



New Hampshire
Department of Health and Human Services

Substance Use Disorder Serious Mental Illness
Serious Emotional Disturbance
Treatment and Recovery Access
Section 1115(a) Research and Demonstration
Waiver

Amendment #3 Request

Removable Prosthodontic Coverage for Adult
Beneficiaries who Reside in Nursing Facilities

December 1, 2022

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I. Introduction

On July 1, 2022, Governor Christopher T. Sununu signed legislation (Chapters 285 and 319, Laws of 2022) requiring the Department of Health and Human Services (DHHS) to implement an adult dental benefit by April 1, 2023.

Through this legislation, DHHS was charged with the task of planning for an adult dental benefit that included diagnostic, preventive, limited periodontal, restorative, and oral surgery services for all Medicaid eligible adults aged 21 and older. The removable denture portion of the benefit is limited to those eligible adults who participate in the Developmental Disability, Acquired Brain Disorder, and Choices for Independence 1915(c) Waivers, and nursing facility residents.

The denture benefit to the waiver populations noted above will be provided through amendments to the existing 1915(c) waivers. The Centers for Medicare & Medicaid Services (CMS) has indicated that the State must use an 1115 waiver to provide the limited denture benefit to nursing facility residents. The State could either implement a new, independent 1115 waiver, or amend our existing Substance Use Disorder Serious Mental Illness Serious Emotional Disturbance Treatment and Recovery Access Section 1115(a) Research and Demonstration Waiver (SUD-SMI-SED-TRA Demonstration Waiver). Based on CMS' guidance during Technical Assistance (TA) calls that amending the existing waiver is the most expedient path for submission and CMS review, New Hampshire is adding the denture benefit for nursing facility residents to our existing SUD-SMI-SED-TRA Demonstration Waiver to meet the April 1, 2023 implementation date.

II. Program Description, Goals, and Objectives

DHHS is requesting approval from CMS for an amendment to the SUD-SMI-SED-TRA Demonstration Waiver to include a removable denture benefit. This proposed benefit would provide removable dentures to eligible adults aged 21 and older who reside in nursing facilities. The benefit is intended to be implemented on April 1, 2023.

The denture benefit does not reduce, or otherwise impede access to, New Hampshire Medicaid dental services for any recipient as other adult dental benefits are being provided under state plan authority. **The State is not requesting any other changes to the SUD-SMI-SED-TRA Demonstration outside of those specified in this amendment request.**

Demonstration Goals and Objective

DHHS has proposed the addition of removable partial and/or full dentures as a covered dental service for enrolled adults aged 21 and older who are residing in nursing facilities to examine the effect of replacing missing teeth on beneficiary health outcomes and quality of life. The ability to properly chew and swallow nutrient rich foods is severely limited by missing and un-replaced teeth. Improperly chewed foods can also cause aspiration of food particles, leading to dental infection and/or aspiration pneumonia.

The overall objective of the demonstration is to reduce negative health outcomes associated with missing teeth and improve the quality of life for nursing facility residents aged 21 and over through the provision of removable dentures. Through this amendment, the State aims to achieve the following goals:

1. Improve access to removable prosthodontic services for nursing facility residents;

2. Reduce incidence of dental infections among nursing facility residents;
3. Reduce incidence of hospitalizations due to aspiration pneumonia among nursing facility residents;
4. Increase healthy weight gain in nursing facility residents; and
5. Improve quality of life in nursing facility residents.

Operation and Proposed Timeline

The demonstration will operate statewide. The State intends to implement the demonstration beginning April 1, 2023, through the end of the proposed demonstration extension period, which is June 30, 2028.

III. Demonstration Description

Eligibility

This demonstration will not affect any of the eligibility categories or criteria set forth in the New Hampshire Medicaid State Plan (the State Plan). Medicaid enrollees aged 21 and older who reside in nursing homes and are approved for full Medicaid benefits under the State Plan will be eligible for this demonstration. The following eligibility groups will be excluded:

- Qualified Medicare Beneficiaries (QMB);
- Special Low-Income Medicare Beneficiaries (SLMB);
- Qualified Individual Special Low-Income Medicare Beneficiaries (QI / SLMB2);
- Temporary eligibility groups;
- Non-citizens qualifying for emergency services only benefits; and
- Family planning only.

