July 2026 PM Update

ADA rules now cover your exam chairs (MTI Specialized Equipment for Specialty Healthcare)

Federal accessibility standards for medical diagnostic equipment now apply to examination chairs — with transfer-height and other requirements many providers don't yet meet. The rules carry firm 2026 compliance dates, and they reach further than most teams expect. Not sure if **the new federal accessibility rules apply to your facility?** **Click here** to answer a few short questions about your organization and equipment to see whether the 2024 HHS and DOJ rules on accessible medical diagnostic equipment apply to you — and what they require.

Additional resource: **Fact Sheet: New Rule on the Accessibility of Medical Diagnostic Equipment Used by State and Local Governments**

Humana Healthy Horizons of Kentucky Updates and Resources

1. Access & Availability for BH flyer
    a. Each quarter a third-party vendor conducts services to make sure members have access to your office.
    b. Please make sure to share with those that answer your phones so they understand what they are looking for.

2. Limited English Proficiency flyer
    a. This document gives information on how to get a translator if needed, at no additional cost to you or the member.

3. Compass and Relias flyer
    a. This document provides tools to help your patients with diagnosed mental health disorders.

4. 2026 VAB flyer
    a. This document shows the value-added benefits included in the members plan.
    2. This document also provides information on GO365 and what awards they could get for different exams, screenings, preventive visits and vaccines.

5. NEW notice for provider updates on the Request to Join tool
    a. This documents gives directions on how to send update and/or change request via the tool versus sending an email.
    b. If you have questions after you try to use this tool please contact your provider representative.

***Please complete your evidence-based practice survey for 2026!**

Groups/Facilities: Kentucky Evidence-Based Practices Survey: Group/Facility Entity (surveymonkey.com)
Individuals: Kentucky Evidence-Based Practices Survey-Non-group Provider Entity (surveymonkey.com)

Kentucky Medicaid Providers

- **OFF CYCLE REVALIDATIONS**
  Kentucky Medicaid has been directed by the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), to complete off-cycle revalidations over the next 24 months. The goal of this off-cycle revalidation is to ensure the accuracy of provider enrollment data and confirm that only legitimate, qualified providers are enrolled and participating. During this off-cycle revalidation, KY Medicaid will focus on providers that have not revalidated in the last 12 months. KY DMS will prioritize the review of identified providers in the following order: 1. High Risk 2. Atypical (Providers with no NPI) 3. Moderate Risk 4. Limited Risk

  Providers identified in any of these categories will be notified of their off-cycle revalidation requirement via notification from the Medicaid Partner Portal Application (MPPA) and will receive a revalidation letter outlining the action they need to take. **These providers will need to submit a revalidation in MPPA, even if they revalidated in the last four years.** KY Medicaid has 24 months to complete this off-cycle revalidation. Due to this deadline, it is imperative that providers complete their revalidation and submit it as soon as they receive their notification/ letter. This will allow DMS to review and process these revalidations in a timely manner, prevent provider billing issues and meet the required deadline. Any updates that need to be made to a provider file can be included in the revalidation instead of submitting a separate maintenance.

- **KY MEDICAID PROVIDER REIMBURSMENT CUTS**
  As a result of House Bill 500 not providing sufficient funding for the Department to continue operating the Medicaid program at current service and reimbursement levels, DMS will implement a 4% reduction in Medicaid provider reimbursement rates for the provider types identified in this letter to KY Medicaid providers effective Aug. 1, 2026, or the earliest administratively feasible date thereafter.

  GLMS is seeking to understand how these reimbursement reductions may affect physician practices across our community.

Please let us know:

- Is your practice considering reducing the number of Medicaid patients you accept as a result of these reimbursement cuts?
- If so, what changes are you considering (e.g., limiting new Medicaid patients, reducing services or other changes)?
- What impact do you anticipate these reductions will have on your practice's ability to provide care to Medicaid patients?
- Are there other concerns or operational challenges you expect these reimbursement cuts to create?

Send your feedback to stephanie.woods@glms.org to help GLMS better understand the real-world impact of these changes and strengthen our advocacy efforts on behalf of physician practices and the patients they serve.

Join Us for Monthly GLMS Practice Management Discussions

We're excited to invite you to our Monthly Practice Management Discussions, a recurring opportunity to connect with peers, share insights and discuss important topics affecting your practice. Each session focuses on key health care updates, common challenges and solutions to improve practice management. We look forward to your participation in this valuable discussion! Next meeting: **July 21, 2026, 8 a.m. – 9 a.m.** Contact stephanie.woods@glms.org if you are interested in attending or have any questions.