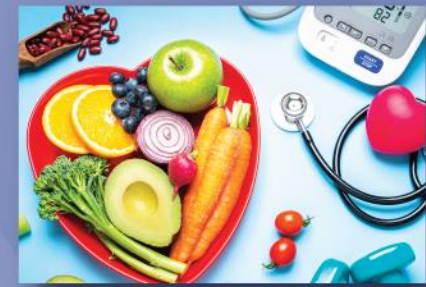# Advancing Oral Health For All CMS Beneficiaries

Natalia Chalmers DDS, MHSc, PhD

Chief Dental Officer

Office of the Administrator, CMS

CMS Oral Health Vision

Improve beneficiaries' health by **integrating oral health** and transforming the health care system to advance health equity, expand coverage, and improve health outcomes.
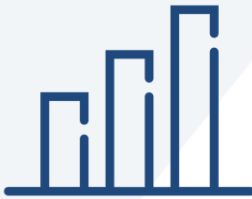
Oral Health Strategy Fundamental Principles
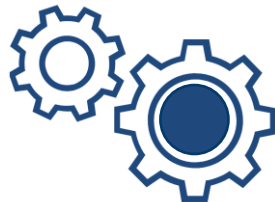
Equity Focused

Evidence Empowered

Data Driven

Integration Centered

Stakeholder Engagement

Innovation Focused

1

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Prevalence of Untreated Tooth Decay In Primary Teeth Among Children Aged 2–5 Years

Source: CDC/NCHS, National Health and Nutrition Examination Survey, 2011–2016
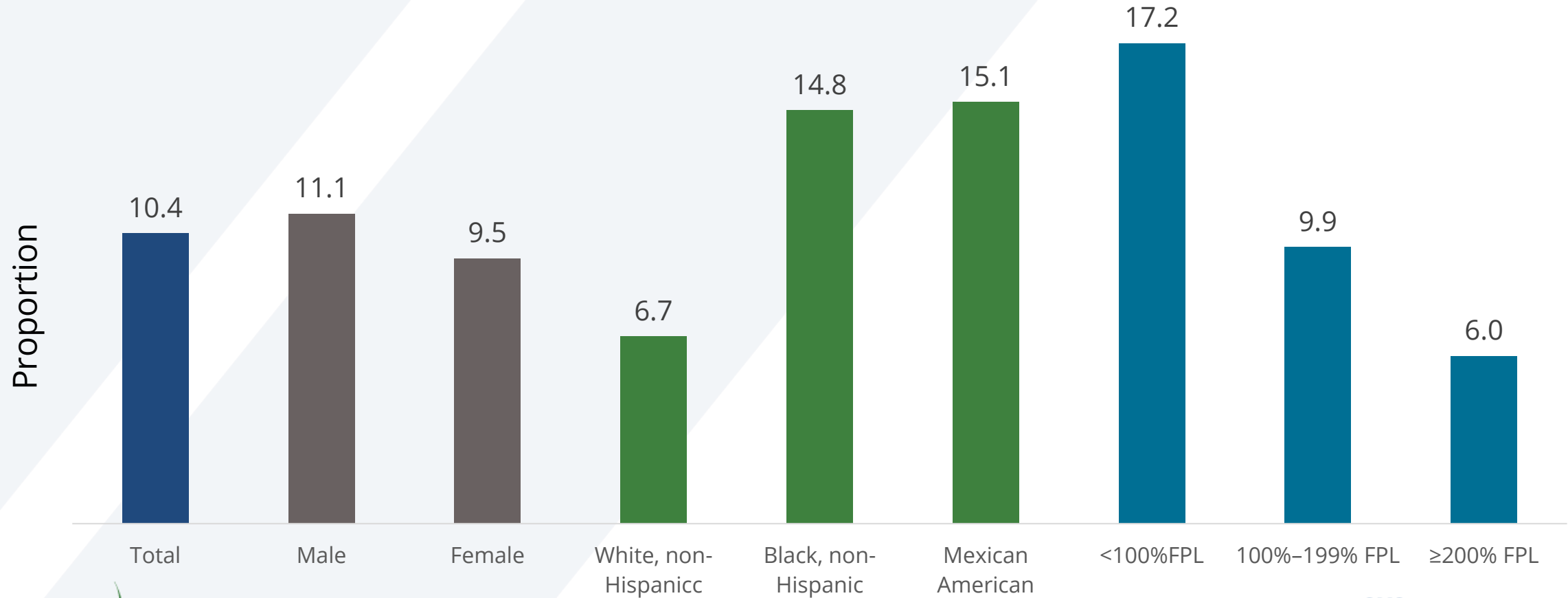
Dental Visit in the Past Year By Poverty
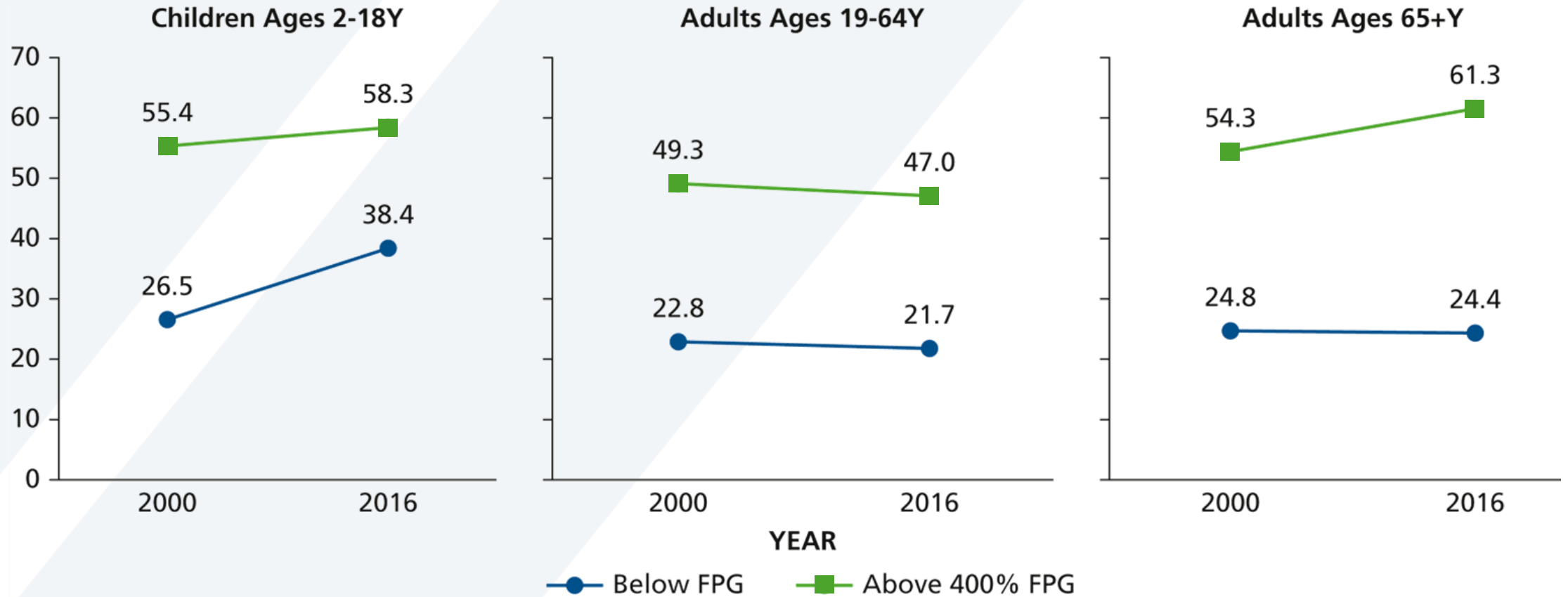
Source: Yarbrough and Vujicic Oral health trends for older Americans JADA 2019

Population with Any Dental and Medical Visits
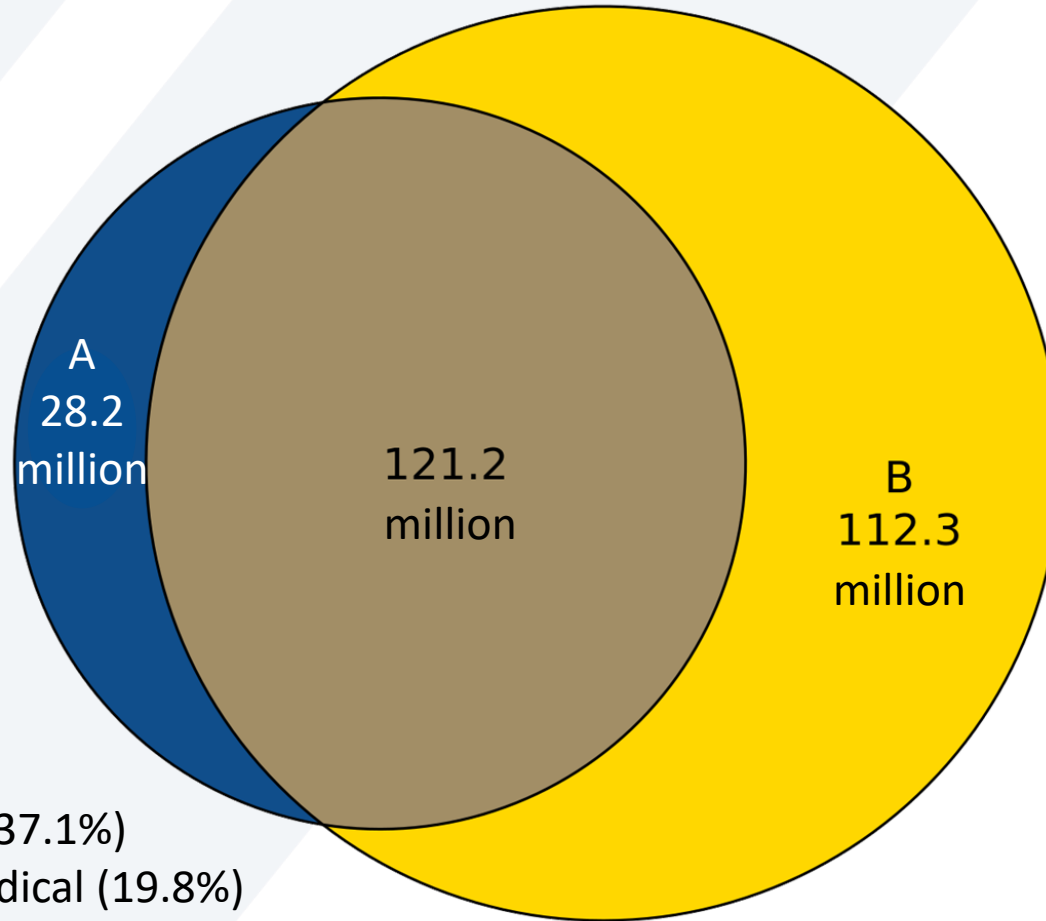
A: Dental only (8.6%)
B: Medical only (34.4%)
AB: Dental and Medical (37.1%)
C: Neither dental nor medical (19.8%)

