

1 AN ACT relating to reimbursements for pharmacist services.

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

3 ➔Section 1. KRS 205.522 is amended to read as follows:

4 (1) With respect to the administration and provision of Medicaid benefits pursuant to
5 this chapter, the Department for Medicaid Services, any managed care organization
6 contracted to provide Medicaid benefits pursuant to this chapter, and the state's
7 medical assistance program shall be subject to, and comply with, the following, as
8 applicable:

9 (a) **KRS 304.12-237;**

10 (b) KRS 304.17A-129;

11 (c) [(b)] KRS 304.17A-145;

12 (d) [(e)] KRS 304.17A-163 **and** [;

13 (d) KRS 304.17A-1631;

14 (e) KRS 304.17A-167;

15 (f) KRS 304.17A-235;

16 (g) KRS 304.17A-257;

17 (h) KRS 304.17A-259;

18 (i) KRS 304.17A-263;

19 (j) KRS 304.17A-264;

20 (k) KRS 304.17A-515;

21 (l) KRS 304.17A-580;

22 (m) KRS 304.17A-600, 304.17A-603, and 304.17A-607; and

23 (n) KRS 304.17A-740 to 304.17A-743.

24 (2) A managed care organization contracted to provide Medicaid benefits pursuant to
25 this chapter shall comply with the reporting requirements of KRS 304.17A-732.

26 ➔Section 2. KRS 205.6485 is amended to read as follows:

27 (1) As used in this section, "KCHIP" means the Kentucky Children's Health Insurance

1 Program.

2 (2) The Cabinet for Health and Family Services shall:

8 (b) By administrative regulation promulgated in accordance with KRS Chapter
9 13A, establish the following:

10 1. The eligibility criteria for children covered by KCHIP, which shall
11 include a provision that no person eligible for services under Title XIX
12 of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended,
13 shall be eligible for services under KCHIP, except to the extent that
14 Title XIX coverage is expanded by KRS 205.6481 to 205.6495 and KRS
15 304.17A-340;

2. The schedule of benefits to be covered by KCHIP, which shall:

17 a. Be at least equivalent to one (1) of the following:

26 b. Comply with subsection (6) of this section;

3. The premium contribution per family for health insurance coverage

1 available under KCHIP, which shall be based:

2 a. On a six (6) month period; and

3 b. Upon a sliding scale relating to family income not to exceed:

4 i. Ten dollars (\$10), to be paid by a family with income

5 between one hundred percent (100%) to one hundred thirty-

6 three percent (133%) of the federal poverty level;

7 ii. Twenty dollars (\$20), to be paid by a family with income

8 between one hundred thirty-four percent (134%) to one

9 hundred forty-nine percent (149%) of the federal poverty

10 level; and

11 iii. One hundred twenty dollars (\$120), to be paid by a family

12 with income between one hundred fifty percent (150%) to

13 two hundred percent (200%) of the federal poverty level, and

14 which may be made on a partial payment plan of twenty

15 dollars (\$20) per month or sixty dollars (\$60) per quarter;

16 4. There shall be no copayments for services provided under KCHIP; and

17 5. a. The criteria for health services providers and insurers wishing to

18 contract with the Commonwealth to provide coverage under

19 KCHIP.

20 b. The cabinet shall provide, in any contracting process for coverage

21 of preventive services, the opportunity for a public health

22 department to bid on preventive health services to eligible children

23 within the public health department's service area. A public health

24 department shall not be disqualified from bidding because the

25 department does not currently offer all the services required by

26 this section. The criteria shall be set forth in administrative

27 regulations under KRS Chapter 13A and shall maximize

1 competition among the providers and insurers. The Finance and
2 Administration Cabinet shall provide oversight over contracting
3 policies and procedures to assure that the number of applicants for
4 contracts is maximized.

5 (3) Within twelve (12) months of federal approval of the state's Title XXI child health
6 plan, the Cabinet for Health and Family Services shall assure that a KCHIP
7 program is available to all eligible children in all regions of the state. If necessary,
8 in order to meet this assurance, the cabinet shall institute its own program.

9 (4) KCHIP recipients shall have direct access without a referral from any gatekeeper
10 primary care provider to dentists for covered primary dental services and to
11 optometrists and ophthalmologists for covered primary eye and vision services.

12 (5) KCHIP shall comply with:

13 (a) **KRS 304.12-237; and**

14 (b) KRS 304.17A-163 and 304.17A-1631.

15 (6) The schedule of benefits required under subsection (2)(b)2. of this section shall
16 include:

17 (a) Preventive services;

18 (b) Vision services, including glasses;

19 (c) Dental services, including sealants, extractions, and fillings; and

20 (d) The coverage required under KRS 304.17A-129 and 304.17A-145.

21 ➔Section 3. If the Cabinet for Health and Family Services or the Department for
22 Medicaid Services determines that a state plan amendment, waiver, or any other form of
23 authorization or approval from any federal agency to implement Sections 1 and 2 of this
24 Act is necessary to prevent the loss of federal funds or to comply with federal law, the
25 cabinet or department:

26 (1) Shall, within 90 days after the effective date of this section, request the
27 necessary federal authorization or approval to implement Sections 1 and 2 of this Act;

1 and

2 (2) May only delay implementation of the provisions of Sections 1 and 2 of this
3 Act for which federal authorization or approval was deemed necessary until the federal
4 authorization or approval is granted.

5 ➔Section 4. Sections 1, 2, and 3 of this Act shall constitute the specific
6 authorization required under KRS 205.5372(1).