# IT-7.21: Annual Dental Visit

| **Measure Title** | Annual Dental Visit | | |
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| **Description** | This measure is used to assess the percentage of patients 2 to 21 years of age who had at least one dental visit during the measurement year. | | |
| **NQF Number** | 1388 | | |
| **Measure Steward** | National Committee on Quality Assurance (HEDIS) | | |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/1388>  <http://www.qualitymeasures.ahrq.gov/content.aspx?id=38920&search=annual+dental+visit> | | |
| **Measure type** | Non Stand-Alone (NSA) | | |
| **Measure status** | P4P | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Replaced “member” with “patient” * Replaced enrollment requirement with requirement for at least one outpatient visit in prior 12 months * Removed reference to calendar year | | |
| **Denominator Description** | Patients 2–21 years of age as of the end of the measurement year. Report six age stratifications and a total rate: 2-3 years, 4-6 years, 7-10 years, 11-14 years, 15-18 years, 19-21 years, and Total. | | |
| **Denominator Inclusions** | Patients\* 2 to 21 years of age as of December 31 of the measurement year  Note: Visits for many 1-year-olds will be counted because the specification includes children whose second birthday occurs during the measurement year.  \*Patients must have had at least one (1) outpatient encounter in the prior 12-month period. | | |
| **Denominator Exclusions** | Unspecified | | |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. | | |
| **Numerator Description** | Patients who had one or more dental visits with a dental practitioner during the measurement year. | | |
| **Numerator Inclusions** | Patients who had one or more dental visits with a dental practitioner during the measurement year. A patient had a dental visit if a submitted claim/encounter contains any code in Table ADV-A of the original measure documentation. | | |
| **Numerator Exclusions** | Unspecified | | |
| **Setting** | Ambulatory | | |
| **Data Source** | Administrative/Clinical data sources | | |
| **Denominator Sub-set Definition (Optional)** | Providers have the option to further narrow the denominator population for this measure across one or more of the following domains. If providers wish to use this option, they must indicate their preference to HHSC through the measure selection process.  **Payer:** Providers may define the denominator population such that it is limited to one of the following options:   1. Medicaid 2. Uninsured/Indigent 3. Both: Medicaid and Uninsured/Indigent   **Gender:** Providers may define the denominator population such that it is limited to one of the following options:   1. Male 2. Female   **Ethnicity:** Providers may define the denominator population such that it is limited to one of the following options:   1. White/Caucasian 2. Black/African American 3. Latino/Hispanic 4. Asian 5. American Indian/Alaskan Native 6. Native Hawaiian/Other Pacific Islander   **Age:** Providers may define the denominator population such that it is limited to an age range:  Lower Bound: \_\_\_\_ (Provider defined)  Upper Bound: \_\_\_\_ (Provider defined)  **Comorbid Condition:** Providers may define the denominator population such that it is limited to individuals with one or more comorbid conditions:  Comorbid condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined)  **Setting/Location:** Providers may define the denominator population such that it is limited to individuals receiving services in a specific setting or service delivery location(s).  Service Setting/Delivery Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined) | | |
| **Demonstration Years** | **DY3**  **10/01/13 – 09/30/14** | **DY4**  **10/01/14 – 09/30/15** | **DY5**  **10/01/15 – 09/30/16** |
| **Measurement Periods**  *(Note: For P4P measures, DY3 Measurement Period is equivalent to the Baseline Period for purposes of measuring improvement.)* | **Providers must report data for one of the following DY, SFY, or CY time periods:**  12 Month Period:   1. 10/01/13 – 09/30/14, or 2. 09/01/13 – 08/31/14, or 3. 01/01/13 – 12/31/13, or 4. 10/01/12 – 09/30/13, or 5. 09/01/12 – 08/31/13   6 Month Period:   1. 04/01/14 – 09/30/14, or 2. 03/01/13 – 08/31/14, or 3. 01/01/13 – 06/30/13, or 4. 07/01/13 – 12/31/13   Other: Providers specify/propose an alternative 6 or 12 month time period to be reviewed and approved by HHSC. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY3 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/15. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY4 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/16. |
| **Reporting Opportunities to HHSC** | 10/31/2014 | 4/30/2015  10/31/2015 | 4/30/2016  10/31/2016 |
| **Pay for Performance Target Methodology** | Not Applicable | QISMC | QISMC |
| **Pay for Performance QISMC Benchmark Definition** | Not Applicable | National Medicaid | National Medicaid |
| **Pay for Performance QISMC Benchmark Source** | Not Applicable | NCQA Quality Compass | NCQA Quality Compass |
| **Pay for Performance QISMC High Performance Level Definition** | Not Applicable | 90th percentile | 90th percentile |
| **Pay for Performance QISMC High Performance Level Value** | Not Applicable | 69.37% | 69.37% |
| **Pay for Performance QISMC Minimum Performance Level Definition** | Not Applicable | 25th percentile | 25th percentile |
| **Pay for Performance QISMC Minimum Performance Level Value** | Not Applicable | 38.28% | 38.28% |