A
28.2 million

121.2 million

B
112.3 million

C
64.7 million

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Children With A Dental Visit In The Past Year
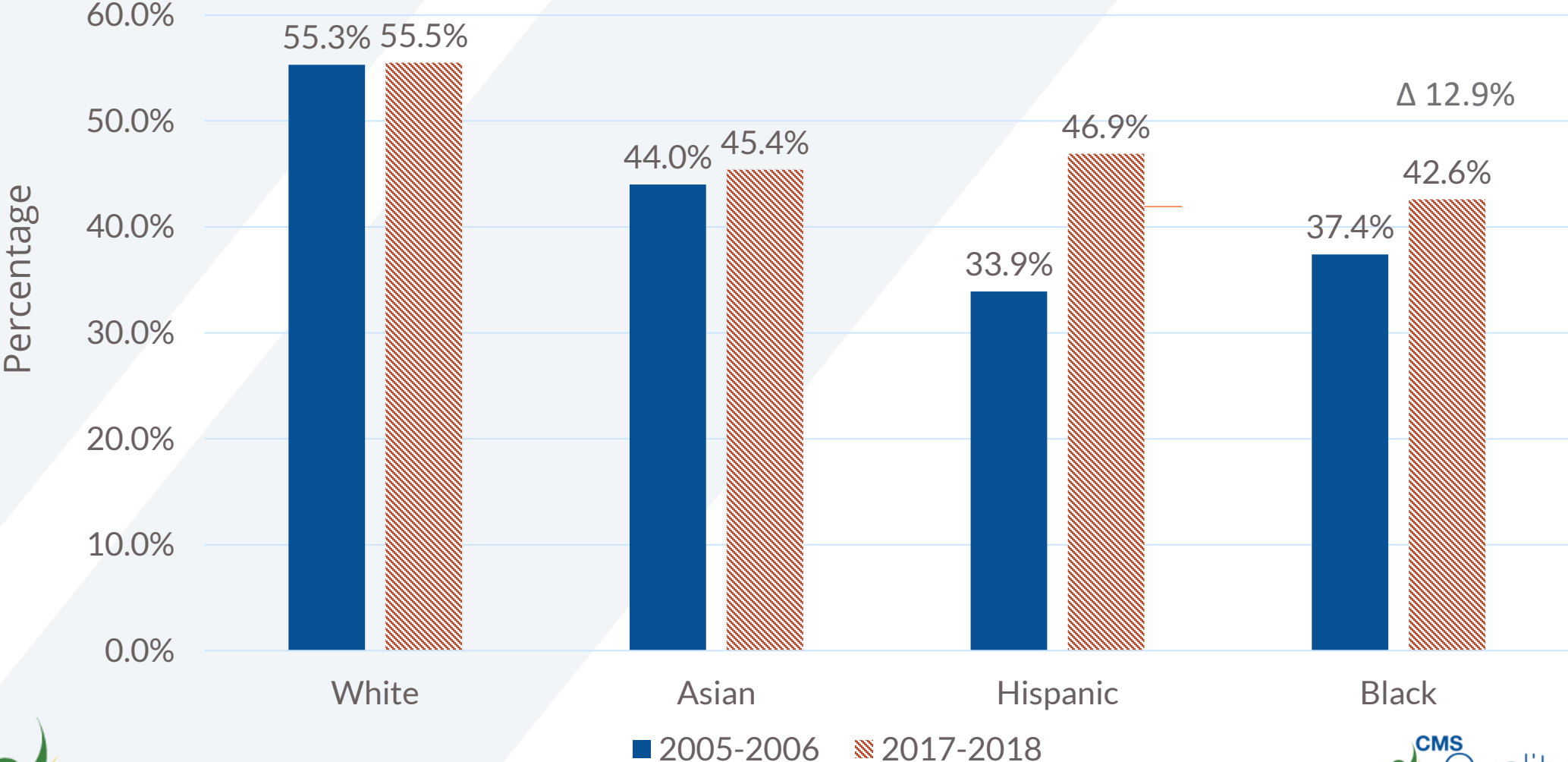
Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey

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Percentage of Medicaid Beneficiaries Ages 1 to 20 Who Received Preventive Dental Services, FFY 2020

Legend:
- 12.4% to 35.4%
- 35.5% to 41.4%
- 41.5% to 44.4%
- 44.5% to 59.0%
- Did Not Report

Population: Beneficiaries ages 1 to 20 enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days and eligible for EPSDT services
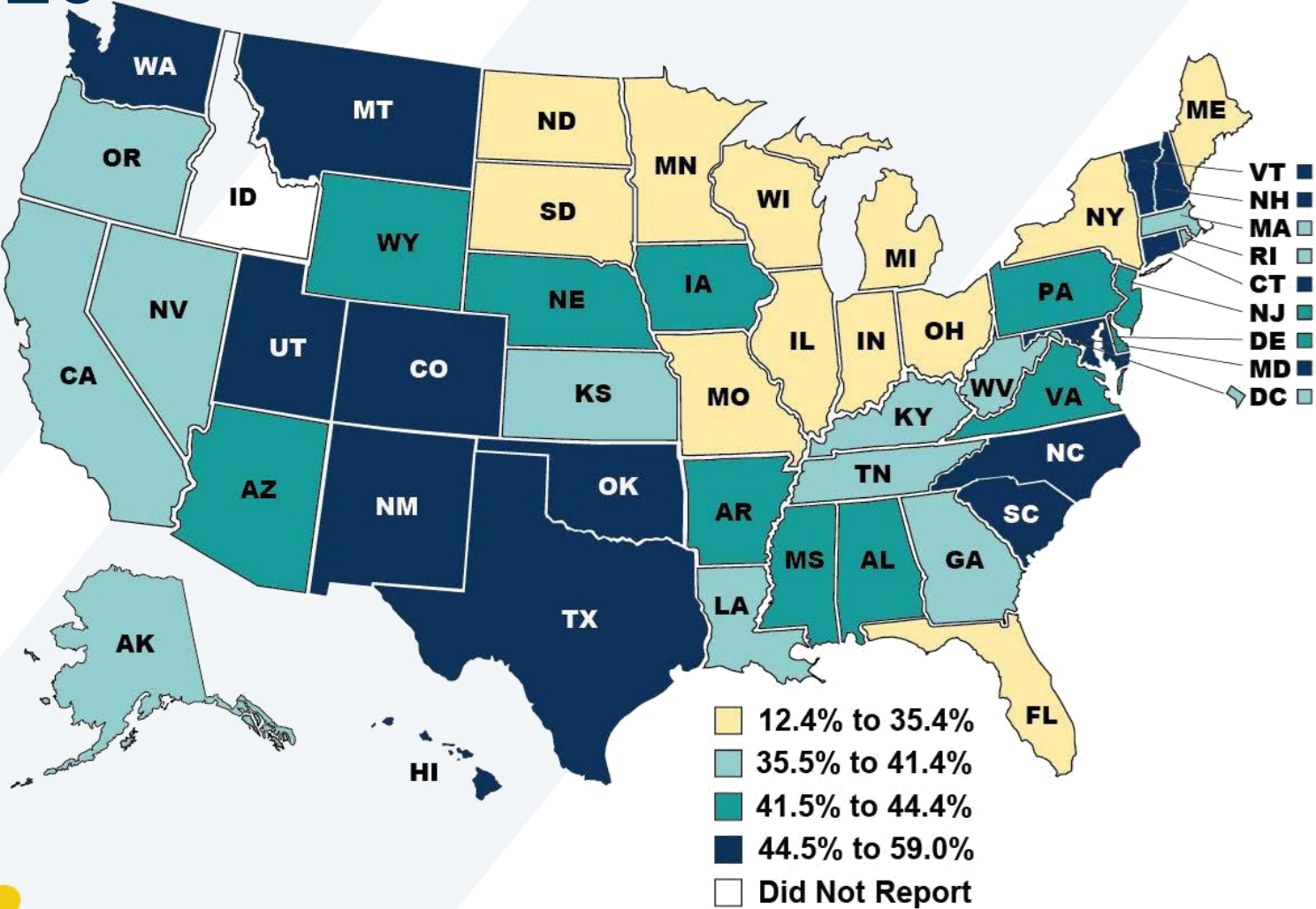
Notes:
This measure shows the percentage of children ages 1 to 20 who are enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period (October 2019 to September 2020).

Source:
Mathematica analysis of Form CMS- 416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2020 reporting cycle as of July 2, 2021.
Starting with FFY 2020, some states calculated and submitted their Form CMS-416 reports, while others chose to have CMS produce their Form CMS- 416 reports using Transformed Medicaid Statistical Information System (T-MSIS) data. The FFY 2020 reporting cycle includes services provided between October 2019 and September 2020.

