A bill for an act
relating to insurance; regulating dental provider contracts and provider audits;
amending Minnesota Statutes 2010, sections 62Q.76, by adding a subdivision;
62Q.78, by adding subdivisions.

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

Section 1. Minnesota Statutes 2010, section 62Q.76, is amended by adding a subdivisions to read:

Subd. 8. **Dental provider contract.** "Dental provider contract" means a written agreement between a dentist or dental clinic and dental organization to provide dental care services.

Sec. 2. Minnesota Statutes 2010, section 62Q.78, is amended by adding a subdivision to read:

Subd. 4. **Contract amendment.** An amendment or change in terms of an existing contract between a dental organization and a dentist must be disclosed to the dentist at least 90 days before the effective date of the proposed change.

Sec. 3. Minnesota Statutes 2010, section 62Q.78, is amended by adding a subdivision to read:

Subd. 5. **Provider audits.** (a) A dental organization that conducts audits of dental providers shall:

(1) provide a written explanation to the dental provider of the reason for the audit and the process the dental organization intends to use to audit patient charts, as well as a
written explanation of the processes available to the provider once the dental organization
completes its review of the audited patient records; and
(2) allow the provider a reasonable period of time from the date that the provider
receives the verified audit or investigation findings to review, meet, and negotiate a
resolution to the audit or investigation.
(b) If a dental organization conducts a provider audit, the dental organization must
use a licensed dentist whose license is in good standing to review patient charts.

Sec. 4. Minnesota Statutes 2010, section 62Q.78, is amended by adding a subdivision
to read:
Subd. 6. Payment for covered services. (a) No contract of any dental plan or
dental organization that covers any dental services or dental provider agreement with a
dentist may require, directly or indirectly, that a dentist provide services to an enrolled
participant at a fee set by, or at a fee subject to the approval of, the dental plan or dental
organization unless the dental services are covered services.
(b) A dental plan or dental organization or other person providing third-party
administrator services shall not make available any providers in its dentist network to a
plan that sets dental fees for any services except covered services.
(c) "Covered services" means dental care services for which a reimbursement
is available under an enrollee's plan contract, or for which a reimbursement would
be available but for the application of contractual limitations such as deductibles,
copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency
limitations, alternative benefit payments, or any other limitation.

Sec. 5. EFFECTIVE DATE.
Sections 1 to 4 are effective August 1, 2011, and apply to dental plans and provider
agreements entered into or renewed on or after that date.