Michigan Department of Health and Human Services

State Fiscal Year 2024 External Quality Review Encounter Data Validation Aggregate Report

for Dental Health Plans

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

Introduction

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Michigan Department of Health and Human Services (MDHHS) requires its contracted Medicaid managed care entities (MCEs) and waiver agencies to submit high-quality encounter data. During state fiscal year (SFY) 2024, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) review.

Methodology

In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),[1] HSAG conducted a dental record review (DRR) activity, which is an analysis of the State's electronic encounter data completeness and accuracy, by comparing the State's electronic encounter data to the information documented in the corresponding members' dental records.

HSAG conducted the EDV for 47 MCEs. This report, however, presents results and findings for the dental health plans (DHPs) under the Healthy Kids Dental Program.

DHPs Included in the Review

Table 1-1 presents the names and abbreviations for the DHPs associated with the Healthy Kids Dental Program included in the SFY 2024 EDV activity.

Table 1-1—DHPs Included in the Review

Name	Abbreviation
Blue Cross Blue Shield of Michigan Dental	BCD
Delta Dental of Michigan	DD

[1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf Accessed on: May 20, 2024.

Key Findings From Dental Record Review

Dental Record Procurement

Table 1-2 displays the procurement status for the requested dental records.

Table 1-2—Procurement Summary

Information Type	All DHP Rate	DHP Range
Date of Service	79.7%	61.6%–97.8%
Second Date of Service	49.5%	48.6%–50.0%

Findings: HSAG requested a total of 822 cases for procurement from both participating DHPs. While both DHPs completed and submitted tracking sheets associated with the requested cases, 20.3 percent included no dental record documentation associated with the requested cases. This resulted in an overall submission rate of 79.7 percent (i.e., 655 cases) having an accompanying dental record documentation. Additionally, among the 655 records received with dates of service from the sample cases, 324 records (49.5 percent) had a second date of service submitted to HSAG, as indicated in the tracking sheet.

Encounter Data Completeness

Table 1-3 displays the dental record and encounter data omission rates for each key data element. Omissions identified in the dental records (where service information in the encounter data is not supported by the dental records) and omissions identified in the encounter data (where services documented in the dental records are absent from the encounter data) highlight discrepancies in the completeness of MDHHS' encounter data. Lower omission rates are preferable for both measures, as they indicate consistent and comprehensive documentation across both data sources.

Table 1-3—Encounter Data Completeness Summary

Key Data Elements	Dental Record Omission*		Encounter Data Omission*	
	All DHP Rate	DHP Range	All DHP Rate	DHP Range
Date of Service	15.6%	2.3%–31.8%	2.5%	1.9%–3.4%
CDT Code	18.3%	6.3%–33.7%	1.0%	0.7%–1.5%

* Lower rates indicate better performance.

Findings: The study evaluates dental encounter data completeness by comparing the encounter data for the two DHPs with the associated members' dental records, focusing on two key data elements: *Date of Service* and *CDT Code*. Notably, one DHP submitted only approximately 61 percent of the requested dental records, leading to higher apparent dental record omission rates for these elements, as non-submitted records were classified as omissions. This discrepancy underscores the need to interpret the dental record omission rates with caution.

For *Date of Service*, the overall dental record omission rate was 15.6 percent, with a wide range of 2.3 percent to 31.8 percent across the two DHPs. However, this rate likely reflects both actual omissions and the impact of incomplete submissions. By comparison, encounter data exhibited substantially lower omission rates, with an overall rate of 2.5 percent and a narrower range of 1.9 percent to 3.4 percent, indicating that the *Dates of Service* in the encounter data were generally well supported by the information found in the dental records.

Similarly, for *CDT Code*, the overall dental record omission was 18.3 percent, with a range of 6.3 percent to 33.7 percent. The omission rates in dental records for the DHP with incomplete submissions are likely inflated due to the approximately 39 percent of records that were not submitted being considered as omission. In contrast, the overall encounter data omission rate was substantially lower at 1.0 percent with a range of 0.7 percent to 1.5 percent, suggesting that the *CDT Codes* in the encounter data were well supported by the information found in the dental records.

Encounter Data Accuracy

Table 1-4 displays the element accuracy rates for *CDT Code* and the all-element accuracy rate. HSAG evaluated the accuracy of encounter data for dates of service that were present in both MDHHS' encounter data and the corresponding members' dental records. The *CDT Code* was evaluated for accuracy when it was present in both MDHHS' encounter data and the dental records. Higher accuracy rates reflect better performance and stronger alignment between the two data sources. Additionally, HSAG calculated the all-element accuracy rate, which represents the percentage of dates of service where the evaluated data element (i.e., *CDT Code*) was accurate and fully supported by the corresponding dental records.

Table 1-4—Encounter Data Accuracy Summary

Key Data Elements	All DHP Rate	DHP Range
CDT Code	99.0%	98.8%–99.2%
All-Element Accuracy	87.1%*	85.8%–89.3%*

* The denominator for the element accuracy rate for the *CDT Code* data element was defined differently from the denominator used for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate from the individual data element.

Findings: The *CDT Code*, the only key data element in the evaluation, was assessed for accuracy based on its presence in both MDHHS' encounter data and dental records. The results indicate a high overall accuracy rate for *CDT Code* at 99.0 percent, demonstrating strong alignment between the two data sources for this element.

Approximately 87.1 percent of the dates of service present in both data sources accurately reflected an all-element accuracy rate when assessed across the *CDT Code* data element and compared to the members' dental records. The overall all-element inaccuracies were attributed to dental record omissions, encounter data omissions, and element inaccuracies in the *CDT Code* data element, with dental record omissions contributing the most to the observed inaccuracies.

