

Annual Chart Book

Fiscal Year 2008

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

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

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

**Measurement Period:
September 1, 2007 through August 31, 2008**

**Submitted:
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Executive Summary

The 2008 Annual Quality of Care Report for CHIP Dental provides results for the Healthcare Effectiveness Data and Information Set (HEDIS[®]) Annual Dental Visit measure among children enrolled in the Texas Children's Health Insurance Program (CHIP) from September 1, 2007, to August 31, 2008.¹ This measure calculates the percentage of members who had at least one dental visit during the measurement year.

Overall, the CHIP Dental program reported positive results for 2008 with 53 percent of members making at least one dental visit during the year. This score compared favorably to the national HEDIS[®] score of 44 percent. Specifically, the CHIP Dental program performed better than the national HEDIS[®] average in the following areas:

- Annual dental visits for children ages 4 to 6 (59 percent vs. 52 percent).
- Annual dental visits for children ages 7 to 10 (61 percent vs. 54 percent).
- Annual dental visits for children ages 11 to 14 (53 percent vs. 48 percent).
- Annual dental visits for adolescents ages 15 to 18 (44 percent vs. 41 percent).

Notably, each age group performed better than the national HEDIS[®] average.

In summary, the report highlights that the CHIP Dental program is achieving or exceeding national benchmarks for the contractually required performance measures. Additionally, the Institute for Child Health Policy (IChP) will continue to review the quality assurance plans and notify Health and Human Services Commission Medicaid/CHIP Managed Care Operations staff of any deficiencies so actions can be taken to ensure quality and contract compliance.

Introduction

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.² However, children from low-income families also have fewer dental visits than other children. To address unmet dental care needs among children in the Texas Children's Health Insurance Program (CHIP), dental services were added to CHIP coverage, effective on April 1, 2006. All CHIP enrollees are eligible for dental benefits. The Health and Human Services Commission (HHSC) selected Delta Dental as the sole dental benefit contractor for CHIP. Benefits include preventative services, such as check-ups, cleanings, x-rays, and sealants, and therapeutic services, such as fillings, extractions, crowns/caps, and root canals.

This report provides results for the Healthcare Effectiveness Data and Information Set (HEDIS[®]) Annual Dental Visit measure among children enrolled in Texas CHIP from September 1, 2007 to August 31, 2008. (Note: Members enrolled in CHIP Perinate are excluded from the analyses.) This measure calculates the percentage of members who had at least one dental visit during the measurement year. As another reference point, results from Medicaid programs nationally who participate in the National Committee for Quality Assurance (NCQA) reporting program are available at the NCQA website.²

Data Sources

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

¹ CHIP Perinatal enrollees are excluded from the analyses.

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

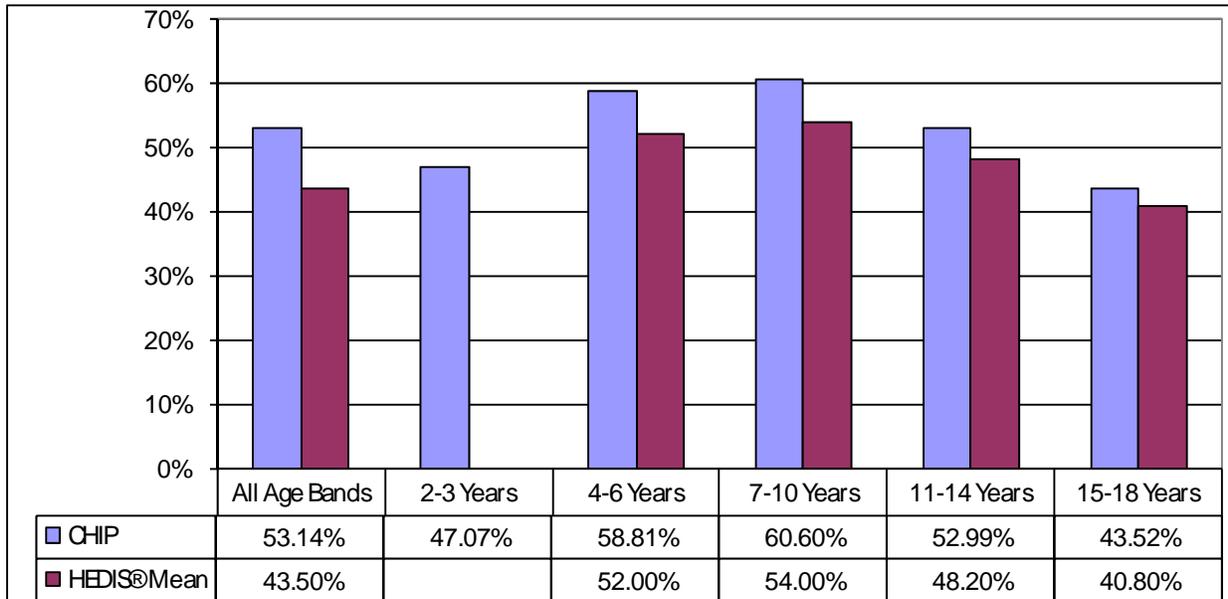
²The information that NCQA compiles for Medicaid Managed Care Programs can be viewed at www.ncqa.org.

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.

Chart 1. HEDIS® Annual Dental Visit

CHIP Dental – September 1, 2007 to August 31, 2008

CHIP Eligible = 206,671



Reference: CHIP Delta Dental Table ADV09

Key Points:

1. Chart 1 provides the percentage of CHIP members 2 to 18 years of age who had at least one dental visit during the measurement year. While HEDIS® specifications for this measure extend to members 21 years old, results for members 19 to 21 years of age are not shown here. 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 measure mean rate.
2. For all age groups, the percentage of CHIP members who had at least one dental visit during the measurement year exceeded the corresponding national HEDIS® mean. (Note: HEDIS® national results for children 2 to 3 years old were not available for comparison.)
 - Overall, 53 percent of CHIP members had at least one dental visit, compared to 44 percent nationally.
3. The largest percentage of members visiting the dentist at least once during the measurement period was observed among children 7 to 10 years of age. In this age group, 61 percent had at least one dental visit, compared with 54 percent nationally. The lowest percentage of annual dental visits was observed among adolescents 15 to 18 years of age, 44 percent of whom visited the dentist at least once during the measurement period.