

**File Number:** H.F. 1340  
**Version:** As introduced

**Date:** March 6, 2017

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**Subject:** MA Dental Payment Rates and Prior Authorization

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### Overview

This bill requires the commissioner of human services to develop uniform prior authorization criteria for dental services under MA and a uniform credentialing process for dental providers. Requires managed care and county-based purchasing plans, dental benefit administrators, and other entities to use the criteria and process. The bill also increases dental payments rates, effective for services provided on or after January 1, 2018.

#### Section

- 1 Uniform prior authorization for dental services.** Amends § 256B.0625, by adding subd. 9c. (a) Requires the commissioner of human services, by January 1, 2018, to develop uniform prior authorization criteria for dental services that require prior authorization. Requires the commissioner to publish the list of services requiring prior authorization and the process for obtaining approval on the agency Web site. Requires dental providers, managed care and county-based purchasing plans, and dental benefit administrators to use this list and process, regardless of whether services are provided under fee-for-service or the prepaid medical assistance program.  
  
(b) Allows managed care and county-based purchasing plans to require prior authorization for additional dental services, if a uniform process for obtaining prior approval is applied, that includes a process for reconsideration when a prior approval request is denied.  
  
(c) Provides a definition of “dental benefits administrator.”
- 2 Uniform credentialing process.** Amends § 256B.0625, by adding subd. 9d. (a) Requires the commissioner, by January 1, 2018, to develop a uniform credentialing process for dental

## Section

providers. Upon federal approval, requires the process to be accepted by all managed care plans, county-based purchasing plans, and dental benefit administrators that contract with the commissioner, or subcontract with plans, to provide dental services to MA or MinnesotaCare enrollees.

(b) Requires the process to include a uniform credentialing application accessible on the agency Web site that can be submitted electronically. Requires the application to be available to providers free of charge.

(c) Requires a managed care or county-based purchasing plan, dental benefit administrator, contractor, or vendor to notify a provider about deficiencies on a submitted credentialing application form within 30 business days after receipt of the form.

**3** **Dental reimbursement.** Amends § 256B.76, subd. 2. Effective for services provided on or after January 1, 2018, sets MA payments for dental services at the lower of: (1) submitted charges; or (2) 50 percent of the 90<sup>th</sup> percentile of 2014 charges for the applicable current dental terminology code. States that this rate does not apply to state operated dental clinics.

Directs the commissioner to require managed care and county-based purchasing plans to increase payments rates to providers by the same percentage as the MA dental rate increase. Requires plans to pay dental providers at least the fee-for-service rate. Also directs the commissioner to require plans to document to the commissioner that the rate increase was provided to dental providers.

Strikes provisions in current law setting dental rates and providing prior rate increases, and makes other conforming changes.