A bill for an act
relating to human services; modifying dental reimbursement provisions;
amending Minnesota Statutes 2012, section 256B.76, subdivision 2.

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

Section 1. Minnesota Statutes 2012, section 256B.76, subdivision 2, is amended to read:

Subd. 2. Dental reimbursement. (a) Effective for services rendered on or after
October 1, 1992 January 1, 2014, the commissioner shall make payments for dental
services as follows:

(1) dental services shall be paid at the lower of:

(i) submitted charges; or

(ii) 25 percent above the rate in effect on June 30, 1992; and

(2) dental rates shall be converted from the 50th percentile of 1982 to the 50th
percentile of 1989, less the percent in aggregate necessary to equal the above increases 75
percent of the statewide median rate for all charges in effect during calendar year 2011.

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

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

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

(e) (b) The increases compensation listed in paragraphs (b) and (e) paragraph (a)
shall be implemented January 1, 2000 January 1, 2014, for managed care.

Section 1.
(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).