

**ATTACHMENT I
SCOPE OF SERVICES – EFFECTIVE: DECEMBER 2024
STATEWIDE MEDICAID MANAGED CARE DENTAL HEALTH PROGRAM**

I. Services to be Provided

A. Overview of Contract Structure

Part IV of Chapter 409, F.S. established Florida Medicaid’s statewide managed care program, referred to as statewide Medicaid managed care (SMMC). Section 409.973, F.S. directed the Agency to provide Medicaid recipients with dental benefits separate from SMMC. The dental Contract consists of distinct parts as follows:

- (1) **Attachment I**, Scope of Services, includes contract provisions that are unique to the particular Dental Plan.
 - (a) **Exhibit I-A**, Approved Expanded Benefits Coverage and Limitations;
 - (b) **Exhibit I-B**, Medicaid Provider Identification Numbers;
 - (c) **Exhibit I-C**, Dental Plan Rates – Not for Use Unless Approved by CMS;
 - (d) **Exhibit I-D**, Faculty Plans of Florida Dental School Faculty Physician Groups Rates – Not for Use Unless Approved by CMS;
 - (e) **Exhibit I-E**, Dental Provider Incentive Program (DPIP) Summary; and
 - (f) **Exhibit I-F**, Plan-Specific Commitments.
 - (g) **Exhibit I-G**, Data Transparency Requirements; and
 - (h) **Exhibit I-H**, Provider Scorecard Requirements.
- (2) **Attachment II**, Scope of Service – Core Provisions, includes contract provisions that apply to all Dental Plans unless specifically noted otherwise.

B. Authorized Regions

The Dental Plan is authorized to provide services pursuant to this Contract statewide in all nine (9) regions for the SMMC Dental program.

C. Covered Services

The Dental Plan shall ensure the provision of covered dental services in accordance with the provisions of **Attachment II**, Scope of Service – Core Provisions.

D. Approved Expanded Benefits

The Dental Plan shall provide the following expanded benefits, in accordance with the provisions of **Attachment II**, Scope of Service – Core Provisions, and the coverage and limitations specified in **Exhibit I-A**, Approved Expanded Benefits Coverage and Limitations, of this Attachment, denoted by “X” in the Approved Expanded Benefits Table, **Table 1**, below:

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TABLE 1: APPROVED EXPANDED BENEFITS	
Expanded Benefits for All Ages	
	Hydroxyapatite (Calcium) Application
	Over-The-Counter Products
Expanded Benefits for Ages 20 and Under	
	Nutritional and Tobacco Cessation Counseling
	Surgical Placement and Maintenance of Implant Body, Abutment and Crown
Expanded Benefits for Ages 21 and Over	
	Adjunctive Dental Services - Treatment of Complications
	Amalgam Restorations (Dental Fillings)
	Cavity Medicament
	Debridement (Removal of Damaged Tissue or Foreign Objects)
	Diabetes Testing
	Diagnostic X-rays
	Oral Hygiene Instruction
	Oral Screenings and Evaluation
	Periodontal Maintenance
	Prophylaxis (Cleaning Treatment)
	Periodontal Scaling
	Sealants
	Topical Fluoride and Fluoride Varnish
Expanded Benefits for Seniors Ages 65 and Older	
	Crowns - Porcelain Ceramic and Resin Based
	Crowns - Stainless Steel (Pre-Fabricated)
	Endodontic Therapies, including Root Canals (Anterior, Premolar, Molar)
	Therapeutic Parenteral Drugs
Expanded Benefits for Individuals with Developmental Disabilities	
	Acclimation Visits
	Adjunctive Dental Services - Behavioral Management
	Adjunctive Dental Services - Denture Cleaning and Inspections
	Crowns - Porcelain Ceramic and Resin-Based
	Crowns - Stainless Steel (Pre-Fabricated)
	Endodontic Therapies, including Root Canals (Anterior, Premolar, Molar)
	Prophylaxis (Extra Cleanings)
Expanded Benefits Pregnant Women	
	Periodontal Maintenance
	Prophylaxis (Extra Cleanings)

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II. Manner of Service Provision

A. Plan Qualification

The Dental Plan is approved to provide contracted services as a qualified entity under s 409.973(5), F.S., as denoted by “X” in the Plan Qualification Table, **Table 2**, below.

TABLE 2: PLAN QUALIFICATION	
	Health Maintenance Organization (HMO)
	Prepaid Limited Health Service Organization (PLHSO)

B. Plan Type

The Dental Plan is approved to provide contracted services as a **Statewide Medicaid Prepaid Dental Plan**.

III. Method of Payment

A. Total Contract Amount

The Agency shall make payment, in a total dollar amount not to exceed **\$X,XXX,XXX,XXX** to the Dental Plan in accordance with **Attachment II**, Scope of Service – Core Provisions. The Agency shall make payments through its fiscal agent using the Medicaid Provider Identification Number(s) specified in **Exhibit I-B**, Medicaid Provider Identification Numbers.

