# APL 26-007 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 CMS. 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 (APL) or other similar guidance. This APL 26-007 Attachment A supersedes APL 25-009 Attachment A.

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| Children (Ages 0-20): Annual Dental Visits (ADV) | 0.1875% | Numerator: Unduplicated 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).<br><br>Denominator: Unduplicated number of Members ages 0-20 with at least 90 days continuous Enrollment in the same plan during the Measurement Year. | DHCS |
| Children (Ages Under 21): Use of Preventive Services | 0.1875% | Numerator: Unduplicated number of Enrolled Members (under age 21) who received a topical fluoride application and/or sealants as a) dental or oral health services, b) dental services, and c) oral health services. (CDT D1206 or CDT D1208 or CPT 99188 or CDT | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | D1351) including dental Encounters at SNCs.<br><br>Denominator: Unduplicated number of Enrolled Members (under the age of 21) who is continuously Enrolled in the same plan at least 180 days during the reporting year. | |
| Children (by Age 10): Sealant Receipt on Permanent 1st Molars | 0.1875% | Numerator: Unduplicated number of Enrolled Members who ever received dental sealants on permanent first molar teeth: 1) at least one sealant and 2) all four molars sealed.<br><br>Denominator: Unduplicated number of Enrolled Members with their 10th birthday in the reporting year.<br><br>Exclusions: Children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthdate.<br><br>Enrollment criteria: If Member is Enrolled by their 10th birthdate AND is continuously Enrolled in the same plan for 12 months prior to the month in which Member has the 10th birthday with no more than a 1-month gap in Enrollment. | DQA |
| Children (by Age 15): Sealant Receipt on | 0.1875% | Numerator: Unduplicated number of Enrolled Members who ever received sealants on permanent second molar teeth: 1) at least one sealant and 2) all four molars sealed. | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| Permanent 2nd Molars | | Denominator: Unduplicated number of Enrolled Members with their 15th birthdate in the reporting year.<br><br>Exclusions: Children who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent second molars in the 48 months prior to the 15th birthdate.<br><br>Enrollment criteria: If Member is Enrolled on their 15th birthdate AND is continuously Enrolled in the same plan for 12 months prior to the month in which Member has the 15th birthday with no more than a 1-month gap in Enrollment. | |
| Children (Ages 0-6): Caries Risk Documentation and Education Bundle | 0.1875% | Numerator: Unduplicated 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.<br><br>Denominator: Unduplicated number of Members ages 0-6 with at least 180 days continuous Enrollment in the same plan during the measurement period with a 1-month gap of no more than 31 days. | DHCS |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| Adults (Ages 21+): Annual Dental Visits (ADV) | 0.1875% | Numerator: Unduplicated number of Members in the denominator who received any dental service (Current Dental Terminology (CDT) D0100-D9999), including dental Encounters at SNCs.<br><br>Denominator: Unduplicated number of Members ages 21 and older with at least 90 days continuous Enrollment in the same plan during the Measurement Year. | DHCS |
| Adults (Ages 21+): Use of Preventive Services | 0.1875% | Numerator: Unduplicated number of Enrolled Members in the denominator who received any preventive dental service (CDT D1000-D1999 or CPT Code 99188), including dental Encounters at SNCs.<br><br>Denominator: Unduplicated number of Enrolled Members (ages 21 and older) who is continuously Enrolled in the same plan at least 180 days during the reporting year. | DHCS |
| Children (Ages 1-20): Fluoride Applications within Reporting Year | 0.1875% | Numerator: Unduplicated number of Enrolled Members (ages 1 through 20) who received at least two topical fluoride applications as the following during the Measurement Year (D1206, D1208, 99188):<br>(1) dental or oral health services<br>(2) dental services, and<br>(3) oral health services.<br>Fluoride applications must be provided on at least two unique dates of service. | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | Denominator: Unduplicated number of Enrolled Members ages 1 through 20 as of December 31 of the Measurement Year, with continuous Enrollment with same plan with no more than one gap of Enrollment of up to 31 days during the Measurement Year.<br><br>Fluoride applications must be provided on at least two unique dates of service. | |
