

SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION

S.F. No. 2780

(SENATE AUTHORS: REINERT, Hayden and Nienow)

DATE	D-PG	OFFICIAL STATUS
03/19/2014	6379	Introduction and first reading Referred to Health, Human Services and Housing

1.1 A bill for an act
 1.2 relating to human services; establishing a single administrator to administer the
 1.3 provision of dental services to medical assistance and MinnesotaCare enrollees;
 1.4 proposing coding for new law in Minnesota Statutes, chapter 256B.

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

1.6 Section 1. **[256B.54] PROVISION OF DENTAL SERVICES.**

1.7 Subdivision 1. **Single dental administrator.** Effective for dental services rendered
 1.8 on or after January 1, 2016, the commissioner shall contract with a single dental plan or
 1.9 dental plan administrative entity to administer the delivery of dental services to medical
 1.10 assistance and MinnesotaCare enrollees. The contract for the single administrator shall be
 1.11 awarded through competitive bidding. The entity shall administer all state dental program
 1.12 services, including those provided through the current fee-for-service system and those
 1.13 provided through the prepaid medical assistance program.

1.14 Subd. 2. **Contract provisions.** The contract with the dental administrator shall:

1.15 (1) include the provision of all dental services authorized under section 256B.0625;

1.16 (2) ensure adequate numbers of dentists and dental clinics to provide accessible
 1.17 care to program enrollees;

1.18 (3) establish a centralized dental referral system, including a toll-free telephone
 1.19 number, to identify available dentists and dental clinics and to schedule appointments for
 1.20 program enrollees who need assistance in locating dental care;

1.21 (4) include nonprofit clinics, federally qualified health centers, the University of
 1.22 Minnesota School of Dentistry and its affiliated clinics, publicly owned and operated
 1.23 hospital-based dental clinics, dental clinics within state-operated services, and private
 1.24 practicing dentists in its dental provider network;

2.1 (5) encourage private practicing dentists to participate and provide services to public
2.2 program enrollees through flexible scheduling and coordination of referrals;

2.3 (6) develop a program to reduce hospital emergency room visits for dental care
2.4 treatment;

2.5 (7) streamline information systems to provide information on patient eligibility and
2.6 state program restrictions on dental benefits, including prior authorization requirements
2.7 for dental care treatments;

2.8 (8) clearly communicate authorization criteria and benefit changes to dental
2.9 providers participating in the dental provider network; and

2.10 (9) measure access to dental services for program enrollees and report access and
2.11 encounter data annually to the commissioner.

2.12 Subd. 3. **Advisory committee.** The administrator shall establish an advisory
2.13 committee of participating providers from community and public clinics and private
2.14 practices to assist in the development and maintenance of the program.

2.15 Subd. 4. **Appeals.** All recipients of dental services provided under contract by the
2.16 administrator shall have the right to appeal to the commissioner under section 256.045.

2.17 Subd. 5. **Data privacy.** The contract between the commissioner and the
2.18 administrator must specify that the administrator is the agent of the state and shall have
2.19 access to patient data on program enrollees to the extent necessary to carry out the
2.20 administrator's responsibilities under the contract. The administrator shall comply with
2.21 the relevant provisions of chapter 13.

2.22 Subd. 6. **Prepaid medical assistance dental services.** Effective January 1, 2016,
2.23 all dental services must be removed from prepaid medical assistance program contracts
2.24 with managed care organizations and county-based purchasing plans. All dental services
2.25 must be included in the services provided under contract from the dental administrator.
2.26 Each managed care organization and county-based purchasing plan providing dental care
2.27 to program enrollees either directly or through contract with a dental plan administrator
2.28 must provide the commissioner with dental encounter data and aggregate reimbursement
2.29 data for dental care provided through the prepaid medical assistance program for calendar
2.30 year 2014.

2.31 Subd. 7. **Exclusions.** The commissioner may exclude from this section dental
2.32 programs administered through county-based purchasing plans if the commissioner
2.33 determines that a single administrator already exists and that the dental services currently
2.34 provided are adequate to meet the needs of public program enrollees within the area
2.35 served by the county-based purchasing plan.

3.1 **EFFECTIVE DATE.** This section is effective July 1, 2015, and is applicable to all
3.2 Department of Human Services contracts providing dental services on or after that date.