

HB 819

2016

1 A bill to be entitled
 2 An act relating to the sunset review of Medicaid
 3 Dental Services; amending s. 409.973, F.S.; providing
 4 for the future removal of dental services as a minimum
 5 benefit of managed care plans; requiring the Agency
 6 for Health Care Administration to provide a report to
 7 the Governor and the Legislature; specifying
 8 requirements for the report; providing for the use of
 9 the report's findings; requiring the agency to
 10 implement a statewide Medicaid prepaid dental health
 11 program upon the occurrence of certain conditions;
 12 specifying requirements for the program and the
 13 selection of providers; providing effective dates.

14
 15 Be It Enacted by the Legislature of the State of Florida:

16
 17 Section 1. Effective March 1, 2019, subsection (1) of
 18 section 409.973, Florida Statutes, is amended to read:

19 409.973 Benefits.—

20 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
 21 minimum, the following services:

- 22 (a) Advanced registered nurse practitioner services.
- 23 (b) Ambulatory surgical treatment center services.
- 24 (c) Birthing center services.
- 25 (d) Chiropractic services.
- 26 ~~(e) Dental services.~~

27 (e)~~(f)~~ Early periodic screening diagnosis and treatment
 28 services for recipients under age 21.

29 (f)~~(g)~~ Emergency services.

30 (g)~~(h)~~ Family planning services and supplies. Pursuant to
 31 42 C.F.R. s. 438.102, plans may elect to not provide these
 32 services due to an objection on moral or religious grounds, and
 33 must notify the agency of that election when submitting a reply
 34 to an invitation to negotiate.

35 (h)~~(i)~~ Healthy start services, except as provided in s.
 36 409.975 (4).

37 (i)~~(j)~~ Hearing services.

38 (j)~~(k)~~ Home health agency services.

39 (k)~~(l)~~ Hospice services.

40 (l)~~(m)~~ Hospital inpatient services.

41 (m)~~(n)~~ Hospital outpatient services.

42 (n)~~(o)~~ Laboratory and imaging services.

43 (o)~~(p)~~ Medical supplies, equipment, prostheses, and
 44 orthoses.

45 (p)~~(q)~~ Mental health services.

46 (q)~~(r)~~ Nursing care.

47 (r)~~(s)~~ Optical services and supplies.

48 (s)~~(t)~~ Optometrist services.

49 (t)~~(u)~~ Physical, occupational, respiratory, and speech
 50 therapy services.

51 (u)~~(v)~~ Physician services, including physician assistant
 52 services.

53 (v)~~(w)~~ Podiatric services.
 54 (w)~~(x)~~ Prescription drugs.
 55 (x)~~(y)~~ Renal dialysis services.
 56 (y)~~(z)~~ Respiratory equipment and supplies.
 57 (z)~~(aa)~~ Rural health clinic services.
 58 (aa)~~(bb)~~ Substance abuse treatment services.
 59 (bb)~~(cc)~~ Transportation to access covered services.
 60 Section 2. Subsection (5) is added to section 409.973,
 61 Florida Statutes, to read:
 62 409.973 Benefits.—
 63 (5) PROVISION OF DENTAL SERVICES.—
 64 (a) The agency shall provide a comprehensive report on the
 65 provision of dental services under this part to the Governor,
 66 the President of the Senate, and the Speaker of the House of
 67 Representatives by December 1, 2016. The agency is authorized to
 68 contract with an independent third party to assist in the
 69 preparation of the report required by this paragraph.
 70 1. The report must examine the effectiveness of medical
 71 managed care plans in increasing patient access to dental care,
 72 improving dental health, achieving satisfactory outcomes for
 73 Medicaid recipients and the dental provider community, providing
 74 outreach to Medicaid recipients, and delivering value and
 75 transparency to the state's taxpayers regarding the dollars
 76 intended for, and spent on, actual dental services.
 77 Additionally, the report must examine, by plan and in the
 78 aggregate, the historical trends of rates paid to dental

79 providers and to dental plan subcontractors, dental provider
80 participation in plan networks, and provider willingness to
81 treat Medicaid recipients. The report must also compare current
82 and historical efforts and trends and the experiences of other
83 states in delivering dental services, increasing patient access
84 to dental care, and improving dental health.

85 2. The Legislature may use the findings of this report in
86 setting the scope of minimum benefits set forth in this section
87 for future procurements of eligible plans as described in s.
88 409.966. Specifically, the decision to include dental services
89 as a minimum benefit under this section, or to provide Medicaid
90 recipients with dental benefits separate from the Medicaid
91 managed medical assistance program described in this part, may
92 take into consideration the data and findings of the report.

93 (b) In the event the Legislature takes no action before
94 July 1, 2017, with respect to the report findings required under
95 subparagraph (a)2., the agency shall implement a statewide
96 Medicaid prepaid dental health program for children and adults
97 with a choice of at least two licensed dental managed care
98 providers who must have substantial experience in providing
99 dental care to Medicaid enrollees and children eligible for
100 medical assistance under Title XXI of the Social Security Act
101 and who meet all agency standards and requirements. The
102 contracts for program providers shall be awarded through a
103 competitive procurement process. The contracts must be for 5
104 years and may not be renewed; however, the agency may extend the

HB 819

2016

105 term of a plan contract to cover delays during a transition to a
106 new plan provider. The agency shall include in the contracts a
107 medical loss ratio provision consistent with s. 409.967(4). The
108 agency is authorized to seek any necessary state plan amendment
109 or federal waiver to commence enrollment in the Medicaid prepaid
110 dental health program no later than March 1, 2019.

111 Section 3. Except as otherwise expressly provided in this
112 act, this act shall take effect July 1, 2016.