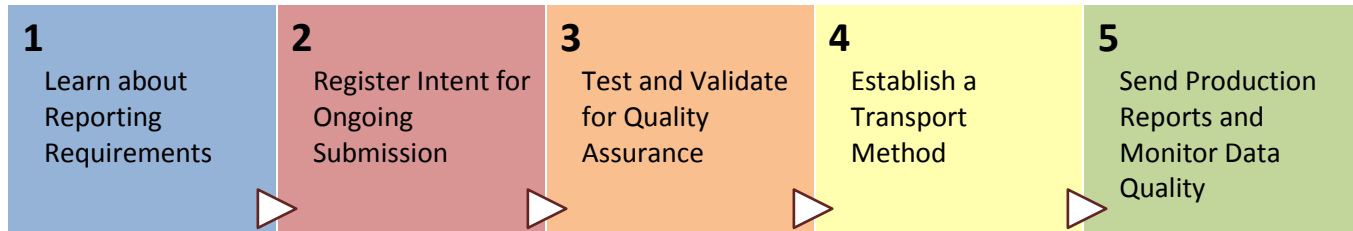




5 Step Process to Submit Data to Michigan's Dental Registry



1 Learn about Reporting Requirements

The American Academy of Pediatrics and the American Academy of Pediatric Dentistry recommend fluoride varnish application, in the primary care or dental office, upon tooth eruption and every 3-6 months until the age of 3. They also recommend an oral screening starting at age 6 months and then at every well child visit thereafter. Reporting oral health care to Michigan's Dental Registry meets the public health objective specialized registry measure.

To learn more about reporting requirements for MiDR, review the details here: <https://michiganhealthit.org/public-health/michigan-dental-registry-for-healthcare-professionals/>

2 Register Intent for Ongoing Submission

Registration of intent to initiate ongoing submissions of MiDR reports is required within 60 days of the start of the Meaningful Use reporting period.

- Electronically register you and/or your practice with the State of Michigan Health System Testing Repository site (HSTR) at <https://mimu.michiganhealthit.org/>

3 Test and Validate for Quality Assurance

Testing and validation is required to ensure that complete and accurate oral health case information has been entered into the EHR. Testing is required to verify that oral health case information is formatted in accordance with the certification and standard requirements. In addition it verifies that the oral health case reports contain the information needed for oral health surveillance activities (Data Quality Assurance).

Testing and Validation Steps

1. Electronically register you and/or your practice with the State of Michigan Health System Testing Repository site (HSTR) at <https://mimu.michiganhealthit.org/>

At this point in the process, EP's may request a letter acknowledging their status for Meaningful Use attestation and auditing purposes.

2. Respond to the invitation to enroll in the Michigan Caries Prevention Program CME/MOC Technical Assistance Program (<http://www.miteeth.org/training.html>) training providers to implement preventive oral health services during well-child visits.¹
3. Validate that the electronic report meets the required format for processing by adhering to the implementation guide. This step requires your EHR vendor or your facility to generate test reports.
 - a. Once you are ready to submit the test report, a MiDRSM onboarding team member will provide you with a login to the Altarum File Transfer server.
 - b. Save and upload the report. The report should be saved using the following naming convention: (Date should be the date file was exported)
 - i. Medical: MiDRMedical_Test_ClinicName_MMDDYYYY
 - ii. Dental: MiDRDental_Test_ClinicName_MMDDYYYY
 - c. After submission of the test report, the MiDR onboarding team will provide feedback on the quality of the test reports.
 - d. Continue to send test reports until they meet the required format and structure.
4. Validate the required oral health case information is being entered into the 2014 or 2015 certified EHR during the patient visits. This step **requires your facility** to become familiar with the oral health case information needed to create a complete oral health case report.
 - a. Enter the required oral health care information into the EHR. Listed below are the required data elements for oral health reporting.
 - i. Fluoride Varnish
 - ii. Oral Screening
 - b. Continue to send ongoing tests (per step 3 above) until approved to send to the registry for processing.

¹ This program is applicable to all primary care providers, who are required to respond to the invitation (with or without interest). Participation is not required as part of the specialized registry data submission.

4

Establish a Transport Method

Reporting can occur electronically via FTP server, or a zipped file sent with encryption and password protection.

5

Send Production Reports and Monitor Data Quality

Once the connection is made with the facility and MiDR, oral health care reports should be generated on a quarterly basis from the certified EHR and sent to the Michigan Dental Registry.

- Monitor the transport feed to ensure oral health reports continue to be sent.
- Keep record of the confirmation letter stating your meaningful use active engagement status.
- Contact MiDR@altarum.org with questions.

