



ENROLLED

HB 819, Engrossed 1

2016 Legislature

1  
 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 Office of  
 6 Program Policy Analysis and Government Accountability  
 7 to provide a report to the Governor and Legislature;  
 8 specifying requirements for the report; providing for  
 9 use of the report's findings; requiring the Agency for  
 10 Health Care Administration to implement a statewide  
 11 Medicaid prepaid dental health program upon the  
 12 occurrence of certain conditions; specifying  
 13 requirements for the program and the selection of  
 14 providers; providing effective dates.

15  
 16 Be It Enacted by the Legislature of the State of Florida:

17  
 18 Section 1. Effective March 1, 2019, subsection (1) of  
 19 section 409.973, Florida Statutes, is amended to read:

20 409.973 Benefits.—

21 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 22 minimum, the following services:

- 23 (a) Advanced registered nurse practitioner services.
- 24 (b) Ambulatory surgical treatment center services.
- 25 (c) Birthing center services.
- 26 (d) Chiropractic services.



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- 27        ~~(e)~~ ~~Dental services.~~
- 28        (e) ~~(f)~~ Early periodic screening diagnosis and treatment
- 29 services for recipients under age 21.
- 30        (f) ~~(g)~~ Emergency services.
- 31        (g) ~~(h)~~ Family planning services and supplies. Pursuant to
- 32 42 C.F.R. s. 438.102, plans may elect to not provide these
- 33 services due to an objection on moral or religious grounds, and
- 34 must notify the agency of that election when submitting a reply
- 35 to an invitation to negotiate.
- 36        (h) ~~(i)~~ Healthy start services, except as provided in s.
- 37 409.975(4).
- 38        (i) ~~(j)~~ Hearing services.
- 39        (j) ~~(k)~~ Home health agency services.
- 40        (k) ~~(l)~~ Hospice services.
- 41        (l) ~~(m)~~ Hospital inpatient services.
- 42        (m) ~~(n)~~ Hospital outpatient services.
- 43        (n) ~~(o)~~ Laboratory and imaging services.
- 44        (o) ~~(p)~~ Medical supplies, equipment, prostheses, and
- 45 orthoses.
- 46        (p) ~~(q)~~ Mental health services.
- 47        (q) ~~(r)~~ Nursing care.
- 48        (r) ~~(s)~~ Optical services and supplies.
- 49        (s) ~~(t)~~ Optometrist services.
- 50        (t) ~~(u)~~ Physical, occupational, respiratory, and speech
- 51 therapy services.
- 52        (u) ~~(v)~~ Physician services, including physician assistant



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53 | services.

54 |     ~~(v)(w)~~ Podiatric services.

55 |     ~~(w)(x)~~ Prescription drugs.

56 |     ~~(x)(y)~~ Renal dialysis services.

57 |     ~~(y)(z)~~ Respiratory equipment and supplies.

58 |     ~~(z)(aa)~~ Rural health clinic services.

59 |     ~~(aa)(bb)~~ Substance abuse treatment services.

60 |     ~~(bb)(cc)~~ Transportation to access covered services.

61 |     Section 1. Subsection (5) is added to section 409.973,

62 | Florida Statutes, to read:

63 |     409.973 Benefits.—

64 |     (5) PROVISION OF DENTAL SERVICES.—

65 |     (a) The Office of Program Policy Analysis and Government

66 | Accountability shall provide a comprehensive report on the

67 | provision of dental services under this part to the Governor,

68 | the President of the Senate, and the Speaker of the House of

69 | Representatives by December 1, 2016. The Office of Program

70 | Policy Analysis and Government Accountability is authorized to

71 | contract with an independent third party to assist in the

72 | preparation of the report required by this paragraph.

73 |     1. The report must examine the effectiveness of medical

74 | managed care plans in increasing patient access to dental care,

75 | improving dental health, achieving satisfactory outcomes for

76 | Medicaid recipients and the dental provider community, providing

77 | outreach to Medicaid recipients, and delivering value and

78 | transparency to the state's taxpayers regarding the dollars



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79 intended for, and spent on, actual dental services.  
80 Additionally, the report must examine, by plan and in the  
81 aggregate, the historical trends of rates paid to dental  
82 providers and to dental plan subcontractors, dental provider  
83 participation in plan networks, and provider willingness to  
84 treat Medicaid recipients. The report must also compare current  
85 and historical efforts and trends and the experiences of other  
86 states in delivering dental services, increasing patient access  
87 to dental care, and improving dental health.

88 2. The Legislature may use the findings of this report in  
89 setting the scope of minimum benefits set forth in this section  
90 for future procurements of eligible plans as described in s.  
91 409.966. Specifically, the decision to include dental services  
92 as a minimum benefit under this section, or to provide Medicaid  
93 recipients with dental benefits separate from the Medicaid  
94 managed medical assistance program described in this part, may  
95 take into consideration the data and findings of the report.

96 (b) In the event the Legislature takes no action before  
97 July 1, 2017, with respect to the report findings required under  
98 subparagraph (a)2., the agency shall implement a statewide  
99 Medicaid prepaid dental health program for children and adults  
100 with a choice of at least two licensed dental managed care  
101 providers who must have substantial experience in providing  
102 dental care to Medicaid enrollees and children eligible for  
103 medical assistance under Title XXI of the Social Security Act  
104 and who meet all agency standards and requirements. To qualify



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105 | as a provider under the prepaid dental health program, the  
106 | entity must be licensed as a prepaid limited health service  
107 | organization under part I of chapter 636 or as a health  
108 | maintenance organization under part I of chapter 641. The  
109 | contracts for program providers shall be awarded through a  
110 | competitive procurement process. The contracts must be for 5  
111 | years and may not be renewed; however, the agency may extend the  
112 | term of a plan contract to cover delays during a transition to a  
113 | new plan provider. The agency shall include in the contracts a  
114 | medical loss ratio provision consistent with s. 409.967(4). The  
115 | agency is authorized to seek any necessary state plan amendment  
116 | or federal waiver to commence enrollment in the Medicaid prepaid  
117 | dental health program no later than March 1, 2019.

118 |       Section 2. Except as otherwise expressly provided in this  
119 | act, this act shall take effect July 1, 2016.