



We Partner With Excellence

CareSource Oral Health Program Value - Based Care



Everyday Excellence

CareSource rewards our providers for excellence. Our providers are critical to the success of our oral health programs. CareSource's value-based reimbursement (VBR), pay-for performance (P4P) and rewards programs recognize the everyday work you're doing to improve patients' health, experiences, and care quality outcomes. We reward you for providing high-quality and cost-effective dental care for CareSource members.

Programs at a Glance

We recognize that each partnership is unique. The CareSource Quality Rewards model customizes risk and rewards to fit your capabilities. Starting in 2022, CareSource will implement tiered programs that promote value through improved quality of care and health outcomes. Care measures include Quality of Care, Access, and Appropriateness of Care:

National Committee for Quality Assurance (NCQA)

Healthcare Effectiveness Data and Information Set (HEDIS)

Annual Dental Visit (ADV) assesses members 2–20 years of age who had at least one dental encounter during the measurement year.

Dental Quality Alliance (DQA) Measures

Prevention and wellness focused

Dental-medical coordination

Quality and Safety Focused – Clinical Outcomes

Stewardship/Cost of Care

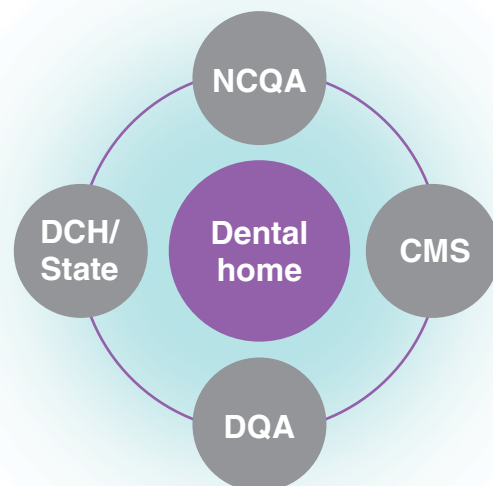
Centers for Medicaid and Medicare (CMS)

Prevention and wellness focused Utilization of Services P-DENT assesses members 0–20 years of age who had a preventive dental visit during FFY.

State Agency Fiscal Year Specific Measures (DCH)

Preventive Dental Services (Includes Dental Sealant Target)

Annual Dental Visits



CareSource will be implementing provider phases of two Oral Health Quality Initiatives over the next year: **Dental Home is Where the Heart Is™** program and **CareSource MedDental™** program

NCQA is an independent organization that evaluates the quality and service provided by managed care organizations (MCOs). NCQA vigorously advocates performance measurement to encourage health benefits companies to continually identify ways to improve their quality of benefits and service. To promote such initiatives, NCQA has devised a set of standardized performance measures that are used by many MCOs. These measures are contained within the Healthcare Effectiveness Data and Information Set (HEDIS), one of health care's most widely used performance improvement tools.

The DQA established by the American Dental Association is an organization of major stakeholders in oral health care delivery that use a collaborative approach to develop oral health care measures. The mission of the DQA is to advance performance measurement as a means to improve oral health, patient care, and safety through a consensus-building process.

The Centers for Medicare & Medicaid Services (CMS), the agency that oversees Medicaid, including EPSDT, has taken steps to improve the quality of information that states report about the provision of EPSDT services. CMS has also set EPSDT performance measure targets for states.

Georgia Department of Community Health (DCH) serves as the lead state agency for Medicaid. Through effective planning, purchasing and oversight, DCH provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and underserved populations.

Dental Home Is Where the Heart Is™ Quality Rewards



Driving Prevention

A quality rewards program using the Dental Home model of care. Establishing a Dental Home means that a child's oral health care is managed in a comprehensive, continuously accessible, coordinated, culturally effective, and family-centered way by a licensed dentist (primary dental provider). The concept of the Dental Home reflects American Academy of Pediatric Dentistry and American Dental Association policies and best principles for the proper delivery of quality oral health care to all, with an emphasis on initiating preventive strategies from infancy to adolescence. The Dental Home enhances the dental professional's ability to provide optimal oral health care, beginning with the age one dental visit for successful preventive care and treatment as part of an overall oral health care foundation for life. Additionally, the establishment of the Dental Home assures appropriate referral and coordination of care to dental specialists and primary care providers.