| Children (Ages 1-20): Care Continuity for Two or More Consecutive Years | 0.1875% | Numerator: Unduplicated number of Enrolled Members ages 1-20 who received a comprehensive or periodic oral evaluation as a dental service in both years (D0120 or D0150 or D0145 in the reporting year AND in the prior year) including dental Encounters at SNCs.<br><br>Denominator: Unduplicated number of Enrolled Members ages 1-20 with at least 180 days continuous Enrollment in each of the two years in the same plan (180 days in reporting year and 180 days in prior year). | DQA |
| Children (Ages 0-20): Emergency Department (ED) Visits for Caries-Related Diagnoses (Under Threshold) | 0.1875% | Numerator: Number of ED visits with a caries-related diagnosis code among children ages 0 through 20 years.<br><br>Denominator: All member months for children ages 0 through 20 years during the reporting year.<br><br>Count only one visit per Member per day. | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | Identify a health care Encounter as an ED visit if ANY of the following codes are present: CPT codes: 99281-99285 (ED visit for patient evaluation/management); OR Revenue codes: 0450-0459 (Emergency Room) or 0981 (professional fees for ER services); OR CMS place of service code 23 (Emergency Room).<br><br>Identify an ED visit as being caries related if: any of the ICD-10-CM diagnosis codes in List 1 is listed as a First-listed diagnosis code associated with the visit OR (a) any of the ICD-10-CM diagnosis codes List 2 is listed as a First-listed diagnosis AND (b) any of the ICD-10-CM diagnosis codes in List 1 is listed as an Additional Listed diagnosis.<br><br>**List 1:** K02.3, K02.51, K02.52, K02.53, K02.61, K02.62, K02.63, K02.7, K02.9, K03.89, K04.0, K04.01, K04.02, K04.1, K04.2, K04.3, K04.4, K04.5, K04.6, K04.7, K04.8, K04.90, K04.99, K08.131, K08.132, K08.133, K08.134, K08.139, K08.3, K08.431, K08.432, K08.433, K08.434, K08.439, K08.50, K08.51, K08.530, K08.531, K08.539, K08.8, K08.89, K08.9, K12.2, M26.79, M27.2, M27.3, M27.51, M27.52, M27.53, M27.59<br><br>**List 2:** L03.211, L03.212, L03.213, L03.221, L03.222, L03.90, L03.91, R22.0, R22.1, R60.0, R60.1, R60.9 | |
| Children (Ages 0-20): Emergency | 0.1875% | Numerator: Number of caries-related ED visits in the reporting period for | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| Department (ED) Visits for Caries-Related Diagnoses Follow-Up Services | | which the Member (ages 0-20, must be less than 21 on the date of ED visit) visited a dentist (CDT D0100 – D9999, any dental service) within (a) 30 days and (b) 7 days of the ED visit.<br><br>Denominator: Number of caries-related ED visits between January 1 and December 1 of the reporting year.<br><br>Age stratification is based on Member's age on date of ED visit.<br><br>Identify a health care Encounter as an ED visit if ANY of the following codes are present: CPT codes: 99281-99285 (ED visit for patient evaluation/management); OR Revenue codes: 0450-0459 (Emergency Room) or 0981 (professional fees for ER services); OR CMS place of service code 23 (Emergency Room).<br><br>Identify an ED visit as being caries related if: any of the ICD-10-CM diagnosis codes in List 1 is listed as a First-listed diagnosis code associated with the visit OR (a) any of the ICD-10-CM diagnosis codes in List 2 is listed as a First-listed diagnosis AND (b) any of the ICD-10-CM diagnosis codes in List 1 is listed as an Additional Listed diagnosis.<br><br>**List 1:** K02.3, K02.51, K02.52, K02.53, K02.61, K02.62, K02.63, K02.7, K02.9, K03.89, K04.0, K04.01, K04.02, K04.1, | |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | K04.2, K04.3, K04.4, K04.5, K04.6, K04.7, K04.8, K04.90, K04.99, K08.131, K08.132, K08.133, K08.134, K08.139, K08.3, K08.431, K08.432, K08.433, K08.434, K08.439, K08.50, K08.51, K08.530, K08.531, K08.539, K08.8, K08.89, K08.9, K12.2, M26.79, M27.2, M27.3, M27.51, M27.52, M27.53, M27.59<br><br>**List 2:** L03.211, L03.212, L03.213, L03.221, L03.222, L03.90, L03.91, R22.0, R22.1, R60.0, R60.1, R60.9. | |
