



Medical Assistance Payment Rates for Dental Services

Update to 2013 Evaluation Report

Problems Identified

- **Poorly Coordinated Payment Rates and Policies.** Minnesota's array of payment policies and rate-setting practices for Medical Assistance (MA) Dental Services likely has had opposing and negative outcomes on MA enrollees' access to services. Some dentists have limited or ceased treating MA enrollees due to frequent changes in MA payment policies, low payment rates, limited eligibility for supplemental payments, and inconsistent payment practices and rates among fee-for-service and managed care programs.
- **Insufficient Department of Human Services (DHS) Administrative Support.** DHS's online information system for verifying patient eligibility and treatment history did not sufficiently support dental providers' inquiries or statutory restrictions on benefits. Medical review and service authorization decisions by DHS and managed care organizations were inconsistent and sometimes poorly communicated to dental providers.
- **Inadequate Monitoring of MA Recipient Access.** Concerns about the impact of low reimbursement rates on MA recipient access to dental care—particularly among special needs populations—have increased in recent years. Minnesota's payment rates have prompted federal government inquiries regarding compliance with federal access goals.

Changes Implemented

- **Increased Payment Rates.** In 2013, the Legislature provided a 5 percent increase in base payment rates for dental services, effective January 1, 2014.
- **Clarified Benefit Policies.** According to DHS, the department examined and clarified MA coverage policies for certain benefits. These actions should improve dental care for some populations.
- **DHS Evaluated the MA Dental Program.** At the direction of the 2013 Legislature, DHS studied and identified ways to improve the payment structure and dentist participation. In a 2014 report, DHS recommended that the state adopt elements of a single administrator model, increase the base payment rates, and refine the payment structure.

Action Needed

- **Monitor and Measure Recipient Access.** DHS is seeking better ways to measure access to dental services; the department needs to translate these ideas into policies and actions.