SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 801

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DATE	D-PG	OFFICIAL STATUS
02/12/2015	276	Introduction and first reading Referred to Health, Human Services and Housing
03/19/2015		Comm report: To pass as amended and re-refer to Finance

A bill for an act

relating to human services; modifying medical assistance coverage and reimbursement for dental services; authorizing development of a new dental reimbursement system; convening a work group on oral health system administrative simplification; covering basic dental screenings performed by dental hygienists and dental therapists; appropriating money; amending Minnesota Statutes 2014, sections 256B.0625, subdivisions 9, 14; 256B.76, subdivision 2.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2014, section 256B.0625, subdivision 9, is amended to read:

Subd. 9. **Dental services.** (a) Medical assistance covers dental services.

(b) Medical assistance dental coverage for nonpregnant adults is limited to the following services:

(1) comprehensive exams, limited to once every ~~five~~ three years;

(2) periodic exams, limited to one per year;

(3) limited exams;

(4) bitewing x-rays, limited to one per year;

(5) periapical x-rays;

(6) panoramic x-rays or full-mouth series of x-rays, if panoramic x-rays cannot be taken, limited to ~~one~~ once every five years except (1) when medically necessary for the diagnosis and follow-up of oral and maxillofacial pathology and trauma or (2) once every two years for patients who cannot cooperate for intraoral film due to a developmental disability or medical condition that does not allow for intraoral film placement;

(7) prophylaxis, limited to one per year;

(8) application of fluoride varnish, limited to one per year;

(9) posterior fillings, all at the amalgam rate;

(10) anterior fillings;

(11) endodontics, limited to root canals on the anterior and premolars only;

(12) removable prostheses, each dental arch limited to one every six years;

(13) oral surgery, limited to extractions, biopsies, and incision and drainage of abscesses;

(14) palliative treatment and sedative fillings for relief of pain; ~~and~~

(15) full-mouth debridement, limited to one every five years; and

(16) nonsurgical treatment for periodontal disease, including scaling, root planing, and routine periodontal maintenance procedures, limited to once per year.

(c) In addition to the services specified in paragraph (b), medical assistance covers the following services for adults, if provided in an outpatient hospital setting or freestanding ambulatory surgical center as part of outpatient dental surgery:

(1) periodontics, limited to periodontal scaling and root planing once every ~~two years~~ year;

(2) general anesthesia; and

~~(3) full-mouth survey once every five years~~

(3) a comprehensive oral examination and full-mouth series of x-rays.

(d) Medical assistance covers medically necessary dental services for children and pregnant women. The following guidelines apply:

(1) posterior fillings are paid at the amalgam rate;

(2) application of sealants are covered once every five years per permanent molar for children only;

(3) application of fluoride varnish is covered once every six months; and

(4) orthodontia is eligible for coverage for children only.

(e) In addition to the services specified in paragraphs (b) and (c), medical assistance covers the following services for adults:

(1) house calls or extended care facility calls for on-site delivery of covered services;

(2) behavioral management when additional staff time is required to accommodate behavioral challenges and sedation is not used;

(3) oral or IV sedation, if the covered dental service cannot be performed safely without it or would otherwise require the service to be performed under general anesthesia in a hospital or surgical center; and

(4) prophylaxis, in accordance with an appropriate individualized treatment plan, but no more than four times per year.

(f) The commissioner shall not require prior authorization for the services included in paragraph (e), clauses (1) to (3), and shall prohibit managed care and county-based purchasing plans from requiring prior authorization for the services included in paragraph (e), clauses (1) to (3), when provided under sections 256B.69, 256B.692, and 256L.12.

Sec. 2. Minnesota Statutes 2014, section 256B.0625, subdivision 14, is amended to read:

Subd. 14. **Diagnostic, screening, and preventive services.** (a) Medical assistance covers diagnostic, screening, and preventive services.

(b) "Preventive services" include services related to pregnancy, including:

(1) services for those conditions which may complicate a pregnancy and which may be available to a pregnant woman determined to be at risk of poor pregnancy outcome;

(2) prenatal HIV risk assessment, education, counseling, and testing; and

(3) alcohol abuse assessment, education, and counseling on the effects of alcohol usage while pregnant. Preventive services available to a woman at risk of poor pregnancy outcome may differ in an amount, duration, or scope from those available to other individuals eligible for medical assistance.

(c) "Screening services" include, but are not limited to~~,~~:

(1) blood lead tests~~.~~; and

(2) oral health screenings, as defined by the Association of State and Territorial Dental Directors (ASTDD), conducted by a licensed dental provider in collaborative practice under section 150A.10, subdivision 1a, 150A.105, or 150A.106, to determine an enrollee's need to be seen by a dentist for diagnosis and assessment to identify possible signs of oral or systemic disease, malformation, or injury and the potential need for referral for diagnosis and treatment. For purposes of this paragraph, oral health screenings are limited to once per year, and the provider performing the screening must have an agreement in effect that refers those needing necessary follow-up care to a licensed dentist where the necessary care is provided.

(d) The commissioner shall encourage, at the time of the child and teen checkup or at an episodic care visit, the primary care health care provider to perform primary caries preventive services. Primary caries preventive services include, at a minimum:

(1) a general visual examination of the child's mouth without using probes or other dental equipment or taking radiographs;

(2) a risk assessment using the factors established by the American Academies of Pediatrics and Pediatric Dentistry; and

(3) the application of a fluoride varnish beginning at age one to those children assessed by the provider as being high risk in accordance with best practices as defined by

the Department of Human Services. The provider must obtain parental or legal guardian consent before a fluoride varnish is applied to a minor child's teeth.

