



General Assembly

January Session, 2007

Raised Bill No. 7069

LCO No. 3360

03360_____PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING ACCESS TO ORAL HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-282b of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective from passage*):

3 [(a) Not later than July 1, 2004, and prior to the implementation of a
4 state-wide dental plan that provides for the administration of the
5 dental services portion of the department's medical assistance, the
6 Commissioner of Social Services shall amend the federal waiver
7 approved pursuant to Section 1915(b) of the Social Security Act. Such
8 waiver amendment shall be submitted to the joint standing committees
9 of the General Assembly having cognizance of matters relating to
10 human services and appropriations and the budgets of state agencies
11 in accordance with the provisions of section 17b-8.

12 (b) Prior to the implementation of a state-wide dental plan that
13 provides for the administration of the dental services portion of the
14 department's medical assistance program, the Commissioner of Social
15 Services shall review eliminating prior authorization requirements for
16 basic and routine dental services. In the event the commissioner adopts

17 regulations to eliminate such prior authorization requirements, the
18 commissioner may implement policies and procedures for the
19 purposes of this subsection while in the process of adopting such
20 regulations, provided the commissioner prints notice of intention to
21 adopt the regulations in the Connecticut Law Journal not later than
22 twenty days after implementing the policies and procedures.]

23 (a) The Commissioner of Social Services shall establish a fee
24 schedule, to be effective from October 1, 2007, to July 1, 2010, for dental
25 services provided to children under the age of nineteen who are
26 eligible for medical assistance under section 17b-261. The schedule
27 shall provide for a fee for each dental service, except orthodontic
28 services, that is equal to the seventieth percentile of normal and
29 customary private provider fees, as defined by the National Dental
30 Advisory Service Comprehensive Fee Report. The schedule shall
31 provide for a fee for each orthodontic service, which may be less than
32 the seventieth percentile of normal and customary private provider
33 fees, as defined by the National Dental Advisory Service
34 Comprehensive Fee Report.

35 (b) The Commissioner of Social Services shall evaluate whether the
36 fee schedule established pursuant to subsection (a) of this section
37 results in improved access to oral health care for medical assistance
38 recipients under the age of nineteen, as measured by the increase in the
39 number of providers registered to provide dental services under the
40 medical assistance program described in section 17b-261. The
41 commissioner shall submit a report of the evaluation, along with any
42 recommendations, not later than December 31, 2009, to the joint
43 standing committees of the General Assembly having cognizance of
44 matters relating to human services and public health, in accordance
45 with the provisions of section 11-4a.

46 Sec. 2. Section 17b-296 of the general statutes is repealed and the
47 following is substituted in lieu thereof (*Effective from passage*):

48 (a) Each managed care plan shall include sufficient numbers of

49 appropriately trained and certified clinicians of pediatric care,
50 including primary, medical subspecialty and surgical specialty
51 physicians, as well as providers of necessary related services such as
52 dental services, mental health services, social work services,
53 developmental evaluation services, occupational therapy services,
54 physical therapy services, speech therapy and language services,
55 school-linked clinic services and other public health services to assure
56 enrollees the option of obtaining benefits through such providers.

57 (b) Each managed care organization that on or after October 1, 2001,
58 enters into a contract with the department to provide comprehensive
59 services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or
60 both, shall have primary responsibility for ensuring that its behavioral
61 health and dental subcontractors adhere to the contract between the
62 department and the managed care organization, including the
63 provision of timely payments to providers and interest payments in
64 accordance with subdivision (15) of section 38a-816. The managed care
65 organization shall submit to the department a claims aging inventory
66 report including all data on all services paid by subcontractors in
67 accordance with the terms of the contract with the department.

