

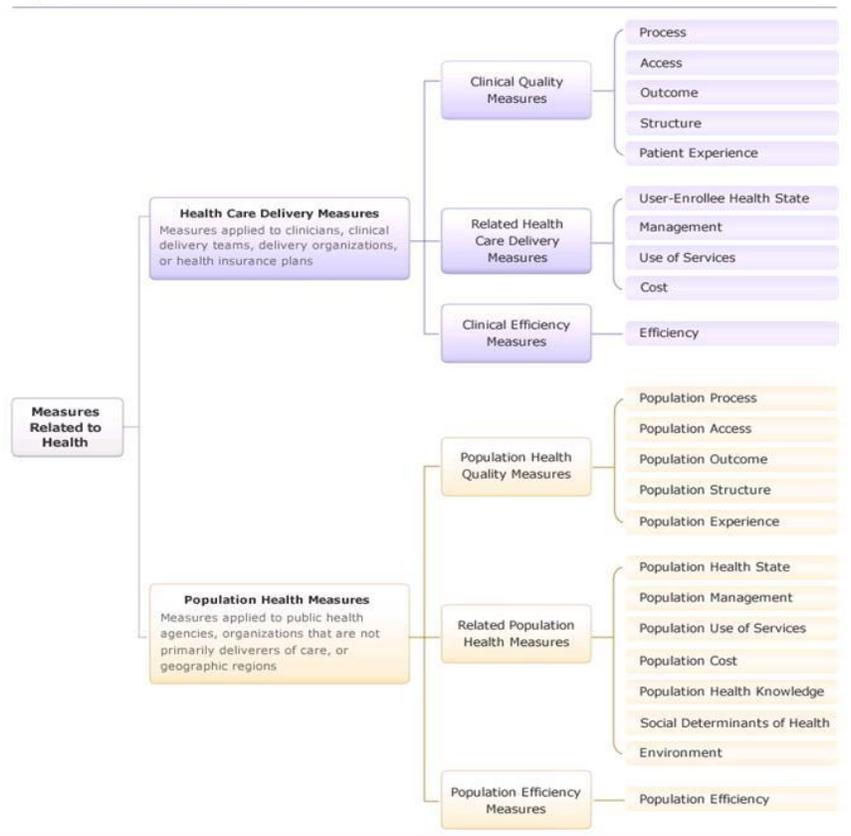
**Center for Medicaid and CHIP Dental Program Quality, Policy, and Financing  
Division of Best Practices**

**MSDA Best Practices Criteria and Assessment Tool**

The Medicaid-CHIP State Dental Association is committed to developing and promoting evidence-based Medicaid and Children’s Health Insurance Program (CHIP) oral health best practices and policies through innovative collaboration with a broad spectrum of stakeholders.

MSDA’s Center for Medicaid and CHIP Dental Program Quality, Policy and Financing, Division of Best Practices, promotes evidence based policies and “Best Practice” models that demonstrate improvement in program quality, processes and services. The Center has developed the following guiding *criteria*\* based on the AHRQ Health Care Delivery Domain Framework.<sup>1</sup> In addition, the Center recognizes the six overarching "Aims for Improvement" for health care outlined in the 2001, Institute of Medicine report entitled, *Crossing the Quality Chasm: A New Health System for the 21st Century*.<sup>2</sup>

**NQMC Domain Framework**



***Institute of Medicine Aims  
for Improvement***

**Safe:** Avoid injuries to patients from the care that is intended to help them.

**Effective:** Match care to science; avoid overuse of ineffective care and underuse of effective care.

**Patient-Centered:** Honor the individual and respect choice.

**Timely:** Reduce waiting for both patients and those who give care.

**Efficient:** Reduce waste.

**Equitable:** Close racial and ethnic gaps in health status.

The MSDA Center invites submissions of program policies, practices or initiatives from state Medicaid and CHIP dental programs that demonstrate improvement in program quality, processes and services.

<sup>1</sup> <http://www.qualitymeasures.ahrq.gov/index.aspx>

<sup>2</sup> <http://www.ihl.org/knowledge/Pages/HowtoImprove/ScienceofImprovementTipsforSettingAims.aspx>

## The Submission Process

### Step 1. Identify your state's successful policy/practice/initiative.

- Using the Health Care Domain Framework, the IOM Aims, and the criteria, complete the self assessment below for your state program policy/practice/initiative.
- If there is a “no” response to any one of the following questions, consider another domain.

**State Name-**

**Best Practice Summary:**

**CLINICAL QUALITY MEASURES**

**PROCESS**

Criteria\*: A state Medicaid/CHIP dental program policy supported by evidence that the clinical process leads to improved outcomes.

Examples:

1. A process/policy for primary care providers (non-dental) to bill for fluoride varnish.
2. An incentive for primary care providers (non-dental) to bill for fluoride varnish.
3. A policy/activity that increases the delivery of fluoride varnish.
4. A policy/activity that increases the delivery of dental sealants.

