

DIPP Protocol Appendix B
Timely Recall Visit (DIPP-1)
Louisiana Department of Health and Hospitals/University of Louisiana at Monroe

Note: This is a state-specific measure

A. DESCRIPTION

The percentage of members with a subsequent dental exam performed between 175 and 235 days after a previous exam.

Guidance for Reporting

- The dental exam must occur **with** a general or pediatric dental provider. Dental exams should be limited to the CDT codes found in Table DIPP1-A. The provider types and specialties found in Table DIPP1-B satisfy the requirements of general or pediatric dental provider.
- Include all paid, adjusted, or denied claims.
- This measure is calculated and reported twice a year. The measure has been designed to accommodate a 6-month denominator intake period and 235-day numerator window. When calculating, choose the appropriate intake period based on the measurement end date being reported.

B. DEFINITIONS

Intake Period	A 6-month timeframe used to capture dental exams for inclusion in the denominator.
Index Episode Start Date (IESD)	The earliest service date of a dental exam with a general or pediatric dentist occurring during the intake period.
Intake Period for February 20, 2025 Measurement End Date (Year 1, Round 1)	January 1, 2024 – June 30, 2024
Intake Period for August 23, 2025 Measurement End Date (Year 2, Round 1)	July 1, 2024 – December 31, 2024

C. ELIGIBLE POPULATION

Eligibility Groups	Children 1 through 20 years of age who are eligible for EPSDT and adults 21 years of age or older in the Adult Waiver Dental Program. Members eligible for the Adult Waiver Dental Program can be identified using the member type case and aid category combinations in Table DIPP1-C.
Continuous enrollment	Members must be continuously enrolled during the 236-day period starting on the IESD through 235 days following the IESD.
Allowable gap	One 45-day gap of enrollment is allowed. If enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.
Age	1 year of age or older as of the IESD.
Event	Dental Exam with a general or pediatric dentist

Required Exclusion	Exclude members enrolled in Adult ICF/IID Dental Services at any point during the intake period. These members can be identified using the member type case and aid category combinations in Table DIPP1-D.
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Follow the steps below to identify the events the denominator.

Step 1:

Identify members with a dental exam with a general or pediatric dentist during the intake period. Use the CDT codes and provider type/specialty combinations below to identify dental exams.

Table DIPP1-A: Dental Exams

Code System	Code
CDT	D0120, D0145, D0150

Table DIPP1-B: General or Pediatric Dentist Provider Types and Specialties

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
27	Dentist or Dental Group	66	Dentist
72	FQHC	66	Dentist
95	A I Facility	66	Dentist
79	RHC (Provider Based)	66	Dentist
87	RHC (Independent)	66	Dentist
27	Dentist or Dental Group	68	Pediatric Dentist
27	Dentist or Dental Group	70	Clinic or Group Practice

Step 2:

Find each member's earliest date of service for dental exams found in step 1. This is the index episode start date (IESD).

Step 3:

Calculate continuous enrollment. Members must be continuously enrolled during the 236-day period starting on the IESD through 235 days following the IESD.

Required Exclusions

Exclude members enrolled in Adult ICF/IID Dental Services at any point during the intake period. These members can be identified using the member type case and aid category combinations in Table DIPP1-D.

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population

Numerator

A subsequent dental exam occurring between 175 and 235 days after the IESD. Use the CDT codes and provider type/specialty combinations from Tables DIPP1-A and DIPP1-B to identify a subsequent dental exam.

Table DIPP1-C: Adult Dental Waiver Member Type Case and Aid Category Combinations

Aid Category	Aid Category Description	Type Case	Type Case Description
01	Aged	150	SSI New Opportunities Waiver Fund
02	Blind	150	SSI New Opportunities Waiver Fund
04	Disabled	150	SSI New Opportunities Waiver Fund
08	IV-E OCS/OYD	150	SSI New Opportunities Waiver Fund
22	OCS/OYD (XIX)	150	SSI New Opportunities Waiver Fund

Table DIPP1-D: Exclusion Member Type Case and Aid Category Combinations for Adult ICF/IID Dental Services

