A bill for an act

relating to human services; modifying criteria and payment methods for critical access dental providers; prohibiting rulemaking for the critical access dental program; amending Minnesota Statutes 2010, section 256B.76, subdivision 4.

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

Section 1. Minnesota Statutes 2010, section 256B.76, subdivision 4, is amended to read:

Subd. 4. **Critical access dental providers.** (a) 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, 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 managed care plans and county-based purchasing plans in amounts sufficient to reflect increased reimbursements to critical access dental providers as approved by the commissioner.~~

(b) The commissioner shall designate the following dentists and dental clinics as critical access dental providers:

~~(1) nonprofit community clinics that:~~

~~(i) have nonprofit status in accordance with chapter 317A;~~

~~(ii) have tax exempt status in accordance with the Internal Revenue Code, section 501(c)(3);~~

~~(iii) are established to provide oral health services to patients who are low income, uninsured, have special needs, and are underserved;~~

~~(iv) have professional staff familiar with the cultural background of the clinic's patients;~~

~~(v) charge for services on a sliding fee scale designed to provide assistance to low-income patients based on current poverty income guidelines and family size;~~

~~(vi) do not restrict access or services because of a patient's financial limitations or public assistance status; and~~

~~(vii) have free care available as needed;~~

(1) dentists and dental clinics that participate as providers in the medical assistance and MinnesotaCare programs, and for which medical assistance and MinnesotaCare enrollees constitute at least 30 percent of total annual patient encounters;

(2) federally qualified health centers, rural health clinics, and public health clinics, that serve as the primary source of dental care for medical assistance and MinnesotaCare enrollees;

(3) ~~county owned and operated hospital-based dental clinics;~~ a dental clinic owned by a county or a hospital-based dental clinic, where the level of services provided by the clinic is critical to maintaining adequate levels of patient access within the service area; and

~~(4) a dental clinic or dental group owned and operated by a nonprofit corporation in accordance with chapter 317A with more than 10,000 patient encounters per year with patients who are uninsured or covered by medical assistance, general assistance medical care, or MinnesotaCare; and~~

~~(5)~~ (4) a dental clinic associated with an oral health or dental education program operated by the University of Minnesota or an institution within the Minnesota State Colleges and Universities system.

(c) In the absence of adequate access to dental services 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.

(d) Notwithstanding paragraph (a), critical access payments must not be made for dental services provided from April 1, 2010, through June 30, 2010.

(e) Notwithstanding any law or provider contract provision to the contrary, effective July 1, 2011, critical access dental providers shall be allowed to provide services to all medical assistance and MinnesotaCare program enrollees, regardless of which managed care plan or county-based purchasing plan the patient is enrolled in, and regardless of whether the patient receives services through a managed care or county-based purchasing plan or through fee-for-service. Payment of critical access dental providers for services provided to enrollees shall be made directly by the commissioner to the critical access dental provider. The critical access dental provider add-on payment shall be paid at the

same time as the base payment for the service provided. The commissioner shall recoup from the managed care or county-based purchasing plan the amount of any base payments plus estimated administrative costs and contributions to surplus paid by the commissioner to critical access dental providers for services provided to enrollees of the plan. Estimated administrative costs and contributions to surplus are to be based upon each managed care or county-based purchasing plan's prior year reported average administrative costs and overall contributions to surplus.

(f) Notwithstanding section 256B.04, subdivision 2, the commissioner of human services shall not adopt rules governing this section or section 256L.11, subdivision 7.

EFFECTIVE DATE. This section is effective July 1, 2011.