CareSource launched the preventive dental visit **member incentive** of this program in 2021 with the **SmilePack™** Oral Hygiene Aids and Education. The first-tier **provider quality rewards** program starting **April 2022** is the Quality Enhancer Program, a starting point for dental practices to earn rewards for quality in driving prevention while building clinical and technological sophistication for higher risk and rewards down the road.

Quality Enhancement by Risk Assessment

Goal: To provide our partner dental providers with a unique opportunity to improve clinical outcomes and compensate them for their efforts in disease prevention and reduction in associated risks for dental caries and adverse oral health outcomes for CareSource members ages 0 to 20.

- Prevent a lifetime of oral pain and discomfort
- Reduce healthcare costs and U.S. health care system burden
- A powerful practice builder for dentists increasingly focused on the concept of preventive care

A caries risk assessment is performed to determine the patient's risk level by assessing risk factors that may place the patient at risk for dental caries, protective factors, and the patient's medical and dental history. According to the American Dental Association's (ADA) [Caries Risk Assessment guidance](#) and as shown in the ADA Caries Risk Assessment Forms for [young children](#) and [patients over age 6](#) or the American Academy of Pediatric Dentistry (AAPD) form [BP_CariesRiskAssessment.pdf](#) ([aapd.org](#))

Performance Components

1 Perform Caries Risk Assessment	2 Perform Oral Evaluation	3 Perform Cleaning and OHI	4 Perform additional preventive service
<p>Perform a Caries Risk Assessment on same date of service as an Oral Evaluation</p> <p>Document the assessment via a caries risk assessment tool. Submit claims with CAT results using the appropriate risk stratification CDT procedure codes:</p> <p>D0601, D0602, D0603</p> <p>The CRA tool or narrative charting and member's dental condition(s) that justifies the risk assessment classification submitted with the claim must be clearly documented and maintained in the member's dental record. The member's medical record is subject to retrospective review.</p>	<p>Perform a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues.</p> <p>This includes an evaluation for oral cancer, the evaluation and recording of the patient's dental and medical history and a general health assessment, the evaluation and recording of dental caries, missing or unerupted teeth, existing restorations, prosthesis, occlusal relationships, periodontal conditions (including periodontal screening and/or charting)</p>	<p>Perform a dental prophylaxis cleaning and Oral Hygiene Instruction</p>	<p>Fluoride</p> <p>Caries Preventive or Arresting Medicament</p> <p>Dental Sealant</p> <p>Nutritional Counseling</p> <p>Tobacco or High-Risk Substance Use Counseling</p>

With the Quality Enhancer Program, you will receive enhanced reimbursement on selected high value preventive services. All you need to do is submit your claim with the appropriate Caries Risk Assessment, trigger code and required services and you'll earn an immediate payment. We'll help you find quality metric opportunities through gaps in care reporting. CareSource will make supplemental payments in accordance with the below fee schedule completed for eligible CareSource members:

Code	Description	Supplemental Payment
The Qualifying Service episode of care must include one of the following oral examination procedures:		
D0120 D0150	Periodic Oral Evaluation Comprehensive Oral Evaluation	Current Schedule of Contracted Fee for these procedures.- Not supplemental
"And" qualifying service must also include one of the following prophylaxis procedures:		
D1120 D1110	Child Prophylaxis (6 months – Age 13) Adult Prophylaxis (Age 14 - Older)	Current schedule of Contracted Fee for these procedures – not supplemental
"And" the following CRA must be performed and submitted as QE trigger code on claim:		
D0601 D0602 D0603	Caries risk assessment with a finding of low risk Caries risk assessment with a finding of moderate risk Caries risk assessment with a finding of high risk	\$10 Once per member per 365 days \$15 Once per member per 365 days \$15 Once per member per 365 days
If moderate or high caries risk, provider should additionally perform one or more of the following high quality caries risk preventive services. Behavior modification services for substance use risks can also be credited to the quality enhancer. All services must be performed on same date of service as oral evaluation, except dental sealants (D1351) or medicaments (SDF) (D1354/D1355). If D1351/D1354/D1355 is not performed on same date of service as oral evaluation, services must be performed within 60 days of Oral Evaluation/Caries Risk Assessment and D0602/D0603 submitted with this D1351/D1354/D1355 claim.		
D1206/D1208 D1354/D1355 D1351	Topical Fluoride Application Caries Arresting or Preventive Medicament Dental Sealant (1st and 2nd molars Teeth 2, 3, 14, 15, 18, 19, 30, 31)	Current Schedule of Contracted Fee for these procedures. D1206,D1208, D1351, D1354, D1355, D1320* , D1321*
D1320	Tobacco counseling for the control and prevention of oral disease.	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	
D1310	Nutritional Counseling	D1310 is informational only, and payable at \$0. Supplemental payment attributes to D0602 or D0603.

