REVISOR

This Document can be made available in alternative formats upon request State of Minnesota

HOUSE OF REPRESENTATIVES H. F. No. 2436

EIGHTY-NINTH SESSION

03/08/2016 Authored by Zerwas and Norton

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

1.1 1.2 1.3 1.4	A bill for an act relating to human services; increasing medical assistance payment rates for certain dental services provided outside of the seven-county metropolitan area; amending Minnesota Statutes 2015 Supplement, section 256B.76, subdivision 2.
1.5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
1.6	Section 1. Minuscote Statutes 2015 Secondament section 25(D.7(while is a line of is
1.6	Section 1. Minnesota Statutes 2015 Supplement, section 256B.76, subdivision 2, is
1.7	amended to read:
1.8	Subd. 2. Dental reimbursement. (a) Effective for services rendered on or after
1.9	October 1, 1992, the commissioner shall make payments for dental services as follows:
1.10	(1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25
1.11	percent above the rate in effect on June 30, 1992; and
1.12	(2) dental rates shall be converted from the 50th percentile of 1982 to the 50th
1.13	percentile of 1989, less the percent in aggregate necessary to equal the above increases.
1.14	(b) Beginning October 1, 1999, the payment for tooth sealants and fluoride treatments
1.15	shall be the lower of (1) submitted charge, or (2) 80 percent of median 1997 charges.
1.16	(c) Effective for services rendered on or after January 1, 2000, payment rates for
1.17	dental services shall be increased by three percent over the rates in effect on December
1.18	31, 1999.
1.19	(d) Effective for services provided on or after January 1, 2002, payment for
1.20	diagnostic examinations and dental x-rays provided to children under age 21 shall be the
1.21	lower of (1) the submitted charge, or (2) 85 percent of median 1999 charges.
1.22	(e) The increases listed in paragraphs (b) and (c) shall be implemented January 1,
1.23	2000, for managed care.

1

01/25/16

2.1 (f) Effective for dental services rendered on or after October 1, 2010, by a
2.2 state-operated dental clinic, payment shall be paid on a reasonable cost basis that is based
2.3 on the Medicare principles of reimbursement. This payment shall be effective for services
2.4 rendered on or after January 1, 2011, to recipients enrolled in managed care plans or
2.5 county-based purchasing plans.

(g) Beginning in fiscal year 2011, if the payments to state-operated dental clinics
in paragraph (f), including state and federal shares, are less than \$1,850,000 per fiscal
year, a supplemental state payment equal to the difference between the total payments
in paragraph (f) and \$1,850,000 shall be paid from the general fund to state-operated
services for the operation of the dental clinics.

(h) If the cost-based payment system for state-operated dental clinics described in
paragraph (f) does not receive federal approval, then state-operated dental clinics shall be
designated as critical access dental providers under subdivision 4, paragraph (b), and shall
receive the critical access dental reimbursement rate as described under subdivision 4,
paragraph (a).

(i) Effective for services rendered on or after September 1, 2011, through June 30,
2013, payment rates for dental services shall be reduced by three percent. This reduction
does not apply to state-operated dental clinics in paragraph (f).

(j) Effective for services rendered on or after January 1, 2014, payment rates for
dental services shall be increased by five percent from the rates in effect on December
31, 2013. This increase does not apply to state-operated dental clinics in paragraph (f),
federally qualified health centers, rural health centers, and Indian health services. Effective
January 1, 2014, payments made to managed care plans and county-based purchasing
plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment increase
described in this paragraph.

(k) Effective for services rendered on or after July 1, 2015, the commissioner shall 2.26 increase payment rates for services furnished by dental providers located outside of the 2.27 seven-county metropolitan area by the maximum percentage possible above the rates in 2.28 effect on June 30, 2015, while remaining within the limits of funding appropriated for this 2.29 purpose. This increase does not apply to state-operated dental clinics in paragraph (f), 2.30 federally qualified health centers, rural health centers, and Indian health services. Effective 2.31 January 1, 2016, payments to managed care plans and county-based purchasing plans 2.32 under sections 256B.69 and 256B.692 shall reflect the payment increase described in this 2.33 paragraph. The commissioner shall require managed care and county-based purchasing 2.34 plans to pass on the full amount of the increase, in the form of higher payment rates to 2.35 dental providers located outside of the seven-county metropolitan area. 2.36

2

3.1	(1) Effective for services rendered on or after January 1, 2017, the commissioner
3.2	shall increase payment rates for services furnished by dental providers located within the
3.3	seven-county metropolitan area by 9.65 percent above the rates in effect on June 30, 2015,
3.4	if these services are furnished at sites located outside of the seven-county metropolitan
3.5	area. This increase does not apply to state-operated dental clinics in paragraph (f),
3.6	federally qualified health centers, rural health centers, or Indian health services. Effective
3.7	January 1, 2017, payments to managed care plans and county-based purchasing plans
3.8	under sections 256B.69 and 256B.692 shall reflect the payment increase described in this
3.9	paragraph. The commissioner shall require managed care and county-based purchasing
3.10	plans to pass on the full amount of the increase in the form of higher payment rates for
3.11	services furnished at sites located outside of the seven-county metropolitan area by dental
3.12	providers located within the seven-county metropolitan area.