

Selected Quality Measures of Oral Health Care for Children

Introduction

Oral health is an integral part of the overall health of children. All children enrolled in Medicaid and the State Children's Health Insurance Program (CHIP) have coverage for oral health care.

This brief provides a national summary of selected oral health care quality measures for children developed by the Dental Quality Alliance (DQA) and displayed in [DQA's State Oral Healthcare Quality Dashboard](#).

Selected Oral Health Care Quality Measures

To monitor and improve the quality of services provided to children enrolled in Medicaid and CHIP, the Centers for Medicare & Medicaid Services (CMS) identified a standardized set of health care quality measures for nationwide use. Three DQA oral health care measures are included in CMS's Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, known as the Child Core Set.

- Oral Evaluation, Dental Services (by or under the supervision of a dentist)
- Topical Fluoride for Children
- Sealant Receipt on Permanent First Molars

Definitions

The topical fluoride for children measure includes applications delivered by dental and non-dental (e.g., medical primary care) providers. Children, particularly young children, may receive topical fluoride applications from non-dental providers. Thus, the topical fluoride for children measure includes reporting by dental providers only and by non-dental providers only so that Medicaid and CHIP program staff can learn who is providing topical fluoride for children. This additional detailed reporting is available through [DQA's State Oral Healthcare Quality Dashboard](#).

Service-type classifications for the purpose of measurement are based on federal definitions used by CMS.¹

Dental services: Services provided by or under the supervision of a dentist. Supervision is a spectrum and may include direct, indirect, general, collaborative practice, and public health supervision as provided in the state's dental practice act. The most common examples of this are dentists themselves, and dental hygienists who are working under the supervision of dentists.

Oral health services: Services provided by any qualified health practitioner or by a dental professional who is neither a dentist nor providing services under the supervision of a dentist.

In the past, state reporting of the Child Core Set measures was voluntary. According to CMS, in 2022, between 25 and 30 states reported on the oral health care measures in the Child Core Set (27 states reported on oral evaluation, 25 states reported on topical fluoride, and 30 states reported on dental sealants). Starting in 2024, state reporting of the Child Core Set measures became mandatory. Thus, all states will be required to report these measures.²

Using data from the CMS Transformed Medicaid Statistical Information System (T-MSIS) analytic files, the DQA [dashboard](#) offers interactive and dynamically generated state-level reports for all states on DQA quality measures, including the three oral health care measures that are part of the Child Core Set. Data quality for each measure is assessed using (1) the CMS Data Quality Atlas and (2) DQA proprietary methods based on critical data elements used to calculate each measure. National values are based on states with data quality of low concern or medium concern. Data in the reports reflect the completeness and quality of data contained within the T-MSIS Analytic Files (TAFs).

Dashboard users can find answers to questions such as:

- What is the percentage of children enrolled in Medicaid and CHIP who received a comprehensive or periodic oral evaluation?
- What is the percentage of children enrolled in Medicaid and CHIP who received topical fluoride applications?
- What is the percentage of children enrolled in Medicaid and CHIP who received a dental sealant on at least one permanent first molar?
- What is the percentage of children enrolled in Medicaid and CHIP who received a dental sealant on all four permanent first molars?
- Over time, did these percentages decrease, increase, or remain stable?

