



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**

## **Fiscal Year 2010**

**Measurement Period:  
September 1, 2009 through August 31, 2010**

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

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

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**Final draft submitted:**

# Executive Summary

## ***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 CHIP. This annual update is for September 1, 2009 to August 31, 2010, covering State Fiscal Year (SFY) 2010.

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. The Health and Human Services Commission (HHSC) selected Delta Dental as the sole dental benefit contractor for CHIP. Benefits include preventive services, such as check-ups, cleanings, x-rays, and sealants, and therapeutic services, such as fillings, extractions, crowns/caps, and root canals.

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.<sup>1</sup> However, children from low-income families also have fewer dental visits than other children.

## ***Methodology***

The Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) Annual Dental Visit measure was used to evaluate access to dental care and services among children enrolled in Texas CHIP Dental Services.<sup>2</sup> This measure calculates the percentage of members who had at least one dental visit during the measurement year. Results from Medicaid programs nationally who participate in the National Committee for Quality Assurance (NCQA) reporting program are also included in this report for comparison.

Rates were calculated using National Committee for Quality Assurance (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 the Texas Health and Human Services Commission (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 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.

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<sup>1</sup> Edelstein, B.L. 2002. "Disparities in Oral Health and Access to Care: Findings of National Surveys." *Ambulatory Pediatrics* 2(2 suppl): 141-147.

<sup>2</sup> Members enrolled in CHIP Perinate are excluded from the analyses.

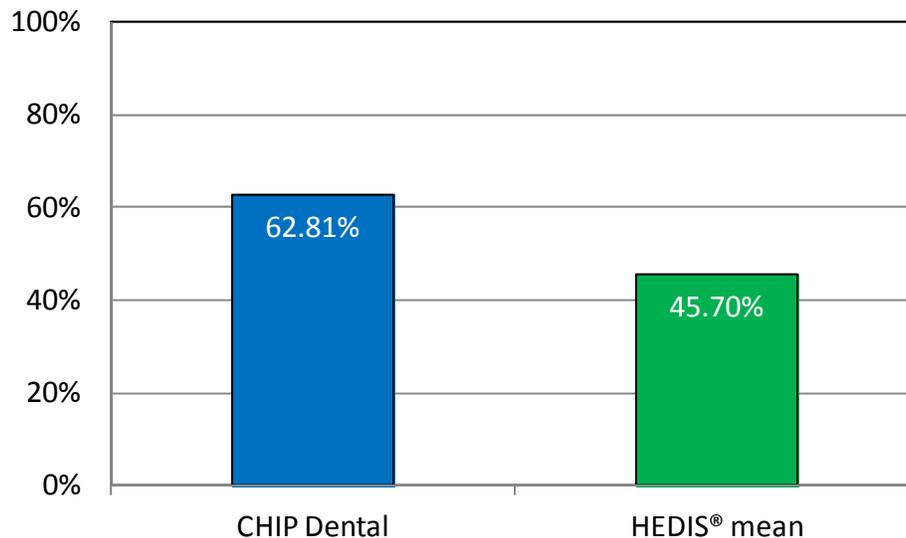
## Access to Dental Care

**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. **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.

While HEDIS<sup>®</sup> specifications for this measure extend to members 21 years old, results for members 19 to 21 years of age are not depicted in the 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.

Overall, 63 percent of CHIP members had at least one dental visit, compared to 46 percent nationally. This rate has increased by four percentage points since SFY 2009, when 59 percent of CHIP members had at least one dental visit during the measurement period.

**Figure 1. HEDIS<sup>®</sup> Annual Dental Visit**



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<sup>®</sup> mean. The annual dental visit rate for children 2 to 3 years old in CHIP was almost twice the HEDIS<sup>®</sup> mean (57 vs. 29 percent).

The largest percentage of CHIP 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, 71 percent had at least one dental visit, compared with 58 percent nationally. The lowest percentage of annual dental visits was observed among adolescents 15 to 18 years of age, 53 percent of whom visited the dentist at least once during the measurement period.

**Figure 2. HEDIS® Annual Dental Visit by Age Cohort**

