

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

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% 45.4% |
| PREV_DENT_Age6-14 | n/a | 68.8% 65.5% |
| 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 subcategories¹ from qualifying dental providers:

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

¹ 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 31st of the measurement year):

| Age group | Total Denominator | Any Dental Services | | Diagnostic Dental Services | | Preventive Dental Services* | | Dental Treatment Services | |
|--------------|-------------------|---------------------|----------|----------------------------|----------|-----------------------------|----------|---------------------------|----------|
| | | Numerator | Rate (%) | Numerator | Rate (%) | Numerator | Rate (%) | Numerator | Rate (%) |
| 1-5* | | | | | | | | | |
| 6-14* | | | | | | | | | |
| 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 year².

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.

² 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.