**Self Assessment**

**Is this a Medicaid or CHIP dental program policy, practice, or initiative?**      **Yes**      **No**

**If yes, please circle which: program policy, practice, or initiative**

**Is this directly related to clinical process?**      **Yes**      **No**

**Is there evidence that the policy leads to improved health outcomes?**      **Yes**      **No**

Rate Strength of Evidence      (See Appendix A)      Circle:      1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Describe:

**ACCESS**

Criteria: A state Medicaid/CHIP dental program activity supported by evidence that increases the attainment of timely and appropriate oral health care services.

Examples:

1. A process/policy that results in the delivery of at least two fluoride varnish applications annually.
2. A protocol to monitor the delivery of preventive services, such as fluoride varnish.
3. A promotional activity for providers that results in the delivery of at least two fluoride varnish services annually to children ages one to five.

**Self Assessment**

**Is your submission a state Medicaid or CHIP dental program policy/practice/initiative?**

**Yes      No**

**Is the policy related to access to clinical care?**

**Yes      No**

**Is there evidence that the policy leads to the attainment of timely and appropriate oral health care services?**

**Yes      No**

Rate Strength of Evidence      (See Appendix A)

Circle:      1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Describe:

**Is there evidence that the policy leads to improved health outcomes?**

**Yes      No**

Rate Strength of Evidence      (See Appendix A)

Circle:      1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Describe:





**PATIENT EXPERIENCE**

Criteria: A state Medicaid/CHIP dental program activity that seeks to incorporate patient values, preferences or observations as a means to inform and/or develop policy.

Example:

A regular assessment of beneficiaries’ dental care experience that identifies improvement in:

- a. access to providers
- b. choice of providers
- c. timeliness of obtaining an appointment
- d. provider/program satisfaction
- e. satisfaction with care provided
- f. effectiveness of managed care organizations (MCO)
- g. access to benefits information
- h. communication
- i. member enrollment
- j. provider participation

**Assessment**

**Is your submission a state Medicaid or CHIP dental program activity that gathered information about patient values, preferences or observations?** **Yes    No**

**Did the activity inform and or develop policy?** **Yes    No**

**Is there data that your submission improves capacity?** **Yes    No**  
 If yes, please describe:

**Is there evidence that the resulting policy improved patient experience?** **Yes    No**  
 If yes, please describe:

**RELATED HEALTH CARE DELIVERY MEASURES**

**MEMBER-ENROLLEE HEALTH STATE**

The current dental delivery system does not use dental diagnosis codes for routine dental care. Medicaid/CHIP dental programs cannot monitor oral health status without the use of dental diagnosis codes.

**MANAGEMENT**

Criteria: A state Medicaid/CHIP dental program administrative or oversight activity that results in improved healthcare delivery and/or lower costs.

Example:

Administrative policies and/or procedures that improve:

- a. customer service
- b. eligibility determination and enrollment
- c. communication to members and providers
- d. use of technology
- e. coordination with third party administrators and/or MCOs
- f. network development
- g. program integrity

**Is your submission a state Medicaid or CHIP dental program administrative or oversight activity?**

Yes No

**Does the activity improve healthcare delivery?**

Yes No

**Does it contribute to containing program costs?**

Yes No

**Is there data that show an improvement in program administration?**

**If yes, please describe:**

**If no, why not:**

**Is there evidence that the activity improved program administration?**

Yes No

**Is there evidence “outside of the dental arena” that has or could be emulated?**

Yes No

**Did you base this on an example from another field or another state?**

Yes No

**What is the rationale for the approach?**

Rate Strength of Evidence

(See Appendix A)

Circle: 1 2 3 4

- 1. Research
- 2. Expert Opinion

3. Field Lessons
4. Theoretical Rationale

Describe:

**USE OF SERVICES**

Criteria: A state Medicaid/CHIP dental program activity that increases appropriate utilization of dental care services.

Examples:

1. An oral health literacy initiative that results in the increased use of preventive dental care service.
2. An outreach activity, such as:
  - a. reminder phone calls
  - b. peer navigation programs
  - c. post cards
  - d. social media campaigns
3. A protocol that monitors use of services.

**Is your submission a state Medicaid or CHIP dental program activity that increased appropriate utilization of dental care services?**

**Yes    No**

**Is there evidence that the activity increased utilization of dental care services?**

**Yes    No**

- **Is there evidence “outside of the dental arena” that has or could be emulated?**    **Yes    No**
- **Did you base this on an example from another field or another state?**    **Yes    No**
- **What is the rationale for the approach?**

Rate Strength of Evidence      (See Appendix A)

Circle:    1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Describe:

**COST**

Criteria: A state Medicaid/CHIP dental program policy or activity that impacts the cost of care resulting in lower expenditures for the delivery of dental services.

