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## State of Minnesota

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## HOUSE OF REPRESENTATIVES EIGHTY-NINTH SESSION H. F. No. 1518

03/05/2015 Authored by McDonald, Norton, Peterson, Zerwas, Newton and others The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1	A bill for an act
1.2	relating to human services; changing provisions governing critical access dental
1.3	providers; amending Minnesota Statutes 2014, section 256B.76, subdivision 4.

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

1.5	Section 1. Minnesota Statutes 2014, section 256B.76, subdivision 4, is amended to read:
1.6	Subd. 4. Critical access dental providers. (a) Effective for dental services
1.7	rendered on or after January 1, 2002, the commissioner shall increase reimbursements
1.8	to dentists and dental clinics deemed by the commissioner to be critical access dental
1.9	providers. For dental services rendered on or after July 1, 2007, the commissioner shall
1.10	increase reimbursement by 35 percent above the reimbursement rate that would otherwise
1.11	be paid to the critical access dental provider. The commissioner shall pay the managed
1.12	care plans and county-based purchasing plans in amounts sufficient to reflect increased
1.13	reimbursements to critical access dental providers as approved by the commissioner.
1.14	(b) The commissioner shall designate the following dentists and dental clinics as
1.15	critical access dental providers:
1.16	(1) nonprofit community clinics that:
1.17	(i) have nonprofit status in accordance with chapter 317A;
1.18	(ii) have tax exempt status in accordance with the Internal Revenue Code, section
1.19	501(c)(3);
1.20	(iii) are established to provide oral health services to patients who are low income,
1.21	uninsured, have special needs, and are underserved;
1.22	(iv) have professional staff familiar with the cultural background of the clinic's
1.23	patients;

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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; and
2.6	(viii) have more than 50 percent of the clinic's patient encounters per year with
2.7	patients who are uninsured or covered by medical assistance or MinnesotaCare;
2.8	(2) federally qualified health centers, rural health clinics, and public health clinics;
2.9	(3) eity or county hospital-based dental clinics owned and operated hospital-based
2.10	dental elinies by a city, county, or former state hospital as defined in section 62Q.19,
2.11	subdivision 1, paragraph (a), clause (4);
2.12	(4) a dental clinic or dental group owned and operated by a nonprofit corporation in
2.13	accordance with chapter 317A health system, group dental practice, or health plan company
2.14	with more than 10,000 50 percent of the clinic or dental group's patient encounters per
2.15	year with patients who are uninsured or covered by medical assistance or MinnesotaCare;
2.16	(5) a dental clinic owned and operated by the University of Minnesota or the
2.17	Minnesota State Colleges and Universities system; and
2.18	(6) private practicing dentists if:
2.19	(i) the dentist's office is located within a health professional shortage area as defined
2.20	under Code of Federal Regulations, title 42, part 5, and United States Code, title 42,
2.21	section 254E;
2.22	(ii) within the seven-county metropolitan area and more than 50 percent of the
2.23	dentist's patient encounters per year are with patients who are uninsured or covered by
2.24	medical assistance or MinnesotaCare; or
2.25	(iii) the dentist does not restrict access or services because of a patient's financial
2.26	limitations or public assistance status; and
2.27	(iv) the level of service provided by the dentist is critical to maintaining adequate
2.28	levels of patient access within the service area in which the dentist operates.
2.29	(ii) the dentist's office is located outside the seven-county metropolitan area and
2.30	more than 30 percent of the dentist's patient encounters per year are with patients who are
2.31	uninsured or covered by medical assistance or MinnesotaCare.
2.32	(c) A dentist or dental clinic designated as a critical access elinie dental provider under
2.33	paragraph (b) shall receive the reimbursement rate specified in paragraph (a) for dental
2.34	services provided off site at a private dental office if the following requirements are met:
2.35	(1) the designated critical access dental clinic is located within a health professional
2.36	shortage area as defined under Code of Federal Regulations, title 42, part 5, and United

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3.1	States Code, title 42, section 254E, and is located outside the seven-county metropolitan					
3.2	area;					
3.3	(2) the designated critical access dental clinic is not able to provide the service					
3.4	and refers the patient to the off-site dentist;					
3.5	(3) the service, if provided at the critical access dental clinic, would be reimbursed					
3.6	at the critical access reimbursement rate;					
3.7	(4) the dentist and allied dental professionals providing the services off site are					
3.8	licensed and in good standing under chapter 150A;					
3.9	(5) the dentist providing the services is enrolled as a medical assistance provider;					
3.10	(6) the critical access dental clinic submits the claim for services provided off site					
3.11	and receives the payment for the services; and					
3.12	(7) the critical access dental cli	nic maintains dental	records for each claim	n submitted		
3.13	under this paragraph, including the name of the dentist, the off-site location, and the					
3.14	license number of the dentist and alli	ed dental profession	als providing the servi	ices.		