1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

2324

25

2.6

27

28

29

By the Committee on Community Affairs; and Senators Flores, Hays, and Ring

578-02846-14 2014340c1

A bill to be entitled An act relating to the statewide prepaid dental program; creating s. 409.91205, F.S.; providing legislative findings and intent; creating the Medicaid statewide prepaid dental program; directing the Agency for Health Care Administration to contract with prepaid dental health plans meeting specified criteria; directing the agency to apply for and implement state plan amendments or waivers of applicable federal laws and regulations necessary to implement the statewide prepaid dental program; directing the agency to issue a competitive procurement to licensed prepaid dental health plans to implement the program; requiring that the agency include all counties in the procurement; providing that all existing contracts become null and void upon procurement of new contracts; providing that enrollment in the statewide prepaid dental program shall not begin until the necessary state plan amendments or waivers of applicable federal laws and regulations are obtained and implemented; providing that a child who is eligible to receive Medicaid benefits during a specified period shall receive dental services through the Medicaid managed medical assistance program; directing the agency to provide any required notice to recipients regarding the transition from the Medicaid managed medical assistance program to the statewide prepaid dental program; providing that the agency may assess the

578-02846-14 2014340c1

costs incurred in providing the notice to plans participating in the statewide prepaid dental program; requiring prepaid dental plans participating in the statewide prepaid dental program to submit encounter data; providing that the agency shall require a medical loss ratio for prepaid dental plans participating in the statewide prepaid dental program; requiring the agency to submit an annual report to the Governor and Legislature; specifying the contents of the report; amending s. 409.973, F.S.; removing the requirement that managed care plans participating in the Medicaid managed assistance program provide pediatric dental services; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 409.91205, Florida Statutes, is created to read:

409.91205 Statewide prepaid dental program.-

(1) The Legislature finds and declares that the design and delivery of children's Medicaid dental services should be directed by the principle that the health of children is an overriding concern. The Legislature also finds that the delivery of dental services as compared to other health care services is considerably different and, considering the historical shortcomings of access to dental care in Florida, special attention must be given to children's accessibility to dental care and provider network sustainability. Therefore, it is the

578-02846-14 2014340c1

intent of the Legislature that a Medicaid prepaid dental program be established, on a statewide basis in all counties, separate and apart from the Medicaid managed medical assistance program described in ss. 409.961-409.985. Further, the Legislature finds that it is of paramount interest to the Medicaid program that continuous and high-quality dental care be provided to Medicaid recipients, and thus the agency shall ensure a seamless transition of the responsibility for the provision of dental services to children from the managed medical assistance program to the statewide prepaid dental program.

- (2) Notwithstanding ss. 409.961-409.985, the agency shall implement the statewide prepaid dental program by contracting on a prepaid or fixed-sum basis with at least two appropriately licensed prepaid dental health plans to provide dental services to children statewide that demonstrate extensive experience in administering dental benefits for children enrolled in Medicaid and that have experience in constructing and maintaining statewide dental and specialty dental provider networks for Medicaid programs.
- (a) The agency shall apply for and implement state plan amendments or waivers of applicable federal laws and regulations necessary to implement the statewide prepaid dental program.
- (b) Upon receiving the necessary federal approval for the statewide prepaid dental program and in order to ensure that high-quality dental care is provided to Medicaid recipients, the agency shall issue a competitive procurement to licensed prepaid dental health plans to implement the dental health program. The agency shall include all counties in the competitive procurement. All existing contracts entered into with licensed

578-02846-14 2014340c1

prepaid dental health plans become null and void upon procurement of new contracts.

- (c) Enrollment in the statewide prepaid dental program shall not begin until the necessary state plan amendments or waivers of applicable federal laws and regulations are obtained and implemented; however, enrollment shall begin no later than September 1, 2015.
- (d) A child who is eligible to receive Medicaid benefits between the date that this act takes effect and the implementation of the statewide prepaid dental plans shall receive dental services as provided in ss. 409.961-409.985 until the child is eligible to enroll in the statewide prepaid dental program.
- (e) Before enrollment in the statewide prepaid dental program, the agency shall provide any required notice to recipients regarding the transition. The agency may assess the costs incurred in providing the notice to the plans participating in the statewide prepaid dental program.
- (f) The prepaid dental plans participating in the statewide prepaid dental program shall be required by contract to submit encounter data as described in s. 409.967(2)(d).
- (g) The agency shall require a medical loss ratio of 85 percent for prepaid dental plans participating in the statewide prepaid dental program. The calculation shall use uniform financial data collected from all plans and shall be computed for each plan on a statewide basis. The method for calculating the medical loss ratio shall require that expenditures be classified in a manner consistent with 45 C.F.R. part 158.
 - (3) The agency shall submit a report by January 15 of each

578-02846-14

135

2014340c1

117 year on operation of the statewide prepaid dental program to the 118 Governor, the President of the Senate, and the Speaker of the 119 House of Representatives which compares the combined annual 120 benefits utilization and encounter data reported by all 121 participating prepaid dental plans, along with the agency's 122 findings with respect to projected and budgeted annual program 123 costs, the extent to which each plan is complying with all 124 contract terms and conditions, the effect that each plan's 125 operation is having on access to care for Medicaid recipients in 126 the plan's service area, and the statistical trends associated 127 with indicators of good oral health among all recipients served 128 in comparison with the state's population as a whole. 129 Section 2. Paragraph (e) of subsection (1) of section 130 409.973, Florida Statutes, is amended to read: 409.973 Benefits.-131 132 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a 133 minimum, the following services: 134 (e) Adult dental services as described in s. 409.906(1).

Section 3. This act shall take effect upon becoming a law.