

Technical Assistance Webinar on the Dental Sealant Measure in the Child Core Set

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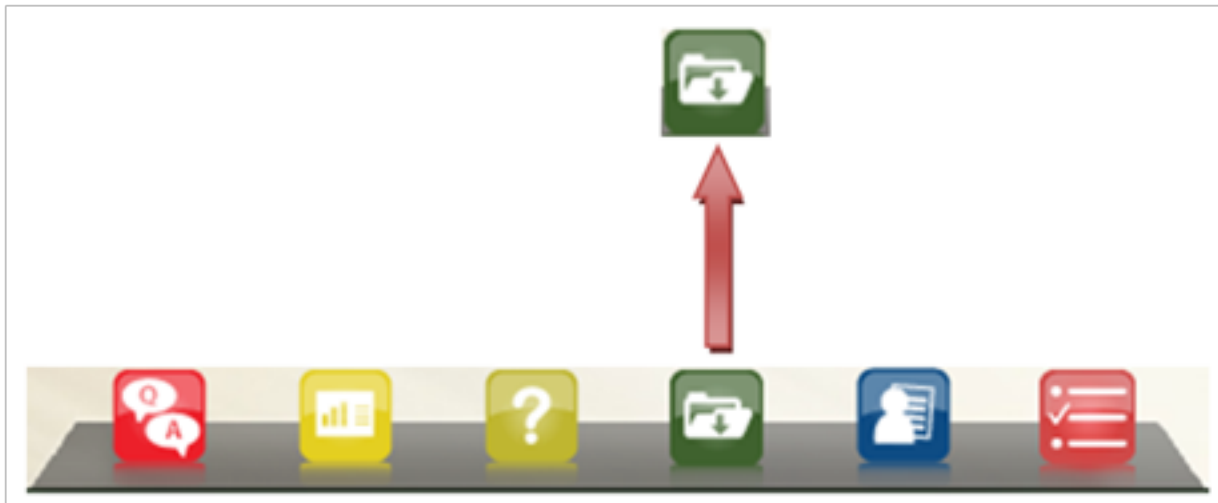
Yijun Sun, Institute for Child Health Policy

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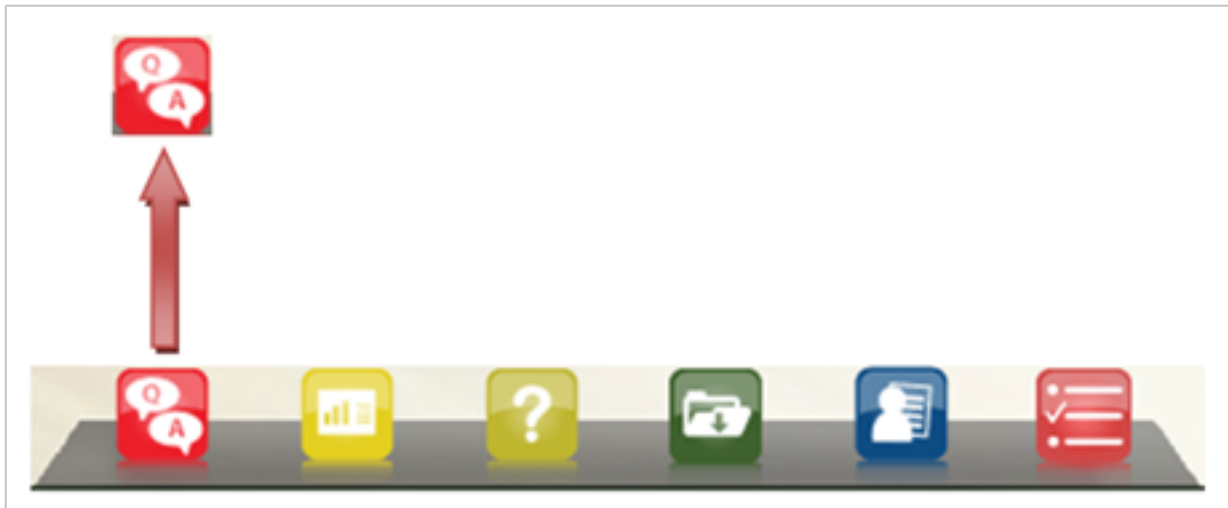
Event Materials

- To download the slide deck and materials for this presentation, click the “Resource List” widget at the bottom of your screen.



