AN ACT relating to Medicaid reimbursements for dental services.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. A NEW SECTION OF KRS CHAPTER 205 IS CREATED TO READ AS FOLLOWS:

(1) Notwithstanding any provision of law to the contrary and to the extent permitted under federal law, the Department for Medicaid Services shall utilize a directed payment option to adopt a minimum fee schedule for covered dental services. The minimum fee schedule adopted pursuant to this section shall require any managed care organization with which the department contracts for the delivery of Medicaid services to reimburse an eligible dental service provider in an amount that is at least equal to the established fee-for-service rate for the same service.

(2) This section shall only apply to reimbursements made to Medicaid dental service providers who served at least fifty (50) Medicaid beneficiaries during the previous calendar year for dental services provided to a Medicaid beneficiary on or after October 1, 2022, or thirty (30) days after the department receives federal approval for the directed payment option required by this section, whichever is later.

SECTION 2. If the Cabinet for Health and Family Services or the Department for Medicaid Services determines that a state plan amendment, waiver, or any other authorization from a federal agency is necessary prior to the implementation of any provision of Section 1 of this Act, the cabinet or department shall, within 90 days after the effective date of this Act, request the state plan amendment, waiver, or authorization and shall only delay full implementation of those provisions for which a waiver or authorization was deemed necessary until the waiver or authorization is granted.