



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

February 4, 2019

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 2019-03

Applicable to the **2018-2023 SMMC contract benefits** for:

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

Re: Revised Due Dates for the Dental Plan Performance Improvement Projects (PIPs) and for the Dental Enrollee and Provider Satisfaction Surveys

The dental plan must submit to the Agency in writing, a final proposal for each planned PIP no later than ninety (90) days after the execution of the contract. (Attachment II, Section IX.C.3.b.) The dental plan shall conduct an annual survey of enrollees using an adapted version of the Consumer Assessment of Health Care Providers and Systems (CAHPS) Dental Plan Survey. (Attachment II, Section IX.D.1.a.) The dental plan must report CAHPS dental survey results to the Agency by July 1 of each year. (Attachment II, Section IX.D.1.f.) The dental plan must conduct the survey, compile, and analyze its survey results, and provide the survey results to the Agency with an action plan to address the results of the Provider Satisfaction survey by July 1 of each contract year. (Attachment II, Section IX.D.2.d.) The purpose of this policy transmittal is to notify the dental plan of revised due dates for PIPs and enrollee and provider satisfaction surveys.

The dental plan must:

- Submit to the Agency in writing, a final proposal for each planned PIP no later than April 1, 2019;
- Report CAHPS dental survey results to the Agency by July 1 of each year beginning with the July 1, 2020 reporting; and
- Conduct the Provider Satisfaction survey beginning in June 2019, compile and analyze the survey results, and provide the survey results to the Agency with an action plan to address the results of the survey by October 1, 2019, for the first year of the contract and by July 1 of each subsequent contract year beginning with the July 1, 2020 reporting.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink that reads "Shevaun Harris".

Shevaun Harris
Assistant Deputy Secretary for
Medicaid Policy and Quality

SH/sr