Aid Category	Aid Category Description	Type Case	Type Case Description
01	Aged	62	SSI/Public ICF/DD
01	Aged	64	SSI/Private ICF/DD
01	Aged	65	Private ICF/DD
01	Aged	99	Public ICF/DD
01	Aged	136	Private ICF/DD Spendown Medically Needy Program
01	Aged	137	Public ICF/DD Spend-Down MNP
01	Aged	138	Private ICF/DD Spend-Down MNP/Income over facility fee
01	Aged	139	Public ICF/DD Spend-Down MNP/Income over facility fee
02	Blind	62	SSI/Public ICF/DD
02	Blind	64	SSI/Private ICF/DD
02	Blind	65	Private ICF/DD
02	Blind	99	Public ICF/DD
02	Blind	136	Private ICF/DD Spendown Medically Needy Program
02	Blind	137	Public ICF/DD Spendown Medically Needy Program
02	Blind	138	Private ICF/DD Spendown MNP/Income Over Facility Fee
02	Blind	139	Public ICF/DD Spendown MNP/Income Over Facility Fee
02	Blind	140	SSI Private ICF/DD Transfer of Resources
02	Blind	141	Private ICF/DD Transfer of Resources
02	Blind	142	SSI Public ICF/DD Transfer of Resources
02	Blind	143	Public ICF/DD Transfer of Resources
02	Blind	144	Public ICF/DD MNP Transfer of Resources
02	Blind	145	Private ICF/DD MNP Transfer of Resources
03	Families and Children	99	Public ICF/DD
04	Disabled	62	SSI/Public ICF/DD
04	Disabled	64	SSI/Private ICF/DD
04	Disabled	65	Private ICF/DD
04	Disabled	99	Public ICF/DD
04	Disabled	136	Private ICF/DD Spendown Medically Needy Program
04	Disabled	137	Public ICF/DD Spendown Medically Needy Program

04	Disabled	138	Private ICF/DD Spendown MNP/Income Over Facility Fee
04	Disabled	139	Public ICF/DD Spendown MNP/Income Over Facility Fee
04	Disabled	140	SSI Private ICF/DD Transfer of Resources
04	Disabled	141	Private ICF/DD Transfer of Resources
04	Disabled	142	SSI Public ICF/DD Transfer of Resources
04	Disabled	143	Public ICF/DD Transfer of Resources
04	Disabled	144	Public ICF/DD MNP Transfer of Resources
04	Disabled	145	Private ICF/DD MNP Transfer of Resources
08	IV-E OCS/OYD	62	SSI/Public ICF/DD
08	IV-E OCS/OYD	64	SSI/Private ICF/DD
08	IV-E OCS/OYD	65	Private ICF/DD
08	IV-E OCS/OYD	99	Public ICF/DD
22	OCS/OYD (XIX)	62	SSI/Public ICF/DD
22	OCS/OYD (XIX)	64	SSI/Private ICF/DD
22	OCS/OYD (XIX)	65	Private ICF/DD
22	OCS/OYD (XIX)	99	Public ICF/DD

DIPP Protocol Appendix B
Twice Annual Fluoride (DIPP-2)
Louisiana Department of Health and Hospitals/University of Louisiana at Monroe

Note: This is a state-specific measure

A. DESCRIPTION

The percentage of members with a subsequent topical fluoride application performed between 175 and 235 days after a previous topical fluoride application.

Guidance for Reporting

- The topical fluoride application must occur **with** a general or pediatric dental provider. Topical fluoride applications should be limited to the CDT codes found in Table DIPP2-A. The provider types and specialties found in Table DIPP2-B satisfy the requirements of general or pediatric dental provider.
- Include all paid, adjusted, or denied claims.
- This measure is calculated and reported twice a year. The measure has been designed to accommodate a 6-month denominator intake period and 235-day numerator window. When calculating, choose the appropriate intake period based on the measurement end date being reported.

