



# ORAL HEALTH OHIO

Healthy Mouths > Healthy People > Strong Communities

July 29, 2019

Ohio Department of Medicaid  
Office of Contracts and Procurement  
Managed Care Procurement RFI  
PO Box 182709  
Columbus, OH 43218-2709  
ATTN: RFP/RLB Unit

**SUBMITTED VIA ELECTRONIC FORMAT TO:** [MCProcurement@medicaid.ohio.gov](mailto:MCProcurement@medicaid.ohio.gov)

Dear Director Corcoran,

Oral Health Ohio (OHO) appreciates the opportunity to submit comments to the managed care procurement RFI. OHO is a coalition of statewide partners who advocate and educate to improve our state's oral and overall health. We recognize and appreciate how fortunate Ohio is to have an adult dental benefit as part of the Medicaid program. We are also grateful for your support of ODM's participation in the Medicaid Quality Improvement Learning Academy (MeQILA) through the Dental Quality Alliance. OHO applauds ODM's mission with this procurement to focus on the individual rather than the business of managed care.

**ODM Goal: To use best practices to expand quality services and improve health outcomes**

Oral health is a **necessary** service in a person-centered model of care

1. Replace oral health as an extra service to a necessary service to achieve overall health.
2. Treat dental caries and periodontal disease as chronic, infectious dental conditions that when left untreated, impacts overall health and well-being.
3. Utilize disease management protocols to include learning with the patient and creating a plan of care based on the patient and his/her family needs.

Include oral health as a goal to improve healthcare outcomes

1. Align medical care with the Healthy People 2020 Project which identifies oral health as one of the key indicators of a healthy population and that dental care is necessary to reduced risk of diabetes, heart disease, stroke, premature or low birth weight, and chronic oral pain.

Include reducing emergency department utilization as a goal to improve health outcomes

According to the American Dental Association, eighty percent of dental-related emergency department (ED) visits are due to *preventable* conditions. Two billion dollars were spent in the United States on hospital ED visits for dental conditions in 2015. Forty-one percent of ED visits for dental conditions among *adults* and seventy percent of ED visits for dental conditions among *children* in the US are paid for by Medicaid.

*Advocating & Educating to Improve Oral Health.*



1. Develop ED diversion strategies through stronger community linkages to community-based care.
2. Incentivize consumers with prevention measures across the lifespan to include the purchase of preventative oral hygiene supplies (toothbrush, dentifrice, floss etc.) within the managed care plan.

Include interdisciplinary/integrated approaches to best practices to expand quality services and improve health outcomes

Engagement in oral health is a strategy to achieve primary care's goal of improved care for individuals, improved health for populations, and lower overall costs.

1. Introduce interprofessional oral health core clinical competencies identified by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) into integrated approaches to care.
2. Include oral health status in evaluation and care coordination for medically high-need, high-risk and high-cost populations.
3. Message the relationship of oral health to overall health in literature including chronic disease, pre-natal, pediatric, special need populations and older adults.

Post the draft RFP for public comment

Posting a draft of the Request for Proposal (RFP) for public comment allows consumer, provider and advocate comments to be incorporated into the RFP contract.

**ODM Goal: To Improve the provider experience in managed care**

Multiple policy levers are necessary to improve provider experience and access to care. It is noteworthy to mention that working with patients and their families about how to use dental services is a core element of reform.

Strategies for improved provider experience include:

- Centralized credentialing/re-credentialing for medical and dental providers
- Streamlined authorization/referral practices
- Reduce administrative burdens
- Increase reimbursement rates
- Increase reimbursement rates for high value services
- Enhanced payment to providers in rural areas
- Financial incentives
- Prompt payment policies



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Oral Health Ohio hopes that these comments are helpful in moving forward with the managed care procurement process. Please do not hesitate to contact me with any questions or additional information you may need.

Sincerely,

Marla Morse, MPA, MSW  
Program Director  
Oral Health Ohio