

1.1 ..... moves to amend H.F. No. 1934 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2024, section 256B.0371, subdivision 3, is amended to  
1.4 read:

1.5 Subd. 3. **Contingent contract with dental administrator.** (a) The commissioner shall  
1.6 determine the extent to which managed care and county-based purchasing plans in the  
1.7 aggregate meet the performance benchmark specified in subdivision 1 for coverage year  
1.8 2024. If managed care and county-based purchasing plans in the aggregate fail to meet the  
1.9 performance benchmark, the commissioner, after issuing a request for information followed  
1.10 by a request for proposals, shall contract with a dental administrator to administer dental  
1.11 services beginning no later than January 1, ~~2026~~ 2028, for all recipients of medical assistance  
1.12 and MinnesotaCare, including persons served under fee-for-service and persons receiving  
1.13 services through managed care and county-based purchasing plans.

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

1.16 (1) provider recruitment, contracting, and assistance;

1.17 (2) recipient outreach and assistance;

1.18 (3) utilization management and reviews of medical necessity for dental services;

1.19 (4) dental claims processing;

1.20 (5) coordination of dental care with other services;

1.21 (6) management of fraud and abuse;

1.22 (7) monitoring access to dental services;

2.1 (8) performance measurement;

2.2 (9) quality improvement and evaluation; and

2.3 (10) management of third-party liability requirements.

2.4 ~~(e) Dental administrator payments to contracted dental providers must be at the rates~~  
2.5 ~~established under sections 256B.76 and 256L.11.~~

2.6 ~~(d)~~ (c) Recipients must be given a choice of dental provider, including any provider who  
2.7 agrees to provider participation requirements and payment rates established by the  
2.8 commissioner and dental administrator. The dental administrator must comply with the  
2.9 network adequacy and geographic access requirements that apply to managed care and  
2.10 county-based purchasing plans for dental services under section 62K.14.

2.11 ~~(e)~~ (d) The contract with the dental administrator must include a provision that states  
2.12 that if the dental administrator fails to meet, by calendar year ~~2029~~ 2031, a performance  
2.13 benchmark under which at least 55 percent of children and adults who were continuously  
2.14 enrolled for at least 11 months in either medical assistance or MinnesotaCare received at  
2.15 least one dental visit during the calendar year, paragraph (e), the contract must be terminated  
2.16 and the commissioner must enter into a contract with a new dental administrator as soon as  
2.17 practicable.

2.18 (e) The performance benchmark is either:

2.19 (1) at least 55 percent of children and adults who were continuously enrolled for at least  
2.20 11 months in either medical assistance or MinnesotaCare received at least one dental visit  
2.21 during the calendar year; or

2.22 (2) one or more performance benchmarks recommended by the working group under  
2.23 subdivision 3a and selected by the commissioner that measure progress toward improved  
2.24 provision of dental services under medical assistance and MinnesotaCare.

2.25 (f) The commissioner shall implement this subdivision in consultation with: the Dental  
2.26 Services Advisory Committee; representatives of providers who provide dental services to  
2.27 patients enrolled in medical assistance or MinnesotaCare, including but not limited to  
2.28 providers serving primarily low-income and socioeconomically complex populations; and  
2.29 ~~with representatives of managed care plans and county-based purchasing plans.~~

Sec. 2. Minnesota Statutes 2024, section 256B.0371, is amended by adding a subdivision to read:

Subd. 3a. **Dental access working group.** (a) The commissioner must establish a working group to identify and make recommendations on the state's goals, priorities, and processes for contracting with a dental administrator under subdivision 3. The working group must consist of critical access dental providers, dental providers serving primarily low-income and socioeconomically complex populations, dental providers that serve private-pay patients as well as medical assistance and MinnesotaCare patients, a representative of the dental administrator contracted under subdivision 3, and a representative of the Department of Human Services. The working group must first convene by .....

(b) The working group must provide recommendations to the commissioner on the following:

(1) establishing and implementing a dental payment rate structure for medical assistance and MinnesotaCare that promotes consistency while accounting for geographic differences in access to and cost of dental services, critical access dental status, and patient characteristics;

(2) developing and implementing an infrastructure funding strategy that invests in the medical assistance and MinnesotaCare dental system through grants and loans at a level that enables continued development of dental capacity commensurate with that obtained through the managed care delivery system and from philanthropic sources;

(3) the dental service settings and activities to include when measuring progress toward the benchmark goal required under subdivision 3, paragraph (d);

(4) additional metrics that may be used as a benchmark goal, as required under subdivision 3, paragraph (d), and to measure progress toward improved provision of dental services under medical assistance and MinnesotaCare including consideration of Dental Quality Alliance or Oral Health Impact measures for broader assessment of the full range of services, including feasibility, cost, and value;

(5) establishing goals and processes to ensure coordination of care among medical assistance and MinnesotaCare providers, including dental, medical, and other care providers, particularly for patients with complex cases; and

(6) developing and implementing a workforce development strategy to support the pipeline of dental providers and oral health practitioners at all levels.

4.1 (c) The working group must provide initial recommendations to the commissioner by  
4.2 ..... Thereafter, the working group must continue to advise the commissioner regarding  
4.3 access to services for medical assistance and MinnesotaCare enrollees.

4.4 (d) By ....., the commissioner, in consultation with Delta Dental, must develop an  
4.5 implementation plan to effectuate the initial goals, priorities, and processes recommended  
4.6 by the working group under this subdivision. By ....., the commissioner must submit a  
4.7 report with the implementation plan to the chairs and ranking minority members of the  
4.8 legislative committees with jurisdiction over health and human services policy and finance.  
4.9 The report must include a description of the initial items recommended by the working  
4.10 group and provide an analysis of the department's ability to effectuate the recommendations."

4.11 Amend the title accordingly