

1.1 moves to amend H.F. No. 4401 as follows:

1.2 Delete everything after the enacting clause and insert:

1.3 "Section 1. Minnesota Statutes 2024, section 256B.76, subdivision 2, is amended to read:

1.4 Subd. 2. **Dental reimbursement.** (a) Effective for services rendered on or after October
1.5 1, 1992, the commissioner shall make payments for dental services as follows:

1.6 (1) dental services shall be paid at the lower of (i) submitted charges, or (ii) 25 percent
1.7 above the rate in effect on June 30, 1992; and

1.8 (2) dental rates shall be converted from the 50th percentile of 1982 to the 50th percentile
1.9 of 1989, less the percent in aggregate necessary to equal the above increases.

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

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

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

1.17 (e) The increases listed in paragraphs (b) and (c) shall be implemented January 1, 2000,
1.18 for managed care.

1.19 (f) Effective for dental services rendered on or after October 1, 2010, by a state-operated
1.20 dental clinic, payment shall be paid on a reasonable cost basis that is based on the Medicare
1.21 principles of reimbursement. This payment shall be effective for services rendered on or
1.22 after January 1, 2011, to recipients enrolled in managed care plans or county-based
1.23 purchasing plans.

2.1 (g) Beginning in fiscal year 2011, if the payments to state-operated dental clinics in
2.2 paragraph (f), including state and federal shares, are less than \$1,850,000 per fiscal year, a
2.3 supplemental state payment equal to the difference between the total payments in paragraph
2.4 (f) and \$1,850,000 shall be paid from the general fund to state-operated services for the
2.5 operation of the dental clinics.

2.6 (h) Effective for services rendered on or after January 1, 2014, through December 31,
2.7 2021, payment rates for dental services shall be increased by five percent from the rates in
2.8 effect on December 31, 2013. This increase does not apply to state-operated dental clinics
2.9 in paragraph (f), federally qualified health centers, rural health centers, and Indian health
2.10 services. Effective January 1, 2014, payments made to managed care plans and county-based
2.11 purchasing plans under sections 256B.69, 256B.692, and 256L.12 shall reflect the payment
2.12 increase described in this paragraph.

2.13 (i) Effective for services provided on or after January 1, 2017, through December 31,
2.14 2021, the commissioner shall increase payment rates by 9.65 percent for dental services
2.15 provided outside of the seven-county metropolitan area. This increase does not apply to
2.16 state-operated dental clinics in paragraph (f), federally qualified health centers, rural health
2.17 centers, or Indian health services. Effective January 1, 2017, payments to managed care
2.18 plans and county-based purchasing plans under sections 256B.69 and 256B.692 shall reflect
2.19 the payment increase described in this paragraph.

2.20 (j) Effective for services provided on or after July 1, 2017, through December 31, 2021,
2.21 the commissioner shall increase payment rates by 23.8 percent for dental services provided
2.22 to enrollees under the age of 21. This rate increase does not apply to state-operated dental
2.23 clinics in paragraph (f), federally qualified health centers, rural health centers, or Indian
2.24 health centers. This rate increase does not apply to managed care plans and county-based
2.25 purchasing plans.

2.26 (k) Effective for services provided on or after January 1, 2022, the commissioner shall
2.27 exclude from medical assistance and MinnesotaCare payments for dental services to public
2.28 health and community health clinics the 20 percent increase authorized under Laws 1989,
2.29 chapter 327, section 5, subdivision 2, paragraph (b).

2.30 (l) Effective for services provided on or after January 1, 2022, the commissioner shall
2.31 increase payment rates by 98 percent for all dental services. This rate increase does not
2.32 apply to state-operated dental clinics, federally qualified health centers, rural health centers,
2.33 or Indian health services.

3.1 (m) Effective for services provided on or after January 1, 2028, payment for dental
3.2 services shall be the lower of submitted charges, or 50 percent of the 50th percentile of 2024
3.3 submitted charges. This paragraph does not apply to federally qualified health centers, rural
3.4 health centers, state operated dental clinics, or Indian health centers.

3.5 (n) Beginning January 1, 2030, and every two years thereafter, the commissioner must
3.6 rebase payment rates for dental services to a percentile of submitted charges for the applicable
3.7 base year using charge data from claims paid by the commissioner so that the total aggregate
3.8 expenditures does not exceed the total spend as outlined in paragraph (m) plus the change
3.9 in the Medical Economic Index (MEI). In 2030, the change in MEI must be measured from
3.10 midyear of 2028 and 2030. For each subsequent rebasing, the change in MEI must be
3.11 measured between the years that are one year after the rebasing years. The base year used
3.12 for each rebasing shall be the calendar year that is two years prior to the effective date of
3.13 the rebasing. This paragraph does not apply to federally qualified health centers, rural health
3.14 centers, state operated dental clinics, or Indian health centers.

3.15 ~~(m)~~ (o) Managed care plans and county-based purchasing plans shall reimburse providers
3.16 at a level that is at least equal to the rate paid under fee-for-service for dental services. If,
3.17 for any coverage year, federal approval is not received for this paragraph, the commissioner
3.18 must adjust the capitation rates paid to managed care plans and county-based purchasing
3.19 plans for that contract year to reflect the removal of this provision. Contracts between
3.20 managed care plans and county-based purchasing plans and providers to whom this paragraph
3.21 applies must allow recovery of payments from those providers if capitation rates are adjusted
3.22 in accordance with this paragraph. Payment recoveries must not exceed an amount equal
3.23 to any increase in rates that results from this provision. If, for any coverage year, federal
3.24 approval is not received for this paragraph, the commissioner shall not implement this
3.25 paragraph for subsequent coverage years.

3.26 **EFFECTIVE DATE.** This section is effective the day following final enactment."

3.27 Amend the title accordingly