

SB 150-FN - AS AMENDED BY THE SENATE

03/11/2021 0612s

2021 SESSION

21-0257

11/08

SENATE BILL

***150-FN***

AN ACT

establishing a dental benefit under the state Medicaid program.

SPONSORS:

Sen. Rosenwald, Dist 13; Sen. Whitley, Dist 15; Sen. Watters, Dist 4; Sen. Cavanaugh, Dist 16; Sen. D'Allesandro, Dist 20; Sen. Kahn, Dist 10; Sen. Sherman, Dist 24; Sen. Prentiss, Dist 5; Sen. Soucy, Dist 18; Sen. Perkins Kwoka, Dist 21; Sen. Bradley, Dist 3; Sen. Giuda, Dist 2; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8; Rep. Langley, Hills. 8

COMMITTEE:

Health and Human Services

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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.

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Explanation:

Matter added to current law appears in ***bold italics***.

Matter removed from current law appears ~~[in brackets and struckthrough.]~~

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

## STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Twenty One*

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

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1       1 Statement of Purpose. To improve overall health, promote savings in the state's Medicaid  
2 managed care program, and prevent future health conditions caused by oral health problems, and  
3 based on the recommendation of the working group convened pursuant to 2019, 346:225, the general  
4 court hereby determines that it is in the best interest of the state of New Hampshire to extend  
5 dental benefits under the Medicaid managed care program to individuals 21 years of age and over.

6       2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by  
7 inserting after paragraph XIX the following new paragraph:

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

13           (2) The commissioner shall issue a request for information to assist in selecting the  
14 administrative model for the state's Medicaid dental program. Such model shall be either a model  
15 administered by a dental managed care organization or a model administered by the state's current  
16 medical managed care organizations. The commissioner shall obtain the requested information from  
17 both the current medical managed care organizations and any interested dental managed care  
18 organization. The administrative model selected shall demonstrate the greatest ability to satisfy the  
19 state's need for value, quality, efficiency, innovation, and savings. The request for information shall  
20 be released no later than August 1, 2021. The request for information shall address improving  
21 health outcomes, expanding the provider network, increasing capacity of providers, integrating a  
22 value-based care model, and exploring innovative programs for children and adults.

23           (3) If the model administered by a dental managed care organization is selected, the  
24 commissioner shall issue a 2-year request for proposals, with 2 optional one-year extensions, to enter  
25 into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for  
26 value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to  
27 the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective  
28 date. Implementation of a procured contract shall begin January 1, 2023 for the adult benefit. The  
29 department, in consultation with oral health stakeholders, will determine the value of  
30 implementation of the pediatric dental benefit in a value-based benefit plan. Implementation of the  
31 pediatric benefit will occur on a date that follows the successful implementation of the adult dental

**SB 150-FN - AS AMENDED BY THE SENATE**

**- Page 2 -**

1 benefit. The commissioner shall establish a capitated rate for the appropriate model for the contract  
2 that is full risk to the vendor. In contracting for a dental managed care model and the various rate  
3 cells, the department shall ensure no reduction in the quality of care of services provided to enrollees  
4 in the managed care model and shall exercise all due diligence to maintain or increase the quality of  
5 care provided. The department shall seek, with the review of the fiscal committee of the general  
6 court, all necessary and appropriate state plan amendments and waivers to implement the  
7 provisions of this paragraph. The program shall not commence operation until such state plan  
8 amendments or waivers have been approved by CMS. All necessary state plan amendments and  
9 waivers shall be submitted within the quarter of the program effective date.

10 (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to  
11 implement the provisions of this paragraph.

12 (b) Any vendor awarded a contract pursuant to this paragraph shall provide the  
13 required dental services to children with an implementation date to be determined by the  
14 department after the successful implementation of the adult benefit and the following dental  
15 services to individuals 21 years of age and over, reimbursed under the United States Social Security  
16 Act, Title XIX, or successors to it:

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

20 (2) Restorative treatment to restore tooth form and function.

21 (3) Periodontal treatment and oral and maxillofacial surgery to relieve pain,  
22 eliminate infection, or prevent imminent tooth loss.

23 (4) Removable prosthodontics to replace missing teeth subject to medical necessity.

24 (c) In this paragraph, "dental managed care organization" means any dental care  
25 organization, dental service organization, health insurer, or other entity licensed under Title  
26 XXXVII, that provides, directly or by contract, dental care services covered under this paragraph  
27 rendered by licensed providers and that meets the requirements of Title XIX or Title XI of the  
28 federal Social Security Act.

29 3 Effective Date. This act shall take effect upon its passage.

