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THE TRUSTED SOLUTION FOR DENTAL & VISION

REGULATORY UPDATES MARCH 2026

AGENDA

- Fee Schedules
- Passed Bills: NJ and NY
- To Watch:
  - Federal bills
  - Recoupment
  - Vision
  - State Medicaid
  - Provider Directory
  - Prior Authorization
  - Virtual Credit Card Payment
  - Dental Loss Ratio

PASSED: NJ AB 5217 COST-SHARING

- Passed 1/9/26
- Effective 4/9/26 (approximately)
- Markets: Commercial, dental and vision
- When calculating an enrollee's contribution to any applicable cost-sharing amount requirement, a carrier or third-party administrator shall give credit for any cost-sharing amount paid by the enrollee or on behalf of the enrollee by another party
- By March 31 of each year (beginning in 2027), each carrier and third party administrator authorized to conduct business in the State shall certify to the Commissioner of Banking and Insurance, in a form and manner as determined by the commissioner, that it has fully and completely complied with the requirements of this section throughout the prior calendar year. The certification shall be signed by the chief executive officer, chief financial officer, or designee, of the carrier or third party administrator.
- No form has been released yet

PASSED: NY AB 9510 (VIRTUAL CREDIT CARD PAYMENT)

- Passed 2/13/26
- Effective 6/17/26
- Markets: Commercial, Medicaid, Medicare, Dental, Vision
  - Insurer may use virtual credit card, or EFT payment method that imposes a fee if, in advance of using that method:
  - Insurer notifies provider of potential fees
  - Offers an alternative payment method without a fee
  - The provider elects to accept the fee-based payment, within 30 days of receipt of the notice from the insurer (otherwise, the insurer shall use the alternative payment method)

TO WATCH: FEDERAL BILLS

- **Dentist and Optometric Care Access Act HR 1521**
  - Reintroduced on February 24, 2026
  - Payment amount requirements
  - Contract duration
- **Vision Lab Choice Act S 1716**
  - Reintroduced May 12, 2025
  - Focuses on contract duration and choice of labs provisions

TO WATCH: FEDERAL BILLS

- **CMS 2027 Benefit and Payment Parameters**
  - Introduced February 9, 2026
  - Would reverse the 2025 Policy that allows routine adult dental services to be treated as an essential health benefit, and reinforce that only pediatric dental services may be included as EHBs

- Includes payment parameters, and the 2027 user fee rates for issuers offering qualified health plans through the exchanges

- Public comment deadline March 11, 2026

TO WATCH: RECOUPMENT

- **OR HB 4040**
  - Dental, Commercial
  - Pay/deny clean claims within 45 days
  - Insurers may not request a refund unless it is a case of fraud/abuse; or
  - 1) written/electronic request within 18 months, 2) specifies reason for refund, 3) cannot require contested refund earlier than 6 months after provider receives request
- Requirements for coordination of benefits and refunds

TO WATCH: VISION

- Vision omnibus bills:
  - IL SB 3707
  - IA HF 2249
  - NE LB 987
- MS SB 2752
  - Purpose is to allow patients to have choice of provider
  - Expands provider participation
  - Defines covered vision services
  - Telehealth options for eye examinations

TO WATCH: VISION

- OK HB 3982
  - Provides that a vision benefit plan or any designee must reimburse licensed optometric physicians for covered services at a rate not less than the 60th percentile of usual and customary charges for the same services or materials in the same geographic region
  - Any increase in reimbursement for covered services will not offset by a decrease in reimbursement for ophthalmic materials such as frames, lenses, and contacts unless these changes are uniformly applied to all providers
- NY AB 6615
  - Optometry Freedom Act
  - Defines covered services
  - No contract between a carrier or vision care plan and an optometrist shall restrict or limit the optometrist's choice of sources and suppliers of services or materials or use of optical labs

