Dental Technical Work Group

April 28, 2015

AGENDA

**Dental Technical Work Group
Meeting and Webinar
Tuesday April 28, 10:00 a.m. - 12:00 p.m.**

Agenda Items	Suggested Time
1. Welcome & Introductions	10:00 - 10:10
2. Program Updates	10:10 - 10:30
3. Dental Quality Alliance Presentation	10:30 - 11:30
4. 2015 Planning and Next Steps	11:30 - 12:00

Send public comments to QHP@covered.ca.gov

PROGRAM UPDATES

PLAN MANAGEMENT STAFF

2015 DENTAL LANGUAGE CHANGES

Standalone Dental Plans (SADPs) are now **Children's Dental Plans**

Family Dental Plans include both pediatric EHB and adult benefits

Both Children's Dental Plans and Family Dental Plans are **Qualified Dental Plans** (QDPs)

Changes made in regulations and contract definitions, and will be reflected in all consumer touchpoints

2015 DENTAL PORTFOLIO

Covered California for Small Business

Qualified Dental Plans

- Children's Dental Plans
- Family Dental Plans

Individual

Pediatric dental benefit embedded in Qualified Health Plans

2015 QUALIFIED DENTAL PLAN CONTRACT

- Contract revised to cover both Children's and Family Dental Plan products

- Extends existing network requirements to Family Dental Plans

- Extends most existing quality measures to adult benefits

- Requires separate reporting for Individual Exchange and small business plans

- Not implementing penalties in 2015 due to significant changes in offerings

- Addition of Coordination of Benefits provision

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2015 QUALIFIED HEALTH PLAN CONTRACT

Embedded Dental Provisions:

- Network adequacy standards applicable to dental provider networks

- Addition of Coordination of Benefits provision

FAMILY DENTAL PLAN LAUNCH

Family Dental Plans will launch on November 1, 2015.

In preparation, Covered California will:
- Update dental plan selection in CalHEERS
- Update Service Center & Sales training
- Update coveredca.com website and consumer materials and sales tools
- Engage in dental marketing activities

2015 WORKGROUP PRIORITIES

Covered California surveyed dental plans and workgroup participants regarding top priorities for 2015.

Highest Ranked Priorities in Survey Responses:
1. Dental Utilization Measurement
2. Network Adequacy and Access
3. Patient and Consumer Information & Communication
4. Supporting At-Risk Enrollees

DENTAL QUALITY ALLIANCE

Krishna Aravamudhan, Director, Center for Dental Benefits, Coding and Quality, ADA Practice Institute

Diptee Ojha, Senior Manager, Office of Quality Assessment & Improvement, Council on Dental Benefits Program

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The Dental Quality Alliance (DQA)

Overview and Work of the DQA

2008 – CMS Planned initiatives in response to state findings…

Improving Oral Health Through Measurement

Dental Quality Alliance: CMS is interested in forming a Dental Quality Alliance (DQA) and is currently in discussions with the American Dental Association (ADA) to begin this process. The DQA would bring together parties from many aspects of oral health fields including national dental organizations, Federal and State partners, payers and consumers to begin working together on measurements that could be used by States for purposes of improving the delivery of oral health services and the development of quality measures. These measures could ultimately be used to enhance reporting on the CMS form 416 or through state-based value based purchasing initiatives. While children eligible for Medicaid will be the primary area of concern, the DQA will also address dental services for the adult population.

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/2008-National-Dental-Sum-Report.pdf

http://www.hhs.gov/asl/testify/2008/09/t20080923b.html

Organizational Members

Academy of General Dentistry	American Academy of Oral & Maxillofacial Pathology	American Academy of Oral & Maxillofacial Radiology
American Academy of Pediatric Dentistry	American Academy of Periodontology	American Association of Endodontists
American Association of Oral and Maxillofacial Surgeons	American Association of Orthodontists	American Association of Public Health Dentistry
American Board of Pediatric Dentistry	American College of Prosthodontists	American Dental Association's Board of Trustees
American Dental Education Association	American Dental Hygienists' Association	American Medical Association
America's Health Insurance Plans	Council on Access, Prevention and Interprofessional Relations (ADA)	Council on Dental Benefit Programs (ADA)
Council on Dental Practice (ADA)	Council on Government Affairs (ADA)	Delta Dental Plans Association
DentaQuest	Managed Care of North America Dental	Medicaid-CHIP State Dental Association
National Association of Dental Plans	National Network for Oral Health Access	The Joint Commission
American Association for Dental Research		

