

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

To support our continuing efforts to increase the number of children receiving preventive 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 ages 6 months to 20 years 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 ages 6 months to 20 years 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:

1. **New patients** — Children who did not receive a preventive dental service in the previous calendar year, but received a preventive dental service in the measurement year.
2. **Returning patients** — Children who received a preventive dental service in the previous calendar year and received a preventive dental service in the measurement year.

Episode of care included in this program

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

- **D0120** Established patient – periodic oral evaluation.
- **D0145** Oral evaluation for a patient under 3 years of age and counseling with primary caregiver.
- **D0150** New or established patient – comprehensive oral evaluation.

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

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

And the episode must also include **one** of the following fluoride application procedure types*:

- **D1206** Topical application of fluoride varnish.
- **D1208** Topical application of fluoride – excluding varnish.

*Excludes members ages 17 to 20 as fluoride application is not covered.

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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:** The oral examination is completed on the first of the month; the office will have until the end of the month to perform a prophylaxis and fluoride application.

Payment methodology**

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

Patient type	Age	Fee	Limitations
New	6 months to 5 years	\$25	Once per member per calendar year
New	6 years to 20 years	\$20	Once per member per calendar year
Returning	1 year to 5 years	\$8	Once per member per calendar year
Returning	6 years to 20 years	\$5	Once per member per calendar year

**The sum of the incentive payments for the Quality Performance 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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