Members Receiving Preventive Dental or Oral Health Services (PREV_DENTOR)

Measure Basic Information

Name and date of specifications used:

This measure is developed by OHA following dental procedure codes defined in CMS-416 Annual Early and Periodic Screen, Diagnostic and Treatment Participation Report (EPSDT, Dental Lines 12a, 12b, 12c, 12e).

https://www.medicaid.gov/medicaid/benefits/downloads/cms-416-instructions.pdf

The measure also follows Dental Quality Alliance (DQA) Dental Services Utilization measure series for the continuous enrollment criteria and the method for reporting three separate rates: Dental Services, Oral Health Services, Dental or Oral Health Services.

https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures

Measure Type:

☐HEDIS   ☐Survey   ■Other   Specify: OHA developed based on CMS and DQA similar measures

Measure Utility:

■CCO Incentive (Preventive Dental or Oral Services for age 1-5 & 6-14)   ☐CMS Adult Core Set
☐CMS Child Core Set   ☐Other Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2025 – December 31, 2025

Benchmark for OHA measurement year	2023^	2024^	2025^
PREV_DENTOR_Age1-5	47.2%	52.9%	60.6%
PREV_DENTOR_Age6-14	54.8%	61.0%	67.3%
Improvement target for OHA measurement year	MN method with 1 percentage point floor; must meet both age ranges to achieve measure	MN method with 1 percentage point floor; must meet both age ranges to achieve measure	MN method with 2 percentage point floor; must meet both age ranges to achieve measure
Source:	MY2021 CCO average	MY2022 CCO 75th percentile	MY2023 CCO 90th percentile

^This measure is selected for Challenge Pool.

Note on telehealth: This measure is eligible for telehealth/teledentistry. Some qualifying services such as D1310 'nutritional counseling' and D1330 'oral hygiene instructions' may be delivered in a teledentistry visit, but subject to providers' determination whether required components can be provided equivalent to an in-person visit. These activities as documented in the claims data by the

providers is based on their clinical judgment. If the rendering provider documents a qualifying CDT/CPT code in the claims form, the visit should be counted in the measure, irrespective if the visit was virtual or in person.

Changes in specifications from MY2024 to MY2025: None.

Member type: ■CCOA ☐CCOB ☐CCOE ■CCOF ■CCOG

Starting MY2024, CCO members under the Basic Health Plan (BHP) anytime during the required continuous enrollment period are excluded from the incentive quality rates. Note that the Cover All Kids (CAK) and Healthier Orgon Program (HOP) recipients have also been excluded from the incentive quality rates.

Specify claims used in the calculation:

PREV_DENT_ORAL	Claim from matching CCO	Denied claims included
Numerator event	Y	Y

Measure Details

Data elements required denominator: Count of unique members age 1-5 (kindergarten readiness) and 6-14 on the last day of the measurement year who meet continuous enrollment criteria.

Required exclusions for denominator: None.

Deviations from cited specifications for denominator: n/a. Note the similar CMS and DQA measures both report members age 0-20.

Continuous enrollment criteria: Continuously enrolled with the CCO for at least 180 days in the measurement year[1].

Allowable gaps in enrollment: None.

Anchor Date (if applicable): None.

Numerator 1 – Preventive Dental Services: Count of unique members in the denominator who received preventive dental services, identified by:

CDT code D1000 – D1999 by providers with taxonomy codes in the Dental Services Provider Table.

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[1] The 180 days requirement is a minimum within a measurement year. If a member enrolled for 360 days with the same CCO in the year, they still only contribute to one denominator hit for the CCO. If within the reporting year a member switched from one CCO to another and had continuous 180 days with both CCOs, this member will qualify for denominator for both CCOs in the same year; numerator services are attributed independently to the CCOs that paid and submitted the claim.

Numerator 2 – Preventive Oral Health Services: Count of unique members in the denominator who received preventive oral health services, identified by:

CDT code D1000 – D1999 or CPT code 99188, by providers with taxonomy codes NOT in the Dental Services Provider Table.

Numerator 3** – Preventive Dental or Oral Health Services: Count of unique members in the denominator who received preventive dental or oral health services, identified by:

CDT code D1000 – D1999 or CPT code 99188 (by ANY providers).

Dental Services Provider Table:

Taxonomy Code	Grouping	Classification	Specialization
122300000X	Dental Providers	Dentist	
1223D0001X	Dental Providers	Dentist	Dental Public Health
1223D0004X	Dental Providers	Dentist	Dentist Anesthesiologist
1223E0200X	Dental Providers	Dentist	Endodontics
1223G0001X	Dental Providers	Dentist	General Practice
1223P0106X	Dental Providers	Dentist	Oral and Maxillofacial Pathology
1223P0221X	Dental Providers	Dentist	Pediatric Dentistry
1223P0300X	Dental Providers	Dentist	Periodontics
1223P0700X	Dental Providers	Dentist	Prosthodontics
1223S0112X	Dental Providers	Dentist	Oral and Maxillofacial Surgery
1223X0008X	Dental Providers	Dentist	Oral and Maxillofacial Radiology
1223X0400X	Dental Providers	Dentist	Orthodontics and Dentofacial Orthopedics
124Q00000X	Dental Providers	Dental Hygienist	
125J00000X	Dental Providers	Dental Therapist	
125K00000X	Dental Providers	Advanced Practice Dental Therapist	
125Q00000X	Dental Providers	Oral Medicinist	
261QF0400X	Ambulatory Health Care Facilities	Clinic/Center	Federally Qualified Health Center (FQHC)
261QR1300X	Ambulatory Health Care Facilities	Clinic/Center	Rural Health
1223X2210X	Dental Providers	Dentist	Orofacial Pain
122400000X	Dental Providers	Denturist	
126800000X	Dental Providers	Dental Assistant	
261QD0000X	Ambulatory Health Care Facilities	Clinic/Center	Dental
204E00000X	Allopathic & Osteopathic Physicians	Oral & Maxillofacial Surgery	

Taxonomy Code	Grouping	Classification	Specialization
261QS0112X	Ambulatory Health Care Facilities	Clinic/Center	Oral and Maxillofacial Surgery

Note: A qualifying taxonomy code can be captured in either the billing provider or the rendering provider information in the claims.

Report each category separately and with age stratification (based on members' age as of the last day of the measurement year):

Age group	Denominator	1. Preventive Dental Services		2. Preventive Oral Health Services		**3. Preventive Dental or Oral Health Services****	
		Numerator 1	Rate 1 (%)	Numerator 2	Rate 2 (%)	**Numerator 3**	**Rate 3 (%)**
1-5**							
6-14**							

*** Starting in measurement year 2021, the measure is incentivized for Rate 3 Preventive Dental or Oral Health Services with children age group 1-5 (kindergarten readiness) and 6-14.** Rate 1 and Rate 2 are reporting-only.*

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: n/a.