

A bill for an act

relating to human services; providing for urgent dental care pilot projects; clarifying medical assistance coverage of dental services; amending critical access dental care provisions; amending Minnesota Statutes 2008, sections 256.963, by adding a subdivision; 256B.0625, subdivision 9; 256B.76, subdivision 4; 256L.11, subdivision 7.

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

Section 1. Minnesota Statutes 2008, section 256.963, is amended by adding a subdivision to read:

Subd. 3. **Urgent dental care services.** The commissioner of human services shall authorize pilot projects to reduce the total costs to the state for dental services provided to persons enrolled in Minnesota health care programs by reducing hospital emergency room costs for preventable and nonemergency dental services. The commissioner may provide start-up funding and establish special payment rates for urgent dental care services provided as an alternative to emergency room services and may change or waive existing payment policies in order to adequately reimburse providers for providing cost-effective alternative services in outpatient or urgent care settings. The commissioner may establish a project in conjunction with the initiative authorized under subdivisions 1 and 2, or establish new initiatives, or may implement both approaches.

Sec. 2. Minnesota Statutes 2008, section 256B.0625, subdivision 9, is amended to read:

Subd. 9. **Dental services.** (a) Medical assistance covers dental services. ~~Dental services include, with prior authorization, fixed bridges that are cost-effective for persons who cannot use removable dentures because of their medical condition.~~

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

(1) comprehensive exams, limited to enrollees who are eligible for the program on the basis of being elderly, blind, or disabled;

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

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

(4) periapical x-rays;

(5) panoramic x-rays, limited to one every five years, and only if provided in conjunction with a posterior extraction or scheduled outpatient facility procedure;

(6) prophylaxis, limited to one per year;

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

(8) posterior restorations, all at the amalgams rate;

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

(10) dentures or partial dentures, limited to one every ten years;

(11) oral surgery, limited to extractions only; and

(12) urgent or emergency care for pain.

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

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

(2) general anesthesia.

(d) The following limitations apply to medical assistance coverage of dental services for children:

(1) application of sealants are limited to once every five years per permanent tooth;

(2) oral hygiene instructions are not a separately reimbursed service;

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

(4) posterior restorations are all at the amalgams rate.

Sec. 3. Minnesota Statutes 2008, section 256B.76, subdivision 4, is amended to read:

Subd. 4. **Critical access dental providers.** Effective for dental services rendered on or after January 1, 2002, the commissioner shall increase reimbursements to dentists and dental clinics deemed by the commissioner to be critical access dental providers. For dental services rendered on or after July 1, ~~2007~~ 2009, the commissioner shall increase reimbursement by ~~30~~ ..... percent above the reimbursement rate that would otherwise be paid to the critical access dental provider. The commissioner shall pay the health plan companies in amounts sufficient to reflect increased reimbursements to critical access dental providers as approved by the commissioner. In determining which dentists

and dental clinics shall be deemed critical access dental providers, the commissioner shall review:

(1) the utilization rate in the service area in which the dentist or dental clinic operates for dental services to patients covered by medical assistance, general assistance medical care, or MinnesotaCare as their primary source of coverage;

(2) the level of services provided by the dentist or dental clinic to patients covered by medical assistance, general assistance medical care, or MinnesotaCare as their primary source of coverage; and

(3) whether the level of services provided by the dentist or dental clinic is critical to maintaining adequate levels of patient access within the service area.

Effective July 1, 2009, the commissioner shall require that ..... percent or more of a provider's patient base consist of medical assistance, general assistance medical care, or MinnesotaCare enrollees, in order for that provider to be deemed a critical access dental provider. For purposes of this requirement, a provider's patient base is the unduplicated number of patients who have dental coverage through a private sector health plan, medical assistance, general assistance medical care, or MinnesotaCare. In the absence of a critical access dental provider in a service area, the commissioner may designate a dentist or dental clinic as a critical access dental provider if the dentist or dental clinic is willing to provide care to patients covered by medical assistance, general assistance medical care, or MinnesotaCare at a level which significantly increases access to dental care in the service area.

Sec. 4. Minnesota Statutes 2008, section 256L.11, subdivision 7, is amended to read:

Subd. 7. **Critical access dental providers.** Effective for dental services provided to MinnesotaCare enrollees on or after January 1, ~~2007~~ 2010, the commissioner shall increase payment rates to dentists and dental clinics deemed by the commissioner to be critical access providers under section 256B.76, subdivision 4, by ~~50~~ ..... percent above the payment rate that would otherwise be paid to the provider. The commissioner shall pay the prepaid health plans under contract with the commissioner amounts sufficient to reflect this rate increase. The prepaid health plan must pass this rate increase to providers who have been identified by the commissioner as critical access dental providers under section 256B.76, subdivision 4.