Associate Organizational Members

Adirondack Oral & Maxillofacial Surgery		

Public Member

Public Member		

Department of Health and Human Services Technical Advisor Liaisons

Agency for Healthcare Research and Quality	Centers for Disease Control and Prevention	Centers for Medicare and Medicaid Services
Health Resources and Services Administration		

2008
- DQA Proposed by CMS

2009
- Formation of Steering Committee

2010
- 1st DQA Meeting

2013
- 1st tested measure set

2014
- NQMC Approval
- NQF Endorsement
- 4 additional pediatric measures
- DQA sealant measure incorporated into the CHIPRA Core Set

DQA
DENTAL QUALITY ALLIANCE®
Improving Oral Health Through Measurement

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Measure Development

- Environmental Scan

- Starter Set of Concepts

- Fully Specified Starter Set of Measures

- Exploring e-Measures

Visit at
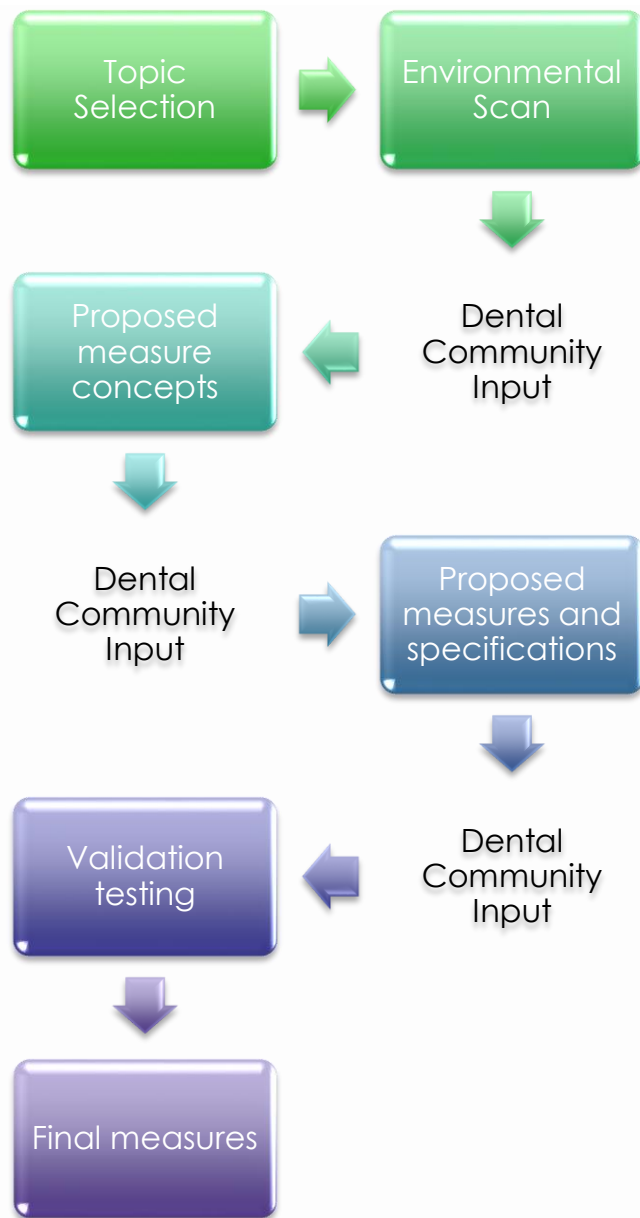http://www.ada.org/en/science-research/dental-quality-alliance

Limitations to existing pediatric measures

➢ Limited availability of clear specifications
➢ Lack of standardization in measurement, with many duplicates
➢ Limited evidence to support many of the measures currently available
➢ Limited measurement of all aspects of care
➢ Lack of an organized system relating disease risk to diagnostic measures
➢ Limited availability of measures of patient safety
➢ Limited measures across multiple care delivery systems including medical, dental and public health.

