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

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.

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 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

<table>
<thead>
<tr>
<th></th>
<th>Initial Core Set Measure 13</th>
<th>Initial Core Set Measure 17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Percentage of Eligibles Ages 1 to 20 that Received Preventive Dental Services</td>
<td>Percentage of Eligibles Ages 1 to 20 that Received Dental Treatment Services</td>
</tr>
<tr>
<td><strong>Eligible Population</strong></td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Form CMS-416 Line 1b (Total): Total Individuals Eligible for EPSDT for 90 Continuous Days</td>
<td>Form CMS-416 Line 1b (Total): Total Individuals Eligible for EPSDT for 90 Continuous Days</td>
</tr>
<tr>
<td></td>
<td>Form CMS-416 Line 12b (Total): Total Eligibles Receiving Preventive Dental Services</td>
<td>Form CMS-416 Line 12c (Total): Total Eligibles Receiving Dental Treatment Services</td>
</tr>
<tr>
<td></td>
<td>HCPCS Codes: D1000 – D1999</td>
<td>HCPCS Codes: D2000 – D9999</td>
</tr>
<tr>
<td></td>
<td>CDT Codes: D1000 – D1999</td>
<td>CDT Codes: D2000 – D09999</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Form CMS-416</th>
<th>Initial Core Set Dental Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligible Population Age</strong></td>
<td>Individuals ages 0 to 20</td>
<td>Individuals ages 1 to 20</td>
</tr>
<tr>
<td><strong>Number of Rates</strong></td>
<td>Seven rates by age and one aggregate rate for ages 0 to 20</td>
<td>One aggregate rate for ages 1 to 20</td>
</tr>
</tbody>
</table>

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.
## Appendix A

**FORM CMS-416: Annual EPSDT Participation Report**

<table>
<thead>
<tr>
<th>State ________________ FY</th>
<th>Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total &lt;1</td>
</tr>
</tbody>
</table>

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 Needy, “MN” = Medically Needy
## FORM CMS-416: Annual EPSDT Participation Report (cont.)

<table>
<thead>
<tr>
<th>State _____________ FY</th>
<th>Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>10. PARTICIPANT RATIO</td>
<td>CN</td>
</tr>
<tr>
<td>11. Total Eligibles Referred For Corrective Treatment</td>
<td>CN</td>
</tr>
<tr>
<td>12a. Total Eligibles Receiving Any Dental Services</td>
<td>CN</td>
</tr>
<tr>
<td>12b. Total Eligibles Receiving Preventive Dental Services</td>
<td>CN</td>
</tr>
<tr>
<td>12c. Total Eligibles Receiving Dental Treatment Services</td>
<td>CN</td>
</tr>
<tr>
<td>12d. Total Eligibles Receiving a Sealant on a Permanent Molar</td>
<td>CN</td>
</tr>
<tr>
<td>12e. Total Eligibles Receiving Dental Diagnostic Services</td>
<td>CN</td>
</tr>
<tr>
<td>12f. Total Eligibles Receiving Oral Health Services By a Non-Dentist</td>
<td>CN</td>
</tr>
<tr>
<td>12g. Total Eligibles Receiving Any Dental or Oral Health Service</td>
<td>CN</td>
</tr>
<tr>
<td>13. Total Eligibles Enrolled in Managed Care</td>
<td>CN</td>
</tr>
<tr>
<td>14. Total Number of Screening Blood Lead Tests</td>
<td>CN</td>
</tr>
</tbody>
</table>

* Includes 12-month visit.

Note: “CN” = Categorically Needy, “MN” = Medically Needy

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