



**RON DESANTIS**  
**GOVERNOR**

**JASON WEIDA**  
**SECRETARY**

October 29, 2024

**Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2024-16**

Applicable to the **2018-2024 SMMC contract benefits** for:

- Managed Medical Assistance (MMA) and MMA Specialty
- Long-Term Care (LTC)
- Dental

**Re: Ad Hoc Request: Dental Provider Incentive Program (DPIP) Requirements – Timeframe & Dental Provider Performance Metrics Report**

The dental plan may be required to provide the Agency or its agents any other information or data relative to this contract in accordance with 42 CFR 438.604(b). In such instances, and at the direction of the Agency, the dental plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The dental plan must have at least thirty (30) days to fulfill such ad hoc requests unless the Agency directs the dental plan to provide data or information in less than thirty (30) days. The dental plan must certify that data and information it submits to the Agency is accurate, truthful, and complete in accordance with 42 CFR 438.606 (Attachment II, Section XVI.A.1.b.). The purpose of this policy transmittal is to notify the dental plan about updated requirements regarding DPIP 2023-2024 and the DPIP Metrics Report.

As specified by the Agency, dental plans must implement an incentive program wherein payment rates for eligible dental providers who meet certain qualifying criteria are equivalent to one hundred forty percent (140%) of the Florida Medicaid Fee-For-Service (FFS) rates for particular services. The dental plan must submit a report annually to the Agency with provider-level performance measure data on the DPIP qualifying criteria (Attachment II, Section VIII.E.3.k.).

The dental plan must maintain the DPIP 2023–2024 year requirements and payments to qualified providers until the end of the current contract period.

The dental plan must submit provider-level performance measure data to the Agency using the Dental Provider Performance Metrics Template, for the timeframes and metrics specified. The dental plan will receive a plan-specific template from its Agency contract manager, which is populated with the dental plan’s providers and includes detailed instructions for completing the report.

The dental plan must submit the completed report to the Agency’s secure file transfer protocol (SFTP) site in the AdHoc 2024 subfolder located within the dental plan’s designated folder path. The dental plan must use the file naming convention “XXXyyyymmDPIP2023,” where “XXX” is the dental plan’s three-character identifier; “yyyymm” corresponds with the four-digit year and two-digit month of the submission; and the ten-character identifier for this report: “DPIP2023.”



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The dental plan must submit the completed ad hoc report to the Agency by 5:00pm Eastern on  
December 9, 2024.

If you have any questions, please contact your Agency contract manager.

Sincerely,

A handwritten signature in blue ink that reads "Brian Meyer". The signature is written in a cursive style with a long horizontal stroke at the end.

Brian Meyer  
Deputy Secretary for Medicaid

BM/jp