68 (c) Upon the initial contract or the renewal of a contract between a
69 managed care organization and a behavioral health or dental
70 subcontractor, the department shall require that the managed care
71 organizations impose a performance bond, letter of credit, statement of
72 financial reserves or payment withhold for behavioral health and
73 dental subcontractors that provide services under the HUSKY Plan,
74 Part A or the HUSKY Plan, Part B, or both. Any such performance
75 bond, letter of credit, statement of financial reserves or payment
76 withhold that may be required by the department pursuant to a
77 contract with a managed care organization shall be in an amount
78 sufficient to assure the settlement of provider claims in the event that
79 the contract between the managed care organization and the
80 behavioral health or dental subcontractor is terminated. Upon the
81 initial contract or the renewal of a contract between a managed care

82 organization and a behavioral health or dental subcontractor, the
83 managed care organization shall negotiate and enter into a contract
84 termination agreement with its behavioral health and dental
85 subcontractors that shall include, but not be limited to, provisions
86 concerning financial responsibility for the final settlement of provider
87 claims and data reporting to the department. The managed care
88 organization shall submit reports to the department, at such times as
89 the department shall determine, concerning any payments made from
90 such performance bond or any payment withholds, the timeliness of
91 claim payments to providers and the payment of any interest to
92 providers.

93 (d) Prior to the approval by the department of a contract between a
94 managed care organization and a behavioral health and dental
95 subcontractor for services provided under the HUSKY Plan, Part A or
96 the HUSKY Plan, Part B, or both, the managed care organization shall
97 submit a plan to the department for the resolution of any outstanding
98 claims submitted by providers to a previous behavioral health or
99 dental subcontractor of the managed care organization for services
100 provided to members enrolled in the HUSKY Plan, Part A or the
101 HUSKY Plan, Part B, or both. Such plan for the resolution of
102 outstanding claims shall include a claims aging inventory report and
103 shall comply with the terms of the contract between the department
104 and the managed care organization.

105 (e) The Commissioner of Social Services shall establish a fee
106 schedule, to be effective from October 1, 2007, to July 1, 2010, for dental
107 services provided under the HUSKY Plan to children under the age of
108 nineteen. The schedule shall provide for a fee for each dental service,
109 except orthodontic services, that is equal to the seventieth percentile of
110 normal and customary private provider fees, as defined by the
111 National Dental Advisory Service Comprehensive Fee Report. The
112 schedule shall provide for a fee for each orthodontic service, which
113 may be less than the seventieth percentile of normal and customary
114 private provider fees, as defined by the National Dental Advisory

115 Service Comprehensive Fee Report.

116 (f) Beginning on October 1, 2007, each managed care organization or
117 dental subcontractor providing dental services under the HUSKY Plan
118 shall reimburse its dental providers for services provided to children
119 under the age of nineteen in accordance with the fee schedule
120 established pursuant to subsection (e) of this section.

121 (g) The Commissioner of Social Services shall evaluate whether the
122 fee schedule established pursuant to subsection (e) of this section
123 results in improved access to oral health care for enrollees under the
124 age of nineteen, as measured by the increase in the number of
125 providers registered to provide dental services under the HUSKY Plan.
126 The commissioner shall submit a report of the evaluation, along with
127 any recommendations, not later than December 31, 2009, to the joint
128 standing committees of the General Assembly having cognizance of
129 matters relating to human services and public health, in accordance
130 with the provisions of section 11-4a.

131 Sec. 3. (NEW) (*Effective from passage*) Not later than January 1, 2008,
132 the Commissioner of Public Health shall appoint a regional oral health
133 coordinator for up to six regions of the state with limited or no oral
134 health programs designed to expand dental services to populations
135 with restricted access to dental care. All regional oral health
136 coordinators shall be dental hygienists licensed to practice under
137 chapter 379a of the general statutes. Regional oral health coordinators
138 shall be responsible for helping parents or legal guardians secure
139 dental care for children residing in such regions who have been
140 identified as needing dental care by medical, dental or school
141 personnel.

142 Sec. 4. (NEW) (*Effective July 1, 2007*) There is established, within the
143 Department of Public Health, an Office of Oral Public Health. The
144 director of the Office of Oral Public Health shall be an experienced
145 public health dentist licensed to practice under chapter 379 of the
146 general statutes and shall:

147 (1) Coordinate and direct state activities with respect to state and
148 national dental public health programs;

149 (2) Serve as the department's chief advisor on matters involving oral
150 health; and

151 (3) Plan, implement and evaluate all oral health programs within
152 the department.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-282b
Sec. 2	<i>from passage</i>	17b-296
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>July 1, 2007</i>	New section

Statement of Purpose:

To increase the reimbursement rate for dentists who provide dental services under the state's medical assistance program and to improve access to oral health care.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]