Delivery System

All dental services, including the denture benefit for adults in nursing facilities, will be provided through a single managed care Dental Organization (DO). All Medicaid beneficiaries will continue to receive all other covered Medicaid services through their current delivery system. No modifications to the current New Hampshire Medicaid FFS or managed care arrangements are proposed through the denture amendment to the SUD-SMI-SED-TRA Demonstration.

DHHS is seeking authorization for the additional components of the dental benefit mandated by the legislation through mechanisms outside of the SUD-SMI-SED-TRA Demonstration Waiver. Specifically, DHHS plans to submit a new 1915(b) waiver requesting the authority to waive freedom of choice required by §1902(a)(23) to authorize the provision of diagnostic, preventive, restorative, and oral surgery services through a single DO. In addition, DHHS intends to submit requests to amend its three existing adult 1915(c) waivers (Developmental Disabilities, Acquired Brain Disorder, and Choices for Independence) to provide dentures for these waiver populations and waive the statewide comparability required by §1902(a)(10)(B).

Benefits

Through this requested demonstration amendment, the State will add removable denture coverage for individuals aged 21 and older who reside in nursing facility settings. Provision of dentures will be subject to medical necessity.

Cost Sharing

New Hampshire is not proposing any change to the cost sharing requirements for the population

covered by this this amendment. Cost sharing will not differ from those provided under the State Plan.

IV. Demonstration Financing

Projected Enrollment and Expenditures

The State anticipates the amendment will have no impact on annual Medicaid enrollment.

Below is the projected enrollment and expenditures for each demonstration year.

	SFY23
Member Months	9,193
Expenditures	\$12,875
Individual Members	3,064

Budget Neutrality

Refer to Attachment 1 Compliance with Budget Neutrality for the State’s historical and projected expenditures for the requested period of the demonstration.

V. Waiver and Expenditure Authorities

New Hampshire requests a waiver of statewide comparability as required by §1902(a)(10)(B) *Social Security Act* (as amended) to tailor the denture benefit to nursing home residents aged 21 and older. DHHS is also requesting the authority to waive freedom of choice required by §1902(a)(23) of the *Social Security Act* (as amended), to authorize the provision of removable dentures through a single DO, as well as waiver of any other related federal statutes and regulations required to implement this authority.

No additional waivers of Title XIX or Title XXI are requested through this amendment. All other components of the dental benefit mandated by the legislation will be implemented through authorities outside of the SUD-SMI-SED-TRA Demonstration Waiver, as outlined in Section III above.

VI. Demonstration Evaluation

DHHS has proposed the addition of removable partial and/or full dentures as a covered dental service for enrolled adults aged 21 and older who are residing in nursing facilities. These additional covered services will be monitored and evaluated as described in the goals and measures listed below. DHHS will contract with an independent evaluator to create a more definitive evaluation plan and to conduct this review.

Tentative Hypotheses and Measures

Goal	Hypothesis	Measures
Improve access to removable prosthodontic services for nursing facility residents.	The demonstration will result in improved access to removable prosthodontic services for nursing facility resident aged 21 and over.	<ul style="list-style-type: none"> Annual percent of members receiving removable partial and full dentures Tracking and analysis by specific dental

		procedure codes to identify adequate utilization
Reduce incidence of dental infections among nursing facility residents.	The demonstration will result in reduced incidence of dental infections among nursing facility residents.	<ul style="list-style-type: none"> • Annual count and rate of medical claims that include specified diagnostic and procedure codes related to dental infection • Tracking and analysis to determine if rates are declining over time • Facility records
Reduce incidence of hospitalizations due to aspiration pneumonia among nursing facility residents.	The demonstration will result in reduced incidence of hospitalizations due to aspiration pneumonia among nursing facility residents.	<ul style="list-style-type: none"> • Annual count and rate of medical claims that include specified diagnostic and procedure codes related to aspiration pneumonia • Tracking and analysis to determine if rates are declining over time
Increase healthy weight gain in nursing facility residents.	The demonstration will result in increased healthy weight gain among nursing facility residents.	<ul style="list-style-type: none"> • Facility records • Electronic / paper medical records • Interviews or focus groups with nursing facility staff
Improve quality of life in nursing facility residents.	The demonstration will result in increased quality of life among nursing facility residents.	<ul style="list-style-type: none"> • Interviews or focus groups with nursing facility residents and / or their family members • Interviews or focus groups with nursing facility staff

VII. Public Notice and Tribal Consultation

This demonstration amendment directly results from the enactment of a proposal by the New Hampshire State legislature. On July 1, 2022, legislation was signed into law requiring DHHS to implement a comprehensive adult dental benefit. New Hampshire collected public input into the proposed adult dental benefit through this legislative process.

