**AGENDA**

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

<table>
<thead>
<tr>
<th>Agenda Items</th>
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<tr>
<td>1. Welcome &amp; Introductions</td>
<td>10:00 - 10:10</td>
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<td>2. Program Updates</td>
<td>10:10 - 10:30</td>
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<td>3. Dental Quality Alliance Presentation</td>
<td>10:30 - 11:30</td>
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<td>4. 2015 Planning and Next Steps</td>
<td>11:30 - 12:00</td>
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Send public comments to [QHP@covered.ca.gov](mailto: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
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
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
The Dental Quality Alliance (DQA)

Overview and Work of the DQA
2008 – CMS Planned initiatives in response to state findings...

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.hhs.gov/osl/testify/2008/09/t20080923b.html
DQA
Members

Mission
Advance the field of performance measurement to improve oral health, patient care, and safety through a consensus building process.
### Organizational Members

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<tr>
<td>American Academy of Pediatric Dentistry</td>
<td>American Academy of Periodontology</td>
<td>American Association of Endodontists</td>
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<td>American Association of Oral and Maxillofacial Surgeons</td>
<td>American Association of Orthodontists</td>
<td>American Association of Public Health Dentistry</td>
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<td>American Board of Pediatric Dentistry</td>
<td>American College of Prosthodontists</td>
<td>American Dental Association’s Board of Trustees</td>
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<td>American Dental Education Association</td>
<td>American Dental Hygienists’ Association</td>
<td>American Medical Association</td>
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<td>America's Health Insurance Plans</td>
<td>Council on Access, Prevention and Interprofessional Relations (ADA)</td>
<td>Council on Dental Benefit Programs (ADA)</td>
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<td>DentaQuest</td>
<td>Managed Care of North America Dental</td>
<td>Medicaid-CHIP State Dental Association</td>
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<td>National Association of Dental Plans</td>
<td>National Network for Oral Health Access</td>
<td>The Joint Commission</td>
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<td>American Association for Dental Research</td>
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### 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
Measure Development

- Environmental Scan
- Starter Set of Concepts
- Fully Specified Starter Set of Measures
- Exploring e-Measures

Visit at
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.
Measures

- Important
- Valid and reliable
- Useable
- Feasible

Measure Development Process

- Collaborative
- Transparent
- Objective
- Meaningful
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<tr>
<th>Purpose</th>
<th>Measure</th>
<th>AHRQ Domain</th>
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<tr>
<td>Evaluating Utilization</td>
<td>Use of Services*</td>
<td>Use of Services</td>
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<td>Preventive Services</td>
<td>Use of Services</td>
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<td>Treatment Services</td>
<td>Use of Services</td>
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<td>Evaluating Quality of Care</td>
<td>Oral Evaluation*</td>
<td>Access/Process</td>
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<td>Topical Fluoride Intensity*</td>
<td>Access/Process</td>
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<td>Sealant use in 6-9 years*</td>
<td>Access/Process</td>
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<td>Sealant use in 10-14 years*</td>
<td>Access/Process</td>
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<td>Care Continuity</td>
<td>Access/Process</td>
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<td>Usual Source of Services</td>
<td>Access/Process</td>
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<td>Ambulatory Care Sensitive Emergency</td>
<td>Outcome</td>
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<td>Department Visits for Dental Caries</td>
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<td>Follow-up after Emergency</td>
<td>Process</td>
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<td>Department Visit for Dental Caries</td>
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<td>eMeasure: Oral Health Care Continuity</td>
<td>Process</td>
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<td>for Children 2-20 Years**</td>
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<td>eMeasure: Oral Health Sealants for</td>
<td>Process</td>
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<td>Children 6-9 Years**</td>
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<tr>
<td>Evaluating Cost</td>
<td>Per-Member Per-Month Cost</td>
<td>Cost</td>
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*NQF Endorsed, Programmatic and Plan Level Assessment  
** eMeasures  
Sources:  
NQF: [www.qualityforum.org](http://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 ≥ 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 ≥ 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 > 11 months, and at elevated risk for caries

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

**Purpose:** Addresses both receipt and intensity

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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 ≤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
<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Description</th>
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| 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:** Subset 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](http://www.usdhic.gov)
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<tr>
<td>Evaluating Utilization</td>
<td>Utilization of Services</td>
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<tr>
<td>Evaluating Quality of Care (evidence-based with link to outcomes)</td>
<td>Oral Evaluation</td>
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DQA Measure Included into 2015 CHIP Core Set

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk
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
ojhad@ada.org
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

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<th>Network Adequacy and Access</th>
<th>Supporting At-Risk Enrollees</th>
<th>Reducing Health Disparities and Assuring Health Equity</th>
<th>Community Health and Wellness</th>
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<td>Patient and Consumer Information and Communication</td>
<td>Determining Health Status and Wellness/Use of Risk Assessment</td>
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<tr>
<td>April 28, 2015</td>
<td>June 2015</td>
<td>August 2015</td>
<td>October 2015</td>
<td>December 2015</td>
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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:

  Taylor.Priestley@covered.ca.gov
  Lindsay.Petersen@covered.ca.gov
THANK YOU