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HOUSE BILL 1899

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State of Washington

65th Legislature

2017 Regular Session

By Representatives Schmick, Cody, Appleton, and Ormsby

Read first time 02/02/17. Referred to Committee on Health Care & Wellness.

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

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

5 NEW SECTION. **Sec. 1.** The current medicaid dental program is  
6 administered by the health care authority as a fee-for-service  
7 system, and is limited for many clients. Access to services,  
8 especially for adults, is very limited in part due to low  
9 reimbursement rates, administratively burdensome program  
10 requirements, and uneven geographic distribution of participating  
11 dentists. Contracting out the administration of the dental program  
12 may offer opportunities to increase access to care, increase provider  
13 rates, improve education and outreach to enrollees, streamline  
14 administration, align the dental benefit package with evidence-based  
15 care, reduce emergency room services for dental care, and enhance  
16 participation of providers and stakeholders in the operation of the  
17 program.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09  
19 RCW to read as follows:

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

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

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

37 NEW SECTION. **Sec. 3.** If specific funding for the purposes of  
38 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2017, in the omnibus appropriations act, this  
2 act is null and void.

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