

Amendment to SB 150-FN

1 Amend RSA 126-A:5, XIX-a(a)(3) as inserted by section 2 of the bill by replacing it with the
2 following:

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4 (3) If the model administered by a dental managed care organization is selected, the
5 commissioner shall issue a 2-year request for proposals, with 2 optional one-year extensions, to enter
6 into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for
7 value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to
8 the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective
9 date. Implementation of a procured contract shall begin January 1, 2023 for the adult benefit. The
10 department, in consultation with oral health stakeholders, will determine the value of
11 implementation of the pediatric dental benefit in a value-based benefit plan. Implementation of the
12 pediatric benefit will occur on a date that follows the successful implementation of the adult dental
13 benefit. The commissioner shall establish a capitated rate for the appropriate model for the contract
14 that is full risk to the vendor. In contracting for a dental managed care model and the various rate
15 cells, the department shall ensure no reduction in the quality of care of services provided to enrollees
16 in the managed care model and shall exercise all due diligence to maintain or increase the quality of
17 care provided. The department shall seek, with the review of the fiscal committee of the general
18 court, all necessary and appropriate state plan amendments and waivers to implement the
19 provisions of this paragraph. The program shall not commence operation until such state plan
20 amendments or waivers have been approved by CMS. All necessary state plan amendments and
21 waivers shall be submitted within the quarter of the program effective date.