

House Research Act Summary

CHAPTER: 64 (S.F. 302/H.F. 122)

SESSION: 2011 Regular Session

TOPIC: Dental plan provider agreements

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Analyst: Tom Pender (651) 296-1885

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Overview

This act amends laws enacted in 2000 that regulate provider agreements between dental insurers and dentists.

Section

- 1** **Dental provider contract.** Defines this term as an agreement between a dentist or dental clinic and a dental insurer (including a third-party administrator ("TPA") of a self-insured employer dental plan) under which the dentist or dental clinic provides dental care to enrollees of the insurer or TPA.
- 2** **Contract amendment.** Requires that a dental insurer proposing a change in an existing dental provider agreement disclose it to the dentist or dental clinic at least 90 days before it goes into effect.
- 3** **Provider audits.** This section deals with audits by dental insurers of contract compliance of dentists and dental clinics. Specifies the requirements an audit has to meet to permit a dental insurer to recover or withhold payments from a dentist or dental clinic. Specifies the procedural requirements for the provider audit process, including allowing the provider "a reasonable period of time" to review and negotiate an informal resolution. Requires that an audit use a licensed dentist to review patient charts.
- 4** **Payment of covered services.** Prohibits a dental plan or dental provider agreement from limiting fees that dentists may charge to patients for dental services not covered by the dental insurer under the dental plan. Prohibits a dental plan or dental insurer from making its providers available to a dental plan that sets fees for noncovered services. Defines "covered services."

- 5 **Effective date.** Makes all sections effective August 1, 2011, and apply to dental plans and provider agreements entered into or renewed on or after that date.