Overview

This bill requires dental organizations to provide enrollees, upon request, with specified information on dental coverage. The bill also requires dental organizations using utilization profiling for certain purposes to provide specified information to dentists upon request, regulates the use of terminology codes, and sets other requirements.

1  **Definitions.** Adds § 62Q.75. Defines terms.
   - Defines "dental plan" as a policy, contract, or certificate offered by a dental organization, and specifies that dental plan means individual or group coverage.
   - Defines "dental organization" as a health insurer, health service plan corporation, HMO, community integrated service network, or a third party administrator meeting specified criteria.
   - Also defines dental care services, dentist, emergency dental care, and enrollee.

2  **Terms of coverage disclosure.** Adds § 62Q.76. Requires dental organizations to make available to enrollees, upon request, descriptions of:
   - (1) the dental care services and other benefits to which enrollees are entitled;
   - (2) any exclusions or limitations, including any deductibles or copayments and any requirements for referrals;
   - (3) how services, including emergency dental care and out-of-area service, may be obtained;
   - (4) payment and copayment amounts; and
   - (5) a telephone number for the enrollee to obtain additional information.

3  **Dental benefit plan requirements.** Adds § 62Q.77. Requires dental organizations using utilization profiling for purposes of reimbursement or network participation to provide specified information, upon request. Sets requirements for the use of terminology codes.
   - **Subd. 1. Utilization profiling.** (a) Requires a dental organization that uses utilization profiling...
as a method of differentiating provider reimbursement or as a requirement for continued network participation to make available to dentists, upon request, a description of the methodology used in profiling, a list of codes measured, personal frequency data, and individual scoring in each profiling measurement category to assist the dentist in qualifying or retaining qualification.

(b) Also requires the dental organization to provide to group purchasers and enrollees, upon request, a description of the methodology of utilization profiling on dental benefits.

**Subd. 2. Reimbursement codes.** (a) Requires dental organizations to use the most recent American Dental Association terminology codes, unless the federal government requires the use of other codes, and sets requirements for the use of these codes.

(b) Requires enrollee benefits to be determined on the basis of individual codes, subject to provider and group contracts.

(c) States that the subdivision does not prohibit or restrict dental organizations from setting reimbursement and pricing with groups, purchasers, and participating providers.

**Subd. 3. Treatment options.** Provides that no contractual provision shall prohibit or limit a dentist from discussing all clinical options with the patient.

**Limitations.** Adds § 62Q.78. Provides that section 62Q.76 shall not require a dental organization to disclose information that the organization must already disclose under applicable law. Also allows disclosure to be accomplished by electronic communication.

**Effective date.** States that section 62Q.77, subd. 2, related to reimbursement codes, is effective August 1, 2001.