

Utilization of Dental Services

Metric Basic Information

Metric description: The percentage of Medicaid beneficiaries of all ages who received at least one dental service within the reporting year.

Metric specification version: The Dental Quality Alliance® produces specifications for persons aged 0-20 years. Expansion of Dental Quality Alliance® Dental Quality Measure 2022.

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: The Dental Quality Alliance® produces specifications for persons aged 0-20 years. The HCA expansion of this metric to the 21 years and up age band follows the same specifications: https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/dqa/dental-quality-measures/2022-measures/2022_dental_services_utilization_of_services.pdf

DSRIP Program Summary

Metric utility: ACH Project P4P ACH High Performance DSRIP statewide accountability

ACH Project P4P – Metric results used for achievement value: Submetric results reported for two age groups: 0 – 20 years and 21+ years. Assess all submetric rates. The submetric with the most progress towards the sub-metric specific improvement target will determine the final AV value.

ACH Project P4P – improvement target methodology: improvement over self (1.9% improvement over reference baseline performance).

ACH regional attribution: Residence in the ACH region for 7 out of 12 months in the measurement year.

DSRIP Metric Details

Eligible Population	
Age	All ages. Age is as of the last day of the measurement year.
Gender	N/A

Utilization of Dental Services

Minimum Medicaid enrollment	Continuous enrollment of 6 months. If individual has multiple enrollment spells, the longest enrollment spell is used to assess continuous eligibility.
Allowable gap in Medicaid enrollment	No allowable gap.
Medicaid enrollment anchor date	No anchor date.
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 meeting the eligibility criteria above.

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Beneficiaries in hospice care.

Deviations from cited specifications for denominator.

- Expansion to ages 21 and up.

Numerator:

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

Data elements required for numerator: Medicaid beneficiaries, of all ages, meeting the above eligibility criteria, and meets BOTH of the following criteria:

- Received a dental service during the measurement year.
- **AND** servicing/rendering provider taxonomy code of dental service includes any of the NUCC maintained Provider Taxonomy Codes.

Value sets required for numerator.

Name	Value Set
Dental service	D0100 – D9999 CPT: 99188
NUCC maintained Provider Taxonomy Codes	122300000X 1223P0106X 1223X0008X 125Q00000X 126800000X 1223D0001X 1223P0221X 1223X0400X 261QF0400X 261QD0000X 1223D0004X 1223P0300X 124Q00000X+ 261QR1300X 204E00000X 1223E0200X 1223P0700X 125J00000X 1223X2210X 261QS0112X 1223G0001X 1223S0112X 125K00000X 122400000X

Utilization of Dental Services

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- None

Version Control

July 2018 release: The specification was updated to Dental Quality Alliance 2018 specifications. This update also includes: (1) matching current billing practices (non-covered codes removed); (2) revision ACH regional attribution methodology to seven out of twelve months residency.

January 2019 update: The specification was updated to include a metric specific exclusion of beneficiaries in hospice care. This updated was made to maintain consistency with HEDIS® metric requirements. This change is expected to make a minimal or no impact on metric results.

August 2022 update: The list of NUCC maintained provider taxonomy codes has been updated to the most recent version.