Topic Selection → Environmental Scan → Dental Community Input → Proposed measure concepts → Dental Community Input → Proposed measures and specifications → Dental Community Input → Validation testing → Final measures

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Improving Oral Health Through Measurement

Measures

- Important
- Valid and reliable
- Useable
- Feasible

Measure Development Process

- Collaborative
- Transparent
- Objective
- Meaningful

Purpose	Measure	AHRQ Domain
Evaluating Utilization	Use of Services*	Use of Services
	Preventive Services	Use of Services
	Treatment Services	Use of Services
Evaluating Quality of Care	Oral Evaluation*	Access/Process
	Topical Fluoride Intensity*	Access/Process
	Sealant use in 6-9 years*	Access/Process
	Sealant use in 10-14 years*	Access/Process
	Care Continuity	Access/Process
	Usual Source of Services	Access/Process
	Ambulatory Care Sensitive Emergency Department Visits for Dental Caries	Outcome
	Follow-up after Emergency Department Visit for Dental Caries	Process
	eMeasure: Oral Health Care Continuity for Children 2-20 Years**	Process
	eMeasure: Oral Health Sealants for Children 6-9 Years**	Process
Evaluating Cost	Per-Member Per-Month Cost	Cost

*NQF Endorsed, Programmatic and Plan Level Assessment
** eMeasures
Sources:
DQA: http://www.ada.org/en/science-research/dental-quality-alliance/dqa-measure-activities/measure-sets
NQMC : http://www.qualitymeasures.ahrq.gov/search/search.aspx?term=%22dental+quality+alliance%22
NQF : www.qualityforum.org

Utilization of Services

What: Percentage of children who receive at least one dental service during reporting year

Denominator: Children <21 years and continuously enrolled $\geq$ 6 months

Numerator: Subset of DEN who received at least one dental service

Purpose: Overall use of services measure; provides context for other measures

Oral Evaluation

What: Percentage who receive at least one periodic or comprehensive oral evaluation during the reporting year

Denominator: Children <21 years and continuously enrolled $\geq$ 6 months

Numerator: Subset of DEN who received at least one oral evaluation

Purpose: Access and process measure

Age: Medicaid/ CHIP programs use under age 21 (< 21); Exchange quality reporting use under age 19 (<19)

Fluoride Intensity

What: Percentage who receive 0, 1, 2, 3, > 4 fluoride treatments during the reporting year

Denominator: Children <21 years, continuously enrolled ≥ 11months, and at elevated risk for caries

Numerator: Subset who received 1, 2, 3, ≥4 topical fluoride applications

Purpose: Addresses both receipt and intensity

Sealants

What: Percentage who received a sealant
-Measure 1 - 6-9 years on 1st permanent molar
- Measure 2 - 10-14 years on 2nd permanent molar

Denominator: Children (Measure 1: 6-9 years) (Measure 2:10-14 years); continuously enrolled ≥ 6 months; elevated risk for caries

Numerator: Subset who received a sealant on
Measure 1 – 1st permanent molar
Measure 2 – 2nd permanent molar

Purpose: Addresses age-specific prevention

Care Continuity

What: Percentage who had an oral evaluation in each of two years

Denominator: Children <21 years, continuously enrolled ≥ 6 months in reporting year **and** continuously enrolled ≥ 6 months in prior year

Numerator: Subset who received a comprehensive or periodic oral evaluation in the reporting year **and** in the prior year

Purpose: Designed to capture continuity of access to/use of care over time

Usual Source of Services

What: Percentage who visited the same practice or clinical entity in each of two years

Denominator: Children <21 years, continuously enrolled ≥ 6 months in reporting year **and** continuously enrolled ≥ 6 months in prior year

Numerator: Subset who received a dental service from the same practice/clinical entity in the reporting year **and** in prior year

Purpose: Designed to measure whether the child has a usual source of dental care

PMPM Cost

What: Per member per month cost for dental services received during the reporting year

Denominator: Total dental member months for children $\leq$21 months, enrolled at least one month in dental coverage

Numerator: Total amount paid for dental services

Purpose: Cost of care; resource use

ED Usage

What: Number of emergency department (ED) visits for caries-related reasons per 100,000 member months for all enrolled children

Denominator: All member months for enrollees 0 through 20 years during the reporting year

Numerator: Number of ED visits with caries-related diagnosis code among all enrolled children

Purpose: Designed to measure the rates of ED utilization for dental caries

Follow Up After ED Visit

What: The percentage of caries-related emergency department visits among children 0-20 years in the reporting year for which the member visited a dentist within 7 days and 30 days of the ED visit.