At each checkup, if primary caries preventive services are provided, the provider must provide to the child's parent or legal guardian: information on caries etiology and prevention; and information on the importance of finding a dental home for their child by the age of one. The provider must also advise the parent or legal guardian to contact the child's managed care plan or the Department of Human Services in order to secure a dental appointment with a dentist. The provider must indicate in the child's medical record that the parent or legal guardian was provided with this information and document any primary caries prevention services provided to the child.

Sec. 3. Minnesota Statutes 2014, 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 payments for dental services as follows:~~

~~(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.~~

~~(c) 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.~~ July 1, 2015, payment rates for dental services shall be paid at the lower of (1) submitted charges; or (2) 50 percent of the 90th percentile of 2012 charges submitted for the applicable CPT code. This rate does not apply to state-operated dental clinics under paragraph (b).

~~(f)~~ (b) Effective 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)~~ (b) 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.~~

(d) Effective January 1, ~~2014~~ 2016, 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~~ rate described in ~~this~~ paragraph (a).

Sec. 4. **NEW DENTAL REIMBURSEMENT SYSTEM FOR MINNESOTA HEALTH CARE PROGRAMS.**

Subdivision 1. **Development of new reimbursement system.** The commissioner of human services shall provide a grant to a public higher education institution dental school to develop a new payment reimbursement system for oral health and dental services for persons enrolled in medical assistance and MinnesotaCare. The new system must be designed to achieve the following objectives:

(1) adequately compensate providers for the reasonable costs of providing covered services, including compensating for the added costs or reduced productivity or profitability of serving low-income, underserved, disadvantaged, or special needs patients and populations;

(2) create incentives for a comprehensive approach to overall oral health, including greater prevention, early identification and treatment, and cost-efficient management of chronic oral health disease;

(3) increase access to and utilization by low-income and underserved patients, populations, and communities, including rural communities;

(4) define, measure, and reward quality oral health care;

(5) promote coordination of oral health services with other health care services;

(6) provide reimbursement for teledentistry and the use of portable equipment;

(7) reduce preventable utilization of hospital emergency departments for the treatment of dental conditions; and

(8) reduce administrative burdens and complexities for participating providers and the state.

Subd. 2. **Oversight committee.** The grantee shall develop the new reimbursement system described in this section in consultation with a stakeholder oversight committee representing oral health providers, federally qualified health centers, safety net providers, health plan companies, county-based purchasing plans, public health agencies, the commissioners of human services and health, and experts and researchers in oral health care financing, care delivery, prevention, and disease management. Members of the committee shall be appointed by the commissioner of human services, in consultation with the grantee.

Subd. 3. **Pilot project.** As part of the grant to develop a new reimbursement system, the grantee, in consultation with the commissioner of human services and the oversight committee, shall create a simulation model to test the new dental reimbursement system. The simulation model shall be developed to provide a sufficient assessment of statewide implementation of the new reimbursement system in terms of populations served, types of providers, practice settings, and geographic locations. The amount of payments made for dental services provided as part of this simulation must not exceed the amount of payments that would have been paid out for the services covered and the enrollees served under the current reimbursement system.

Subd. 4. **Report.** The grantee, in consultation with the commissioner of human services, shall submit a report to the chairs and ranking minority members of the house of representatives and senate health and human services policy and finance committees by December 15, 2016. The report must:

(1) describe the proposed reimbursement system and the activities undertaken to develop the reimbursement system;

(2) review the findings and conclusions of research and analysis, including a review of dental reimbursement systems and models used by other states, communities, or countries;

(3) summarize the results of modeling and testing that were undertaken to determine the impact of the new reimbursement system on various types of providers and settings; and

(4) include a process, timeline, and budget for implementing the new reimbursement system.

Sec. 5. **ORAL HEALTH SYSTEM ADMINISTRATIVE SIMPLIFICATION.**

(a) The commissioner of human services shall convene a work group of representatives of health plans companies, county-based purchasing plans, dental benefit administrators who administer dental coverage for persons enrolled in Minnesota public health care programs, and dental providers, including private practicing dentists and community dental clinics, to identify and implement changes to reduce the administrative burdens, costs, and complexities experienced by dental providers through greater simplification and uniformity of forms, policies, procedures, and requirements across all health plan companies, county-based purchasing plans, and dental benefit administrators. The commissioner shall ensure that the changes recommended and agreed to by the work group are implemented and are in compliance with applicable state and federal laws and regulations.

(b) The commissioner shall submit a report to the chairs and ranking minority members of the house of representatives and senate health and human services policy and finance committees by February 1, 2016, on the activities and actions of the work group, including changes agreed to and implemented by the members of the work group. If the commissioner determines that there are changes that have not been implemented, these changes must be identified in the report. The report shall also identify any changes that were agreed to that require a legislative change before implementation can occur.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 6. **APPROPRIATION.**

$..... in fiscal year 2016 is appropriated from the general fund to the commissioner of human services for a grant for purposes of developing and testing a new dental reimbursement system for persons enrolled in Minnesota public health care programs.