American Dental Association – Medicaid Project State Data Guidance

As one of the selected states, collection of state-specific data will be essential to evaluate state-driven goals and pertain to the Collaborative between the other states to create a blueprint on how to increase Medicaid participation and utilization.

We are seeking two core-sets of data: **(1)** # of Medicaid Patients per Dentist & **(2)** # of Medicaid Beneficiaries Receiving Dentalcare Services.

Additional data should be considered, that represents data collected for reporting purposed within the state, and that are relevant to state-specific goals and outcomes.

Here is a detail overview of the core data and additional data:

I.   # of Medicaid patients per dentist

** *We are interested in the breakdown of dentists in the state, according to how many Medicaid patients they see in a quarter* **

We wish to capture the % of dentists who are not seeing any Medicaid patients, therefore it is not sufficient to just analyze Medicaid claims only. We need to include dentists who do not have any Medicaid claims. We need to include dentists who do not have any Medicaid claims.

> <u>HPI</u> – The best way to do this, is for HPI to provide a list of all licensed dentists in the state, simply providing the NPI # and a flag indicating whether or not the dentist is an enrolled Medicaid provider according to the latest IKN data.

> <u>State</u> – The state Medicaid office can then calculate how many Medicaid patients each dentist saw in the past quarter, including those that saw zero patients, and return the output table to HPI.

> The table we are talking about can be seen in Appendix of this report. This report also contains detailed methodology related to other items, such as what counts as a "dental service".

> The output table will have these columns:
> - No Medicaid Patients, Not an Enrolled Medicaid Provider (# & %)
> - No Medicaid Patients, Enrolled Medicaid Provider (# & %)
> - Providers with 1 – 9 Patients (# & %)
> - Providers with 10 – 100 Patients (# & %)
> - Providers with 100+ Patients (# & %)

> <u>The information should be collected quarterly and presented during a State Team. Additional data sharing will take place during quarterly Collaborative meetings with the other states, ADA, and CMS.</u>

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II.   # of Medicaid beneficiaries receiving dental care services

** We will use the standard metric of dental care utilization, measuring the % receiving any dental service in the past quarter, divided by the # of Medicaid enrollees **

It is important to standardize the definition of "Medicaid enrollee" and we request that the analysis focus only on Medicaid beneficiaries with at least 90 days of continuous enrolment in the Medicaid program as of the end of the quarter we are analyzing. We would like to be consistent with CMS-416 reporting definitions.

In addition, we would like to understand more about the types of dental care services. Thus, in addition to "any dental visit" we request the procedures performed be grouped into the standard groups of Diagnostic, Preventive. Restorative, Endodontics, Periodontics, Implant and Prosth, OMS, Orthodontics, Adjunctive General.

The crosswalk of CDT codes into these categories can be found here.

III.   Additional Data (State-Driven Metrics)

- Category of Medicaid Service (by Diagnostic, Prevention, and Restorative/Major for by Geographical Dental HPSA or County)
  - Look at Provider Type

- Provider Participation (Claims data – providers submitting claims, providers submitting more than $10,000 in claims, providers with 100+ unique patients)
  - Assess by Geographical Dental HPSA or County / 1-2 Urban vs Rural
  - For Medicaid & CHIP

- ED utilization for dental related procedures (by Geographical Dental HPSA or County)
  - Claims data on ICD-10 codes
  - Recent Community Health Need Assessment Data on Oral Health in relation to top 5/10 admissions