

## Medicaid Managed Care: A Guide to Reporting Metrics

Successful management of the Medicaid program requires periodic assessment of critical data to determine if and when policy changes are needed to support improved program administration. States, especially those with Medicaid managed care programs, have found great utility in reviewing critical program data within their Dental Technical Advisory Committees (DTAC).

To assist members of state dental societies who may have an opportunity to review program policies with state officials and those dentists who participate in DTACs, the American Dental Association (ADA) Council on Dental Benefit Programs (CDBP) has developed a list of reporting metrics that may be useful to review at regular meetings. Note that these metrics can be used irrespective of whether the dental benefits are administered by a state-contracted entity directly or when dental benefits are administered via a subcontract with the medical MCO. Especially for states with multiple managed care organizations (MCOs) or Prepaid ambulatory health Plans (PAHPs) or dental benefit managers (DBMs), it is important to review the same information from all entities in order to provide meaningful input into state-wide policy discussions.

**This guide serves to be a catch-all for all the metrics that can be reported. While a lot of data can be generated, it is important for each state program to prioritize reporting requests such that meaningful/actionable data is generated and reviewed.**

This guide does not address program integrity metrics.

The Council appreciates the input provided by all stakeholders and will continue to maintain this document as a relevant and up-to-date resource. Please send input to [dentalbenefits@ada.org](mailto:dentalbenefits@ada.org).

### Categories of Metrics

- Enrollment
- Network Adequacy
- Quality of Care
- Beneficiary’s Oral Health State
- Financial
- Credentialing
- Provider Satisfaction
- Claims Administration
- Call Center Management

### Enrollment

Total number of beneficiaries enrolled	
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### Network Adequacy

**Table 1**

	% network meeting state time/distance standard	Average wait time for appointment for new patient	Accepting new patients?	How far ahead are patients being scheduled for routine work?
General Dentist				
Pediatric Dentist				
Oral Surgeon				
Periodontist				

Prosthodontist				
Endodontist				
Orthodontist				

Note 1: It is useful to request a “heat-map”/ geo-maps from the managed care company that plots relative distance between dentists and beneficiaries. Acceptable distance standards may vary between urban/rural settings and transportation availability.

Note 2: States should also develop standards for “active” dentists and use that to populate table for network adequacy. Typically the characterization of “active” is based on number of beneficiaries treated or claims per year/month. DTAC’s should play a role in helping states define these standards at the time of contracting.

**Table 2**

Total number of beneficiaries enrolled for at least 90 days with a dental visit	
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Note 3: Network Adequacy is prospective and utilization is retrospective. Analyzing both together is important to understand access issues.

Note 4: The [Dental Plan CAHPS](#) survey is another tool to gain an understanding of access issues from the beneficiary standpoint.

### Quality of Care

Children: % of children receiving a dental evaluation	
Children: % children risk assessed	
Children: % of children at risk for cavities receiving twice yearly fluoride	
Children: % of 6 – 9 yr children at risk for cavities receiving sealants	
Children: % of 10 - 14 yr children at risk for cavities receiving sealants	
Children: % seen in emergency department for preventable dental conditions	
Children: % seen in emergency department with a follow-up dental visit	
Adults: % of adults with periodontal disease receiving oral examination	
Adults: % of adults with periodontal disease receiving periodontal maintenance treatment	
Adults: % of diabetics receiving an oral evaluation	
Adults: % of pregnant women receiving oral evaluation	

Use [Dental Quality Alliance](#) measure specifications for consistent and comparable reporting when available.

Use [Dental Plan CAHPS](#) survey to understand patient experience with care.

### Beneficiary Oral Health State

Beneficiary survey: Requires survey sample of beneficiaries. May be accomplished annually.

How would you describe the condition of your mouth and teeth?	[Poor, Fair, Good, Very Good, Don't Know]
How often during the past 12 months have you felt that life in general was less satisfying because of problems with your mouth and teeth?	[Never, Rarely, Occasionally, Very Often, Don't Know]
Have you ever felt that the appearance of your mouth and teeth affected your ability to interview for or maintain a job?	[Yes, No, Don't Know]
How often have you experienced any of the following problems related to your mouth and teeth during the past 12 months? <ul style="list-style-type: none"> <li>• Difficulty when biting or chewing foods</li> <li>• Difficulty with speech or trouble pronouncing words</li> <li>• Dry mouth</li> <li>• Felt anxiety</li> </ul>	[Never, Rarely, Occasionally, Very Often, Don't Know]

<ul style="list-style-type: none"> <li>• Felt embarrassment</li> <li>• Avoided smiling</li> <li>• Took days off work because of pain or discomfort</li> <li>• Difficulty doing usual activities</li> <li>• Reduced participation in social activities</li> <li>• Problems sleeping</li> <li>• Experienced pain</li> </ul>	
<p>Ask if last dental visit was more than 12 months: Why did you not visit the dentist more frequently? Please select all that apply.</p> <ul style="list-style-type: none"> <li>• My mouth is healthy, so I do not need to visit the dentist</li> <li>• I do not know where to go to receive dental services</li> <li>• I cannot afford to go to the dentist</li> <li>• It is too hard to find a dentist that accepts my dental plan or Medicaid</li> <li>• I cannot find the time to get to a dentist (e.g., cannot get the time off from work, dentist does not have convenient office hours, etc.)</li> <li>• Many services are not covered by my dental plan or Medicaid, so I end up having to pay with my own money</li> <li>• I cannot travel to a dentist easily (e.g., do not have transportation, located too far away)</li> <li>• I do not have any of my original teeth (i.e., I have no teeth or I have dentures)</li> <li>• I am afraid of going to the dentist</li> <li>• Other</li> <li>• No reason</li> </ul>	

[Adapted from [Oral health and Well-Being in the United States](#), Health Policy Institute, American Dental Association]

### Financial

Average benefit paid per user (those who have a dental visit)	
Average benefit paid per beneficiary (all enrolled)	
Medical Loss Ratio (Annual)	

### Credentialing

Initial Applications	
Recredentials Approved	
Recredentials Denied	
Voluntary Terminations	
Involuntary Terminations	

Average time to credential new application: \_\_\_\_\_ days

### Provider Satisfaction

Network dentist satisfaction survey: Requires survey sample of dentists. May be accomplished semi-annually.

% of network dentists satisfied/very satisfied with:

Billing inquiry assistance	
Appeals/grievance system	

Prompt payment	
Dentist handbook	
EOB communications	

### Claims Administration

No. of claims received	
% of claims fully approved	
% of claims partially approved	
% of claims appealed	
% claims processed within 30 days	
% of claims denied	
Payment accuracy	

### Call Center Management

Total number of calls	
Average hold time to answer	
Number of calls abandoned	
Caller satisfaction	

ADA HPI Resources: [Tools for Policymakers](#)

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