

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 dental provider type definition:

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

Benchmark for OHA measurement year	2019	2020**
PREV_DEN_Age1-5	n/a	46.3%
PREV_DEN_Age6-14	n/a	68.8%
Source:	n/a	2018 CCO 75th percentile

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

2020 Preventive Dental Improvement Targets: Minnesota method with 3 percentage point floor. CCO must meet both components to achieve measure (ages 1-5 and 6-16).

Incentive Measure changes in specifications from 2018 to 2019: n/a

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: None.

Data elements required numerator: Count of unique members who received any dental services and subcategories from qualifying dental providers¹:

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

WITH

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

Taxonomy Code	122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 261QF0400X, 261QR1300X
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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.

Report each category separately and with age stratification:

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: None.

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.

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.

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