COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB3714 Of the printed Bill
Page ___________ Section ___________ Lines ___________ Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____________________________

Amendment submitted by: Kevin Wallace

______________________________
Reading Clerk
STATE OF OKLAHOMA

2nd Session of the 56th Legislature (2018)

PROPOSED COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NO. 3714

By: Wallace and Casey of the House

and

David and Fields of the Senate

PROPOSED COMMITTEE SUBSTITUTE

An Act relating to directed dental care services; stating purpose; requiring certain contracting by the Oklahoma Health Care Authority; specifying certain methods of compensation; requiring certain minimum number of contracts; providing exception; requiring certain contract provisions related to reporting, utilization of fees, term length, and cost responsibilities; limiting meaning of certain phrase; requiring certain verifications; authorizing the establishment of certain minimum standards; requiring certain evidence be considered when assessing compliance with standards; prohibiting certain conditions to contract awards; providing for the assignment of eligible persons to plans under different scenarios; authorizing rate setting as needed; authorizing the promulgation of rules; authorizing the Oklahoma Health Care Authority to seek necessary state plan amendments and federal waivers; requiring initial awards by certain date; providing for contracts to become effective on certain date; and providing for codification.
BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 5028.2 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. To increase efficiency and facilitate better access and oral health outcomes for Medicaid enrollees, the Oklahoma Health Care Authority shall contract with licensed dental health plans for directed dental care services on a statewide basis. The provisions of such contracts shall provide compensation on a prepaid or fixed full-risk basis for participating licensed dental health plans.

B. 1. Except as provided in paragraph 2 of this subsection, the Authority shall maintain contracts with at least two licensed dental health plans in all areas of the state for the provision of directed dental care services.

2. The Authority shall not be considered in violation of this subsection for areas of this state where less than two licensed dental health plans offering directed dental care services are operating.

C. All contracts entered pursuant to the provisions of this section shall include but not be limited to the following provisions:

1. Quarterly reporting requirements of Medicaid utilization and encounter data by current dental technology code by the licensed dental health plan to the Authority;
2. Elements designed to reduce enrollee emergency room utilization for dental purposes;

3. Requirements that no less than eighty-five percent (85%) of all contracting fees be utilized to directly offset the cost of providing direct patient care to eligible persons by the licensed dental health plan. For purposes of this paragraph the meaning of the phrase "cost of providing direct patient care to eligible persons" shall not include costs associated with licensed dental health plan administration, or the administration of the provisions of a contract entered under this section;

4. A contract term-length of three (3) years with two one-year-renewal options for the licensed dental health plan; and

5. That the Authority and the state shall bear no responsibility for costs associated with the general transition from the existing fee-for-service reimbursement model to the directed dental care model provided for under this section.

D. The Authority shall verify that savings estimated by every licensed dental health plan seeking to enter a contract under the provisions of this section are actuarially sound prior to entering a contract with such plan.

E. The Authority may establish minimum standards for adequacy and size of provider networks, and require licensed dental health plans seeking to enter contracts under the provisions of this section to provide evidence their network meets or exceeds such
standards prior to entering a contract with such plan. For purposes of determining adequacy and size pursuant to this subsection the Authority shall accept, as evidence of a licensed dental health plan's provider network, nonbinding letters of intent the licensed dental health plan has entered with providers. The Authority shall not require a licensed dental health plan to have fully contracted with network providers prior to the award of a contract under this section.

F. 1. During the first year of implementation of the directed dental care services program created under the provisions of this section, the Authority shall assign eligible persons at an even distribution among contracted licensed dental health plans; provided, that sixty (60) days after being assigned to a contracted licensed dental health plan, eligible persons shall have the option to remain with such plan or be assigned to the contracted licensed dental health plan of their choice.

2. After the first year of implementation of the directed dental care services program created under the provisions of this section, eligible persons shall have the option to be assigned to the contracted licensed dental health plan of their choice. Eligible persons who do not utilize their option to make such a choice shall be assigned by the Authority to the contracted licensed dental health plan with the highest Medicaid market share within the state at that time.
G. The Authority shall set minimum provider rates as needed to implement the provisions of this section.

H. The Authority shall promulgate rules as needed to implement the provisions of this section.

I. The Authority shall seek any necessary state plan amendments and federal waivers required to implement the provisions of this section.

J. The Authority shall award the initial contracts under the provisions of this section to no less than two licensed dental health plans no later than March 1, 2019, and such contracts shall become effective July 1, 2019.