



## Complete Summary

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### TITLE

Preventive dental care: percent of patients age 21 years and older who had a dental visit during the look-back period (MEDDIC-MS).

### SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

## Brief Abstract

### DESCRIPTION

This measure tracks provision of preventive dental services to adults age 21 years and older enrolled in the Medicaid/BadgerCare health maintenance organization (HMO) program. It is not applicable to all Medicaid/BadgerCare HMOs, because not all HMOs offer dental coverage under the program.

See the related NQMC measure summary, [Preventive dental care: percent of patients age 3 to 20 years who had a dental visit during the look-back period \(MEDDIC-MS\)](#).

### RATIONALE

"Although many dental problems can be prevented with regular screening and preventive services, these services are not always available to those children who need them most. In Federal Fiscal Year 1997, only one in five (20%) children eligible for dental services under the Medicaid Early and Preventive Screening, Diagnosis and Treatment (EPSDT) program received a preventive dental service." (Maternal and Child Health Bureau, 2000)

### PRIMARY CLINICAL COMPONENT

Dental care; clinical oral evaluation; prophylaxis

### DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees age 21 years and over enrolled in the health maintenance organization (HMO) as of the measure end date. The enrollee must have been enrolled continuously for ten months (304 days) with the same HMO immediately prior to the measure end date with no more than one break in

enrollment of up to 45 days. Enrollee must have a total of not less than 259 enrolled days in the look-back period.

#### NUMERATOR DESCRIPTION

The number of unduplicated enrollees from the denominator who had a preventive dental visit during the look-back period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Access

#### EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Milwaukee (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Decision-making by consumers about health plan/provider choice  
External oversight/Medicaid  
External oversight/State government program  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Managed Care Plans

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Allied Health Personnel  
Dentists

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age greater than or equal to 21 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

## BURDEN OF ILLNESS

Unspecified

## UTILIZATION

In 1999, 16% of all eligible enrollees in Wisconsin Medicaid health maintenance organizations (HMOs) offering dental care services had at least one visit.

## EVIDENCE FOR UTILIZATION

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

## COSTS

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Both users and nonusers of care

### DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees age 21 years and older enrolled in the health maintenance organization (HMO) as of the measure end date. The enrollee must have been enrolled continuously for ten months (304 days) with the same HMO immediately prior to the measure end date with no more than one break in enrollment of up to 45 days. Enrollee must have a total of not less than 259 enrolled days in the look-back period.

### DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

#### DENOMINATOR (INDEX) EVENT

Patient Characteristic

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

Medicaid/BadgerCare enrollees age 21 years and older enrolled in the health maintenance organization (HMO) as of the measure end date. The enrollee must have been enrolled continuously for ten months (304 days) with the same HMO immediately prior to the measure end date with no more than one break in enrollment of up to 45 days. Enrollee must have a total of not less than 259 enrolled days in the look-back period.

##### Exclusions

Unspecified

#### NUMERATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

The number of unduplicated enrollees from the denominator who had a dental visit during the look-back period

A member is identified as having a preventive dental visit if he or she has had a claim/encounter that includes both a clinical oral evaluation and prophylaxis as defined by specified Current Dental Terminology-2 (CDT-2) codes. Refer to the original measure documentation for a list of CDT-2 codes.

##### Exclusions

Unspecified

#### DENOMINATOR TIME WINDOW

Time window precedes index event

#### NUMERATOR TIME WINDOW

Fixed time period

#### DATA SOURCE

Administrative data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

External comparison of time trends  
Internal time comparison  
Prescriptive standard

### PRESCRIPTIVE STANDARD

Program-wide 2002 aggregate baselines and 2004 performance goals (with input from participating health maintenance organizations [HMOs] based on aggregate baselines) to be established. Goals will be ramped up over time to progressively drive performance improvement.

### EVIDENCE FOR PRESCRIPTIVE STANDARD

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002.

### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

## Identifying Information

### ORIGINAL TITLE

Dental care, ages 3-21 years and 21+.

### MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

### MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

### MEASURE SUBSET NAME

[Targeted Performance Improvement Measures \(TPIM\)](#)

### DEVELOPER

State of Wisconsin, Department of Health and Family Services

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2003 Jan

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

### MEASURE AVAILABILITY

The individual measure, "Dental Care, Ages 3-21 years and 21+," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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#### COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p. This document is available in Portable Document Format (PDF) from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
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#### NQMC STATUS

This NQMC summary was completed by ECRI on January 30, 2004. The information was verified by the measure developer on February 9, 2004.

#### COPYRIGHT STATEMENT

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