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State of Minnesota  
**HOUSE OF REPRESENTATIVES**

**EIGHTY-EIGHTH SESSION**

**H. F. No. 1419**

03/11/2013 Authored by Allen

The bill was read for the first time and referred to the Committee on Health and Human Services Policy

03/21/2013 Adoption of Report: Pass as Amended and re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act  
1.2 relating to human services; modifying critical access dental provider  
1.3 requirements; amending Minnesota Statutes 2012, section 256B.76, subdivision  
1.4 4.

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

1.6 Section 1. Minnesota Statutes 2012, section 256B.76, subdivision 4, is amended to read:

1.7 Subd. 4. **Critical access dental providers.** (a) Effective for dental services  
1.8 rendered on or after January 1, 2002, the commissioner shall increase reimbursements  
1.9 to dentists and dental clinics deemed by the commissioner to be critical access dental  
1.10 providers. For dental services rendered on or after July 1, 2007, the commissioner shall  
1.11 increase reimbursement by 30 percent above the reimbursement rate that would otherwise  
1.12 be paid to the critical access dental provider. The commissioner shall pay the managed  
1.13 care plans and county-based purchasing plans in amounts sufficient to reflect increased  
1.14 reimbursements to critical access dental providers as approved by the commissioner.

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

1.17 (1) nonprofit community clinics that:

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

1.19 (ii) have tax exempt status in accordance with the Internal Revenue Code, section  
1.20 501(c)(3);

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

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

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

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

2.5 (vii) have free care available as needed;

2.6 (2) federally qualified health centers, rural health clinics, and public health clinics;

2.7 (3) county owned and operated hospital-based dental clinics;

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

2.12 (5) a dental clinic owned and operated by the University of Minnesota or the  
2.13 Minnesota State Colleges and Universities system; and

2.14 (6) private practicing dentists if:

2.15 (i) the dentist's office is located within a health professional shortage area as defined  
2.16 under Code of Federal Regulations, title 42, part 5, and United States Code, title 42,  
2.17 section 254E;

2.18 (ii) more than 50 percent of the dentist's patient encounters per year are with patients  
2.19 who are uninsured or covered by medical assistance or MinnesotaCare;

2.20 (iii) the dentist does not restrict access or services because of a patient's financial  
2.21 limitations or public assistance status; and

2.22 (iv) the level of service provided by the dentist is critical to maintaining adequate  
2.23 levels of patient access within the service area in which the dentist operates.

2.24 (c) The commissioner may designate a dentist or dental clinic as a critical access  
2.25 dental provider if the dentist or dental clinic is willing to provide care to patients covered  
2.26 by medical assistance, general assistance medical care, or MinnesotaCare at a level which  
2.27 significantly increases access to dental care in the service area.

2.28 (d) A designated critical access clinic shall receive the reimbursement rate specified  
2.29 in paragraph (a) for dental services provided off site at a private dental office if the  
2.30 following requirements are met:

2.31 (1) the designated critical access dental clinic is located within a health professional  
2.32 shortage area as defined under Code of Federal Regulations, title 42, part 5, and United  
2.33 States Code, title 42, section 254E, and is located outside the seven-county metropolitan  
2.34 area;

2.35 (2) the designated critical access dental clinic is not able to provide the service  
2.36 and refers the patient to the off-site dentist;

3.1 (3) the service, if provided at the critical access dental clinic, would be reimbursed  
3.2 at the critical access reimbursement rate;

3.3 (4) the dentist and allied dental professionals providing the services off site are  
3.4 licensed and in good standing under chapter 150A;

3.5 (5) the dentist providing the services is enrolled as a medical assistance provider;

3.6 (6) the critical access dental clinic submits the claim for services provided off site  
3.7 and receives the payment for the services; and

3.8 (7) the critical access dental clinic maintains dental records for each claim submitted  
3.9 under this paragraph, including the name of the dentist, the off-site location, and the  
3.10 license number of the dentist and allied dental professionals providing the services.