Dental Care for Medicaid Recipients

It has been brought to our attention that there is some confusion related to a dental care benefit for adults that are on Medicaid. We hope to help clarify some of the information related to this to better inform recipients and their families of what is being offered. There are a few different things that are happening at the same time that is also adding to the confusion.

HB 692: Relative to dental care for Medicaid recipients.
This is a bill that went through the 2019 legislative session. When this bill was introduced, it required the Medicaid managed care programs in NH to provide a dental benefit to recipients that were in their plan. The bill moved through the legislative process and, like many other bills, the language was amended along the way.

The final version of this bill gave authorization to the Medicaid managed care programs to be able to provide a dental benefit to Medicaid recipients in their program. It also required the commissioner of the department of health and human services to convene a work group to develop a dental benefit that was a value-based plan.

The commissioner is then required to submit all proposed changes to state law that may be necessary to incorporate an adult dental benefit into a value-based care plan by October 1, 2019. DHHS is the required to present an update on the status of the plan each month to the health and human services oversight committee and the fiscal committee.

A few things to know:
- This does not mandate the managed care companies to offer a dental care benefit at this time.
- HB 2 had language to begin the implementation of this benefit by April 2021. (This is part of the budget that has been vetoed and is in a continuing resolution at this time. This language, start date and plan may change.)
- There are three Managed Care Organizations in the Medicaid program as of July 1, 2019. One of them, AmeriHealth Caritas, is offering a dental care benefit for adults that are 21 years old and older. (They state there are some restrictions and limitations that apply.) AmeriHealth is offering this as a value-added service to its members. This is not required at this time; they are offering this as an additional benefit.

To find the language to the final version of HB 692:

To find more information about the open enrollment period for the Medicaid managed care organizations and comparison of plans you can visit the news section of our website:
https://csni.org/news