



# 2024 Oral Health Initiative Provider Manual



Jefferson Health Plans is the marketing name for Health Partners Plans, Inc., and includes the following lines of business: Jefferson Health Plans (Individual and Family Plans); Jefferson Health Plans (Medicare Advantage); Health Partners (Medicaid); and KidzPartners (CHIP). If information in a communication pertains to a specific line of business, Jefferson Health Plans will specify within the content.

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## Oral Health Initiative Overview

Even though cavities are largely preventable, dental decay is one of the most common chronic diseases afflicting people through all stages of life. By recognizing that oral health is a key component to overall health, Jefferson Health Plans has developed the Oral Health Initiative (OHI) to promote regular dental visits and increase preventive services for our pediatric and adult membership.

The OHI is a comprehensive approach to improve oral health through education, incentives, and outreach. Jefferson Health Plans’ programs contain multiple components that include members, dental providers, medical providers, and community-based programs.

## Quality Measures

Quality measures are used in healthcare to assess and compare how well health plans and healthcare providers are effectively delivering quality care to a population of people. Measures are used for quality improvement, benchmarking, and accountability.

The Pennsylvania Department of Human Services (DHS) has identified quality performance measures that Medicaid health plans in the state can use as indicators for their quality initiatives. To align with DHS, we track provider performance with the following metrics.

### ANNUAL DENTAL VISIT (ADV)

Regular dental visits provide access to cleaning, early diagnosis, treatment, and education about caring for teeth to prevent problems. The difference between Annual Dental Visit (ADV) and Oral Evaluation, Dental Services (OED) is that ADV includes any dental services, not just diagnosis and preventive treatment. ADV was an NCQA HEDIS measure that was retired in 2023 and replaced with the Oral Exam - Dental Services measure for members 20 years and younger. Pennsylvania DHS and Health Partners Plans will continue to track ADV for adults only in 2024 for Medicaid.

Description	Service Codes
<p>The percentage of members who had at least one dental visit during the measurement year. Two age bands are measured:</p> <ul style="list-style-type: none"> <li>1) Ages 2-20 years old</li> <li>2) Ages 21 years and older</li> </ul>	<p><b>D0000-D9999:</b> Any dental service</p>

## ORAL EVALUATION, DENTAL SERVICES (OED)

Regular examinations will allow providers the opportunity for early identification of caries and to educate on other preventive services.

OED became a HEDIS quality measure in 2023, replacing the Annual Dental Visit. OED is seen as an indicator for the quality of services being performed because it is a better representation of the population of people that receive preventive dental examinations. Conversely, ADV is an indicator of access and utilization of services because it includes emergent and/or specialized services. In Pennsylvania, DHS will be using OED in 2024 as the primary dental quality metric.

Description	Service Codes
The percentage of members under 21 who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.	<b>D0150:</b> Comprehensive oral evaluation – new or established patient <b>D0145:</b> Oral evaluation for a patient under three years of age and counseling with primary caregiver <b>D0120:</b> Periodic oral evaluation – established patient

## DENTAL SEALANTS

Dental sealants are effective at preventing pit and fissure caries by filling in the grooves of the back teeth where food debris and bacteria can be trapped causing decay. Dental sealants should be used in permanent molars with sound occlusal surfaces and non cavitated occlusal carious lesions in children and adolescents.

Description	Service Codes
The percentage of members who received sealants on permanent first molars by age 10. Two rates are measured:  1) The percentage of children who received a sealant on the first permanent molar during the measurement year.  2) The percentage of children who received sealants on all four permanent first molars.	<b>D1351:</b> Sealant – per tooth

## TOPICAL FLUORIDE VARNISH

Fluoride is a naturally occurring mineral proven to be effective for caries prevention. Topical fluoride varnish can be used for patients of all ages. It should be applied at least once every 6 months and can be applied more frequently for children at high risk for caries.

Description	Service Codes
The percentage of members ages 1 to 20 who received at least two topical fluoride applications during the measurement year.	<b>D1206:</b> Topical application of Fluoride varnish

# Provider Initiatives

## DENTAL PREVENTIVE PAY FOR PERFORMANCE (P4P) – MEDICAID ONLY

The Dental P4P program is a Medicaid incentive program that rewards your dental practice’s performance for delivering preventive dental services to your patients. Each year the program is evaluated and refined based on:

- Updates to NCQA HEDIS measures
- Pennsylvania Department of Human Services (DHS) and the Centers for Medicare and Medicaid Services (CMS) requirements and priorities for managed care organizations
- Our goals and priorities

### Provider Eligibility Criteria

- Dental practices are defined by unique tax identification numbers (TIN). A member is attributed to a practice based on whether they were seen at the practice in the last three calendar years (2020–2022) for any dental service before the baseline year (2023).
- Dental practices will need to meet a required percentage (25%) of attributed members ages 0 to 20 years seen for any dental service during measurement year 2023 to continue to participate and earn any incentive dollars in the P4P program.