This legislative enactment meets the public notice requirements outlined in STC 12 of the SUD-

SMI-SED-TRA Demonstration STCs finalized on June 2, 2022. Per the state notice procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994), New Hampshire is electing to use this legislative enactment as the process for receiving public input regarding the dental benefit. Refer to Attachment 2 for the full text of the legislative enactment.

VIII. Attachments

1. Compliance with Budget Neutrality Requirements



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October 28, 2022

Henry Lipman, FACHE
Medicaid Director
New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
Sent via email: henry.lipman@dhhs.nh.gov

Re: 1115 IMD Waiver Amendment Budget Neutrality Limits

Dear Henry:

At your request, we are providing the New Hampshire Department of Health and Human Services (DHHS) with amended budget neutrality limits for the 1115 waiver renewal of the Substance Use Disorder Treatment and Recovery Access (SUD-TRA) 1115 Demonstration including the SMI/SED amendment. We prepared these updated budget neutrality limit estimates for final submission to CMS to include considerations for the new adult dental benefit program effective April 1, 2023.

Because the adult dental benefit program begins during demonstration year 5 of the original SUD-TRA waiver, the revised budget neutrality limits presented here include amendments to the budget neutrality limit documented in the original amended waiver STCs dated June 16, 2021 and the waiver renewal filed with CMS in September 2022.

The cost projections included in the 1115 budget neutrality calculations are consistent with the April 2023 to June 2024 adult dental capitation rate report dated October 19, 2022. The cost included in the Non-Qualified Nursing Facility Population” MEG only includes the cost of dentures. Other adult dental state plan services for this MEG are included in the Adult Dental 1915(b) waiver.

RESULTS

Table 1A shows the original and updated budget neutrality limits by Medicaid Eligibility Group (MEG) for the SFY 2019 through SFY 2023.

Table 1A New Hampshire Department of Health and Human Services 1115 IMD Demonstration Waiver Renewal SFY 2019-SFY 2023 Budget Neutrality Limits					
MEG	DY1 – SFY 2019	DY 2 – SFY 2020	DY 3 – SFY 2021	DY 4 – SFY 2022	DY 5 – SFY 2023
Original					
Medicaid Adults	961.00	1,004.00	1,572.57	1,703.09	1,844.45
Expansion Adults	608.00	636.00	1,643.22	1,748.39	1,860.29
Adolescents	573.00	595.00	987.06	1,053.19	1,123.75
Amended					
Medicaid Adults	961.00	1,004.00	1,572.57	1,703.09	1,851.07
Expansion Adults	608.00	636.00	1,643.22	1,748.39	1,866.40
Adolescents	573.00	595.00	987.06	1,053.19	1,123.75
Non-Qualified Waiver Nursing Facility Population	0.00	0.00	0.00	0.00	1.40

Table 1B shows the original and updated budget neutrality limits by MEG for the SFY 2024 through SFY 2028 renewal period.

Table 1B					
New Hampshire Department of Health and Human Services					
1115 IMD Demonstration Waiver Renewal					
SFY 2024-SFY 2028 Budget Neutrality Limits					
MEG	DY1 – SFY 2024	DY 2 – SFY 2025	DY 3 – SFY 2026	DY 4 – SFY 2027	DY 5 – SFY 2028
Original					
Medicaid Adults – SMI	\$10,243.25	\$10,741.25	\$11,263.46	\$11,811.06	\$12,385.29
Expansion Adults – SMI	7,182.59	7,531.71	7,897.81	8,281.69	8,684.24
Medicaid Adults – SUD	1,674.85	1,756.28	1,841.67	1,931.21	2,025.10
Expansion Adults - SUD	1,266.10	1,327.64	1,392.18	1,459.85	1,530.80
Adolescents – SUD	1,022.51	1,072.81	1,125.59	1,180.97	1,239.07
Amended					
Medicaid Adults – SMI	\$10,271.02	\$10,770.37	\$11,294.00	\$11,843.09	\$12,418.87
Expansion Adults – SMI	7,208.22	7,558.59	7,925.99	8,311.25	8,715.23
Medicaid Adults – SUD	1,702.63	1,785.41	1,872.21	1,963.23	2,058.68
Expansion Adults - SUD	1,291.74	1,354.52	1,420.36	1,489.40	1,561.80
Adolescents – SUD	1,022.51	1,072.81	1,125.59	1,180.97	1,239.07
Non-Qualified Waiver Nursing Facility Population	1.47	1.54	1.62	1.70	1.79