B. DEFINITIONS

Intake Period	A 6-month timeframe used to capture topical fluoride applications for inclusion in the denominator.
Index Episode Start Date (IESD)	The earliest service date of a topical fluoride application with a general or pediatric dentist occurring during the intake period.
Intake Period for February 20, 2025 Measurement End Date (Year 1, Round 1)	January 1, 2024 – June 30, 2024
Intake Period for August 23, 2025 Measurement End Date (Year 2, Round 1)	July 1, 2024 – December 31, 2024

C. ELIGIBLE POPULATION

Eligibility Groups	Children 1 through 20 years of age who are eligible for EPSDT.
Continuous enrollment	Members must be continuously enrolled during the 236-day period starting on the IESD through 235 days following the IESD.
Allowable gap	One 45-day gap of enrollment is allowed. If enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.
Age	Ages 1 through 20 years as of the IESD.
Event	Topical fluoride application with a general or pediatric dentist

Follow the steps below to identify the events the denominator.

Step 1:

Identify members with a topical fluoride application with a general or pediatric dentist during the intake period. Use the CDT codes and provider type/specialty combinations below to identify topical fluoride applications.

Table DIPP2-A: Topical Fluoride Applications

Code System	Code
CDT	D1206, D1208

Table DIPP2-B: General or Pediatric Dentist Provider Types and Specialties

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
27	Dentist or Dental Group	66	Dentist
72	FQHC	66	Dentist
95	A I Facility	66	Dentist
79	RHC (Provider Based)	66	Dentist
87	RHC (Independent)	66	Dentist
27	Dentist or Dental Group	68	Pediatric Dentist
27	Dentist or Dental Group	70	Clinic or Group Practice

Step 2:

Find each member's earliest date of service for a topical fluoride application found in step 1. This is the index episode start date (IESD).

Step 3:

Calculate continuous enrollment. Members must be continuously enrolled during the 236-day period starting on the IESD through 235 days following the IESD.

Required Exclusions

None

D. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population

Numerator

A subsequent topical fluoride application with a general or pediatric dentist occurring between 175 and 235 days after the IESD. Use the CDT codes and provider type/specialty combinations from Tables DIPP2-A and DIPP2-B to identify subsequent topical fluoride applications.

DIPP Protocol Appendix B
Rate of Restorative Care (DIPP-3)
Louisiana Department of Health and Hospitals

Note: This is a state-specific measure

A. DESCRIPTION

The rate of members, ages three and older, who receive one or more restorative services within 180 days following engagement in a dental home.

Guidance for Reporting

- The dental exam must occur **with** a general or pediatric dental provider. Dental exams should be limited to the CDT codes found in Table DIPP3-A. The provider types and specialties found in Table DIPP3-B satisfy the requirements of general or pediatric dental provider.
- Include all paid, adjusted, or denied claims.
- This measure is calculated and reported twice a year. The measure has been designed to accommodate a 6-month denominator intake period and 180-day numerator window. When calculating, choose the appropriate intake period based on the measurement end date being reported.

B. RATIONALE

Louisiana Medicaid rates for children under age 21 receiving restorative care has continued to lag behind other States and the Nationally reported rates published by CMS. CMS requires states to report restorative care rates annually using the specifications for line 12C of the CMS 416 report. From FFY 2019 to FFY 2021, the most current report released by CMS, Louisiana Medicaid dropped from the 35th lowest scoring State Nationally for children receiving necessary restorative treatment to 43rd in the Nation and five percentage points behind the National rate.

The gap in needed restorative care is also quantified in Louisiana's 2021 Oral Health Report Card published by the Louisiana Oral Health Coalition, in which Louisiana received an overall grade of a "D" as compared to national statistics using the same evaluation indicators. Key findings relative to the lack of restorative care included:

- 26.2% of Louisiana third graders have untreated dental decay. Louisiana was graded an F for this indicator as Louisiana's reported rate is 51.3% worse than the nationally reported rate.
- 18% of Louisiana adults, age 65+ have lost all of their natural teeth to decay or gum disease scoring a grade of F.
- 40% of Louisiana adults, age 65+ have lost six or more of their natural teeth to decay or gum disease scoring a grade of D.
- 43% of Louisiana adults ages 18-64 report not having seen a dentist in the last year scoring a grade of a D.
- 39% of Louisianans have access to fluoridated water which is 60.7% worse than the rate of Americans having access to fluoridated water nationally.

