

Table PDENT-CH. Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services, as Submitted by States for the FFY 2016 Form CMS-416 Report (n = 50 states)

State	Denominator	Rate
State Mean		47.5
State Median		48.2
Alabama	623,247	49.5
Alaska	87,406	46.1
Arizona	751,754	43.1
Arkansas	444,761	48.4
California	5,768,390	35.9
Colorado	622,414	50.6
Connecticut	342,456	62.7
Delaware	107,733	48.5
Dist. of Col.	89,414	52.5
Florida	2,381,014	35.9
Georgia	1,295,950	51.8
Hawaii	144,558	63.0
Idaho	207,244	59.3
Illinois	1,417,866	42.5
Indiana	748,371	45.3
Iowa	312,499	50.6
Kansas	268,164	45.8
Kentucky	547,583	46.7
Louisiana	820,312	46.7
Maine	121,215	38.3
Maryland	635,824	53.7
Massachusetts	600,821	54.6
Michigan	1,112,954	41.8
Minnesota	564,413	36.7
Mississippi	416,324	50.0
Missouri	658,388	34.1
Montana	106,640	30.1
Nebraska	176,599	53.9
Nevada	327,190	43.2
New Hampshire	106,057	54.8
New Jersey	783,688	49.2
New Mexico	384,963	53.1
New York	2,370,097	43.5
North Carolina	1,195,914	50.6
Ohio	1,386,489	34.6
Oklahoma	558,127	47.6
Oregon	429,978	39.1
Pennsylvania	1,166,253	46.1
Rhode Island	122,283	47.4
South Carolina	685,078	49.5
South Dakota	88,192	44.8
Tennessee	854,251	47.9
Texas	3,404,342	67.4
Utah	224,796	52.6
Vermont	78,267	53.6
Virginia	661,558	49.7
Washington	850,413	56.2
West Virginia	223,592	50.0
Wisconsin	532,263	29.5
Wyoming	48,796	47.5

Source: Mathematica analysis of FFY 2016 Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b. More information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

Table PDENT-CH (continued)

Note: This measure identifies the percentage of children ages 1 to 20 who are covered by Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period.

The term “states” includes the 50 states and the District of Columbia.

Table SEAL-CH. Percentage of Children Ages 6 to 9 at Elevated Risk of Dental Caries who Received a Sealant on a Permanent First Molar, as Submitted by States for the FFY 2016 Child Core Set Report (n = 34 states)

State	Population	Methodology	Denominator	Rate
State Mean				25.3
State Median				23.4
Alabama	Medicaid only	Administrative	86,067	21.5
Alabama	CHIP only	Administrative	6,174	20.1
Alaska	Medicaid & CHIP	Administrative	4,818	48.0
Arkansas	Medicaid & CHIP	Administrative	63,403	16.7
California	Medicaid & CHIP	Administrative	615,083	23.0
Colorado	Medicaid only	Administrative	75,964	21.0
Dist. of Col.	Medicaid & CHIP	Administrative	3,610	33.7
Florida	Medicaid & CHIP	Administrative	238,793	17.2
Georgia	Medicaid & CHIP	Administrative	162,652	23.7
Illinois	Medicaid & CHIP	Administrative	172,733	21.5
Indiana	CHIP only	Administrative	6,135	46.3
Iowa	Medicaid only	Administrative	34,043	10.8
Kentucky	Medicaid & CHIP	Administrative	62,156	21.0
Louisiana	Medicaid & CHIP	Administrative	94,254	18.2
Maine	Medicaid & CHIP	Administrative	2,415	15.5
Massachusetts	Medicaid & CHIP	Administrative	59,593	32.1
Minnesota	Medicaid & CHIP	Administrative	41,371	24.0
Missouri	Medicaid only	Administrative	50,455	22.1
Missouri	CHIP only	Administrative	7,539	21.9
Montana	CHIP only	Administrative	3,803	26.2
Nebraska	Medicaid & CHIP	Administrative	22,339	21.5
Nevada	Medicaid only	Administrative	13,585	53.6
New Hampshire	Medicaid only	Administrative	6,044	30.6
New York	Medicaid only	Administrative	148,471	22.7
North Carolina	Medicaid only	Administrative	161,491	24.7
Oklahoma	Medicaid & CHIP	Administrative	31,692	25.2
Oregon	Medicaid & CHIP	Administrative	22,215	34.7
Pennsylvania	Medicaid & CHIP	Administrative	126,459	19.3
Rhode Island	Medicaid & CHIP	Administrative	9,963	24.7
South Carolina	Medicaid & CHIP	Administrative	68,239	22.9
Tennessee	Medicaid only	Administrative	94,171	24.1
Tennessee	CHIP only	Administrative	6,003	21.6
Texas	Medicaid only	Administrative	503,515	25.0
Texas	CHIP only	Administrative	58,833	20.2
Vermont	Medicaid & CHIP	Administrative	3,725	34.1
Virginia	Medicaid & CHIP	Administrative	87,602	23.7
West Virginia	Medicaid only	Administrative	1,679	14.1
Wyoming	CHIP only	Administrative	1,207	15.4

