Rep. Edwards, Rock. 4
April 5, 2022
2022-1331h
05/10

Amendment to SB 422-FN

Amend the bill by replacing all after the enacting clause with the following:

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

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

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

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

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

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

(3) If the commissioner determines that the program would be best administered by a dental managed care organization, the commissioner shall issue a 3-year request for proposals, with 2 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS) within the quarter of implementation (by June 30, 2023). Implementation of a procured contract shall begin April 1, 2023. The commissioner shall establish a capitated rate for the contract that is full risk to the vendor. In contracting with a dental managed care organization 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 quality of care provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The program shall not commence operation until such state plan amendments or waivers have been approved by CMS. All necessary state plan amendments shall be submitted within the quarter of implementation (by June 30, 2023) and waivers shall be submitted by October 1, 2022.

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

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

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

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

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

(4) Removable prosthodontic coverage for individuals served on the developmental disability (DD), acquired brain disorder (ABD), and choices for independence (CFI) waivers, such

waivers authorized under Section 1915(c) of the Social Security Act, and nursing facility resident populations only, subject to medical necessity.

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

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

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

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

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

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

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

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

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

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

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

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

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

I. The department shall maintain 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. The working group shall advise the commissioner on matters relative to incorporating a dental benefit for individuals 21 years of age or older into the state's Medicaid Managed Care Program.

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

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

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

6 Effective Date.

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

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