Recommendations

- The results of the DRR indicated that dental visit encounters for **DD** were relatively complete and accurate when compared to members' dental records, with minimal discrepancies. As such, HSAG recommends MDHHS to continue its current monitoring efforts to ensure the ongoing quality of encounter data submissions and promptly address any identified data issues.
- **BCD** experienced challenges in obtaining requested dental records from contracted providers. HSAG recommends that **BCD** strengthen and/or enforce contract requirements with providers to ensure compliance with documentation requests for audits, inspections, and oversight. Additionally, **BCD** should investigate non-submission reasons, specifically "*Non-responsive provider or provider did not respond in a timely manner*," to identify and address barriers to timely dental record submission.
- The DRR findings highlighted high dental record omission rates for **BCD**, particularly for the *Date of Service* and *CDT Code* data elements. HSAG recommends that **BCD**:
  - Conduct root cause analyses to understand and address the factors contributing to these omissions.
  - Perform periodic reviews of submitted claims to verify appropriate coding and data completeness.
  - Use findings from these reviews to provide targeted education and training for providers on encounter data submissions, dental record documentation, and coding practices.
- HSAG recommends fostering collaboration between MDHHS and DHPs by:
  - Conducting regular communication forums and workshops to discuss challenges and share best practices in data submission and setting performance benchmarks to encourage continuous improvement.
  - Developing improvement plans for **BCD**.
- During the process of generating sample cases for the EDV review, HSAG encountered significant challenges with the completeness and accuracy of provider information within MDHHS' encounter data. Specifically, the data often lacked fully populated National Provider Identifiers (NPIs), which are crucial for accurately identifying providers who meet the criteria for a specific service category. Additionally, the encounter data did not include detailed provider taxonomy codes, which are vital for determining the eligibility of providers for specific services relevant to the review. The lack of detailed taxonomy information hindered HSAG's ability to categorize and analyze data based on the provider specialty and service type. To address these challenges and improve the integrity of future data analyses, HSAG proposes the following strategic recommendations. MDHHS should:
  - Mandate the inclusion of complete NPIs and provider taxonomy codes in all encounter data submissions.
  - Introduce robust data verification processes at the point of entry. This step will help in early detection and rectification of incomplete or inaccurate provider data, maintaining the integrity of the database.

- Develop a centralized, easily accessible repository for provider data that can be referenced and updated regularly. This will facilitate more efficient data linkage and retrieval, improving the ease and reliability of data analysis.
- Implement a regular review and feedback system to monitor the improvements in data quality post-implementation of these changes. This will not only help in measuring the success of the implemented strategies but also in making continuous improvements.

By implementing these recommendations, MDHHS and the DHPs can enhance the accuracy, completeness, and reliability of encounter data, contributing to improved oversight and better data-driven decision-making.

2. Overview and Methodology

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, MDHHS must ensure that each of its contracted Medicaid MCEs maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs to submit high-quality encounter data. MDHHS relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During SFY 2024, MDHHS contracted with HSAG to conduct an EDV activity. In alignment with CMS EQR Protocol 5, HSAG conducted a dental record review activity, which is an analysis of the State's electronic encounter data completeness and accuracy, by comparing the State's electronic encounter data to the information documented in the corresponding members' dental records.

HSAG conducted the EDV for 47 MCEs. Table 2-1 displays the MCE programs and number of MCEs included in the EDV review. This report, however, will focus on presenting results and findings for the DHPs under the Healthy Kids Dental Program. The primary objective was to evaluate completeness and accuracy of the electronic encounter data by comparing MDHHS' encounter data to the information documented in the members' dental records.

Table 2-1—Michigan Medicaid Managed Care Programs

Managed Care Program	MCE Type	Number of MCEs
Comprehensive Health Care Program (CHCP)	Medicaid Health Plans (MHPs)	9
Healthy Kids Dental Program	DHPs	2
MI Health Link Program	Integrated Care Organizations (ICOs)	6
Behavioral Health Managed Care Program	Prepaid Inpatient Health Plans (PIHPs)	10
MI Choice Waiver Program	Waiver Agencies	20

Methodology

Dental Record Review

As outlined in the CMS EQR Protocol 5, DRR is a complex and resource-intensive process. Dental and clinical records are considered the "gold standard" for documenting Medicaid members' access to and quality of healthcare services. However, due to the resource-intensive nature of a DRR, HSAG recommends that a DRR be conducted once there is a sufficient level of quality for MDHHS' encounters. Following the information systems review and administrative profile analysis conducted during the SFY 2023 EDV activity, HSAG determined that the quality of MDHHS' encounter data was sufficient to proceed with the DRR activity.

The DRR activity evaluated encounter data completeness and accuracy through a review of dental records for dental services rendered from October 1, 2022, through September 30, 2023. This review answered the following question:

- *Are the data elements in Table 2-2 found on the dental encounters complete and accurate when compared to information contained within the dental records?*

Table 2-2—Key Data Elements for DRR

Key Data Element
• Date of Service • Dental Procedure Code (Current Dental Terminology [CDT])

To answer the review question, HSAG conducted the following steps:

- Identified the eligible population and generated samples from data extracted from the MDHHS data warehouse.
- Provided technical assistance to the DHPs to support the procurement of dental records from providers, as appropriate.
- Reviewed dental records against MDHHS' encounter data.
- Calculated review indicators and submitted EDV results to MDHHS.

Review Population

To be eligible for the DRR, a member had to be continuously enrolled in the same DHP during the review period (i.e., from October 1, 2022, through September 30, 2023) and had to have at least one dental visit during the review period. In addition, members with Medicare or other insurance coverages were excluded from the eligible population since these members may have received services that were documented in their dental record but not represented in MDHHS' encounter data.

In this report, HSAG refers to "dental visits" as the services that meet all criteria in Table 2-3.

Table 2-3—Criteria for Defining Dental Visits

Data Element	Criteria
Provider Taxonomy Classification	Dental Assistant Dental Hygienist Dentist Denturist Oral & Maxillofacial Surgery
Place of Service	11–Office 50–Federally Qualified Health Center 71–Public Health Clinic

Sampling Strategy

HSAG used a two-stage sampling technique to select samples based on the member enrollment and encounter data extracted from the MDHHS data warehouse. HSAG first identified all members who met the review population eligibility criteria, and then used random sampling to select 411 members[2] from the eligible population for each DHP. If a DHP had less than 411 cases that were eligible for the review, all eligible cases were included in the review. Then, for each selected sampled member, HSAG used the SURVEYSELECT procedure in SAS®,[3] to randomly select one dental visit[4] that occurred during the review period (i.e., from October 1, 2022, through September 30, 2023).

Additionally, to evaluate whether any dates of service were omitted from the MDHHS data warehouse, HSAG reviewed a second date of service rendered by the same billing or rendering provider (i.e., based on billing or rendering NPI) during the review period. The providers selected the second date of service, which was closest to the sampled date of service, from the dental records for each sampled member. If a sampled member had no second visit with the same provider during the review period, HSAG evaluated only one date of service for that member. As such, the final number of cases reviewed were between 411 and 822 for each DHP.

