

**Indicator Domain: ACCESS**

**Indicator C.1. Dentists Who Actively Participate in Medicaid per 1,000 EPSDT-Eligible Enrolled Children**

Source: Medicaid administrative enrollment and claims data

**1. Description**

Dentists who actively participate in Medicaid per 1,000 EPSDT-eligible enrolled children

- **Numerator:** Number of dentists who bill \$10,000 or more during the year for enrolled children eligible for EPDST in the state's Medicaid program
- **Denominator:** Number of EPSDT-eligible enrolled children (in thousands)

**2. Framework Domain**

**Access**

- **Provider availability:** The availability of providers to ensure that benefits for beneficiaries are accessible without unreasonable travel or time delays

**3. Level of Reporting**

This is a state-level measure of provider participation in the state's Medicaid program for children.

**4. Data Source**

Medicaid administrative enrollment and claims data.

**5. Critical Data Elements**

Enrollment Database	Claims Database
<ul style="list-style-type: none"><li>• Member ID</li><li>• Date of birth</li><li>• Program eligibility category</li></ul>	<ul style="list-style-type: none"><li>• Member ID</li><li>• Date of service</li><li>• CDT codes</li><li>• National Uniform Claim Committee health care provider taxonomy codes</li><li>• National provider identifier</li><li>• Provider billed amounts</li></ul>

## 6. Measure Guidance

When reporting and interpreting this measure, it is important to recognize that the number of providers does not represent all providers who participated in the Medicaid program during the reporting year; instead, it represents the subset of rendering providers who billed the Medicaid program at least \$10,000 during the reporting year.

## 7. Measure Calculation: Detailed Specification

### A. Denominator

Determine the number of children under age 21 enrolled in the state Medicaid program who were eligible for EPSDT during the reporting year. Include all enrollees, regardless of enrollment length.

**YOU NOW HAVE THE DENOMINATOR (DEN) COUNT: Number of EPSDT-eligible enrolled children**

### B. Numerator

**Step 1.** Identify all claims for Medicaid-enrolled children (under age 21) eligible for EPSDT.

**Step 2.** Using unique national provider identifiers for **rendering providers**, identify providers who have billed for at least one service for Medicaid ESPDT-eligible children. (Use the rendering provider number and not the billing provider number.)

**Step 3.** Sum the billed amounts for each provider for services provided to Medicaid EPSDT-eligible children during the year.

**Step 4.** Determine the number of providers whose billings to the Medicaid program for EPSDT-eligible children during the year totaled \$10,000 or more.

**Note 1:** Duplicate claims should be deduplicated before step 3.

**Note 2:** In states with dental services provided through managed care organizations, coordinated care organizations, dental care organizations, or dental benefit administrators, states should request the information in steps 1–3 from the contracted entities and then sum the amounts for each provider to determine total billings.

**YOU NOW HAVE THE NUMERATOR (NUM) COUNT: Providers who billed more than \$10,000 to Medicaid for services provided to EPSDT-eligible children**

### C. Denominator Exclusions/Exceptions

Not applicable.

### D. Measure Score

Report:

- a. Number in denominator
- b. Number in numerator
- c. Measure rate (NUM/DEN) x 1,000

## **8. Limitations**

This indicator does not delineate provider participation by geographic area or other factors that may be important to assessing provider availability and access to care. States may want to conduct a deeper analysis of this indicator to identify disparities in provider availability.

## **9. Additional Notes**

This indicator was created by the Center for Oral Health Systems Integration and Improvement for the maternal and child (MCH) oral health quality indicators.