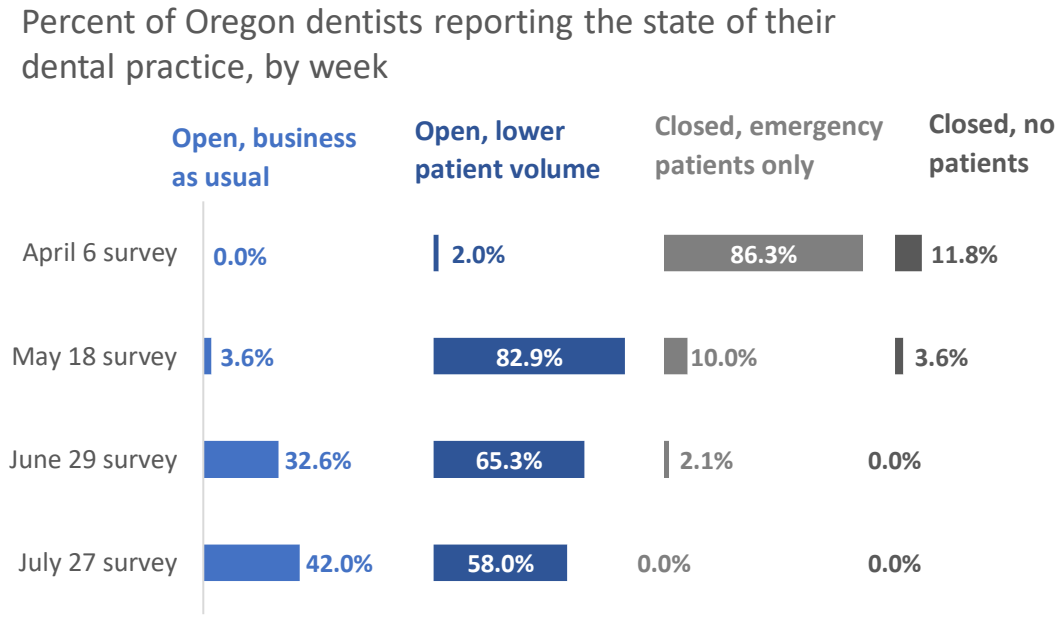
To: Patrick Allen, OHA Director

From: Lori Coyner, Medicaid Director

Date: August 7, 2020

Subject: Dental Care Organizations' financial strategies to support their contracted dentists

The public health emergency and economic crisis occurring in Oregon due to the COVID-19 pandemic, along with the public orders limiting non-urgent care and other physical distancing measures are limiting access to dental services. While Oregon dentists have re-opened since the initial closures in March and April, as of late July, more than half reported lower patient volumes than normal.



American Dental Association, Health Policy Institute, COVID-19 economic impact on dental practices. *https://www.ada.org/en/science-research/health-policy-institute/covid-19-dentists-economic-impact*

In June, the Oregon Health Authority (OHA) surveyed the five Dental Care Organizations (DCO) it directly contracts with to better understand strategies the DCOs may be deploying in response to the financial needs of their providers who have experienced a sharp decline in revenue.

Below are high-level themes summarized from the four DCOs that responded, followed by appendices which include more detail on DCO characteristics and verbatim responses.

- Three DCOs continue to pay their providers at their contracted rate and one DCO was in the process of surveying providers to better understand their needs.

- Three of the four DCOs suggested that affected dental providers should reach out directly to them while the fourth described their efforts to communicate with their providers.
- Only one DCO reports that it offered advance payments based on average historical monthly payments PMPM without required quality metric and prepaid incentive dollars that were originally associated with quality metrics.
- When asked how they thought their DCOs' provider engagement and payment strategies could integrate with OHA's open card efforts, two of the DCOs report that fee-for-service (FFS) payments would have little effect on their program. One expressed concern that any FFS payments be done with sensitivity to the pressure it might put on DCOs to provide similar payments to their providers. The final DCO pledges to let their capitated contractors know if FFS payments were offered.
- When asked about other payment and financial strategies they would suggest OHA consider, two of the DCOs suggest convening a workgroup to discuss other OHA actions. One suggested that OHA raise rates or offer bonuses to dentists offering to see new patients while one DCO advocated for parity across payors regardless of meeting pandemic needs.
- All four DCOs are interested in seeing continued state support for teledentistry.
- When asked about leveraging financial or operational actions, two DCOs say they are doing all of the suggested actions (modeling enrollment increases, leveraging telehealth, and focusing on continuity of care for members transitioning to Medicaid), one says it is leveraging telehealth, and one says it is modelling enrollment increases.
- Two of the DCOs expressed concern about retaining rural providers, specifically general practitioners, while two did not think there would be access to care and/or network adequacy issues.

With consideration to dental practice re-openings in recent weeks, as shown in data presented by the Health Policy Institute, and the impact any uptick in COVID-19 cases may have on the reopening of dental practices, OHA is continuing to monitor and share information as we receive more.

Appendix 1: DCO Responses

- Please see Appendix 3 for the full survey text.
- Q8 through Q 10 are dropped because no DCO reported changes in a commercial line.