Dental Record Procurement

Upon receiving the final sample list from HSAG, each DHP was responsible for procuring the sampled members' dental records from their contracted providers for services that occurred during the review period. In addition, the DHPs were responsible for submitting the documentation to HSAG. To improve

[2] The sample size of 411 is based on a 95 percent confidence level and a margin of error of 5 percent.

[3] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

[4] To ensure that the DRR included all services provided on the same date of service, encounters with the same date of service and same rendering provider were consolidated into one visit for sampling purposes.

the procurement rate, HSAG conducted a technical assistance session with the DHPs to review the EDV activity and the procurement protocols after distributing the sample lists. The DHPs were instructed to submit dental records electronically via HSAG's Secure Access File Exchange (SAFE) site to ensure the safeguard of protected health information. During the procurement process, HSAG worked with the DHPs to answer questions and monitor the number of dental records submitted. For example, HSAG provided an initial submission status update when 40 percent of the records were expected to be submitted and a final submission status update following completion of the procurement period.

All electronic dental records HSAG received were maintained on a secure HSAG network, which allowed HSAG's trained reviewers to validate the cases from a centralized location under supervision and oversight. As with all DRR and research activities, HSAG has implemented a thorough Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance and protection program in accordance with federal regulations that includes recurring training as well as policies and procedures that address physical security, electronic security, and day-to-day operations.

Review of Dental Records

In order to successfully complete the review, the project lead worked with the case review team (CRT) beginning with the methodology phase. The CRT was involved in the tool design phase, as well as the tool testing, to ensure that the abstracted data are complete and accurate. Based on the review methodology, clinical guidelines, and the tool design/testing results, the CRT drafted an abstraction instruction document specific to the review for training purposes. Concurrent with record procurement activities, the CRT trained its review staff on specific review protocols and conducted interrater reliability and rater-to-standard testing. All reviewers were required to achieve a 95 percent accuracy rate prior to reviewing dental records and collecting data for the review. Interrater reliability among reviewers, as well as reviewer accuracy, were evaluated regularly throughout the review. Issues and decisions raised during this evaluation process were documented in the abstraction instruction document and communicated to all reviewers in a timely manner.

During the DRR activity, HSAG's trained reviewers collected and documented findings in an HSAG-designed electronic data collection tool. The tool was designed with edits to assist in the accuracy of data collection. The validation included a review of specific data elements identified in sample cases and compared to corresponding documentation in the dental record.

HSAG's trained reviewers first verified whether the sampled date of service from the MDHHS encounter data could be found in the member's dental record. If found, the reviewers documented whether the date of service was valid; if not found, the reviewers reported the date of service as a *dental record omission*. If found, the reviewers then reviewed the services provided on the selected date of service and validated the data elements listed in Table 2-2. All reviewers entered their findings into the electronic tool to ensure data integrity.

After the reviewers evaluated the sampled date of service, they determined if the dental record contained documentation for a second date of service in the review period. If the documentation for a second date of service was available, the reviewers evaluated the services rendered on this date and validated the data elements in Table 2-2 associated with the second date of service. If the documentation contained

more than one second date of service, the reviewers selected the date closest to the sampled date of service to validate. If the second date of service was missing from the MDHHS data warehouse, it was reported as an *encounter data omission*. The missing values associated with this visit were listed as an omission for each key data element, respectively.

Review Indicators

Once the DRR was completed, HSAG analysts exported information collected from the electronic tool, reviewed the data, and conducted the analysis. Table 2-4 displays the review indicators that were used to report the DRR results.

Table 2-4—Review Indicators

Review Indicator	Denominator	Numerator
Dental Record Procurement Rate: Percentage of records submitted. Additionally, the reasons for missing dental records were presented.	Total number of requested sample cases.	Number of requested sample cases with dental records submitted for either the sampled date of service or the second date of service.
Second Date of Service Submission Rate: Percentage of sample cases with a second date of service submitted in the dental records.	Number of sample cases with dental records submitted.	Number of sample cases with a second date of service submitted in the dental records.
Dental Record Omission Rate: Percentage of data elements (e.g., *Date of Service*) identified in MDHHS' data warehouse that are not found in the members' dental records. HSAG calculated the review indicator for each data element listed in Table 2-2.	Total number of data elements (e.g., *Date of Service*) identified in MDHHS' data warehouse (i.e., based on the sample dates of service and the second dates of service that are found in MDHHS' data warehouse).	Number of data elements (e.g., *Date of Service*) in the denominator but not found in the dental records.
Encounter Data Omission Rate: Percentage of data elements (e.g., *Date of Service*) identified in members' dental records, but not found in MDHHS' data warehouse. HSAG calculated the review indicator for each data element listed in Table 2-2.	Total number of data elements (e.g., *Date of Service*) identified in members' dental records (i.e., based on the dental records procured for the sample dates of service and second dates of service).	Number of data elements (e.g., *Date of Service*) in the denominator but not found in MDHHS' data warehouse.

Review Indicator	Denominator	Numerator
Dental Code Accuracy: Percentage of dental procedure codes supported by the dental records. Additionally, the frequency count of associated reasons for inaccuracy were presented.	Total number of dental procedure codes that met the following two criteria: • For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the dental records. • Dental procedure codes present for both MDHHS' encounter data and the dental records.	Number of dental procedure codes supported by the dental records.
All-Element Accuracy Rate: Percentage of dates of service present in both MDHHS' encounter data and the dental records, with the same values for all data elements listed in Table 2-2.	Total number of dates of service (i.e., including both the sample dates of service and second dates of service) that are in both MDHHS' encounter data and the dental records.	The number of dates of service in the denominator with the same dental procedure codes for a given date of service.

3. Dental Record Review Results

Background

Dental records are considered the "gold standard" for documenting Medicaid members' access and quality of services. The DRR assessed data quality by investigating the completeness and accuracy of MDHHS' encounters compared to the information documented in the corresponding dental records for Medicaid members. This section presents findings from HSAG's DRR to examine the extent to which services documented in dental records were not present in the encounter data (i.e., encounter data omission), as well as the extent to which services documented in the encounter data were not present in the members' corresponding dental records (i.e., dental record omission). This section also presents findings from HSAG's evaluation of the accuracy of dental procedure codes submitted by the DHPs' contracted providers to the DHPs and subsequently submitted to MDHHS based on documentation contained in the members' dental records. Additionally, more detailed tables for each DHP are provided in the DHP-specific appendices.

