

Institute for Health Policy and Practice: Oral Health Report Suite, User Guide

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OVERVIEW

Introduction

The Institute for Health Policy and Practice (IHPP) has developed and published a set of analytic reports with a focus on children and oral health. This effort was made possible with funding from the NH Children's Health Foundation (formerly known as HNH Foundation).

The <u>Oral Health Report Suite</u> includes reports based on dental claims data from the <u>NH</u> <u>Comprehensive Health Information System (NH CHIS</u>). The reports provide estimates of cost and utilization of dental care services based on post-adjudicated (paid) dental claims data from commercial insurance carriers and Medicaid Fee-for-service data.

The goal of these reports is to understand the cost and utilization patterns for healthcare services across age groups, particularly NH's youngest population.

Purpose of the User Guide

The purpose of this guide is to provide an overview of the Oral Health Report Suite, including instructions for access and use, as well as descriptions of the analyses included in the Report Suite. The Report Suite is intended for use by the Oral Health Claims Analysis Stakeholder group and is also available to the public.

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DATA SOURCES

Data Sources for Analysis

Data for these reports is from the NH CHIS, New Hampshire's All-Payer Claims Database. With UNH IRB approval, IHPP analyzed data from a NH CHIS Limited Use Data set provided by the NH Department and Health and Human Services. Medicaid data is also made available through agreements with the NH Department of Health and Human Services.

Data Sources	Age	Coverage
Commercial Dental claims	All Ages	Includes members with policies that originate in NH; members can reside in NH or other states. Reports are based on the top dental insurers to limit data quality issues that may not have been addressed during the data collection process.
Medicaid Dental claims	< age 21	Fee-for-service only; the adult dental benefit for Medicaid is limited so only Medicaid fee-for-service services for members under 21 years old are included in analysis.

Member Selection Criteria for Analysis

For both Commercial and Medicaid claims, a member is included in the data measurement period (e.g. "current period"), if the member was active for at least 9 months of the twelve (12) month data period (with the exception that criteria does not apply to members less than one year old).

Data Suppression

All **member** count measures are removed across all IHPP Report Suite products to comply with the Centers for Medicare & Medicaid Services (CMS) data use agreement policies. Additional suppression of measures for member counts between 1 and 10 (1 and 20 for a rate) complies with data use agreements and accounts for volatility of the data given the small sample size.

USING THE REPORT SUITE

Report Access

The NH Oral Health Report Suite can be accessed from the IHPP Health Analytics web page: https://chhs.unh.edu/institute-health-policy-practice/focal-areas/health-analytics

Firefox is the recommended browser for viewing the report suite. Once you click on the link for the Oral Health Report suite, you will be directed to the Oral Health Report Suite, the SAS Visual Analytics tool, that looks like this:

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▼ My Content			▼ Common Actions
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OralHealth (Commer OralHealth (I	Medicaid)		User Community

From this page, you may double-click on the icon for Oral Health (Commercial) or Oral Health (Medicaid) to select and view the oral health reports for these types of payers.

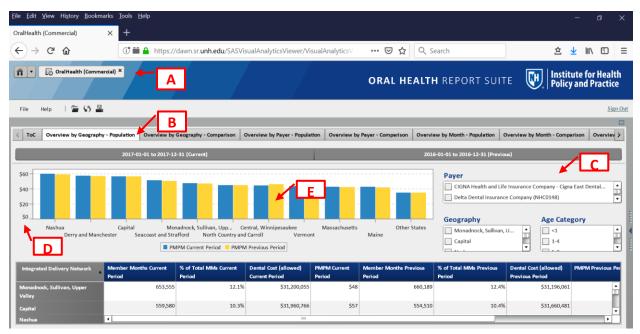
Report Structure

To navigate the Report Suite, simply select the tab of report that you would like to view. A complete list of reports is available in the "ToC" (table of contents) tab (see below).

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OralHealth (Commercial)	+					
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Table of Contents Overview by Geography - Population Overview by Geography - Comparison Overview, by Payer - Population						

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For EXAMPLE, you may select the "Overview by Geography – Population" tab like this one (see B, below):



GUIDE to the EXAMPLE ABOVE

- A. The Report Type displayed on the top left corner will indicate which data source is currently displayed. To change the data source (e.g. to view Oral Health (Medicaid)), select the "Home" button next to the data source.
- B. Each report suite contains multiple sections (or tabs) displaying two different views of each measure:
 - i. Population view displays the measure data table and graph for a single population
 - ii. Comparison view allows users to view three side-by-side populations
- C. Under each section (or tab) users may filter to view particular organizations, groups and demographics:
 - i. *Payer* Users can select the dental payer(s).
 - ii. *Geography* Users can select the Integrated Delivery Network(s) of the dental member, based on member zip.
 - iii. Age Category Users can select the age group(s).
 Note, when no selections are made the default is to display all, with no filters. In other words, if no age group is selected all age groups are displayed.
- D. Please note that in both the *Population* view and in the *Comparison* view, each chart's scale changes dynamically based on the values of the report; i.e. the three populations in the *Comparison* view may have three different ranges in the vertical (*y*) axis.
- E. Hover over any bar in the chart to display the actual value.

