

Indicator C.2. Utilization of Services, Dental Services (NQF #2511)

Description:	Percentage of enrolled children under age 21 who received at least one dental service within the reporting year. This indicator is a Dental Quality Alliance (DQA) measure and is endorsed by the National Quality Forum.
What data source is used?	Administrative enrollment and claims data are used to calculate this indicator. This indicator can be applied to both public program and commercial (private payer) administrative claims. This indicator is recommended for states to report for their pediatric Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. Reporting on this indicator may also be possible for children with dental benefits through state health insurance exchanges or children represented in all-payer claims databases.
Who is the target population?	Children under age 21 enrolled in a program (e.g., Medicaid/CHIP) or a dental plan.
How is the indicator measured?	<p>The indicator is expressed as a percentage [numerator/denominator x 100%]:</p> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p>Numerator: The subset of children in the denominator who received at least one dental service</p> <hr style="border: 0.5px solid black;"/> <p>Denominator: Number of children under age 21</p> </div>
Are any children excluded?	Children who do not qualify for dental benefits should be excluded.
What does this indicator measure and why is it important?	This indicator is a measure of utilization of dental services among children. Dental caries is the most common chronic disease in children in the United States. ⁱ In 2015–2016, 45.8% of children ages 2–19 had dental caries (both treated and untreated), and 13% had untreated caries. ⁱⁱ Identifying caries early is important to reverse the disease process, prevent progression of caries, and reduce the likelihood of future caries. In 2014, 52% of all children and 60% of poor children (FPL<100%) did not have a dental visit during the year. ⁱⁱⁱ This measure allows assessment of whether a child received any dental services during the year and, therefore, also measures access to oral health care. The Institute of Medicine identified improving access to oral health care as a “critical and necessary first step to improving oral health outcomes and reducing disparities.” ^{iv}
Are there any limitations to this indicator?	This indicator does not delineate the services provided during the dental visit. This indicator is designed to be used with the other indicators to provide a comprehensive picture of care.
Where can I get more information about Dental Quality Alliance (DQA) measures?	<ul style="list-style-type: none"> • The technical specifications for this indicator are available from DQA. • All DQA measures and user guides are available online.

ⁱ Centers for Disease Control and Prevention. 2016. [Hygiene-Related Diseases: Dental Caries](#). Atlanta, GA: Centers for Disease Control and Prevention.

ⁱⁱ Fleming E, Afful J. 2018. [Prevalence of Total and Untreated Dental Caries Among Youth: United States, 2015–2016](#). NCHS Data Brief, no 307. Hyattsville, MD: National Center for Health Statistics.

ⁱⁱⁱ Nasseh K, Vujcic M. 2016. [Dental Care Utilization Steady Among Working-Age Adults and Children, Up Slightly Among the Elderly](#). Health Policy Institute Research Brief. Chicago, IL: American Dental Association.

^{iv} Institute of Medicine and National Research Council. 2011. [Improving Access to Oral Health Care for Vulnerable and Underserved Populations](#). Washington, DC: The National Academies Press.