Compensation is paid per claim per D0601, D0602, D0603. Only one (1) payment per member per Measurement Year (2022). Claims should be submitted timely to ensure accurate supplemental payment per quarter.

Member Eligibility

PeachCare for Kids Members of Age 0 – 18 until end of month of 19th birthday

Georgia Families Members of Age 0 – 20 until end of month of 21st birthday

Provider Eligibility Requirement

Provider must be contracted with CareSource on date of service.

Providers that qualify as Dental Homes per state (GA) requirements - Any General Dentist or Pediatric Dentist Provider.



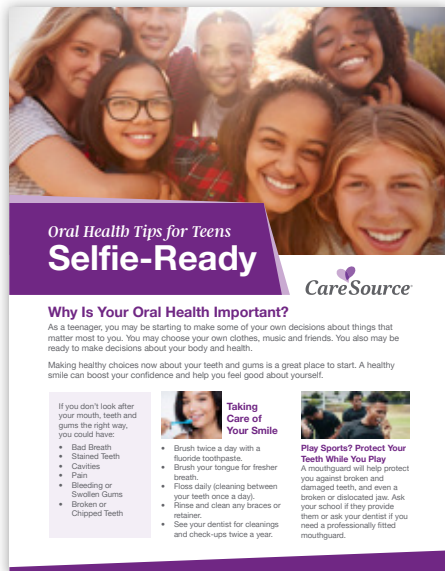
Quality Support Resources for the Dental Home Provider

Meaningful Support

We support success through monthly claim data evaluation, regular reporting, and provider engagement to help manage your patient population's outcomes.

Member Education

Resources and tools on oral health, pregnancy, early childhood Caries, tips for children and teens, and much more.



— And More! —



Toolkits and Training

Tobacco and Substance Use Cessation

Resource and Patient intervention Toolkit for Oral Health Professionals
D1320, D1321 Enhanced Benefit*

CareSource's team of dental directors, behavioral health, medical and public health professionals have developed a comprehensive toolkit to assist our oral healthcare provider partners in our state service markets, with the tools and resources necessary to guide their patients' journey to better health and well - being through a drug- free, smoke and tobacco-free life and techniques on motivational interviewing (a brief intervention method to guide patients to behavioral change).

Cultural Competency Training

A Key Component to the Dental Home and health equity is providing culturally and linguistically sensitive care.

CareSource encourages its participating oral health providers to complete the U.S. Department of Health and Human Services Cultural Competency Program for Oral Health Professionals, a free online educational program for oral health professionals, accessed at [HHS.gov](https://www.hhs.gov). We additionally offer cultural competency small group facilitated training as well as access to our full Cultural Competency Plan, available online at [CareSource.com](https://www.caresource.com). Contact your CareSource Provider Engagement Specialist if you would like to learn more about you and your team attending a CareSource Group facilitated training session to receive CE and a certificate.



CareSource
MedDental™

Promoting Health Equity

Additional Value-Based Quality Rewards Program

Launching Later in 2022

A whole person coordinated care program, focuses on Members with medical or physical conditions to provide specific care support through our enhanced dental benefits, including adult full coverage for preventive and periodontal services and other treatment services that have been linked to improved overall health outcomes.

Contact Your Provider Engagement Specialist at GADentalInquiries@CareSource.com for more Information on Oral Health Quality Rewards Programs

The program also captures interprofessional collaboration with coordination of medical-dental services for Members targeting high blood pressure, diabetes, pregnancy outcomes, substance misuse, ER diversion and more.

A Provider's success with the CareSource MedDental program depends on the industry-wide trending of interprofessional collaboration — coordination of professional services for each Member. This will increase patient awareness of and provider attention to the whole-person approach to health care and a critical part of helping our Members attain optimal overall health. The program provides for compensation linked to quality measures that align with population health models based on professional and NCQA standards of care, primarily targeting CareSource members of age 21 and older.