



Institute for Child Health Policy at the University of Florida
Texas External Quality Review Organization

Texas Children's Health Insurance Program (CHIP) Dental Quality of Care Measures

Contract Year 2012

Measurement Period:

January 1, 2011 through December 31, 2011

**The Institute for Child Health Policy
University of Florida**

**The External Quality Review Organization
for Texas Medicaid Managed Care and CHIP**

Introduction

This report provides an evaluation of access to dental care and services among members enrolled in the Children's Health Insurance Program (CHIP) Dental Services for the State of Texas, prepared by the Institute for Child Health Policy at the University of Florida, the External Quality Review Organization (EQRO) for Texas Medicaid managed care and the Children's Health Insurance Program (CHIP). The data period used in this report is January 1, 2011 to December 31, 2011.

To address unmet dental care needs among children in CHIP, dental services were added to CHIP coverage, effective on April 1, 2006. All CHIP enrollees are eligible for dental benefits. Initially, The Health and Human Services Commission (HHSC) selected Delta Dental as the sole dental benefit contractor for CHIP. In March 2012, the dental contract was re-procured and three dental vendors were selected—MCNA Dental, Dentaquest, and Delta Dental. As of December 2012, HHSC and Delta Dental agreed to end Delta Dental's contract and consumers were served by the two remaining dental contractors, MCNA or Dentaquest. CHIP benefits cover preventive and therapeutic services within a capped dollar limit, and include check-ups, cleanings, x-rays, sealants, fillings, extractions, crowns/caps, and root canals.

In the United States, the most prevalent chronic disease among children is tooth decay.¹ Tooth decay and other oral health problems can lead to pain, infections, and disability if not treated properly.² Studies in disparities in oral health and access to care find that children from low-income families experience the greatest amount of oral disease, the most extensive disease, and the most frequent use of dental services for pain relief.^{3,4} However, children from low-income families also have fewer dental visits than other children.

Methodology

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) Annual Dental Visit measure was used to evaluate access to dental care and services among children enrolled in Texas CHIP Dental Services.⁵ This measure calculates the percentage of members who had at least one dental visit during the measurement year. Results from Medicaid programs nationally that participate in the National Committee for Quality Assurance (NCQA) reporting program are also included in this report for comparison.

Rates were calculated using NCQA certified software. In addition, an NCQA-certified auditor reviewed these results and provided letters of certification to the Institute for Child Health Policy. These letters and an official letter from NCQA providing their seal for the results are available from HHSC.

Two data sources were used to calculate the Annual Dental Visit measure: (1) member-level enrollment information and (2) member-level healthcare claims and encounter data. The enrollment files contain information about the person's age, gender, the managed care organization (MCO) in which the person is enrolled, and the number of months the person has been enrolled in the program. The member-level claims and encounter data contain Current

Procedural Terminology (CPT) codes, place of service (POS) codes, and other information necessary to calculate quality of care indicators.

Results

Access to Dental Care

Figure 1 provides the percentage of CHIP members 2 to 21 years of age who had at least one dental visit during the measurement year. Overall, approximately two-thirds of CHIP members had at least one dental visit (66 percent), which is higher than the national HEDIS[®] mean of 48 percent. This program-level rate has increased by three percentage points since CY 2010, when 63 percent of CHIP members had at least one dental visit during the measurement period.