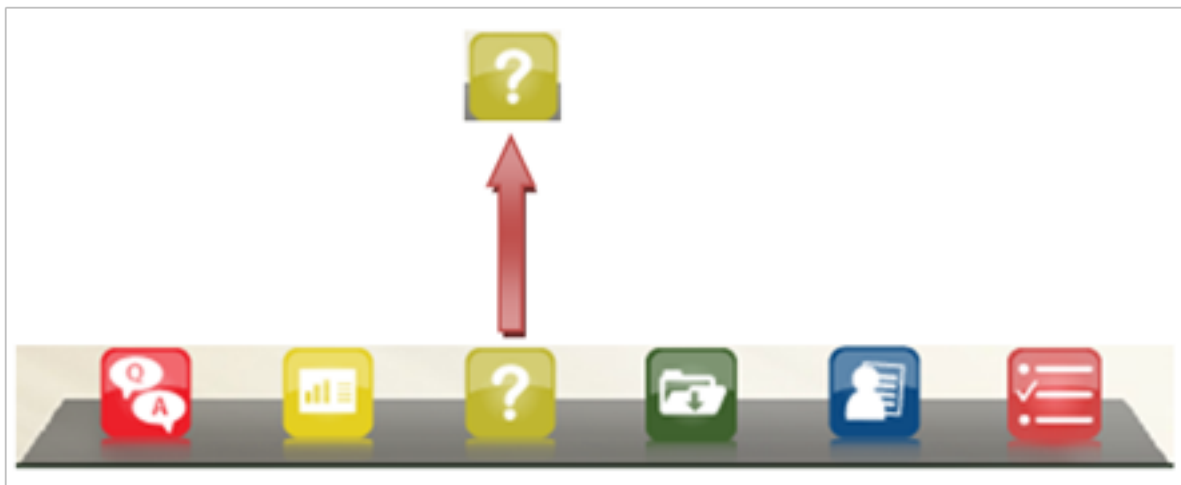
“Q&A”

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 - *Please note, your questions can only be seen by our presentation team and are not viewable by other attendees.*



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Welcome and Agenda

- CMS Oral Health Initiative and the Dental Sealant Measure
- Dental Sealant Measure Specifications
- State Perspectives on Reporting the Dental Sealant Measure
 - Alabama
 - Texas
- Technical Assistance Resources
- Next Steps

CMS Oral Health Initiative and the Dental Sealant Measure

Lynn Douglas Mouden, DDS, MPH, Chief Dental Officer, CMS

Learning Objectives

- Discuss the motivation for the new dental sealant measure, including the importance of the caries risk element.
- Describe the specifications for the dental sealant measure and the technical assistance resources available to help states calculate the measure.
- Describe two states' experiences with calculating the measure to help other states understand how they can calculate the measure.

Dental Sealant Measure Specifications

Krishna Aravamudhan, MS, Director,
ADA Council on Dental Benefit Programs

Measure Overview: Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk

- Measure Description: The percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e., “moderate” or “high” risk) who received a sealant on a permanent first molar tooth within the measurement year (NQF #2508).
- Measure Steward: American Dental Association (ADA), on behalf of the Dental Quality Alliance (DQA).
- Denominator: Unduplicated number of enrolled children ages 6 to 9 years at elevated caries risk (i.e., “moderate” or “high” risk).
- Numerator: Unduplicated number of enrolled children ages 6 to 9 at elevated risk who received a sealant on a permanent first molar tooth as a dental service.

