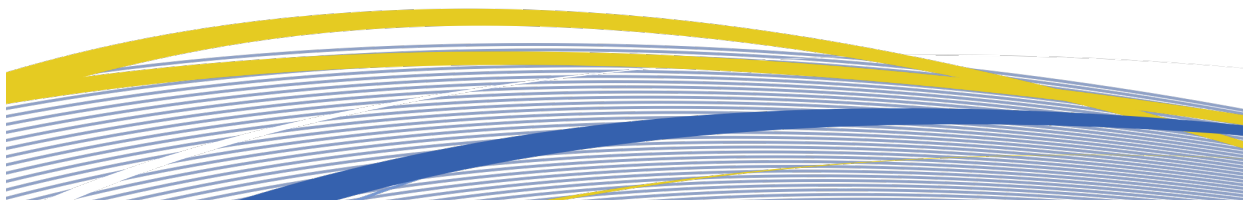


CMS Data Sources on Use of Dental Services: Navigating with GPS

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SETTING THE STAGE: Current Medicaid/CHIP Initiatives to Improve Health Care Access & Quality

- Quality Measurement and Reporting
- CHIPRA Quality Demonstrations
- CMS Neonatal Outcomes Improvement Project
- National EPSDT Improvement Workgroup
- Oral Health Initiative

CMS Oral Health Initiative - Goals

Modeled on Healthy People 2010 Goals

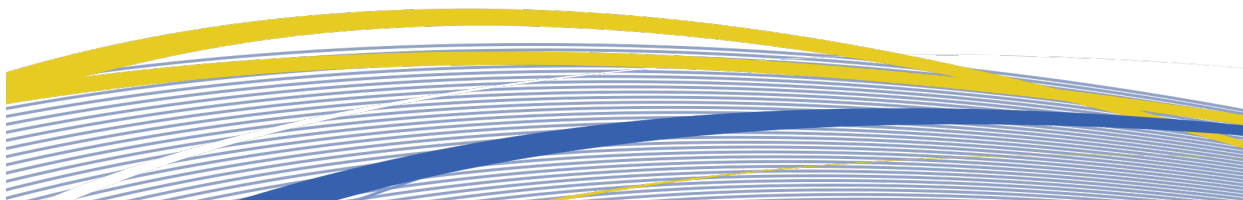
- Increase the proportion of Medicaid and CHIP children (ages 1-20) who receive preventive dental care each year
- Increase the proportion of children (ages 6-9) who receive a dental sealant on a permanent molar tooth (will be phased in).

CMS Goal: 10 percentage point increase over 5 years nationally and in each state.

- Baseline year is (FFY2011; ending Sept 30,2011, reported in 2012)
- Nationally, utilization of preventive dental services increased from 26.0% in 2004 to 34.7% in 2009.



