

Pediatric Preventive Dental Pay-for-Performance (P4P) Program

To support our continuing efforts to increase the number of children receiving preventive oral health services, we offer the Pediatric Preventive Dental P4P opportunity to our network dental providers.



Program goals

The goals of this program are to assist our members under 21 years of age by:

- Reducing risks for dental caries
- Increasing quality oral health services
- Reducing risks related to poor dental hygiene
- Providing early intervention into the disease prevention process

The population included in this program is:

- Children 0 through 20 years of age who have been continuously enrolled with the plan for 90 days within the measurement year

Children eligible for inclusion are further divided into two cohorts:

- Children 0 through 5 years of age
- Children 6 through 20 years of age

Episodes of care included in this program

The episode of care must include one of the following oral evaluation procedures:

- **D0120** Periodic oral evaluation – established patient
- **D0145** Oral evaluation for a patient under 3 years of age and counseling with primary caregiver
- **D0150** Comprehensive oral evaluation – new or established patient

And the episode of care must also include **one** of the following prophylaxis procedures:

- **D1110** Dental prophylaxis – adult
- **D1120** Dental prophylaxis – child

And the episode of care must include **one** of the following topical application of fluoride procedures*:

For members ages 0 – 5*

- **D1206** Topical application of fluoride varnish

For members ages 6 – 20

- **D1206** Topical application of fluoride varnish, or
- **D1208** Topical application of fluoride – excluding varnish

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*Please note that for children 0 through 5 years old, D1206 (topical application of fluoride varnish) is the only procedure eligible to fulfill the topical application of fluoride requirement for this program.

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In most cases, the three components of the episode of care will be completed on the same date of service. When this is not possible, the provider will have 30 days to complete the episode of care. **For example:** If the oral evaluation is completed on the first day of the month, then the office will have until the end of the month to perform a prophylaxis and topical fluoride application.

Payment methodology**

Claims submitted following the criteria listed above will be reimbursed as follows:

Patient type	Fee	Limitations
0 through 5 years	\$25	Twice per member per calendar year
6 years through 20 years	\$10	Once per member per calendar year

**The sum of the incentive payments for the Quality Performance component of the program will not exceed 33% of the total compensation for dental, and administrative services. Only fee-for-service payments are considered part of the total compensation for dental and administrative services.

Payment schedule

Payments will be paid quarterly as follows:

Calculation and payment date	July	October	January	April
Reporting period	January 1 to March 31	April 1 to June 30	July 1 to September 30	October 1 to December 31

We are pleased to offer this unique opportunity to assist you in making a significant impact on early intervention, and improvements in the oral health of our pediatric membership. Thank you for your participation in our network, and for your continued commitment to the care of our members.

For more information about our dental programs, visit www.amerihealthcaritaspa.com > **Providers** > **Resources** > **Dental program**.

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