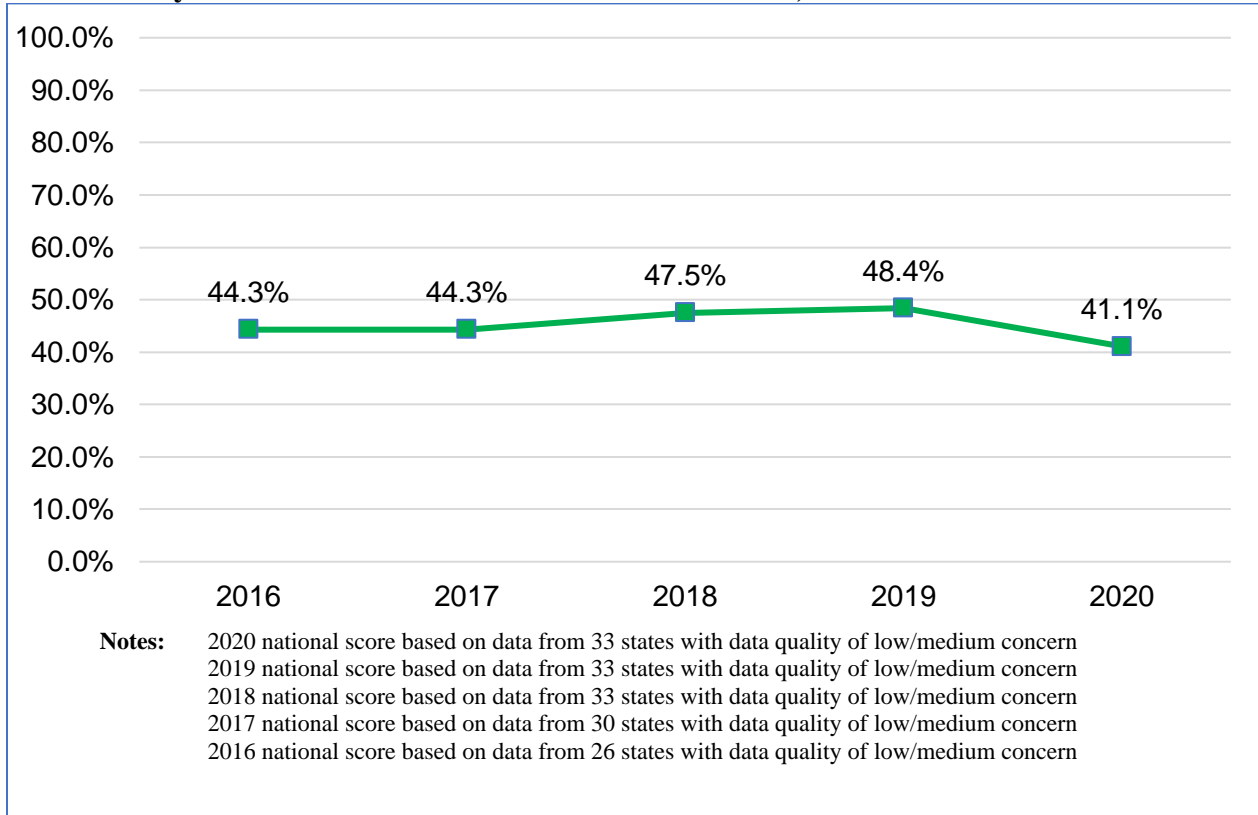
Answers to these questions can help identify opportunities for improving the quality of oral health care and can contribute to a better understanding of how quality is changing over time. Detailed information is available on the DQA's [dashboard](#), including measure scores for each state and reporting of the measure scores by age, geographic location, language, race and ethnicity, and sex. Declines in measure scores in 2020 are consistent with widespread impacts of the COVID-19 pandemic on health care service utilization. The number of states included in the national values is based on those states identified as having data quality sufficient for reliable reporting. Additional detail on data quality is provided on the DQA's [dashboard](#).

Oral Evaluation, Dental Services

The oral evaluation, dental services measure reports the percentage of children from birth through age 20 enrolled in Medicaid and CHIP for at least 6 months continuously during the reporting year who received a comprehensive or periodic oral evaluation by or under the supervision of a dentist. Figure 1 provides a national picture of this measure for 2016 through 2020.

- Less than half of children enrolled in Medicaid and CHIP had a periodic or comprehensive oral evaluation in each year.

Figure 1. Percentage of Children Enrolled in Medicaid and CHIP for at Least 6 Months Continuously with an Oral Evaluation as a Dental Service, 2016–2020

