



AmeriHealth Caritas[™]
District of Columbia

Oral Care Connect[®] Pay-for-Performance Dental Program – OB/GYN

Improving quality care and health outcomes





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Introduction

AmeriHealth Caritas District of Columbia (DC) has created the Oral Care Connect value-based program for participating OB/GYN providers.

This program will address the implications of oral health care on systemic health by facilitating increased access to, and utilization of, dental care for enrollees in specific physical health cohorts, where such linkages have already been established. Pregnant enrollees will be those initially included in the program. The goal of the program is to facilitate dental care for pregnant enrollees to further improve health and overall well-being.

Dental and medical integration

This program aims to integrate dental and medical services within the scope of the dental practice while understanding the adverse effects of certain medical conditions on oral health. Although the procedures to accomplish this integration are not usually within the day-to-day operations of a dental office, it is important for primary dental care providers (PDPs) to be knowledgeable about each patient's medical history as it relates to his or her oral health and to discuss these issues with the patient.

A PDP's success with Oral Care Connect depends on the industry-wide trending of interprofessional integration — coordination of professional services for each enrollee. This will increase patient awareness of and provide attention to the whole-person approach to health care. This program encourages reminding patients of the importance of following up with their medical providers for prenatal care.

The program aims to increase PDP awareness of these medical measures and their importance to the delivery of dental care as a critical part of helping our enrollees attain optimal overall health.



Program overview

Oral Care Connect will be implemented using a three-pronged approach. Enrollees will be identified through diagnosis, and dental claims utilization is overlaid to determine who among them has received dental care within the past calendar year.

- 1.** A broad-based education and awareness outreach effort aimed at OB/GYN providers and internal stakeholders to inform them about the importance of dental and oral health care during pregnancy, and that the management of oral and dental disease has been proven in many cases to facilitate improved pregnancy outcomes.
- 2.** Distribution of focused outreach to the identified enrollees.
- 3.** An incentive opportunity for OB/GYNs treating enrollees to have them engage in more focused referrals to dentists.

For pregnant enrollees, an incentive payment will be made to the providers when a dental claim is noted and paired with an OB/GYN claim within 60 days prior to the date of the initial dental appointment. Once an eligible enrollee receives an initial exam that corresponds with a specific dental (D) code, a 60-day look-back will be initiated. If an OB/GYN claim is identified within this 60-day time frame, an incentive payment of \$50 per qualifying enrollee will be paid out to the OB/GYN. The goal is for the physician and staff to have oral health focused conversations relating to physical health conditions and refer the enrollees to dentists within the network participating in Oral Care ConnectSM.



Membership selection

The eligibility of membership for participants will be determined by active enrollment within a defined 12-month period (the reward year), starting in the first quarter of 2023*, as well as ICD-10 codes O00-O99 and Z34, Z3A codes, and Z3201 specific to pregnancy diagnosis.

Payment to providers

Providers will receive incentive payments based on the number of enrollees having a dental code (D0150 or D0120) and a corresponding OB/GYN visit within 60 days leading up to the dental code. Once an eligible enrollee receives an initial exam that corresponds with a specific D code, a 60-day look-back will be initiated. If an OB/GYN claim is identified within this 60-day time frame, an incentive payment of \$50 per qualifying enrollees will be paid out to the OB/GYN. Payments are limited to one payment per enrollee, per reward year.* The program will be settled on a quarterly basis paid out to the group level. The following table is a breakdown of reporting periods and the corresponding payment dates:

Dental claim reporting period	Payment date
January 1 – March 31	August
April 1 – June 30	November
July 1 – September 30	February
October 1 – December 31	May

*Reporting period and payment dates are subject to change based upon annual evaluation.



Provider participation requirements

All participating network OB/GYNs are eligible to participate in the program.

Important notes and conditions

- 1.** The sum of the incentive payments for the program may not exceed 33% of the total compensation for medical and administrative services. Only fee-for-service payments are considered part of the total compensation for medical and administrative services.
- 2.** Once an incentive payment has been made to a provider based on enrollees receiving a dental visit, those qualifying enrollees will be removed from the model and will not be eligible to trigger future incentive payments for providers for a full calendar year.
- 3.** For computational and administrative ease, no retroactive adjustments are made to incentive payments.

Dental Referral Form for Pregnant Patients

Oral Care Connect®

Please provide the following information:

Today's date:

Patient's name:

Patient's date of birth:

Expected due date:

This patient is an AmeriHealth Caritas District of Columbia (DC) enrollee and a patient of record. She is encouraged to seek and/or continue dental treatment due to the evidence-based research demonstrating a relationship between oral health and pregnancy outcomes. (*Oral Health Care During Pregnancy: A National Consensus Statement*. National Maternal and Child Oral Health Resource Center, 2012.)

The standard protocol for dental treatment of a pregnant patient includes:

- Necessary radiographs using a double lead shield over the abdomen and thyroid.
- Restorative and prophylaxis care (including scaling and root planing if necessary), and/or extractions.
- Local anesthetic, 2% lidocaine.
- If antibiotic is needed, Category B drugs such as amoxicillin, erythromycin, or cephalosporins.
- If non-narcotic pain management is needed, Category B drugs such as over-the-counter acetaminophen may be used.
- If narcotic pain management is needed, acetaminophen with codeine #3 during first and second trimesters.
- Oral rinse chlorhexidine gluconate 0.12%.
- Prescribed preventive agents such as PreviDent®, Fluoridex®, and Clinpro™ dentifrices.

I agree with the above protocols and for the above-named patient to have dental treatment.

Name of obstetrics/gynecology provider:

Signature of provider:

Phone/email address of provider:

I disagree with the above protocol for reasons stated below:

Signature of provider:

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