Data Sources and Data Elements

- Medicaid enrollment data from the measurement year, as well as claims data from the measurement year and three years prior to the measurement year (the “look-back period”), if available.
 - The measurement year is calendar year 2014 for FFY 2015 reporting.
 - The three-year look-back period is used to establish elevated risk; enrollees do not have to be enrolled in Medicaid during the look-back period to be included in the denominator.
- Include paid, pending, suspended, and denied claims with a date of service in the measurement year and in each of the three years prior to the measurement year if available

Data Elements Used to Calculate the Dental Sealant Measure

Enrollee-Level	Claims-Based
<ul style="list-style-type: none">• Enrollee ID• Date of Birth• Enrollment start and end dates	<ul style="list-style-type: none">• Enrollee ID• Service Date of Claim• Current Dental Terminology (CDT) Code• Health Care Provider Taxonomy Codes• Tooth Number Code

Overview of the Measure-Eligible Population

Include:

- Children eligible for EPSDT benefits, regardless of whether services are received through managed care or fee-for-service

Exclude:

- Children ineligible for EPSDT benefits
 - Children with limited benefits who are not eligible for routine dental care
 - Individuals eligible only for emergency Medicaid services

Calculating the Denominator

Age and Continuous Enrollment Criteria

Step 1: Select enrollees that meet age criteria on the last day of the measurement year (December 31, 2014 for FFY 2015 reporting).

- Include if the child is ≥ 6 and < 10 years old as of 12/31/2014.
- Note: Include enrollees that are 9 years old but not yet 10 years old on the last day of the measurement year (based on date of birth).
- If the age criteria are not met or there are missing or invalid field codes (e.g., date of birth), then the enrollee does not get counted in the denominator.

Step 2: Select enrollees that are continuously enrolled in Medicaid for at least 180 days (or 6 months, for plans that determine eligibility monthly).

- Use enrollment start and end dates during the measurement year to calculate continuous enrollment.
- Note: If an enrollee has multiple enrollment spells, use the longest enrollment spell to determine eligibility for the denominator.
- For reporting at the Medicaid program level, include enrollees that switched plans but have no “gap” in continuous enrollment.
- Note: If programs report rates by plan for internal purposes, enrollment requirements should be plan specific.

“Elevated Risk” Criteria

Step 3: Select enrollees at “elevated risk” for dental caries. The enrollee is at risk if he or she meets any of the following criteria:

- Has a risk assessment with a finding of ‘moderate’ or ‘high’ risk during the measurement year (CDT code D0602 or D0603) OR
- The enrollee has a CDT service code to identify ‘Elevated Risk’ in the measurement year **OR** in the three years prior to the measurement year (see Appendix for list of codes, or refer to Table SEAL.A in the Child Core Set Resource Manual).
 - Note: The enrollee does not need to be enrolled in Medicaid in the prior three years to determine “elevated risk.” The “look-back” period accounts for claims experience in the three years prior to the measurement year, if data are available.

Calculating the Numerator

Receipt of a Sealant as a Dental Service

Step 4: Check if the enrollee received a sealant as a dental service. The claim must meet both of the following criteria:

- Has a CDT service code of D1351 in the measurement year
AND
- Has a NUCC maintained Provider Taxonomy Code indicating “dental service” in the measurement year (see Appendix for list of codes, or refer to Table SEAL.B in Child Core Set Resource Manual).
 - If NUCC codes are not available, states may use a valid mapping to other codes to identify “dental” services.
 - Stand-alone dental plans that reimburse ONLY for services rendered by or under the supervision of a dentist may consider all claims as “dental” services.
 - Services provided by County Health Department dental clinics may also be included as “dental” services.

Tooth Number Code

Step 5: For the claims identified as 'receiving a dental sealant as a dental service' in Step 4, check if the sealant was placed on a permanent first molar.

- If the tooth number code equals 3, 14, 19, or 30 on any of the claims, the sealant was placed on a permanent first molar. Include this enrollee in the numerator.
- Note: The tooth numbers are based on the Universal Numbering System.

