ATTACHMENT A: PERFORMANCE MEASURES AND BENCHMARKS

DETERMINATION OF DENTAL MANAGED CARE PLAN PERFORMANCE

The performance measures, quality metrics, benchmarks, and withhold percentages detailed in this Attachment are subject to change as necessary to comply with the requirements of 42 CFR 438.6(b)(3) and to obtain CMS approval. Such updates to the performance measures, quality metrics, benchmarks and withhold percentages shall be made at the sole discretion of DHCS and may be issued in the form of an All Plan Letter or other similar guidance.

Performance Measure and Quality Metric	Withhold Percentage	Methodology
Children: Annual Dental Visits	0.325%	Numerator: Number of Members in the denominator who received any dental service (Current Dental Terminology (CDT)) D0100-D9999 or Current Procedural Terminology (CPT) 99188, including dental encounters at Safety Net Clinics (SNCs). Denominator: Number of Members ages 0-20 with at least 90 days continuous enrollment in the same plan during the measurement period.
Children: Use of Preventive Services	.20%	Numerator: Number of Members in the denominator who received any preventive dental service (CDT D1000-D1999 or CPT Code 99188), including dental encounters at SNCs. Denominator: Number of Members ages 0-20 with at least 90 days continuous enrollment in the same plan during the measurement period.

Performance Measure and Quality Metric	Withhold Percentage	Methodology
Children (Ages 6-9): Use of Sealants	.15%	Numerator: Number of Members in the denominator who received a dental sealant (D1351) on a permanent first molar, including dental encounters at SNCs. Denominator: Number of Members ages 6-9 with at least 90 days continuous enrollment in the same plan during the measurement period.
Children (Ages 10-14): Use of Sealants	.15%	Numerator: Number of Members in the denominator who received a dental sealant (D1351) on a permanent first molar, including dental encounters at SNCs. Denominator: Number of Members ages 10-14 with at least 90 days continuous enrollment in the same plan during the measurement period.
Children: Caries Risk Documentation and Education Bundle	.15%	Numerator: Number of Members in the denominator who received one of the following dental services: D0601, D0602 and D0603. CRA D0601, D0602, and D0603 (low, medium or high risk) is bundled with nutritional counseling (D1310); thus, a query for the CRA codes would capture the bundle of services including SNCs. Denominator: Number of Members ages 0-6 with at least 90 days continuous enrollment in the same plan during the measurement period.
Adults (21+): Annual Dental Visits	0.325%	Numerator: Number of Members in the denominator who received any dental service (Current Dental Terminology (CDT)

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		D0100-D9999), including dental encounters at SNCs. Denominator: Number of Members ages 21 and older with at least 90 days continuous enrollment in the same plan during the measurement period.
Adults (21+): Use of Preventive Services	.20%	Numerator: Number of Members in the denominator who received any preventive dental service (CDT D1000-D1999 or CPT Code 99188), including dental encounters at SNCs. Denominator: Number of Members ages 21 and older with at least 90 days continuous enrollment in the same plan during the measurement period.
Children: Fluoride applications within reporting year in dental office	.15%	Numerator: Number of Members in the denominator who received at least one application of fluoride varnishes (CDT Codes D1206, D1208) rendered by an enrolled dental provider or dental encounter including at an SNC with ICD10: K036 or Z293. Denominator: Number of Members ages 0-20 with at least 90 days continuous enrollment in the same plan during the measurement period.
Children: Fluoride application within reporting year in medical office (not weighted)	0.00%	Numerator: Number of Members in the denominator who received at least one application of fluoride varnish (CPT Code 99188) rendered by an enrolled medical provider encounter including at an SNC. Denominator: Number of Members ages 0-20 with at least 90 days continuous

