
SENATE BILL 5604

State of Washington

65th Legislature

2017 Regular Session

By Senators Rivers and Cleveland

1 AN ACT Relating to purchasing managed dental care for medicaid
2 enrollees; adding a new section to chapter 74.09 RCW; and creating
3 new sections.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The current medicaid dental program is
6 administered by the health care authority as a fee-for-service
7 system, and is limited for many clients. Access to services,
8 especially for adults, is very limited in part due to low
9 reimbursement rates, administratively burdensome program
10 requirements, and uneven geographic distribution of participating
11 dentists. Contracting out the administration of the dental program
12 may offer opportunities to increase access to care, increase provider
13 rates, improve education and outreach to enrollees, streamline
14 administration, align the dental benefit package with evidence-based
15 care, reduce emergency room services for dental care, and enhance
16 participation of providers and stakeholders in the operation of the
17 program.

18 NEW SECTION. **Sec. 2.** A new section is added to chapter 74.09
19 RCW to read as follows:

1 (1) Subject to amounts appropriated for this specific purpose,
2 the agency shall establish a statewide prepaid dental managed care
3 program for children and adults to improve access to dental care and
4 improve the dental program infrastructure, expand the provider
5 network, increase provider capacity, and retain innovative programs
6 that improve access and care such as the access to baby and child
7 dentistry program. A review of state contracting methods shows that
8 the dental managed care model is a comprehensive model created around
9 the idea of using preventative care and coordination of care to
10 increase the health of the individual with the overall intent of
11 reducing the use of higher cost services such as emergency room
12 treatment.

13 (2) The agency shall contract with at least two dental managed
14 care organizations, to be selected through a competitive procurement
15 process. Any organization selected for the dental managed care must
16 have at least five years of extensive experience administering dental
17 benefits for medicaid enrollees. Operational metrics demonstrating
18 program success must be incorporated into the contract, including but
19 not limited to the following: Patient access to care; provider
20 networks accepting new patients; provider experience with the
21 administration of the program including claims submission and payment
22 timelines, and prior authorization process and timelines; enrollee
23 complaints; plan for the reduction of emergency room services for
24 dental care; and projected improvement to overall oral health and its
25 impact on conditions such as diabetes and preterm births. The agency
26 shall include in the contracts a provision that requires eighty-five
27 percent of the contracting fee be used to directly offset the cost of
28 providing direct patient care, and expenditures for activities that
29 improve health care quality, as opposed to administrative costs.

30 (3) For purposes of this section: "Dental managed care
31 organization" means any dental managed care organization that
32 provides directly, or by contract, dental care services covered under
33 this chapter and rendered by licensed dentists and specialist
34 providers, on a full-risk prepaid capitated basis and that meets the
35 requirements of Title XIX or Title XI of the federal social security
36 act.

37 NEW SECTION. **Sec. 3.** If specific funding for the purposes of
38 this act, referencing this act by bill or chapter number, is not

1 provided by June 30, 2017, in the omnibus appropriations act, this
2 act is null and void.

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