Dental Record Procurement Status

As described in the "Overview and Methodology" section of this report, the final sample in the evaluation consisted of 411 cases randomly selected for each DHP. Additionally, to evaluate whether any dates of service were omitted from MDHHS' electronic encounters, HSAG reviewed a second date of service rendered by the same provider during the review period. The providers were requested to submit dental record documentation pertaining to an additional date of service occurring closest to the sampled members' selected date of service, if available. If a sampled member had no second visit with the same provider during the review period, HSAG evaluated only one date of service for that member. As such, the final number of cases reviewed were between 411 and 822 cases total for each DHP.

MDHHS-based encounters for which a corresponding dental record was not submitted were included in the analysis to underscore the impact that these non-submissions had on key data elements (i.e., *Date of Service* and *CDT Code*) associated with encounter data completeness. For example, when no dental record was submitted for an encounter based on the requested date of service, the subsequent *CDT Codes* associated with the date of service were treated as dental record omissions.

Table 3-1 shows the dental record procurement status for each DHP, detailing the number of dental records requested as well as the number and percentage of dental records submitted by each DHP as indicated in the submitted tracking sheets.

Table 3-1—Dental Record Procurement Status: Requested Date of Service

DHP	Number of Dental Records Requested	Number of Dental Records Submitted[1]	Percent of Dental Records Submitted
BCD	411	253	61.6%

DHP	Number of Dental Records Requested	Number of Dental Records Submitted[1]	Percent of Dental Records Submitted
DD	411	402	97.8%
All DHPs	**822**	**655**	**79.7%**

[1] The number of dental records submitted was based on the DHPs' responses in the submitted tracking sheets.

Key Findings: Table 3-1

- HSAG requested the procurement of records for a total of 822 cases from both participating DHPs. While both DHPs completed and submitted tracking sheets associated with the requested cases, 20.3 percent of those cases included no associated dental record documentation. This resulted in an overall dental record submission rate of 79.7 percent (i.e., 655 cases), with submission rates varying substantially between DHPs: 61.6 percent for **BCD** and 97.8 percent for **DD**.
- Cases without dental records contributed to the dental record omission results detailed in the "Encounter Data Completeness" section of this report. Specifically, if dental records were not submitted for a sampled date of service, all associated data elements (i.e., *Date of Service* and *CDT Code*) were reported as dental record omissions. Consequently, DHPs with lower dental record submission rates, such as **BCD**, would be more likely to exhibit higher dental record omission rates for key data elements, reflecting poorer performance relative to DHPs with higher submission rates, such as **DD**.

Table 3-2 highlights the key reasons dental record documentation was not submitted by the DHPs. Detailed tables for each DHP are provided in the DHP-specific appendices.

Table 3-2—Dental Record Non-Submission Reasons: Requested Date of Service

	All DHPs	
Non-Submission Reason	Number of Dental Records Not Submitted	Percent
Dental record was not located at this facility.	0	0.0%
Member was not a patient of this practice.	0	0.0%
Member was a patient of this practice; however, no documentation was available for requested date of service.	0	0.0%
Non-responsive provider or provider did not respond in a timely manner.	166	99.4%
Provider refused to release dental record.	1	0.6%
Facility was permanently closed.	0	0.0%
Other.	0	0.0%
Total	**167**	**100%**

Key Findings: Table 3-2

- Of the requested 822 sample members, 167 dental records (20.3 percent) were not submitted for two reasons. The most common reason for missing dental records was "*Non-responsive provider or provider did not respond in a timely manner*," which accounted for nearly all (99.4 percent) of the non-submissions, while a single case (0.6 percent) cited "*Provider refused to release dental record*" as the reason for non-submission.
- These findings suggest that the primary non-submission challenge may stem from operational inefficiencies, such as:
  - Outdated or incorrect provider information maintained by the DHPs.
  - Discrepancies between provider records and MDHHS' encounter data.
  - Possible submission of encounters to MDHHS without corresponding care delivery.
- Among the 166 cases citing provider non-responsiveness, **BCD** accounted for 157 cases (94.6 percent), highlighting a significant challenge for this DHP in obtaining provider cooperation.

Table 3-3 displays the number and percentage of cases with one additional date of service selected and submitted for the study.

Table 3-3—Dental Record Submission Status: Second Date of Service

DHP	Number of Dental Records Submitted[1]	Number of Dental Records Submitted with a Second Date of Service	Percent of Dental Records with a Second Date of Service
BCD	253	123	48.6%
DD	402	201	50.0%
All DHPs	**655**	**324**	**49.5%**

[1] The number of dental records submitted was based on the DHPs' responses in the submitted tracking sheets.

Key Findings: Table 3-3

- Among the 655 records received with dates of service from the sample cases, 324 records (49.5 percent) had a second date of service submitted to HSAG, as noted in the tracking sheet. The rates of second date of service submissions were consistent across the two DHPs, with 48.6 percent for **BCD** and 50.0 percent for **DD**. It is important to note that a 100 percent submission rate for second dates of service was not expected, as members may not have had a second date of service with the same rendering provider in the study period.

Encounter Data Completeness

HSAG evaluated encounter data completeness by identifying differences between key data elements from MDHHS' encounters and the corresponding members' records submitted for the analysis. These key data elements included *Date of Service* and *CDT Code*. Dental record omission and encounter data omission represent two aspects of encounter data completeness through their identification of vulnerabilities in the processing of claims documentation and communication among the providers, DHPs, and MDHHS.

A dental record omission occurs when an encounter data element (i.e., *Date of Service* or *CDT Code*) is not supported by documentation in a member's dental record or the dental record could not be found. Dental record omissions suggest opportunities for improvement in the provider's internal processes, such as billing and record documentation.

An encounter data omission occurs when an encounter data element (i.e., *Date of Service* or *CDT Code*) is documented in a member's dental record but is not present in the associated electronic encounter data. Encounter data omissions also suggest opportunities for improvement in the areas of submission of claims and encounters and/or the transmission of dental service data between providers, DHPs, and MDHHS.

