

By Senator Negrón

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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:

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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.

32-00900A-16

2016994__

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.

32-00900A-16

2016994__

59 (bb)~~(ee)~~ 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 part IV of this chapter to
66 the Governor, the President of the Senate, and the Speaker of
67 the House of Representatives by December 1, 2016. The agency is
68 authorized to contract with an independent third party to assist
69 in the 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.

32-00900A-16

2016994__

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 part IV of this
92 chapter, may take into consideration the data and findings of
93 the report.

94 (b) In the event the Legislature takes no action before
95 July 1, 2017, with respect to the report findings required under
96 subparagraph (a)2., the agency shall implement a statewide
97 Medicaid prepaid dental health program for children and adults
98 with a choice of at least two licensed dental managed care
99 providers who must have substantial experience in providing
100 dental care to Medicaid enrollees and children eligible for
101 medical assistance under Title XXI of the Social Security Act
102 and who meet all agency standards and requirements. The
103 contracts for program providers shall be awarded through a
104 competitive procurement process. The contracts must be for 5
105 years and may not be renewed; however, the agency may extend the
106 term of a plan contract to cover delays during a transition to a
107 new plan provider. The agency shall include in the contracts a
108 medical loss ratio provision consistent with s. 409.967(4). The
109 agency is authorized to seek any necessary state plan amendment
110 or federal waiver to commence enrollment in the Medicaid prepaid
111 dental health program no later than March 1, 2019.

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