HB 4 (formerly HB 692) Working Group on the Plan Preparation of an Adult Dental Benefit Into a Value-Based Care Platform In New Hampshire Medicaid



October 25, 2019

Executive Summary

Legislative History:
HB 4 sections 224 through 227 (formerly HB 692, relative to dental care for Medicaid recipients), instructs the New Hampshire Department of Health and Human Services (DHHS) to develop a plan for the incorporation of an adult dental benefit in a value-based care platform into the Medicaid Care Management Program, pursuant to RSA 126-A:5, XIX(a).
A working group shall be convened by and work in consultation with the Commissioner of DHHS subject to RSA 91-A, with the purpose of developing an implementation plan for the adult dental benefit.
DHHS will be responsible for two reports, pursuant to HB 4, Chapter 346:226 Laws of 2019:

- A monthly update on the status of plan preparation will be presented to the fiscal committee of the general court and the oversight committee on health and human services until the plan has been implemented;
- No later than January 1, 2020, the Commissioner shall submit to the Speaker of the House of Representatives, the President of the Senate, and the Governor, all proposed changes to state law the Commissioner believes may be necessary to implement the plan.

See Appendix A, HB 692 and HB 4 sections 224 through 227.

Working Group Organizations and Entities:
The following organizations and entities, at a minimum, were asked to designate a representative for the working group:

- Each managed care plan under contract with the state;
- The New Hampshire Oral Health Coalition;
- A public health dentist and a solo private practice dentist recommended by the New Hampshire Dental Society;
- New Hampshire Dental Hygienist Association;
- Bi-State Primary Care Association;
- A representative of a New Hampshire dental insurance carrier designated by the Governor;
- Two members of the House of Representatives, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the Speaker of the House of Representatives;
- Two members of the Senate, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the President of the Senate;
- A member of the Commission to Evaluate the Effectiveness and Future of the New Hampshire Granite Advantage Health Care Program designated by the Commission; and
- Two members of the New Hampshire Medical Care Advisory Committee, one of whom shall be a consumer advocate, designated by the Committee.

See Appendix B, Working Group members.

Working Group Charge:
The Working Group shall prepare an implementation plan to include, at a minimum, a detailed description of: Eligibility and enrollment, covered benefits and scope of services, cost benefit analysis including projected expenditures and anticipated cost savings, transition planning, prior authorization, transportation, pharmacy, case management, network adequacy, credentialing, quality metrics and outcome measurements, patient safety, utilization management, finance and reimbursement, rates and payment, grievance and appeals, and Office of Ombudsman.

DHHS shall present an update on the status of the plan preparation each month to the Fiscal Committee of the General Court and the Oversight Committee on Health and Human Services, until the plan is implemented.

No later than January 1, 2020, the Commissioner shall submit to the Speaker of the House of Representatives, the President of the Senate, and the Governor, all proposed changes to state law the Commissioner believes may be necessary for the incorporation of an adult dental benefit.

Working Group Meeting Schedule:
Working Group meetings will be held on alternate Thursdays from 2 pm to 4 pm at the Legislative Office Building in Concord until the end of December 2019. Meetings have been held on September 26, October 10, and October 24, 2019. Future meetings are scheduled for November 7, November 21, December 5, and December 19, 2019.

Webpage and Email Account Creation:
DHHS has established a website, *HB 692 Medicaid Adult Dental Benefit Planning Working Group,* **Error! Hyperlink reference not valid.** and an email account, HB692AdultDental@dhhs.nh.gov, to facilitate communication with the working group.

Work Topics To Date:
The first meeting of the Working Group was organizational. Presentations have been made to inform the Working Group knowledge and discussions:

- Population Data and Environmental Scan
- Insurer Insights on Care Management and Utilization
- Dental Insurer Insights on and Experiences with Value-Based Models of Oral Health Delivery

Future Topics and Presentations:

- Models of Value-Based Care Delivery
- Plan Design and Actuarial Values
- Necessary Changes to Current Law

Appendix A: HB 692 and HB4 sections 224 through 227

CHAPTER 268
HB 692-FN - FINAL VERSION

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2019 SESSION

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HOUSE BILL ***692-FN***

AN ACT relative to dental care for Medicaid recipients.