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		enrollment in the same plan during the measurement period.
Children: Care Continuity for two or more consecutive years	.15%	Numerator: Number of Members in the denominator who received any dental service (CDT D0100-D9999), including dental encounters at SNCs, for two consecutive years. Denominator: Number of Members ages 0-20 with at least two years continuous enrollment in the same plan during the measurement period.
Children: Emergency Visits (Under Threshold)	.15%	Numerator: Number of Members in the denominator who had an ER visit.* Denominator: Number of Members ages 0-20 with at least 90 days continuous enrollment in the same plan during the measurement period. *The criteria would be all that have: Place of Service as "0" and at least one of the following codes: A690; A691; K00; K000; K001; K002; K004; K005; K006; K007; K008; K009; K01; K010; K011; K023; K0251; K0261; K0262; K0263; K027; K029; K030; K031; K032; K033; K034; K035; K036; K037; K0381; K0389; K039; K040; K0402; K041; K043; K044; K045; K046; K047; K048; K049; K0490; K0499; K0500; K0501; K0510; K0511; K0520; K0521; K0522; K0530; K0531; K0532; K0540; K055; K056; K060; K061; K062; K0601; K0602; K063; K068; K069; K08; K080; K08101; K08102; K08103; K08104; K08109; K082; K0820; K0821; K0822; K0823; K0824; K0825; K0826; K083; K08401; K08402; K08403; K08404; K08409; K08419; K08429; K08439; K08499; K0850;

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		K0851; K0852; K08530; K08531; K0854; K0855; K0856; K0859; K088; K089; K09; K090; K091; K098; K099; K11; K110; K111; K112; K1120; K1121; K1122; K1123; K113; K114; K115; K116; K117; K118; K119; K12; K120; K121; K122; K123; K1230; K1231; K1232; K1233; K1239; K13; K130; K131; K132; K1321; K1322; K1323; K1324; K1329; K133; K134; K135; K136; K137; K1370; K1379; K14; K140; K141; K142; K143; K144; K145; K146; K148; K149; M26; M260; M2600; M2601; M2602; M2603; M2604; M2605; M2606; M2607; M2609; M261; M2610; M2611; M2612; M2619; M262; M2620; M2621; M26211; M26212; M26213; M26219; M2622; M26220; M26221; M2623; M2624; M2625; M2629; M263; M2630; M2631; M2632; M2633; M2634; M2635; M2636; M2637; M2639; M264; M265; M2650; M2651; M2652; M2653; M2654; M2655; M2656; M2657; M2659; M266; M2660; M26601; M26602; M26603; M26609; M2661; M26611; M26612; M26613; M26619; M2662; M26621; M26622; M26623; M26629; M2663; M26631; M26632; M26633; M26639; M2664; M26641; M26642; M26643; M26649; M2665; M26651; M26652; M26653; M26659; M2669; M267; M2670; M2671; M2672; M2673; M2674; M2679; M268; M2681; M2682; M2689; M269; M27; M270; M271; M272; M273; M274; M2761; M2762; M2763; M2769; M2740; M2749; M275; M276; M278; M279; M7911; R682.
Children: Emergency Visits Follow Up Services	.15%	Numerator: Number of Members in the denominator who received any dental service (Current Dental Terminology (CDT)

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		D0100-D9999) within 365 days after the date of service for claims closing within 90 days, including SNC encounters. Denominator: Number of Members ages 0-20 that have had a qualifying emergency room visit (related to dental emergency) with at least 90 days continuous enrollment in the same plan during the measurement period for claims closing within 90 days and eligible on the claim close date.
Adults: At least one fluoride application within reporting year	.15%	Numerator: Number of Members in the denominator who have had at least one application of fluoride varnish (CDT Codes D1206, D1208, CPT 99188) rendered by an enrolled dental or medical provider or dental encounter including at an SNC with ICD10: K036 or Z293. Denominator: Number of Members ages 21 and older with at least 90 days continuous enrollment in the same plan during the measurement period.
Children: Dental Office Visit Following Annual Physical or Medical Fluoride Application	.15%	Numerator: Number of Members in the denominator who had an ADV within 180 days of the medical visit Date of Service for claims closing within 90 days. Denominator: Number of Members ages 0-20 with at least 90 days continuous enrollment in the same plan during the measurement period and eligible on the claims close date, AND CPT for annual physical rendered by an enrolled medical provider encounter (CPT Codes 99381, 99382, 99383, 99834, 99385, 99188) including at an SNC. ICD10 Codes

