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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4931

04/09/2026 Authored by Backer The bill was read for the first time and referred to the Committee on Health Finance and Policy

1.1 A bill for an act
1.2 relating to human services; delaying implementation of the single dental
1.3 administrator for the medical assistance program; amending Minnesota Statutes
1.4 2024, section 256B.0371, subdivision 4; Minnesota Statutes 2025 Supplement,
1.5 section 256B.0371, subdivision 3.

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

1.7 Section 1. Minnesota Statutes 2025 Supplement, section 256B.0371, subdivision 3, is
1.8 amended to read:

1.9 Subd. 3. Contingent contract with dental administrator. (a) The commissioner shall
1.10 determine the extent to which managed care and county-based purchasing plans in the
1.11 aggregate meet the performance benchmark specified in subdivision 1 for coverage year
1.12 2024. If managed care and county-based purchasing plans in the aggregate fail to meet the
1.13 performance benchmark, the commissioner, after issuing a request for information followed
1.14 by a request for proposals, shall contract with a dental administrator to administer dental
1.15 services beginning January 1, 2028 2030, for recipients of medical assistance and
1.16 MinnesotaCare who are served under fee-for-service and persons receiving services through
1.17 managed care plans.

1.18 (b) The dental administrator must provide administrative services, including but not
1.19 limited to:

- 1.20 (1) provider recruitment, contracting, and assistance;
1.21 (2) recipient outreach and assistance;
1.22 (3) utilization management and reviews of medical necessity for dental services;

- 2.1 (4) dental claims processing;
- 2.2 (5) coordination of dental care with other services;
- 2.3 (6) management of fraud and abuse;
- 2.4 (7) monitoring access to dental services statewide;
- 2.5 (8) performance measurement;
- 2.6 (9) quality improvement and evaluation;
- 2.7 (10) management of third-party liability requirements; and
- 2.8 (11) establishment of grievance and appeals processes for providers and enrollees that
- 2.9 the commissioner can monitor.

2.10 (c) Dental administrator payments to contracted dental providers must be based on rates

2.11 recommended by the dental access working group. If the recommended rates are not

2.12 established in law prior to July 1, ~~2027~~ 2029, dental administrator payments to contracted

2.13 dental providers must be at the rates established under sections 256B.76 and 256L.11.

2.14 (d) Recipients must be given a choice of dental provider, including any provider who

2.15 agrees to provider participation requirements and payment rates established by the

2.16 commissioner and dental administrator. The dental administrator must comply with the

2.17 network adequacy and geographic access requirements that apply to managed care plans

2.18 for dental services under section 62K.14.

2.19 (e) The contract with the dental administrator must include performance benchmarks,

2.20 accountability measures, and progress rewards based on the recommendations from the

2.21 dental access working group.

2.22 (f) Notwithstanding the contract term limits under section 16C.06, subdivision 3b, the

2.23 commissioner may extend the implementation contract for the single dental administrator

2.24 under paragraph (a) up to three years from the date of execution and may contract with the

2.25 same contractor as the single dental administrator for up to five years, beginning in ~~2028~~

2.26 2030.

2.27 Sec. 2. Minnesota Statutes 2024, section 256B.0371, subdivision 4, is amended to read:

2.28 Subd. 4. **Dental utilization report.** (a) The commissioner shall submit an annual report

2.29 beginning March 15, 2022, and ending March 15, ~~2026~~ 2028, to the chairs and ranking

2.30 minority members of the legislative committees with jurisdiction over health and human

2.31 services policy and finance that includes the percentage for adults and children one through

3.1 20 years of age for the most recent complete calendar year receiving at least one dental visit
3.2 for both fee-for-service and the prepaid medical assistance program. The report must include:

3.3 (1) statewide utilization for both fee-for-service and for the prepaid medical assistance
3.4 program;

3.5 (2) utilization by county;

3.6 (3) utilization by children receiving dental services through fee-for-service and through
3.7 a managed care plan or county-based purchasing plan; and

3.8 (4) utilization by adults receiving dental services through fee-for-service and through a
3.9 managed care plan or county-based purchasing plan.

3.10 (b) The report must also include a description of any corrective action plans required to
3.11 be submitted under subdivision 2.

3.12 (c) The initial report due on March 15, 2022, must include the utilization metrics described
3.13 in paragraph (a) for each of the following calendar years: 2017, 2018, 2019, and 2020.

3.14 (d) In the annual report due on March 15, 2023, and in each report due thereafter, the
3.15 commissioner shall include the following:

3.16 (1) the number of dentists enrolled with the commissioner as a medical assistance dental
3.17 provider and the congressional district or districts in which the dentist provides services;

3.18 (2) the number of enrolled dentists who provided fee-for-service dental services to
3.19 medical assistance or MinnesotaCare patients within the previous calendar year in the
3.20 following increments: one to nine patients, ten to 100 patients, and over 100 patients;

3.21 (3) the number of enrolled dentists who provided dental services to medical assistance
3.22 or MinnesotaCare patients through a managed care plan or county-based purchasing plan
3.23 within the previous calendar year in the following increments: one to nine patients, ten to
3.24 100 patients, and over 100 patients; and

3.25 (4) the number of dentists who provided dental services to a new patient who was enrolled
3.26 in medical assistance or MinnesotaCare within the previous calendar year.

3.27 (e) The report due on March 15, 2023, must include the metrics described in paragraph
3.28 (d) for each of the following years: 2017, 2018, 2019, 2020, and 2021.