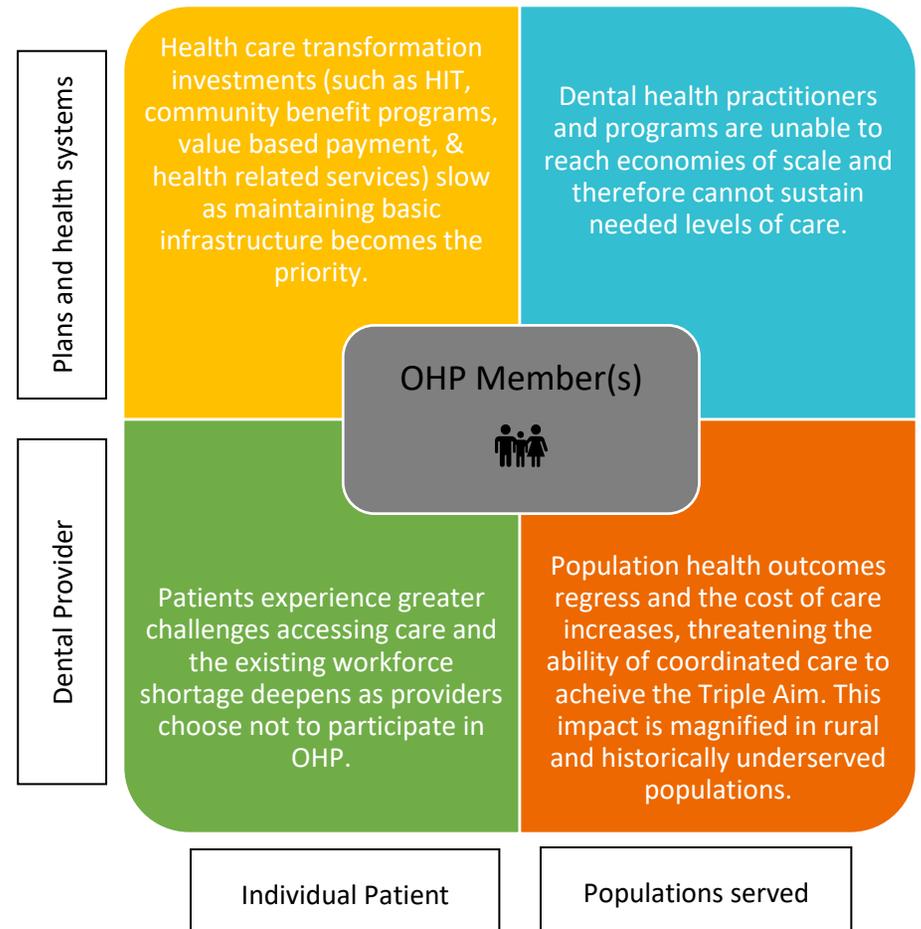


Sustaining access to patient-centered dental health care

The Oregon Health Plan (OHP) is founded on an intention to deliver patient-centered, quality care including equitable access to primary, behavioral, and dental health care to improve patient experience and overall population health while managing costs and addressing the patient’s social needs as well that of the workforce. And, in the development of CCO 2.0, furthering oral health integration was identified as a priority by Governor Kate Brown and the Oregon Health Policy Board for many reasons:

- Oral health impacts an individual’s [social emotional health and greater quality of life](#), including everyday differences like smiling in public, enjoying food, chronic pain, and more.
- A recent NIH study found that states who provided adult dental coverage when expanding Medicaid (like Oregon) saw [fewer emergency department visits](#) related to oral health.
- Quality metrics encourage the [integration of oral health](#) at the provider and system level.
- National analysis found [lower medical costs](#) by 31 to 67 percent for adults with chronic conditions when enrolled in Medicaid coverage that included a dental benefit.

Maintaining these health system accomplishments requires a participating provider network and sustained program funding. With the 11% OHP dental rate cut implemented Jan 1, the State is entering the next biennium with a funding deficit. Without changed rates or if there are additional cuts, we risk worsening population health outcomes, higher medical costs, and decreased OHP member satisfaction.



As health system pressures from COVID-19, wildfires, and economic downturn continue, significant OHP dental rate cuts jeopardize the goals of CCO 2.0 and the Triple Aim and compound the challenges of a complex delivery system with a fragile provider network.

