

HB 1117

2021

1 A bill to be entitled

2 An act relating to Medicaid coverage for adult dental
3 services; amending s. 409.905, F.S.; requiring the
4 reimbursement of certain adult dental services by the
5 Agency for Health Care Administration under the
6 Medicaid program; prohibiting reimbursement for such
7 services if provided in a mobile dental unit;
8 providing exceptions; amending s. 409.906, F.S.;
9 conforming provisions to changes made by the act;
10 amending s. 409.973, F.S.; requiring that the minimum
11 benefits provided under the Medicaid prepaid dental
12 health program cover certain adult dental services;
13 amending ss. 393.0661, 409.815, 409.908, and 409.968,
14 F.S.; conforming cross-references; providing an
15 effective date.

16
17 Be It Enacted by the Legislature of the State of Florida:

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19 Section 1. Subsection (13) is added to section 409.905,
20 Florida Statutes, to read:

21 409.905 Mandatory Medicaid services.—The agency may make
22 payments for the following services, which are required of the
23 state by Title XIX of the Social Security Act, furnished by
24 Medicaid providers to recipients who are determined to be
25 eligible on the dates on which the services were provided. Any

26 | service under this section shall be provided only when medically
 27 | necessary and in accordance with state and federal law.
 28 | Mandatory services rendered by providers in mobile units to
 29 | Medicaid recipients may be restricted by the agency. Nothing in
 30 | this section shall be construed to prevent or limit the agency
 31 | from adjusting fees, reimbursement rates, lengths of stay,
 32 | number of visits, number of services, or any other adjustments
 33 | necessary to comply with the availability of moneys and any
 34 | limitations or directions provided for in the General
 35 | Appropriations Act or chapter 216.

36 | (13) ADULT DENTAL SERVICES.—

37 | (a) The agency shall pay for dental services provided to a
 38 | recipient who is 21 years of age or older which are necessary to
 39 | prevent disease and promote oral health, restore the health and
 40 | function of structures of the oral cavity, and treat emergency
 41 | conditions, including routine diagnostic and preventive care,
 42 | such as dental cleanings, exams, and X rays; basic dental
 43 | services, such as fillings and extractions; major dental
 44 | services, such as root canals, crowns, and dentures or other
 45 | dental prostheses; emergency dental care; and any other necessary
 46 | services related to dental and oral health.

47 | (b) However, Medicaid will not provide reimbursement for
 48 | adult dental services provided in a mobile dental unit, except
 49 | for a mobile dental unit:

- 50 | 1. Owned by, operated by, or having a contractual

51 agreement with the Department of Health and complying with
52 Medicaid's county health department clinic services program
53 specifications as a county health department clinic services
54 provider.

55 2. Owned by, operated by, or having a contractual
56 arrangement with a federally qualified health center and
57 complying with Medicaid's federally qualified health center
58 specifications as a federally qualified health center provider.

59 3. Rendering dental services to Medicaid recipients, 21
60 years of age or older, at nursing facilities.

61 4. Owned by, operated by, or having a contractual
62 agreement with a state-approved dental educational institution.

63 Section 2. Subsection (1) of section 409.906, Florida
64 Statutes, is amended to read:

65 409.906 Optional Medicaid services.—Subject to specific
66 appropriations, the agency may make payments for services which
67 are optional to the state under Title XIX of the Social Security
68 Act and are furnished by Medicaid providers to recipients who
69 are determined to be eligible on the dates on which the services
70 were provided. Any optional service that is provided shall be
71 provided only when medically necessary and in accordance with
72 state and federal law. Optional services rendered by providers
73 in mobile units to Medicaid recipients may be restricted or
74 prohibited by the agency. Nothing in this section shall be
75 construed to prevent or limit the agency from adjusting fees,

76 reimbursement rates, lengths of stay, number of visits, or
 77 number of services, or making any other adjustments necessary to
 78 comply with the availability of moneys and any limitations or
 79 directions provided for in the General Appropriations Act or
 80 chapter 216. If necessary to safeguard the state's systems of
 81 providing services to elderly and disabled persons and subject
 82 to the notice and review provisions of s. 216.177, the Governor
 83 may direct the Agency for Health Care Administration to amend
 84 the Medicaid state plan to delete the optional Medicaid service
 85 known as "Intermediate Care Facilities for the Developmentally
 86 Disabled." Optional services may include:

87 ~~(1) ADULT DENTAL SERVICES.—~~

88 ~~(a) The agency may pay for medically necessary, emergency~~
 89 ~~dental procedures to alleviate pain or infection. Emergency~~
 90 ~~dental care shall be limited to emergency oral examinations,~~
 91 ~~necessary radiographs, extractions, and incision and drainage of~~
 92 ~~abscess, for a recipient who is 21 years of age or older.~~

93 ~~(b) The agency may pay for full or partial dentures, the~~
 94 ~~procedures required to seat full or partial dentures, and the~~
 95 ~~repair and reline of full or partial dentures, provided by or~~
 96 ~~under the direction of a licensed dentist, for a recipient who~~
 97 ~~is 21 years of age or older.~~

98 ~~(c) However, Medicaid will not provide reimbursement for~~
 99 ~~dental services provided in a mobile dental unit, except for a~~
 100 ~~mobile dental unit.~~

101 ~~1. Owned by, operated by, or having a contractual~~
102 ~~agreement with the Department of Health and complying with~~
103 ~~Medicaid's county health department clinic services program~~
104 ~~specifications as a county health department clinic services~~
105 ~~provider.~~

