

payments to a dentist or dental clinic if any of the following apply:

- (1) at least 40 percent of patient encounters are with patients who are uninsured or covered by MA, GAMC, or MinnesotaCare;
- (2) the dental clinic or dental group is owned and operated by a nonprofit operation with more than 10,000 patient encounters per year with patients who are uninsured or covered by MA, GAMC, or MinnesotaCare; or
- (3) the dental clinic is associated with an oral health or dental education program operated by the University of Minnesota or an institution within the Minnesota State Colleges and Universities System.

In making a designation, also requires the commissioner to review:

- (1) whether the level of services provided by the dentist or clinic is critical to ensuring a maximum travel distance or travel time to services that is the lesser of 60 miles or 60 minutes;
- (2) whether the provider has completed the application by the due date and provided correct information;
- (3) whether the dentist or clinic meets the quality and continuity of care criteria recommended by the dental services advisory committee and adopted by the department; and
- (4) whether the dentist or clinic serves people in all Minnesota health care programs.

States that the section is effective January 1, 2011.

3 Designation and termination of critical access dental providers. Amends § 256B.76 by adding subd. 4a. (a) Provides that the commissioner may review and not designate an individual dentist or dental clinic as a critical access provider, when the dentist or clinic:

- (1) has been subject to a corrective or disciplinary action by the Board of Dentistry related to fraud or direct patient care; or
 - (2) has been subject, within the past three years, to postinvestigation action by the commissioner of human services or issuance of a warning;
- (b) Allows the commissioner to terminate a critical access designation of an individual dentist or clinic if the dentist or clinic:
- (1) becomes subject to disciplinary or corrective action by the Board of Dentistry related to fraud or direct patient care;
 - (2) becomes subject to postinvestigation action by the commissioner or issuance of a warning;
 - (3) does not meet the quality and continuity of care criteria recommended by the dental services advisory committee and adopted by the department; or
 - (4) does not serve enrollees in all Minnesota health care programs.

(c) Provides that any termination is retroactive to the date of notification of the postinvestigative action, disciplinary or corrective action, or a determination of not meeting quality and continuity of care criteria.

Allows the commissioner to review post-investigative actions taken by a health plan under contract to provide dental services to Minnesota health care program enrollees, and incorporate these findings to determine if a provider will be designated or terminated.

(d) Allows providers who have been terminated or not designated to appeal only through the contested hearing process and specifies appeal requirements.

(e) Allows the commissioner to make an exception to paragraphs (a) and (b) in cases of onetime events not directly related to patient care or that will not affect direct patient care to Minnesota health care program enrollees.

Provides an immediate effective date.

- 4** **Appropriation.** Appropriates \$3 million from the general fund for FY 2011, to the commissioner of human services for MA payments to critical access dental providers.