HSAG evaluated the dental record omission and the encounter data omission rates for each DHP using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. If more than one additional date of service was available from the dental record, the provider was instructed to select the one closest to HSAG's selected date of service. **For both rates, lower values indicate better performance.**

Date of Service Completeness

Table 3-4 displays the percentage of dates of service identified in the encounter data that were not supported by the members' dental records (i.e., dental record omission) and the percentage of dates of service from the members' dental records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analyses at the date-of-service level. Detailed tables for each DHP are provided in the DHP-specific appendices.

Table 3-4—Dental Record Omission and Encounter Data Omission for Date of Service

	Dental Record Omission		Encounter Data Omission	
DHP	Date of Service Identified in Encounter Data	Percent Not Supported by Members' Dental Records*	Date of Service Identified in Members' Dental Records	Percent Not Found in Encounter Data*
BCD	507	31.8%	358	3.4%
DD	618	2.3%	616	1.9%

DHP	Dental Record Omission		Encounter Data Omission	
	Date of Service Identified in Encounter Data	Percent Not Supported by Members' Dental Records*	Date of Service Identified in Members' Dental Records	Percent Not Found in Encounter Data*
All DHPs	**1,125**	**15.6%**	**974**	**2.5%**

* Lower rates indicate better performance.

Key Findings: Table 3-4

- Across both DHPs, 15.6 percent of the *Dates of Service* in the encounter data were not supported by the members' dental records (i.e., dental record omission), with DHP-specific rates ranging from 2.3 percent (**DD**) to 31.8 percent (**BCD**).
  - **BCD** exhibited the highest dental record omission rate for *Date of Service* at 31.8 percent compared to **DD** (2.3 percent). This trend aligns with the observed relationship between dental record submission rates and dental record omission rates, where DHPs with lower submission rates generally have higher dental record omission rates, indicating poorer performance across key data elements.
- Overall, 2.5 percent of the *Dates of Service* in the dental records were not found in MDHHS' encounter data (i.e., encounter data omission), with DHP-specific rates ranging from 1.9 percent (**DD**) to 3.4 percent (**BCD**).
  - For encounter data omission, the denominator consists of the total number of *Dates of Service* identified in the dental records, while the numerator represents *Dates of Service* with no evidence of submission in the encounter data. If no second date of service was available in the dental records, it would not contribute to the numerator.

Procedure Code Completeness

Table 3-5 displays the percentage of CDT codes from the members' dental records that had no supporting documentation in the members' dental records (i.e., dental record omission) and the percentage of CDT codes from the members' dental records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the CDT-code level.

Table 3-5—Dental Record Omission and Encounter Data Omission for CDT Codes

DHP	Dental Record Omission		Encounter Data Omission	
	Number of CDT Codes Identified in Encounter Data	Percent Not Documented in the Members' Dental Records*	Number of CDT Codes Identified in Members' Dental Records	Percent Not Found in Encounter Data*
BCD	2,012	33.7%	1,354	1.5%

DHP	Dental Record Omission		Encounter Data Omission	
	Number of CDT Codes Identified in Encounter Data	Percent Not Documented in the Members' Dental Records*	Number of CDT Codes Identified in Members' Dental Records	Percent Not Found in Encounter Data*
DD	2,595	6.3%	2,448	0.7%
All DHPs	**4,607**	**18.3%**	**3,802**	**1.0%**

* Lower rates indicate better performance.

Key Findings: Table 3-5

- Across both DHPs, 18.3 percent of the *CDT Codes* identified in the encounter data were not supported by the members' dental records (i.e., dental record omission), with DHP-specific rates varied substantially, ranging from 6.3 percent (**DD**) to 33.7 percent (**BCD**).
  - In the analysis, when no dental records were submitted for the sampled date of service, all *CDT Codes* associated with that date of service were treated as dental record omissions.
    - Approximately 83.6 percent of dental record omissions for *CDT Codes* were due to either HSAG not receiving the dental records or the dental records not supporting the specified date of service.
  - Among records wherein *CDT Codes* were considered dental record omission:
    - 95.1 percent were due to dental record omissions from the initial sampled date of service.
    - 4.9 percent were due to dental record omissions from the second date of service.
  - DHPs with higher dental record submission rates generally exhibited lower dental record omission rates for *CDT Codes*. Additionally, DHPs with higher dental record omission for *Dates of Service* also tended to have higher dental record omission rates for *CDT Codes*.
  - For cases where dental records were available to validate the date of service, the following *CDT Codes* were frequently omitted from the members' dental records:
    - D1206: Topical application of fluoride varnish (Frequency = 32)
    - D0220: Intraoral – periapical first radiographic image (Frequency = 17)
    - D0120: Periodic oral evaluation (Frequency = 16)
    - D0230: Intraoral - periapical each additional radiographic image (Frequency = 13)
  - Other potential contributors for the *CDT Code* dental record omission include:
    - Providers did not document the services performed in the dental record, despite submitting the *CDT Code* to the DHP.
    - Providers submitted *CDT Codes* to the DHPs for services that were not actually performed.
- Overall, only 1.0 percent of the *CDT Codes* identified in the dental records were not found in MDHHS' encounter data (i.e., encounter data omission), with DHP-specific rates ranging from 0.7 percent (**DD**) to 1.5 percent (**BCD**).

Encounter Data Accuracy

HSAG evaluated encounter data accuracy for dates of service that existed in both MDHHS' encounters and the corresponding members' dental records, with values present in both data sources for the evaluated data element. HSAG considered the encounter data elements (i.e., *Date of Service* and *CDT Code*) accurate if documentation in the dental records supported the values contained in the electronic encounter data. **Higher accuracy rates for each data element indicate better performance.**

Procedure Code Accuracy

Table 3-6 displays the percentage of *CDT Codes* associated with validated dates of service from the encounter data that were correctly coded based on members' dental records. Detailed tables for each DHP are provided in the DHP-specific appendices.

Table 3-6—CDT Code Accuracy Results

DHP	Number of CDT Codes Present in Both Sources	Accuracy Rate
BCD	1,334	98.8%
DD	2,431	99.2%
All DHPs	**3,765**	**99.0%**

Key Findings: Table 3-6

- Across both DHPs, 99.0 percent of the *CDT Codes* were accurate when present in both MDHHS' encounter data and the dental records. Accuracy rates were similar between DHPs, with 98.8 percent for **BCD** and 99.2 percent for **DD**.

