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

November 13, 2020

Working Group Activities since the October 23, 2020 report submission:
During the last Working Group meeting, group members asked for a description of all legislation relative to the adult dental benefit beginning with HB 692 and moving forward to HB 250, as well as the associated timeline. An important point of clarification is that the Working Group is still operating under HB 4**,** Chapter 346:226 Laws of 2019, as this is current law. The department has created a document that is a crosswalk between legislation and cost estimates for the benefit plan that have been developed throughout the legislative process. All of this information has been shared with the Working Group and appears as Appendix A at the end of this document.

The Working Group also expressed a desire to have a presentation by dental providers who are enrolled in a Medicaid value-based adult dental benefit, to hear their actual experiences. The department is working on making those arrangements.

The Working Group will continue to meet, as needed, to complete tasks outlined in a previous report to this committee.

Reporting Requirement:
Per HB 4**,** Chapter 346:226 Laws of 2019, Acting Commissioner Kerrin Rounds submitted a report of all proposed changes to state law that the Commissioner believed necessary to implement the plan, to the Governor, the President of the Senate, and the Speaker of the House by January 1, 2020.

Future Topics and Presentations:
- Presentations by dental providers who have experience contracting with a value based adult dental benefit
- Refinement of Cost Estimates and Benefit Plan Design

Working Group Meeting Schedule:
The next meeting of the Working Group has yet to be determined.

As meetings are scheduled, the *HB 4 (formerly HB 692) Medicaid Adult Dental Benefit Planning Working Group* webpage is updated accordingly and a group email update is sent to the Working Group and other interested stakeholders who have submitted their email addresses.

APPENDIX A: Summary of legislation and cost estimates for an adult dental benefit in NH Medicaid

Summary of legislation and cost estimates for an adult dental benefit in NH Medicaid

HB 692: Introduced January 17, 2019

- Signed by the Governor on July 17, 2019 subsequent to an amendment from the Senate to add detail to the legislation

HB 4, sections 224 – 227: 2020-2021 Budget Bill

- Signed by the Governor on September 26, 2019.
- HB 692 rolled into HB 4 with one change from the wording in the final version of HB 692
- Due date for the report to the Governor, President of the Senate, and Speaker of the House is changed from October 1, 2019 to January 1, 2020
- HB4 (formerly HB 692) Adult Dental Benefit Working Group holds organizational meeting on September 26, 2019 and continues to operate under this signed legislation

SB 754: Introduced February 13, 2020

- Detail is added to HB4, sections 224-227 that included specific tasks and due dates for DHHS to follow
- Vacated from Committee and Laid on Table June 16, 2020

HB 250: Introduced as legislation relative to oral health, amended several times

- Ought to Pass with Amendment in the Senate on June 16, 2020
- House concurred on June 30, 2020
- Vetoed by the Governor July 28, 2020
- Veto sustained September 16, 2020

August 2020 Plan:

- DHHS revised cost estimate based on March 2020 enrollment

SFY 22-23 DHHS Budget Process:

- Included as a "Priority Need" in the Division of Medicaid Services budget
- Total funds for SFY22 $11,865,840 and SFY23 $11,865,840

******* ***The request for priority need will be updated to tie to the table found on the following page***

- Total funds for SFY22 $11,685,840 and SFY23 $11,685,840

New Hampshire Department of Health and Human Services
Medicaid Care Management Program
Adult Dental Benefit Cost Estimates - Nationwide Average Medicaid Fees

	With $1,500 Max on Non-preventive		
	Medium	High	August 2020 Plan**
PMPM Claim Cost	**$12.50**	**$21.50**	**$14.25**
First Year Pent-Up Demand	1.88	4.30	2.85
Increase Provider Fees to Nationwide Average Medicaid Fees	3.10	5.56	3.69
Projected Service Cost PMPM	$17.48	$31.36	$20.79
Administrative Cost Allowance	2.31	4.15	2.75
Profit/Risk Margin Allowance	0.30	0.54	0.36
Premium Tax (2.0%)	0.41	0.74	0.49
Projected Total Cost PMPM	**$20.50**	**$36.79**	**$24.38**
Additional Considerations			
Cost of Additional Transportation Services	2.60	2.60	2.60
Medical Cost Offsets (e.g., due to reduced emergency department costs)	(0.76)	(0.76)	(0.76)
Net Projected Cost PMPM	**$22.34**	**$38.63**	**$26.23**
State Cost (millions)			
Traditional (50%)	$5.13	$8.86	$5.84
Expansion (10%)	1.27	2.20	1.61
Total State Cost	***$6.40***	***$11.06***	***$7.45***
Federal Cost (millions)			
Traditional (50% FMAP)	$5.13	$8.86	$5.84
Expansion (90% FMAP)	11.45	19.81	14.49
Total Federal Cost	***$16.58***	***$28.67***	***$20.32***

Cost estimates based on December 2019 enrollment
Traditional - 38,237
Expansion - 47,470

Cost estimates based on March 2020 enrollment:
Traditional - 37,085
Expansion - 51,143

Medium level: Excludes removable prosthetics and endodontics
High level: Includes removable prosthetics and endodontics
August 2020 Plan: Excludes endodontics, periodontics except for preventive/maintenance (scaling & root planing), crowns, orthodontics

HB 692: No Fiscal Note included due to lack of plan development and scope of services to be included
HB 4: Included an appropriation for FY 20/21 of $500,000 ($250,000 general funds/$250,000 federal funds)
SB 754 and HB 250: Fiscal Note included Medium and High columns
August 2020 Plan: Cost estimate using March 2020 enrollment with modification from the Medium level benefit