

CHAPTER 285
HB 103 - FINAL VERSION

6Jan2022... 2214h
16Mar2022... 0904h
04/21/2022 1531s
26May2022... 2015CofC

2022 SESSION

21-0069
10/08

HOUSE BILL ***103***

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

SPONSORS: Rep. Schapiro, Ches. 16; Rep. Stavis, Graf. 13; Rep. McWilliams, Merr. 27; Rep. Wazir, Merr. 17; Sen. Rosenwald, Dist 13

COMMITTEE: Health, Human Services and Elderly Affairs

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.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

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:

1 285:1 Statement of Purpose; Dental Benefits under Medicaid Managed Care.

2 I. The general court recognizes that untreated oral health conditions negatively affect a person's
3 overall health and that good oral health improves a person's ability to obtain and keep employment. The
4 general court further recognizes that regular dental care and access to preventive and restorative
5 treatments for oral health conditions prevent oral conditions from developing into more complex health
6 conditions that would require medical care. In addition, the general court recognizes that personal
7 responsibility is an essential component of any strategy to improve individual oral health.

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

12 285:2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by
13 inserting after paragraph XIX the following new paragraph:

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

19 (2) The commissioner shall issue a request for information to assist in determining
20 whether the state's Medicaid dental program would be best administered by a dental managed care
21 organization or, alternatively, by the state's current medical managed care organizations. The
22 commissioner shall obtain the requested information from both the current medical managed care
23 organizations and any interested dental managed care organization. The approach selected shall be that
24 which demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation,
25 patient education, and savings. The request for information shall be released no later than August 1,
26 2022. The request for information shall address improving health outcomes, expanding the provider
27 network, increasing capacity of providers, integrating a value-based care model, and exploring innovative
28 programs for children and adults.

29 (3) If the commissioner determines that the program would be best administered by a
30 dental managed care organization, the commissioner shall issue a 3-year request for proposals, with 2

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1 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability
2 to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The
3 state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS)
4 within the quarter of implementation (by June 30, 2023). Implementation of a procured contract shall
5 begin April 1, 2023. The commissioner shall establish a capitated rate for the contract that is full risk to
6 the vendor. In contracting with a dental managed care organization and the various rate cells, the
7 department shall ensure no reduction in the quality of care of services provided to enrollees in the
8 managed care model and shall exercise all due diligence to maintain or increase the quality of care
9 provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-
10 N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary
11 and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The
12 program shall not commence operation until such state plan amendments or waivers have been approved
13 by CMS. All necessary state plan amendments shall be submitted within the quarter of implementation
14 (by June 30, 2023) and waivers shall be submitted by October 1, 2022.

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

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

21 (1) Diagnostic and preventive dental services including an annual comprehensive oral
22 examination, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction,
23 behavior management and smoking cessation counseling, and other services as determined by the
24 annual update of Current Dental Terminology (CDT) codes D0100-D0999 and D1000-D1999 for
25 diagnostic and preventive services. Annual updates to the CDT shall be made available on the
26 department of health and human services' website.

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

30 (3) Oral surgery and treatment necessary to relieve pain, eliminate infection or prevent
31 imminent tooth loss.

32 (4) Removable prosthodontic coverage for individuals served on the developmental
33 disability (DD), acquired brain disorder (ABD), and choices for independence (CFI) waivers, such waivers
34 authorized under Section 1915(c) of the Social Security Act, and nursing facility resident populations only,
35 subject to medical necessity.

36 (5) The individual benefit shall be capped at \$1,500 per year, excluding preventive
37 services, provided that this cap shall be subject to adjustment upon approval by the joint legislative fiscal
38 committee and governor and council.

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1 (c) With the exception of diagnostic and preventive services, cost sharing shall be
2 implemented to the maximum extent allowed under CMS guidelines for Medicaid recipients with family
3 incomes above 100 percent of the Federal Poverty Level (FPL).

4 (d) The department of health and human services shall present an annual report to the health
5 and human services oversight committee that includes, but is not limited to, Medicaid recipient utilization,
6 provider participation, and other indicators of program effectiveness.

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

11 285:3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of
12 \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene
13 Corporation and its affiliates ("Centene"), relative to pharmacy benefits in the Medicaid program shall be
14 appropriated to the department of health and human services and shall not lapse. Of said sum:

15 I. The first \$2,420,203 of funds received by the state shall be used by the department of health
16 and human services to meet the financial requirements of completing the Medicaid Care Management
17 SFY 20 Risk Corridor calculation.

18 II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
19 benefit in the Medicaid program.

20 III. In the event an adult dental benefit in the Medicaid program is not implemented by June 30,
21 2023, the sum allocated under paragraph II shall be transferred as follows:

22 (a) 10 percent of the funds shall be transferred to the revenue stabilization reserve account
23 pursuant to RSA 7:6-e, I; and

24 (b) The remainder of the funds shall be transferred to the general fund.

25 IV. The department of health and human services may accept and expend matching federal
26 funds without prior approval of the fiscal committee of the general court.

27 285:4 Adult Dental Benefit; Working Group. 2019, 346:225 is repealed and reenacted to read as
28 follows:

29 346:225 Department of Health and Human Services; Adult Dental Benefit; Working Group.

30 I. The department shall maintain a working group consisting, at a minimum, of representatives of
31 the following stakeholders: each managed care plan under contract with the state, the New Hampshire
32 Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New
33 Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary
34 Care Association, a representative of a New Hampshire dental insurance carrier designated by the
35 governor, 2 members of the house of representatives, one of whom shall be from the majority party and
36 one of whom shall be from the minority party, appointed by the speaker of the house of representatives, 2
37 members of the senate, one of whom shall be from the majority party and one of whom shall be from the
38 minority party, appointed by the president of the senate, a member of the commission to evaluate the
39 effectiveness and future of the New Hampshire granite advantage health care program designated by the

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1 commission, and 2 members of the New Hampshire medical care advisory committee, one of whom shall
2 be a consumer advocate, designated by the committee. The working group shall advise the
3 commissioner on matters relative to incorporating a dental benefit for individuals 21 years of age or older
4 into the state's Medicaid Managed Care Program.

5 II. The working group shall be convened by the commissioner of health and human services and
6 shall be subject to RSA 91-A.

7 III. The working group convened and maintained by the commissioner under this section shall be
8 discontinued and have its duties terminated by the commissioner upon selection of an approach for
9 administering the Medicaid dental benefit as described in RSA 126-A:5, XIX-a.(a)(2).

10 285:5 Repeal. 2019, 346:226, relative to reports by the department of health and human services on
11 implementation of an adult dental benefit, is repealed.

12 285:6 Effective Date.

13 I. Section 3 of this act shall take effect June 30, 2022.

14 II. The remainder of this act shall take effect upon its passage.

Approved: July 01, 2022

Effective Date:

I. Section 3 effective June 30, 2022

II. Remainder effective July 1, 2022