TO WATCH: STATE MEDICAID BILLS

- GA SB 380
  - Under this regulation, the State would be able to draw on federal funding to extend Medicaid eligibility to a wider range of Georgians

- KY HB 2
  - Comprehensive Medicaid reform bill
  - Contracting rules for Medicaid managed care plans, requires MCPs to post detailed provider info online, lengthens provider appeal timeframes
  - Transitions Medicaid-covered dental services to an administrative service organization (ASO) model, prohibiting the ASO from assuming financial risk and capping its compensation at 2% of annual claims paid.
  - Requires new or renewed Medicaid managed care contracts to include notice of the transition to the ASO model and authorizes the Cabinet to seek federal approval and implement necessary Medicaid program changes.

TO WATCH: PROVIDER DIRECTORY

- **MD bill updating Provider Directory Requirements (31.10.52)**
  - Requires carriers to give members ways to report incorrect provider directory information (phone, email, other electronic means)
  - Mandates quarterly reviews of at least 25% of directory listings, ensuring full directory review every 15 months.

- Requires carriers to correct inaccuracies within set timeframes
- Allows entries to be marked "unverified" or "not accepting new patients" when provider confirmation cannot be obtained within 30 days
- Permits removal of providers if participation cannot be verified within 120 days.
- Allows carriers to rely on CAQH attestations from the last 120 days.

TO WATCH: PRIOR AUTHORIZATION

- AZ HB 2250
  - Medicaid
  - Must honor prior auth from previous insurer for 90 days if:
  - Service is covered under new plan;
  - The enrollee, provider, or previous insurer provides documentation to the insurer regarding the granted prior auth
  - Gold card program
- FL SB 1130
  - Medicaid
  - Requires UR entities to use a certain prior authorization form
  - Must establish electronic prior auth process
  - Prohibits prior authorization under certain circumstances
  - Prohibits prior authorization revocations under certain circumstances

TO WATCH: PRIOR AUTHORIZATION

- IA HB 636
  - Dental, Medicaid
  - Carrier shall reimburse provider at the contracted rate
  - Prior authorization requirements and exceptions
- KS HB 2247 and KS HB 2556
  - Dental, Medicaid
  - Defines circumstances in which a dental benefit plan shall not deny a claim submitted by a dentist for procedures specifically included in a prior authorization
  - Exceptions: benefit limitations reached, documentation does not support claim, procedure no longer necessary, etc.
  - Audit and recoupment requirements

TO WATCH: PRIOR AUTHORIZATION

- MO HB 3010
  - Medicaid
  - Length of prior authorization
  - Prior Auth API standards (will be met with CMS rule)
  - Reporting requirements for prior authorization

TO WATCH: VIRTUAL CREDIT CARD (VCC)

- GA HB 1374
  - Medicare, Medicaid, Commercial, Dental, Vision
  - Provider must provide “express acceptance” of payment method
  - Carrier must notify provider of fees associated with electronic method and how to select alternate method
- KS HB 2564
  - Medicare, Medicaid, Commercial, Dental
  - Hearing scheduled for 3/4/26
  - Cannot restrict payment method to fee based method (credit card payment)
  - If method is fee based, must notify provider of fees and how to select alternative method (express acceptance)
  - Such payment method remains in force for the duration of a contract with a dental benefit plan

TO WATCH: VIRTUAL CREDIT CARD (VCC)

- WI SB 367, RI HB 7113, LA SB 192
  - All LOBs
  - Typical provisions of VCC bill (cannot default to fee based payment, must notify of fees and alternate methods, express acceptance)

TO WATCH: DENTAL LOSS RATIO

- ID HB 729
  - Dental, commercial
  - Annual DLR report required (beginning in 2027, annually due on or before 7/31)
  - DLR formula
  - Overpayment formula
- MN HB 2334
  - Dental, commercial
  - Minimum DLR of 85%
  - DLR formula
  - Reports due by 3/1/27
- NY AB 3919
  - Dental, commercial
  - Annual reporting requirements