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		Z00.129 (Child health examination no abnormal findings), Z00.121 (Child health examination - abnormal findings), Z01.20 (Encounter for dental examination and cleaning without abnormal findings), Z01.21 (Encounter for dental examination and cleaning with abnormal findings), Z29.3, Z00.000, Z00.001.
Adults: Care Continuity for two or more consecutive years	.15%	Numerator: Number of Members in the denominator who received any dental service (CDT D0100-D9999), including encounters at SNCs, for two consecutive years. Denominator: Number of Members ages 21 and older with at least two years continuous enrollment in the same plan during the measurement period.
Adults: Emergency Visits (Under Threshold)	.15%	Numerator: Number of Members in the denominator who had an ER visit.* Denominator: Number of Members ages 21 and older with at least 90 days continuous enrollment in the same plan during the measurement period. *The criteria would be all that have: Place of Service as "0" and at least one of the following codes: A690; A691; K00; K000; K001; K002; K004; K005; K006; K007; K008; K009; K01; K010; K011; K023; K0251; K0261; K0262; K0263; K027; K029; K030; K031; K032; K033; K034; K035; K036; K037; K0381; K0389; K039; K040; K0402; K041; K043; K044; K045; K046; K047; K048; K049; K0490; K0499; K0500; K0501; K0510; K0511; K0520; K0521; K0522; K0530; K0531; K0532; K0540; K055; K056; K060;

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		K061; K062; K0601; K0602; K063; K068; K069; K08; K080; K08101; K08102; K08103; K08104; K08109; K082; K0820; K0821; K0822; K0823; K0824; K0825; K0826; K083; K08401; K08402; K08403; K08404; K08409; K08419; K08429; K08439; K08499; K0850; K0851; K0852; K08530; K08531; K0854; K0855; K0856; K0859; K088; K089; K09; K090; K091; K098; K099; K11; K110; K111; K112; K1120; K1121; K1122; K1123; K113; K114; K115; K116; K117; K118; K119; K12; K120; K121; K122; K123; K1230; K1231; K1232; K1233; K1239; K13; K130; K131; K132; K1321; K1322; K1323; K1324; K1329; K133; K134; K135; K136; K137; K1370; K1379; K14; K140; K141; K142; K143; K144; K145; K146; K148; K149; M26; M260; M2600; M2601; M2602; M2603; M2604; M2605; M2606; M2607; M2609; M261; M2610; M2611; M2612; M2619; M262; M2620; M2621; M26211; M26212; M26213; M26219; M2622; M26220; M26221; M2623; M2624; M2625; M2629; M263; M2630; M2631; M2632; M2633; M2634; M2635; M2636; M2637; M2639; M264; M265; M2650; M2651; M2652; M2653; M2654; M2655; M2656; M2657; M2659; M266; M2660; M26601; M26602; M26603; M26609; M2661; M26611; M26612; M26613; M26619; M2662; M26621; M26622; M26623; M26629; M2663; M26631; M26632; M26633; M26639; M2664; M26641; M26642; M26643; M26649; M2665; M26651; M26652; M26653; M26659; M2669; M267; M2670; M2671; M2672; M2673; M2674; M2679; M268; M2681; M2682; M2689; M269; M27; M270; M271; M272; M273;

Performance Measure and Quality Metric	Withhold Percentage	Methodology
		M274; M2761; M2762; M2763; M2769; M2740; M2749; M275; M276; M278; M279; M7911; R682.
Adults: Emergency Visits Follow Up Services	.15%	Numerator: Number of Members in the denominator who received any dental service (CDT D0100-D9999) within 365 days after the date of service for claims closing within 90 days including SNC dental encounters. Denominator: Number of Members in the numerator of the "Adults: Emergency Visits" measure for claims closing within 90 days and eligible on the claim close date.
Adults: Primary Care Provider's Office Follow Up Services	.15%	Numerator: Number of Members in the denominator who had an ADV (CDT D0100-D9999 or CPT 99188), including dental encounters at SNCs, in an office or SNC within 180 days of a medical exam. Denominator: Number of Members ages 21 and older with at least 90 days continuous enrollment in the same plan during the measurement period who have had a qualifying primary care provider visit (CPT 99384-99386 and 99395).