

CHAPTER 2016-109

House Bill No. 819

An act relating to the sunset review of Medicaid Dental Services; amending s. 409.973, F.S.; providing for the future removal of dental services as a minimum benefit of managed care plans; requiring the Office of Program Policy Analysis and Government Accountability to provide a report to the Governor and Legislature; specifying requirements for the report; providing for use of the report's findings; requiring the Agency for Health Care Administration to implement a statewide Medicaid prepaid dental health program upon the occurrence of certain conditions; specifying requirements for the program and the selection of providers; providing effective dates.

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

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

409.973 Benefits.—

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

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

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

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

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

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

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

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

- ~~(k)(l)~~ Hospice services.
- ~~(l)(m)~~ Hospital inpatient services.
- ~~(m)(n)~~ Hospital outpatient services.
- ~~(n)(o)~~ Laboratory and imaging services.
- ~~(o)(p)~~ Medical supplies, equipment, prostheses, and orthoses.
- ~~(p)(q)~~ Mental health services.
- ~~(q)(r)~~ Nursing care.
- ~~(r)(s)~~ Optical services and supplies.
- ~~(s)(t)~~ Optometrist services.
- ~~(t)(u)~~ Physical, occupational, respiratory, and speech therapy services.
- ~~(u)(v)~~ Physician services, including physician assistant services.
- ~~(v)(w)~~ Podiatric services.
- ~~(w)(x)~~ Prescription drugs.
- ~~(x)(y)~~ Renal dialysis services.
- ~~(y)(z)~~ Respiratory equipment and supplies.
- ~~(z)(aa)~~ Rural health clinic services.
- ~~(aa)(bb)~~ Substance abuse treatment services.
- ~~(bb)(cc)~~ Transportation to access covered services.

Section 2. Subsection (5) is added to section 409.973, Florida Statutes, to read:

409.973 Benefits.—

(5) PROVISION OF DENTAL SERVICES.—

(a) The Office of Program Policy Analysis and Government Accountability shall provide a comprehensive report on the provision of dental services under this part to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 1, 2016. The Office of Program Policy Analysis and Government Accountability is authorized to contract with an independent third party to assist in the preparation of the report required by this paragraph.

1. The report must examine the effectiveness of medical managed care plans in increasing patient access to dental care, improving dental health,

achieving satisfactory outcomes for Medicaid recipients and the dental provider community, providing outreach to Medicaid recipients, and delivering value and transparency to the state’s taxpayers regarding the dollars intended for, and spent on, actual dental services. Additionally, the report must examine, by plan and in the aggregate, the historical trends of rates paid to dental providers and to dental plan subcontractors, dental provider participation in plan networks, and provider willingness to treat Medicaid recipients. The report must also compare current and historical efforts and trends and the experiences of other states in delivering dental services, increasing patient access to dental care, and improving dental health.

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

(b) In the event the Legislature takes no action before July 1, 2017, with respect to the report findings required under subparagraph (a)2., the agency shall implement a statewide Medicaid prepaid dental health program for children and adults with a choice of at least two licensed dental managed care providers who must have substantial experience in providing dental care to Medicaid enrollees and children eligible for medical assistance under Title XXI of the Social Security Act and who meet all agency standards and requirements. To qualify as a provider under the prepaid dental health program, the entity must be licensed as a prepaid limited health service organization under part I of chapter 636 or as a health maintenance organization under part I of chapter 641. The contracts for program providers shall be awarded through a competitive procurement process. The contracts must be for 5 years and may not be renewed; however, the agency may extend the term of a plan contract to cover delays during a transition to a new plan provider. The agency shall include in the contracts a medical loss ratio provision consistent with s. 409.967(4). The agency is authorized to seek any necessary state plan amendment or federal waiver to commence enrollment in the Medicaid prepaid dental health program no later than March 1, 2019.

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

Approved by the Governor March 24, 2016.

Filed in Office Secretary of State March 24, 2016.