



Capitol Dental Care, Inc.

3000 Market Street NE, Suite 228 • Salem, OR 97301 • (503) 585-5205 • Fax: (503) 581-0043

March 25, 2015

House Committee on Health Care
900 Court Street NE
Salem, OR 97301

RE: HB 2935

Chair Greenlick and Members of the Committee,

For the record my name is Deborah Loy. I am the Executive Director of Government Programs for Capitol Dental Care (CDC). We are a dental care organization that provides care to hundreds of thousands of Oregon Health Plan enrollees. I am here to testify for HB 2935.

HB 3650 (2011) and SB 1580 (2012) legislation transformed the Medicaid delivery system. Rather than operate in silos, coordinated care organizations (CCOs) are networks of all types of providers who have agreed to work together providing health care for people who receive coverage from the Oregon Health Plan (OHP). Capitol Dental Care is a dental plan that has integrated into fourteen CCO networks across the state. As introduced, HB 2935 would require a CCO to have at least one DCO representative on their governing board. The concept has since evolved into one of creating a Dental Care Organization Advisory Council (similar to the Community Advisory Council).

DCOs did not integrate with CCOs when they were initially forming. In fact, they were given up to July 1, 2014 to contract with each other. This gave both organizations time for implementation. The upside of this additional time was more time to rationally integrate; the downside was dental plans integrated into CCOs that have been operating for some time with established organizational structures.

Neither HB 3650 nor SB 1580 have language on the CCOs and dental plans organizational relationship. The Oregon Administrative Rules and CCO Contract do not cover this either. The Oregon Revised Statutes (ORS) 414.625 (based on HB 3650 and SB 1580), does outline the role of CCO relationships with other organizations. One such organization is the Community Advisory Council (CAC), which includes representatives of the community and the government of each county. HB 2935 affords an opportunity to create a Dental Care Organization Advisory Council with a defined role and duties including how it will relate to the Community Needs Assessment and Community Health Improvement Plan. ORS 414.625 states that each CCO governing body is to include at least one member of the CAC. This ties a

representative of the CAC to the board -- especially important as a communication link between the two. A similar link can be established between the Dental Care Organization Advisory Council and the board.

Capitol Dental Care is working with a group of CCO and DCO representatives to further develop language for dental plans to participate in the CCOs organizational structure in a way similar to the CAC. Among the Dental Care Organization Council's duties would be an opportunity to identify and advocate for oral health prevention practices. It could also serve as a forum for the CCO and the dental plans to address operations related to dental.

HB 2935 was introduced as a placeholder, fully contemplating that we would work together to develop the bill's final language. We are committed to continuing to work with CCOs and DCOs in drafting language to amend this bill.