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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETIETH SESSION

H. F. No. 1349

02/16/2017 Authored by Franson, Schomacker and Zerwas
The bill was read for the first time and referred to the Committee on Health and Human Services Reform
03/09/2017 Adoption of Report: Re-referred to the Committee on Health and Human Services Finance

1.1 A bill for an act
1.2 relating to human services; establishing a pilot project to provide urgent dental
1.3 care services; modifying critical access dental provider payments; amending
1.4 Minnesota Statutes 2016, section 256B.76, subdivision 4; proposing coding for
1.5 new law in Minnesota Statutes, chapter 256.

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

1.7 Section 1. 256.9641 DENTAL CARE PILOT PROJECT.

1.8 The commissioner shall authorize a pilot project to reduce the total cost to the state for
1.9 dental services provided to enrollees of the state public health care programs by reducing
1.10 hospital emergency room costs for preventable or nonemergency dental services. As part
1.11 of the project, a community dental clinic or dental provider, in collaboration with a hospital
1.12 emergency room, shall provide urgent care dental services as an alternative to the hospital
1.13 emergency room for nonemergency dental care. Project participants shall establish a process
1.14 to divert a patient presenting at the emergency room for nonemergency dental care to the
1.15 dental community clinic or to an appropriate dental provider. The commissioner may
1.16 establish special payment rates for urgent care services provided and may change or waive
1.17 existing payment policies to adequately reimburse providers for providing cost-effective
1.18 alternative services in an outpatient or urgent care setting. The commissioner may establish
1.19 the project in conjunction with the initiative authorized under section 256.963.

1.20 Sec. 2. Minnesota Statutes 2016, section 256B.76, subdivision 4, is amended to read:

1.21 Subd. 4. **Critical access dental providers.** (a) The commissioner shall increase
1.22 reimbursements to dentists and dental clinics deemed by the commissioner to be critical
1.23 access dental providers. For dental services rendered on or after July 1, 2016, the

2.1 commissioner shall increase reimbursement by 37.5 percent above the reimbursement rate
2.2 that would otherwise be paid to the critical access dental provider, except as specified under
2.3 paragraph (b). The commissioner shall pay the managed care plans and county-based
2.4 purchasing plans in amounts sufficient to reflect increased reimbursements to critical access
2.5 dental providers as approved by the commissioner.

2.6 (b) For dental services rendered on or after July 1, 2016, by a dental clinic or dental
2.7 group that meets the critical access dental provider designation under paragraph (d), clause
2.8 (4), and is owned and operated by a health maintenance organization licensed under chapter
2.9 62D, the commissioner shall increase reimbursement by 35 percent above the reimbursement
2.10 rate that would otherwise be paid to the critical access provider.

2.11 (c) Critical access dental payments made under paragraph (a) or (b) for dental services
2.12 provided by a critical access dental provider to an enrollee of a managed care plan or
2.13 county-based purchasing plan must not reflect any capitated payments or cost-based payments
2.14 from the managed care plan or county-based purchasing plan. The managed care plan or
2.15 county-based purchasing plan must base the additional critical access dental payment on
2.16 the amount that would have been paid for that service had the dental provider been paid
2.17 according to the managed care plan or county-based purchasing plan's fee schedule that
2.18 applies to dental providers that are not paid under a capitated payment or cost-based payment.

2.19 (d) The commissioner shall designate the following dentists and dental clinics as critical
2.20 access dental providers:

2.21 (1) nonprofit community clinics that:

2.22 (i) have nonprofit status in accordance with chapter 317A;

2.23 (ii) have tax exempt status in accordance with the Internal Revenue Code, section
2.24 501(c)(3);

2.25 (iii) are established to provide oral health services to patients who are low income,
2.26 uninsured, have special needs, and are underserved;

2.27 (iv) have professional staff familiar with the cultural background of the clinic's patients;

2.28 (v) charge for services on a sliding fee scale designed to provide assistance to low-income
2.29 patients based on current poverty income guidelines and family size;

2.30 (vi) do not restrict access or services because of a patient's financial limitations or public
2.31 assistance status; and

2.32 (vii) have free care available as needed;

- 3.1 (2) federally qualified health centers, rural health clinics, and public health clinics;
- 3.2 (3) hospital-based dental clinics owned and operated by a city, county, or former state
3.3 hospital as defined in section 62Q.19, subdivision 1, paragraph (a), clause (4);
- 3.4 (4) a dental clinic or dental group owned and operated by a nonprofit corporation in
3.5 accordance with chapter 317A with more than 10,000 patient encounters per year with
3.6 patients who are uninsured or covered by medical assistance or MinnesotaCare;
- 3.7 (5) a dental clinic owned and operated by the University of Minnesota or the Minnesota
3.8 State Colleges and Universities system; and
- 3.9 (6) private practicing dentists if:
- 3.10 (i) the dentist's office is located within the seven-county metropolitan area and more
3.11 than 50 percent of the dentist's patient encounters per year are with patients who are uninsured
3.12 or covered by medical assistance or MinnesotaCare; or
- 3.13 (ii) the dentist's office is located outside the seven-county metropolitan area and more
3.14 than 25 percent of the dentist's patient encounters per year are with patients who are uninsured
3.15 or covered by medical assistance or MinnesotaCare.
- 3.16 (e) A designated critical access clinic shall receive the reimbursement rate specified in
3.17 paragraph (a) for dental services provided off site at a private dental office if the following
3.18 requirements are met:
- 3.19 (1) the designated critical access dental clinic is not able to provide the services and
3.20 refers the patient to the off-site dentist;
- 3.21 (2) the services, if provided at the critical access dental clinic, would be reimbursed at
3.22 the critical access reimbursement rate;
- 3.23 (3) the dentists and allied dental professionals providing the services off site are licensed
3.24 and in good standing under chapter 150A;
- 3.25 (4) the critical access dental clinic submits the claim for services provided off site and
3.26 receives the payment for the services;
- 3.27 (5) the critical access dental clinic maintains dental records for each claim submitted
3.28 under this paragraph, including the name of the dentist, the off-site location, and the license
3.29 number of the dentist providing the services; and
- 3.30 (6) the commissioner makes available to the public on the agency's Web site the physical
3.31 addresses of the off-site private dental offices and contact information for the critical access

- 4.1 dental clinic, and the critical access dental clinic serves as the point of contact for services
- 4.2 provided under this subdivision through the off-site private dental offices.
- 4.3 **EFFECTIVE DATE.** This section is effective July 1, 2017.