The amended budget neutrality limits include the following costs:

- For SMI and SUD related MEGs, we added the full cost of the adult dental capitation payment to the dental vendor since DHHS will continue to pay this amount on behalf of members in an IMD
 - This amount is included for the last three months of DY 5 – SFY 2023
 - This amount is included for all years of the waiver renewal: DY 1 – 2024 through DY 5 – 2028
- For the new Non-Qualified Waiver Nursing Facility population MEG, we only include the cost of dentures in the budget neutrality calculation since this benefit is not a state plan service
 - All other dental costs for this MEG are included in the dental 1915(b) waiver cost effectiveness calculations

CAVEATS AND LIMITATIONS ON USE

This letter is designed to assist DHHS with developing updated budget neutrality limits for the 1115 IMD demonstration waiver renewal to include considerations for the adult dental benefit. This information may not be appropriate, and should not be used, for other purposes.

Milliman has developed certain models to estimate the values included in this letter. The intent of the models was to estimate budget neutrality limits for the 1115 IMD demonstration waiver renewal. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose and in compliance with generally accepted actuarial practice and relevant actuarial standards of practice (ASOPs).

The information contained in this letter has been prepared for DHHS. To the extent that the information contained in this letter is provided to third parties, this letter should be distributed in its entirety. Any user of this information must possess a certain level of expertise in actuarial science and healthcare modeling, so as not to misinterpret the information presented.



We constructed several projection models to develop the capitation rates shown in this letter. Actual results will vary from estimates and actual results will depend on the extent to which future experience conforms to the assumptions made in these calculations. It is certain that actual experience will not conform exactly to the assumptions used herein. DHHS should monitor emerging results and take corrective action when necessary.

In preparing this information, we relied on information from DHHS regarding historical expenditures, historical enrollment, projected costs under the demonstration, and the expected return on investment for certain initiatives. We accepted this information without audit, but reviewed the information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this letter.

The terms of Milliman's contract with the New Hampshire Department of Health and Human Services effective July 1, 2022, apply to this letter and its use.



Please call us at 262 784 2250, if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Mathieu Doucet'.

Mathieu Doucet, FSA, MAAA
Senior Consulting Actuary

MD/zk

Attachments (Provided in Excel)



EXHIBITS
(Provided in Excel)

2. Legislative Enactment: Text of Chapters 285 and 319, Laws of 2022

A – Chapter 285, Laws of 2022

CHAPTER 285
HB 103 - FINAL VERSION

6Jan2022... 2214h
16Mar2022... 0904h
04/21/2022 1531s
26May2022... 2015CofC

2022 SESSION

21-0069
10/08

HOUSE BILL ***103***

AN ACT establishing a dental benefit under the state Medicaid program.

SPONSORS: Rep. Schapiro, Ches. 16; Rep. Stavis, Graf. 13; Rep. McWilliams, Merr. 27; Rep. Wazir, Merr. 17; Sen. Rosenwald, Dist 13

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 285
HB 103 - FINAL VERSION

6Jan2022... 2214h
16Mar2022... 0904h
04/21/2022 1531s
26May2022... 2015CofC

21-0069
10/08

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT establishing a dental benefit under the state Medicaid program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 285:1 Statement of Purpose; Dental Benefits under Medicaid Managed Care.

2 I. The general court recognizes that untreated oral health conditions negatively affect a person's
3 overall health and that good oral health improves a person's ability to obtain and keep employment. The
4 general court further recognizes that regular dental care and access to preventive and restorative
5 treatments for oral health conditions prevent oral conditions from developing into more complex health
6 conditions that would require medical care. In addition, the general court recognizes that personal
7 responsibility is an essential component of any strategy to improve individual oral health.

8 II. Therefore, to improve overall health and prevent future health conditions caused by oral health
9 problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225,
10 the general court hereby determines that it is in the best interest of the state of New Hampshire to extend
11 dental benefits under the Medicaid managed care program to individuals 21 years of age and over.

12 285:2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by
13 inserting after paragraph XIX the following new paragraph:

14 XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's
15 Medicaid dental program with the goals of improving access to dental care for Medicaid populations,
16 improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider
17 capacity, fostering individual behaviors that promote good oral health, and retaining innovative programs
18 that improve access and care through a value-based care model.

