

SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION

S.F. No. 1896

(SENATE AUTHORS: BOLDON, Utke, Kupec and Port)		
DATE	D-PG	OFFICIAL STATUS
02/27/2025	556	Introduction and first reading
		Referred to Health and Human Services
03/24/2025	1027	Author added Port

1.1

A bill for an act

1.2

relating to health care; modifying requirements for dental administrator rates in

1.3

the medical assistance and MinnesotaCare programs; changing dates relating to a

1.4

dental administrator contract; establishing the critical access dental provider task

1.5

force; requiring a report; amending Minnesota Statutes 2024, section 256B.0371,

1.6

subdivision 3.

1.7

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.8

Section 1. Minnesota Statutes 2024, section 256B.0371, subdivision 3, is amended to read:

1.9

Subd. 3. **Contingent contract with dental administrator.** (a) The commissioner shall

1.10

determine the extent to which managed care and county-based purchasing plans in the

1.11

aggregate meet the performance benchmark specified in subdivision 1 for coverage year

1.12

2024. If managed care and county-based purchasing plans in the aggregate fail to meet the

1.13

performance benchmark, the commissioner, after issuing a request for information followed

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by a request for proposals, shall contract with a dental administrator to administer dental

1.15

services beginning January 1, ~~2026~~ 2030, for all recipients of medical assistance and

1.16

MinnesotaCare, including persons served under fee-for-service and persons receiving

1.17

services through managed care and county-based purchasing plans.

1.18

(b) The dental administrator must provide administrative services, including but not

1.19

limited to:

1.20

(1) provider recruitment, contracting, and assistance;

1.21

(2) recipient outreach and assistance;

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(3) utilization management and reviews of medical necessity for dental services;

1.23

(4) dental claims processing;

2.1 (5) coordination of dental care with other services;

2.2 (6) management of fraud and abuse;

2.3 (7) monitoring access to dental services;

2.4 (8) performance measurement;

2.5 (9) quality improvement and evaluation; and

2.6 (10) management of third-party liability requirements.

2.7 ~~(e) Dental administrator payments to contracted dental providers must be at the rates~~
2.8 ~~established under sections 256B.76 and 256L.11.~~

2.9 ~~(d)~~ (c) Recipients must be given a choice of dental provider, including any provider who
2.10 agrees to provider participation requirements and payment rates established by the
2.11 commissioner and dental administrator. The dental administrator must comply with the
2.12 network adequacy and geographic access requirements that apply to managed care and
2.13 county-based purchasing plans for dental services under section 62K.14.

2.14 ~~(e)~~ (d) The contract with the dental administrator must include a provision that states
2.15 that if the dental administrator fails to meet, by calendar year ~~2029~~ 2032, a performance
2.16 benchmark under which at least 55 percent of children and adults who were continuously
2.17 enrolled for at least 11 months in either medical assistance or MinnesotaCare received at
2.18 least one dental visit during the calendar year, the contract must be terminated and the
2.19 commissioner must enter into a contract with a new dental administrator as soon as
2.20 practicable.

2.21 ~~(f)~~ (e) The commissioner shall implement this subdivision ~~in consultation with~~
2.22 ~~representatives of providers who provide dental services to patients enrolled in medical~~
2.23 ~~assistance or MinnesotaCare, including but not limited to providers serving primarily~~
2.24 ~~low-income and socioeconomically complex populations, and with representatives of~~
2.25 ~~managed care plans and county-based purchasing plans~~ based on the recommendations of
2.26 the critical access dental provider task force established by the commissioner to identify
2.27 the impacts of a contract with a single dental administrator, as allowed within existing
2.28 appropriations.

2.29 Sec. 2. **CRITICAL ACCESS DENTAL PROVIDER TASK FORCE.**

2.30 Subdivision 1. Definition. For the purpose of this subdivision, "critical access dental
2.31 providers" means critical access dental providers as described in Minnesota Statutes, section
2.32 256B.76, subdivision 4.

3.1 Subd. 2. **Task force established.** The commissioner must establish a task force to identify
3.2 the impacts of a contract with a single dental administrator under Minnesota Statutes, section
3.3 256B.0371, subdivision 3, on:

3.4 (1) financial viability of critical access dental providers; and

3.5 (2) access to care for medical assistance and MinnesotaCare enrollees served by critical
3.6 access dental providers.

3.7 Subd. 3. **Required assessments.** In the performance of its responsibilities under
3.8 subdivision 2, the task force must consider the following:

3.9 (1) the financial impact on reimbursement for critical access dental providers, including
3.10 fee-based revenue, between payments by managed care and county-based purchasing plans
3.11 and the rates established under Minnesota Statutes, sections 256B.76 and 256L.11;

3.12 (2) the potential impact on supplemental funding opportunities, both public and private,
3.13 used by critical access dental providers to cover current operating costs;

3.14 (3) the potential impact on supplemental funding opportunities, both public and private,
3.15 used by critical access dental providers for capital and service expansion costs, including
3.16 physical plant development and equipment acquisition, and workforce development and
3.17 training; and

3.18 (4) the potential harmful impacts on patients of critical access dental providers resulting
3.19 from disruption of current integrated care coordination between medical, behavioral, dental,
3.20 and other service providers.

3.21 Subd. 4. **Application of other law.** The provisions of Minnesota Statutes, section 15.059
3.22 relating to member terms, compensation, and removal govern the task force.

3.23 Subd. 5. **Membership.** The task force consists of the following members:

3.24 (1) the commissioner of human services or a designee appointed by the commissioner;

3.25 (2) two members of the house of representatives, one appointed by the speaker of the
3.26 house and one appointed by the house minority leader;

3.27 (3) two members of the senate, one appointed by the president of the senate and one
3.28 appointed by the senate minority leader;

3.29 (4) a representative of the Minnesota Dental Association, appointed by the Minnesota
3.30 Dental Association;

4.1 (5) a representative of the Association of Critical Access Dental Providers of Minnesota,
4.2 appointed by the Association of Critical Access Dental Providers of Minnesota;

4.3 (6) a representative of nonprofit dental clinics providing services within the seven-county
4.4 metropolitan area, appointed by the governor;

4.5 (7) a representative of nonprofit dental clinics providing services outside of the
4.6 seven-county metropolitan area, appointed by the governor;

4.7 (8) a representative of private dental clinics for which medical assistance and
4.8 MinnesotaCare enrollees comprise more than 25 percent of the clinic's patient load, appointed
4.9 by the governor; and

4.10 (9) a representative of the Minnesota Rural Health Association, appointed by the
4.11 Minnesota Rural Health Association.

4.12 Subd. 6. **Reporting.** The task force must submit a report to the chairs and ranking
4.13 minority members of the legislative committees with jurisdiction over health and human
4.14 services policy and finance by January 15, 2027. The report must include:

4.15 (1) an evaluation of patient access to dental care and any proposed measures to prevent
4.16 service gaps;

4.17 (2) a detailed financial impact analysis on reimbursements for critical access dental
4.18 providers;

4.19 (3) recommendations to mitigate funding disruptions for operational and capital expenses;

4.20 (4) potential impacts of a contract with a single dental administrator under subdivision
4.21 3; and

4.22 (5) recommendations to the legislature to prevent harm to the financial viability of critical
4.23 access dental providers and to maintain or increase access to care for enrollees in the medical
4.24 assistance and MinnesotaCare programs.

4.25 Subd. 7. **Expiration.** The task force expires on