DCO	Q4: DCO efforts to eval financial needs	Q5: Strategies for affected dental providers	Q6: DCO's payment strategies.	Q7: Integration with OHA FFS payment plans
Capitol Dental and Managed Dental Care of Oregon	Capitol Dental believes that none of its providers would be materially impacted by a decline in revenue because the majority of care coordinated by Capitol Dental is provided by our affiliated offices.	See above. Providers are always welcome to reach out via providers@capitoldentalcare.com or 1-800-525-6800 with questions or concerns. If something is published on our behalf, we request to have final approval on the verbiage prior to it being published.	Implemented other payment approaches, please describe: None of the above applies to Capitol Dental. We do not believe the majority of our providers have been affected by loss of revenue because most care is provided by our affiliated offices.	OHA advance payments would have little or no effect on Capitol Dental. We would need to have a better understanding of what if meant by "integrate with OHA open card efforts" to better answer the question.
Family Dental Care, Inc.	Surveying providers to assess impact. Reviewing utilization/financial reports related to staff affiliated clinics. Monitoring changes in utilization since some non-urgent care has been resumed.	Affected providers should contact Family Dental care, Inc. and ask to speak to Deborah Loy or one of our dental directors.	Implemented other payment approaches, please describe: Reviewing the use of assignment capitation payments versus fee for service.	Dental providers and their participation and/or capacity is very price sensitive. Many of the same dental providers overlap dental plans and open card participation. If OHA is considering advance payment for open card it should be done with a sensitivity 'not' to create a competitive strategy that leads to dental providers limiting capacity with the dental plans.

DCO	Q4: DCO efforts to eval financial needs	Q5: Strategies for affected dental providers	Q6: DCO's payment strategies.	Q7: Integration with OHA FFS payment plans
Advantage Dental Services, LLC	Advantage Dental is a statewide DCO contracted with over 150 dental practices. Instead of evaluating the financial needs of each of its providers, Advantage Dental made the decision to continue compensating its network providers at normal levels through uninterrupted capitated subcontracts to help maintain a positive, cohesive network ready to address the pent-up demand for non-urgent dental care. Advantage Dental also has a capitation withhold for its contracted providers that typically pays in Q3 each year. With the early release of 2019	Advantage Dental is a statewide DCO contracted with over 150 dental practices. Instead of evaluating the financial needs of each of its providers, Advantage Dental made the decision to continue compensating its network providers at normal levels through uninterrupted capitated subcontracts to help maintain a positive, cohesive network ready to address the pent-up demand for non-urgent dental care. Advantage Dental also has a capitation withhold for its contracted providers that typically pays in Q3 each year. With the early release of 2019 QIM funds, Advantage Dental will accelerate these payments to contracted providers based on	Offered advance payments based on average historical monthly payments PMPM without required quality metric Prepaid incentive dollars that were originally associated with quality metrics	Advantage Dental pays its contracted providers on a capitated basis. Advance payment from OHA to Advantage Dental's contracted providers would be communicated and delivered as noted in the answer to question 5.

DCO	Q4: DCO efforts to eval financial needs	Q5: Strategies for affected dental providers	Q6: DCO's payment strategies.	Q7: Integration with OHA FFS payment plans
	QIM funds, Advantage Dental will accelerate these payments to contracted providers based on internal metric calculations.	internal metric calculations. Additionally, Advantage Dental's Provider Relations department is in regular communication with its provider network. Contracted providers are well versed on how to engage with Advantage Dental from a Plan perspective.		

DCO	Q11: Other actions you suggest for OHA?	Q12: Modalities you think the State should emphasize?	Q13: Financial or operational actions to prepare for increased enrollment?	Q14: Areas of greatest vulnerability for access to care, network adequacy?
Capitol Dental and Managed Dental Care of Oregon	It could be a good idea to convene a workgroup to allow for conversations across DCOs and with the OHA.	Teledentistry will be an important platform going forward to allow for increased access to care. We are not currently facing teledentistry barriers.	Other (please specify): All of the above	We have not to date seen significant increases in enrollment to the point that there is concern with concern around access to care or network adequacy.
	Dental providers will (due to COVID19 measures they need to implement) be	One way teledentistry (i.e. a dental provider/patient) via media platform is a good option	Leveraging telehealth	No shows have always been an issue and a barrier to dental providers participating in OHP.

