[*Date*]

[*Provider Name*]

[*Address*]

[*City, State, ZIP code*]

Dear Provider:

[*Plan Name*] is pleased to announce the implementation of the Dental Provider Incentive Program (DPIP). The DPIP provides the opportunity for designated dental providers to earn enhanced payments based on the achievement of performance measures associated with preventive dental services.

This letter is to inform you that you have been identified as one of the provider types eligible to qualify for the DPIP.

**How do I Qualify?**

Eligible dental providers are General and Pediatric Dentists who provide dental services to enrollees under the age of 21 years. A dental provider may achieve Qualified Provider status by achieving or exceeding the benchmarks for each of the following metrics during the measurement periods listed in the table below. Providers who achieve the benchmarks for all five metrics will receive enhanced payments for the services listed in the Included Services section, for dates of service October 1, 2025 through September 30, 2026.

|  |  |  |  |
| --- | --- | --- | --- |
| **Metric** | **Measurement Period** | **Incentive Threshold Rate** | **Metric Description** |
| Preventive Dental Services | 10/1/2023-09/30/2024 | 65% | Percentage of children ages 1 to 20 who are eligible for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period |
| CMS Child Core Set: Oral Evaluation – Total | 1/1/2024-12/31/2024 | 65% | Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the reporting year |
| DQA: Caries Risk Assessment – Total | 1/1/2024-12/31/2024 | 70% | Percentage of enrolled children under age 21 years who have caries risk documented in the reporting year |
| CMS Child Core Set: Sealant Receipt on Permanent 1st Molars – at least one  | 1/1/2024-12/31/2024 | 60% | Percentage of enrolled children who have ever received sealants on permanent first molar teeth: (1) at least one sealant |
| CMS Child Core Set: Topical Fluoride for Children (Total) | 1/1/2024-12/31/2024 | 65% | Percentage of children aged 1-21 years who received at least 2 topical fluoride applications within the reporting year |

**How are Payments Made?**

Beginning with dates of service October 1, 2025 – September 30, 2026, payments to DPIP-Qualified Providers for Included Services, which includes ten preventive and diagnostic dental procedure codes, must be equal to 140% of the Florida Medicaid Fee-for-Service (FFS) rate that is in effect as of October 1, 2025,as established by the Agency.

**NOTE**- If your current payment rate already equals or exceeds the DPIP fee schedule for included services, your current payment rate will not change.

[DENTAL PLAN] will be providing you with the details regarding any amendments to your provider agreement that need to be made as well as information on how the enhanced payments will be made.

**What are the Included Services?**

Included DPIP services include covered dental services rendered to recipients under 21 years of age, utilizing the following preventive and diagnostic dental procedure codes.

|  |  |
| --- | --- |
| **Procedure Code** | **Description** |
| **D1330** | Oral Hygiene Instruction |
| **D1120** | Prophylaxis - Child |
| **D1208** | Topical application of fluoride – excluding varnish |
| **D1351** | Sealant – Per tooth |
| **D1206** | Topical application of fluoride varnish |
| **D1999** | Unspecified preventive procedure, by report |
| **D0120** | Periodic oral evaluation – established patient |
| **D0150** | Comprehensive oral evaluation – new or established patient |
| **D1354**  | Interim caries arresting medicament application. Silver Diamine Fluoride |
| **D0145** | Oral evaluation for a patient under three years of age and counseling with a primary caregiver |

**Monitor Your Progress**

[*Insert description of how the Dental Plan will provide quarterly status updates to providers on progress toward obtaining a Qualified Provider designation or for currently qualified providers to track their progress toward receipt of the next incentive payment.*]

For more information about the DPIP program parameters, visit the Agency’s webpage at [*https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/current-smmc-program/dental-provider-incentive-program*](https://ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/current-smmc-program/dental-provider-incentive-program)

Thank you for your continued dedication to our members. Should you have any questions about the DPIP, please do not hesitate to contact your Provider Services Representative directly or Provider Services at [*Phone number*].

Sincerely,

[*Name*]

[*Title*]