Sen. Rosenwald, Dist 13
June 5, 2020
2020-1372s
10/05

Amendment to HB 250

Amend the title of the bill by replacing it with the following:

AN ACT establishing a dental benefit under the state Medicaid program.

Amend the bill by replacing all after the enacting clause with the following:

1 Statement of Purpose.

I. The general court recognizes that untreated oral health conditions negatively affect a person's overall health and that good oral health improves a person's ability to obtain and keep employment. The general court further recognizes that regular dental care and access to preventive and restorative treatments for oral health conditions are less expensive than emergency care and prevent oral conditions from developing into more complex health conditions that would require medical care.

II. Therefore, to improve overall health, promote savings in the state's Medicaid managed care program, and prevent future health conditions caused by oral health problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225, the general court hereby determines that it is in the best interest of the state of New Hampshire to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over.

2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by inserting after paragraph XIX the following new paragraph:

XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's Medicaid dental program with the goals of improving access to dental care for Medicaid populations, improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider capacity, and retaining innovative programs that improve access and care through a value-based care model.

(2) The commissioner shall issue a request for information to assist in selecting the administrative model for the state's Medicaid dental program. Such model shall be either a model administered by a dental managed care organization or a model administered by the state's current medical managed care organizations. The commissioner shall obtain the requested information from both the current medical managed care organizations and any interested dental managed care organization. The administrative model selected shall demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The request for information shall

be released no later than August 1, 2020. The request for information shall address improving health outcomes, expanding the provider network, increasing capacity of providers, integrating a value-based care model, and exploring innovative programs for children and adults.

(3) If the model administered by a dental managed care organization is selected, the commissioner shall issue a 3-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) no later than November 1, 2020. Implementation of a procured contract shall begin April 1, 2021. The commissioner shall establish a capitated rate for the appropriate model for the contract that is full risk to the vendor. In contracting for a dental managed care model and the various rate cells, the department shall ensure no reduction in the quality of care of services provided to enrollees in the managed care model and shall exercise all due diligence to maintain or increase the quality of care provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS. All necessary state plan amendments and waivers shall be submitted by November 1, 2020.

(4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to implement the provisions of this paragraph and shall first obtain approval of proposed rules by the joint health care reform oversight committee, pursuant to RSA 420-N:3.

(b) Any vendor awarded a contract pursuant to this paragraph shall provide the required dental services to children and the following dental services to individuals 21 years of age and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:

(1) Preventive dental services including an annual comprehensive oral examination, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior management and smoking cessation counseling, and other services as determined by the commissioner.

(2) Comprehensive restorative treatment necessary to prevent or treat oral health conditions, to reduce or eliminate the need for future acute oral health care, and to avoid more costly medical or dental care.

(3) Treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss.

(4) Prosthodontic coverage subject to medical necessity.

(c) In this paragraph, “dental managed care organization” means any dental care organization, dental service organization, health insurer, or other entity licensed under Title

XXXVII, that provides, directly or by contract, dental care services covered under this paragraph rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.

3 Effective Date. This act shall take effect upon its passage.

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AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program.