### Qualifying Services

Once eligibility is established for the 2024 reporting period, dental practices will receive incentive money for each member that receives one service from each category below on the same date of service.

Evaluation	Prophylaxis	Topical Fluoride
<b>D0120:</b> Periodic oral evaluation – established patient	<b>D1110:</b> Dental prophylaxis – adult	<b>D1206:</b> Topical application of fluoride varnish
<b>D0145:</b> Oral evaluation for a patient under three years of age and counseling with primary caregiver	<b>D1120:</b> Dental prophylaxis – child	
<b>D0150:</b> Comprehensive oral evaluation – new or established patient		

### Incentive Payment Amounts

- Practices will receive the following amounts for each new and returning patient who receives the qualifying services.

New Patient	Returning Patient
Ages 6 months -20 years old: \$15.00	Ages 1-20 years old: \$18.00

- A new patient is defined as a member who does not have a previously paid dental claim for any service in the last 3 years at the same TIN.
- A returning patient is defined as a member who has previously paid dental claim for any dental service in the last 3 years at the same TIN.

## Payments

- The program continues throughout 2024 with the following reporting periods.

	Quarter 1	Quarter 2	Quarter 3	Quarter 1
Reporting Period	1/1 to 3/31	4/1 to 6/30	7/1 to 9/30	10/1 to 12/31

- A claim must be received within 60 days after the close each quarter to be considered for payment.
- Payments will be calculated each quarter and are available once per member per calendar year.
- Each practice will receive one lump sum payment for all providers listed under the TIN for each reporting period.

## MEMBER CARE GAP

A “care gap” occurs when a patient does not meet the recommended best practices in healthcare. For dental, this can include not having an annual dental exam or preventive treatment in the recommended time frames. Gaps in care can affect member health in the long term.

The Member Care Gap program assists providers in closing care gaps by supplying lists of our Medicaid and CHIP members previously seen at the practice who have not had a dental visit in the previous 12 months. The program runs on an annual cycle where the same members are tracked throughout the entire year. For the 2024 year, the cycle runs for members whose last dental visit occurred between 3/1/2021 and 2/28/23 at the respective practice.

Participation in the program is voluntary. Please contact your Avēsis Provider Relations representative if you are interested in participating in the program.

### Strategies for Closing Care Gaps

- Encourage the idea of a dental home to patients and stress the importance of continuity of care.
- Pair the member care gap reports with the provider P4P to identify members who have not yet been counted for provider incentive.
- Because members on the care gap report are at risk for not receiving routine dental care, try to provide as much preventive treatment as possible at each appointment. Consider doing exams, x-rays, cleanings, sealants, and fluoride treatment in the same visit.
- Target patients within the same household to achieve consistent messaging and greater impact.

## RECALL OPPORTUNITIES

While dental quality focuses on the importance of annual dental exam, there is value in promoting regular six-month dental recall visits. Dental recall appointments allow providers the opportunity to evaluate general health, check for dental disease or pathology, counsel during developmental milestones, and provide preventive services such as prophylaxis dental cleanings and fluoride applications.

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In coordination with dental care gap reports which focus on members who have not had a dental visit in the previous 12+ months, dental preventive recall reports are used to identify members who are overdue for their six-month recall.

Participation in the program is voluntary. Please contact your Avēsis Provider Relations representative if you are interested in participating in the program.

### Strategies for Maximizing Recall Visits

- Send patients reminders every six months to schedule for periodic exams, cleanings, and fluoride treatments.
- Evaluate each patient for caries risk and provide appropriate preventive treatment as needed.
- Follow the American Academy of Pediatrics and the American Academy of Pediatric Dentistry's Dental Periodicity Schedule for examination, preventive dental services, anticipatory guidance/counseling, and oral treatment.

### PROVIDER OUTREACH

Jefferson Health Plans works in collaboration with Avēsis, the dental benefits manager, to conduct calls and meetings to help providers understand the importance of closing dental care gaps, introduce quality initiatives, and improve provider satisfaction. By having both Avēsis and Jefferson Health Plans engage providers, we hope to create stable relationships to work together to improve member quality outcomes.

A provider outreach strategy has been developed to foster regular communication and collaboration with the following providers.

- Participating network dental practices to discuss quality initiatives, clinical best practices, and provider concerns.
- Non-participating dental practices to discuss reasons for non-participation and any strategies to address those reasons.
- High volume Federally Qualified Health Centers (FQHCs) and Primary Care Practices (PCPs) to promote referrals to the dentist and fluoride varnish treatments during routine well visits.

## Member Initiatives

### MEMBER DENTAL REWARDS AND BENEFITS – MEDICAID AND CHIP

Our Medicaid and CHIP Member Rewards and Benefits programs offer prepaid gift cards for eligible members who complete their annual dental exam.

Members can review and redeem their rewards by visiting [HPPRewards.net](https://www.hpprewards.net).

The following members receive a gift card for completing an annual dental exam.

