

Apple Health Dental Information for Providers

Background

In its 2017 budget bill, the Legislature directed the Health Care Authority (HCA) to issue a competitive procurement for managed care dental services for Apple Health (Medicaid) clients. See Laws of 2017, Chapter 1, Section 213(1)(c).

HCA announced the Apparently Successful Bidder(s) on August 1, 2018. HCA will work with the three ASBs to ensure that they are ready to sign contracts and implement the Apple Health Managed Care Dental program on July 1, 2019. The three ASBs are Amerigroup, Delta/Dentegra, and MCNA Dental.

HCA is required to sign contracts with at least one of the ASBs in each region; where only one managed care plan is available, fee-for-service will remain. HCA must ensure that the savings offered by the dental plans are actuarially sound and that the bidders have an adequate network of providers in each region. In regions where at least two plans are available, all Medicaid clients, except American Indian/Alaska Natives, will be mandatorily enrolled in the program.

HCA anticipates that it will be able to sign contracts with all three ASBs and implement Apple Health managed care dental statewide.

The ASBs or Managed Care Entities (MCE) are actively contacting dental providers and offices about the possibility of entering into contracts. It is entirely the choice of each provider as to whether or not to contract with any given MCE. HCA is not involved in the process of determining whether a provider will have a contract with an MCE; instead, the process is entirely up to the MCEs and the providers. HCA does hope that providers will consider contracting with at least one MCE so that adequate networks are available for Medicaid clients. Providers will negotiate any such contracts with the MCEs and decide which they will or will not contract with.

Frequently Asked Questions

What is the benefit of managed care?

As explained by the Legislature in the budget bill, the goals of the managed care dental program are to “result in greater efficiency” and “facilitate better access and oral health outcomes” for Medicaid clients. HCA and Medicaid clients have had positive experiences with the managed care program for physical health services, and similar outcomes are anticipated for managed care dental.

What is the effective date?

July 1, 2019 is the implementation date for the managed care dental program.

Who are MCEs?

A Managed Care Entity (MCE) is any organization having a certificate of authority or certificate of registration from the Washington State Office of Insurance Commissioner that contracts with HCA under a comprehensive risk contract to provide prepaid health care services to eligible HCA enrollees under HCA managed care programs.

I’m being contacted by many MCEs asking me to sign contracts-what should I do?

Each provider will decide which MCEs, if any, to negotiate with and which MCEs, if any, to enter into contracts with.

Why am I being contacted by MCEs if they don’t yet have contracts with HCA?

One of the primary goals of this project is to increase access to dental services for Medicaid clients. To meet this goal, one of the requirements in the request for proposal (RFP) is that MCEs submitting proposals prove that their networks include enough providers to meet several milestones. The first milestone must be met by June 29, 2018, the day that

bids are due. HCA expects that providers will be actively and respectfully contacted by MCEs to negotiate contracts.

When will we know who is awarded the contract?

HCA announced the ASBs on August 1, 2018. It is anticipated that each of the ASBs will meet all contract requirements and formally enter into agreements with HCA prior to the July 1, 2019 implementation date.

Can we wait to contract until we know who “wins?”

As explained above, we have announced the three ASBs from of RFP 2516 and fully expect that each of the MCEs will sign contracts and begin providing services on July 1, 2019.

What if we contract now with an MCE that ultimately doesn't win?

Contracts between providers and MCEs are not the domain of HCA. HCA assumes that each of the ASBs will sign a contract prior to implementation.

What if I don't contract with any MCEs?

It is entirely the choice of each provider as to whether or not to contract with any given MCE. HCA does hope that providers will give serious consideration to contracting with one or more MCEs, given the goal of continuing to ensure access to care for Medicaid clients.

How will MCEs be paid?

MCEs will be paid in accordance with federal and state law. The terms of payments will be outlined in the contract between HCA and the MCE(s).

Is there a timeline that providers can reference for their implementation needs?

HCA has provided a timeline of available milestones on the “Apple Health dental moving to managed care” [webpage](#).

How confident is HCA in the timeline?

HCA is committed to implementing the Apple Health Managed Care Dental program on July 1, 2019.

Will I be able to continue seeing Medicaid clients?