19 (2) The commissioner shall issue a request for information to assist in determining
20 whether the state's Medicaid dental program would be best administered by a dental managed care
21 organization or, alternatively, by the state's current medical managed care organizations. The
22 commissioner shall obtain the requested information from both the current medical managed care
23 organizations and any interested dental managed care organization. The approach selected shall be that
24 which demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation,
25 patient education, and savings. The request for information shall be released no later than August 1,
26 2022. The request for information shall address improving health outcomes, expanding the provider
27 network, increasing capacity of providers, integrating a value-based care model, and exploring innovative
28 programs for children and adults.

29 (3) If the commissioner determines that the program would be best administered by a
30 dental managed care organization, the commissioner shall issue a 3-year request for proposals, with 2

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- Page 2 -

1 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability
2 to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The
3 state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS)
4 within the quarter of implementation (by June 30, 2023). Implementation of a procured contract shall
5 begin April 1, 2023. The commissioner shall establish a capitated rate for the contract that is full risk to
6 the vendor. In contracting with a dental managed care organization and the various rate cells, the
7 department shall ensure no reduction in the quality of care of services provided to enrollees in the
8 managed care model and shall exercise all due diligence to maintain or increase the quality of care
9 provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-
10 N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary
11 and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The
12 program shall not commence operation until such state plan amendments or waivers have been approved
13 by CMS. All necessary state plan amendments shall be submitted within the quarter of implementation
14 (by June 30, 2023) and waivers shall be submitted by October 1, 2022.

15 (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to
16 implement the provisions of this paragraph and shall first obtain approval of proposed rules by the joint
17 health care reform oversight committee, pursuant to RSA 420-N:3.

18 (b) Any vendor awarded a contract pursuant to this paragraph shall provide the following
19 dental services to individuals 21 years of age and over, reimbursed under the United States Social
20 Security Act, Title XIX, or successors to it:

21 (1) Diagnostic and preventive dental services including an annual comprehensive oral
22 examination, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction,
23 behavior management and smoking cessation counseling, and other services as determined by the
24 annual update of Current Dental Terminology (CDT) codes D0100-D0999 and D1000-D1999 for
25 diagnostic and preventive services. Annual updates to the CDT shall be made available on the
26 department of health and human services' website.

27 (2) Comprehensive restorative treatment necessary to prevent or treat oral health
28 conditions, to reduce or eliminate the need for future acute oral health care, and to avoid more costly
29 medical or dental care.

30 (3) Oral surgery and treatment necessary to relieve pain, eliminate infection or prevent
31 imminent tooth loss.

32 (4) Removable prosthodontic coverage for individuals served on the developmental
33 disability (DD), acquired brain disorder (ABD), and choices for independence (CFI) waivers, such waivers
34 authorized under Section 1915(c) of the Social Security Act, and nursing facility resident populations only,
35 subject to medical necessity.

36 (5) The individual benefit shall be capped at \$1,500 per year, excluding preventive
37 services, provided that this cap shall be subject to adjustment upon approval by the joint legislative fiscal
38 committee and governor and council.

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- Page 3 -

1 (c) With the exception of diagnostic and preventive services, cost sharing shall be
2 implemented to the maximum extent allowed under CMS guidelines for Medicaid recipients with family
3 incomes above 100 percent of the Federal Poverty Level (FPL).

4 (d) The department of health and human services shall present an annual report to the health
5 and human services oversight committee that includes, but is not limited to, Medicaid recipient utilization,
6 provider participation, and other indicators of program effectiveness.

7 (e) In this paragraph, “dental managed care organization” means any dental care
8 organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that
9 provides, directly or by contract, dental care services covered under this paragraph rendered by licensed
10 providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.

11 285:3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of
12 \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene
13 Corporation and its affiliates (“Centene”), relative to pharmacy benefits in the Medicaid program shall be
14 appropriated to the department of health and human services and shall not lapse. Of said sum:

15 I. The first \$2,420,203 of funds received by the state shall be used by the department of health
16 and human services to meet the financial requirements of completing the Medicaid Care Management
17 SFY 20 Risk Corridor calculation.

18 II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
19 benefit in the Medicaid program.

20 III. In the event an adult dental benefit in the Medicaid program is not implemented by June 30,
21 2023, the sum allocated under paragraph II shall be transferred as follows:

22 (a) 10 percent of the funds shall be transferred to the revenue stabilization reserve account
23 pursuant to RSA 7:6-e, I; and

24 (b) The remainder of the funds shall be transferred to the general fund.

