September 26, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2440-P
Baltimore, MD 21244-8016

To Whom It May Concern:

The American Dental Association (ADA), on behalf of its 162,000 dentist members, and the Dental Quality Alliance (DQA) are pleased to respond to the proposed rule from the Centers for Medicare and Medicaid Services (CMS) on Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting.

The ADA and the DQA appreciate and support the CMS's requirements for mandatory annual State reporting of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. We applaud the CMS for including DQA measures into the CHIPRA Core Set.[1] We emphasize that the required reporting of three DQA dental measures in the Child Core Set, "Oral Evaluation, Dental Services", "Prevention: Topical Fluoride for Children" and "Sealant Receipt on Permanent 1st Molars" will promote receipt of a robust age-appropriate preventive pediatric dental care services (sealants, fluoride varnish and oral examination).

In addition to being the developer and the steward of the three Child Core Set dental measures[1] the DQA has used Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAFs) to analyze state and national performance on DQA quality measures.[2] These analyses have culminated in a State Oral Healthcare Quality Dashboard that dynamically generates reports of state performance with national benchmarks on DQA oral healthcare quality measures for multiple years, including measures within the CMS Child Core Set. The DQA Dashboard allows states to get reports on their performance on these measures (1) over time (2) relative to national performance values, and (3) to identify the quality of their data submissions to TMSIS.

Given this experience using TMSIS data set to generate the dashboard, in general, we support CMS's efforts in exploring the use of TMSIS data set to report on the Child Core Set measures. Because state data submissions to TMSIS have variability in their completeness and quality, the DQA dashboard also includes a data quality assessment

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[1] 2022 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Accessed from: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-child-core-set.pdf
[2] These analyses 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 and Medicaid Services (CMS).

for each measure by state and reporting year. This assessment expands on data quality assessments in the CMS Data Quality Atlas by conducting more in-depth evaluations of missing and invalid values of specific variables used to calculate DQA measures.

The table below summarizes the DQA's data quality assessment for two of the measures included in the CMS Child Core Set, "Oral Evaluation, Dental Services" and "Topical Fluoride for Children."

Data Quality Assessments, Selected Measures, 2018 Reporting Number of States (plus District of Columbia) in Each Data Quality Category				
Measure	Data Quality Indicator			
	Low Concern	Medium Concern	High Concern	Unusable
Oral Evaluation, Dental Services	20	13	6	12
Topical Fluoride, Dental or Oral Health Services	28	16	5	2
Topical Fluoride, Dental Services	20	13	6	12
Topical Fluoride, Oral Health Services	18	15	8	10

Given the variability and significant gaps in data quality for some states, we recommend that CMS' technical assistance to states be focused first on improving data quality. Data quality improvement is a prerequisite to reliable quality measure reporting and should be a primary focus of technical assistance efforts. DQA is ready to assist CMS and the states with improving their data quality on oral health measures. DQA is also ready to assist CMS in generating state-level reports using TMSIS data.

In addition to supporting the mandatory reporting of the oral health measures in the Child Core set, we urge CMS to include oral health measures in the Adult Core Set and require that these measures be reported by the states. Measuring performance is critical to improving quality of care, hence incorporation of oral healthcare measures in the Adult Core Set is critical. Low-income adults suffer a disproportionate share of dental disease and are nearly 40 percent less likely to have a dental visit in the past 12 months compared with higher income adults.[3] Inclusion of oral health services measures in the Adult Core Set would acknowledge the critical role of oral health in overall health and wellbeing, enable states to assess the extent to which adults are receiving needed dental care, reduce oral healthcare disparities, and highlight the extent to which there are adverse impacts associated with untreated dental disease in adults that impose significant costs in terms of both health outcomes and actual program expenditures.[4]

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3 Centers for Disease Control and Prevention. "Oral and Dental Health: Table 78." February 2022. Available at: https://www.cdc.gov/nchs/fastats/dental.htm.

4 CareQuest Institute for Oral Health. *Recent Trends in Hospital Emergency Department Visits for Non-Traumatic Dental Conditions.* Boston, MA: May 2022. Accessed from: https://www.carequest.org/system/files/CareQuest_Institute_Recent-Trends-in-Hospital-ED-Visits_6.7.22_FINAL.pdf

With regards to moving beyond claims data to assess outcomes we encourage CMS to undertake an assessment of the barriers and facilitators pertaining to dental data exchange and information systems interoperability. Tremendous progress has been made in advancing interoperability in the broader healthcare sector, but the dental industry has largely been unable to participate in technical assistance and incentive programs. We encourage CMS to work with other federal offices such as the Office of the National Coordinator for Health Information Technology (ONC) and the Bureau of Primary Health Care to identify a roadmap for dental interoperability and data exchange. We believe that if electronic dental record (EDR) vendors were encouraged to develop FHIR[5]-based APIs (application programming interface), many of the challenges in accessing both administrative and clinical data can be resolved. FHIR-based APIs make data accessible for patient care, improves patient safety and expedites development of evidence-based practice. The ADA has been working with EDR vendors to establish an oral health registry, and the lack of use of standardized APIs has been a barrier. Should the data access barrier be resolved the ADA Registry could in fact support reporting outcomes/survey data for Medicaid/CHIP beneficiaries.

The ADA has been committed to pursuing coordinated and meaningful measurement through the DQA, which was convened by the ADA at the request of the CMS. DQA is the only comprehensive multi-stakeholder organization in dentistry that develops dental quality measures through a consensus-based process. Thirty-eight organizations with oral health experience participate in the DQA along with a public member.

We appreciate the opportunity to offer input and for your many efforts on these dental quality measures. Please let Roxanne Yaghoubi at yaghoubir@ada.org know if you have any questions.

Sincerely,

Cesar R. Sabates, D.D.S.   Paul Casamassimo, D.D.S., MS
President, ADA   Chair, DQA

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[5] Fast Healthcare Interoperability Resources. Accessed from: https://www.hl7.org/fhir/overview.html