The addition of this state-defined measure for reporting the rates of restorative care, and subsequent practice level reporting for use in State Directed Payments (SDPs) for provider performance improvement, will allow LDH to further our Aim statements, and subsequent objectives and strategies included in our Louisiana Medicaid Managed Care Quality Strategy.

Aims	Goals	Objectives
Healthier People, Healthier Communities. Improve the health of Louisianans through	Promote wellness and prevention	Promote oral health in children

better prevention and treatment and proven interventions that address physical, behavioral, and social needs.		
Smarter Spending. Demonstrate good stewardship of public resources by ensuring high-value, efficient care.	Pay for value and incentivize innovation.	Advance value-based payment arrangements and innovation.

C. DEFINITIONS

Intake Period	A 6-month timeframe used to capture dental exams for inclusion in the denominator.
Index Episode Start Date (IESD)	The earliest service date of a dental exam with a general or pediatric dentist occurring during the intake period.
Intake Period for December 27, 2024 Measurement End Date (Year 1, Round 1)	January 1, 2024 – June 30, 2024
Intake Period for June 29, 2025 Measurement End Date (Year 2, Round 1)	July 1, 2024 – December 31, 2024

D. ELIGIBLE POPULATION

Eligibility Groups	Children 3 through 20 years of age who are eligible for EPSDT and Adults 21 years of age or older in the Adult Waiver Dental Program. Members eligible for the Adult Waiver Dental Program can be identified using the member type case and aid category combinations in Table DIPP3-C.
Continuous enrollment	Members must be continuously enrolled during the 181-day period starting on the IESD through 180 days following the IESD.
Allowable gap	No gaps in enrollment allowed during the reporting period.
Anchor date	Members must have turned minimum age of 3 years old on or before the first day of the reporting period.
Event	Dental Exam with a general or pediatric dentist
Required Exclusion	Exclude members enrolled in Adult ICF/IID Dental Services at any point during the intake period. These members can be identified using the member type case and aid category combinations in Table DIPP3-D. Exclude members in hospice.

E. IDENTIFICATION OF DENOMINATOR ELIGIBLE POPULATION

Follow all steps below to identify members eligible for inclusion in the denominator. Members must meet all requirements as defined in steps one through three to be included in the denominator.

Step 1:

Identify members who meet age requirements as defined in the eligible population, including the anchor date requirement for minimum age members.

Step 2:

Identify members with a dental exam with a general or pediatric dentist during the intake period. Use the CDT codes and provider type/specialty combinations below to identify dental exams.

Table DIPP3-A: Dental Exams

Code System	Code
CDT	D0120, D0140, D0150

Table DIPP3-B: General or Pediatric Dentist Provider Types and Specialties

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
27	Dentist or Dental Group	66	Dentist
72	FQHC	66	Dentist
95	A I Facility	66	Dentist
79	RHC (Provider Based)	66	Dentist
87	RHC (Independent)	66	Dentist
27	Dentist or Dental Group	68	Pediatric Dentist
27	Dentist or Dental Group	70	Clinic or Group Practice

Step 3:

Find each member's earliest date of service for dental exams found in step 2. This is the index episode start date (IESD).

Step 4:

Calculate continuous enrollment. Members must be continuously enrolled during the 181-day period starting on the IESD through 180 days after the IESD.

Required Exclusions

Exclude members enrolled in Adult ICF/IID Dental Services at any point during the intake period. These members can be identified using the member type case and aid category combinations in Table DIPP3-D. Exclude members in hospice.

F. ADMINISTRATIVE SPECIFICATION**Denominator**

- The eligible population.

Numerator

Members from the denominator who received one or more restorative care services, CDT D2000-D2999, within 180 days after the IESD (181 total days). The restorative service must have been performed by a qualifying provider type and specialty as defined in Table DIPP3-B. When multiple numerator qualifying events occur on different dates of service during the 180-day period after the IESD, select the qualifying event that matches the group practice from the denominator qualifying event, if possible.

G. PRACTICE LEVEL REPORTING

Practice level reporting will be conducted by following the steps below.

Step 1: Identifying the group level denominator

Utilize the Denominator from the Administrative Specifications in F above to stratify members by group practice. Group practice is determined by using the qualifying denominator dental exam claim data.