Source: Mathematica analysis of MACPro reports for the FFY 2016 reporting cycle. More information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

Notes: This measure identifies the percentage of children ages 6 to 9 at elevated risk of dental caries (i.e., “moderate” or “high” risk) who received a sealant on a permanent first molar tooth during the measurement year.

The term “states” includes the 50 states and the District of Columbia.

Means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Unless otherwise specified, states used Child Core Set specifications, based on Dental Quality Alliance 2016 specifications. This table excludes IA (CHIP) and WV (CHIP), which reported the measure but did not use Child Core Set specifications to calculate the measure.

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Unless otherwise specified, the measurement period for this measure was January 1, 2015 to December 31, 2015. MT reported data for CY 2016.

The Child Core Set specifications include guidance for calculating this measure using the administrative method. Unless otherwise specified, the administrative data source is the state's MMIS and/or data submitted by managed care plans, including behavioral health plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

ADHD = Attention-Deficit/Hyperactivity Disorder; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; CY = Calendar Year; ED = Emergency Department; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

- AL: Medicaid rate includes Medicaid FFS and PCCM populations. Denominator excludes children enrolled in separate CHIP.
- AL: CHIP rate includes separate CHIP population. Denominator excludes the 96,650 children enrolled in Medicaid-expansion CHIP.
- AK: Rate includes FFS population.
- AR: Rate includes FFS and PCCM populations.
- CA: Rate includes FFS and managed care populations (6 MCOs). Rate is provisional due to changes in the Medicaid program and data systems during this period.
- CO: Rate includes FFS and PCCM populations. Rate excludes managed care population, representing 7 percent of the Medicaid population and all of the CHIP enrollees. Rate was calculated by the state's EQRO.
- DC: Rate includes FFS and managed care populations (4 MCOs), representing 96 percent of the population.
- FL: Rate includes FFS, PCCM, and managed care populations (20 MCOs).
- GA: Rate includes FFS and managed care populations (4 MCOs).
- IL: Rate includes FFS, PCCM, and managed care populations (13 MCOs). Data are provisional because measure testing is ongoing. Rejected claims are included and pending claims are excluded because they are adjudicated in sufficient time to not impact measurement. Rate was audited by state EQRO.
- IN: Rate includes managed care population (3 MCOs), representing 87 percent of Medicaid children and 97 percent of CHIP children. Rate excludes enrollees in a program for beneficiaries with disabilities who do not require a level of care in a nursing home or through a Section 1915(c) home- and community-based services waiver (representing 3 percent of Medicaid children) and FFS populations (representing 10 percent of Medicaid children and 3 percent of CHIP children). Rate was calculated by the state's EQRO.
- IA: Rate includes FFS, PCCM, and managed care populations (1 MCO). Rate includes paid claims only.
- KY: Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Rate was calculated by the state's EQRO and data analytics contractor.
- LA: Rate includes FFS and managed care populations (5 MCOs).
- ME: Rate includes FFS population.
- MA: Rate includes PCCM and managed care populations (5 MCOs). Rate excludes FFS population (representing 20 percent of the population), but the majority of these children would not have been measure-eligible, including children who have other primary insurance, children with limited Medicaid benefits, children in premium assistance programs, new enrollees who have not yet enrolled in an MCO, and children in state custody.
- MN: Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only.
- MO: Medicaid rate includes FFS and managed care populations (3 MCOs). State limited numerator to services performed by a dentist (using provider type) or, for claims submitted by managed care plans, to claims identified as dental claims because its claims do not contain the National Uniform Claim Committee (NUCC) Provider Taxonomy codes and claims from managed care plans do not contain provider

