A bill for an act

relating to human services; establishing a single dental administrator to administer dental services for the recipients of the state health care programs; amending Minnesota Statutes 2008, sections 13.461, subdivision 23; 256B.69, subdivision 6; proposing coding for new law in Minnesota Statutes, chapter 256B; repealing Minnesota Statutes 2008, sections 256B.037; 256B.69, subdivision 6c.

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

Section 1. Minnesota Statutes 2008, section 13.461, subdivision 23, is amended to read:

Subd. 23. **Medical assistance dental plans.** Access to welfare data by dental plans contracted to provide services under the medical assistance program is governed by section ~~256B.037~~ 256B.0375.

Sec. 2. **[256B.0375] PROVISION OF DENTAL SERVICES.**

Subdivision 1. **Single dental administrator.** Effective January 1, 2010, the commissioner shall either implement a fee-for-service system for the delivery of dental services or contract with a single entity to administer the delivery of dental services to medical assistance, general assistance medical care, and MinnesotaCare recipients. If the commissioner decides to contract with a single entity to administer these services, a request for proposal must be developed by September 1, 2009. The request for proposal must include:

(1) the capacity to establish a statewide dental referral system or regional centers to identify available dentists and dental clinics and to schedule appointments with an appropriate dentist or clinic;

(2) the use of collaborative practice dental hygienists to provide assessment, prevention, and education to state health care program recipients and to provide triage and referrals for children as necessary;

(3) ways to encourage private practice dentists to treat more public program patients, including the flexibility to determine the number and type of patients they agree to serve;

(4) the capacity to establish and implement dental homes for patients with chronic dental disease that would include the coordination of care with other health care professionals;

(5) establishing an advisory committee of participating dentists from both community clinics and private settings to assist in the development and maintenance of the program;

(6) the use of electronic claims processing with uniform claims forms; and

(7) identifying the administrative costs in implementing the program as the sole dental administrator.

Subd. 2. **Appeals.** All recipients of dental services under this section have the right to appeal to the commissioner under section 256.045.

Subd. 3. **Information required by commissioner.** A contractor shall submit encounter-specific information as required by the commissioner, including, but not limited to, information required for assessing client satisfaction, quality of care, and cost and utilization of services. Participating providers must provide the commissioner access to recipient dental records to monitor compliance with this section.

Subd. 4. **Other contracts permitted.** Nothing in this section prohibits the commissioner from contracting with an organization for comprehensive health services, excluding dental services, under section 256B.031; 256B.035; 256B.69; 256D.03, subdivision 4; or 256L.12.

Subd. 5. **Recipient costs.** A contractor and its participating providers or nonparticipating providers who provide emergency services or services authorized by the contractor shall not charge recipients for any costs for covered services.

Subd. 6. **Financial accountability.** A contractor is accountable to the commissioner for the fiscal management of covered dental care services. The state of Minnesota and recipients shall be held harmless for the payment of obligations incurred by the contractor if the contractor or a participating provider becomes insolvent and the department has made the payments due to the contractor or participating provider under the contract.

Subd. 7. **Quality improvement.** The contractor shall permit the commissioner or the commissioner's agents to evaluate the quality, appropriateness, and timeliness of covered dental care services through inspections, site visits, and review of dental records.

Subd. 8. **Third-party liability.** To the extent required under section 62A.046 and Minnesota Rules, part 9506.0080, the contractor shall coordinate benefits for or recover the cost of dental care services provided recipients who have other dental care coverage. Coordination of benefits includes the contractor paying applicable co-payments or deductibles on behalf of a recipient.

Subd. 9. **Data privacy.** The contract between the commissioner and the contractor must specify that the contractor is an agent of the welfare system and shall have access to welfare data on recipients to the extent necessary to carry out the contractor's responsibilities under the contract. The contractor shall comply with chapter 13, the Minnesota Government Data Practices Act.

Sec. 3. Minnesota Statutes 2008, section 256B.69, subdivision 6, is amended to read:

Subd. 6. **Service delivery.** (a) Except as provided in paragraph (c), each demonstration provider shall be responsible for the health care coordination for eligible individuals. Demonstration providers:

(1) shall authorize and arrange for the provision of all needed health services including but not limited to the full range of services listed in sections 256B.02, subdivision 8, and 256B.0625 in order to ensure appropriate health care is delivered to enrollees. Notwithstanding section 256B.0621, demonstration providers that provide nursing home and community-based services under this section shall provide relocation service coordination to enrolled persons age 65 and over;

(2) shall accept the prospective, per capita payment from the commissioner in return for the provision of comprehensive and coordinated health care services for eligible individuals enrolled in the program;

(3) may contract with other health care and social service practitioners to provide services to enrollees; and

(4) shall institute recipient grievance procedures according to the method established by the project, utilizing applicable requirements of chapter 62D. Disputes not resolved through this process shall be appealable to the commissioner as provided in subdivision 11.

(b) Demonstration providers must comply with the standards for claims settlement under section 72A.201, subdivisions 4, 5, 7, and 8, when contracting with other health care and social service practitioners to provide services to enrollees. A demonstration provider must pay a clean claim, as defined in Code of Federal Regulations, title 42, section 447.45(b), within 30 business days of the date of acceptance of the claim.

(c) A demonstration provider shall not authorize or arrange dental services listed under section 256B.0625; 256D.03, subdivision 4; or 256L.03 as part of the comprehensive

health care services that are required to be provided by the demonstration provider under this section. Dental services shall be provided according to section 256B.0375.

Sec. 4. **REPEALER.**

Minnesota Statutes 2008, sections 256B.037; and 256B.69, subdivision 6c, are repealed.