Denominator: Number of caries-related ED visits in the reporting year

Numerator: Number of caries-related ED visits in the reporting year for which the member visited a dentist within

(a)   7 days (NUM1) and

(b)   30 days (NUM2) of the ED visit

Purpose: Designed to evaluate utilization and access

Stratifications

What: Measure rates can be stratified by sub-populations of interest.

Examples:

- Age
- Race
- Ethnicity
- Geographic Location

Purpose: Identify and monitor disparities in use, access, quality

eMeasures

Measure	Measure Description
eMeasure: Oral Health Care Continuity for Children 2-20 Years	**IPP:** Children ages 2-20 years who had a medical or dental visit in the year prior to the measurement period. **Numerator:** The numerator is the subset of children in the denominator who also had a comprehensive or periodic oral evaluation in the measurement year. **Denominator:** Subset of IPP who received an oral assessment or limited, periodic, comprehensive, or problem focused oral evaluation in the year prior to the measurement year.
eMeasure: Oral Health Sealants for Children 6-9 Years	**IPP:** Children ages 6-9 years who had a visit in the measurement period. **Numerator: S**ubset of children in the denominator who received a sealant on a permanent first molar tooth in the measurement year. **Denominator**: Subset of IPP who had an oral assessment or comprehensive or periodic oral evaluation visit and are at moderate to high risk for caries in the measurement year.

Measure Specifications:
United States Health Information Knowledgebase Website

NQF Endorsed

Purpose	Measure
Evaluating Utilization	Utilization of Services
Evaluating Quality of Care (evidence-based with link to outcomes)	Oral Evaluation
	Topical Fluoride Intensity
	Sealant use in 6 -9 years
	Sealant use in 10-14 years

Additional Measures Under Consideration

- **Pediatric Measures**
  - Early Tooth loss Due to Extraction and Pulp Therapies In Primary Teeth
  - Restoration within 24 months of sealant placement in permanent molars
- **Adult Measures**
  - Patients with chronic periodontitis who received X number of periodontal maintenance
  - Patients with chronic periodontitis who received an oral/ periodontal evaluation
  - Topical Fluoride Intensity

Adult Measure Concepts

- Utilization of Services
- Oral Evaluation
- Smokers: Oral Evaluation
- Diabetics: Oral Evaluation
- ED Visits for non-traumatic dental related reasons
- Follow-up after Emergency Room Visit
- Per-Member Per-Month Cost

Nursing Home Measures Concepts

- Utilizations of services by nursing home residents
- Oral evaluations for nursing home residents
- Preventive Services for nursing home residents

Challenge:
- **Lack of a data source**
- **Lack of adult dental coverage**

For questions on the DQA Measures, please contact
Diptee Ojha
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DENTAL UTILIZATION MEASURES DISCUSSION

- Covered California is considering revising the existing dental utilization measure set in the 2016 contract revision

- Forums for discussion with dental plans and stakeholders will continue

- Covered California encourages workgroup participant recommendations

2015 WORKGROUP PLANNING

PROPOSED 2015 WORKGROUP AGENDA

Dental Utilization Measurement	Network Adequacy and Access Patient and Consumer Information and Communication	Supporting At-Risk Enrollees Determining Health Status and Wellness/Use of Risk Assessment	Reducing Health Disparities and Assuring Health Equity	Community Health and Wellness
April 28, 2015	**June 2015**	**August 2015**	**October 2015**	**December 2015**

WORKGROUP PROCESS

- Proposed workgroup meeting format
- Identify specific issues or areas of focus and specific possible courses of action
- Please send suggestions for topic-specific resources and guest speakers to:

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THANK YOU