HOUSE RESEARCH

Bill Summary

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Subject: Oral Health Assessments; Rate Increase for Certain Dental Services

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Overview

This provides MA coverage for oral health assessments meeting specified criteria that are performed by licensed dental providers in collaborative practice. The bill also provides a 9.65 percent rate increase for certain dental services provided outside of the seven-county metropolitan area.

Section

Oral health assessments. Amends § 256B.0625, by adding subd. 9c. Provides MA coverage of oral health assessments that meet the requirements of the subdivision. Requires oral health assessments to use risk factors established by the commissioner and be conducted by a licensed dental provider in collaborative practice (dental hygienists meeting certain criteria, dental therapists, and advanced dental therapists) to identify possible signs of oral or systemic disease, malformation, or injury and the need for referral for diagnosis and treatment. Limits assessments to once per patient per year and requires assessments to be provided in a community setting. Requires providers performing the assessment to document that a formal arrangement with a licensed dentist for patient referral and follow-up is in place and being used. Specifies criteria for the referral and follow-up arrangement and allows the commissioner to disqualify providers from receiving payment for assessments, if the arrangement is not reasonably effective in ensuring that patients receive follow-up services.

Dental reimbursement. Amends § 256B.76, subd. 2. Effective January 1, 2017, increases MA payment rates by 9.65 percent above the rates in effect on June 30, 2015, for dental services furnished by providers located within the seven-county metropolitan area, if the

2

H.F. 2614 March 18, 2016 Version: Delete everything amendment (H2614DE1) Page 2

Section

services are furnished at sites located outside of the seven-county metropolitan area. States that the increase does not apply to state-operated dental clinics, federally qualified health centers, rural health centers, and Indian health services. Requires payments to managed care and county-based purchasing plans to reflect this payment increase. Directs the commissioner to require these plans to pass on the full amount of the increase in the form of higher payment rates for the relevant services.