25 IV. The department of health and human services may accept and expend matching federal
26 funds without prior approval of the fiscal committee of the general court.

27 285:4 Adult Dental Benefit; Working Group. 2019, 346:225 is repealed and reenacted to read as
28 follows:

29 346:225 Department of Health and Human Services; Adult Dental Benefit; Working Group.

30 I. The department shall maintain a working group consisting, at a minimum, of representatives of
31 the following stakeholders: each managed care plan under contract with the state, the New Hampshire
32 Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New
33 Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary
34 Care Association, a representative of a New Hampshire dental insurance carrier designated by the
35 governor, 2 members of the house of representatives, one of whom shall be from the majority party and
36 one of whom shall be from the minority party, appointed by the speaker of the house of representatives, 2
37 members of the senate, one of whom shall be from the majority party and one of whom shall be from the
38 minority party, appointed by the president of the senate, a member of the commission to evaluate the
39 effectiveness and future of the New Hampshire granite advantage health care program designated by the

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- Page 4 -

1 commission, and 2 members of the New Hampshire medical care advisory committee, one of whom shall
2 be a consumer advocate, designated by the committee. The working group shall advise the
3 commissioner on matters relative to incorporating a dental benefit for individuals 21 years of age or older
4 into the state's Medicaid Managed Care Program.

5 II. The working group shall be convened by the commissioner of health and human services and
6 shall be subject to RSA 91-A.

7 III. The working group convened and maintained by the commissioner under this section shall be
8 discontinued and have its duties terminated by the commissioner upon selection of an approach for
9 administering the Medicaid dental benefit as described in RSA 126-A:5, XIX-a.(a)(2).

10 285:5 Repeal. 2019, 346:226, relative to reports by the department of health and human services on
11 implementation of an adult dental benefit, is repealed.

12 285:6 Effective Date.

13 I. Section 3 of this act shall take effect June 30, 2022.

14 II. The remainder of this act shall take effect upon its passage.

Approved: July 01, 2022

Effective Date:

I. Section 3 effective June 30, 2022

II. Remainder effective July 1, 2022

B – Chapter 319, Laws of 2022

CHAPTER 319
SB 422-FN - FINAL VERSION

02/16/2022 0468s
02/24/2022 0804s
4May2022... 1331h

2022 SESSION

22-2857
05/10

SENATE BILL ***422-FN***

AN ACT establishing an adult dental benefit under the state Medicaid program.

SPONSORS: Sen. Rosenwald, Dist 13; Sen. Sherman, Dist 24; Sen. Hennessey, Dist 1; Sen. Soucy, Dist 18; Sen. Gannon, Dist 23; Sen. Reagan, Dist 17; Sen. D'Allesandro, Dist 20; Sen. Whitley, Dist 15; Sen. Avard, Dist 12; Sen. Cavanaugh, Dist 16; Sen. Bradley, Dist 3; Sen. Ward, Dist 8; Sen. Watters, Dist 4; Sen. Perkins Kwoka, Dist 21; Sen. Kahn, Dist 10; Sen. Prentiss, Dist 5; Sen. Giuda, Dist 2; Rep. McMahon, Rock. 7; Rep. Nordgren, Graf. 12; Rep. Wallner, Merr. 10; Rep. Marsh, Carr. 8; Rep. Espitia, Hills. 31

COMMITTEE: Health and Human Services

AMENDED ANALYSIS

This bill requires the commissioner of the department of health and human services to solicit information and to contract with dental managed care organizations to provide dental care to persons under the Medicaid managed care program. The bill also appropriates the settlement funds received by the state from its settlement with the Centene Corporation to the department of health and human services for the purpose of funding the non-federal share of the adult dental benefit program and to complete the Medicaid Care Management SFY 20 Risk Corridor calculation.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

CHAPTER 319
SB 422-FN - FINAL VERSION

02/16/2022 0468s
02/24/2022 0804s
4May2022... 1331h

22-2857
05/10

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Twenty Two

AN ACT establishing an adult dental benefit under the state Medicaid program.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 319:1 Statement of Purpose; Dental Benefits under Medicaid Managed Care.

