

**Improving Access to Oral Health Services in Medicaid and CHIP:
How States Can Report the Dental Measures in the
Initial Core Set of Children's Health Care Quality Measures**

Background

The Centers for Medicare & Medicaid Services (CMS) is working with its Federal and State partners, as well as the dental and medical provider communities, children's advocates, and other stakeholders, to improve access to oral health services in Medicaid and the Children's Health Insurance Program (CHIP). To sustain the progress already achieved, and to accelerate further improvements, CMS released its national Oral Health Strategy in April 2011, which includes a range of activities that States and the Federal government can undertake to improve access to dental care among children enrolled in Medicaid and CHIP (Centers for Medicare & Medicaid Services 2011b). As part of the strategy, CMS is working to improve the collection and usability of oral health data to measure progress and identify gaps.

Although recent data suggest that access to dental services among children in Medicaid has increased over the past decade (DHHS 2011), many children do not receive recommended preventive dental services. Pediatric dental experts recommend two routine dental checkups per year beginning at age 1 (American Academy of Pediatrics 2003; American Academy of Pediatric Dentistry 2002). However, only 35 percent of Medicaid children had a preventive dental visit in 2009, and 40 percent had any type of dental visit in 2009 (DHHS 2011). Nevertheless, these rates represent measurable improvement over the past decade; only 21 percent had a preventive visit in 2000, and 27 percent had any type of dental visit in 2000.

Recognizing the importance of access to dental care for children's overall health, the initial core set of children's health care quality measures includes two measures that assess receipt of dental services among children. One measure (Measure 13) reports on the percentage of individuals covered by Medicaid

About This Brief

The purpose of this technical assistance brief is to assist States in the collection and reporting of the two initial core set dental measures that affect the oral health of children. States that collect Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) data through Form CMS-416 are well positioned to use a subset of that data to report on the two dental initial core set measures. This brief discusses the specifications for the measures, how to calculate the initial core set dental measures, and how to report the data. This is the first of a series of documents designed to help States collect, report, and use quality measures to improve access to oral health services in the Medicaid and CHIP programs.

or CHIP Medicaid Expansion programs with 90 consecutive days of eligibility for EPSDT that received preventive dental services. The other measure (Measure 17) reports on the percentage that received dental treatment services. These measures are reported each year in the *Secretary's Annual Report on the Quality of Care for Children in Medicaid and CHIP*.

**Collecting Data for the Initial Core Set
Dental Measures**

The two initial core set dental measures are derived from data that State Medicaid agencies submit to CMS via the annual EPSDT Participation Report (Form CMS-416). The specifications for the two dental measures are shown in Table 1. Appendix A contains the Form CMS-416 template that supplies data that can be used to calculate the two dental measures.

Table 1: Specifications for Initial Core Set Measures 13 and 17

	Initial Core Set Measure 13	Initial Core Set Measure 17
Description	Percentage of Eligibles Ages 1 to 20 that Received Preventive Dental Services	Percentage of Eligibles Ages 1 to 20 that Received Dental Treatment Services
Eligible Population	Individuals Ages 1 to 20 Enrolled in Medicaid or CHIP Medicaid Expansion Programs Who Are Eligible for EPSDT Services for at Least 90 Continuous Days	Individuals Ages 1 to 20 Enrolled in Medicaid or CHIP Medicaid Expansion Programs Who Are Eligible for EPSDT Services for at Least 90 Continuous Days
	Form CMS-416 Line 1b (Total): Total Individuals Eligible for EPSDT for 90 Continuous Days	Form CMS-416 Line 1b (Total): Total Individuals Eligible for EPSDT for 90 Continuous Days
Numerator	Form CMS-416 Line 12b (Total): Total Eligibles Receiving Preventive Dental Services HCPCS Codes: D1000 – D1999 CDT Codes: D1000 – D1999	Form CMS-416 Line 12c (Total): Total Eligibles Receiving Dental Treatment Services HCPCS Codes: D2000 – D9999 CDT Codes: D2000 – D09999

For the initial core set dental measures, the data collection time frame should be the same as for Form CMS-416; in other words, for Federal fiscal year (FFY) 2011 reporting, data should be reported for the FFY measurement period from October 1, 2010, to September 30, 2011. The anchor date for the 90 consecutive days of eligibility for EPSDT services must be within the FFY measurement period.

Calculating Measures 13 and 17 from Form CMS-416 Data

The key differences between the calculations of the initial core set dental measures and the Form CMS-416 measures are (1) the definition of the eligible population age, and (2) the number of rates that are reported (Table 2).

Table 2: Differences Between Calculations of Core Set and Form CMS-416 Measures

	Form CMS-416	Initial Core Set Dental Measures
Eligible Population Age	Individuals ages 0 to 20	Individuals ages 1 to 20
Number of Rates	Seven rates by age and one aggregate rate for ages 0 to 20	One aggregate rate for ages 1 to 20

The calculation of the aggregate rate for the two initial core set dental measures involves the following steps to exclude children under age 1 from the denominator and numerators:

Denominator - Measures 13 and 17:

Subtract the <1 column from the Total column of the Line 1b Total row on Form CMS-416.

Numerator - Measure 13:

Subtract the <1 column from the Total column of the Line 12b Total row on Form CMS-416.

Numerator - Measure 17:

Subtract the <1 column from the Total column of the Line 12c Total row on Form CMS-416.

