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GOVERNOR

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SECRETARY

August 17, 2016

Statewide Medicaid Managed Care (SMMC) Policy Transmittal

Policy Transmittal: 16-21

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

Re: Ad Hoc Request for Information Related to Dental Providers

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care 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 managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than thirty (30) days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.¹)

The managed care plan must enter into provider contracts with a sufficient number of providers to provide all covered services to enrollees and ensure that each medically necessary covered service is accessible and provided to the enrollee with reasonable promptness. (Attachment II, Section VI.A.1.a.) Pursuant to s. 409.967(2)(c)(1), managed care plans must maintain a region wide network of providers in sufficient numbers to meet the access standards for specific medical services for all recipients enrolled in the plan. (Attachment II, Exhibit II-A, Section VI.A.1.a.²)

Managed care plans are required to contract with specified dental provider specialties such as General Dentists, Orthodontists, and Oral & Maxillofacial Surgery providers. The Agency has been researching and investigating dental network adequacy standards for pediatric dental providers in the Statewide Medicaid Managed Care (SMMC) program to determine enhancements that will be incorporated into the SMMC contracts. The purpose of this policy transmittal is to inform the managed care plan of an ad hoc reporting requirement related to the following proposed dental provider specialty types, as applicable:

¹ The citation for the CMS plan contract is Attachment I, Section II.D.2.

² The citation for the CMS plan contract is Attachment I, Section VI.A.2.a.(2)



- Pediatric Dentists
- Endodontists
- Sedation Permit for Pediatric Conscious Sedation
- Sedation Permit for General Anesthesia

The managed care plan must submit separate ad hoc reports identifying current contracted providers for each of the proposed provider specialty types listed above. The managed care plan must upload the requested information to the managed care plan's ad hoc report folder on the SMMC FTP site by close of business, August 31, 2016, using the following naming convention for each individual report: ***MMDDYYPedDental###.txt, where *** is the plan's three (3)-character identifier; MMDDYY represents the two-digit month, two-digit day and two-digit year of the report submission; and ### represents a three-digit code for each separate report submitted by provider specialty type (i.e., 073 for Pediatric Dentistry, 089 for Endodontist, 206 for Sedation Permit for Pediatric Conscious Sedation, 207 for Sedation Permit for General Anesthesia). Additional reporting specifications related to the content of the reports are attached.

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

Sincerely,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Policy and Quality

BK/dp
Attachment