



Complete Summary

TITLE

Preventive dental care: percent of enrollees age 22 years and older, who had a preventive dental visit during the look-back period (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure tracks provision of preventive dental services to adults age 22 years and older who are enrolled in the Supplemental Security Income (SSI) managed care programs that offer dental coverage.

See the related NQMC measure summary, [Preventive dental care: percent of enrollees age 15 to 21 years who had a dental visit during the look-back period \(MEDDIC-MS SSI\)](#).

RATIONALE

Preventive dental services are important to all people, but access to such services is particularly difficult for individuals with disabilities as in the Supplemental Security Income (SSI) program. One of the goals of the SSI managed care program is to improve access to oral health services. A measure is necessary in order to assess progress toward that goal.

PRIMARY CLINICAL COMPONENT

Dental care; clinical oral evaluation; prophylaxis

DENOMINATOR DESCRIPTION

Supplemental Security Income (SSI) enrollees age 22 years and older enrolled in the health maintenance organization (HMO) as of the measure end date. The enrollee must have been enrolled continuously for 304 days 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

Unspecified

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 22 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

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Supplemental Security Income (SSI) enrollees age 22 years and older enrolled in the health maintenance organization (HMO) as of the measure end date. The enrollee must have been enrolled continuously for 304 days 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

Supplemental Security Income (SSI) enrollees age 22 years and older enrolled in the health maintenance organization (HMO) as of the measure end date. The enrollee must have been enrolled continuously for 304 days 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 preventive 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 the appropriate Current Dental Terminology-2 (CDT-2) codes. Refer to the original measure documentation for a list of CDT 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 SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 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 for the Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

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 15-21 years and 22+.

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 SSI \(Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income\). Measures applicable to SSI managed care population.](#)

MEASURE SUBSET NAME

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

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

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 SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Dental Care, Ages 15-21 years and 22+," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

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NQMC STATUS

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