**SB 150-FN- FISCAL NOTE**  
AS AMENDED BY THE SENATE (AMENDMENT #2021-0612s)

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

**FISCAL IMPACT:**    ☒ State                    ☐ County                    ☐ Local                    ☐ None

STATE:	Estimated Increase			
	FY 2021	FY 2022	FY 2023	FY 2024
<b>Appropriation</b>	\$0	\$0	\$0	\$0
<b>Revenue</b>	\$0	\$0	\$0	\$0
<b>Expenditures</b>	\$0	\$0	Indeterminable	Indeterminable
<b>Funding Source:</b>	<input checked="" type="checkbox"/> General <input type="checkbox"/> Education <input type="checkbox"/> Highway <input checked="" type="checkbox"/> Other - Federal Matching Medicaid Funds			

**METHODOLOGY:**

This bill requires the Department of Health and Human Services to solicit information and contract with dental managed care organizations to extend dental benefits under the Medicaid managed care program to individuals 21 years of age and over. Specifically, the bill amends RSA 126-A:5 by inserting a new paragraph XIX-a, which requires the Department to:

- Release a request for information no later than August 1, 2021;
- Submit a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) within the quarter of the program effective date;
- Implement a contract beginning on January 1, 2023;
- Implement a pediatric dental benefit in a value-based benefit on a date following successful implementation of the adult dental benefit;
- Determine, in consultation with oral health stakeholders, the value of implementation of the pediatric dental benefit in a value-based benefit plan;
- Seek, with review of the fiscal committee, all appropriate state plan amendments and waivers to implement provisions; and
- Adopt necessary rules.

As shown in the table below, the Department has provided the following estimates of the cost of adding a dental benefit to the Medicaid program: "Medium," "High," and "August 2020 plan," the last of which the Department expects will provide the basis for the plan that is ultimately implemented as a result of this bill. It should be noted, however, that the FY 2020/21 budget trailer bill (codified in law as Chapter 346:225, III, Laws of 2019) required the Department to

implement an adult benefit by April 1, 2021, so the cost of a generic dental benefit is attributable to that existing law rather than to the current bill. While this bill does not repeal or amend that chapter law, it does differ from it, in that it establishes a new implementation date of January 1, 2023. For that reason, for the purposes of this fiscal note, it is assumed that there will be no cost until FY 2023.

#### **DHHS-Projected Dental Benefit Costs, Per Full Year of Implementation**

	<b>Medium</b>	<b>High</b>	<b>August 2020 Plan</b>
Gross Per-Member, Per Month (PMPM) Cost	\$ 20.50	\$ 36.79	\$ 24.38
Additional Transportation Services	\$ 2.60	\$ 2.60	\$ 2.60
Medical Cost Offsets (e.g., reduced emergency costs)	\$ (0.76)	\$ (0.76)	\$ (0.76)
<i>Net Projected PMPM Cost:</i>	<i>\$ 22.34</i>	<i>\$ 38.63</i>	<i>\$ 26.22</i>
Federal Share of Costs			
Traditional Medicaid Population (50% of cost)	\$ 5,130,000	\$ 8,860,000	\$ 5,840,000
Expanded Medicaid Population (90% of cost)	\$ 11,450,000	\$ 19,810,000	\$ 14,490,000
Projected Federal Share of Costs:	<i>\$ 16,580,000</i>	<i>\$ 28,670,000</i>	<i>\$ 20,330,000</i>
State Share of Costs			
Traditional Medicaid Population (50% of cost)	\$ 5,130,000	\$ 8,860,000	\$ 5,840,000
Expanded Medicaid Population (10% of cost)	\$ 1,270,000	\$ 2,200,000	\$ 1,610,000
<b><i>Projected State Share of Costs:</i></b>	<b><i>\$ 6,400,000</i></b>	<b><i>\$ 11,060,000</i></b>	<b><i>\$ 7,450,000</i></b>

As the bill requires that the benefit be implemented by January 1, 2023, FY 2023 costs will be 50% of the annual costs reflected above. The Department notes that the "Medium," "High," and "August 2020" plans reflect the following assumptions:

- Medium
  - o Includes: diagnostic, preventive, restorative, oral surgery
  - o Excludes: fixed and removable prosthodontics, endodontics, orthodontics
- High
  - o Includes: diagnostic, preventive, restorative, oral surgery, removable prosthodontics, endodontics
  - o Excludes: orthodontics, fixed prosthodontics
- August 2020:
  - o Includes: diagnostic, preventive, restorative, oral surgery, removable prosthodontics
  - o Excludes: endodontics, periodontics except for preventive/maintenance, fixed prosthodontics and crowns, and orthodontics.

**AGENCIES CONTACTED:**

Department of Health and Human Services