| Adults (Ages 21+): At Least One Fluoride Application(s) within Reporting Year | 0.1875% | Numerator: Unduplicated number of Enrolled Members (Ages 21 and older) 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.<br><br>Denominator: Unduplicated number of Enrolled Members ages 21 and older with at least 180 days continuous Enrollment in the same plan during the measurement period. | DHCS |
| Children (Ages 6 months-5 years): Dental Office Visit Following Medical Preventive Service Visit | 0.1875% | Numerator: Unduplicated number of Enrolled Members (Ages 6 months through 5 years) who received a comprehensive or periodic oral evaluation as a dental service (D0120 or D0150 or D0145) within 6 months (180 days) following a medical Preventive Service visit (99381, 99382, 99383, 99391, 99392, 99393, Z00.121, Z00.129, Z76.2, S0302, G9964). | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | Denominator: Unduplicated number of Enrolled Members aged 6 months through 5 years with a medical Preventive Service visit (99381, 99382, 99383, 99391, 99392, 99393, Z00.121, Z00.129, Z76.2, S0302, G9964) who is enrolled on date of medical Preventive Service visit and is continuously Enrolled in the same dental plan for at least 180 days following the medical preventive service visit. Continuous Enrollment criteria for the same dental plan should include the month in which the medical Preventive Service visit occurred and 6 months after the medical Preventive Service visit.<br><br>Exclusions: Children with a comprehensive or periodic oral evaluation with a dental Provider during the 6 months before the medical Preventive Service visit | |
| Adults (Ages 21+): Care Continuity for Two or More Consecutive Years | 0.1875% | Numerator: Unduplicated number of Enrolled Members (ages 21 and older) who received any dental service (CDT D0100-D9999), including Encounters at SNCs, for two consecutive years.<br><br>Denominator: Unduplicated number of Enrolled Members ages 21 and older with at least two years continuous Enrollment in the same plan during the Measurement Year. | DHCS |
| Adults (Ages 18+): Emergency Department (ED) | 0.1875% | Numerator: Number of ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| Visits (Under Threshold) | | code among individuals 18 years and older.<br><br>Denominator: All Member months for individuals 18 years and older during the reporting year.<br><br>Count only one non-traumatic dental condition ED visit per Member per day.<br><br>Exclusions: Number of ED visits that result in an inpatient admission.<br><br>Identify a health care Encounter as an ED visit if ANY of the following codes are present: CPT codes: 99281-99285 (ED visit for patient evaluation/management); OR Revenue codes: 0450-0459 (Emergency Room) or 0981 (professional fees for ER services); OR CMS place of service code for professional claims: 23 (Emergency Room).<br><br>Identify an ED visit as being for an ambulatory care sensitive non-traumatic dental condition if: any of the ICD-10-CM diagnosis codes in List 1 is listed as a First-listed diagnosis code associated with the visit OR (a) any of the ICD-10-CM diagnosis codes in List 2 is listed as a First-listed diagnosis AND (b) any of the ICD-10-CM diagnosis codes in List 1 is listed as an additional Listed diagnosis. | |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | **List 1:** A69.0, A69.1, K00.0, K00.1, K00.2, K00.3, K00.4, K00.5, K00.6, K00.8, K00.9, K01.0, K01.1, K02.3, K02.51, K02.52, K02.53, K02.61, K02.62, K02.63, K02.7, K02.9, K03.0, K03.1, K03.2, K03.3, K03.4, K03.5, K03.6, K03.7, K03.81, K03.89, K03.9, K04.0, K04.01, K04.02, K04.1, K04.2, K04.3, K04.4, K04.5, K04.6, K04.7, K04.8, K04.90, K04.99, K05.00, K05.01, K05.10, K05.11, K05.20, K05.21, K05.22, K05.30, K05.31, K05.32, K05.4, K05.5, K05.6, K05.211, K05.212, K05.213, K05.219, K05.221, K05.222, K05.223, K05.229, K05.311, K05.312, K05.313, K05.319, K05.321, K05.322, K05.323, K05.329, K06.0, K06.013, K06.023, K06.1, K06.3, K06.8, K06.9, K06.010, K06.011, K06.012, K06.020, K06.021, K06.022, K08.0, K08.101, K08.102, K08.103, K08.104, K08.109, K08.12, K08.121, K08.122, K08.123, K08.124, K08.129, K08.13, K08.131, K08.132, K08.133, K08.134, K08.139, K08.191, K08.192, K08.193, K08.194, K08.199, K08.20, K08.21, K08.22, K08.23, K08.24, K08.25, K08.26, K08.3, K08.401, K08.402, K08.403, K08.404, K08.409, K08.421, K08.422, K08.423, K08.424, K08.429, K08.431, K08.432, K08.433, K08.434, K08.439, K08.491, K08