with our participating providers, we require they follow these same contract requirements as applicable to their services and so that we may remain compliant with OHA and our obligations.

In instances where an MCO/CCO determines a provider has substantially failed to meet quality of care standards or contract requirements, the MCO/CCO is obligated to take action. There should not be a law where this action to protect members puts the MCO/CCO at risk of having the members removed from enrollment. An MCO/CCO decision to terminate a provider is not taken lightly; a decision to do so almost always follows attempts at corrective actions through other means that have failed.

The intent of HB 2122 is to ensure that quality of care for members and related program requirements should be of the highest concern in a situation such as this and to clarify that SB 201 law and rules should not apply to a provider who has been terminated for "Cause," as outlined in the bill and as defined in any current existing OHA statutes and rules.

We will be happy to answer any questions and request your vote in support of HB 2122.