



## Members Receiving Dental Services: Diagnostic, Preventive, Treatment and Any Services

### Measure Basic Information

#### Name and date of specifications used:

This measure is developed by OHA following dental procedure codes defined in CMS-416 Annual Early and Periodic Screen, Diagnostic and Treatment Participation Report (EPSDT, Dental Lines 12a, 12b, 12c, 12e) and CMS Child Core Set Percentage of Eligibles Who Received Preventive Dental Services measure (PDENT-CH).

<https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf>

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html>

The measure also follows Dental Quality Alliance (DQA) Dental Services Utilization measure for the continuous enrollment criteria and qualifying dental provider taxonomy codes (without requiring dental hygienists under supervision of a dentist):

[https://www.ada.org/~/media/ADA/DQA/2020\\_Dental%20Services\\_UtilizationofServices.pdf?la=en](https://www.ada.org/~/media/ADA/DQA/2020_Dental%20Services_UtilizationofServices.pdf?la=en)

#### Measure Type:

HEDIS  PQI  Survey  Other  Specify: OHA developed based on CMS and DQA similar metrics

#### Measure Utility:

CCO Incentive  State Quality  CMS Adult Core Set  CMS Child Core Set  Other   
Specify:

**Data Source:** MMIS/DSSURS

**Measurement Period:** January 1, 2020 – December 31, 2020

OHA is also using the 2020 specifications for 2019 baseline measurement year.

Benchmark for OHA measurement year	2019	2020**
PREV_DENT_Age1-5	n/a	46.3% <b>45.4%</b>
PREV_DENT_Age6-14	n/a	68.8% <b>65.5%</b>
Source:	n/a	CCO 75th percentile from two years prior

\*\*In 2020 CCOs must meet benchmark or improvement target for both components (Preventive Dental Services, ages 1-5 and 6-14) to achieve measure.

**2020 Preventive Dental Improvement Targets:** Minnesota method with 3 percentage point floor.

**Member type:** CCO A  CCO B  CCO G



**Specify claims used in the calculation:**

	Claim from matching CCO	Denied claims included
Numerator event	Y	N

## Measure Details

**Data elements required denominator:** Count of unique members who meet continuous enrollment criteria during the measurement year.

**Required exclusions for denominator:** None.

**Deviations from cited specifications for denominator:** n/a.

**Data elements required numerator:** Count of unique members who received any dental services and subcategories<sup>1</sup> from qualifying dental providers:

Any Dental Services	CDT code	Subcategories	CDT code
	D0100 - D9999	Diagnostic Dental Services	D0100 - D0999
		Preventive Dental Services*	<b>D1000 - D1999</b>
		Dental Treatment Services	D2000 - D9999

### WITH

Provider Taxonomy Codes classified as 'Dental Service' by DQA:

Taxonomy Code	Grouping	Classification	Specialization
122300000X	Dental Providers	Dentist	
1223D0001X	Dental Providers	Dentist	Dental Public Health
1223D0004X	Dental Providers	Dentist	Dentist Anesthesiologist
1223E0200X	Dental Providers	Dentist	Endodontics
1223G0001X	Dental Providers	Dentist	General Practice
1223P0106X	Dental Providers	Dentist	Oral and Maxillofacial Pathology
1223P0221X	Dental Providers	Dentist	Pediatric Dentistry
1223P0300X	Dental Providers	Dentist	Periodontics
1223P0700X	Dental Providers	Dentist	Prosthodontics
1223S0112X	Dental Providers	Dentist	Oral and Maxillofacial Surgery
1223X0008X	Dental Providers	Dentist	Oral and Maxillofacial Radiology

<sup>1</sup> Note members qualify for numerator in the three subcategories are not mutually exclusive, as a member could have more than one category of services in the measurement year.

Taxonomy Code	Grouping	Classification	Specialization
1223X0400X	Dental Providers	Dentist	Orthodontics and Dentofacial Orthopedics
124Q00000X*	Dental Providers	Dental Hygienist	
125J00000X	Dental Providers	Dental Therapist	
125K00000X	Dental Providers	Advanced Practice Dental Therapist	
125Q00000X	Dental Providers	Oral Medicinist	
261QF0400X	Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FQHC)
261QR1300X	Ambulatory Health Care Facilities	Clinic/Center	Rural Health

Note\*: DQA Dental Services Utilization specifications include a note that services by dental hygienists should only count when provided under supervision of a dentist, which OHA does not implement. Administrative claims data generally does not indicate supervision between health care providers.

In addition, a qualifying taxonomy code can count when captured in either the billing provider or the rendering provider information in claims.

Report each category separately and with age stratification (based on members' age as of December 31<sup>st</sup> of the measurement year):

Age group	Total Denominator	Any Dental Services		Diagnostic Dental Services		<u>Preventive Dental Services*</u>		Dental Treatment Services	
		Numerator	Rate (%)	Numerator	Rate (%)	Numerator	Rate (%)	Numerator	Rate (%)
<u>1-5*</u>									
<u>6-14*</u>									
15-17									
18-25									
26-65									
65 and above									
Total									

\* Starting in measurement year 2020, the measure is incentivized for Preventive Dental Services with children age group 1-5 (kindergarten readiness) and 6-14. CCOs must meet benchmark or improvement target for both age groups for preventive dental services to be considered a pass on the incentive measure.



**Required exclusions for numerator:** None.

**Deviations from cited specifications for numerator:** n/a.

**What are the continuous enrollment criteria:** Continuously enrolled with the CCO for at least 180 days in the measurement year<sup>2</sup>.

**What are allowable gaps in enrollment:** None.

**Define Anchor Date (if applicable):** None.

**NOTE:** These standard continuous enrollment, allowable gap and anchor date criteria may be modified in 2020 to accommodate CCO membership service areas transitions.

## Version Control

- The specifications were updated on January 9, 2020:
  - Revised 2020 benchmarks for Preventive Dental for age 1-5 and 6-14 due to corrections made to the 2018 CCO-level performance.
  - Included grouping, classification and specialization descriptions for the taxonomy codes used by DQA to define dental services providers. Code descriptions are based on National Uniform Claim Committee (NUCC) publications:  
<https://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40>  
Note the qualifying taxonomy codes have not changed from the previous specification sheet.
  - Also clarified a qualifying taxonomy code can count when captured in either the billing provider or the rendering provider information in claims.

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<sup>2</sup> The 180 days requirement is a minimum within a measurement year. If a member enrolled for 360 days with the same CCO in the year, they still only contribute to one denominator hit for the CCO. If within the reporting year a member switched from one CCO to another and had continuous 180 days with both CCOs, this member will qualify for denominator for both CCOs in the same year; numerator services are attributed independently to the CCOs that paid and submitted the claim.