

SENATE

STATE OF MINNESOTA

EIGHTY-NINTH SESSION

S.F. No. 3542

(SENATE AUTHORS: HAWJ)

DATE	D-PG	OFFICIAL STATUS
04/14/2016	5814	Introduction and first reading Referred to Finance

1.1 A bill for an act

1.2 relating to human services; increasing medical assistance payment rates for

1.3 certain dental services; amending Minnesota Statutes 2015 Supplement, section

1.4 256B.76, subdivision 2.

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

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.

(f) Effective for dental services rendered on or after October 1, 2010, by a state-operated dental clinic, payment shall be paid on a reasonable cost basis that is based on the Medicare principles of reimbursement. This payment shall be effective for services rendered on or after January 1, 2011, to recipients enrolled in managed care plans or 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 increase payment rates for services furnished by dental providers located outside of the seven-county metropolitan area by the maximum percentage possible above the rates in effect on June 30, 2015, while remaining within the limits of funding appropriated for this purpose. 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, 2016, payments to managed care plans and county-based purchasing plans under sections 256B.69 and 256B.692 shall reflect the payment increase described in this paragraph. The commissioner shall require managed care and county-based purchasing plans to pass on the full amount of the increase, in the form of higher payment rates to dental providers located outside of the seven-county metropolitan area.

3.1 (l) Effective for services provided on or after January 1, 2017, the commissioner
3.2 shall increase payment rates by 9.65 percent above the rates in effect on June 30, 2015, for
3.3 dental services provided at a nonprofit community clinic located within the seven-county
3.4 metropolitan area where at least 90 percent of the clinic's patient encounters per year are
3.5 with patients who are uninsured, or covered by medical assistance or MinnesotaCare.
3.6 This increase does not apply to state-operated dental clinics in paragraph (f), federally
3.7 qualified health centers, rural health centers, or Indian health services. Effective January 1,
3.8 2017, payments to managed care plans and county-based purchasing plans under sections
3.9 256B.69 and 256B.692 shall reflect the payment increase described in this paragraph. The
3.10 commissioner shall require managed care and county-based purchasing plans to pass on
3.11 the full amount of the increase in the form of higher payment rates to dental providers for
3.12 the dental services that are identified for the rate increase in this paragraph.