

Adults with Diabetes – Oral Evaluation

[Link to finalized OHA technical specifications](#)

Who: All patients aged 18 years or older with type 1 or type 2 diabetes during the measurement year or the year prior to the measurement year (i.e., a diabetes diagnosis since January 1, 2024) identified through medical or pharmacy claims with no more than one gap in enrollment of up to 45 days during the measurement year.

Why: Oral health and diabetes have a bidirectional relationship. Poorly managed diabetes can increase the prevalence and severity of periodontal disease. Oral health conditions can negatively impact HbA1c levels. Periodontal treatment is associated with glycemic control improvement and improved health outcomes. Lack of oral health care has also been linked to costly emergency department visits, where prescription pain medication may be the only treatment available.¹

What: Percent of members who received a comprehensive, periodic, or periodontal oral evaluation in the measurement year.

How:

- Incorporate simple oral health screening questions to evaluate the need for a referral to dental care.
- For patients needing dental care, place a referral either through CareOregon’s provider portal or another internal referral process. For additional dental support, refer to your region’s dental webpage in the resources, [below](#).
- Provide oral health education and messaging about the importance of completing a dental visit. Behavioral health clinicians (BHCs) can evaluate barriers to attending dental referrals, such as anxiety. BHCs can follow up with patients after their dental appointment to see if the appointment was completed and, if it wasn't, explore barriers to engagement. After completing dental appointment, BHC can help with implementation of healthy behaviors.
- Refer to CCO-specific dental brochures that are printed for each region. These brochures explain the importance of oral health, the dental benefit package and how to connect to your dental plan. These materials are also available on the dental resources webpage. For additional dental support, refer to your region’s dental webpage in the resources, [below](#).
- For further support, please reach out to your clinic’s Quality Improvement Analyst, Innovation Specialist, or Oral Health Clinical Portfolio Manager.

¹NASHP: <https://nashp.org/wp-content/uploads/2017/09/DentaQuest-Brief.pdf>

Exclusions:

- Patients identified with polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes but who do not have a diagnosis of Type 1 or Type 2 diabetes in any care settings.
- Patients in hospice or palliative care or who have died at any time during the measurement year.
- Medicare members aged 66 and older as of December 31 of the measurement year enrolled in an institutional SNP (I-SNP), or living long-term in an institution, or who meet the criteria for frailty and advanced illness.

Coding:

CDT codes: D0120, D0150, or D0180.

Resources

CareOregon Dental

- [Quality Metrics Toolkit Resources](#)
- [Provider Diabetes Education](#)
- [Member Diabetes Education](#)

Jackson Care Connect Dental

- [Quality Metrics Toolkit Resources](#)
- [Provider Diabetes Education](#)
- [Member Diabetes Education](#)

Columbia Pacific CCO Dental

- [Quality Metrics Toolkit Resources](#)
- [Provider Diabetes Education](#)
- [Member Diabetes Education](#)

Member materials are available in multiple languages. Materials can be printed and shipped from your CCO upon request.

Performance Measure Set: CCO Incentive Medicare Star Rating
Quality Measurement Type: Structure Process Outcome Patient Experience
Data Type: Claims Chart Documentation eCQM Survey Other
State Benchmark: 35%, with 2% improvement floor (Committee Consensus)