



Advantage Dental Services, LLC

The Advantage Community

R. Mike Shirtcliff, DMD
Advantage Dental
442 SW Umatilla Ave
Redmond OR 97756

May 5, 2017

Re: House Bill 2882

To the Chair and Members of the Committee,

Please let me introduce myself. I am Dr. Mike Shirtcliff; dentist, and the founder, President and CEO of Advantage Dental. I am writing in favor HB 2882.

Advantage Dental is one of the largest, if not the largest, Dental Care Organizations in Oregon. Advantage has contracts with all 16 of the Coordinated Care Organizations (CCOs) as well as a direct contract with the OHA. Advantage currently has just over 300,000 Medicaid recipients under contract. We are located in every Oregon County but one and we are located in most, if not all, of the legislative districts. With 300,000 OHP recipients under our plan, Advantage Dental is the largest of the Medicaid managed care organizations; even larger than Health Share of Oregon or FamilyCare. Advantage is also the commercial network for the over 60,000 clients insured with PacificSource Health Plan through our network of over 1,200 contracted dentists in Oregon and Idaho.

Additionally, Advantage Dental takes after hours and weekend urgent and emergency calls for almost two million Oregonians. Through our Advantage Dental Information Network (ADIN) we are connected in real time with most all of the hospital emergency departments through the Emergency Department Information Exchange (EDIE) system.

In operation since 1995, Advantage is currently owned by a partnership between 300 Oregon dentists and DentaQuest of Boston, Massachusetts. DentaQuest provides Medicaid dental services in 30 states and has over 20 million Medicaid recipients under its care. Our partnership with DentaQuest began last fall and continues to be an exciting work in progress.

Some of you may remember that I was a member of the workgroup that helped develop the original legislation creating the healthcare delivery transformation:

- **SB 329** Oregon Health Fund Board
- **HB 2009** Formation of the OHA and the Oregon Health Policy Board
- **HB 3650 and SB 1580** Created the Oregon version of an Accountable Care Organization called a CCO integrating physical, behavioral and oral health.



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The legislation and rules called for the governing body of the CCO to be made up of certain provider groups and community members. This included a broad category called the Major Components of the Healthcare Delivery System. Though not called out as such, it is common knowledge from the floor debate that this category includes the hospitals. Lesser known, but called out by the members of the House (Tina Kotek and Tim Freeman) and Senate (Alan Bates), is that Dental Care Organizations (DCOs) are a major component of the healthcare delivery system as well.

Without DCOs, Medicaid dentistry in Oregon would not exist. All nine DCOs were created across the state to fill the need for dental care. Consisting of various models, the nine DCOs are:

1. Access Dental Care
2. Advantage Dental
3. Capital Dental Care
4. CareOregon
5. Family Dental Care
6. Kaiser Permanente Dental
7. Managed Dental Care of Oregon
8. ODS Community Solutions
9. Willamette Dental Services

HB 2882 calls for the largest DCO in each CCO region to have a Board seat on the CCO governing body. Currently 6 of the 16 CCOs have DCOs represented on their Boards:

1. FamilyCare
 - DCO represented by Willamette Dental Services
2. Trillium Health Plan
 - DCO represented by Willamette Dental Services
3. Willamette Valley Community Health (WVCH)
 - DCO represented by Capital Dental Care
4. Yamhill Community Care
 - DCO represented by Capital Dental Care
5. Western Oregon Advanced Health (WOAH):
 - DCO represented by Advantage Dental
6. PacificSource Community Solutions of Central Oregon:
 - DCO represented by Advantage Dental | Dr. Mike Shirtcliff (myself), Vice Chair

The largest DCOs are Advantage Dental, Capital Dental Care, ODS Community Solutions and Willamette Dental Services. Capital Dental Care also controls Managed Dental Care of Oregon, so there are essentially eight DCOs in the state. A map illustrates which DCO is within a CCO and which CCOs have DCO Board Members.



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I could spend a lot of time discussing the difference between transformation and reorganization, but it is impossible for me to see how integration and transformation are going to occur unless each CCO has a DCO representative on their respective Boards. I work with all of the CCOs and those that have a DCO Board Member seem to be making the most progress. The original healthcare legislation had the purpose of integrating physical, behavioral and oral health. The DCOs in Oregon are responsible for the oral health portion. It does not make sense to exclude as CCO Board Members those that are responsible for a major component of the healthcare delivery system.

The original legislation intended it this way. Everyone involved at that time understood it that way. Yet because of the debate between the different CCO models, the different DCO models, and local politics, certain CCOs have not implemented it. In my opinion, this is to their detriment and to the detriment of the citizens of Oregon.

Respectfully,

R. Mike Shirtcliff, DMD
President and CEO



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