

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 American Dental Association, Dental Quality Alliance measures - Dental Sealants for 6-9 Year Old Children / 10-14 Year Old Children at Elevated Caries Risk (NQF-2508 and NQF-2509). Modifications have been made to enable CCO-level reporting, and to accommodate the gap of risk assessment data available for measurement.

URL of Specifications:

CMS EPSDT instructions are online here: <https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf>

Dental Quality Alliance measure specifications are online here: <http://www.ada.org/en/science-research/dental-quality-alliance/dqa-measure-activities/measures-medicare-and-dental-plan-assessments>

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, 2017 – December 31, 2017

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

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

2017 Benchmark: 20%, Metrics & Scoring Committee consensus.

Measure changes in specifications from 2016 to 2017:

- Modified the 'Data elements required denominator' section to clarify that OHA CCO incentive measure includes the combined age range 6 to 14, and does not incorporate the elevated caries risk criteria in identifying the denominator; OHA uses the 'elevated risk' requirement only for reporting to CMS Medicaid Child Core Set.
- Dental Quality Alliance 2017 measures NQF-2508 and NQF-2509 added CDT code D2941 for identify elevated caries risk. Note OHA does not incorporate this criteria in the incentive measure denominator, only in reporting to CMS.
- Clarify that the Dental Quality Alliance measures NQF-2508 and NQF-2509 require dental services be provided by dental providers (identified with NUCC maintained provider taxonomy

codes), but the OHA CCO incentive measure aligns with EPSDT Form CMS-416 instruction and does not include this requirement.

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 years.

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. **Note the cited measures include 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 by adding numerators and denominators, rather than averaging the rates) for comparison to the benchmark and for calculating the incentive payment.**

The CCO incentive measure does not incorporate the Dental Quality Alliance criteria for identifying children at elevated caries risk the denominator. The Dental Quality Alliance is currently reviewing risk assessment tools and processes with an intent for national standardization, as well as revisiting the inclusion of this criteria in their denominator. OHA will wait for the results of the DQA process before modifying the dental sealant measure to address risk assessment, with potential changes being held until CY 2018.

For CMS Medicaid Child Core Set measure¹ reporting which adopts the Dental Quality Alliance specifications for age 6-9 (NQF-2508), OHA is required to only report the members with elevated caries risk in the denominator. Elevated caries risk is determined as follows:

- 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, D2941 , D2950, D3110, D3120, D3220-D3222, D3230, D3240, D3310, D3320, D3330

¹ Link: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>

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.

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.

Table 2: Numerator Dental Sealant Codes

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:

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>



The Dental Quality Alliance NQF-2508 and NQF-2509 specifications (and the CMS Child Core Set specifications) require determining the numerator claims from dental providers, using provider taxonomy codes (see the cited specifications for more detail). OHA CCO incentive measure specifications align with EPSDT Form CMS-416 and do not use taxonomy codes in the calculation.

What are the continuous enrollment criteria:

Continuously enrolled with a CCO for the entire measurement year.

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 CCO incentive specifications include both Medicaid and CHIP children, and require the member to be continuously enrolled with a CCO for the entire measurement year.

Note for calculating the 2014 baseline rate: Due to dental integration into CCOs occurring mid-year, OHA used 180-day continuous enrollment criteria 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): December 31st of the measurement year.

Note OHA did not apply an anchor date to the 2014 baseline, due to the transition with dental coverage in the year.