Examples:

1. A program policy that reduces inappropriate emergency department usage for dental care.
2. A program activity that includes an objective assessment of medical necessity for orthodontic treatment candidates.
3. A program activity that results in demonstrated increased orthodontic case completion rates.
4. A program policy or activity that promotes the delivery of cost-effective preventive dental sealants on permanent molars to reduce dental disease and the costs associated with tooth restoration.
5. A program protocol that incorporates evidence-based guidelines in determining policy related to the provision of and payment for medically necessary services, such as individualized oral health risk assessments.

**Is your submission a state Medicaid or CHIP dental program activity that impacted the cost of care?**

**Yes      No**

**Is there evidence that the activity resulted in lower expenditures for the delivery of dental services?**

- **Is there evidence “outside of the dental arena” that has or could be emulated?**      **Yes      No**
- **Did you base this on an example from another field or another state?**      **Yes      No**
- **What is the rationale for the approach?**      **Yes      No**

Rate Strength of Evidence      (See Appendix A)

Circle:      1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Describe:

## CLINICAL EFFICIENCY MEASURES

### EFFICIENCY

Criteria: A state Medicaid/CHIP dental program policy or protocol that includes any one or more of the following activities that:

|           | Effectiveness |       |      |
|-----------|---------------|-------|------|
|           |               | Less  | More |
| Resources | Less          |       | Best |
|           | More          | Worst |      |

- Addresses the relationships between the quality of care and the cost of care.

Example: A program activity that assesses the costs associated with the delivery of a preventive service, such as dental sealants, fluoride varnish, and dental prophylaxis, compared with the cost of restorative services

#### Assessment

**Is your submission a state Medicaid or CHIP dental program activity that addresses the relationship between the quality of care and the cost of care?**

Yes No

Describe.

**Is there evidence that the policy or protocol is cost-effective, cost-saving, or cost containment for Medicaid and CHIP dental programs?**

Yes No

- **Is there evidence “outside of the dental arena” that has or could be emulated?**

Yes No

- **Did you base this on an example from another field or another state?**

Yes No

- **What is the rationale for the approach?**

Rate Strength of Evidence

Circle: 1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

- Addresses the frequency with which a less intensive service is substituted for a more resource intensive service of equal or lesser effectiveness.

Example: A program activity that addresses the use of dental sealants versus one-surface posterior composites.

**Assessment**

**Is your submission a state Medicaid or CHIP dental program activity that addresses the frequency with which a less intensive service is substituted for a more resource intensive service of equal or lesser effectiveness?**

**Yes      No**

**Describe.**

**Is there evidence that the policy or protocol is cost-effective, cost-saving, or cost containing for Medicaid and CHIP dental programs?**

**Yes      No**

- **Is there evidence “outside of the dental arena” that has or could be emulated?**

**Yes      No**

- **Did you base this on an example from another field or another state?**

**Yes      No**

- **What is the rationale for the approach?**

Rate Strength of Evidence (See Appendix A)

Circle:      1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Addresses substitution of a more effective procedure/service for a less effective procedure/service that is equally or more resource intensive.

Example: A program protocol that bundles reimbursement for dentures and follow-up care.

Example: A program activity that addresses the use of dental sealants versus one-surface posterior composites.

**Assessment**

**Is your submission a state Medicaid or CHIP dental program activity that addresses the substitution of a more effective procedure/service for a less effective procedure/service that is equally or more resource intensive?**

Yes No

**Describe.**

**Is there evidence that the policy or protocol is cost-effective, cost-saving, or cost containment for Medicaid and CHIP dental programs?**

Yes No

- **Is there evidence “outside of the dental arena” that has or could be emulated?**  
 Yes No
- **Did you base this on an example from another field or another state?**  
 Yes No
- **What is the rationale for the approach?**

Rate Strength of Evidence (See Appendix A)

Circle: 1 2 3 4

1. Research
2. Expert Opinion
3. Field Lessons
4. Theoretical Rationale

Describe:



**Lessons Learned:**

*Highlight top lessons learned (both positive and negative) that will guide successful implementation. Add space as needed but please limit the description of lessons learned to around half a page.*

**Contact Persons for Inquiries:**

*Include name, title, agency/organization, address, phone, fax & email address for 1-2 contact persons. Add space as needed.*

Name:

Title:

Agency:

Address:

Phone and e-mail:

**Best Practices for State Medicaid and CHIP Oral Health Programs**

**Research**

- + A few studies in dental public health or other disciplines reporting effectiveness.
- ++ Descriptive review of scientific literature supporting effectiveness.
- +++ Systematic review of scientific literature supporting effectiveness.

**Expert Opinion**

- + An expert group or general professional opinion supporting the practice.
- ++ One authoritative source (such as a national organization or agency) supporting the practice.
- +++ Multiple authoritative sources (including national organizations, agencies or initiatives) supporting the practice.

**Field Lessons**

- + Successes in state practices reported without evaluation documenting effectiveness.
- ++ Evaluation by one or a few states separately documenting effectiveness.
- +++ Cluster evaluation of several states (group evaluation) documenting effectiveness.

**Theoretical Rationale**

- +++ Only practices which are linked by strong causal reasoning to the desired outcome of improving oral health and total well-being of priority populations will be reported on this website.