Additional information available at:
https://www.medicaid.gov/medicaid/qua lity-of-care/downloads/performance- measurement/2021-child-chart-pack.pdf

Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2022.pdf

The Effect of Poor Dental Health on Children

Severe Early Childhood Caries

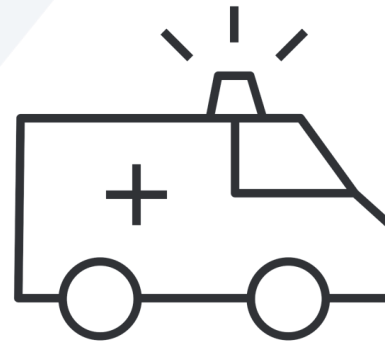Joanna Douglass, BDS, DDS

Source: smilesforlifeoralhealth.org

Poor academic performance

School attendance, i.e. student absenteeism
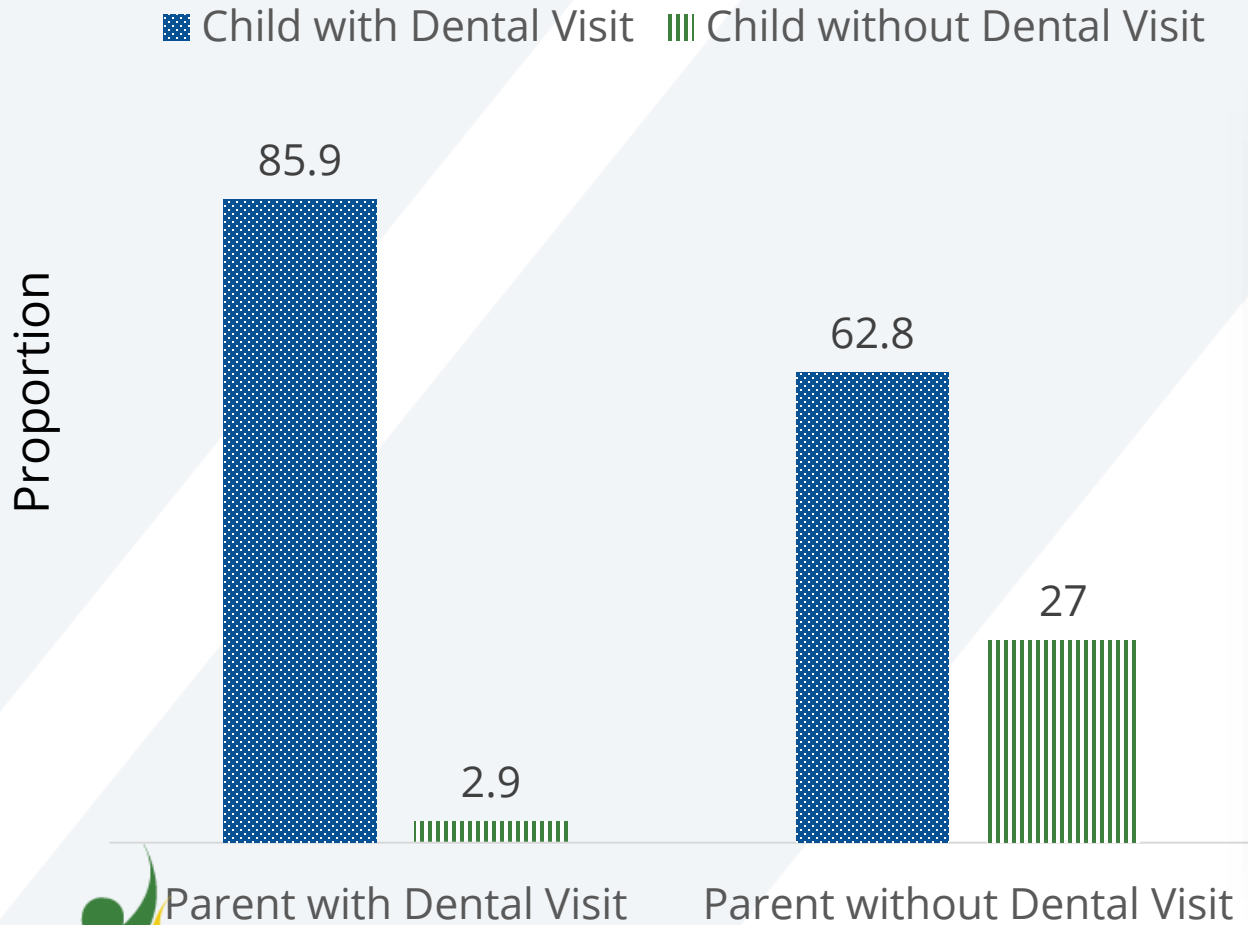

Emergency Department Use

Pain and Infection

Source: Ruff *et al*. Journal of the American Dental Association 2019

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Parents Dental Care Experience is Key to Coverage and Access

Child with Dental Visit   Child without Dental Visit

Proportion

85.9

62.8

27

2.9

Parent with Dental Visit   Parent without Dental Visit

Source: Isong *et al.* Pediatrics 2010

Source: Lipton *et al. Health Affairs* 2021

ORAL HEALTH

By Brandy J. Lipton, Tracy L. Finlayson, Sandra L. Decker, Richard J. Manski, and Mingan Yang

The Association Between Medicaid Adult Dental Coverage And Children's Oral Health

ABSTRACT Although all state Medicaid programs cover children's dental care, Medicaid-eligible children are more likely to experience tooth decay than children in higher-income families. Using data from the 1999–2016 National Health and Nutrition Examination Survey and the 2003, 2007, and 2011–12 waves of the National Survey of Children's Health, we examined the association between Medicaid adult dental coverage (an optional benefit) and children's oral health. Adult dental coverage was associated with a statistically significant 5-percentage-point reduction in the prevalence of untreated caries among children after Medicaid-enrolled adults had access to coverage for at least one year. These policies were also associated with a reduction in parent-reported fair or poor child oral health with a two-year lag between the onset of the policy and the effect. Effects were concentrated among children younger than age twelve. We estimated declines in poor oral health among all racial and ethnic subgroups, although there was some evidence that non-Hispanic Black children experienced larger and more persistent effects than non-Hispanic White children. Future assessments of the costs and benefits of offering adult dental coverage may consider potential effects on the children of adult Medicaid enrollees.

Despite considerable progress, tooth decay remains the most common childhood chronic disease. Medicaid-eligible children are more likely to experience tooth decay compared with children in higher-income families but are less likely to visit the dentist annually (29 percent versus 55 percent). All state Medicaid programs cover a comprehensive set of preventive and restorative dental services for children under the Early and Periodic Screening, Diagnostic, and Treatment benefit. Although financial barriers are frequently reported as the reason for not receiving needed dental care among both adults and children, noncost barriers may also play an important role in explaining income-based disparities in children's dental care use.

Children are more likely to have regular dental visits when their parents have dental coverage or a recent dental visit. Parental dental coverage may facilitate children's dental care use in several ways. For example, providers may relay information about recommended dental care or dental benefits available to publicly insured children when a parent has a dental visit. As many general dentists treat both adults and children, families may cluster their appointments when both parents and children have dental coverage, reducing transportation barriers and requiring less time off work. Parent dental coverage may also reduce out-of-pocket health care spending, which could increase available resources for children's health care needs.

In contrast to the requirements for children, states are not required to provide any level of

NOVEMBER 2021   40:11   HEALTH AFFAIRS   1731

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Association Between Maternal Periodontal Disease and Adverse Pregnancy Outcomes

Maternal periodontal disease increases the odds of low birthweight by

10%

Maternal periodontal disease increases the odds of preterm birth by

15%

Maternal periodontal disease increases the odds of spontaneous abortion by

34%

Maternal periodontitis increases the odds of any maternal complications by

19%

Source: Choi *et al*. Family Practice, 2021

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Adults With A Dental Visit In The Past Year

Proportion (%)