DCO	Q11: Other actions you suggest for OHA?	Q12: Modalities you think the State should emphasize?	Q13: Financial or operational actions to prepare for increased enrollment?	Q14: Areas of greatest vulnerability for access to care, network adequacy?
Family Dental Care, Inc.	seeing fewer patients. Some private offices are implementing a COVID19 surcharge. A temporary increase in fees during this time might be considered or surcharge if allowed. OHA might consider a program where dental providers can receive a bonus for seeing new patients to improve access for those members not yet connected to a dental provider now that non-urgent services are reopening.	for triaging/assessing but obviously limited. Two way teledentistry (i.e. hygienist collecting info/sharing electronically with dentist at another site) can have a greater impact but few providers equipped to do this method. Resource, technical assistance and training to expand modality options could help improve. Just telling dental providers 'they' can use teledentistry does not necessarily mean they know how, especially as related to the solo practice/rural dental providers not practicing in group settings.		With offices seeing fewer patients due to COVID19 precautions scheduled patients not showing up will be a big deal. This will be even be a greater issue with specialty care and rural providers. Although OHP does not cover no show costs dental plans may be asked to for retaining capacity. OHPO might consider counseling and messaging campaigns to members on the importance of keeping and/or correctly canceling dental appointments. With the CDC's recommendations to prescreen patients prior to appointments for COVID19 symptoms it may be difficult to accommodate walk in emergencies and/or sit and wait strategies to be worked into the schedule.

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Advantage Dental	Inclusive and apart from COVID-19 related strategies, there needs to be parity across payors.	Advantage Dental believes the State should place an emphasis on helping to expand teledentisty as a modality of care. In general, teledentistry reduces health disparities, drives down healthcare costs and makes in-office appointments more efficient. Current barriers to teledentistry include restrictions based on exam codes tied to teledentistry. Providers need to be able to code for the services they are providing; there needs to be an avenue for clinical judgment.	Modeling enrollment increases	As a result of increasing member enrollment, Advantage Dental considers rural areas to present the greatest vulnerability to access to care as recruiting and retaining quality providers in such areas already poses significant challenges. Additionally, from a statewide perspective, Advantage Dental also considers General Dentists as a provider type to be particularly at-risk for potential non-compliance with timely access to care standards for routine care as a result of increased enrollment and pent-up demand for routine services as non-urgent care was restricted for several weeks under Executive Order. Consequently, increased safety measures, PPE shortages and less capacity to treat patients

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				further compound this vulnerability.

Appendix 2: DCO Characteristics

DCO name	# of members served	Geographical Area	Notes
Advantage Dental	16,868	Statewide	Capitates subcontracted providers.
Capitol Dental	11,977	I-5, North Coast	Shares administration with Managed Dental Care; dentists are employees.
Family Dental Care, Inc.	2,575	Tri-County	Subcontracts with providers, claims payment at DCO rates, on a fee-for-service basis
Managed Dental Care of Oregon	2,506	Tri-County	Shares administration with Capitol Dental; dentists are employees.
Oregon Dental Services	10,514	I-5, North Coast	No response

OHA received three responses from the DCOs. (Two DCOs share management and supplied one response for both DCOs.) They are shared verbatim in Appendix 1.

Appendix 3: Survey Instrument

1. DCO Name

2. Primary Contact Person at DCO

3. Primary Contact Person's email

4. Describe your DCO's efforts to evaluate the financial need of providers who have experienced or are expected to experience a sharp decline in revenue ("Affected Dental Providers") from your DCO since public orders limiting non-urgent care were adopted (please limit to 2 paragraphs).

5. Please summarize your strategies for Affected Dental Providers to 1-2 paragraph that could be broadcasted to the public and help providers understand how to engage with your DCO. (This answer may be added to a summary by DCO and posted to a website quickly.)

6. Describe your DCO's payment strategies to Affected Dental Providers. Select all that apply. Have you:

- ☐ Offered advance payments based on average historical monthly payments PMPM without required quality metric
- ☐ Offered advance payments based on average historical monthly payments PMPM with required quality metric
- ☐ Prepaid incentive dollars that were originally associated with quality metrics
- ☐ Modified existing risk-sharing payment arrangements
- ☐ Eliminated risk-sharing (while maintaining the shared-savings)

☐ Implemented other payment approaches, please describe:

7. OHA is seeking to provide advance payment to open card dentists and hygienists in 2020, subject to some extent of reconciliation that depends on policy decisions, logistics, and CMS guidance. How do you think your DCOs' provider engagement and payment strategies could integrate with OHA's open card efforts?

8. If your organization has a commercial line of business, are you making similar changes identified above in your commercial plans?
   - ○ Yes
   - ○ No

DCOs with Commercial Lines of Business

9. What differences in strategies do you expect between your commercial and Medicaid lines of business?

10. What barriers do you anticipate with strategies in your commercial line of business?

11. What other actions would you suggest OHA consider to address Affected Dental Providers payment and financial strategies?

12. Are there certain modalities of care (i.e. teledentistry) you believe the State should place an emphasis on helping to expand that will address and improve your organization's financial sustainability? If so, what are your barriers currently?

13. What financial or operational actions is your organization taking to prepare for a potential increase in Medicaid enrollment? (Choose one)

- ○ Modeling enrollment increases
- ○ Leveraging telehealth
- ○ Focus on continuity of care for members transitioning to Medicaid
- ○ Other (please specify)
- ○ I don't know
- ○ We aren't taking any actions at this time

14. What areas present the greatest vulnerability to access to care and network adequacy as a result of increasing member enrollment? To the extent possible provide reference to geographic, technical, and provider type.

Thank you!