SPONSORS: Rep. Bernet, Hills. 4; Rep. Thompson, Ches. 14; Rep. Schapiro, Ches. 16; Rep. Swinburne, Ches. 10; Rep. Von Plinsky, Ches. 7; Sen. Chandley, Dist 11; Sen. Feltes, Dist 15

COMMITTEE: Health, Human Services and Elderly Affairs

AMENDED ANALYSIS

This bill authorizes the Medicaid managed care program to provide dental benefits to covered persons. Under this bill, the commissioner of the department of health and human services shall convene a working group to develop a value-based dental benefit.

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efficiency, maximizing the potential for savings, and presenting the most innovative approach compared to other externally administered models. The department shall present the opportunities of the various models or combination of models with a recommendation for the best managed care model for New Hampshire, no later than July 15, 2011, to the fiscal committee of the general court which shall consult with the oversight committee on health and human services. Services to be managed within the model shall include all mandatory Medicaid covered services and may include, but shall not be limited to, care coordination, utilization management, disease management, pharmacy benefit management, provider network management, quality management, and customer services. [~~The model shall not include mandatory dental services.~~] The commissioner shall issue a 5-year request for proposals to enter into contracts with the vendors that demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The request for proposals shall be released no later than October 15, 2011. The vendors of the managed care model or combination of models demonstrating the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings shall be selected no later than January 15, 2012 with final contracts submitted to the governor and council no later than March 15, 2012 unless this date is extended by the fiscal committee. After the bidding process, the commissioner shall establish a capitated rate based on the bids by the appropriate model for the contract that is full risk to the vendors. The capitated rate shall be broken down into rate cells for each population including, but not limited to, the persons eligible for temporary assistance to needy families (TANF), aid for the permanently and totally disabled (APTD), breast and cervical cancer program (BCCP), home care for children with severe disabilities (HC-CSD), and those residing in nursing facilities. The capitated rate shall be approved by the fiscal committee of the general court. The managed care model or models' selected vendors providing the Medicaid services shall establish medical homes and all Medicaid recipients shall receive their care through a medical home. In contracting for a 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 current level of quality of care provided. The target date for implementation of the contract is July 1, 2012. The commissioner may, in consultation with the fiscal committee, adopt rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with the approval of the fiscal committee, all necessary and appropriate waivers to implement the provisions of this paragraph.

268:2 Department of Health and Human Services; Adult Dental Benefit; Development of Plan. The department of health and human services shall develop a plan for the incorporation of an adult dental benefit into a value-based care platform, as follows:

I. In this section, "value-based care" means an oral health care delivery model in which providers are paid based upon making positive health outcomes while reducing costs.

II. No later than 30 days after the effective date of this section, the department shall convene a working group consisting, at a minimum, of representatives of the following stakeholders: each managed care plan under contract with the state, the New Hampshire Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary Care Association, a representative of a New Hampshire dental insurance carrier designated by the governor, 2 members of the house of representatives, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the speaker of the house of representatives, 2 members of the senate, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the president of the senate, a member of the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program designated by the commission, and 2 members of the New Hampshire medical care advisory committee, one of whom shall be a consumer advocate, designated by the committee.

III. The working group shall be convened by the commissioner of health and human services and shall be subject to RSA 91-A. The department, in consultation with the working group, shall prepare a plan for the implementation of an adult dental benefit into a value-based care platform. Each plan shall include, at a minimum, a detailed description of the following: eligibility and enrollment covered

benefits and scope of services, cost benefit analysis including projected expenditures and anticipated cost savings, transition planning, prior authorization, transportation, pharmacy, case management, network adequacy, credentialing, quality metrics and outcome measurements, patient safety, utilization management, finance and reimbursement, rates and payment, grievance and appeals, and office of ombudsman. Each plan shall also address how the incorporation of the services into a value-based care platform shall achieve the legislative intent of providing value, quality, efficiency, innovation, and savings.

