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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. **2614**

03/08/2016 Authored by Zerwas and Lien

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

03/24/2016 Adoption of Report: 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; setting requirements for medical assistance coverage  
1.3 of oral health assessments; increasing medical assistance payment rates for  
1.4 certain dental services; amending Minnesota Statutes 2014, section 256B.0625,  
1.5 by adding a subdivision; Minnesota Statutes 2015 Supplement, section 256B.76,  
1.6 subdivision 2.

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

1.8 Section 1. Minnesota Statutes 2014, section 256B.0625, is amended by adding a  
1.9 subdivision to read:

1.10 Subd. 9c. **Oral health assessments.** Medical assistance covers oral health  
1.11 assessments that meet the requirements of this subdivision. An oral health assessment must  
1.12 use the risk factors established by the commissioner of human services and be conducted  
1.13 by a licensed dental provider in collaborative practice under section 150A.10, subdivision  
1.14 1a; 150A.105; or 150A.106 to identify possible signs of oral or systemic disease,  
1.15 malformation, or injury and the need for referral for diagnosis and treatment. Oral health  
1.16 assessments are limited to once per patient, per year and must be conducted in a community  
1.17 setting. The provider performing the assessment must document that a formal arrangement  
1.18 with a licensed dentist for patient referral and follow-up is in place and is being utilized.  
1.19 The patient referral and follow-up arrangement must allow patients receiving an assessment  
1.20 under this subdivision to receive follow-up services in a timely manner and establish an  
1.21 ongoing relationship with a dental provider that is available to serve as the patient's dental  
1.22 home. If the commissioner determines from an analysis of claims or other information  
1.23 that the referral and follow-up arrangement is not reasonably effective in ensuring that  
1.24 patients receive follow-up services, the commissioner may disqualify the treating provider  
1.25 or the pay-to provider from receiving payment for assessments under this subdivision.

2.1 Sec. 2. Minnesota Statutes 2015 Supplement, section 256B.76, subdivision 2, is  
2.2 amended to read:

2.3 Subd. 2. **Dental reimbursement.** (a) Effective for services rendered on or after  
2.4 October 1, 1992, the commissioner shall make payments for dental services as follows:

2.5 (1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25  
2.6 percent above the rate in effect on June 30, 1992; and

2.7 (2) dental rates shall be converted from the 50th percentile of 1982 to the 50th  
2.8 percentile of 1989, less the percent in aggregate necessary to equal the above increases.

2.9 (b) Beginning October 1, 1999, the payment for tooth sealants and fluoride treatments  
2.10 shall be the lower of (1) submitted charge, or (2) 80 percent of median 1997 charges.

2.11 (c) Effective for services rendered on or after January 1, 2000, payment rates for  
2.12 dental services shall be increased by three percent over the rates in effect on December  
2.13 31, 1999.

2.14 (d) Effective for services provided on or after January 1, 2002, payment for  
2.15 diagnostic examinations and dental x-rays provided to children under age 21 shall be the  
2.16 lower of (1) the submitted charge, or (2) 85 percent of median 1999 charges.

2.17 (e) The increases listed in paragraphs (b) and (c) shall be implemented January 1,  
2.18 2000, for managed care.

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

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

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

2.34 (i) Effective for services rendered on or after September 1, 2011, through June 30,  
2.35 2013, payment rates for dental services shall be reduced by three percent. This reduction  
2.36 does not apply to state-operated dental clinics in paragraph (f).

3.1 (j) Effective for services rendered on or after January 1, 2014, payment rates for  
3.2 dental services shall be increased by five percent from the rates in effect on December  
3.3 31, 2013. This increase does not apply to state-operated dental clinics in paragraph (f),  
3.4 federally qualified health centers, rural health centers, and Indian health services. Effective  
3.5 January 1, 2014, payments made to managed care plans and county-based purchasing  
3.6 plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment increase  
3.7 described in this paragraph.

3.8 (k) Effective for services rendered on or after July 1, 2015, through December  
3.9 31, 2016, the commissioner shall increase payment rates for services furnished by  
3.10 dental providers located outside of the seven-county metropolitan area by the maximum  
3.11 percentage possible above the rates in effect on June 30, 2015, while remaining within  
3.12 the limits of funding appropriated for this purpose. This increase does not apply to  
3.13 state-operated dental clinics in paragraph (f), federally qualified health centers, rural health  
3.14 centers, and Indian health services. Effective January 1, 2016, through December 31,  
3.15 2016, payments to managed care plans and county-based purchasing plans under sections  
3.16 256B.69 and 256B.692 shall reflect the payment increase described in this paragraph. The  
3.17 commissioner shall require managed care and county-based purchasing plans to pass on  
3.18 the full amount of the increase, in the form of higher payment rates to dental providers  
3.19 located outside of the seven-county metropolitan area.

3.20 (l) Effective for services provided on or after January 1, 2017, the commissioner  
3.21 shall increase payment rates by 9.65 percent above the rates in effect on June 30, 2015,  
3.22 for dental services provided outside of the seven-county metropolitan area. This increase  
3.23 does not apply to state-operated dental clinics in paragraph (f), federally qualified health  
3.24 centers, rural health centers, or Indian health services. Effective January 1, 2017,  
3.25 payments to managed care plans and county-based purchasing plans under sections  
3.26 256B.69 and 256B.692 shall reflect the payment increase described in this paragraph.