

HB 103 - AS INTRODUCED

2021 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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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.

2 I. The general court recognizes that untreated oral health conditions negatively affect a
3 person's overall health and that good oral health improves a person's ability to obtain and keep
4 employment. The general court further recognizes that regular dental care and access to preventive
5 and restorative treatments for oral health conditions are less expensive than emergency care and
6 prevent oral conditions from developing into more complex health conditions that would require
7 medical care.

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

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

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

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

30 (3) If the model administered by a dental managed care organization is selected, the
31 commissioner shall issue a 3-year request for proposals, with 2 optional one-year extensions, to enter

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1 into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for
2 value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to
3 the Centers for Medicare and Medicaid Services (CMS) no later than November 1, 2021.
4 Implementation of a procured contract shall begin April 1, 2022. The commissioner shall establish a
5 capitated rate for the appropriate model for the contract that is full risk to the vendor. In
6 contracting for a dental managed care model and the various rate cells, the department shall ensure
7 no reduction in the quality of care of services provided to enrollees in the managed care model and
8 shall exercise all due diligence to maintain or increase the quality of care provided. Following
9 approval by the joint health care reform oversight committee, pursuant to RSA 420-N:3, the
10 department shall seek, with the review of the fiscal committee of the general court, all necessary and
11 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
13 approved by CMS. All necessary state plan amendments and waivers shall be submitted by
14 November 1, 2021.

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
17 joint 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
19 required dental services to children and the following dental services to individuals 21 years of age
20 and over, reimbursed under the United States Social Security Act, Title XIX, or successors to it:

21 (1) Preventive dental services including an annual comprehensive oral examination,
22 necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction, behavior
23 management and smoking cessation counseling, and other services as determined by the
24 commissioner.

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

28 (3) Treatment necessary to relieve pain, eliminate infection or prevent imminent
29 tooth loss.

30 (4) Prosthodontic coverage subject to medical necessity.

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

36 3 Effective Date. This act shall take effect upon its passage.

HB 103-FN- FISCAL NOTE
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AN ACT establishing a dental benefit under the state Medicaid program.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2021	FY 2022	FY 2023	FY 2024
Appropriation	\$0	\$0	\$0	\$0
Revenue	\$0	\$0	\$0	\$0
Expenditures	\$0	Indeterminable	Indeterminable	Indeterminable
Funding Source:	<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; and
- Implement a contract beginning on April 1, 2022

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 dental 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 September 1, 2022. For that reason, for the purposes of this fiscal note, it is assumed that there will be no cost until FY 2022.

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

	Medium	High	August 2020 Plan
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
<i>Projected State Share of Costs:</i>	<i>\$ 6,400,000</i>	<i>\$ 11,060,000</i>	<i>\$ 7,450,000</i>

As the benefit is expected to be implemented on April 1, 2022, FY 2022 costs will be 25% 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