IV. Under no circumstances shall a fee for service model be included in the plan. The plan shall promote the development of an adult value-based dental benefit and/or an alternative payment model.

268:3 Reports.

I. The department of health and human services shall present an update on the status of the plan preparation each month to the fiscal committee of the general court and the oversight committee on health and human services, established in RSA 126-A:13, until the plan has been implemented. The department's updates shall also include managed care organization and department readiness for implementation.

II. No later than October 1, 2019, the commissioner shall submit to the speaker of the house of representatives, the president of the senate, and the governor, all proposed changes to state law the commissioner believes may be necessary for the incorporation of an adult dental benefit into a value-based care platform.

268:4 Effective Date. This act shall take effective July 1, 2019.

Approved: July 19, 2019
Effective Date: July 01, 2019

CHAPTER 346
HB 4-FN-A-LOCAL - FINAL VERSION

346:224 Medicaid Managed Care Program; Dental Benefits. RSA 126-A:5, XIX(a) is repealed and reenacted to read as follows:

XIX.(a) The commissioner shall employ a managed care model for administering the Medicaid program and its enrollees to provide for managed care services for all Medicaid populations throughout New Hampshire consistent with the provisions of 42 U.S.C. section 1396u-2. Models for managed care may include, but not be limited to, a traditional capitated managed care organization contract, an administrative services organization, an accountable care organization, or a primary care case management model, or a combination thereof, offering the best value, quality assurance, and efficiency, maximizing the potential for savings, and presenting the most innovative approach compared to other externally administered models. Services to be managed within the model shall include all mandatory Medicaid covered services and may include, but shall not be limited to, care coordination, utilization management, disease management, pharmacy benefit management, provider network management, quality management, and customer services. The commissioner shall enter into contracts with the vendors that demonstrate the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings. The commissioner shall establish rates based on the appropriate model for the contract that is full risk to the vendors. The rates shall be established in rate cells or other appropriate units for each population or service provided including, but not limited to, persons eligible for temporary assistance to needy families (TANF), aid for the permanently and totally disabled (APTD), breast and cervical cancer program (BCCP), home care for children with severe disabilities (HC-CSD), and those residing in nursing facilities. The rates and/or payment models for the program shall be presented to the fiscal committee of the general court on an annual basis. The managed care model or models' selected vendors providing the Medicaid services shall emphasize patient-centered, value-based care and include enhanced care management of high-risk populations as identified by the department. In contracting for the managed care program, 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 current level of quality of care provided. The commissioner may, in consultation with the fiscal committee, adopt rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with the approval of the fiscal committee, all necessary and appropriate waivers to implement the provisions of this paragraph.

346:225 Department of Health and Human Services; Adult Dental Benefit; Development of Plan. The department of health and human services shall develop a plan for the incorporation of an adult dental benefit into a value-based care platform, as follows:

I. In this section, "value-based care" means an oral health care delivery model in which providers are paid based upon making positive health outcomes while reducing costs.

II. No later than 30 days after the effective date of this section, the department shall convene a working group consisting, at a minimum, of representatives of the following stakeholders: each managed care plan under contract with the state, the New Hampshire Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary Care Association, a representative of a New Hampshire dental insurance carrier designated by the governor, 2 members of the house of representatives, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the speaker of the house of representatives, 2 members of the senate, one of whom shall be from the majority party and one of whom shall be from the minority party, appointed by the president of the senate, a member of the commission to evaluate the effectiveness and future of the New Hampshire granite advantage health care program designated by the commission, and 2 members of the New Hampshire medical care advisory committee, one of whom shall be a consumer advocate, designated by the committee.