Reporting the Initial Core Set Dental Measures

CMS has designated the CHIP Annual Reporting Template System (CARTS), a web-based data submission tool used by Medicaid and CHIP programs, as the standardized reporting vehicle for the initial core set of children's health care quality measures. States are asked to submit data on the initial core set measures for FFY 2011 in Section IIA of CARTS by March 1, 2012. Data that States plan to submit by April 1, 2012, on the CMS-416 can be used for the computation of the core set of dental measures. Similarly, data on the dental measures submitted through CARTS can be used for the computation of the CMS-416 measures.

CARTS will automatically calculate a rate for each initial core set measure using the numerator and denominator provided by the State. States should indicate any deviations from the measure specifications, such as exclusions from the denominator (e.g., children in capitated managed care plans), modifications in the numerators (e.g., variations in HCPCS or CDT codes), use of different date ranges, or other ways in which the measure differs from the specifications.

Communication Between EPSDT Staff and Staff Reporting Initial Core Set Measures

To coordinate efforts, officials responsible for reporting the CMS-416 and initial core set measures are encouraged to communicate with one another on the reporting of these dental measures. If CMS can help facilitate these connections, please send an email to CHIPRAQualityTA@cms.hhs.gov.

For Further Information

Background information on the initial core set of children's health care quality measures, guidance for collecting and reporting the measures, and technical specifications for each measure can be found in the *Initial Core Set of Children's Health Care Quality Measures: Technical Specifications and Resource Manual for Federal Fiscal Year 2011 Reporting* (Centers for Medicare & Medicaid Services 2011a). To obtain a CARTS username and password, please contact Shambrekia Wise (Shambrekia.Wise@cms.hhs.gov). For assistance using CARTS, please contact Jeffrey Silverman (Jeffrey.Silverman@cms.hhs.gov). For technical assistance with calculating or reporting the two initial core set dental measures, please send an email to CHIPRAQualityTA@cms.hhs.gov.

This technical assistance brief was prepared by Michaela Vine and Margo Rosenbach, Mathematica Policy Research.

References

- American Academy of Pediatric Dentistry. "Clinical Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance and Oral Treatment for Children." Chicago: AAPD, 2002.
- American Academy of Pediatrics. "Oral Health Risk Assessment Timing and Establishment of the Dental Home." *Pediatrics*, vol. 111, no. 5, 2003, pp. 1113–1116.
- Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services. "Initial Core Set of Children's Health Care Quality Measures: Technical Specifications and Resource Manual for Federal Fiscal Year 2011 Reporting." Baltimore, MD: CMS, December 2011a. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResourceManual.pdf>
- Centers for Medicare & Medicaid Services. "CMS Oral Health Strategy." Baltimore, MD: CMS, April 2011b. Available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CMS-Oral-Health-Strategy.pdf>
- Department of Health and Human Services (DHHS). "The Department of Health and Human Services Children's Health Insurance Program Reauthorization Act. 2011 Annual Report on the Quality of Care for Children in Medicaid and CHIP." Washington, DC: DHHS, September 2011. Available at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2010_Secretary_Report.pdf; appendices http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2011_Sec_Rep_App.pdf

Appendix A

FORM CMS-416: Annual EPSDT Participation Report

State _____ FY _____		Age Groups							
		Total	<1	1-2*	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN								
	MN								
	Total								
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN								
	MN								
	Total								
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN								
	MN								
	Total								
2a. State Periodicity Schedule									
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule									
3a. Total Months of Eligibility	CN								
	MN								
	Total								
3b. Average Period of Eligibility	CN								
	MN								
	Total								
4. Expected Number of Screenings per Eligible	CN								
	MN								
	Total								
5. Expected Number of Screenings	CN								
	MN								
	Total								
6. Total Screens Received	CN								
	MN								
	Total								
7. SCREENING RATIO	CN								
	MN								
	Total								
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN								
	MN								
	Total								
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN								
	MN								
	Total								

*Includes 12-month visit.

Note: "CN" = Categorically Needed, "MN" = Medically Needed

FORM CMS-416: Annual EPSDT Participation Report (cont.)

State _____	FY _____	Age Groups							
		Total	<1	1-2*	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN								
	MN								
	Total								
11. Total Eligibles Referred For Corrective Treatment	CN								
	MN								
	Total								
12a. Total Eligibles Receiving Any Dental Services	CN								
	MN								
	Total								
12b. Total Eligibles Receiving Preventive Dental Services	CN								
	MN								
	Total								
12c. Total Eligibles Receiving Dental Treatment Services	CN								
	MN								
	Total								
12d. Total Eligibles Receiving a Sealant on a Permanent Molar	CN								
	MN								
	Total								
12e. Total Eligibles Receiving Dental Diagnostic Services	CN								
	MN								
	Total								
12f. Total Eligibles Receiving Oral Health Services By a Non-Dentist	CN								
	MN								
	Total								
12g. Total Eligibles Receiving Any Dental or Oral Health Service	CN								
	MN								
	Total								
13. Total Eligibles Enrolled in Managed Care	CN								
	MN								
	Total								
14. Total Number of Screening Blood Lead Tests	CN								
	MN								
	Total								

*Includes 12-month visit.

Note: "CN" = Categorically Needed, "MN" = Medically Needed

Available at:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Form-CMS-416-PDF.pdf>