



DENTAL INCENTIVE PROGRAM

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September 1, 2015

Dear Care1st Dental Providers:

We're excited to present to you a new Care1st Dental Incentive Program designed to reward the efforts of dentists who place a priority on prevention of dental disease in children. The Incentive Program's goal is to increase utilization of select services by AHCCCS patients under age 21 that are identified in the **Services Required** Report that will be supplied to you by Care1st each month beginning mid October.

The Services Required Report will list the Care1st members assigned to your practice that have not yet received a preventive care visit during the contract year, i.e. 10/1/15-9/30/16. The members listed are eligible for an incentive program payment should they complete a qualifying visit at your practice.

Registered dentists are eligible to earn a financial incentive payment of **\$15** per patient whose treatment includes at least one dental procedure listed in the Eligible Program Services section on page 2 of this letter.

The Care1st Dental Incentive Program is limited to one incentive payment per patient, regardless of treating dentist. Eligible dental services must be rendered between 10/1/15 and 9/30/16. Patients are required to receive treatment from their assigned AHCCCS dentist with the exception of group practices where the dentists share the same Tax Identification Number.

If you wish to register for the Care1st Dental Incentive Program, please complete the Provider Registration Section of this letter and email or fax it to Advantica by September 16, 2015. Within two business days, a program confirmation message will be sent to your office email address if provided or by fax.

Registration: (Email) pipregistration@advanticabenefits.com (Fax) 727-683-8810

PROVIDER REGISTRATION SECTION:

Tax Identification Number: _____

Legal Name: _____

Practice Name: _____

Practice Fax: _____

Organizational NPI: _____

Authorized Signer Name (please print): _____

Authorized Signature: _____

Authorized Signer Telephone with Area Code: _____

Preferred method for receipt of monthly Services Required Report: Paper via USPS Excel via Secure E-mail

Preferred Mailing Address: _____

Preferred Email Address: _____

If you would like additional details regarding the Care1st Dental Incentive Program, information is available by e-mailing to pipregistration@advanticabenefits.com or by calling 727-674-7034. Thank you.

ELIGIBLE CARE1ST DENTAL INCENTIVE PROGRAM SERVICES 10/1/15-9/30/16 ADA CODES

D0120	D0140	D0145	D0150	D0160	D0180	D0210	D0230	D0240	D0250	D0260	D0270	D0272	D0273
D0274	D0277*	D0290*	D0310*	D0320*	D0321*	D0330	D0340*	D0350*	D0393*	D0470*	D0502*	D0999*	D1110
D1120*	D1206	D1208	D1351	D1352	D1510*	D1515*	D1520*	D1525*	D1550*	D1555*	D1999*	D2140	D2150
D2160	D2161	D2330	D2331	D2332	D2335	D2390	D2391	D2392	D2393	D2740*	D2750*	D2751*	D2752*
D2780*	D2782*	D2783*	D2790*	D2791*	D2792*	D2794*	D2799*	D2910	D2915	D2920	D2921*	D2929*	D2930
D2931*	D2932*	D2933*	D2934*	D2940	D2941	D2970*	D2999*	D3110	D3120	D3220	D3221*	D3222*	D3230*
D3240*	D3310*	D3320*	D3330*	D3331*	D3332*	D3333*	D3336*	D3347*	D3348*	D3351*	D3352*	D3353*	D3410*
D3421*	D3425*	D3450*	D3920*	D3999*	D4210*	D4240*	D4241*	D4249*	D4260*	D4261*	D4263*	D4270*	D4273*
D4320*	D4321*	D4341*	D4342*	D4355*	D4910*	D4920*	D4999*	D5110*	D5120*	D5130*	D5140*	D5211*	D5212*
D5213*	D5214*	D5281*	D5410*	D5411*	D5421*	D5422*	D5510*	D5520*	D5610*	D5620*	D5630*	D5640*	D5650*
D5660*	D5710*	D5711*	D5720*	D5721*	D5730*	D5731*	D5740*	D5741*	D5750*	D5751*	D5760*	D5761*	D5820*
D5821*	D5850*	D5851*	D5899*	D7111	D7140	D7210*	D7220*	D7230*	D7240*	D7241*	D7250*	D7251*	D7260*
D7261*	D7170*	D7280*	D7282*	D7283*	D7285*	D7310*	D7311*	D7320*	D7321*	D7410*	D7411*	D7412*	D7413*
D7414*	D7415*	D7440*	D7441*	D7450*	D7451*	D7460*	D7461*	D7465*	D7471*	D7472*	D7473*	D7485*	D7490*
D7510*	D7511*	D7520*	D7521*	D7530*	D7540*	D7550*	D7560*	D7610*	D7620*	D7630*	D7640*	D7650*	D7660*
D7670*	D7671*	D7680*	D7710*	D7720*	D7730*	D7740*	D7750*	D7760*	D7770*	D7771*	D7780*	D7810*	D7820*
D7830*	D7840*	D7850*	D7852*	D7854*	D7856*	D7858*	D7860*	D7865*	D7870*	D7871*	D7872*	D7873*	D7874*
D7875*	D7876*	D7877*	D7880*	D7910*	D7911*	D7912*	D7920*	D7940*	D7941*	D7943*	D7953*	D7955*	D7960*
D7963*	D7970*	D7971*	D7972*	D7980*	D7981*	D7982*	D7983*	D7990*	D7991*	D7995*	D7996*	D7997*	D7998*
D7999*	D8999*	D9110	D9120*	D9210	D9220*	D9221*	D9230	D9241*	D9242*	D9248*	D9310	D9410	D9420
D9430	D9440	D9610*	D9612*	D9930*	D9940*	D9999*							

* Codes that require Prior Authorization

Incentive Payment Instructions:

1. Complete the registration process outlined on page 1 of this communication.
2. Outreach to those patients identified on your Care1st Services Required Report provided monthly beginning mid October.
3. Complete one of the qualifying service(s) identified above according to the Clinical Guidelines.
4. Submit your claim to Advantica as you do today. Preferably via EDI!
5. Advantica will process your claim as they do today. The incentive payment will be reflected on your remittance advice as 00020.
6. 1 incentive payment per patient, regardless of treating dentist.
7. Eligible dental services must be rendered between 10/1/15 and 9/30/16.
8. Although members may see any contracted Care1st dentist and the dentist may be reimbursed for covered services when the member is not assigned to them, the incentive will only be paid when a member receives treatment from their assigned AHCCCS dentist with the exception of group practices where the dentists share the same Tax Identification Number.