- WHITE
- ASIAN
- HISPANIC
- BLACK

48.4% 47.8%
37.4% 38.9%
23.5% 27.8%
28.4% 28.6%

Δ 19.2%

2005-06 2017-18
2005-06 2017-18
2005-06 2017-18
2005-06 2017-18

Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey

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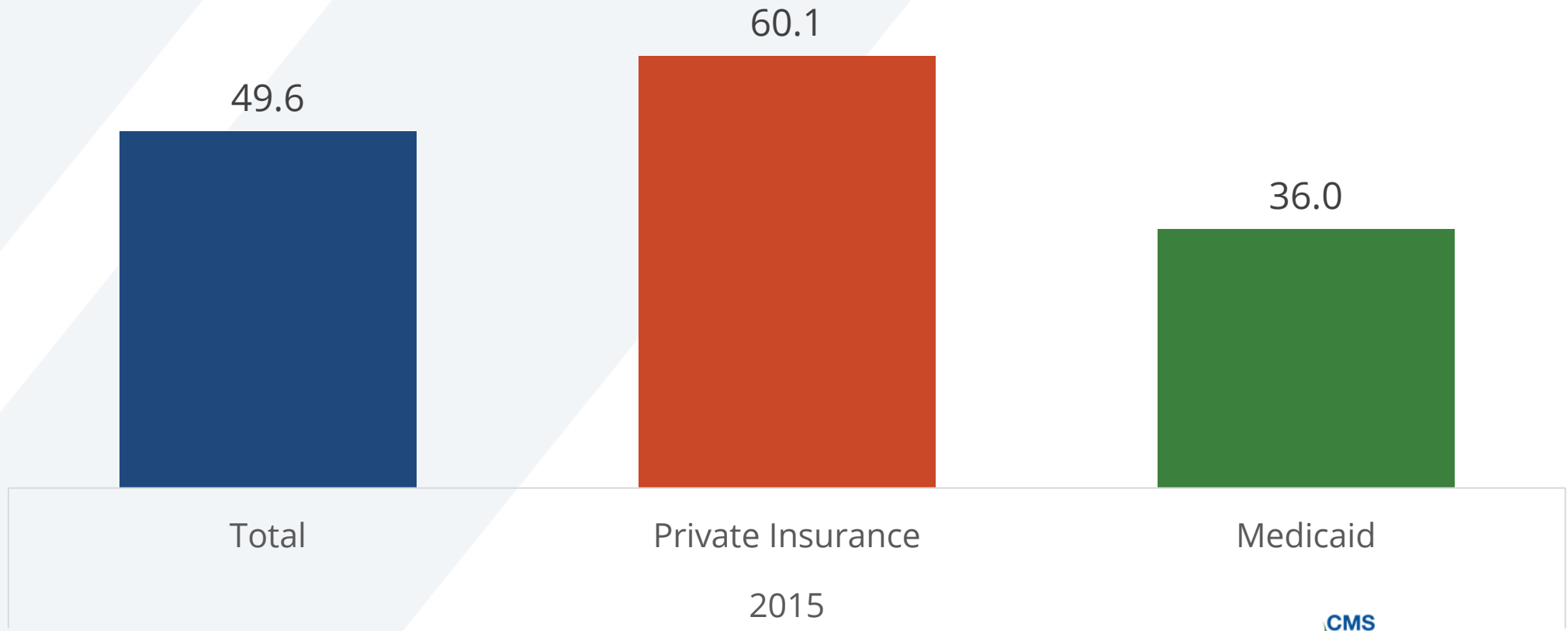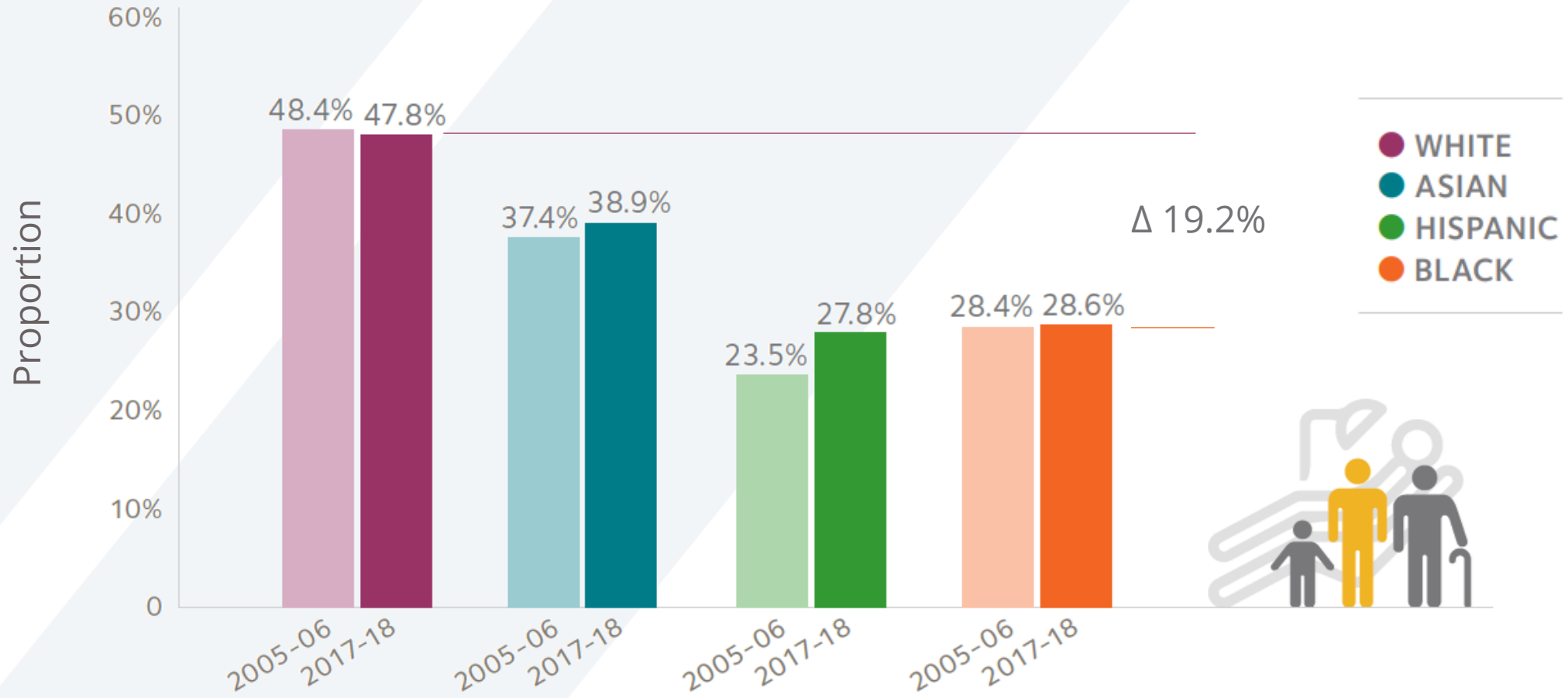
Urban-Rural Differences in Dental Care Use Among Adults Aged 18–64

Proportion

59.4	70.2	61.8	45.7	59.1	52.6
Hispanic	Non-Hispanic white	Non-Hispanic black	Hispanic	Non-Hispanic white	Non-Hispanic black
Urban			Rural		

Source: National Center for Health Statistics, National Health Interview Survey, 2019.

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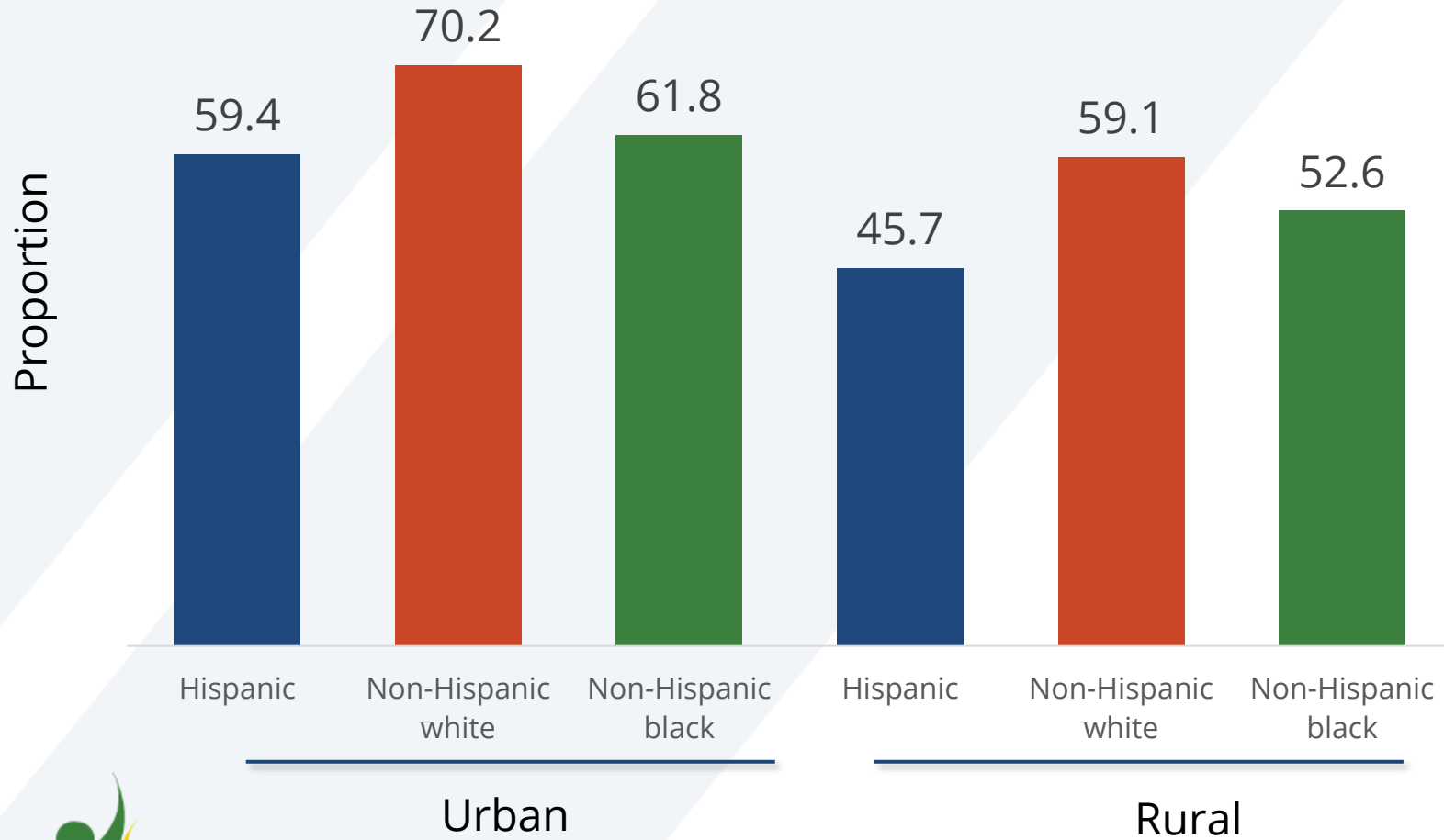
Seniors With A Dental Visit In The Past Year

Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey
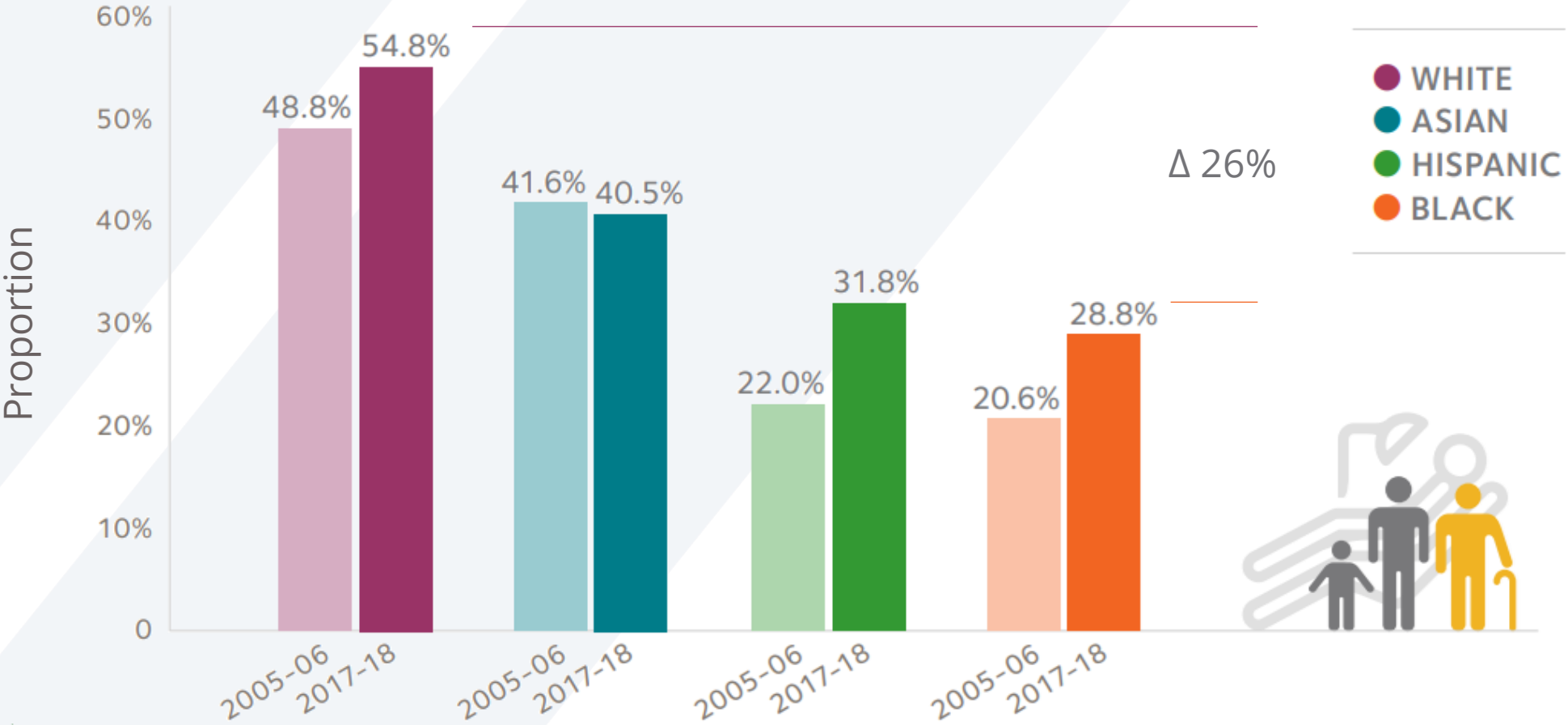
Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2018

Total

Service Type	Amount
Prescription Drugs	$4,144
Physician/Supplier Services	$3,652
Inpatient Hospital Services	$2,847
Outpatient Hospital Services	$2,108
Dental Services	$601
Medicare Home Health Services	$343
Medicare Hospice Services	$168

Out-of-Pocket

Service Type	Amount
Physician/Supplier Services	$689
Prescription Drugs	$598
Dental Services	$460
Outpatient Hospital Services	$134
Inpatient Hospital Services	$50

Out-of-Pocket as a Proportion of Total Expenditures

Service Type	Percent
Physician/Supplier Services	19%
Prescription Drugs	14%
Dental Services	77%
Outpatient Hospital Services	6%
Inpatient Hospital Services	2%

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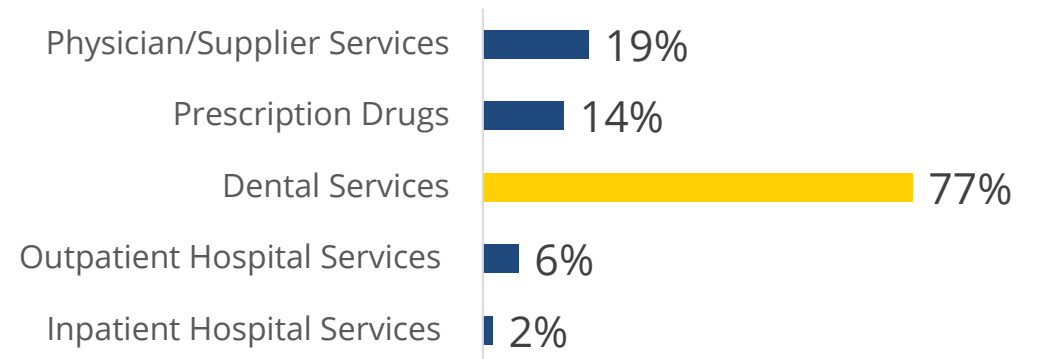
Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Dental Exam in 2019

Category	Subgroup	Percentage
Gender	Female	44
Gender	Male	40.9
Race/Ethnicity	White non-Hispanic	47.9
Race/Ethnicity	Black non-Hispanic	17.9
Race/Ethnicity	Hispanic	33.8
Race/Ethnicity	Other Race/Ethnicity	33.3
Language Spoken at Home	English	44
Language Spoken at Home	Language other than English	32.7
Income	< $10,000	21.9
Income	$10,000 - $14,999	19.4
Income	$15,000 - $19,999	21.3
Income	$20,000 - $24,999	25.9
Income	$25,000 - $29,999	30.2
Income	$30,000 - $39,999	41.2
Income	$40,000 - $49,999	46.7
Income	>= $50,000	61
Dual Eligibility Status	Full-/partial-benefit dually eligible	19.9
Dual Eligibility Status	Not dually eligible	47.3
TOTAL	TOTAL	42.6

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019

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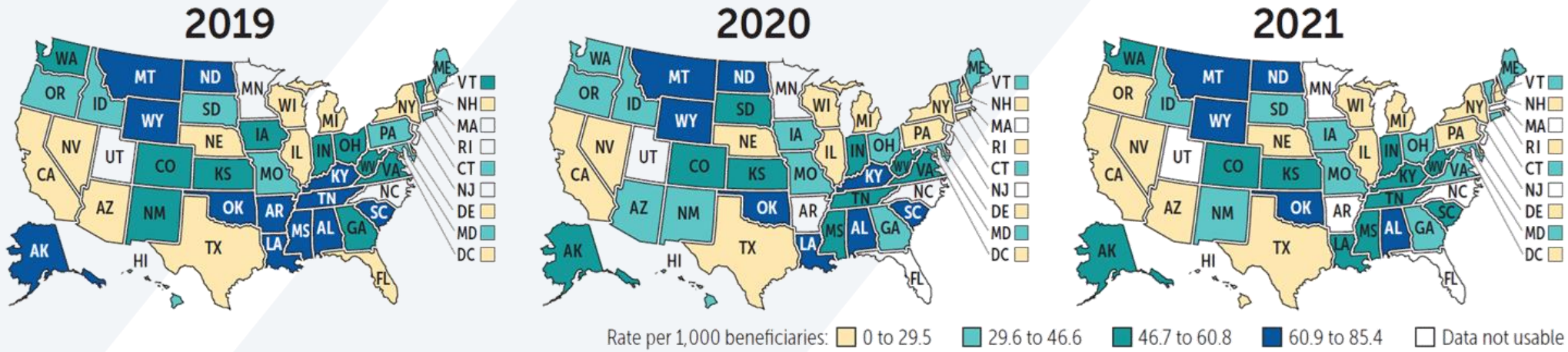Having an Equitable Foundation for Quality Healthcare

Dental-Related Opioid Prescriptions
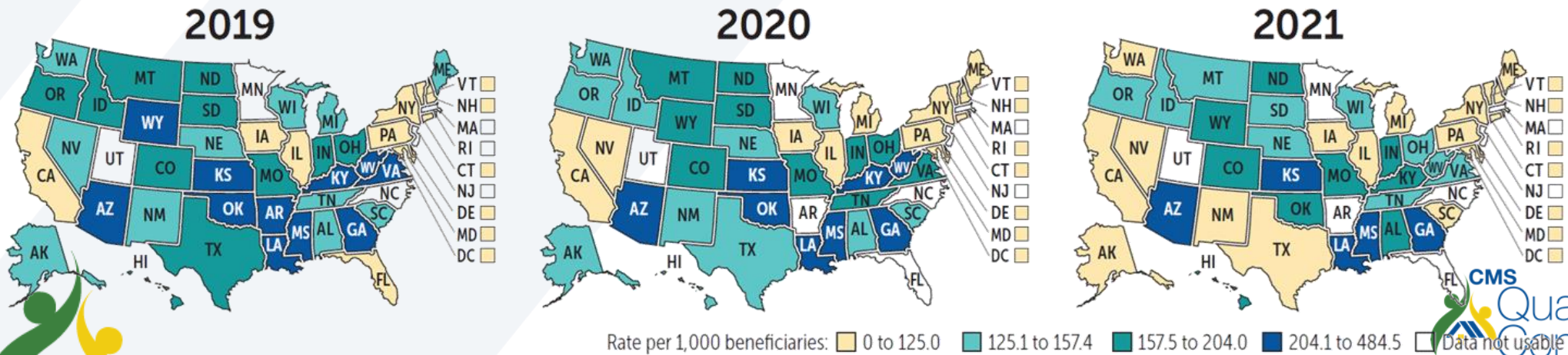

Dental-Related Opioid Prescriptions

From 2019 to 2021, rates of adult Medicaid beneficiaries receiving a dental opioid prescription fell from 134 to 105 per 1,000 beneficiaries. Rates declined for adolescents, from 38 to 33 per 1,000 beneficiaries.

