



Dental Sealants on Permanent Molars for Children

Measure Basic Information

Name and date of specifications used: Specifications are based on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416), effective FFY 2014 and on the NQF-endorsed Dental Quality Alliance measures Dental Sealants for 6-9 Year Old Children / 10-14 Year Old Children at Elevated Caries Risk. Modifications have been made to enable CCO-level reporting, and to accommodate the lack of risk assessment data available for measurement.

URL of Specifications:

Dental Quality Alliance measure specifications are online here: <http://www.ada.org/en/science-research/dental-quality-alliance/dqa-measure-activities/access-to-pediatric-starter-set>

CMS EPSDT instructions are online here: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/CMS-416-instructions.pdf>

Measure Type:

HEDIS PQI Survey Other Specify: OHA-modified (see links above)

Measure Utility:

CCO Incentive Core Performance CMS Adult Set CHIPRA Set State Performance
Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2016 – December 31, 2016

2015 Benchmark: 20%, Metrics & Scoring Committee consensus.

2016 Benchmark: 20%, Metrics & Scoring Committee consensus.

Note this measure includes two age ranges, 6-9 and 10-14. OHA will measure and report each of these age ranges separately, but the rates will be combined (creating a weighted average) for comparison to the benchmark and for calculating the incentive payment.

Denied claims: Included Not included

Member type: CCO A CCO B CCO G

Note CCO G member were included in the calculation of the 2014 baseline, but not in subsequent measurement year.

Measure Details

Data elements required denominator:

Total unduplicated number of individuals ages 6-9 and 10-14 years of age as of December 31 of the measurement year.

OHA will also begin testing the Dental Quality Alliance specifications to determine children who are at elevated caries risk (see details below); depending on the validity of the dental diagnostic codes used, this qualifier may be incorporated into the denominator for the measurement year or a subsequent measurement year.

To determine children at elevated caries risk, include:

- Any children with a visit with D0602 or D0603 during the measurement year; OR
- Any children with a service code among those in Table 1 in the measurement year; OR
- Any children with a service code among those in Table 1 in any of the three years prior to the measurement year (Note the child does not need to be continuously enrolled for any of these three years, this is simply a look back for any claims history).

Table 1: identifying "elevated risk"

CDT Codes
D2140, D2150, D2160, D2161, D2330-D2332, D2335, D2390-D2394, D2410, D2420, D2430, D2510, D2520, D2530, D2542-D2544, D2610, D2620, D2630, D2642-D2644, D2650-D2652, D2662-D2664, D2710, D2712, D2720-D2722, D2740, D2750-D2752, D2780-D2783, D2790-D2792, D2794, D2799, D2930-D2934, D2940, D2950, D3110, D3120, D3220-D3222, D3230, D3240, D3310, D3320, D3330

Required exclusions for denominator: N/A

Deviations from cited specifications for denominator:

- The EPSDT Form CMS-416 specifications use the Federal Fiscal Year (FFY); OHA's specifications will use the calendar year.
- The EPSDT Form CMS-416 specifications also use September 30th as the date to determine age; OHA's specifications will use December 31st.
- The EPSDT Form CMS-416 specifications require 90 continuous days enrollment in OHP (FFS and non-specified CCO) Medicaid Title 19. Children enrolled in CHIP Title 21, for at least 90 continuous days (and who are not included in the 416 Report) are included in a separate EPSDT - like report for CHIP children. OHA's specifications will include both Medicaid and CHIP children, and require the member to be continuously enrolled with a CCO for the entire measurement year.

**Data elements required numerator:**

Unduplicated number of children ages 6-9 and 10-14 who received a sealant on a permanent molar tooth, as defined by HCPCS code D1351 (CDT code D1351). Sealants can be placed by any dental professional for whom placing a sealant is within his or her scope of practice.

As the majority of the dental sealant services are submitted to MMIS in the dental claim format, per EPSDT Form CMS-416 specification, only sealant services on permanent molars (including the third molars, also known as the wisdom teeth), as identified by teeth numbered 1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32 will count towards the numerator.

For the dental sealant services submitted through medical professional or facility claims, the tooth number information is not available on the claim form and therefore not required for inclusion in the numerator; any sealant code D1351 submitted through medical professional or facility claims will be included in the numerator. This is a deviation from the EPSDT Form CMS-416 specification.

Dental Claims	CDT Code	with	Tooth Number
	D1351		1, 2, 3, 14, 15, 16, 17, 18, 19, 30, 31, 32

OR

Medical Claims	CDT Code
	D1351

Sealants must be provided by the CCO the child is enrolled in to count towards the numerator.

Required exclusions for numerator: N/A**Deviations from cited specifications for numerator:**

OHA's specifications align with the EPSDT reporting, but do include a deviation from the Dental Quality Alliance specifications, related to only measuring sealants for children at "elevated" risk. OHA's specifications include all children, not just those at "elevated" risk.

Determining which children are at "elevated risk" requires an evaluation and a mechanism for tracking the results of the evaluation. OHA will begin testing the Dental Quality Alliance specifications to determine children who are at elevated caries risk (see details above); depending on the validity of the dental diagnostic codes used, this qualifier may be incorporated into the denominator for the measurement year or a subsequent measurement year.

To encourage CCOs integration of medical practice with oral health, OHA accepts dental sealant services submitted through the medical claims format, and the CDT code D1351 alone is valid for the numerator without the tooth number specified (see numerator data requirement above). Note that while dental sealant services can be provided in medical or community-based settings and submitted through medical claims, sealants can only be placed by qualified dental providers. See the Dental Sealant Guidance Document for additional information on which provider types can provide sealants.

<http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>



What are the continuous enrollment criteria:

The measurement year.

Note: due to dental integration into CCOs occurring mid-year, OHA used 180-day continuous enrollment criteria for calculating the 2014 baseline rate rather than the full 12 month measurement year. In addition, while a member could qualify for the denominator in more than one CCO under this method, only the qualifying services provided by the matching enrolled CCO would be counted towards the numerator.

What are allowable gaps in enrollment: No more than one gap in continuous enrollment of up to 45 days during the measurement year.

Note OHA did not apply this allowable gap to the 2014 baseline, given the modified measurement period.

Define Anchor Date (if applicable): N/A December 31st of the measurement year

Version Control

Updated on December 4th to add the anchor date; the measure baseline and current performance has been calculated using the anchor date, but it was left off the specification sheet in error.