

State of Minnesota

H. F. No. **1573**

(c) For purposes of this subdivision, "dental benefits administrator" means an organization licensed under chapter 62C or 62D that contracts with a managed care plan or county-based purchasing plan to provide covered dental care services to enrollees of the plan.

Sec. 2. Minnesota Statutes 2018, section 256B.0625, is amended by adding a subdivision to read:

Subd. 9d. Uniform credentialing process. (a) By January 1, 2020, the commissioner shall develop a uniform credentialing process for dental providers. Upon federal approval, the credentialing process must be accepted by all managed care plans, county-based purchasing plans, and dental benefit administrators that contract with the commissioner or subcontract with plans to provide dental services to medical assistance or MinnesotaCare enrollees.

(b) The process developed in this subdivision shall include a uniform credentialing application that shall be available in electronic format and accessible on the department's website. The process developed under this subdivision shall include the ability of submitting a completed application electronically. The uniform credentialing application must be available to providers free of charge.

(c) A managed care plan, county-based purchasing plan, dental benefit administrator, contractor, or vendor that reviews and approves a credentialing application must notify a provider regarding a deficiency on a submitted credentialing application form no later than 30 business days after receipt of the application form from the provider.

Sec. 3. Minnesota Statutes 2018, section 256B.76, subdivision 2, is amended to read:

Subd. 2. Dental reimbursement. (a) Effective for services rendered on or after October 1, 1992, the commissioner shall make January 1, 2020, payments for dental services as follows: shall be paid at the lower of (1) submitted charges; or (2) 50 percent of the 90th percentile of 2014 charges submitted for the applicable current dental terminology code. This rate does not apply to state-operated dental clinics under paragraph (b).

(1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25 percent above the rate in effect on June 30, 1992; and

(2) dental rates shall be converted from the 50th percentile of 1982 to the 50th percentile of 1989, less the percent in aggregate necessary to equal the above increases.

(b) Beginning October 1, 1999, the payment for tooth sealants and fluoride treatments shall be the lower of (1) submitted charge, or (2) 80 percent of median 1997 charges.

~~(e) Effective for services rendered on or after January 1, 2000, payment rates for dental services shall be increased by three percent over the rates in effect on December 31, 1999.~~

~~(d) Effective for services provided on or after January 1, 2002, payment for diagnostic examinations and dental x-rays provided to children under age 21 shall be the lower of (1) the submitted charge, or (2) 85 percent of median 1999 charges.~~

~~(e) The increases listed in paragraphs (b) and (c) shall be implemented January 1, 2000, for managed care.~~

~~(f) Effective (b) For dental services rendered on or after October 1, 2010, by a state-operated dental clinic, payment shall be paid on a reasonable cost basis that is based on the Medicare principles of reimbursement. This payment shall be effective for services rendered on or after January 1, 2011, to recipients enrolled in managed care plans or county-based purchasing plans.~~

~~(g) Beginning in fiscal year 2011, (c) If the payments to state-operated dental clinics in paragraph (f), including state and federal shares, are less than \$1,850,000 per fiscal year, a supplemental state payment equal to the difference between the total payments in paragraph (f) and \$1,850,000 shall be paid from the general fund to state-operated services for the operation of the dental clinics.~~

~~(h) If the cost-based payment system for state-operated dental clinics described in paragraph (f) does not receive federal approval, then state-operated dental clinics shall be designated as critical access dental providers under subdivision 4, paragraph (b), and shall receive the critical access dental reimbursement rate as described under subdivision 4, paragraph (a).~~

~~(i) Effective for services rendered on or after September 1, 2011, through June 30, 2013, payment rates for dental services shall be reduced by three percent. This reduction does not apply to state-operated dental clinics in paragraph (f).~~

~~(j) Effective for services rendered on or after January 1, 2014, payment rates for dental services shall be increased by five percent from the rates in effect on December 31, 2013. This increase does not apply to state-operated dental clinics in paragraph (f), federally qualified health centers, rural health centers, and Indian health services. Effective January 1, 2014, payments made to managed care plans and county-based purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment increase described in this paragraph.~~

4.1 ~~(k) Effective for services rendered on or after July 1, 2015, through December 31, 2016,~~
4.2 ~~the commissioner shall increase payment rates for services furnished by dental providers~~
4.3 ~~located outside of the seven-county metropolitan area by the maximum percentage possible~~
4.4 ~~above the rates in effect on June 30, 2015, while remaining within the limits of funding~~
4.5 ~~appropriated for this purpose. This increase does not apply to state-operated dental clinics~~
4.6 ~~in paragraph (f), federally qualified health centers, rural health centers, and Indian health~~
4.7 ~~services. Effective January 1, 2016, through December 31, 2016, payments to managed care~~
4.8 ~~plans and county-based purchasing plans under sections 256B.69 and 256B.692 shall reflect~~
4.9 ~~the payment increase described in this paragraph. The commissioner shall require managed~~
4.10 ~~care and county-based purchasing plans to pass on the full amount of the increase, in the~~
4.11 ~~form of higher payment rates to dental providers located outside of the seven-county~~
4.12 ~~metropolitan area.~~

4.13 ~~(l) Effective for services provided on or after January 1, 2017, the commissioner shall~~
4.14 ~~increase payment rates by 9.65 percent for dental services provided outside of the~~
4.15 ~~seven-county metropolitan area. This increase does not apply to state-operated dental clinics~~
4.16 ~~in paragraph (f), federally qualified health centers, rural health centers, or Indian health~~
4.17 ~~services. (d) Effective January 1, 2017 2020, payments to managed care plans and~~
4.18 ~~county-based purchasing plans under sections 256B.69 and 256B.692 shall reflect the~~
4.19 ~~payment increase described in this paragraph: (a). The commissioner shall require managed~~
4.20 ~~care plans and county-based purchasing plans to increase the rates the plans would otherwise~~
4.21 ~~pay to providers under fee arrangements by the same percentage rate increase described in~~
4.22 ~~paragraph (a). A managed care plan or county-based purchasing plan must pay dental~~
4.23 ~~providers at least the fee-for-service rate fee schedule amount for covered dental services.~~
4.24 ~~The commissioner shall require managed care plans and county-based purchasing plans to~~
4.25 ~~report to the commissioner documenting that the rate increase was paid to the dental~~
4.26 ~~providers.~~

4.27 (m) Effective for services provided on or after July 1, 2017, the commissioner shall
4.28 increase payment rates by 23.8 percent for dental services provided to enrollees under the
4.29 age of 21. This rate increase does not apply to state-operated dental clinics in paragraph (f),
4.30 federally qualified health centers, rural health centers, or Indian health centers. This rate
4.31 increase does not apply to managed care plans and county-based purchasing plans.