

Resolution No.	17	New <input checked="" type="checkbox"/>	Substitute <input type="checkbox"/>	Amendment <input type="checkbox"/>
Submitted By:	Board of Trustees			
Date Submitted:	April 27, 2026	Reference Committee <input checked="" type="checkbox"/>	Direct to House <input type="checkbox"/>	
Total Financial Implication:	\$ none			
Amount One-time	\$ none	Amount On-going	Approx. \$ none	

### Medicaid Managed Care Dental Fee Parity

1 **Background Statement:** Access to oral health care remains a persistent challenge for  
 2 Medicaid beneficiaries in New York State, driven in large part by historically low dental  
 3 reimbursement rates. Although New York has taken steps in recent years to expand  
 4 dental benefits and adjust payment methodologies, reimbursement levels for many  
 5 services continue to lag behind the actual cost of care.

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 7 These low reimbursement rates have contributed to limited provider participation in  
 8 Medicaid across the state. Many private dental practices are unable to absorb the  
 9 financial losses associated with Medicaid patients, leading to reduced acceptance of  
 10 Medicaid insurance. As a result, patients frequently encounter difficulty locating  
 11 providers, especially in rural areas and underserved urban communities, and often face  
 12 long wait times or must travel significant distances for care.

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 14 New York’s reliance on safety-net providers, including federally qualified health centers  
 15 (FQHCs), hospital-based clinics, and academic dental centers, has increased as private  
 16 participation has declined. While the state has implemented targeted adjustments, such  
 17 as alternative payment methodologies for complex procedures like dental implants and  
 18 enhanced reimbursement for certain high-need populations, these changes are limited  
 19 in scope and do not fully address systemic underpayment.

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 21 Currently, almost 80% of New Yorkers with Medicaid are enrolled in a managed care  
 22 plan. Increasing Medicaid managed care reimbursement to providers at a level that  
 23 meets or exceeds Medicaid fee-for-service fees will help to retain current Medicaid  
 24 dental providers and help to recruit new providers. This would potentially improve  
 25 access to care for these patients. Addressing low dental reimbursement rates in New  
 26 York State is critical to strengthening provider networks, improving timely access to  
 27 care, and reducing long-term healthcare costs. Ensuring that reimbursement more  
 28 accurately reflects the cost and complexity of dental services is a necessary step toward  
 29 achieving equitable oral health outcomes for all Medicaid beneficiaries.

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 31 Accordingly, the following resolution is submitted for consideration:  
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33           **17. Resolved,** that NYSDA seek to require that contracts the NYS Department of  
 34 Health enters into with Medicaid managed care organizations (MMCOs) include  
 35 language that the MMCO must meet or exceed the current New York State  
 36 Medicaid fee-for-service reimbursement for covered dental procedures.  
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 39 **Board Comments:** The Board recognizes that this ask is a long-shot due to scarce  
 40 resource availability in the Medicaid program. It, nonetheless, fully supports the idea.  
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 43 **BOARD RECOMMENDATION: VOTE YES**

name	yes	no	abstain	absent	name	yes	no	abstain	absent	name	yes	no	abstain	absent
<b>Demas</b>	X				<b>Hills</b>	X				<b>Ramjattansingh</b>	X			
<b>Dominger</b>	X				<b>Jacobs</b>	X				<b>Rothas</b>	X			
<b>Edwards</b>	X				<b>Jacobo</b>	X				<b>Samuels</b>	X			
<b>Gamache</b>	X				<b>Korkosz</b>	X				<b>Scharoff</b>	X			
<b>Giordano</b>	X				<b>Krishnan</b>	X				<b>Stacy</b>	X			
<b>Greenberg</b>			X		<b>Miller</b>	X				<b>Stacey</b>	X			
										<b>Res #17</b>				

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