

**ATTACHMENT I**  
**SCOPE OF SERVICES - Effective Date: XXXXXX**  
**STATEWIDE MEDICAID MANAGED CARE DENTAL 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). Contracted managed care plans participate in one, or both, of two SMMC programs: one for managed medical assistance (MMA) and long-term care (LTC), and one for dental services. 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
  - (d) **Exhibit I-D**, Statewide Dental Performance Targets
  - (e) **Exhibit I-E**, Plan-Specific Commitments
- (2) **Attachment II**, Core Contract 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 in the all eleven (11) 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**.

**D. Approved Expanded Benefits**

The Dental Plan shall provide the following expanded benefits, in accordance with the provisions of **Attachment II** and the coverage and limitations specified in **Exhibit I-A** of this Attachment, denoted by “X” in Table 3 below, to enrollees of the dental program(s) in the authorized region(s) specified in Table 1.

<b>Table 3: Approved Expanded Benefits (Adults)</b>	
	Diagnostic Services

<b>Table 3: Approved Expanded Benefits (Adults)</b>	
	Preventive Services
	Restorative Services
	Periodontics Services
	Oral and Maxillofacial Surgery
	Adjunctive Surgery
	Pregnancy-Related Services
	Diabetes (HbA1c) In-Office Testing
	Pre-diagnostic Practice Visits for Individuals with Developmental Disabilities (Practice Acclimation)

## 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 Table 4 below.

<b>Table 4: Plan Qualification</b>	
	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 Health Plan**.

## III. Method of Payment

### A. Total Contract Amount

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

### B. Capitation Rates

The capitation rate payment shall be in accordance with **Attachment II**. The capitation rates are contained in **Exhibit I-C** of this Attachment. These rates are titled “**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS.**”

### C. Statewide Dental Performance Targets

The Dental Plan shall meet the following performance targets contained in **Exhibit I-D**, Statewide Dental Performance Targets, Table I-D-1, Potentially Preventable Dental-Related Events, and Table I-D-2, Dental Performance Targets, in accordance with

**Attachment II**; the ITN(s), including all addenda; the Vendor's response to the ITN(s), and information provided through negotiations.

#### IV. Special Provisions

##### A. Order of Precedence

- (1) For all applicable regions as specified in Table 1: Authorized 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**. The Dental Plan's Plan-Specific Commitments are described in **Exhibit I-E**, Plan-Specific Commitments, of this Attachment.

##### C. Special Terms and Conditions

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

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-A - Effective Date: August 15, 2018**

**Approved Expanded Benefits Coverage and Limitations**

TO BE DETERMINED

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 - Effective Date: August 15, 2018**

<b>Medicaid Provider Identification Numbers</b>	
<b>Region</b>	<b>Dental</b>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	

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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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 1 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 2 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 3 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 4 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 5 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 6 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 7 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 8 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 9 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 10 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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[DENTAL PLAN NAME AND DBA]

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**EXHIBIT I-C - Effective Date: XXXXX**

**DENTAL PLAN RATES; NOT FOR USE UNLESS APPROVED BY CMS**

**REGION 11 – Rate Table Effective October 1, 2018 – September 30, 2019**

TO BE DETERMINED

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ATTACHMENT I

EXHIBIT I-D - Effective Date: XXXXXXX

STATEWIDE PERFORMANCE TARGETS

Table I-D-2, Dental Performance Targets

Table I-D-1, Potentially Preventable Dental-Related Events					
Potentially Preventable Dental-Related Events	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5
Potentially Preventable Dental-Related Emergency Department Visits (PPV) per 1,000 Enrollee Months	13.0%	13.0%	13.0%	13.0%	13.0%

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EXHIBIT I-D - Effective Date: XXXXXX

STATEWIDE PERFORMANCE TARGETS

Table I-D-2, Dental Performance Targets

Table I-D-2, Dental Performance Targets					
Measure	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5
Annual Dental Visits (ADV) – ITN Target	52%	53%	54%	55%	56%
Preventive Dental Services (PDENT) - ITN Target	43%	46%	48%	50%	52%
Dental Treatment Services (TDENT) – ITN Target	21%	23%	24%	24%	24%

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[DENTAL PLAN NAME AND DBA]

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EXHIBIT I-E - Effective Date: XXXXXXX

[DENTAL PLAN NAME AND DBA] PLAN-SPECIFIC COMMITMENTS

Region	Program Area	Commitment (Description)	Important Milestones	Target Date(s) for Completion

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