2 I. The general court recognizes that untreated oral health conditions negatively affect a person's
3 overall health and that good oral health improves a person's ability to obtain and keep employment. The
4 general court further recognizes that regular dental care and access to preventive and restorative
5 treatments for oral health conditions prevent oral conditions from developing into more complex health
6 conditions that would require medical care. In addition, the general court recognizes that personal
7 responsibility is an essential component of any strategy to improve individual oral health.

8 II. Therefore, to improve overall health and prevent future health conditions caused by oral health
9 problems, and based on the recommendation of the working group convened pursuant to 2019, 346:225,
10 the general court hereby determines that it is in the best interest of the state of New Hampshire to extend
11 dental benefits under the Medicaid managed care program to individuals 21 years of age and over.

12 319:2 New Paragraph; Medicaid Managed Care Program; Dental Benefits. Amend RSA 126-A:5 by
13 inserting after paragraph XIX the following new paragraph:

14 XIX-a.(a)(1) The commissioner shall pursue contracting options to administer the state's
15 Medicaid dental program with the goals of improving access to dental care for Medicaid populations,
16 improving health outcomes for Medicaid enrollees, expanding the provider network, increasing provider
17 capacity, fostering individual behaviors that promote good oral health, and retaining innovative programs
18 that improve access and care through a value-based care model.

19 (2) The commissioner shall issue a request for information to assist in determining
20 whether the state's Medicaid dental program would be best administered by a dental managed care
21 organization or, alternatively, by the state's current medical managed care organizations. The
22 commissioner shall obtain the requested information from both the current medical managed care
23 organizations and any interested dental managed care organization. The approach selected shall be that
24 which demonstrates the greatest ability to satisfy the state's need for value, quality, efficiency, innovation,
25 patient education, and savings. The request for information shall be released no later than August 1,
26 2022. The request for information shall address improving health outcomes, expanding the provider
27 network, increasing capacity of providers, integrating a value-based care model, and exploring innovative
28 programs for children and adults.

29 (3) If the commissioner determines that the program would be best administered by a
30 dental managed care organization, the commissioner shall issue a 3-year request for proposals, with 2
31 optional one-year extensions, to enter into contracts with the vendor that demonstrates the greatest ability

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1 to satisfy the state's need for value, quality, efficiency, innovation, patient education, and savings. The
2 state plan amendment shall be submitted to the Centers for Medicare and Medicaid Services (CMS)
3 within the quarter of implementation (by June 30, 2023). Implementation of a procured contract shall
4 begin April 1, 2023. The commissioner shall establish a capitated rate for the contract that is full risk to
5 the vendor. In contracting with a dental managed care organization and the various rate cells, the
6 department shall ensure no reduction in the quality of care of services provided to enrollees in the
7 managed care model and shall exercise all due diligence to maintain or increase the quality of care
8 provided. Following approval by the joint health care reform oversight committee, pursuant to RSA 420-
9 N:3, the department shall seek, with the review of the fiscal committee of the general court, all necessary
10 and appropriate state plan amendments and waivers to implement the provisions of this paragraph. The
11 program shall not commence operation until such state plan amendments or waivers have been approved
12 by CMS. All necessary state plan amendments shall be submitted within the quarter of implementation
13 (by June 30, 2023) and waivers shall be submitted by October 1, 2022.

14 (4) The commissioner shall adopt rules, pursuant to RSA 541-A, if necessary, to
15 implement the provisions of this paragraph and shall first obtain approval of proposed rules by the joint
16 health care reform oversight committee, pursuant to RSA 420-N:3.

17 (b) Any vendor awarded a contract pursuant to this paragraph shall provide the following
18 dental services to individuals 21 years of age and over, reimbursed under the United States Social
19 Security Act, Title XIX, or successors to it:

20 (1) Diagnostic and preventive dental services including an annual comprehensive oral
21 examination, necessary x-rays or other imaging, prophylaxis, topical fluoride, oral hygiene instruction,
22 behavior management and smoking cessation counseling, and other services as determined by the
23 annual update of Current Dental Terminology (CDT) codes D0100-D0999 and D1000-D1999 for
24 diagnostic and preventive services. Annual updates to the CDT shall be made available on the
25 department of health and human services' website.

26 (2) Comprehensive restorative treatment necessary to prevent or treat oral health
27 conditions, to reduce or eliminate the need for future acute oral health care, and to avoid more costly
28 medical or dental care.

29 (3) Oral surgery and treatment necessary to relieve pain, eliminate infection or prevent
30 imminent tooth loss.

