



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/measure-sets>

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, 2015 – December 31, 2015

2015 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 (using a weighted average) for comparison to the benchmark and for calculating the incentive payment.

Denied claims: Included Not included

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, enrolled in a Coordinated Care Organization for at least 90 continuous days in the measurement year.

Note: unduplicated means that an eligible person is reported only once per CCO, although they may have had more than one period of continuous 90 day enrollment during the measurement year.



Note: in cases where individuals had 90 continuous days enrollment in more than one CCO, they will be counted towards each CCOs' measure, and counted more than once at the state level (in this way, state results will more closely reflect an aggregation of CCO results).

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.

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 |

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. While there are new dental codes that can be used to indicate risk, these codes are not yet in wide use across Oregon, nor will OHA require dental record review to collect this information.

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/CCOData/Dental%20Sealants%20Guidance%20Document.pdf>

What are the continuous enrollment criteria:

90 days continuous enrollment in a specific CCO during the measurement period.

For example, if a child was enrolled from January 1st to February 28th and November 1st to December 31st, the child would not be considered eligible as they did not have 90 continuous days in the calendar year.

What are allowable gaps in enrollment: N/A

Define Anchor Date (if applicable): N/A

Version Control

These specifications were updated March 25, 2015:

- Updated the 'tooth code' requirement for identifying the numerator based on dental claims.
- Added clarification that only certain provider types are qualified to provide sealants, regardless of medical, dental, or community setting.