



March 12, 2025

Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2025-12

Applicable to the 2025-2030 SMMC contract benefits for:	
	Managed Medical Assistance (MMA) and MMA Specialty
	Long-Term Care (LTC)
\boxtimes	Dental

Re: Dental Contract Language Update – Anesthesia Services

The Agency shall be responsible for management of this Contract. Contract management shall be conducted in good faith, with the best interest of the State and the Medicaid recipients it serves being the prime consideration. The Agency shall make all statewide policy decisions via issuance of a Policy Transmittal or Contract Interpretation, which shall be included in the next amendment (Attachment II, Section XIV.I.1.). The purpose of this policy transmittal is to inform the Dental Plan of requirements in Rule 59G-4.022 F.A.C., Anesthesia Services Coverage Policy, that will result in the changes below to language in Attachment II, Section VII. of the SMMC Dental Plan Contract:

Attachment II, Section VII.A.2.e. Table 4 Dental Plan Provider Network Standards Table:

*Each facility must have a qualified anesthesia provider on staff or under an agreement for sedation.

**The Dental Plan shall contract with two additional ASCs in a Region for each county in the Region that does not contain two ASCs. In Region A only, the Dental Plan shall contract with ASCs proximally located in bordering states to reach the Region A minimum of 36 ASCs.

Attachment II, Section VII.C.5.c.(13):

(13) For agreements with ambulatory surgical centers, address the method of payment for qualified anesthesia providers practicing in an ambulatory surgical center, whether through direct arrangements between the Dental Plan and the qualified anesthesia provider or by requiring the ASC to reimburse the qualified anesthesia provider, as determined by the Dental Plan;



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

Sincerely,

for Brian Meyer

Deputy Secretary for Medicaid

BM/jp