All-Element Accuracy

Table 3-7 displays the percentage of dates of service present in both MDHHS' encounter data and in the dental records with the same values for all key data elements listed in Table 2-2. This analysis evaluates the overall accuracy of encounter data when compared to dental records, with *CDT Code* as the only data element assessed for accuracy. The all-element accuracy rate reflects the percentage of dates of service present in both data sources (i.e., encounter data and the dental records) where all key data elements were correctly coded and aligned between the two data sources. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with matching values for all key data elements. Higher all-element accuracy rates indicate greater overall completeness and accuracy of MDHHS' encounter data when compared to the dental records.

It is important to note that the denominator for the element accuracy rate for each data element was defined differently than the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element. Using CDT code as an example, each CDT code was assigned to one of the four mutually exclusive categories: dental record omission, encounter data omission, accurate, or inaccurate. When evaluating the element accuracy for each key data element, the denominator is the number of values in the categories of accurate and inaccurate. However, for the all-element accuracy rate, the denominator is the total number of dates of service that matched between the dental records and encounter data, and the numerator is the total number of dates of service with the same values for all key data elements. Therefore, for each date of service, if any of the data elements are in the dental record omission, encounter data omission, or inaccurate categories, the date of service was not counted in the numerator for the all-element accuracy rate.

Table 3-7—All-Element Accuracy

DHP	Number of Dates of Service Present in Both Sources	All Element Accuracy Rate[1]
BCD	346	89.3%
DD	604	85.8%
All DHPs	**950**	**87.1%**

[1] The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Key Findings: Table 3-7

- Across both DHPs, 87.1 percent of the dates of service present in both data sources (i.e., encounter data and dental records) were accurate across all key data elements (i.e., *CDT Code*), with DHP-specific rates ranging from 85.8 percent (**DD**) to 89.3 percent (**BCD**).
- The overall all-element inaccuracies were attributed to a combination of dental record omissions, encounter data omissions, and *CDT Code* inaccuracies.

4. Discussion

Conclusions

The DRR activity evaluated encounter data completeness and accuracy through a review of dental records for dental services rendered from October 1, 2022, through September 30, 2023. The evaluation focused on two key data elements, *Date of Service* and *CDT Code*.

To report the DRR results, the following study indicators were developed for each key data element:

- *Dental record omission rate*: the percentage of dates of service identified in the electronic encounter data that were not found in the members' dental records. This rate was also calculated for *CDT Code*.
- *Encounter data omission rate*: the percentage of dates of service from members' dental records that were not found in the electronic encounter data. This rate was also calculated for *CDT Code*.
- *Accuracy rate of coding*: the percentage of CDT codes associated with validated dates of service from the electronic encounter data that were correctly coded based on the members' dental records.
- *All-element accuracy rate:* the percentage of dates of service with all data elements coded correctly among all the validated dates of service from the electronic encounter data.

Dental Record Procurement

Table 4-1 displays the procurement status for the requested dental records.

Table 4-1—Procurement Summary

Information Type	All DHP Rate*	DHP Range
Date of Service	79.7%	61.6%–97.8%
Second Date of Service	49.5%	48.6%–50.0%

The final sample cases included in the evaluation consisted of 822 cases randomly selected, along with any submitted second dates of service for each sampled member. The overall procurement status for dental record documentation was moderate at 79.7 percent (655 cases). However, submission rates varied substantially by DHP, ranging from 61.6 percent (**BCD**) to 97.8 percent (**DD**). Among the 655 records received, 324 records (49.5 percent) included a second date of service, as indicated in the tracking sheet.

DHPs with lower dental record submission rates, such as **BCD**, exhibited higher dental record omission rates, reflecting poorer performance for each key data element.

Encounter Data Completeness

Table 4-2 displays the dental record and encounter data omission rates for each key data element.

Table 4-2—Encounter Data Completeness Summary

Key Data Elements	Dental Record Omission		Encounter Data Omission	
	All DHP Rate	DHP Range	All DHP Rate	DHP Range
Date of Service	15.6%	2.3%–31.8%	2.5%	1.9%–3.4%
CDT Code	18.3%	6.3%–33.7%	1.0%	0.7%–1.5%

Two indicators (i.e., dental record omission and encounter data omission) were evaluated for each of the data elements (i.e., *Date of Service* and *CDT Code*).

The analysis revealed that the dental record omission rates exceeded the encounter data omission rates for both key data elements. *Date of Service* had a dental record omission rate of 15.6 percent, while *CDT Code* omissions were slightly higher at 18.3 percent. Substantial variation was observed among DHPs, with **DD** demonstrating lower omission rates (below 6.5 percent) and **BCD** exhibiting higher rates (over 30.0 percent).

As determined during the review, some common reasons for dental record omission included:

- The dental record was not submitted for the study.
- The providers did not document the services performed in the dental records despite submitting claims or encounters.
- The providers did not provide the service(s) found in the encounter data.

The encounter data omission rates were notably low, with 2.5 percent (*Date of Service*) and 1.0 percent (*CDT Code*) across both DHPs. Minimal variability was observed among DHPs, with differences of only 0.8 percentage points (*CDT Code*) to 1.5 percentage points (*Date of Service*).

Encounter Data Accuracy

Table 4-3 displays the element accuracy rates for *CDT Code* and the all-element accuracy rate.

Table 4-3—Encounter Data Accuracy Summary

Key Data Elements	All DHP Rate	DHP Range
CDT Code	99.0%	98.8%–99.2%
All-Element Accuracy	87.1%*	85.8%–89.3%*

* The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

In general, when *CDT Codes* were present in both MDHHS' encounter data and the dental records, and evaluated independently, they were found to be accurate 99.0 percent of the time. All-element accuracy, representing dates of service with all data elements correctly coded, was slightly lower at 87.1 percent. Variability was observed between DHPs, with all-element accuracy rates ranging from 85.8 percent (**DD**) to 89.3 percent (**BCD**). The overall all-element inaccuracies were attributed to dental record omissions, encounter data omissions, and *CDT Code* inaccuracies, with dental record omissions contributing the most to the observed inaccuracies.

The evaluation identified strengths in the accuracy of CDT codes, as well as challenges in data completeness, particularly for DHPs with lower dental record submission rates. These findings emphasize the importance of improving provider documentation practices, ensuring alignment between dental records and encounter data, and addressing systemic issues such as coding errors and submission delays. By implementing targeted interventions and ongoing monitoring, DHPs and providers can enhance the overall quality of encounter data and improve alignment with members' dental records.