106 ~~2. Owned by, operated by, or having a contractual~~
107 ~~arrangement with a federally qualified health center and~~
108 ~~complying with Medicaid's federally qualified health center~~
109 ~~specifications as a federally qualified health center provider.~~

110 ~~3. Rendering dental services to Medicaid recipients, 21~~
111 ~~years of age and older, at nursing facilities.~~

112 ~~4. Owned by, operated by, or having a contractual~~
113 ~~agreement with a state-approved dental educational institution.~~

114 Section 3. Paragraph (c) is added to subsection (5) of
115 section 409.973, Florida Statutes, to read:

116 409.973 Benefits.—

117 (5) PROVISION OF DENTAL SERVICES.—

118 (c) The minimum benefits provided under the Medicaid
119 prepaid dental health program for a recipient who is 21 years of
120 age or older must cover services necessary to prevent disease
121 and promote oral health, restore the health and function of
122 structures of the oral cavity, and treat emergency conditions,
123 including routine diagnostic and preventive care, such as dental
124 cleanings, exams, and X rays; basic dental services, such as
125 fillings and extractions; major dental services, such as root

126 | canals, crowns, and dentures or other dental protheses;
 127 | emergency dental care; and any other necessary services related
 128 | to dental and oral health.

129 | Section 4. Subsection (7) of section 393.0661, Florida
 130 | Statutes, is amended to read:

131 | 393.0661 Home and community-based services delivery
 132 | system; comprehensive redesign.—The Legislature finds that the
 133 | home and community-based services delivery system for persons
 134 | with developmental disabilities and the availability of
 135 | appropriated funds are two of the critical elements in making
 136 | services available. Therefore, it is the intent of the
 137 | Legislature that the Agency for Persons with Disabilities shall
 138 | develop and implement a comprehensive redesign of the system.

139 | (7) The agency shall collect premiums or cost sharing
 140 | pursuant to s. 409.906(12)(c) ~~s. 409.906(13)(e)~~.

141 | Section 5. Paragraph (q) of subsection (2) of section
 142 | 409.815, Florida Statutes, is amended to read:

143 | 409.815 Health benefits coverage; limitations.—

144 | (2) BENCHMARK BENEFITS.—In order for health benefits
 145 | coverage to qualify for premium assistance payments for an
 146 | eligible child under ss. 409.810-409.821, the health benefits
 147 | coverage, except for coverage under Medicaid and Medikids, must
 148 | include the following minimum benefits, as medically necessary.

149 | (q) Dental services.—Dental services shall be covered as
 150 | required under federal law and may also include those dental

151 benefits provided to children by the Florida Medicaid program
152 under s. 409.906(5) ~~s. 409.906(6)~~.

153 Section 6. Subsection (20) of section 409.908, Florida
154 Statutes, is amended to read:

155 409.908 Reimbursement of Medicaid providers.—Subject to
156 specific appropriations, the agency shall reimburse Medicaid
157 providers, in accordance with state and federal law, according
158 to methodologies set forth in the rules of the agency and in
159 policy manuals and handbooks incorporated by reference therein.
160 These methodologies may include fee schedules, reimbursement
161 methods based on cost reporting, negotiated fees, competitive
162 bidding pursuant to s. 287.057, and other mechanisms the agency
163 considers efficient and effective for purchasing services or
164 goods on behalf of recipients. If a provider is reimbursed based
165 on cost reporting and submits a cost report late and that cost
166 report would have been used to set a lower reimbursement rate
167 for a rate semester, then the provider's rate for that semester
168 shall be retroactively calculated using the new cost report, and
169 full payment at the recalculated rate shall be effected
170 retroactively. Medicare-granted extensions for filing cost
171 reports, if applicable, shall also apply to Medicaid cost
172 reports. Payment for Medicaid compensable services made on
173 behalf of Medicaid eligible persons is subject to the
174 availability of moneys and any limitations or directions
175 provided for in the General Appropriations Act or chapter 216.

176 Further, nothing in this section shall be construed to prevent
177 or limit the agency from adjusting fees, reimbursement rates,
178 lengths of stay, number of visits, or number of services, or
179 making any other adjustments necessary to comply with the
180 availability of moneys and any limitations or directions
181 provided for in the General Appropriations Act, provided the
182 adjustment is consistent with legislative intent.

183 (20) A renal dialysis facility that provides dialysis
184 services under 409.906(8) ~~s. 409.906(9)~~ must be reimbursed the
185 lesser of the amount billed by the provider, the provider's
186 usual and customary charge, or the maximum allowable fee
187 established by the agency, whichever amount is less.

188 Section 7. Paragraph (a) of subsection (4) of section
189 409.968, Florida Statutes, is amended to read:

190 409.968 Managed care plan payments.—

191 (4) (a) Subject to a specific appropriation and federal
192 approval under s. 409.906(12)(d) ~~s. 409.906(13)(d)~~, the agency
193 shall establish a payment methodology to fund managed care plans
194 for flexible services for persons with severe mental illness and
195 substance use disorders, including, but not limited to,
196 temporary housing assistance. A managed care plan eligible for
197 these payments must do all of the following:

198 1. Participate as a specialty plan for severe mental
199 illness or substance use disorders or participate in counties
200 designated by the General Appropriations Act;

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201 2. Include providers of behavioral health services
202 pursuant to chapters 394 and 397 in the managed care plan's
203 provider network; and

204 3. Document a capability to provide housing assistance
205 through agreements with housing providers, relationships with
206 local housing coalitions, and other appropriate arrangements.

207 Section 8. This act shall take effect July 1, 2021.