



January 16, 2020

Dear Metrics and Scoring Committee Members:

Thank you for your continued efforts to incent innovation and efficacy across the coordinated care model. We know measure development and the work of the Metrics and Scoring Committee is challenging and appreciate your contribution.

With the implementation of CCO 2.0 reflecting priorities outlined by Governor Brown and policies set forth by the Oregon Health Policy Board, we are pleased that there is increased focus on integration across the coordinated care model. We also recognize the intention of this Committee to support those CCO 2.0 priorities and policies.

CCO Oregon is a member association representing payers, CCOs, and providers working across the coordinated care model. Our members are leaders in coordinated care and integration, and believe the model works. A good deal of CCO 2.0 -- from technology initiatives to reporting requirements to stakeholder engagement and workforce management -- encourages further integration. We've discussed integration from various angles in each of the workgroups CCO Oregon convenes and hosted a retreat in Fall 2019 focused on integration for behavioral and oral health stakeholders. A key takeaway from this retreat was the opportunity to further integrate care through the removal of unnecessary barriers to increase access to care, improve patient experience, and streamline care delivery to optimize cost.

The addition of two new oral health measures to the 2020 CCO Incentive measures is another opportunity to ensure we are supporting integration and the overarching goals of CCO 2.0. We appreciate that the Oregon Health Authority (OHA) did take some suggestions to improve the specifications for the Members Receiving Preventive Dental Services, ages 1-5 and 6-14 measure. However, while some changes were made, CCO Oregon members remain concerned that the current specifications undermine oral health integration in two ways: First, it appears the specifications include just a fraction of qualifying dental providers. Second, the specifications do not include preventive oral health service by certain primary care providers, currently permissible under Oregon Administrative Rule (OAR). This limitation excludes services provided to the youngest Oregonians by their primary care providers through First Tooth and similar programs.

The First Tooth program, which is included in OAR as a covered benefit, is a key initiative supporting integration that trains medical and oral health providers to implement preventive oral health services for infants and toddlers ages three and under. Based on recommendations by the American Academy of Pediatrics, it is a key tool for CCOs to ensure their child members are able to access preventive services. Additionally, First Tooth trained primary care providers

support the Foster Care Medical Home model and are able to provide both the physical and oral health assessments for the DHS metric also in the 2020 set.

While it's been explained by the OHA that school-based health centers and rural health clinics in a community or CCO-region would count toward the measure, there are other primary care providers and clinics in the same community or region that the CCO has also coordinated with that wouldn't count toward the measure. For instance, Exhibit K Section 7(c)(2) calls for the Contractor (CCO) to develop a Community Health Improvement Plan (CHP) including "a plan and strategies for improving the integration of all services provided to meet the needs of children, adolescents, and families." For many CCOs, the First Tooth program and other primary care providers may be part of that plan, but only some of those providers would count towards this measure. In the OARs pertinent to these services, there is no preference for providers to bill either CDT or CPT codes, but this measure as specified contradicts that and delineates difference in how and when the service would be measured, essentially creating a billing barrier. And, again, as the coordinated care model aims for system transformation and integration encourages provider types to expand preventive services and dismantle silos of care, this measure rolls back some of our collective progress.

We ask that the Metrics and Scoring Committee and the OHA modify the specifications for Members Receiving Preventive Dental Services, ages 1-5 and 6-14, to maximize integration opportunities and ensure the greatest access to oral health services for Oregon's kids.

Thank you for your time and consideration,

A handwritten signature in black ink, appearing to read 'Samantha Shepherd', with a large, stylized flourish at the end.

Samantha Shepherd  
Executive Director  
CCO Oregon