

**SENATE
STATE OF MINNESOTA
NINETY-FIRST SESSION**

S.F. No. 3201

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DATE
02/17/2020

D-PG

OFFICIAL STATUS
Introduction and first reading
Referred to Health and Human Services Finance and Policy

1.1 A bill for an act
1.2 relating to health care; prohibiting managed care plans and county-based purchasing
1.3 plans from requiring completion of a treatment plan before payment for any service
1.4 performed as part of the treatment plan; amending Minnesota Statutes 2018, section
1.5 256B.69, by adding a subdivision.

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

1.7 Section 1. Minnesota Statutes 2018, section 256B.69, is amended by adding a subdivision
1.8 to read:

1.9 Subd. 6e. Dental services. (a) If a dental provider is providing services to an enrollee
1.10 of a managed care plan or county-based purchasing plan based on (1) a treatment plan that
1.11 requires more than one visit, (2) the managed care plan or county-based purchasing plan,
1.12 or (3) the plan's subcontractor if the plan subcontracts with a third party to administer dental
1.13 services to the plan's enrollees, the dental provider must not require the completion of the
1.14 treatment plan as a condition of payment to the dental provider for services performed as
1.15 part of the treatment plan. The health plan or subcontractor must reimburse the dental
1.16 provider for all services performed by the provider regardless of whether the treatment plan
1.17 is completed, as long as the enrollee was covered under the plan at the time the service was
1.18 performed.

1.19 (b) Nothing in paragraph (a) prevents a health plan from paying for services using a
1.20 bundled payment method. If a bundled payment method is used and the treatment plan
1.21 covered by the payment is not completed for any reason, the health plan or its subcontractor
1.22 must reimburse the dental provider for the services performed, as long as the enrollee was
1.23 covered under the plan at the time the service was performed.