

Amendment to SB 754-FN

1 Amend RSA XIX-a(a)(2) and (3) as inserted by section 2 of the bill by replacing it with the following:

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3 (2) The commissioner shall issue a request for information to assist in selecting the
4 administrative model for the state's Medicaid dental program. Such model shall be either a model
5 administered by a dental managed care organization or a model administered by the state's current
6 medical managed care organizations. The commissioner shall obtain the requested information from
7 both the current medical managed care organizations and any interested dental managed care
8 organization. The administrative model selected shall demonstrate the greatest ability to satisfy the
9 state's need for value, quality, efficiency, innovation, and savings. The request for information shall
10 be released no later than August 1, 2020. The request for information shall address improving
11 health outcomes, expanding the provider network, increasing capacity of providers, integrating a
12 value-based care model, and exploring innovative programs for children and adults.

13 (3) If the model administered by a dental managed care organization is selected, the
14 commissioner shall issue a 3-year request for proposals, with 2 optional one-year extensions, to enter
15 into contracts with the vendor that demonstrates the greatest ability to satisfy the state's need for
16 value, quality, efficiency, innovation, and savings. The state plan amendment shall be submitted to
17 the Centers for Medicare and Medicaid Services (CMS) no later than November 1, 2020.
18 Implementation of a procured contract shall begin April 1, 2021. The commissioner shall establish a
19 capitated rate for the appropriate model for the contract that is full risk to the vendor. In
20 contracting for a dental managed care model and the various rate cells, the department shall ensure
21 no reduction in the quality of care of services provided to enrollees in the managed care model and
22 shall exercise all due diligence to maintain or increase the quality of care provided. Following
23 approval by the joint health care reform oversight committee, pursuant to RSA 420-N:3, the
24 department shall seek, with the review of the fiscal committee of the general court, all necessary and
25 appropriate state plan amendments and waivers to implement the provisions of this paragraph. The
26 program shall not commence operation until such state plan amendments or waivers have been
27 approved by CMS. All necessary state plan amendments and waivers shall be submitted by
28 November 1, 2020.