B. Dental Plan Rates - Not for Use Unless Approved by CMS

The capitation rate payment shall be in accordance with **Attachment II**, Scope of Service – Core Provisions. The capitation rates are contained in **Exhibit I-C**, Dental Plan Rates - Not for Use Unless Approved by CMS, of this Attachment.

C. Faculty Plans of Florida Dental School Faculty Physician Groups Rates - Not for Use Unless Approved by CMS

The per-member per-month (PMPM) rates for payment of Florida dental school faculty physician groups shall be in accordance with **Attachment II** and its Exhibits. The PMPM rates are contained in **Exhibit I-D**, Faculty Plans of Florida Dental School Faculty Physician Groups Rates - Not for Use Unless Approved by CMS, of this Attachment.

D. Dental Provider Incentive Program

The Dental Plan shall reimburse qualified dental providers in accordance with **Attachment II and its Exhibits**. The Dental Provider Incentive Program Summary is contained in **Exhibit I-E** of this Attachment.

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IV. Special Provisions

A. Order of Precedence

- (1) For all regions, the Dental Plan shall perform its contracted duties in accordance with this Contract, the ITN(s), including all addenda and the Vendor's response to the ITN(s). In the event of conflict among Contract documents, any identified inconsistency in this Contract shall be resolved by giving precedence in the following order:
- a. This Contract, including all attachments;
 - b. The ITN(s), including all addenda; and
 - c. The Vendor's response to the ITN(s), including information provided through negotiations.

B. Plan-Specific Commitments

The Dental Plan shall perform the program enhancements in accordance with **Attachment II**, Scope of Service – Core Provisions. The Dental Plan's Plan-Specific Commitments are described in **Exhibit I-F**, Plan-Specific Commitments, of this Attachment.

C. Special Terms and Conditions

There are no additional special terms and conditions unique to the Vendor.

V. Incentivizing Value and Quality

A. Dental Quality Data Transparency

The Dental plan shall assemble performance measure dashboards and/or report cards to assess important dimensions of the Dental Plan's performance and include measures that when publicly shared, will also serve to incentivize dental excellence.. The Dental Plan shall fulfill Data Transparency requirements in accordance with **Exhibit I-G**, Data Transparency Requirements.

B. Provider Scorecard

The Dental Plan shall produce Provider Scorecards that include performance measures and key indicators relative to the care provided to enrollees. The Provider Scorecards shall be publicly available, and include the measures outlined in **Exhibit I-H**, Provider Scorecard Requirements.

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DENTAL PLAN NAME

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EXHIBIT I-A

APPROVED EXPANDED BENEFITS COVERAGE AND LIMITATIONS

APPROVED EXPANDED BENEFITS COVERAGE AND LIMITATIONS							
Category	Subcategory	Eligible Populations	Procedure Code Description	Procedure Code	Min Age	Max Age	Expanded Benefit Coverage (Units)

All expanded benefits are in excess of benefits specified in the Medicaid State Plan.

The Dental Plan may require enrollees to use an established network of providers, approved by the Agency, to obtain expanded benefits under this Contract.

Unless otherwise specified in this **Exhibit**, expanded benefits are not subject to prior authorization or co-payment charges.

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EXHIBIT I-B

MEDICAID PROVIDER IDENTIFICATION NUMBERS

MEDICAID PROVIDER IDENTIFICATION NUMBERS	
Region	Dental
A	
B	
C	
D	
E	
F	
G	
H	
I	

The Agency will provide Medicaid Provider Identification Numbers to the Dental Plan subsequent to the Agency’s completion of a plan-specific readiness review and prior to enrolling recipients in the Dental Plan in each region.

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EXHIBIT I-C

DENTAL PLAN RATES - NOT FOR USE UNLESS APPROVED BY CMS

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EXHIBIT I-D

**FACULTY PLANS OF FLORIDA DENTAL SCHOOL FACULTY PHYSICIAN GROUPS RATES- NOT FOR USE UNLESS
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PENDING-RY 24/25 Special Payment Rates

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EXHIBIT I-E

DENTAL PROVIDER INCENTIVE PROGRAM (DPIP) SUMMARY

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EXHIBIT I-F

PLAN-SPECIFIC COMMITMENTS

PLAN-SPECIFIC COMMITMENTS				
Region(s)	Program Area	Commitment (Description)	Important Milestones	Target Date(s) for Completion

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EXHIBIT I-G

DATA TRANSPARENCY REQUIREMENTS

Measure	Description	Methodology	Frequency

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EXHIBIT I-H

PROVIDER SCORECARD REQUIREMENTS

Region	Category	Sub-Category	Commitment (Description)	Important Milestones	Target Date(s) for Completion

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