Figure 1. HEDIS[®] Annual Dental Visit

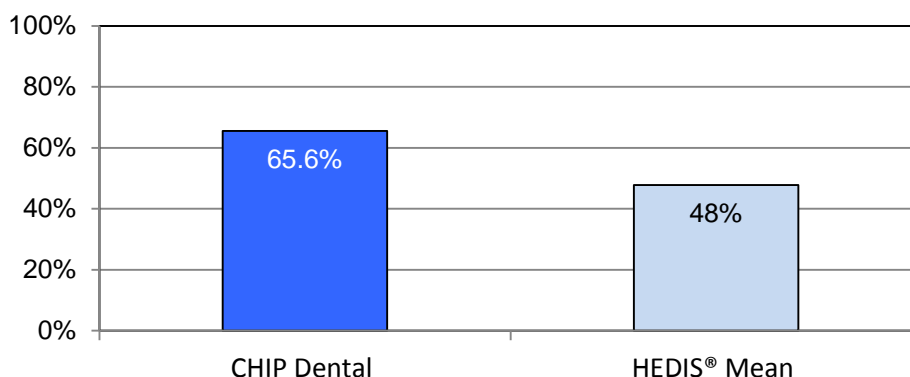
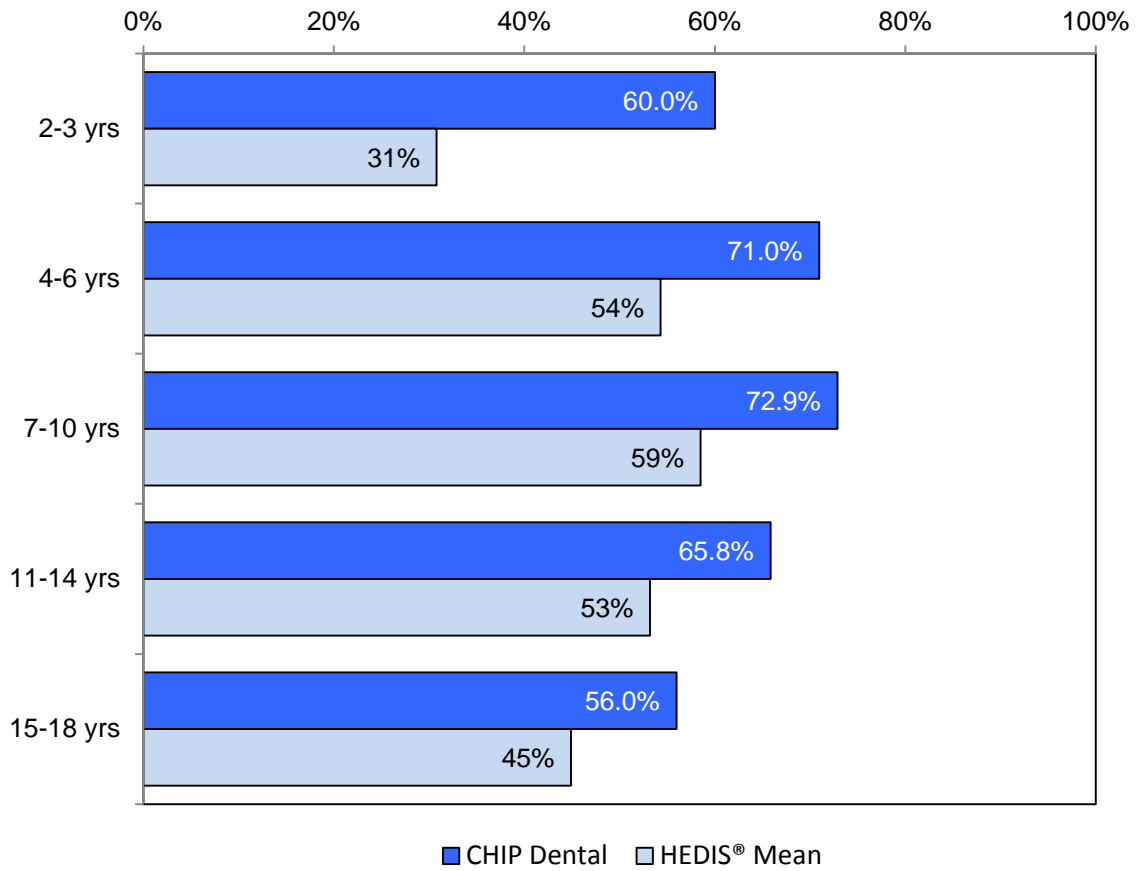


Figure 2 provides the results for this measure for five age cohorts: (1) Members 2 to 3 years old; (2) Members 4 to 6 years old; (3) Members 7 to 10 years old; (4) Members 11 to 14 years old; and (5) Members 15 to 18 years old. Although HEDIS[®] specifications for this measure extend to members 21 years old, results for members 19 to 21 years of age are not depicted in this figure. Members in this age group are considered outliers because CHIP members phase out of the program after age 18. However, they are included in the calculation of the overall CHIP Dental mean for this measure.

Across the five age cohorts, the lowest rate of dental visits was observed among members 15 to 18 years old (56 percent), and the highest rate was observed among members 7 to 10 years old (73 percent). All age cohorts surpassed their corresponding national HEDIS[®] mean. The dental visit rate among the 2- to 3-year age cohort performed particularly well against the corresponding HEDIS[®] mean (60 percent vs. 31 percent); this age cohort had a rate nearly twice that of the HEDIS[®] mean.

Figure 2. HEDIS® Annual Dental Visit by Age Cohort



Endnotes

¹ CDC (Centers for Disease Control and Prevention). 2011a. "Children's oral health." Available at: <http://www.cdc.gov/oralhealth/topics/child.htm>.

² CDC. 2011b. "Oral health: Preventing cavities, gum disease, tooth loss, and oral cancers at a glance 2011." Available at: <http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm>.

³ Edelstein, B.L. 2002. "Disparities in Oral Health and Access to Care: Findings of National Surveys." *Ambulatory Pediatrics* 2(2 suppl): 141-147.

⁴ Edelstein, B.L. and C.H. Chinn. 2009. "Update on disparities in oral health and access to dental care for America's children." *Academic Pediatrics* 9(6): 415-419.

⁵ Members enrolled in CHIP Perinate are excluded from the analyses.