# Oregon Health Plan Dental CCO Capitation Rates and Utilization

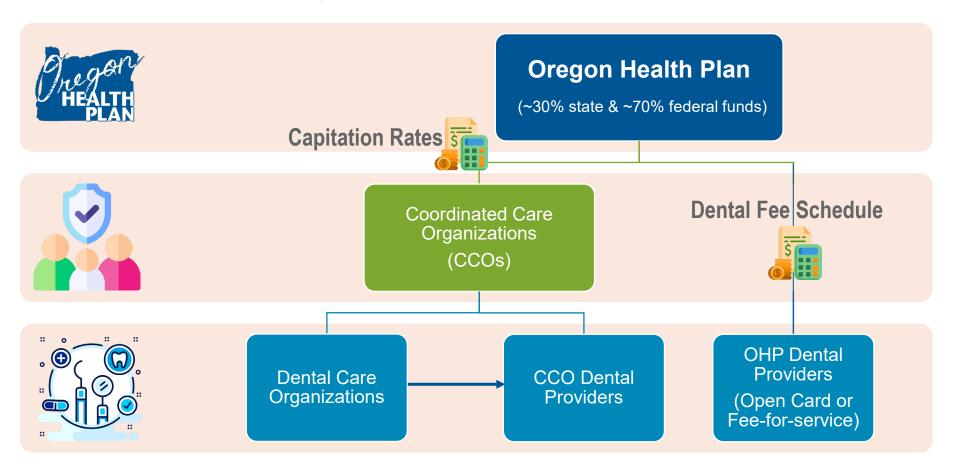
House Behavioral Health and Health Care Committee
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## **Funding Flow: Oregon Health Plan Dental**

The Oregon Health Plan pays for dental services as a component of the CCO capitation rates or directly to dental practitioners for Open Card members



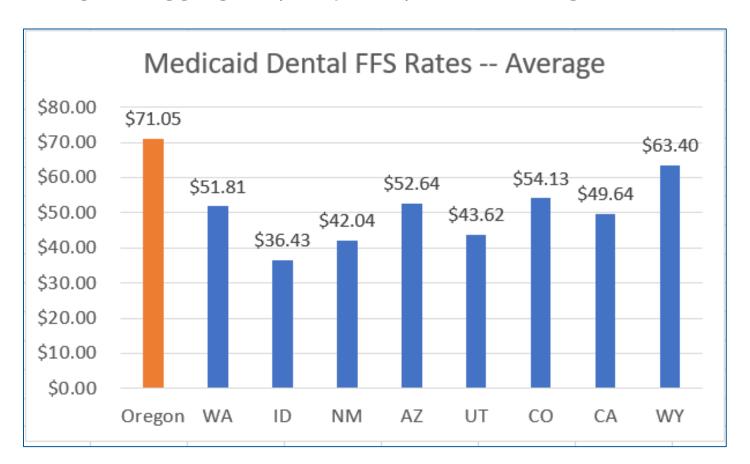
## **Projecting Dental in CCO Capitation Rates**

Dental services account for ~7% of the CCO capitation rates

- Eligibility/Region: Dental costs vary by population group (children, etc.) and region (tri-county, etc.)
- **Utilization:** Dental utilization and historical service level is basis for CCO capitation rates (i.e., 2023 data informs 2025 rates)
- Service costs: A CCO dental fee schedule was developed based on input from Oregon dental partners to estimate costs
- Projection/Trend: Dental specific trends are evaluated each year using historic and emerging data
- Non-medical load %: CCOs receive a non-medical load that considers such things as; administrative costs and profit.