Rate of Beneficiaries Receiving an Opioid Prescription After a Dental Visit, 2019-2021[11]

Adolescents ages 12 to 20 — Rate per 1,000 beneficiaries: 0 to 29.5 | 29.6 to 46.6 | 46.7 to 60.8 | 60.9 to 85.4 | Data not usable

Adults ages 21 to 64 — Rate per 1,000 beneficiaries: 0 to 125.0 | 125.1 to 157.4 | 157.5 to 204.0 | 204.1 to 484.5 | Data not usable

Source: 2022 Medicaid and CHIP Beneficiaries at a Glance: Oral Health

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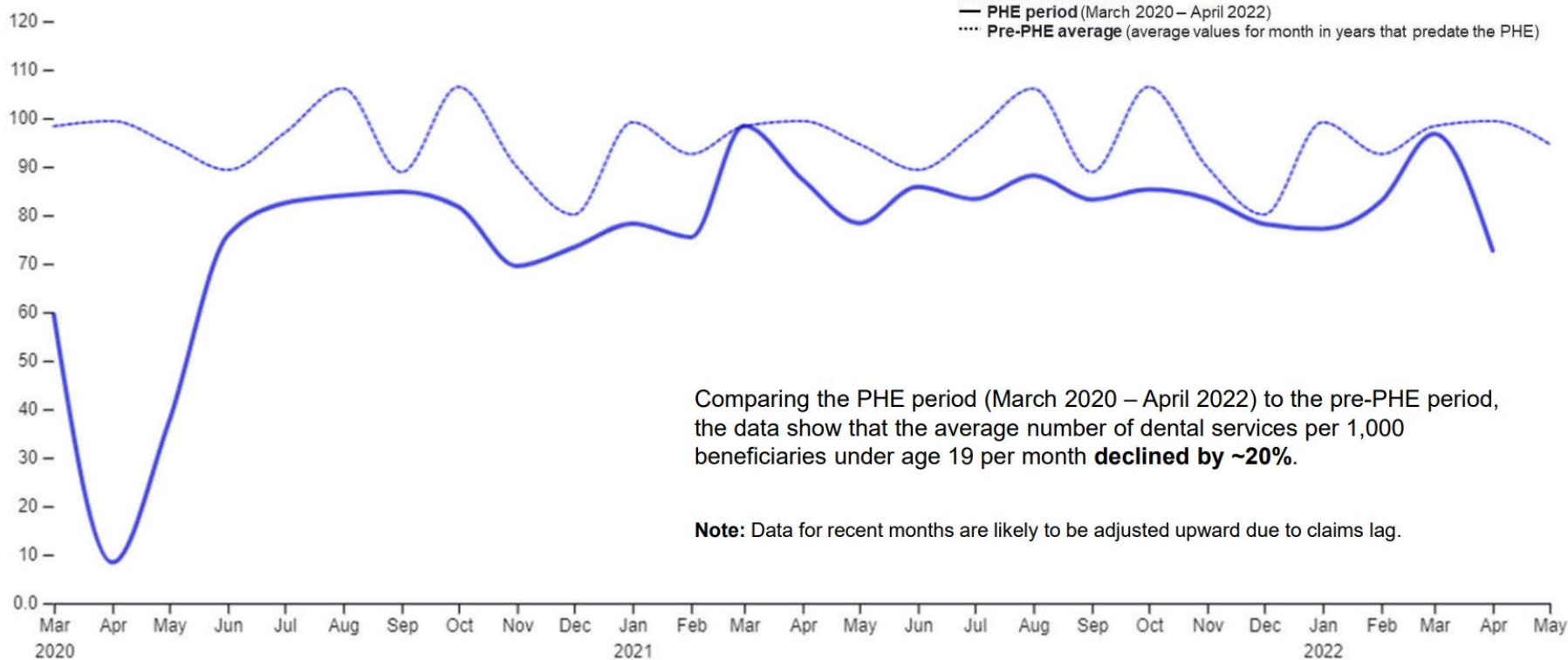
Rate of Dental Services for Children During the PHE

After an initial steep decline, remained slightly below pre-PHE levels

Number of dental services per 1,000 Medicaid and CHIP beneficiaries 18 and under

Services: Dental services
— PHE period (March 2020 – April 2022)
···· Pre-PHE average (average values for month in years that predate the PHE)

Comparing the PHE period (March 2020 – April 2022) to the pre-PHE period, the data show that the average number of dental services per 1,000 beneficiaries under age 19 per month **declined by ~20%**.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7 in DataConnect using final action claims. They are based on June T-MSIS submissions with services through the end of May. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for May are incomplete, results are only presented through April 30, 2022. The PHE period includes data for March 2020 through April 2022. The pre-PHE average is the average of all values for that month in the years that predate the PHE, using data from January 2018 through February 2020. The PHE period rate may not be directly comparable to prior years' average rate since, for some states, there are increased suspensions of eligibility redeterminations during the PHE, which may inflate the denominator Medicaid population.

Source: https://www.medicaid.gov/state-resource-center/downloads/covid-19-medicaid-data-snapshot-04302022-updated.pdf

Oral Health: Challenges and Opportunities

System
Capacity

Increased
Enrollment

Workforce Shortages
Provider Burnout

Forgone
Care

Vaccines and
Vaccination

Telehealth

Pandemic

School-based
Programs

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Oral Health Sessions at the 2023 CMS Quality Conference

Sessions

- Welcoming plenary and remarks by the Chief Dental Officer Dr. Natalia Chalmers
- Session 1: Advancing Oral Health Equity Through Quality Improvement Measures
- Session 2: Engaging Partners and Communities to Improve Oral Health
- Session 3: Using Quality Improvement and Oral Health Integration to Improve Oral Health and Overall Health Outcomes

Posters

- Early intervention and Monitoring of Timeliness of Medical and Dental Visits in Foster Care Children using Data Visualization
- Oral Health and Access to Dental Care Among Medicare Beneficiaries
- Dental Coverage Status and Utilization of Preventive Dental Services by Medicare Beneficiaries Living in the Community, 2019

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Session Objectives

Participants will gain knowledge of:

- New survey tool to assess *oral healthcare equity* among Medicaid adult members; and

- How the *Iowa Oral Health Equity Self-Assessment Tool* may improve program administration

Program Improvement Project (PIP)
Slide 1 of 2

Objectives

- Increase compliance with Federal Regulation regarding new member assessment

- Increase oral healthcare equity across the Iowa Medicaid Dental Program

- Increase use of preventive services among all members

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Program Improvement Project (PIP)

Slide 2 of 2

Aims

- Improve program administration

- Improve member outreach and outcomes

- Identify medical, dental, oral health, and social risks that create barriers to use of services for each member

- Identify disparities by age, race, ethnicity, gender, and disability

- Address the specific risks and needs of new members

- Increase use of services

Iowa Oral Health Equity Self-Assessment Tool At-a-Glance

Member Survey	Member Reports	State & Vendor Aggregate Reports	State & Vendor Equity Reports
General Questions: • Age • Race & Ethnicity • Gender Identity • Disability, etc. Medical Risks Oral Health Risks Dental Risks Social Risks	• General Information • Member Benefit Information • Medical Resources • Oral Health Resources • Dental Provider Resources • Social Service Agencies and Resources based on identified social risks	Frequency of members by all data variables	Frequency of members who reported Medical, Oral Health, Dental and Social Risk Factors by: • Age • Race • Ethnicity • Gender • Disability • Other

Member Self-Assessment: *Member Information*

Tell us about yourself...

Please complete the survey below. Your responses will help us find the perfect resources to help you improve your health and brighten your smile.

(i) **General Member Information**

? Enter your Medicaid ID located on your Dental Wellness Plan card.

Please enter your response

```
AQ
```

Please enter 7 numbers followed by a letter.

Member Self-Assessment: *Race & Ethnicity*

Member Self-Assessment: *Language*

? Select the primary language you speak at home.

Please enter your response

○ English   ● Spanish   ○ Other (please specify)

Member Self-Assessment: *Disability*

? Do you have any disabilities?

Done!

- ◉ Yes (please specify)
- ○ No

- ☑ Physical Disability
- ☑ Intellectual and/or Developmental Disability
- ☐ Other (please specify)

Member Self-Assessment: *Medical Risk Factors*

Member Self-Assessment: *Oral Health Risk Factors*

? What is the overall condition of your mouth?

Done!

⦿ Poor ◯ Fair ◯ Good ◯ Excellent

? Have you had any dental pain in the last month?

Done!

⦿ Yes ◯ No

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Member Self-Assessment: *Social Risk Factors*

? Would you like additional support services? Check all that apply.

Done!

☐ Make an appointment with a dentist   ☐ Get more information about my dental health   ☐ Contact me about other questions I have
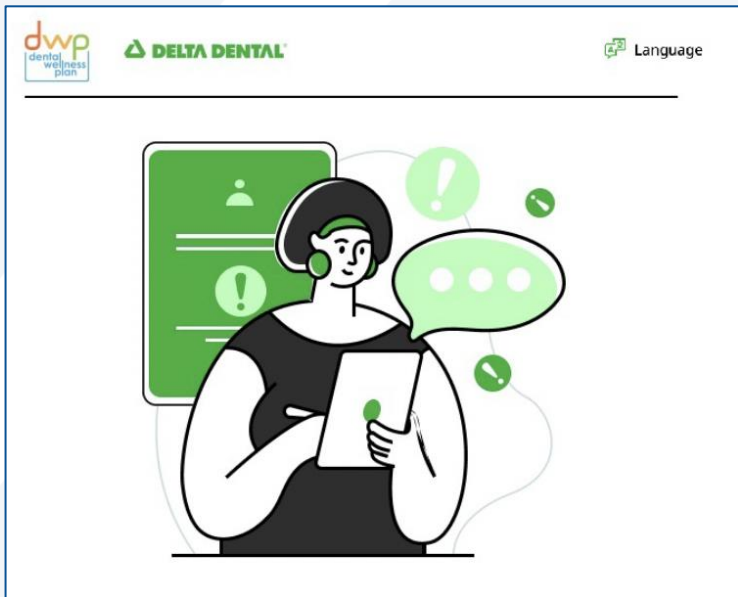
☐ Find Food or Meal Services   ☐ Find Shelter   ☐ Find Child Care

☐ Access Transportation   ☐ Find Home Health Care   ☑ No, thank you! (all other options will be unavailable)