Step 2: Identifying the group level numerator

Utilize the qualifying Numerator events from the Administrative Specifications in E above to stratify numerator hits by corresponding group attribution in the denominator.

Step 3: Disqualifying Numerator Events

For practice level reporting only, numerator events will be disqualified when the group providing the numerator event is different from the group providing the denominator event. In these instances, the member will remain in the denominator at the group level, but the qualifying numerator event will be disqualified as counting towards the group's specific performance.

Table DIPP3-C: Adult Dental Waiver Member Type Case and Aid Category Combinations

Aid Category	Aid Category Description	Type Case	Type Case Description
01	Aged	150	SSI New Opportunities Waiver Fund
02	Blind	150	SSI New Opportunities Waiver Fund
04	Disabled	150	SSI New Opportunities Waiver Fund
08	IV-E OCS/OYD	150	SSI New Opportunities Waiver Fund
22	OCS/OYD (XIX)	150	SSI New Opportunities Waiver Fund

Table DIPP3-D: Exclusion Member Type Case and Aid Category Combinations for Adult ICF/IID Dental Services

Aid Category	Aid Category Description	Type Case	Type Case Description
01	Aged	62	SSI/Public ICF/DD
01	Aged	64	SSI/Private ICF/DD
01	Aged	65	Private ICF/DD
01	Aged	99	Public ICF/DD
01	Aged	136	Private ICF/DD Spenddown Medically Needy Program
01	Aged	137	Public ICF/DD Spend-Down MNP
01	Aged	138	Private ICF/DD Spend-Down MNP/Income over facility fee
01	Aged	139	Public ICF/DD Spend-Down MNP/Income over facility fee
02	Blind	62	SSI/Public ICF/DD
02	Blind	64	SSI/Private ICF/DD
02	Blind	65	Private ICF/DD
02	Blind	99	Public ICF/DD
02	Blind	136	Private ICF/DD Spenddown Medically Needy Program
02	Blind	137	Public ICF/DD Spenddown Medically Needy Program
02	Blind	138	Private ICF/DD Spenddown MNP/Income Over Facility Fee
02	Blind	139	Public ICF/DD Spenddown MNP/Income Over Facility Fee
02	Blind	140	SSI Private ICF/DD Transfer of Resources
02	Blind	141	Private ICF/DD Transfer of Resources
02	Blind	142	SSI Public ICF/DD Transfer of Resources
02	Blind	143	Public ICF/DD Transfer of Resources
02	Blind	144	Public ICF/DD MNP Transfer of Resources

02	Blind	145	Private ICF/DD MNP Transfer of Resources
03	Families and Children	99	Public ICF/DD
04	Disabled	62	SSI/Public ICF/DD
04	Disabled	64	SSI/Private ICF/DD
04	Disabled	65	Private ICF/DD
04	Disabled	99	Public ICF/DD
04	Disabled	136	Private ICF/DD Spendown Medically Needy Program
04	Disabled	137	Public ICF/DD Spendown Medically Needy Program
04	Disabled	138	Private ICF/DD Spendown MNP/Income Over Facility Fee
04	Disabled	139	Public ICF/DD Spendown MNP/Income Over Facility Fee
04	Disabled	140	SSI Private ICF/DD Transfer of Resources
04	Disabled	141	Private ICF/DD Transfer of Resources
04	Disabled	142	SSI Public ICF/DD Transfer of Resources
04	Disabled	143	Public ICF/DD Transfer of Resources
04	Disabled	144	Public ICF/DD MNP Transfer of Resources
04	Disabled	145	Private ICF/DD MNP Transfer of Resources
08	IV-E OCS/OYD	62	SSI/Public ICF/DD
08	IV-E OCS/OYD	64	SSI/Private ICF/DD
08	IV-E OCS/OYD	65	Private ICF/DD
08	IV-E OCS/OYD	99	Public ICF/DD
22	OCS/OYD (XIX)	62	SSI/Public ICF/DD
22	OCS/OYD (XIX)	64	SSI/Private ICF/DD
22	OCS/OYD (XIX)	65	Private ICF/DD
22	OCS/OYD (XIX)	99	Public ICF/DD