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REPORT MEASURE DEFINITIONS

The Oral Health Report Suite includes measures for both Cost and Utilization of dental care services. Both types of measures use common terminology.

Common Terminology in the Reports

Some common terminology used in the Report Suite includes PMPM, MM and Rate per 1,000.

PMPM: Per Member, Per Month – is a measure of cost. This is the total yearly medical costs associated with the population divided by the number of members, then divided by 12 months.

MM: Member Months – each member month is defined as 1 member enrolled during 1 month. For example, an individual who is part of a plan for a full year will generate 12 member months and a family of 4 enrolled for a period of 6 months will generate 24 member months.

Rate per 1,000: total number of encounters/total member months annualized, per 1,000.

Cost Measures

The Dental Cost (allowed) indicates the amount paid by both the payer (e.g. commercial carrier) and the patient (e.g., coinsurance, copays, and/or deductibles). The cost measures in the Oral Health Report Suite provide a view of a population's dental costs by geography, payer, month, and age & gender (see Table 1). The cost measures do not include any dental-related pharmacy costs from pharmacy claims.

Tuble 1. Cost Measu	
Report Title	Report Description
Overview by	The Overview by Geography Region section reports the total dental
Geography	cost (allowed) and the PMPM cost for members living within the
	selected Integrated Delivery Network (IDN) region. The member
	geographic region is based on the member's zip code in the claims
	data.
	Notes: The majority of members included in the data reside in NH;
	however, a small percentage of the population resides outside of
	New Hampshire.

Table 1. Cost Measure Reports

Report Title	Report Description
	NH CHIS commercial data includes members whose policies are
	issued in New Hampshire and therefore may include members who
	reside outside of the state. For example, members residing in a
	different state but who have coverage with a policy from a NH-based
	employer would be included in the analysis.
Overview by Payer	The Overview by Payer section reports the member months, % of
	MM of total, total dental cost (allowed) and PMPM cost for the top
	commercial dental payers in NH.
	. ,
Overview by Month	The Overview by Month section reports any fluctuations by month,
	which may be due to seasonality. Monthly reports also allow the user
	to check for major unexpected variations month-to-month. The
	member months, total dental cost (allowed) and PMPM costs are
	reported.
Overview by Age &	The Overview by Age & Gender section reports member months, %
Gender	of MM of total, total dental cost (allowed), the PMPM cost by age
	and gender groups.
	The PMPM presented in the bar chart is representative of the overall
	AGE category (male and female combined). PMPM for age category
	by gender is provided in the data table.

Utilization Measures

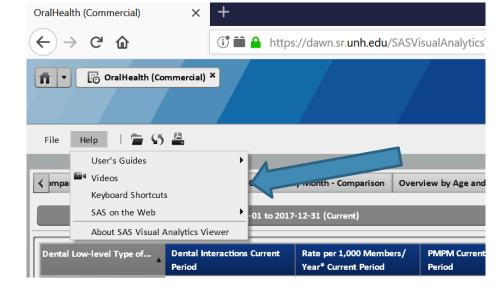
Utilization is measured by Category of Service. Category of service assignments were based on American Dental Association *Code on Dental Procedures and Nomenclature* (CDT) code categories.

Report Title	Report Description	
Dental Type (Low Level)	The Dental Type (Low Level) section (allowed), the number of interactic PMPM cost for each dental Catego have been compressed to a single of on a date of service. CDT Category of Service (Low Level	ons by Category of Service, and the ry of Service. Duplicate claims claim record based on the member
	Category of Service Diagnostic Preventive Restorative Endodontics Periodontics Prosthodontics, removable Maxillofacial Prosthetics Implant Services Prosthodontics, fixed Oral/Maxillofacial Surgery Orthodontics	CDT code range D0100-D0999 D1000-D1999 D2000-D2999 D3000-D3999 D4000-D4999 D5000-D5899 D5900-D5899 D5900-D5999 D6000-D6199 D6200-D6999 D7000-D7999 D8000-D8999

Table 2. Utilization Measure Reports

Tips & Shortcuts for Using the Report Suite

The "help" tab directs you to the SAS website and tutorials on how to use SAS Visual Analytics.



To maximize the table of a report, click on the table and the "maximize" button will appear. Click on the maximize button.

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т					
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: ; ;	Period \$9 \$10		798,623 558,237	Tear* Previous Period 1,796 1,256	\$9 \$10

The columns in tables and axes in charts can be sorted. Right-click on the column or measure of interest and select Sort > Ascending or Sort > Descending

Overview by Geograph	y - Population	Overview by	/ G	eogr	aphy - Compa	rison C	Overvi
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