

A health care expansion worth smiling about

Oregon's new health networks are partnering with dental programs to bring better oral care to low-income families

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Despite the controversy and questions surrounding the new health care law, one concrete benefit is giving many of Oregon's most vulnerable people cause to celebrate.

Homeless and low-income Oregonians are about to gain access to dental health care as part of their Medicaid benefits administered through the Oregon Health Plan. Those who already have OHP will see an expansion of dental services offered, and with the income limit increased by 38 percent, many more will be able to join. The deadline for Coordinated Care Organizations to start providing care is July 1, but many people will be able to access dental services as soon as January.

The expansion is part of Oregon's new approach to health care, a holistic model that includes physical, dental, and mental health care. Those working with the homeless, the mentally ill and people living with addiction say the dental benefit could not come sooner.

Poor oral health is an important but often overlooked part of the cycle that keeps people living in poverty. Besides the stigma and embarrassment, missing teeth or having visible problems with them can be a barrier to employment. Gum disease is a treatable and entirely preventable form of chronic infection, but left untreated it can spread to the bloodstream and quickly become life-threatening. Same goes for an abscessed tooth. And there are a whole host of other problems. Oral health affects a person's ability to absorb nutrients and their ability to sleep, not to mention the psychological effects of living in chronic pain.

Today, OHP is a tiered system. Members of OHP Plus already receive basic dental services like cleanings, fillings and extractions in addition to emergency dental care. But members of the Standard plan — mainly poor adults without children — only have access to the so-called "extraction benefit." Even if the tooth is salvageable, Standard members unable to afford, for example, a root canal, are often forced to choose the less costly option of having the teeth removed. While such treatment may alleviate the immediate problem, it can also introduce a host of new dental problems like reduced chewing ability and shifting teeth.

By July 1st, the division between OHP Plus and Standard dental benefits will disappear and all members will have access to preventative care, emergency dental services and some restorative care. But it's still unclear which restorative services will be covered and which

ones will not. Either way, the quantity and quality of dental services available to low-income Oregon residents are about to expand significantly.

Health Share is one of two coordinated care organizations serving Multnomah and Clackamas counties. They have eight dental plans preparing to provide service to Medicaid patients on January 1st, well ahead of the July deadline. In addition to the 20,000 Standard members poised to receive their expanded benefit package, they anticipate an additional 45,000 new enrollees over the next three years.

"We're interested in not destabilizing the system of care" says Health Share CEO Janet Meyer. "So when we bring these people in, our goal is to have a Y2K event: Nothing happens."