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Member Report

Survey Results

Date/Time Submitted	8/10/2021 04:36 PM EST
IME Number	123456789
What is your ethnicity	Asian or Pacific Islander
Health: Do you have any major health condition like diabetes, heart disease, stroke, cancer or Parkinson's Disease?	Yes
Oral Health: What is the overall condition of your mouth?	Fair
Oral Health: Have you had dental pain in the last month?	No
Oral Health: Do your gums bleed when you brush?	No
Oral Health: Are all of your teeth gone?	No
Oral Health: Do you smoke or use e-cigarettes?	Yes
Oral Health: Do you brush your teeth with fluride toothpaste?	No
Oral Health: Do you frequently snack on sugary foods or drinks?	No
Access: How long has it been since you last visited a dentist or a dental clinic for any reason?	Over 2 years
Access: If you did not see a dentist in the last 12 months, what were the main reasons?	Fear, Inconvinient location or time, Transportation
Support Services: How may we help you?	Make an appointment with a dentist, Get more information about my dental health, Access Transportation

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Member Resources

Frequency Distribution of New Members by Race & Ethnicity
N=200
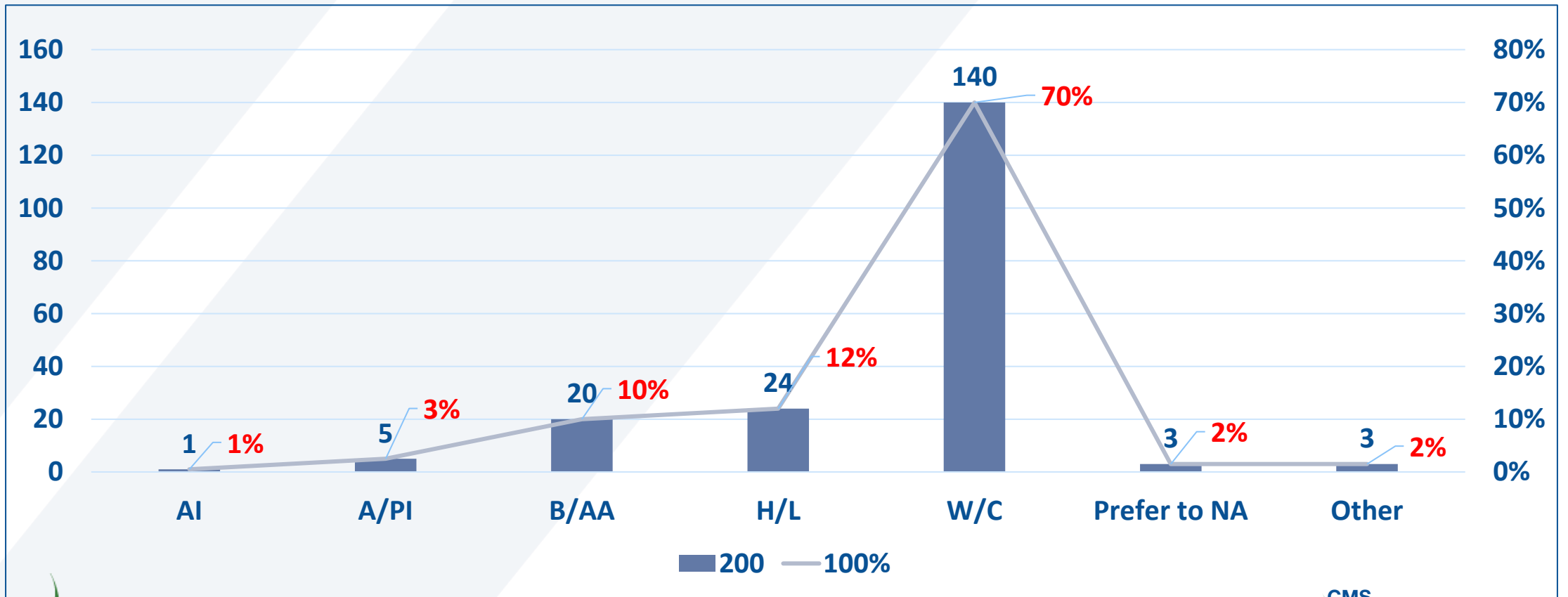
Disparities Report
Dental Pain Among New Members by Race & Ethnicity
N=45/200

	# Dental Pain	% Dental Pain
Total	45	23%
AI	0	0%
A/PI	1	2%
B/AA	19	42%
H/L	14	31%
W/C	8	18%
Prefer to NA	2	4%
Other	1	2%
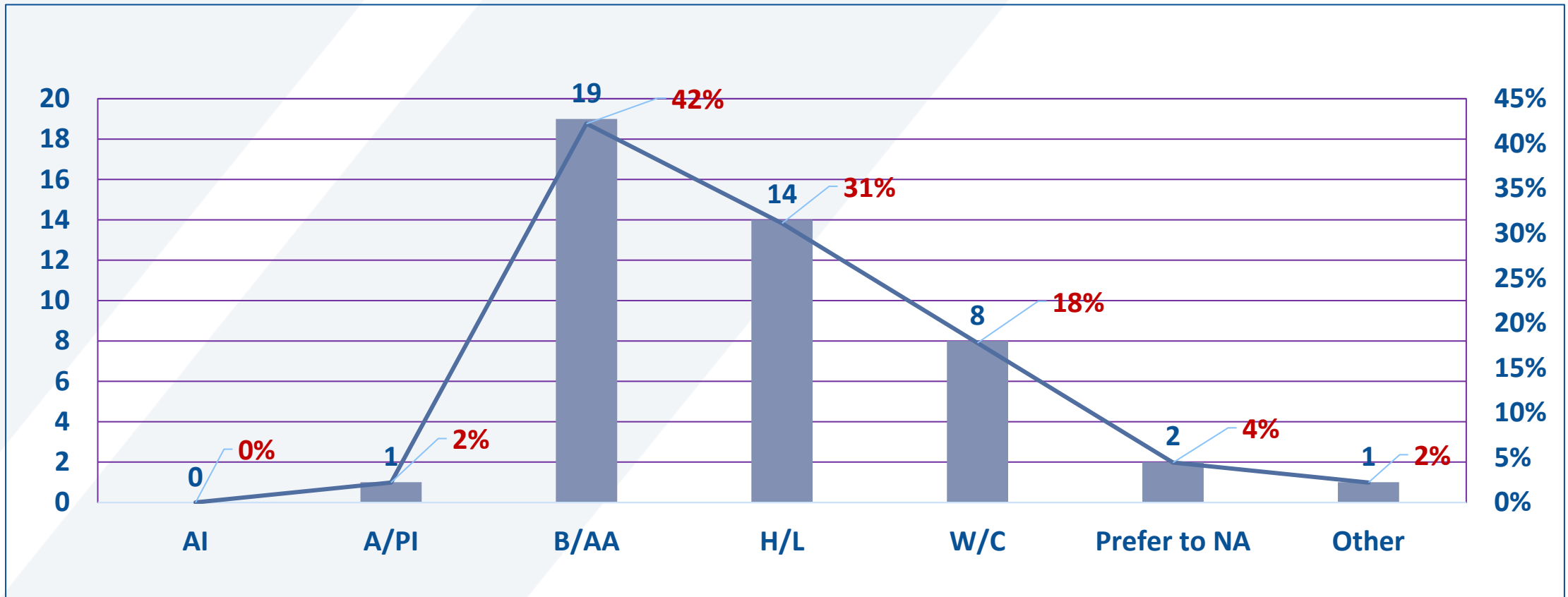
Disparities Report
Dental Pain Among New Members by Specific Racial & Ethnic Cohorts
N=200 n=45

Race/Ethnicity	Frequency	# Dental Pain	% Dental Pain
AI	1	0	0%
A/PI	5	1	20%
B/AA	20	19	95%
H/L	24	14	58%
W/C	140	8	6%
Prefer to NA	3	2	67%
Other	3	1	33%
Subtotals	200	45	

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Disparities Report
Dental Pain Among New Members by
Specific Race & Ethnic *Cohorts*

160
140
120
100
80
60
40
20
0

100%
80%
60%
40%
20%
0%

95%
140
67%
58%
33%
20%
6%
0%
1
0
5
1
20
19
24
14
8
3
2
3
1

AI   A/PI   B/AA   H/L   W/C   Prefer to NA   Other

Dental Pain   % Dental Pain

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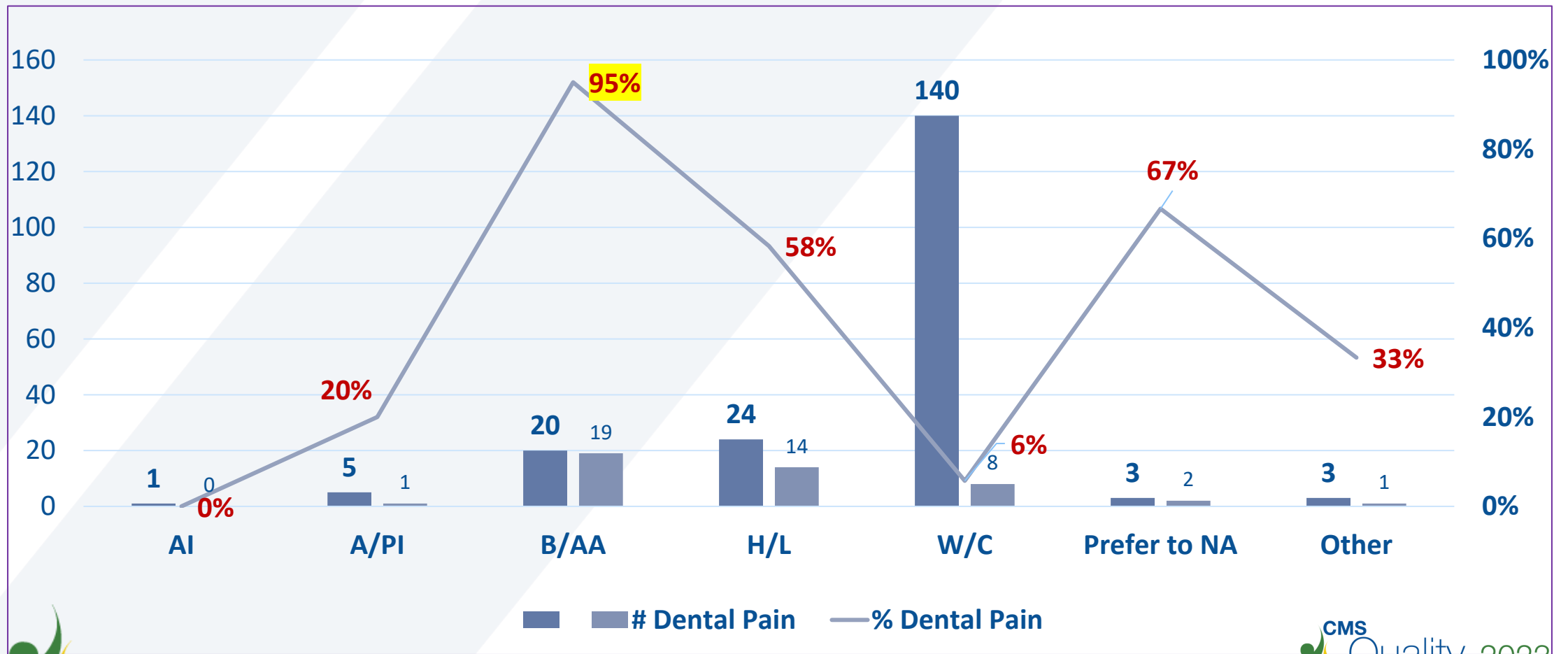
Monitory Regularly with Data Dashboard

