

## Measure specifications: Oral Evaluation, Dental Services (OED)

### Metric information

**Metric description:** The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

**Metric specification version:** HEDIS® Measurement Year 2024 Technical Specifications for Health Plans, NCQA.

**Data collection method:** Administrative only.

**Data source:** ProviderOne Medicaid claims/encounter and enrollment data.

**Claim status:** Include only final paid claims or accepted encounters in metric calculation.

**Identification window:** Measurement year.

**Direction of quality improvement:** Higher is better.

**URL of specifications:** [NCQA HEDIS measures](#)

### Metric Details

#### Eligible population

Measure	Description
Age	21 years and under. Age is as of the last day of the measurement year.
Gender	N/A
Minimum Medicaid enrollment	Measurement year. Enrollment must be continuous.
Allowable gap in Medicaid enrollment	No gaps.
Medicaid enrollment anchor date	Last day of measurement year.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

## Denominator

Data elements required for denominator: Medicaid beneficiaries who meet the above eligibility criteria.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
  - o Beneficiaries in hospice care.
  - o Members who die any time during the measurement year.

Deviations from cited specifications for denominator.

- HEDIS® specifications require no more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, as is the case for the ProviderOne data source, the Medicaid beneficiary may not have more than a 1-month gap in coverage (i.e., a Medicaid beneficiary whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

## Numerator

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: Identify members with a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Calculate the percentage of members who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None.

## Version control

**July 2025 update:** The metric aligns with HEDIS specifications.