Calculating the Dental Sealant Rate

Calculating the Rate

- Calculate the unduplicated number of enrollees in the numerator and denominator (Steps 3 and 5 above).
- The rate equals $(\text{numerator}/\text{denominator}) * 100$.
 - Note: Individuals must be in the denominator to be counted in the numerator.
- Round the rate to one decimal place.

Questions?

State Perspectives

Two States' Experiences with the Dental Sealant Measure

Alabama

- Chris McInnish, MBA, Director, Quality Analytics, Alabama Medicaid

Texas

- Marguerite Laccabue, DDS, MPH, Dental Director, Texas Medicaid & CHIP Division, Health and Human Services Commission
- Yijun Sun, Institute for Child Health Policy

Questions?

Technical Assistance Resources

Margo Rosenbach, PhD, Mathematica Policy Research

Background on the Oral Health Initiative and Child Core Set Measures

- Information on the CMS Oral Health Initiative is available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CMS-Oral-Health-Strategy.pdf>.
- The technical specifications and resource manual for the Child Core Set measures is available on Medicaid.gov at: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>.
- A CMCS Informational Bulletin on the 2015 updates to the Child and Adult Core Set is available at: <http://www.medicaid.gov/federal-policy-guidance/downloads/cib-12-30-2014.pdf>.

Additional TA Resources for Calculating the Dental Sealant Measure

- DQA User Guide:
[http://www.ada.org/~media/ADA/Science%20and%20Research/Files/User_Guide\(1\).ashx](http://www.ada.org/~media/ADA/Science%20and%20Research/Files/User_Guide(1).ashx).
- Guidance on calculating state-level rates based on data from multiple reporting units (e.g., health plans): <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/state-level-rates-brief.pdf>.
- Forthcoming TA resources on the dental sealant measure:
 - TA Brief on Calculating the Dental Sealant Measure
 - Sample SAS Code
- For TA related to the dental sealant measure, submit your questions to the TA Mailbox at MACqualityTA@cms.hhs.gov.

Questions?

Wrap-Up

Next Steps

- State reporting of the new dental sealant measure is a high priority for CMS.
- Child Core Set reporting will open in December 2015.
 - Please note any deviations from the measure specifications (such as measurement year, data source), as well as any eligible populations excluded from the measure.
- If you have questions, email the TA mailbox:
MACqualityTA@cms.hhs.gov.
 - Please submit specific questions or request a phone consultation for general support.
 - You may also request TA by filling out the webinar evaluation when you sign off.

Thank you for participating in the
webinar.

Reminder... to obtain technical assistance, fill
out the evaluation at the end of the webinar OR
contact the TA mailbox at
MACQualityTA@cms.hhs.gov

Appendix

CDT Codes to Identify “Elevated Risk”

Table SEAL.A: CDT Codes to Identify “Elevated Risk”

D2140	D2394	D2630	D2720	D2791	D3120
D2150	D2410	D2642	D2721	D2792	D3220
D2160	D2420	D2643	D2722	D2794	D3221
D2161	D2430	D2644	D2740	D2799	D3222
D2330	D2510	D2650	D2750	D2930	D3230
D2331	D2520	D2651	D2751	D2931	D3240
D2332	D2530	D2652	D2752	D2932	D3310
D2335	D2542	D2662	D2780	D2933	D3320
D2390	D2543	D2663	D2781	D2934	D3330
D2391	D2544	D2664	D2782	D2940	
D2392	D2610	D2710	D2783	D2950	
D2393	D2620	D2712	D2790	D3110	

For a crosswalk of CPT Codes to CDT Codes, please see, <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/cpt-to-cdt-crosswalk.pdf>

Provider Taxonomy Codes

Table SEAL.B: National Uniform Claim Committee (NUCC) Maintained Provider Taxonomy Codes Classified as “Dental Service”

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

For more information on the NUCC Maintained Health Care Provider Taxonomy Codes, please see <https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersuperroll/taxonomy.html>