

HB 692-FN - AS AMENDED BY THE SENATE

14Mar2019... 0748h  
04/18/2019 1465s

2019 SESSION

19-0668  
01/03

HOUSE BILL **692-FN**

AN ACT relative to dental care for Medicaid recipients.

SPONSORS: Rep. Bernet, Hills. 4; Rep. Thompson, Ches. 14; Rep. Schapiro, Ches. 16; Rep. Swinburne, Ches. 10; Rep. Von Plinsky, Ches. 7; Sen. Chandley, Dist 11; Sen. Feltes, Dist 15

COMMITTEE: Health, Human Services and Elderly Affairs

---

AMENDED ANALYSIS

This bill authorizes the Medicaid managed care program to provide dental benefits to covered persons. Under this bill, the commissioner of the department of health and human services shall convene a working group to develop a value-based dental benefit.

-----

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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 692-FN - AS AMENDED BY THE SENATE

14Mar2019... 0748h  
04/18/2019 1465s

19-0668  
01/03

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Nineteen*

AN ACT relative to dental care for Medicaid recipients.

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

1 1 Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5, XIX(a) to read as  
2 follows:

3 XIX.(a) The commissioner shall employ a managed care model for administering the  
4 Medicaid program and its enrollees to provide for managed care services for all Medicaid  
5 populations throughout New Hampshire consistent with the provisions of 42 U.S.C. **section** 1396u-  
6 2. Models for managed care may include, but not be limited to, a traditional capitated managed  
7 care organization contract, an administrative services organization, an accountable care  
8 organization, or a primary care case management model, or a combination thereof, offering the best  
9 value, quality assurance, and efficiency, maximizing the potential for savings, and presenting the  
10 most innovative approach compared to other externally administered models. The department shall  
11 present the opportunities of the various models or combination of models with a recommendation for  
12 the best managed care model for New Hampshire, no later than July 15, 2011, to the fiscal  
13 committee of the general court which shall consult with the oversight committee on health and  
14 human services. Services to be managed within the model shall include all mandatory Medicaid  
15 covered services and may include, but shall not be limited to, care coordination, utilization  
16 management, disease management, pharmacy benefit management, provider network management,  
17 quality management, and customer services. [~~The model shall not include mandatory dental  
18 services.~~] The commissioner shall issue a 5-year request for proposals to enter into contracts with  
19 the vendors that demonstrate the greatest ability to satisfy the state's need for value, quality,  
20 efficiency, innovation, and savings. The request for proposals shall be released no later than  
21 October 15, 2011. The vendors of the managed care model or combination of models demonstrating  
22 the greatest ability to satisfy the state's need for value, quality, efficiency, innovation, and savings  
23 shall be selected no later than January 15, 2012 with final contracts submitted to the governor and  
24 council no later than March 15, 2012 unless this date is extended by the fiscal committee. After the  
25 bidding process, the commissioner shall establish a capitated rate based on the bids by the  
26 appropriate model for the contract that is full risk to the vendors. The capitated rate shall be  
27 broken down into rate cells for each population including, but not limited to, the persons eligible for  
28 temporary assistance to needy families (TANF), aid for the permanently and totally disabled  
29 (APTD), breast and cervical cancer program (BCCP), home care for children with severe disabilities  
30 (HC-CSD), and those residing in nursing facilities. The capitated rate shall be approved by the

1 fiscal committee of the general court. The managed care model or models' selected vendors  
2 providing the Medicaid services shall establish medical homes and all Medicaid recipients shall  
3 receive their care through a medical home. In contracting for a managed care model and the  
4 various rate cells, the department shall ensure no reduction in the quality of care of services  
5 provided to enrollees in the managed care model and shall exercise all due diligence to maintain or  
6 increase the current level of quality of care provided. The target date for implementation of the  
7 contract is July 1, 2012. The commissioner may, in consultation with the fiscal committee, adopt  
8 rules, if necessary, to implement the provisions of this paragraph. The department shall seek, with  
9 the approval of the fiscal committee, all necessary and appropriate waivers to implement the  
10 provisions of this paragraph.

11       2 Department of Health and Human Services; Adult Dental Benefit; Development of Plan. The  
12 department of health and human services shall develop a plan for the incorporation of an adult  
13 dental benefit into a value-based care platform, as follows:

14           I. In this section, "value-based care" means an oral health care delivery model in which  
15 providers are paid based upon making positive health outcomes while reducing costs.

16           II. No later than 30 days after the effective date of this section, the department shall  
17 convene a working group consisting, at a minimum, of representatives of the following stakeholders:  
18 each managed care plan under contract with the state, the New Hampshire Oral Health Coalition, a  
19 public health dentist and a solo private practice dentist recommended by the New Hampshire  
20 Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary Care  
21 Association, a representative of a New Hampshire dental insurance carrier designated by the  
22 governor, 2 members of the house of representatives, one of whom shall be from the majority party  
23 and one of whom shall be from the minority party, appointed by the speaker of the house of  
24 representatives, 2 members of the senate, one of whom shall be from the majority party and one of  
25 whom shall be from the minority party, appointed by the president of the senate, a member of the  
26 commission to evaluate the effectiveness and future of the New Hampshire granite advantage  
27 health care program designated by the commission, and 2 members of the New Hampshire medical  
28 care advisory committee, one of whom shall be a consumer advocate, designated by the committee.

29           III. The working group shall be convened by the commissioner of health and human  
30 services and shall be subject to RSA 91-A. The department, in consultation with the working group,  
31 shall prepare a plan for the implementation of an adult dental benefit into a value-based care  
32 platform. Each plan shall include, at a minimum, a detailed description of the following: eligibility  
33 and enrollment covered benefits and scope of services, cost benefit analysis including projected  
34 expenditures and anticipated cost savings, transition planning, prior authorization, transportation,  
35 pharmacy, case management, network adequacy, credentialing, quality metrics and outcome  
36 measurements, patient safety, utilization management, finance and reimbursement, rates and  
37 payment, grievance and appeals, and office of ombudsman. Each plan shall also address how the  
38 incorporation of the services into a value-based care platform shall achieve the legislative intent of

**HB 692-FN - AS AMENDED BY THE SENATE**  
**- Page 3 -**

1 providing value, quality, efficiency, innovation, and savings.

2 IV. Under no circumstances shall a fee for service model be included in the plan. The plan  
3 shall promote the development of an adult value-based dental benefit and/or an alternative payment  
4 model.

5 3 Reports.

6 I. The department of health and human services shall present an update on the status of  
7 the plan preparation each month to the fiscal committee of the general court and the oversight  
8 committee on health and human services, established in RSA 126-A:13, until the plan has been  
9 implemented. The department's updates shall also include managed care organization and  
10 department readiness for implementation.

11 II. No later than October 1, 2019, the commissioner shall submit to the speaker of the house  
12 of representatives, the president of the senate, and the governor, all proposed changes to state law  
13 the commissioner believes may be necessary for the incorporation of an adult dental benefit into a  
14 value-based care platform.

15 4 Effective Date. This act shall take effective July 1, 2019.

**HB 692-FN- FISCAL NOTE**  
AS AMENDED BY THE SENATE (AMENDMENT #2019-1465s)

AN ACT                    relative to dental care for Medicaid recipients.

**FISCAL IMPACT:**     State                     County                     Local                     None

**METHODOLOGY:**

This bill establishes a working group and requires the Department of Health and Human Services to develop a plan for the incorporation of an adult dental benefit into a value-based care platform. The Office of Legislative Budget Assistant states this bill has no fiscal impact on state, county, and local expenditures or revenue.

**AGENCIES CONTACTED:**

None