Health Partners (Medicaid)	
Ages 0 to 14	Receive a \$20 prepaid debit card
Ages 15-20	Receive a \$20 Uber gift card
Ages 21 and older (who are pregnant)	Receive a \$20 prepaid debit card
KidzPartners (CHIP)	
Ages 0 to 19	Receive a \$20 prepaid debit card

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## MEMBER OUTREACH

Member outreach is an important component of engaging members to remind them of the importance of regular dental visits. Health Partners (Medicaid) or KidzPartners (CHIP) representatives target pediatric members who have not had a dental appointment in the last year for phone outreach to educate and assist in scheduling dental appointments.

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## Clinical Hot Topics

### HUMAN PAPILLOMAVIRUS (HPV) VACCINE

The HPV vaccine is a cancer prevention vaccine which is highly effective against specific strains that are linked to oropharyngeal cancers in both men and women. It is thought that 70% of oropharyngeal cancers in the United States is caused by HPV.

The vaccine is for everyone between the ages of 9 to 26. The best time to get the HPV vaccine is between the ages of 9 and 12 because children can have a stronger immune response to the vaccine. Children 14 years and younger will need two shots for full protection while anyone 15 years or older will require a third round of the vaccine.

The American Academy of Pediatric Dentistry recommends including HPV education as part of anticipatory guidance for adolescent patients. Dental providers are more likely to see patients twice a year compared to an annual well visit at the primary care provider's office. By reinforcing the importance of the HPV vaccine for cancer prevention in the dental office and then referring patients back to their primary care provider, patients are more likely to receive the vaccine.

The Pennsylvania Cancer Coalition and the Pennsylvania Coalition for Oral Health developed a free toolkit that includes patient materials and provider talking points. The resource can be found at <https://www.pacancercoalition.org/images/pdf/PA-HPV-Dental-Toolkit55.pdf>.

### SPECIAL NEEDS DENTISTRY

Everyone needs to be able to have dental care; however, people with disabilities report being of poor overall health. Patients with medical, physical, developmental, mental, or cognitive disabilities can have special needs that create barriers in receiving dental care due to a lack of dentists in their geographical area, lack of dentists who accept Medicaid, or lack of dentists who treat people with special needs.

By creating an inclusive environment and allowing extra time for appointments, most patients with disabilities can be treated at the general dentist office without any type of special equipment. Most patients with disabilities can be treated at a general dentist office without any special type of equipment.

The University of Pennsylvania's Penn Dental Medicine offers a free professional development program to improve access to dental care for people with disabilities. The "Persons with Disabilities Presentation Series" aim to prepare dental providers to be competent and willing to treat members with disabilities and special needs. The presentation series can be found at <https://www.dental.upenn.edu/continuing-education/online-classroom/center-for-persons-with-disabilities-presentation-series/>.

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## MATERNITY

The American College of Obstetricians and Gynecologists and The American Dental Association both agree that oral health care throughout pregnancy is safe. Oral health during the prenatal period is critical for both a woman's own health and the health of their child. Regular cleanings can help to combat periodontal disease which has been associated with adverse pregnancy outcomes. Treating dental caries during the prenatal period can help reduce transmission of cavity causing bacteria from the mother to their baby once it is born. It is essential that dentists and hygienists provide necessary dental care to the pregnant women.

While it is not necessary to postpone routine dental treatment, dental professionals may still be hesitant in treating pregnant women. It has been well established that dental x-rays, local anesthesia, restorative and endodontic procedures are generally safe.

Even though a medical clearance is not necessary for low-risk pregnant women with no other comorbid conditions, it is beneficial to establish relationships with prenatal care health professionals in the community to establish open communication to coordinate care when needed.

The National Maternal and Child Oral Health Resource Center has a variety of materials including consensus statements, patient materials, and provider guidelines. The resource can be found at <https://www.mchoralhealth.org/>.

## Avēsis

Founded in 1978, Avēsis is a leading administrator of supplemental insurance benefits for government and commercial plans. As Jefferson Health Plans' dental benefit manager, Avēsis manages and delivers the dental benefits and services to eligible members. Claims payment, prior authorization reviews, provider credentialing and provider contracting is through Avēsis.

For any questions or concerns about policies and procedures, please contact the appropriate Avēsis department.

### Provider Customer Service

Dental Providers

855-536-7764

[ProviderRelationsPADental@avesis.com](mailto:ProviderRelationsPADental@avesis.com)

### Pre-Authorization or Post Review

Avēsis Third Party Administrators, LLC

Attention: Dental Pre-Authorization

OR

Attention: Dental Post Review

P.O. Box 38300

Phoenix, AZ 85069-8300

### Avēsis State Dental Director

Dr. Hana Hasson

410-413-1539

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### Claims and Corrected Claims

Avēsis Third Party Administrators, LLC

Attention: Dental Corrected Claims

OR

Attention: Dental Claims

P.O. Box 38300

Phoenix, AZ 85069-8300

**Electronic Payer ID 86098**

**Avēsis Provider Portal:** <https://myavesis.com/>

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