

FINAL BILL REPORT

SHB 2498

C 128 L 16
Synopsis as Enacted

Brief Description: Concerning prior authorization for dental services and supplies in medical assistance programs.

Sponsors: House Committee on Health Care & Wellness (originally sponsored by Representatives Caldier, Cody, DeBolt, Manweller, Walsh, Johnson, Pike, Appleton, Jinkins, Kilduff and Gregerson).

House Committee on Health Care & Wellness
Senate Committee on Health Care

Background:

Medical assistance is available to eligible low-income state residents and their families from the Health Care Authority (Authority), primarily through the Medicaid program. The majority of medical assistance clients are served under a managed care arrangement, which provides a prepaid, comprehensive system of medical and health care delivery, including primary, specialty, and ancillary health services. Dental services for medical assistance clients, however, are provided through a fee-for-service arrangement in which the dentist directly bills the Authority. Certain dental services require that the dental provider obtain authorization from the Authority prior to the service being performed. Prior authorization generally requires that the dental provider establish medical necessity for the service through sufficient, objective, clinical information.

Summary:

The Health Care Authority (Authority) must convene a work group to make recommendations for improving the prior authorization system for dental providers in medical assistance programs. The stated objective of the work group is to develop a prior authorization system that protects patients against unnecessary treatments and procedures while encouraging more dentists to treat medical assistance clients and increase access to dental care.

The work group consists of dental providers in private practice, dental providers in community health centers, oral health care advocates, and other relevant stakeholders. The work group must submit recommendations to the Director of the Authority and the health

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

care committees of the Legislature by December 15, 2016. The recommendations must identify:

- wait times for prior authorization approvals and options for reducing wait times;
- dental services currently subject to prior authorization that should remain under prior authorization and which dental services should be removed from prior authorization requirements;
- ways to remove the cost burden of prior authorization on dental providers; and
- options for adjusting payments for services subject to prior authorization.

Votes on Final Passage:

House	97	0
Senate	47	0

Effective: June 9, 2016