

**Senate Substitute Bill (SSB) 5883, Section 213 (1)(c)**

(c) \$122,244,000 of the general fund—state appropriation for fiscal year 2018 and \$116,038,000 of the general fund—state appropriation for fiscal year 2019 are provided solely for the authority through the competitive procurement process, to contract with licensed dental health plans or managed health care plans on a prepaid or fixed-sum risk basis to provide carved-out managed dental care services on a statewide basis that will result in greater efficiency and will facilitate better access and oral health outcomes for Medicaid enrollees.

Except in areas where only a single plan is available, the authority must contract with at least two plans.

The authority shall include in the contracts:

(i) Quarterly reporting requirements to include Medicaid utilization and encounter data by current dental technology (CDT) code;

(ii) a direction to increase the dental provider network;

(iii) a commitment to retain innovative programs that improve access and care such as the access to baby and child dentistry program;

(iv) a program to reduce emergency room use for dental purposes;

(v) a requirement to ensure that dental care is being coordinated with the primary care provider of the patient to ensure integrated care;

(vi) a provision that no less than eighty-five percent of the contracting fee be used to directly offset the cost of providing direct patient care as opposed to administrative costs; and

(vii) a provision to ensure the contracting fee shall be sufficient to compensate county health departments and federally qualified health centers for dental patient care.

The plan(s) awarded this contract must absorb all start-up costs associated with moving the program from fee-for-service to managed care and shall commit to achieving an overall savings to the program based on 2016 fee-for-service experience.

In order to comply with state insurance underwriting standards, the authority shall ensure that savings offered by dental plans are actuarially sound.

Starting January 31, 2019, and every year thereafter through December 2024, the authority shall submit an annual report to the governor and the appropriate committees of the legislature detailing how the contracted entities have met the requirements of the contract.

The report shall include specific information to include utilization, how the contracted entities have increased their dental provider networks, how the emergency room use for dental purposes has been reduced, and how dental care has been integrated with patients' primary care providers.

If after the end of five years the data reported does not demonstrate sufficient progress to address the stated contracted goals, the legislature will reevaluate whether carved-out dental managed care needs to be replaced with a different delivery model.

The authority is authorized to seek any necessary state plan amendments or federal waivers to implement this subsection.

Additional dental program savings achieved by the plans beyond those assumed in the 2017-2019 omnibus appropriations act will be used to increase dental provider reimbursement rates.