.492, K08.493, K08.494, K08.499, K08.50, K08.51, K08.52, K08.530, K08.531, K08.539, K08.54, K08.55, K08.56, K08.59, K08.8, K08.89, K08.9, K09.0, K09.1, K09.8, K09.9, K11.0, K11.1, K11.20, K11.21, K11.22, K11.23, K11.3, K11.4, K11.5, K11.6, K11.7, K11.8, K11.9, K12.0, K12.1, K12.2, K12.30, | |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | K12.31, K12.32, K12.33, K12.39, K13.0, K13.1, K13.21, K13.22, K13.23, K13.24, K13.29, K13.3, K13.4, K13.5, K13.6, K13.70, K13.79, K14.0, K14.1, K14.2, K14.3, K14.4, K14.5, K14.6, K14.8, K14.9, M26.00, M26.01, M26.02, M26.03, M26.04, M26.05, M26.06, M26.07, M26.09, M26.10, M26.11, M26.12, M26.19, M26.20, M26.211, M26.212, M26.213, M26.219, M26.220, M26.221, M26.23, M26.24, M26.25, M26.29, M26.30, M26.31, M26.32, M26.33, M26.34, M26.35, M26.36, M26.37, M26.39, M26.4, M26.50, M26.51, M26.52, M26.53, M26.54, M26.55, M26.56, M26.57, M26.59, M26.60, M26.601, M26.602, M26.603, M26.609, M26.61, M26.611, M26.612, M26.613, M26.619, M26.62, M26.621, M26.622, M26.623, M26.629, M26.63, M26.631, M26.632, M26.633, M26.639, M26.641, M26.642, M26.643, M26.649, M26.651, M26.652, M26.653, M26.659, M26.69, M26.70, M26.71, M26.72, M26.73, M26.74, M26.79, M26.81, M26.82, M26.89, M26.9, M27.0, M27.1, M27.2, M27.3, M27.40, M27.49, M27.51, M27.52, M27.53, M27.59, M27.61, M27.62, M27.63, M27.69, M27.8, M27.9, M35.0C, M79.11, R68.2, R68.84, Z01.20, Z01.21, Z46.3, Z46.4<br><br>**List 2:** L03.211, L03.212, L03.213, L03.221, L03.222, R22.0, R22.1 | |
| Adults (Ages 18+): Emergency Department (ED) | 0.1875% | Numerator: Unduplicated number of ambulatory care sensitive non-traumatic dental condition ED visits in | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| Visits Follow-Up Services | | the reporting period for which the Member (aged 18 years and older based on Member's age on ED visit) visits a dentist within a) 30 days and b) 7 days of the ED visit.<br><br>Denominator: Unduplicated number of ambulatory care sensitive non-traumatic dental condition ED visits in the reporting period.<br><br>Any of the ICD-10-CM diagnosis codes in List 1 is listed as a First-listed diagnosis code associated with the visit OR (a) any of ICD-10-CM diagnosis codes in List 2 is listed as a First-listed diagnosis AND (b) any of the ICD-10-CM diagnosis codes in List 1 is listed as an additional listed diagnosis.<br><br>**List 1:** A69.0, A69.1, K00.0, K00.1, K00.2, K00.3, K00.4, K00.5, K00.6, K00.8, K00.9, K01.0, K01.1, K02.3, K02.51, K02.52, K02.53, K02.61, K02.62, K02.63, K02.7, K02.9, K03.0, K03.1, K03.2, K03.3, K03.4, K03.5, K03.6, K03.7, K03.81, K03.89, K03.9, K04.0, K04.01, K04.02, K04.1, K04.2, K04.3, K04.4, K04.5, K04.6, K04.7, K04.8, K04.90, K04.99, K05.00, K05.01, K05.10, K05.11, K05.20, K05.21, K05.22, K05.30, K05.31, K05.32, K05.4, K05.5, K05.6, K05.211, K05.212, K05.213, K05.219, K05.221, K05.222, K05.223, K05.229, K05.311, K05.312, K05.313, K05.319, K05.321, K05.322, K05.323, K05.329, K06.0, K06.013, K06.023, K06.1, K06.3, K06.8, K06.9, K06.010, K06.011, | |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | | K06.012, K06.020, K06.021, K06.022, K08.0, K08.101, K08.102, K08.103, K08.104, K08.109, K08.12, K08.121, K08.122, K08.123, K08.124, K08.129, K08.13, K08.131, K08.132, K08.133, K08.134, K08.139, K08.191, K08.192, K08.193, K08.194, K08.199, K08.20, K08.21, K08.22, K08.23, K08.24, K08.25, K08.26, K08.3, K08.401, K08.402, K08.403, K08.404, K08.409, K08.421, K08.422, K08.423, K08.424, K08.429, K08.431, K08.432, K08.433, K08.434, K08.439, K08.491, K08.492, K08.493, K08.494, K08.499, K08.50, K08.51, K08.52, K08.530, K08.531, K08.539, K08.54<br><br>**List 2:** L03.211, L03.212, L03.213, L03.221, L03.222, R22.0, R22.1 | |
| Children (Ages Under 21): Oral Evaluation (OEV) | 0.XXX%<br><br>(Alternative) Can substitute OEV instead of a performance measure metric for purposes of Withhold. The Withhold percentage will be based on what it is | Numerator: Unduplicated number of Members (less than 21) who received a comprehensive or periodic oral evaluation as a dental service during the Measurement Year (D0120, D0150, or D0145).<br><br>Denominator: Unduplicated number of members under the age of 21 as of December 31 of the Measurement Year with at least 180 days continuous Enrollment in the same plan. | DQA |

| Performance Measure and Quality Metric | Withhold Percentage | Methodology | Measure Steward |
|---|---|---|---|
| | substituted for. | | |