Recommendations

To improve the quality of encounter data submissions from the DHPs, HSAG offers the following recommendations to assist MDHHS and the DHPs in addressing opportunities for improvement:

- The results of the DRR indicated that dental visit encounters for **DD** were relatively complete and accurate when compared to members' dental records, with minimal discrepancies. As such, HSAG recommends MDHHS to continue its current monitoring efforts to ensure the ongoing quality of encounter data submissions and promptly address any identified data issues.
- **BCD** experienced challenges in obtaining requested dental records from contracted providers. HSAG recommends that **BCD** strengthen and/or enforce contract requirements with providers to ensure compliance with documentation requests for audits, inspections, and oversight. Additionally, **BCD** should investigate non-submission reasons, specifically "*Non-responsive provider or provider did not respond in a timely manner*," to identify and address barriers to timely dental record submission.
- The DRR findings highlighted high dental record omission rates for **BCD**, particularly for the *Date of Service* and *CDT Code* data elements. HSAG recommends that **BCD**:
  - Conduct root cause analyses to understand and address the factors contributing to these omissions.
  - Perform periodic reviews of submitted claims to verify appropriate coding and data completeness.
  - Use findings from these reviews to provide targeted education and training for providers on encounter data submissions, dental record documentation, and coding practices.

- HSAG recommends fostering collaboration between MDHHS and DHPs by:
  - Conducting regular communication forums and workshops to discuss challenges and share best practices in data submission and setting performance benchmarks to encourage continuous improvement.
  - Developing improvement plans for **BCD**.
- During the process of generating sample cases for the EDV review, HSAG encountered significant challenges with the completeness and accuracy of provider information within MDHHS' encounter data. Specifically, the data often lacked fully populated NPIs, which are crucial for accurately identifying providers who meet the criteria for a specific service category. Additionally, the encounter data did not include detailed provider taxonomy codes, which are vital for determining the eligibility of providers for specific services relevant to the review. The lack of detailed taxonomy information hindered HSAG's ability to categorize and analyze data based on the provider specialty and service type. To address these challenges and improve the integrity of future data analyses, HSAG proposes the following strategic recommendations. MDHHS should:
  - Mandate the inclusion of complete NPIs and provider taxonomy codes in all encounter data submissions.
  - Introduce robust data verification processes at the point of entry. This step will help in early detection and rectification of incomplete or inaccurate provider data, maintaining the integrity of the database.
  - Develop a centralized, easily accessible repository for provider data that can be referenced and updated regularly. This will facilitate more efficient data linkage and retrieval, improving the ease and reliability of data analysis.
  - Implement a regular review and feedback system to monitor the improvements in data quality post-implementation of these changes. This will not only help in measuring the success of the implemented strategies but also in making continuous improvements.

By implementing these recommendations, MDHHS and the DHPs can enhance the accuracy, completeness, and reliability of encounter data, contributing to improved oversight and better data-driven decision-making.

Review Limitations

When evaluating the findings presented in this report, it is important to understand the following limitations associated with this study:

- Accurate evaluation of the completeness and accuracy of MDHHS' encounter data depends on the ability of the DHPs to procure members' complete and accurate dental records. Therefore, validation results may have been affected by a DHP's inability to successfully obtain dental records from its provider network (e.g., non-responsive provider) or if the submitted dental records were incomplete (e.g., submission of a visit summary instead of the complete dental record).

- Study findings of the DRR relied solely on the documentation contained in members' dental records; therefore, results are dependent on the overall quality of the providers' dental records. For example, a provider may have performed a service but not documented it in the member's dental record. As such, HSAG would have counted this occurrence as a negative finding. This study was unable to distinguish cases in which a service was not performed versus those in which a service was performed but not documented in the dental record.
- The findings from this study are associated with encounters with dates of service from October 1, 2022, through September 30, 2023. As such, the results may not reflect the current quality of MDHHS' encounter data.
- The findings from this study are associated with dental visits and may not be applicable to other claim types.

Appendix A. Results for Blue Cross Blue Shield of Michigan Dental

This appendix contains detailed DRR results for **BCD**.

Dental Record Review Results

Table A-1—Dental Record Procurement Status: Requested Date of Service

Number of Dental Records Requested	Number of Dental Records Submitted[1]	Percent of Dental Records Submitted
411	253	61.6%

[1] The number of dental records submitted was based on the DHP's responses in the submitted tracking sheets.

Table A-2—Dental Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Dental record was not located at this facility.	0	0.0%
Member was not a patient of this practice.	0	0.0%
Member was a patient of this practice; however, no documentation was available for requested date of service.	0	0.0%
Non-responsive provider or provider did not respond in a timely manner.	157	99.4%
Provider refused to release dental record.	1	0.6%
Facility was permanently closed.	0	0.0%
Other.	0	0.0%
Total	**158**	**100%**

Table A-3—Dental Record Submission Status: Second Date of Service

Number of Dental Records Submitted[1]	Number of Dental Records Submitted with a Second Date of Service	Percent of Dental Records with a Second Date of Service
253	123	48.6%

[1] The number of dental records submitted was based on the DHP's responses in the submitted tracking sheets.

Table A-4—DRR: Encounter Data Completeness

	Dental Record Omission		Encounter Data Omission	
Data Element	Denominator	Percent*	Denominator	Percent*
Date of Service	507	31.8%	358	3.4%
CDT Code	2,012	33.7%	1,354	1.5%

* Lower rates indicate better performance.

Table A-5—DRR: Encounter Data Accuracy

Data Element	Denominator	Rate
CDT Code	1,334	98.8%
All-Element Accuracy[1]	346	89.3%

[1] The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table A-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing dental records for services rendered from October 1, 2022, through September 30, 2023.

Table A-6—Key Findings for BCD

Analysis	Key Findings
Dental Record Procurement Status	
Dental Record Procurement Rate	• The dental record procurement rate was **61.6 percent**, indicating that a significant portion of requested records were not successfully procured and submitted.
Second Date of Service Submission Rate	• Among the procured dental records, **48.6 percent** included a corresponding second date of service.
Encounter Data Completeness	
Dental Record Omission Rate	• Both key data elements (i.e., *Date of Service* and *CDT Code*) had a relatively high dental record omission rates: **31.8 percent** for *Date of Service* and **33.7 percent** for *CDT Code*. These results highlight that a substantial proportion of encounter data was not adequately supported by the members' dental records.