## How does Oregon's fee schedule compare?

Oregon's aggregate (composite) rate is the highest of the Western states



#### **OHA FFS Dental Fee Schedule:**

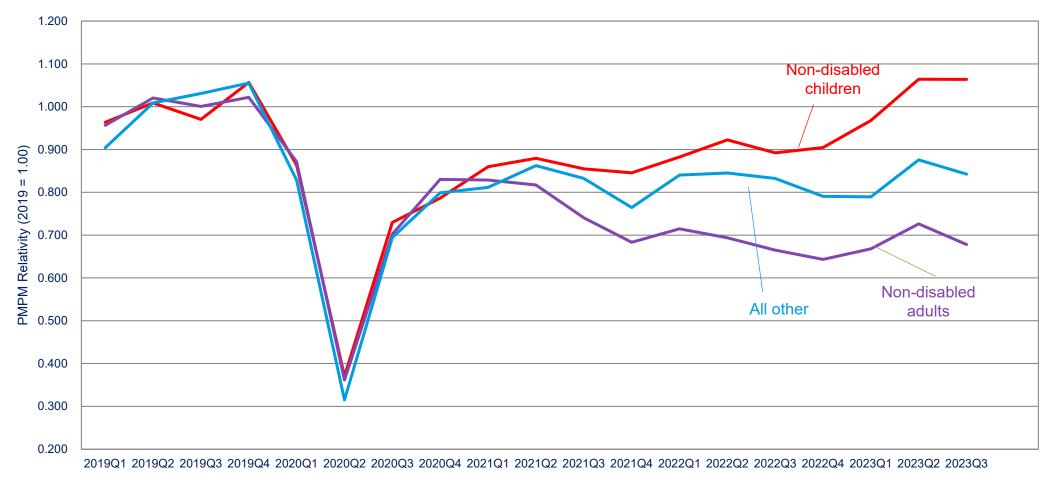
Effective October 1, 2023 Oregon's Open Card/FFS rate schedule was increased

CCO Rates Fee Schedule: 2024 CCO dental rate schedule is about ~10% higher on a code by code basis than the updated FFS rate schedule (effective 10/1/23)

Note: In 2022, OHA found dental payments to providers averaged less than what was included in CCO capitation rates for dental

# **Service and Utilization Impact**

Based on 2023 Q3 claims data, dental utilization has not rebounded back to 2019 levels, specifically for adults. Lower service levels per member; reduce the dental component of the capitation rates.



- Data is not completed; 2023 OHP data is preliminary based on incurred through August 2023 with paid through November 2023
- Utilization by CDT is repriced to the fee rate and normalized to 2019 based on most recent enrollment

## **Challenges and Opportunities**

- **Network Capacity:** Approximately 12% of Oregonian dentists provide nearly all of the Medicaid treatment, while 30% of the population is on Medicaid.
- Workforce Shortage and Medicaid Enrollment: Oregon has a limited oral health workforce generally and successfully networking with a dental provider in Medicaid can be very difficult and an administrative burden.
- Treatment Completion: Medicaid members can be more acute and complex to treat, and treatment plans are difficult to complete.
- Increased Membership: Medicaid caseload remains high since the pandemic and limited network expansion has occurred in dental to keep pace with the demand.

## **Exploring Dental Directed Payments for 2025**

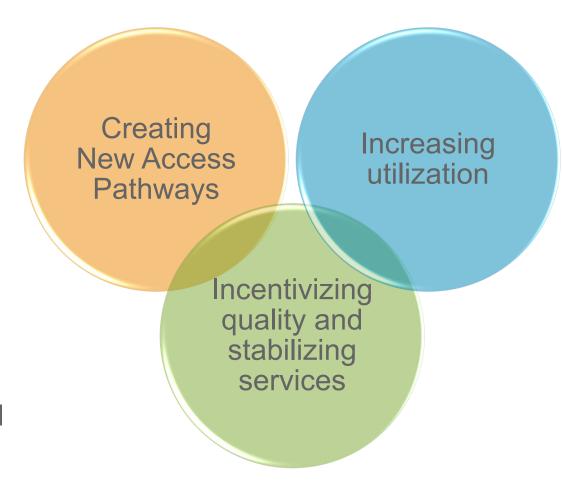
Oregon is currently evaluating directed payment proposals with stakeholders

### What is a Directed Payment?

A state Medicaid agency has the ability to tell its managed care (MC) plans how to pay <u>network</u> providers for specific services through a CMS process. (42 CFR §438.6(c))

Why is OHA and stakeholders exploring a directed payment program for dental in 2025?

Directed payments can be designed to achieve the state's goals and is also a mechanism to pull down Medicaid funds to support the dental program.



## **Thank You**