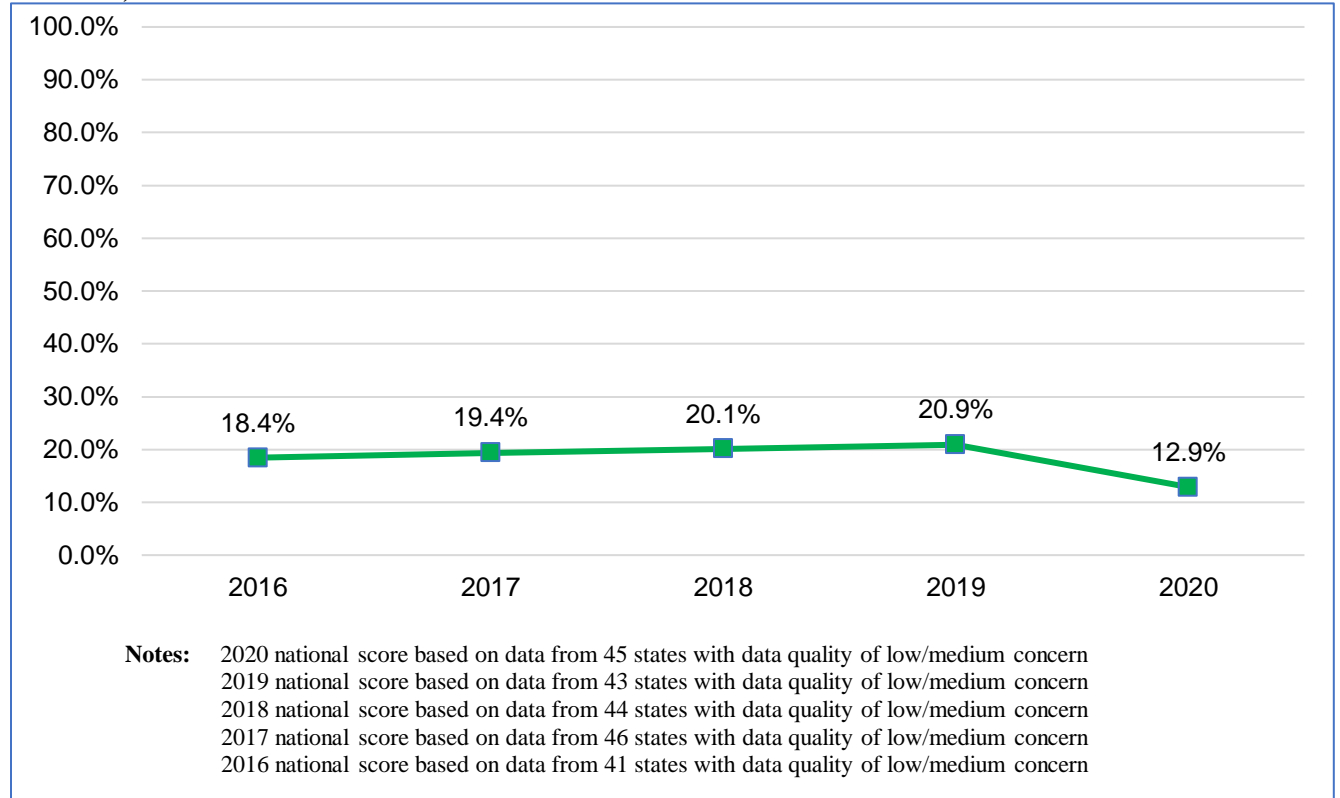


Topical Fluoride for Children

The topical fluoride measure reports the percentage of children ages 1 through 20 years enrolled in Medicaid and CHIP for at least 11 months continuously during the reporting year who received at least two topical fluoride applications as (a) dental or oral health services, (b) dental services, or (c) oral health services. The “dental or oral health” numerator is not a sum of the “dental” and “oral health” numerators but represents the unduplicated count of children who received topical fluoride regardless of the type of provider who delivered the service. Figure 2 provides a nationwide picture of performance on the topical fluoride for children measure for the “dental or oral health” services version of the measure for the years 2016 through 2020.

- From 2016 to 2019, there was a steady increase in the number of children enrolled in Medicaid and CHIP who received at least two topical fluoride applications per year, but only about one-fifth of children enrolled in Medicaid and CHIP received this recommended care.

Figure 2. Percentage of Children Enrolled in Medicaid and CHIP for at Least 11 Months Continuously with at Least Two Topical Fluoride Applications per Year as Dental or Oral Health Services, 2016–2020