It is HCA's intention that most Medicaid clients will be enrolled automatically in the Apple Health Managed Care Dental program where there are at least two plans available. In order for providers to continue seeing these clients, providers will need to be contracted with the MCEs who are awarded contracts by HCA. As noted above, fee-for-service will remain for American Indian/Alaska Native clients and for regions where only one plan is available.

How will HCA ensure the process of working with the MCEs is not an administrative burden?

HCA is committed to working with the MCEs who are announced as ASBs to ensure administrative processes are as closely aligned as possible in order to lessen the number of systems providers have to work with.

What benefits will be offered?

It is HCA's intention that the fee-for-service benefit package currently offered will be the minimum package provided by the MCEs who are announced as ASBs. However, there is an opportunity for MCEs to offer additional benefits please check with the ASBs to find out if they plan to offer any benefits above and beyond the current package

Will benefits reset with a new MCE?

Current benefits will not reset, but an MCE may provide additional benefits.

How does this affect Orthodontics? How does this affect Mobile Anesthesia?

HCA intends the managed care dental program to be inclusive of all areas of dental services, which include both orthodontics and mobile anesthesia services. As with all providers, HCA will require MCEs to maintain an adequate network of coverage for orthodontics and anesthesia services. Providers will likely be contacted by MCEs wishing to meet their network requirements.

As noted above, providers are not required to contract with any MCE; it is entirely the choice of the provider and the MCE. Providers have the opportunity to negotiate the terms of any such contract.

HCA's goal is to continue to ensure adequate access to care for Medicaid clients.

Can HCA facilitate a meeting between potential bidders and providers?

HCA cannot facilitate a meeting between potential bidders and providers.

If multiple MCEs are awarded the contract, what happens if a provider is only willing to join one of the MCEs and their patients pick a different company?

It is entirely the choice of each provider as to whether or not to contract with any given MCE. HCA does hope that providers will give serious consideration to contracting with one or more MCEs, given the goal of continuing to ensure access to care for Medicaid clients. HCA will not be giving providers direction on how they communicate with their clients which MCEs they have decided to sign contracts with; that is the provider's sole discretion.

How will my patients know what plan(s) I have elected to sign contracts with?

HCA will not be giving providers direction as to how to notify their patients which MCEs they've contracted with; this is completely up to each individual provider.

What happens to patients who are in the middle of a treatment plan on July 1, 2019?

HCA has set guidelines about continuity of care in both the RFP and contract for Managed Care Dental. How the MCEs communicate with providers to meet that expectation will be determined by the plan. This makes it difficult for HCA to address this question.

How will claims be handled by the new MCEs?

Each MCE will handle its own claim process system. The timeliness of payments for Medicaid MCEs is governed by Sections 1902(a)(37) and 1932(f) of the Social Security Act and by 42 C.F.R. § 447.46. In addition, the Office of the Insurance Commissioner has specified standards for health carriers in WAC 284-170-431. HCA has set the expectation that any MCE must comply with those standards.

To be compliant with both payment standards, MCEs will pay or deny and must require subcontractors to pay or deny ninety-five percent (95%) of clean claims within thirty (30) calendar days of receipt, ninety-five percent (95%) of all claims within sixty (60) calendar days of receipt and ninety-nine percent (99%) of clean claims within ninety (90) calendar days of receipt. The MCE and its providers may agree to a different payment requirement in writing on an individual claim.

What happens if a client switches insurance providers midway through treatment?

Continuity of care is a priority for all Medicaid clients. HCA addressed this situation in the RFP and our expectation is that the patient's new MCE will continue treatment with the originating orthodontic provider whenever possible.

Will previously authorized pre-authorizations still be valid after July 1, 2019?

HCA expects MCEs will honor any non-expired pre-authorizations granted prior to July 1, 2019. HCA will provide all prior-authorizations for MCEs' assigned enrollees.

Services that require prior authorization and or have limits are detailed in the [Billing Guide](#).

How will my Medicaid clients be notified about these changes?

In late March 2019, HCA will send Medicaid clients a notice regarding the changes to the dental program. It is HCA's intent to share this notice with providers once it is sent to clients.

Can schools contract with an MCE?

Providers contract with schools to provide services to clients and, like all providers, they can contract with an MCE. MCEs and providers are free to negotiate rates within their contractual relationship.

I have more questions.

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Please send any additional questions to MCDentalInfo@hca.wa.gov.