III. The working group shall be convened by the commissioner of health and human services and shall be subject to RSA 91-A. The department, in consultation with the working group, shall prepare a plan for the incorporation of an adult dental benefit into a value-based care platform. The adult dental benefit shall become effective on April 1, 2021. Each plan shall include, at a minimum, a detailed description of the following: eligibility and enrollment covered benefits and scope of services, cost benefit analysis including projected expenditures and anticipated cost savings, transition planning, prior authorization, transportation, pharmacy, case management, network adequacy, credentialing, quality metrics and outcome measurements, patient safety, utilization management, finance and reimbursement, rates and payment, grievance and appeals, and office of ombudsman. Each plan shall also address how the incorporation of the services into a value-based care platform shall achieve the legislative intent of providing value, quality, efficiency, innovation, and savings.

IV. Under no circumstances shall a fee for service model be included in the plan. The plan shall promote the development of an adult value-based dental benefit and/or an alternative payment model.

346:226 Reports.

I. The department of health and human services shall present an update on the status of the plan preparation each month to the fiscal committee of the general court and the oversight committee on health and human services, established in RSA 126-A:13, until the plan has been implemented. The department's updates shall also include managed care organization and department readiness for implementation.

II. No later than January 1, 2020, the commissioner shall submit to the speaker of the house of representatives, the president of the senate, and the governor, all proposed changes to state law the commissioner believes may be necessary for the incorporation of an adult dental benefit into a value-based care platform.

346:227 Repeal. RSA 126-A:5, XIX(b), relative to relative to enrollment in the managed care program, is repealed.

Appendix B: Working Group Members

HB 692
Working Group Member List

Organization	Name
AmeriHealth Caritas New Hampshire	Scott Westover Nicole Tower
NH Healthy Families	Christopher Kennedy
Well Sense Health Plan	Dr. Kevin Wheeler Suzanne Peterson
Oral Health Coalition	Gail Brown, Esq.
NH Dental Society - Public Health Dentist	Dr. Kelly Perry (Mid-State FQHC)
NH Dental Society – solo practitioner	Dr. Kristine Blackwelder
NH Dental Hygienist Assn	Joan Fitzgerald, RDH, CPHDH
Bi-State Primary Care	Kristine Stoddard, Esq.
Dental insurance carrier –North East Delta Dental	Erica Bodwell, Esq.
House of Representatives	Rep. Jennifer Bernet
House of Representatives	Rep. Mark Pearson
Senate	Senator Rosenwald
Senate	Senator Bradley
Commission on Granite Advantage	Senator Rosenwald
MCAC	Lisa DiMartino
MCAC	Nancy Rollins
Amonoosuc Community Health Center	Ed Shanshala
Greater Seacoast Community Health	Dr. Whitney Goode
Dental Health Works of Cheshire County	Dr. Stephen Hoffman
Mascoma Community Health Center	Dr. Kathleen Takach
White Mountain Community Health Center	Dr. Eric Hirschfeld
Tamworth Dental Center	Dr. John Sparks
Saving Peoples Smiles	Dr. Earle Simpson
CMC Poisson Dental Center	Dr. Mary Pierce
Concord Hospital Capitol Region Family Health Center Dental Clinic	Dr. Birgitte Hastings
Northeast Mobile Dental Services	Dr. Daniel Kana
Granite State Oral Surgery	Dr. Salman Malik
DHHS DPHS Oral Health Program	Laural Dillon
DHHS Managed Care SME	Shirley Iacopino
Harbor Health and Wellness Center	Dr. Justin Maillet

Organization	Name
Greater Nashua Dental Connection	Dr. Kyle Prohovich
Community Dental Care of Claremont	Sally Bouchard
Health First Dental Resource Center	Dr. Olga Minukhin
Coos County Family Dental	Dr. Keith Batchelder