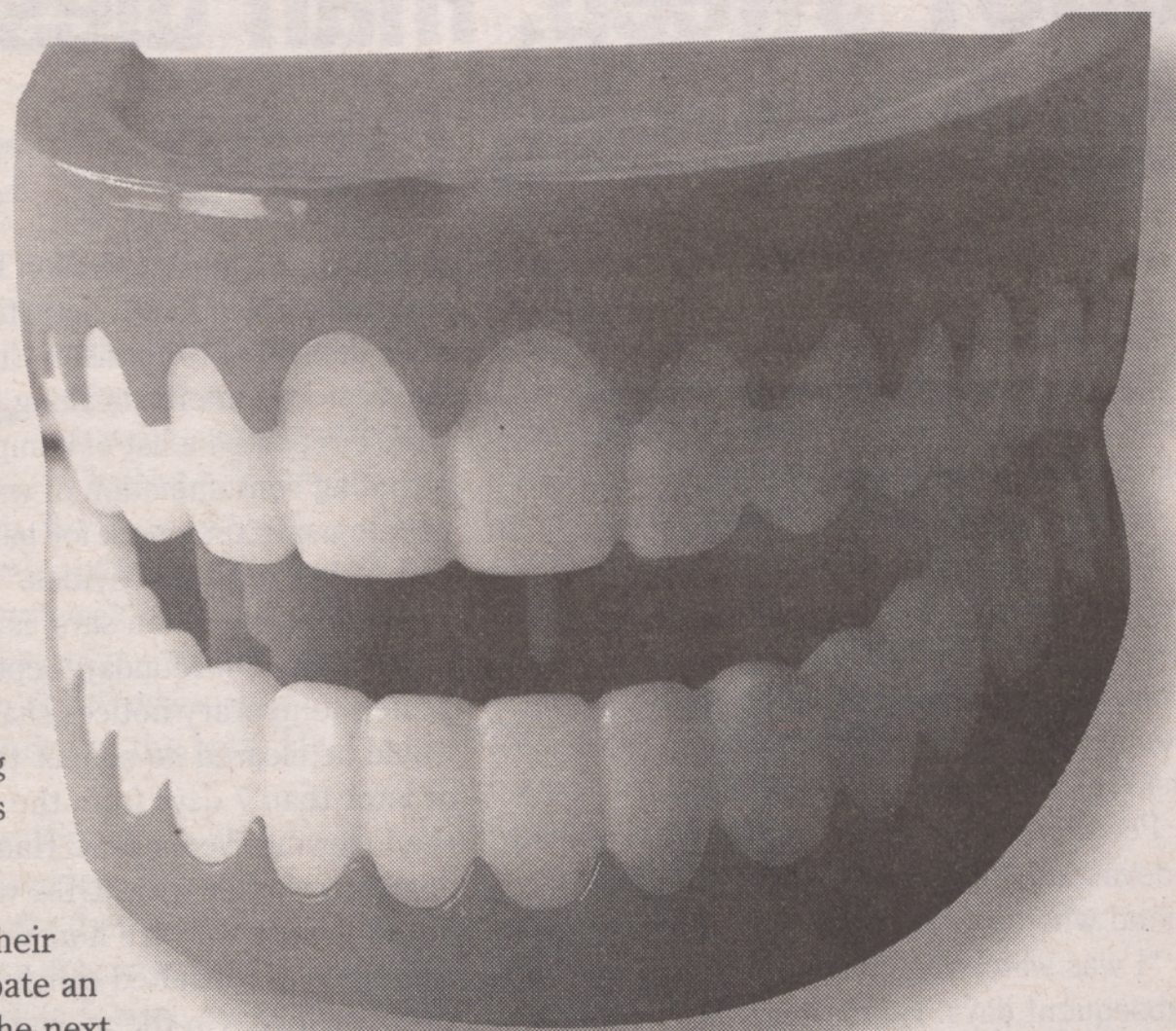
Meyer expects most of those new enrollees to seek services within the first year and she's working diligently with dental plans to make sure their capacity measures are accurate. Care Oregon and Central City Concern both provide Medicaid services under the Health Share umbrella and they optimistically echo her concerns about capacity.

"Having concerns about capacity are relevant," says Mike Plunkett, Dental Director for Care Oregon. "But when you get down to the granular you can isolate your partners who are focused and have a common mission and are willing to address it. Those people exist. It's just a matter of priority."

Central City Concern (CCC) is one such partner. Last year they helped fund Multnomah County's Billi Odegaard Dental Clinic, housed in their downtown location above the Old Town Clinic. Since then CCC has referred hundreds, if not thousands of people, but there's still room for more. They are far from reaching capacity and eager to serve more of the people who are so desperately in need of care. E.V. Armitage, Executive Coordinator at CCC, says the Medicaid expansion will have a positive impact on the communities they serve.

"Just like any safety net clinic, you can't take everyone who's uninsured, only a certain capacity," she says. "This will greatly expand our ability to refer here because there won't be this question of whether or not you are uninsured."

Until dental coverage becomes available in January, CCC and other low-income providers have more immediate problems to solve. The Cover Oregon website has suffered a rash of problems and is expected to take weeks to fully bring back online. Applicants are unable to enroll online or see what kinds of benefits they will



qualify

for. CCC has begun to help their clients fill out paper applications, and Cover Oregon staff are now processing them manually.

Many people receiving food stamp benefits through the Supplemental Nutrition Assistance Program, or SNAP, have already been determined eligible for OHP. The Oregon Health Authority has been mailing letters to those qualified since the end of September. All they have to do is fill out the enclosed form and send it in — they are automatically enrolled and able to start using their benefits in January.

But there is one caveat. Enrolling through SNAP forfeits a person's ability to choose a provider. CCC has already run into problems referring patients to the Billi Odegaard clinic because their health plan has assigned them elsewhere. Patients can try to get re-assigned but it hasn't been the most user-friendly process, particularly for people struggling to navigate the complex system. Armitage says CCC will offer help to those wanting to make a change but she's not yet sure exactly what that process will look like. She's hoping things will go more smoothly than expected.

Of course, people have to know about the services that are available before they can begin to use them. Those with mental illness or an addiction, or those without a home are often living off the grid. If they don't have an address, they are unlikely to receive a letter. If they can't afford a cell phone, a call from the Oregon Health Authority is useless.

"People may have to be willing to advocate for themselves to get the kind of care that they want," says Armitage.

The hope is that an integrated system of care will make these difficult to reach populations more accessible to groups like CCC, so that those who cannot advocate for themselves can find an ally. But for now, the biggest hurdle is getting the word out and getting people enrolled.



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