

Preventive Dental Services for Children aged 1-5 and 6-14

Performance Measure Set: CCO Incentive Metric Medicare Star Rating

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation eCQM Survey Other

State Benchmark: Preventive Dental Services age 1-5 - 45.4%; Preventive Dental Services age 6-14 - 65.5% (CCO 75th percentile from two years prior)

CCOs must meet benchmark or improvement target for both age groups to achieve measure.

Who: All patients who will turn age 1–14 years old during the calendar year.

Why: Poor oral health has been linked to chronic pain, lost school days, and avoidable visits to the emergency department. Oral health can also affect speech, nutrition, growth and function, social development. Ensuring all children have access to dental health care during these formative years is important to their overall health and quality of life.

What: All patients who will be age 1–14 by the end of the 2020 calendar year who are continuously enrolled with the CCO for at least 6 months and have at least one preventive dental service with a dental provider, or at a Federally Qualified Health Center or Rural Health Center.

This measure is reported using two separate age stratification: patients aged 1–5 years and 6–14 years, who received a preventive dental service during the measurement year. Both age stratification groups must meet either the state benchmark or CCO improvement target to comply with this incentive measure.

How: to increase preventive dental visits, clinics should:

- Discuss the importance of dental health during all physical health wellness visits
- Include dental visits in your existing referral coordination workflow
- Use CareOregon’s dental referral process, in the OneHealth Portal, to easily connect CareOregon members to a dental care coordinator who can help them schedule with a dental provider

Exclusions: N/A

Coding:

CDT codes D1000 – D1999 billed by dental providers, Federally Qualified Health Centers, or Rural Health Centers.

Members Receiving Dental Services FAQ

Q: Can a member qualify for the denominator for two separate CCOs?

A: Yes, if the member switched from one CCO to another and had continuous enrollment for at least 180 days (i.e. 6 months) in the same year with both CCOs. The numerator services are attributed independently to the CCOs that paid and submitted the claim; thus, the member would not automatically count in the numerator for both CCOs, but only that CCO which paid the claims for the preventive service.

Q: Will services provided by dental hygienists count if they are not under supervision of a dentist?

A: Yes. Although the technical specifications state that “services provided by dental hygienists should only be counted when they are under supervision of a dentist,” the OHA does not adopt this requirement because administrative claims data generally do not indicate supervision between health care providers.

Q: Does a First Tooth visit count as a preventive dental service for this measure?

A: CPT code 99188 (topical fluoride varnish) billed with a First Tooth visit on a medical claim does NOT count towards the metric numerator. This service does count toward the measure, but only if billed on a dental claim by a dental provider, FQHC or RHC (CDT code D1206 for a topical fluoride varnish).