Primary Care Provider Required Data Elements

Listed below are the oral health data elements required to be in compliance with this specialized registry reporting requirements. Accepted data formats include Excel or CSV.

MiDRSM - Oral Health Care Exchange Specification				
Date of Revision: 11/07/2016				
File Format: CSV or Excel				
Required Fields: "R" = Required, "R2" = Required if known, "O" = Optional				
<u>Field</u>	<u>Field Name</u>	<u>Required</u>	<u>Field Definition</u>	<u>Notes</u>
1	Version of Specification	R	CHAR(5)	Acceptable Values: "v1"
2	Clinic Name	R	CHAR(50)	
3	Clinic OID	R2	OID	Facility Organization ID
4	Clinic Zip Code	R	CHAR(9)	
5	Start of reporting period	R	DATE	MM/DD/YYYY
6	End of reporting period	R	DATE	MM/DD/YYYY
7	Patient encounters (denominator)	R	CHAR(4)	well child visits under age 3 - ICD-10 (z.00.129)
8	Fluoride varnish procedure count	R2	CHAR(4)	Procedure code 99188
9	Oral screening procedure count	R2	CHAR(4)	Procedure code D0190

Dental Provider Required Data Elements

Listed below are the oral health data elements required to be in compliance with this specialized registry reporting requirements. Accepted data formats include Excel or CSV.

Measures included are designed by the Dental Quality Alliance (DQA) to improve quality of care. Clinics are not required to report on all measures, these are meant as a guide. At least one measure should be included in any reported data. Details about each measure can be found here:

http://www.ada.org/~media/ADA/Science%20and%20Research/Files/DQA_2016_Practice_Level_Measures_for_Quality_Improvement.pdf?la=en

MiDRSM - Oral Health Care Exchange Specification				
Date of Revision: 11/07/2016				
File Format: CSV or Excel				
Required Fields: "R" = Required, "R2" = Required if known, "O" = Optional				
Field	Field Name	Required	Field Definition	Notes
1	Version of Specification	R	CHAR(5)	Acceptable Values: "v1"
2	Clinic Name	R	CHAR(50)	
3	Clinic OID	R2	OID	Facility Organization ID
4	Clinic Zip Code	R	CHAR(9)	
5	Start of reporting period	R	DATE	MM/DD/YYYY
6	End of reporting period	R	DATE	MM/DD/YYYY
7	Selected Measures	R	CHAR(11)	List each measure being reported (i.e., 1,2,3)
Measure 1: Caries at Recall				
8	Denominator	O	CHAR(5)	Unduplicated number of all children under age 21 years with an oral evaluation during the measurement month
9	Numerator	O	CHAR(5)	Unduplicated number of children who were diagnosed with carious lesions
Measure 2: Caries Risk Assessment Documentation				
10	Denominator	O	CHAR(5)	Unduplicated number of all children under age 21 years with an oral evaluation or assessment during the measurement month
11	Numerator	O	CHAR(5)	Unduplicated number of children with caries risk documented
Measure 3: Sealants, 6-9 Yrs				

12	Denominator	O	CHAR(5)	Unduplicated number of children 6-9 years who had an oral assessment or evaluation visit and are at moderate to high risk for caries (exception: Children 6–9 years who do not have at least one sealable permanent first molar)
13	Numerator	O	CHAR(5)	Unduplicated number of children 6–9 years who received a sealant on a permanent first molar tooth within six months of an oral evaluation or assessment
Measure 4: Sealants, 10-14 Yrs				
14	Denominator	O	CHAR(5)	Unduplicated number of children 10–14 years who had an oral assessment or evaluation visit and are at moderate to high risk for caries (exception: Children 10–14 years who do not have at least one sealable permanent second molar)
15	Numerator	O	CHAR(5)	Unduplicated number of children 10–14 years who received a sealant on a permanent second molar tooth within six months of an oral evaluation or assessment
Measure 5: Topical Fluoride Application				
16	Denominator	O	CHAR(5)	Unduplicated number of all children aged 1–21 years who received an oral assessment or evaluation during the measurement period and have not received two fluoride varnish applications prior to the measurement month
17	Numerator	O	CHAR(5)	Unduplicated number of all children who received fluoride varnish
Measure 6: Follow-up After Well-Child Visit				
18	Denominator	O	CHAR(5)	Unduplicated number of all children aged 1–5 years without a dental home who received a well child visit in the third month prior to the measurement month
19	Numerator	O	CHAR(5)	Unduplicated number of all children who had a follow-up oral evaluation within 3 months