S-1075.1

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**SENATE BILL 5604**

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**State of Washington 65th Legislature 2017 Regular Session**

**By** Senators Rivers, Cleveland, and Frockt

AN ACT Relating to purchasing managed dental care for medicaid enrollees; adding a new section to chapter 74.09 RCW; and creating new sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  The current medicaid dental program is administered by the health care authority as a fee-for-service system, and is limited for many clients. Access to services, especially for adults, is very limited in part due to low reimbursement rates, administratively burdensome program requirements, and uneven geographic distribution of participating dentists. Contracting out the administration of the dental program may offer opportunities to increase access to care, increase provider rates, improve education and outreach to enrollees, streamline administration, align the dental benefit package with evidence-based care, reduce emergency room services for dental care, and enhance participation of providers and stakeholders in the operation of the program.

NEW SECTION. **Sec.**  A new section is added to chapter 74.09 RCW to read as follows:

(1) Subject to amounts appropriated for this specific purpose, the agency shall establish a statewide prepaid dental managed care program for children and adults to improve access to dental care and improve the dental program infrastructure, expand the provider network, increase provider capacity, and retain innovative programs that improve access and care such as the access to baby and child dentistry program. A review of state contracting methods shows that the dental managed care model is a comprehensive model created around the idea of using preventative care and coordination of care to increase the health of the individual with the overall intent of reducing the use of higher cost services such as emergency room treatment.

(2) The agency shall contract with at least two dental managed care organizations, to be selected through a competitive procurement process. Any organization selected for the dental managed care must have at least five years of extensive experience administering dental benefits for medicaid enrollees. Operational metrics demonstrating program success must be incorporated into the contract, including but not limited to the following: Patient access to care; provider networks accepting new patients; provider experience with the administration of the program including claims submission and payment timelines, and prior authorization process and timelines; enrollee complaints; plan for the reduction of emergency room services for dental care; and projected improvement to overall oral health and its impact on conditions such as diabetes and preterm births. The agency shall include in the contracts a provision that requires eighty-five percent of the contracting fee be used to directly offset the cost of providing direct patient care, and expenditures for activities that improve health care quality, as opposed to administrative costs.

(3) For purposes of this section: "Dental managed care organization" means any dental managed care organization that provides directly, or by contract, dental care services covered under this chapter and rendered by licensed dentists and specialist providers, on a full-risk prepaid capitated basis and that meets the requirements of Title XIX or Title XI of the federal social security act.

NEW SECTION. **Sec.**  If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2017, in the omnibus appropriations act, this act is null and void.

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