Analysis	Key Findings
Encounter Data Omission Rate	• The encounter data omission rates for both key data elements (i.e., *Date of Service* and *CDT Code*) were relatively low: **3.4 percent** for *Date of Service* and **1.5 percent** for *CDT Code*.
Encounter Data Accuracy	
CDT Code Accuracy Rate	• The *CDT Codes* were accurate in **98.8 percent** of instances where codes were present in both the dental records and encounter data.
All-Element Accuracy Rate	• Dates of service with accurate values for the key data element (*CDT Code)* were observed in **89.3 percent** of the dates of service present in both data sources (i.e., encounter data and dental records).

Strengths, Weaknesses, and Recommendations

Based on the results from the DRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: The *Dates of Service* and *CDT Codes* identified in the dental records were generally present in the encounter data, as reflected by the low encounter data omission rates of 3.4 percent and 1.5 percent, respectively.

Strength #2: When *CDT Codes* were present in both the encounter data and the members' dental records and were evaluated independently, the data element was found to be accurate in 98.8 percent of records.

Weaknesses and Recommendations

Weakness #1: BCD was unable to procure all of the requested dental records from its contracted providers primarily due to providers being non-responsive or providers not responding in a timely manner.

Why the weakness exists: The non-submission reason for non-responsive providers or providers who did not respond in a timely manner may indicate that the contracted providers were either unaware of the submission requirements or the specified deadlines for providing dental records.

Recommendation: BCD should enhance provider accountability by ensuring contracted providers comply with dental record requests for purposes of auditing, inspection, and oversight. HSAG recommends that **BCD** strengthen and/or enforce its contract requirements with its providers to ensure timely and complete submission of documentation. This could include clear communication of submission expectations, deadlines, and potential consequences for non-compliance.

Weakness #2: At least 31.8 percent of the *Dates of Service* and *CDT Codes* identified in the encounter data were not supported by the members' dental records.

Why the weakness exists: Non-submitted dental records are a primary contributor to dental record omissions, as the expected information in the dental records cannot be compared to the encounter data. Additional potential contributing factors include provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, or a lack of detail in the dental records), data submission issues (e.g., incorrect coding during data submission or data entry errors), or processing issues (e.g., data mapping or translation issues, or errors in data transmission).

Recommendation: **BCD** should conduct a thorough investigation to identify the root cause(s) of these omissions, with a focus on both provider documentation practices and data handling processes. HSAG recommends periodic DRRs of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions, dental record documentation requirements, and coding practices. These efforts are essential to reducing future omissions and improving the overall accuracy and completeness of data submissions.

Appendix B. Results for Delta Dental of Michigan

This appendix contains detailed DRR results for **DD**.

Dental Record Review Results

Table B-1—Dental Record Procurement Status: Requested Date of Service

Number of Dental Records Requested	Number of Dental Records Submitted[1]	Percent of Dental Records Submitted
411	402	97.8%

[1] The number of dental records submitted was based on the DHP's responses in the submitted tracking sheets.

Table B-2—Dental Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Dental record was not located at this facility.	0	0.0%
Member was not a patient of this practice.	0	0.0%
Member was a patient of this practice; however, no documentation was available for requested date of service.	0	0.0%
Non-responsive provider or provider did not respond in a timely manner.	9	100%
Provider refused to release dental record.	0	0.0%
Facility was permanently closed.	0	0.0%
Other.	0	0.0%
Total	**9**	**100%**

Table B-3—Dental Record Submission Status: Second Date of Service

Number of Dental Records Submitted[1]	Number of Dental Records Submitted with a Second Date of Service	Percent of Dental Records with a Second Date of Service
402	201	50.0%

[1] The number of dental records submitted was based on the DHP's responses in the submitted tracking sheets.

Table B-4—DRR: Encounter Data Completeness

	Dental Record Omission		Encounter Data Omission	
Data Element	Denominator	Percent*	Denominator	Percent*
Date of Service	618	2.3%	616	1.9%
CDT Code	2,595	6.3%	2,448	0.7%

* Lower rates indicate better performance.

Table B-5—DRR: Encounter Data Accuracy

Data Element	Denominator	Rate
CDT Code	2,431	99.2%
All-Element Accuracy[1]	604	85.8%

[1] The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table B-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing dental records for services rendered from October 1, 2022, through September 30, 2023.

Table B-6—Key Findings for DD

Analysis	Key Findings
Dental Record Procurement Status	
Dental Record Procurement Rate	• The dental record procurement rate was **97.8 percent**, indicating that nearly all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	• Among the procured dental records, **50.0 percent** included a corresponding second date of service.
Encounter Data Completeness	
Dental Record Omission Rate	• Both key data elements (i.e., *Date of Service* and *CDT Code*) exhibited relatively low dental record omission rates: **2.3 percent** for *Date of Service* and **6.3 percent** for *CDT Code*. These results indicate that the encounter data for these elements were well-supported by the members' dental records.

Analysis	Key Findings
Encounter Data Omission Rate	• The encounter data omission rates for both key data elements (i.e., *Date of Service* and *CDT Code*) were notably low: **1.9 percent** for *Date of Service* and **0.7 percent** for *CDT Code*.
Encounter Data Accuracy	
CDT Code Accuracy Rate	• The *CDT Codes* were accurate in **99.2 percent** of instances where codes were present in both the dental records and encounter data.
All-Element Accuracy Rate	• Dates of service with accurate values for key data element (*CDT Code)* were observed in **85.8 percent** of the dates of service present in both data sources (i.e., encounter data and dental records).

Strengths, Weaknesses, and Recommendations

Based on the results from the DRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* and *CDT Codes* in the encounter data were generally supported by the members' dental records, as evidenced by the low dental record omission rates of 2.3 percent and 6.3 percent, respectively.

Strength #2: The *Dates of Service* and *CDT Codes* identified in the dental records were generally present in the encounter data, as reflected by the low encounter data omission rates of 1.9 percent and 0.7 percent, respectively.

Strength #3: When *CDT Codes* were present in both the encounter data and the members' dental records, they were found to be accurate in 99.2 percent of records.

Weaknesses and Recommendations

DD had no major weaknesses identified in the DRR.