Month	Total Number New Members Ages 18+	Total Number New Members Completing Self-Assessment	Ages 18-20	Ages 21-39	Ages 40-64	Ages 65+	AI/AN	Asian/PA	Hispanic Latino	Black	AA	White Caucasian	Other	English Language	Spanish Language	Other Language	Disability	Dental Pain	Poor Mouth	Last Dental Visit >1 Year	Food Insecurity	Housing Insecurity
January																						
February																						
March																						
April																						
May																						
June																						

Continuous Quality Improvement

Program Improvement Project (PIP)

Based on findings, create administrative solutions:

- Outreach

- Call Center

- Coordination with Social Service Agencies

- Coordination with Medical MCOs

- Care Management Services

- Continue to Monitor Regularly

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Contact

Mary E. Foley, MPH

Executive Director

Medicaid, Medicare, CHIP Services Dental Association

mfoley@medicaiddental.org

Disclosures

- Dr. Herndon is presenting in her capacity as a methodology consultant to the Dental Quality Alliance.

Dental Quality Measures: Where We Were

IOM (2011), *Advancing Oral Health In America,* Key Findings and Conclusions

"Oral health lags significantly behind the remainder of the health care system in developing quality measures, and as a result, little is known about the quality of oral health care."

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

2008 NATIONAL DENTAL SUMMARY

January 2009

Dental Quality Alliance: CMS is interested in forming a Dental Quality Alliance (DQA) and is currently in discussions with the American Dental Association (ADA) to begin this process. The DQA would bring together parties from many aspects of oral health fields including national dental organizations, Federal and State partners, payers and consumers to begin working together on measurements that could be used by States for purposes of improving the delivery of oral health services and the development of quality measures. These measures could ultimately be used to enhance reporting on the CMS form 416 or through state-based value based purchasing initiatives. While children eligible for Medicaid will be the primary area of concern, the DQA will also address dental services for the adult population.

Today: Reliable & Validated Measures

Dental Quality Alliance Measures Children	Adults/Pregnancy
Oral Evaluation*	Oral Evaluation During Pregnancy (New!)
Topical Fluoride for Children*	Utilization of Services During Pregnancy (New!)
Sealant Receipt on Permanent 1st Molars*	Topical Fluoride: Adults at Elevated Caries Risk
Sealant Receipt on Permanent 2nd Molars	Oral Evaluation: Adults with Diabetes
Care Continuity	Periodontal Evaluation: Adults with Periodontitis
Caries Risk Documentation	Non-Surgical Ongoing Care: Adults with Periodontitis
Ambulatory Care Sensitive ED Visits for Dental Caries	Ambulatory Care Sensitive ED Visits for Non-Traumatic Dental Conditions
Follow-Up After ED Visits for Dental Caries	Follow-Up after ED Visits for Non-Traumatic Dental Conditions
Utilization of Services	
Preventive Services	
Treatment Services	
Usual Source of Services	
Per Member Per Month Cost of Clinical Services	

*CMS Child Core Set

Used for QI, Public Reporting, & Payment Programs – Examples:
Centers for Medicare & Medicaid Services: Medicaid and CHIP Child Core Set
Health Resources & Services Administration: Uniform Data System Reporting
Covered California – Health Benefit Exchange, Plan Contracts
State Medicaid and CHIP Programs (Payment Programs, Public Reporting, QI, Plan Contracts)

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Dental Quality Alliance's State Oral Healthcare Quality Dashboard

Dynamic, interactive dashboard of DQA dental quality measures

Population: State Medicaid and CHIP beneficiaries (all states)

Data Source: Transformed Medicaid Statistical Information System (T-MSIS)

Years: 2016-2018 with 2019 and 2020 in progress

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T-MSIS Dashboard: Current

CHILDREN

MEASURES

- Utilization of Services (dental, oral health, and dental or oral health)
- Oral Evaluation (dental)
- Care Continuity for Children (dental)
- Caries Risk Documentation (dental or oral health)
- Topical Fluoride (dental, oral health, and dental or oral health)
- ED Visits for Dental Caries
- 7-Day Follow-Up after ED Visit for Dental Caries (dental)
- 30-Day Follow-Up after ED Visit for Dental Caries (dental)

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T-MSIS Dashboard: Features

FILTERS

- State
- Year(s)
- Program: Medicaid or Medicaid & CHIP
- Service Type: Dental, Oral Health, Dental or Oral Health
- Stratification by Population Characteristics
  - Age
  - Geographic Location
  - Language
  - Race/Ethnicity
  - Sex

OTHER FEATURES

- National Comparison Report
- Time Trend Report
- State Measure Comparison Report
- Measure and stratification data quality assessments

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Dashboard: Data Quality Assessments

Key element of dashboard

- Overall quality indicator for each measure, state, year, program, and type of service combination

Methods (in brief)

- Assessed data quality for each critical data element used to calculate the measure
- Used CMS-Data Quality Atlas quality evaluations for relevant topics
  (e.g., program enrollment, claims volume, service use, diagnosis/procedure codes)
- Conducted independent assessments for additional fields
  (e.g., provider taxonomy codes, CDT codes, dental claims completeness)
- Aligned cut-points and data quality categories with Data Quality Atlas
- Data quality assignment based on data element with greatest level of "concern"

Data Quality Indicator Categories (adapted from CMS Data Quality Atlas)

Low concern	Medium concern	High concern	Unusable
No major problems identified that would affect measure scores.	Some problems identified that may affect measure scores; effects expected to be modest.	Major problems in data completeness or reliability that are likely to significantly affect measure scores.	Extreme problems in data completeness or reliability.

Okay to report with some caution for medium concern

Not recommended to report

Note: Quality assessments reflect such evaluations as data field completeness and legitimate codes. They do not reflect incomplete capture of codes in claims data at the care site due to such factors as benefit design and reimbursement.

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Dashboard: Data Quality Reporting

Why include measure scores in the dashboard when known data quality is poor?

- Allows users, including state Medicaid and CHIP programs, to understand how data quality impacts measure score performance, and states can work on addressing the quality of data submissions to CMS.

- Other users of T-MSIS data may report on dental-related topics for all states without due consideration to data quality. The DQA dashboard enables users of those reports to understand how reporting reliability may be affected by data quality.

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Let's go to the dashboard!

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Dashboard Take-Aways: Data Quality

Data Quality: Critical Data Elements

- Measure score data quality classifications of "high concern" or "unusable" ranged from 10% to 55% of states across state/measure/year combinations.

Data Quality: Stratification Variables – Needed to Assess Disparities

- Data on age, sex assigned at birth, and geographic location are well filled.
- 2/3 of states are missing more than 10% of race/ethnicity data, and 1/2 of states are missing more than 20% of race/ethnicity data

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Dashboard Take-Aways: Disparities

- Among states with sufficiently complete data to reliably examine variations in quality measures by race and ethnicity, in general:
  - Lowest scores among: non-Hispanic black and non-Hispanic American Indian/ Alaskan Native
  - Highest scores among: non-Hispanic Asian and Hispanic children
- However, patterns in disparities may vary across measures and across states.

Source: Herndon, J.B., Ojha, D. (2022) Racial and Ethnic Disparities in Oral Healthcare Quality among Children Enrolled in Medicaid and CHIP. *Journal of Public Health Dentistry*. 81(S1):89-102.

Turning Data into Action: Recommendations

- Use dashboard quality indicators to identify opportunities to improve data quality to support reliable measure reporting.

- Improve collection of race and ethnicity.

- Use dashboard reports to identify areas with performance gaps to focus improvement efforts.

- Use dashboard filters to examine measure scores by population characteristics to identify disparities in care to focus interventions to improve health equity.

T-MSIS Dashboard: Coming Soon!

Additional Pediatric Measures

- Sealants on Permanent Molars

Additional Years

- 2019 and 2020

Adult Measures

T-MSIS Data Acknowledgement & Resources

- DQA Oral Healthcare Dashboard reports are part of a research project titled "The State of Oral Healthcare Use, Quality and Spending: Findings from Medicaid and CHIP Programs," made possible through Data Use Agreement (DUA) RSCH-2020-55639 with the Centers for Medicare & Medicaid Services.

- Centers for Medicare & Medicaid Services, T-MSIS Data: https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html

- T-MSIS Analytics Files (TAF) Data Quality Atlas: https://www.medicaid.gov/dq-atlas/welcome

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For More Information

Email DQA: dqa@ada.org

DQA Website: www.ada.org/dqa

Dashboard: https://www.ada.org/resources/research/dental-quality-alliance/dqa-improvement-initiatives

Measure specifications: https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures

Advancing performance measurement as a means to improve oral health, patient care, and safety through a consensus–building process.

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