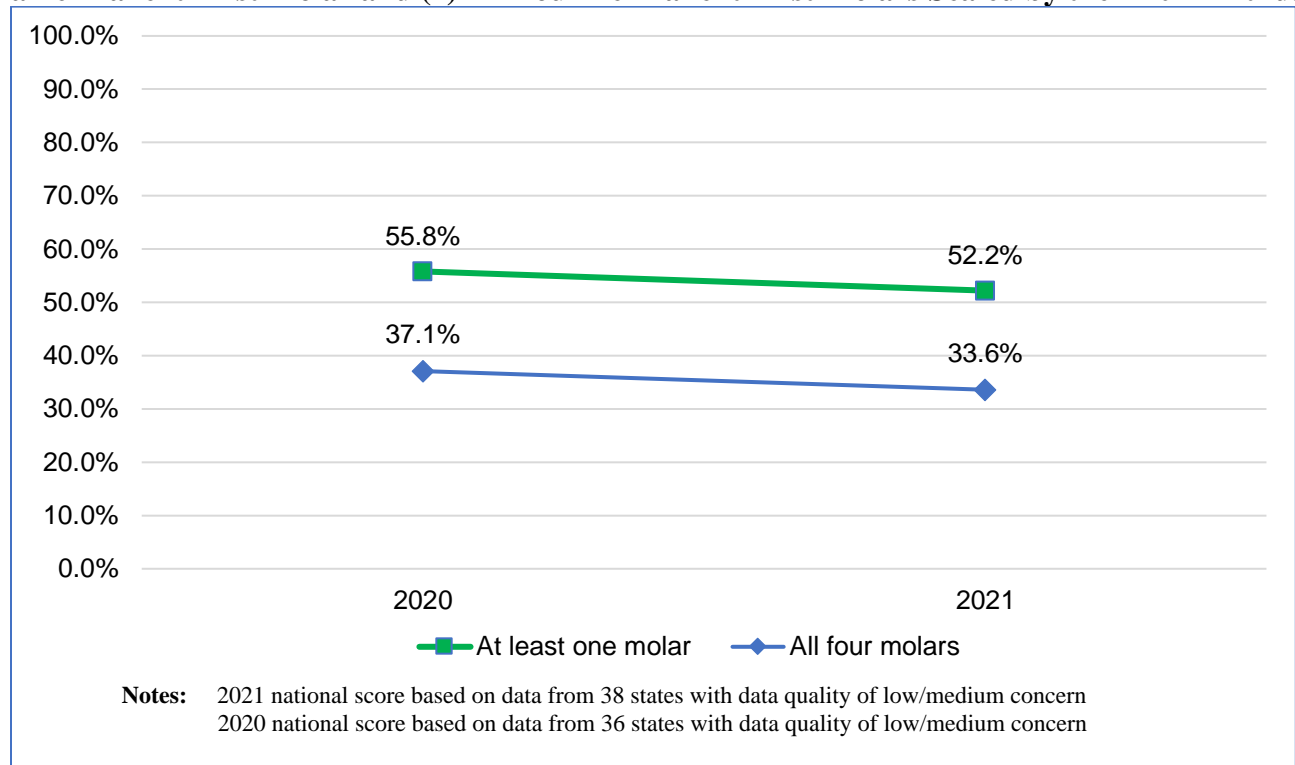


Sealant Receipt on Permanent First Molars

The dental sealant measure reports the percentage of children enrolled in Medicaid and CHIP who have ever received sealants on permanent first molar teeth by their 10th birthday. Two measure scores are reported: (1) the percentage of children who received at least one sealant on a permanent first molar by the 10th birthday and (2) the percentage of children with all four permanent first molars sealed by the 10th birthday. Children identified as having no sealable permanent first molars (e.g., all four molars were restored or extracted) are excluded from the measure. Figure 3 provides a nationwide picture of performance on sealant receipt on permanent first molars by the 10th birthday for the years 2016 through 2020.

- Just over one-half of children enrolled in Medicaid and CHIP had at least one permanent first molar sealed by their 10th birthday; just over one-third of children enrolled in Medicaid and CHIP had all four permanent first molars sealed by their 10th birthday.

Figure 3. Percentage of Children Enrolled in Medicaid and CHIP with (1) at Least One Sealant on a Permanent First Molar and (2) All Four Permanent First Molars Sealed by their 10th Birthday



Source

This national profile is derived from measure score reports contained in [DQA's State Oral Healthcare Quality Dashboard](#) © 2024 American Dental Association on behalf of DQA. The dashboard is part of DQA's research project, *The State of Oral Healthcare Use, Quality and Spending: Findings from Medicaid and CHIP Programs*, made possible through a data use agreement (RSCH-2020-55639) with CMS. The DQA dashboard data (and, hence, the data in this profile) reflect analysis of TAFs from CMS.

References

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- Centers for Medicare & Medicaid Services. 2024. [Quality of Care for Children in Medicaid and CHIP: Findings from the 2022 Child Core Set—Chart Pack](#). Baltimore, MD: Centers for Medicare & Medicaid Services.

Cite as

Herndon J, Ojha D, Layman S, Colangelo E, Shimpi, N, Aravamudhan K, Dental Quality Alliance. 2024. *Selected Quality Measures of Oral Health Care for Children*. Chicago, IL: Dental Quality Alliance; Washington, DC: National Maternal and Child Oral Health Resource Center.

DQA and the National Maternal and Child Oral Health Resource Centers are partners in the Consortium for Oral Health Systems Integration and Improvement, a 3-year project funded by the Maternal and Child Health Bureau, Health Resources and Services Administration.

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This publication was supported by the Health and Human Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an annual award totaling \$1,325,000 with no funding from nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, or endorsement by, HRSA, HHS, or the U.S. government. For more information, please visit www.HRSA.gov.

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