Table SEAL-CH (continued)

information. State is also unable to distinguish “dental hygienists who provide services under the supervision of a dentist” from all “dental hygienists” in its claims.

MO:	Medicaid rate includes FFS and managed care populations (3 MCOs). State limited numerator to services performed by a dentist (using provider type) or, for claims submitted by managed care plans, to claims identified as dental claims because its claims do not contain the National Uniform Claim Committee (NUCC) Provider Taxonomy codes and claims from managed care plans do not contain provider information. State is also unable to distinguish “dental hygienists who provide services under the supervision of a dentist” from all “dental hygienists” in its claims.
MT:	Rate includes CHIP FFS population. Rate excludes Medicaid population.
NE:	Rate includes FFS population.
NV:	Rate includes FFS and managed care populations (2 MCOs). State does not use codes D0602 or D0603. Rate was calculated by the state's EQRO.
NH:	Rate includes FFS population. The state did not apply a three-year look-back period.
NY:	Rate includes FFS and managed care populations (19 MCOs).
NC:	Rate includes FFS and PCCM populations. Rate includes sealants placed on any tooth.
OK:	Rate includes FFS and PCCM populations. Rate excludes enrollees in home- and community-based services waivers, representing less than 1 percent of the population. State used a continuous enrollment criterion of any number of allowable gaps up to 45 days in either the measurement year or the year prior.
OR:	Rate includes managed care population (16 CCOs), representing 87 percent of the population. Rate excludes FFS population, representing 13 percent of the population. Rate includes sealant services from any provider types because the state cannot consistently identify provider specialties. Denominator uses 12 months continuous enrollment and 2-year look back period for elevated risk. State excluded Current Dental Terminology (CDT) code D2941 from the denominator calculation.
PA:	Rate includes managed care population (19 MCOs). State reported that its rate may be low due to implementation issues with the measure, issues with consistent use and submission of taxonomy codes, and identification of tooth number for the numerator, and is investigating the calculation of this measure for future years of reporting.
RI:	Rate includes managed care population (1 MCO). The state reported the same data for this measure for FFY 2015, representing services provided in CY 2015.
SC:	Rate includes FFS and managed care populations (6 MCOs). Rate includes beneficiaries eligible for full Medicaid benefits.
TN:	Medicaid rate includes Medicaid managed care population (1 MCO). Rate was calculated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Rate was calculated by the state's EQRO.
TX:	Medicaid rate includes dental managed care population (2 MCOs). Rate was calculated by the state's EQRO.
TX:	CHIP rate includes dental managed care population (2 MCOs). Rate was calculated by the state's EQRO.
VT:	Rate includes FFS population. Rate was calculated by the state's EQRO and data analytics contractor.
VA:	Rate includes FFS and managed care populations (6 MCOs).
WV:	Rate includes Medicaid FFS and managed care populations (4 MCOs). Rate was calculated by the state's EQRO and data analytics contractor.
WY:	Rate includes managed care population (1 MCO). Data were provided by dental managed care program.