### SECOND REGULAR SESSION

# HOUSE BILL NO. 2890

## **102ND GENERAL ASSEMBLY**

#### INTRODUCED BY REPRESENTATIVE STEPHENS.

5782H.01I

DANA RADEMAN MILLER, Chief Clerk

## AN ACT

To amend chapter 354, RSMo, by adding thereto one new section relating to dental plans.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 354, RSMo, is amended by adding thereto one new section, to be 2 known as section 354.718, to read as follows:

354.718. 1. As used in this section, the following terms mean:

2 (1) "Dental loss ratio", the percentage of the amount of premiums received by a 3 dental plan expended on actual patient care rather than overhead or administrative 4 costs, as determined by the following fraction:

5 (a) The numerator shall be the amount expended for clinical dental services 6 provided to dental plan enrollees, including payments under capitation contracts with 7 dental providers, during the reporting year together with unpaid claim reserves for 8 dental services performed during the reporting year but not yet paid. The numerator 9 shall not include:

a. Administrative costs including, but not limited to, infrastructure costs,
 personnel costs, or broker payments;

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b. Amounts paid to third-party vendors for secondary network savings;

c. Amounts paid to third-party vendors for network development,
 administrative fees, claims processing, and utilization management;

d. Amounts paid to providers for professional or administrative services that do not represent compensation or reimbursement for covered services provided to an enrollee including, but not limited to, dental record copying costs, attorney's fees, subrogation vendor fees, and compensation to paraprofessionals, janitors, quality

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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assurance analysts, administrative supervisors, secretaries to dental personnel, anddental record clerks; or

e. Overpayments made by the provider that were recovered by the dental plan
and not previously reported on any dental loss ratio report; and

(b) The denominator shall be all earned premiums received by the dental plan
for dental services, excluding federal and state taxes, licensing fees, regulatory fees, and
payments or receipts for risk adjustment, risk corridors, and reinsurance;

(2) "Dental plan", any health benefit plan, or portion of a health benefit plan,
that issues, sells, renews, or offers a contract covering dental care services. The term
"dental plan" shall not include any health benefit plan for health care services under
MO HealthNet, the state children's health insurance program authorized in sections
208.631 to 208.658, or any other state-sponsored health insurance program.

2. (1) A dental plan shall file with the department of commerce and insurance a dental loss ratio report for each calendar year during which the dental plan provided dental coverage containing the same information as required in the 2013 federal dental loss ratio annual reporting form (CMS-10418). All terms used in the dental loss ratio annual report shall have the same meanings as used in the federal Public Health Service Act, 42 U.S.C. Section 300gg-18, and 45 CFR Part 158.

(2) The dental loss ratio report shall be filed before March first of each year for the previous calendar year. If the department of commerce and insurance requires data verification of the dental loss ratio report, it shall give the dental plan thirty days' notice of the additional information and data required to be submitted to the department. The dental plan shall submit the information requested within thirty days of such notice. The department shall be deemed to have approved all dental loss ratio reports within ninety days of the filing of the reports unless a dental plan is notified otherwise.

44 (3) The department of commerce and insurance shall make available to the 45 public all the data provided to the department in accordance with this section.

3. A dental plan shall provide an annual rebate to each enrollee, on a pro rata basis, to the extent the dental loss ratio is less than eighty-five percent before August first of the year following the year for which the dental loss ratio report was issued. The total annual rebate is the excess revenue expended by the dental plan on overhead or administrative costs, as determined by the amount by which the denominator of the dental loss ratio exceeds the numerator.

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