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MEMORANDUM

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Date: August 24, 2012

To: Coordinated Care Organizations
Dental Care Organizations

From: Bruce Goldberg, M.D.
Judy Mohr Peterson, PhD

Subject: Administration of Dental Benefits by CCOs

This memo is in response to requests from several stakeholders for clarification of OHA policy on the transition of the administration of dental benefits from dental care organizations (DCOs) to coordinated care organizations (CCOs).

Statutory Provision

HB 3650 established a unique timeframe for the integration of dental health care into the responsibilities of CCOs:

“On or before July 1, 2014, each coordinated care organization must have a formal contractual relationship with any dental care organization that serves members of the coordinated care organization in the area where they reside.” [ORS 414.625(3)]

The Formal Contractual Relationship

The “formal contractual relationship” commences the contractual and operational integration of the DCO into CCO, and impacts the OHA contract with the DCO for its members in the CCO service area as follows:

- OHA will identify which of the DCO’s members are members of the CCO; the responsibility for the dental benefits for these common members will be shifted from the DCO to the CCO.
- The DCO contract with OHA for that service area will terminate.
- If the DCO continues to serve OHP clients in areas that are outside of the CCO service area, the DCO contract will continue for those areas, but the DCO contract will be amended to adjust the number of remaining DCO enrollees that were not rolled over to the CCO. Amendments to the DCO contract will require CMS approval and will occur at the same time as the amendment to the CCO contract.

In addition, there will be an impact on OHA’s contract with the CCO:

- OHA will prepare a CCO contract amendment describing the statement of work for covered dental services. The amendment will include provisions similar to those in the current DCO contracts, but will also incorporate the CCO’s obligations to integrate and coordinate all covered services. In addition, quality metrics relating to dental care will be incorporated in evaluations of CCO health outcomes.
- The CCO contract will be amended to revise the global budget rate to include the dental health services. The payment for dental benefits will follow the member into the CCO that has contracted with the DCO.
- The CCO amendment and rates must be formally submitted to CMS for approval before the effective date of amendment.

Once the CCO/DCO contractual arrangements become legally effective through the contract amendments as described above, the provision of dental benefits will become the responsibility of the CCO. The OHA/CCO contract and any applicable OHA administrative rules will govern the delivery and care coordination, quality and accountability, and payment for covered dental services for the CCO’s members.

Operational Calendar

Because the CCO/DCO formal contractual relationship significantly impacts OHA operations, the operative dates for formal contractual relationships between CCOs and DCOs will commence according to the following schedule (with advance notice to OHA):

Desired “Go Live” Date	Notice to OHA
January 1, 2013	October 1, 2012
July 1, 2013	April 1, 2013
January 1, 2014	October 1, 2013
July 1, 2014	April 1, 2014

If a CCO does not complete formal contractual relationships with all the DCOs that serve its members, then CCO members enrolled in a DCO without such a contract remain enrolled in the DCO until the formal contractual relationship is operationalized according to the schedule, above. New members will be given a choice for dental services: From the CCO dental panel (i.e., DCOs with formal contractual relationships) or from the DCOs that remain operational in the CCO service area. When multiple DCOs are

integrated into a CCO, the policy and procedures for member choice/assignment will be a contractual issue between the CCO and the DCOs serving its members.

MOUs for Early Care Coordination

OHA recognizes the extended timeframe available to both CCOs and DCOs to complete their formal contractual relationships. While we hope most of the CCO/DCO integration occurs in early 2013, in some cases it may take longer. Whatever the timetable, care coordination can commence almost immediately between a CCO and its respective DCOs: 1) Administrative and clinical data for common members can be shared and analyzed; 2) Strategies to address problems such as the inappropriate use of hospital emergency departments for oral pain can be jointly developed and executed; 3) Clinical review panels can include dental professionals with clinical coordination protocols for common members. The timing for organizational integration should not delay active care coordination between CCOs and DCOs.

Consequently, in the absence of a formal contractual relationship, OHA will require a CCO to complete a Memorandum of Understanding (MOU) with every DCO serving its members. The MOU must contain provisions for the sharing of administrative and clinical data for common members and mutually-agreed upon policies and procedures for joint coordination of care. OHA will develop a model MOU using a workgroup with CCO and DCO representatives. Our goal is to have MOUs in place no later than November 1, 2012, but this date is contingent on input from the workgroup.

Question

OHA has been asked: *Can a CCO contract directly with dental professionals to provide dental benefits to its members?*

The short answer is: “Today, no. Yes, after a formal contractual relationship is operationalized according to the schedule, above.”

Note the following:

- As of this date, OHA/CCO contracts do not include the terms and conditions necessary for CCOs to administer and be accountable for the dental services benefit. Amending CCO contracts (with prior approval by CMS) is a pre-condition for modifying the global budget. We anticipate developing such amendments and seeking CMS approval consistent with the schedule noted above.
- The dental services amendment to the CCO contract will become effective when the CCO completes its first formal contractual relationship with a DCO in accordance with the operational calendar.

- ORS 414.625(3) requires a CCO to have formal contractual relationships with any (i.e., all) DCOs serving the CCO's members. With the integration of the first DCO, the CCO becomes responsible for the dental benefits of those members previously served under the OHA/DCO contract. In managing access to high quality dental services, the CCO may manage its dental network solely through the integration of DCOs, or in combination with direct contracts with dental professionals.

Next Steps

The OHA will convene a work group in early September comprised of CCO and DCO representatives to assist in the development of the model MOU and CCO contract amendments relating to the integration of dental services. The latter will be forwarded to CMS for review and approval in time for a January 1, 2013 effective date

Please contact us if you have questions or comments.