31 (4) Removable prosthodontic coverage for individuals served on the developmental
32 disability (DD), acquired brain disorder (ABD), and choices for independence (CFI) waivers, such waivers
33 authorized under Section 1915(c) of the Social Security Act, and nursing facility resident populations only,
34 subject to medical necessity.

35 (5) The individual benefit shall be capped at \$1,500 per year, excluding preventive
36 services, provided that this cap shall be subject to adjustment upon approval by the joint legislative fiscal
37 committee and governor and council.

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1 (c) With the exception of diagnostic and preventive services, cost sharing shall be
2 implemented to the maximum extent allowed under CMS guidelines for Medicaid recipients with family
3 incomes above 100 percent of the Federal Poverty Level (FPL).

4 (d) The department of health and human services shall present an annual report to the health
5 and human services oversight committee that includes, but is not limited to, Medicaid recipient utilization,
6 provider participation, and other indicators of program effectiveness.

7 (e) In this paragraph, “dental managed care organization” means any dental care
8 organization, dental service organization, health insurer, or other entity licensed under Title XXXVII, that
9 provides, directly or by contract, dental care services covered under this paragraph rendered by licensed
10 providers and that meets the requirements of Title XIX or Title XI of the federal Social Security Act.

11 319:3 Appropriation; Centene Corporation Settlement. Notwithstanding RSA 7:6-e, the sum of
12 \$21,148,822 received from the settlement of December, 2021 between New Hampshire and the Centene
13 Corporation and its affiliates (“Centene”), relative to pharmacy benefits in the Medicaid program shall be
14 appropriated to the department of health and human services and shall not lapse. Of said sum:

15 I. The first \$2,420,203 of funds received by the state shall be used by the department of health
16 and human services to meet the financial requirements of completing the Medicaid Care Management
17 SFY 20 Risk Corridor calculation.

18 II. The remaining \$18,728,619 shall be used to fund the non-federal share of an adult dental
19 benefit in the Medicaid program.

20 III. In the event an adult dental benefit in the Medicaid program is not implemented by June 30,
21 2023, the sum allocated under paragraph II shall be transferred as follows:

22 (a) 10 percent of the funds shall be transferred to the revenue stabilization reserve account
23 pursuant to RSA 7:6-e, I; and

24 (b) The remainder of the funds shall be transferred to the general fund.

25 IV. The department of health and human services may accept and expend matching federal
26 funds without prior approval of the fiscal committee of the general court.

27 319:4 Adult Dental Benefit; Working Group. 2019, 346:225 is repealed and reenacted to read as
28 follows:

29 346:225 Department of Health and Human Services; Adult Dental Benefit; Working Group.

30 I. The department shall maintain a working group consisting, at a minimum, of representatives of
31 the following stakeholders: each managed care plan under contract with the state, the New Hampshire
32 Oral Health Coalition, a public health dentist and a solo private practice dentist recommended by the New
33 Hampshire Dental Society, the New Hampshire Dental Hygienist Association, and the Bi-State Primary
34 Care Association, a representative of a New Hampshire dental insurance carrier designated by the
35 governor, 2 members of the house of representatives, one of whom shall be from the majority party and
36 one of whom shall be from the minority party, appointed by the speaker of the house of representatives, 2
37 members of the senate, one of whom shall be from the majority party and one of whom shall be from the
38 minority party, appointed by the president of the senate, a member of the commission to evaluate the
39 effectiveness and future of the New Hampshire granite advantage health care program designated by the

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1 commission, and 2 members of the New Hampshire medical care advisory committee, one of whom shall
2 be a consumer advocate, designated by the committee. The working group shall advise the
3 commissioner on matters relative to incorporating a dental benefit for individuals 21 years of age or older
4 into the state's Medicaid Managed Care Program.

5 II. The working group shall be convened by the commissioner of health and human services and
6 shall be subject to RSA 91-A.

7 III. The working group convened and maintained by the commissioner under this section shall be
8 discontinued and have its duties terminated by the commissioner upon selection of an approach for
9 administering the Medicaid dental benefit as described in RSA 126-A:5, XIX-a.(a)(2).

10 319:5 Repeal. 2019, 346:226, relative to reports by the department of health and human services on
11 implementation of an adult dental benefit, is repealed.

12 319:6 Effective Date.

13 I. Section 3 of this act shall take effect June 30, 2022.

14 II. The remainder of this act shall take effect upon its passage.

Approved: July 01, 2022

Effective Date:

I. Section 3 effective June 30, 2022

II. Remainder effective July 1, 2022