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](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)

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**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.

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**DSRIP Metric Details**

**Eligible Population**

<table>
<thead>
<tr>
<th>Age</th>
<th>All ages. Age is as of the last day of the measurement year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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Utilization of Dental Services

<table>
<thead>
<tr>
<th>Minimum Medicaid enrollment</th>
<th>Continuous enrollment of 6 months. If individual has multiple enrollment spells, the longest enrollment spell is used to assess continuous eligibility.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowable gap in Medicaid enrollment</td>
<td>No allowable gap.</td>
</tr>
<tr>
<td>Medicaid enrollment anchor date</td>
<td>No anchor date.</td>
</tr>
<tr>
<td>Medicaid benefit and eligibility</td>
<td>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.</td>
</tr>
</tbody>
</table>

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:
  - 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.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Value Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental service</td>
<td>D0100 – D9999 CPT: 99188</td>
</tr>
<tr>
<td>NUCC maintained Provider Taxonomy Codes</td>
<td>1223000000X 1223P0106X 1223X0008X 125Q000000X 1268000000X 1223D0060X 12233P021X 12233X0400X 261QF0400X 261QD0000X 1223D0004X 1223P0300X 124Q000000+ 261QR1300X 204E000000X 1223E0200X 1223P0700X 125J000000X 1223X2210X 261QS0112X 1223G0001X 1223S0112X 125K000000X 1224000000X</td>
</tr>
</tbody>
</table>
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 update 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.