

House Bill 1449

By: Representatives Taylor of the 173rd, Hawkins of the 27th, and Knight of the 130th

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated,
2 relating to medical assistance generally provided as public assistance under social services,
3 so as to provide for the Department of Community Health to contract directly with dental
4 care administrators to cover dental services for recipients of medical assistance under
5 Medicaid and PeachCare for Kids programs; to require the Department of Community Health
6 to competitively bid out such contracts and limit such contracts to a minimum of two but no
7 more than three dental care administrators; to provide for requirements, including disclosures
8 and reports, for dental care administrators; to provide for an amendment or waiver to the state
9 plan if necessary; to provide for related matters; to repeal conflicting laws; and for other
10 purposes.

11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

12 **SECTION 1.**

13 Article 7 of Chapter 4 of Title 49 of the Official Code of Georgia Annotated, relating to
14 medical assistance generally provided as public assistance under social services, is amended
15 by adding a new Code section to read as follows:

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16 "49-4-159.2.

17 (a) For the purposes of this Code section, the term:

18 (1) 'Care management organization' means an entity which is organized for the purpose
19 of providing or arranging healthcare, has been granted a certificate of authority by the
20 Commissioner as a health maintenance organization pursuant to Chapter 21 of Title 33,
21 and has entered into a contract with the Department of Community Health to provide or
22 arrange healthcare services on a prepaid, capitated basis to Medicaid members and
23 PeachCare participants.

24 (2) 'Commissioner' means the Commissioner of Insurance.

25 (3) 'Dental care administrator' means an entity which is organized for the purpose of
26 providing or arranging dental care, has been granted a certificate of authority by the
27 Commissioner as a health maintenance organization pursuant to Chapter 21 of Title 33
28 and has entered into a contract with the Department of Community Health to provide or
29 arrange dental services on a prepaid, capitated basis to Medicaid members and PeachCare
30 participants as further provided under this Code section.

31 (4) 'Department' means the Department of Community Health established under
32 Chapter 2 of Title 31.

33 (5) 'Medicaid' means the joint federal and state program of medical assistance established
34 by Title XIX of the federal Social Security Act, which is administered in this state by the
35 department pursuant to this article.

36 (6) 'PeachCare' means the PeachCare for Kids Program created by Code
37 Section 49-5-273.

38 (7) 'Selected dental care administrator' means the dental care administrator or
39 administrators selected to contract with the department to provide dental services for
40 Medicaid members and PeachCare members.

41 (b)(1) On July 1, 2022, and periodically thereafter, upon the expiration or termination
42 prior to expiration of the current term of a contract with a care management organization

43 that covers dental services for Medicaid members and PeachCare participants, the
44 department shall enter into a contract with a minimum of two but no more than three
45 dental care administrators to provide dental services for Medicaid members and
46 PeachCare participants.

47 (2) The dental care administrator shall be selected to contract with the department to
48 provide dental services for Medicaid members and PeachCare participants through a
49 competitive bidding process pursuant to Article 3 of Chapter 5 of Title 50.

50 (3) The final contract between the department and the selected dental care administrator
51 shall be available for public view and inspection pursuant to Article 4 of Chapter 18 of
52 Title 50.

53 (4) The final contract between the department and the selected dental care administrator
54 shall be included in the review required under Code Section 31-53-3.

55 (c) The selected dental care administrator shall:

56 (1) Disclose all subcontracts to the Commissioner;

57 (2) Only contract out, subcontract, or assign any rights or obligations under the contract
58 with the department to qualified subcontractors in a manner approved by the
59 Commissioner or as otherwise prescribed by regulation promulgated by the
60 Commissioner;

61 (3) Be solely responsible for the administration, management, and supervision of any
62 subcontractor; and

63 (4) Not contract out, subcontract, or assign any rights or obligations under the contract
64 with the department to another dental care administrator.

65 (d)(1) Each dental care administrator shall be required to obtain a certificate of authority
66 from the Commissioner as a health maintenance organization pursuant to Chapter 21 of
67 Title 33 prior to applying to contract with the department, shall maintain such certificate,
68 and shall comply with all provisions relating to health maintenance organizations.

69 (2) The selected dental care administrator shall be subject to and comply with the
70 provisions of subsection (e) of Code Section 49-4-153 in the same manner as a care
71 management organization subject to such subsection.

72 (3) The selected dental care administrator shall be subject to and comply with the
73 provisions of Code Section 33-21A-8 in the same manner as a care management
74 organization subject to such Code section.

75 (e)(1) The selected dental care administrator shall be compensated for dental services on
76 a prepaid, capitated basis for Medicaid members and PeachCare participants.

77 (2) The selected dental care administrator shall establish a dental provider fee schedule
78 which is at least 85 percent of the maximum allowable payments for dental services as
79 published by the department in Appendix B of the Policies and Procedures for Dental
80 Services on January 1, 2020, and subject to annual review and adjustment by the
81 department.

82 (3) The selected dental care administrator shall be required to report its loss ratios and
83 the methods for calculation on an annual basis to the Commissioner. Such reports shall
84 be available for public view and inspection pursuant to Article 4 of Chapter 18 of
85 Title 50.

86 (f)(1) The selected dental care administrator shall be in operation and shall contract with
87 any willing dental providers upon the expiration or termination prior to expiration of the
88 current term of all contracts with care management organizations that cover dental
89 services for Medicaid members and PeachCare participants.

90 (2) At such time, all dental services for Medicaid members and PeachCare participants
91 shall be covered through the selected dental care administrator.

92 (g) On January 31, 2023, and annually thereafter, the selected dental care administrator
93 shall provide a written report to the department and to the Senate and House
94 Appropriations Committees during each of such administrator's contract performance years
95 with the department. Such report shall be available for public view and inspection pursuant

96 to pursuant to Article 4 of Chapter 18 of Title 50. At a minimum, such report shall
97 summarize the overall performance of such administrator's program, which shall include
98 but not be limited to the following information:

- 99 (1) Network adequacy;
- 100 (2) Changes in oral health outcomes for Georgia citizens;
- 101 (3) Patient satisfaction;
- 102 (4) Provider satisfaction;
- 103 (5) Adequacy of covered services and procedures;
- 104 (6) Adequacy of provider fees;
- 105 (7) Administrative issues for patients and providers when dealing with the administrator;
- 106 (8) Provider credentialing delays;
- 107 (9) Efficiency and satisfaction of claims processing for patients and providers; and
- 108 (10) Any other information requested by the General Assembly.

109 (h) Notwithstanding any other provision of law, all recovery audit contractors retained by
110 the department when conducting a recovery audit for the department shall utilize a
111 healthcare provider who is licensed without restriction or otherwise legally authorized and
112 currently in active practice in the same or a similar specialty as that of the treating provider
113 being audited so as to establish relevant audit methodology consistent with established
114 practice guidelines, standards of care, and state issued Medicaid provider handbooks and
115 established clinical practice guidelines and acceptable standards of care established by
116 professional or specialty organizations responsible for setting such standards of care.

117 (i) If necessary to implement any of the provisions relating to the Medicaid program, the
118 department shall submit a Medicaid state plan amendment or waiver request to the United
119 States Department of Health and Human Services."

120 **SECTION 2.**

121 All laws and parts of laws in conflict with this Act are repealed.