

Apple Health Dental Federally Qualified Health and Rural Health Centers

Background

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

HCA announced the Apparently Successful Bidders on August 1, 2018. The implementation date for the [managed care dental program](#) is July 1, 2019.

HCA must contract with at least two plans in each region; where only one plan is available, fee-for-service will remain. HCA must ensure the savings offered by the dental plans are actuarially sound. In regions where at least two plans are available, all Apple Health dental clients will be mandatorily enrolled in the program, with the exception American Indian/Alaska Natives.

Bidders are required to have an adequate network of providers to be considered for a contract under the managed care dental program.

HCA anticipates that Managed Care Entities (MCE) who are interested in responding to the Request for Proposal (RFP) will contact 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 MCE(s) and the providers. HCA does hope that providers will consider contracting with at least one MCE, so that adequate networks are available for Apple Health dental clients. Providers will negotiate any such contracts with the MCE(s), and decide which MCE meets their organization's requirements.

FQHC/RHC Reimbursement Information

Upon implementation of the Managed Care Dental Program, HCA anticipates that contracted MCE(s) will pay Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) their applicable encounter rate for qualified services. MCE(s) will be required to pay at least the full encounter rate for all qualifying dental encounters to all RHC(s) (as defined in [WAC 182-549-1200](#) and the [RHC Billing Guide](#)) and FQHC(s) (as defined in [WAC 182-548-1200](#) and the [FQHC Billing Guide](#)).

After HCA receives and accepts encounters for qualified services from the MCE(s), HCA will issue payment to the MCE(s) for the difference between the amount paid for the service and the applicable FQHC/RHC encounter rate. FQHC(s) and RHC(s) can expect to receive their encounter rate for services and benefits currently paid under the fee-for-service program.

HCA's further anticipates that MCE systems will replicate the same format currently used for processing and payment of FQHC dental claims under the FFS program. HCA's expectation is that FQHC(s) and RHC(s) will not perform a reconciliation with HCA for dental services but, instead, any reconciliation of payments will occur between HCA and the MCE. MCE(s) will submit client assignments to HCA on a monthly basis. FQHC(s) and RHC(s) will work with their MCE for proper client assignments.