Issues in Quality Measurement & Data Collection



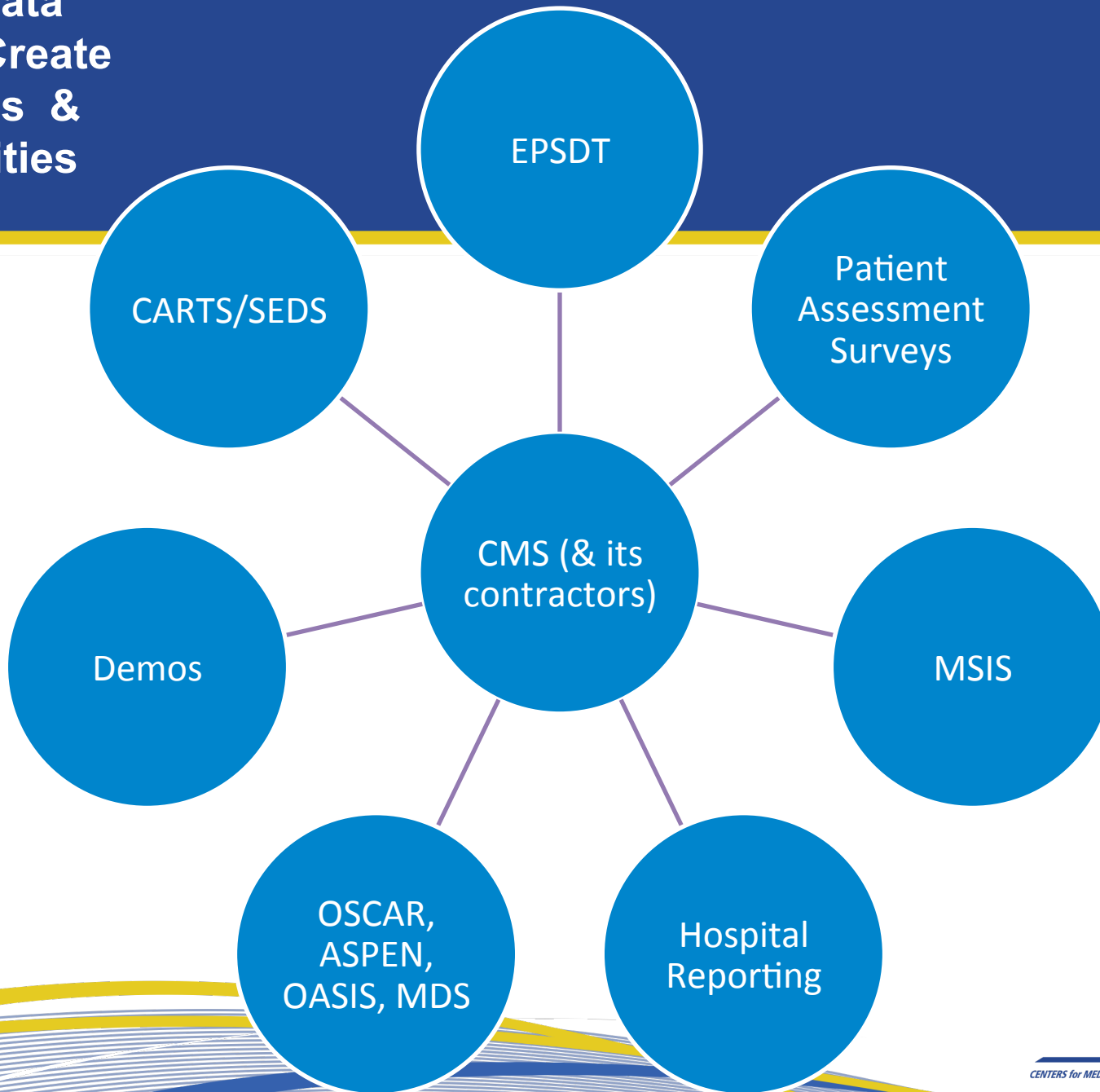
Dental Quality Measures

- **CHIPRA provisions**

- 24 core pediatric quality measures
- Number and percent of eligible children receiving a preventive dental service
- Number and percent of eligible children receiving a treatment dental service

- **Dental Quality Alliance**

Multiple Data Streams Create Challenges & Opportunities



CMCS Primary Data Sources

- **EPSDT Report (Form CMS-416)**
- **Medicaid Statistical Information System (MSIS)**
- **CHIP Annual Report Template System (CARTS)**
- **Electronic Health Records (EHRs)**

Form-416 & MSIS

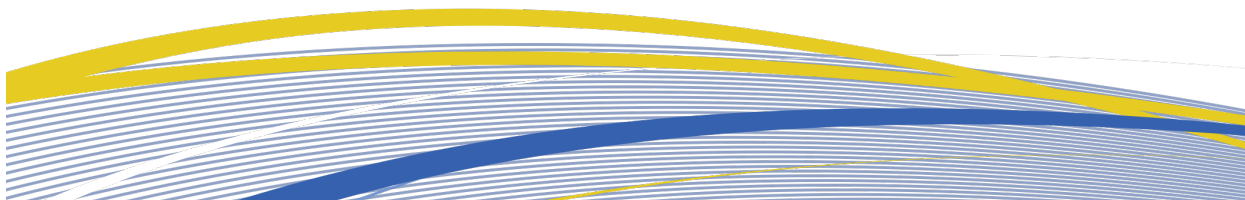
- **EPSDT Report (Form CMS-416)**
 - Basic information on participation in the Medicaid child health program
 - Information used to assess the effectiveness of State EPSDT programs in terms of the number of children (by age group) who are provided:
 - child health screenings,
 - referred for corrective treatment
 - receive dental services
- **Medicaid Statistical information System (MSIS)**
 - Electronic system through which States submit eligibility and claims program data to CMS
 - States provide CMS with five quarterly computer files (eligibility and demographic characteristics, and four separate files contain claims adjudicated for payment).

CARTS & EHRs

- **CHIP Annual Report Template System (CARTS)**
 - Web-based data submission tool to help States meet statutory requirement to assess operation of their programs each fiscal year and report results to HHS.
 - CARTS and its companion the SEDS collect information on eligibility, enrollment, program operations, budget, and performance measures, including the CHIPRA initial core set of quality measures
- **Electronic Health Records (EHRs):**
 - CMS, through an Inter-Agency Agreement with AHRQ, is funding an effort to develop a model pediatric EHR record format
 - Model will be piloted in NC & PA, states with CHIPRA Quality demonstration grants
 - Expectation is that this investment will enable States to collect and report on measures of access and quality with greater accuracy and efficiency.



Issues in Reporting



Data Quality & Reporting Issues

- Concerns about accuracy, timeliness, usefulness of data
- Form-416 retrieved electronically and submitted by email
- Data reported in the aggregate (CARTS and 416)
 - National and State specific data posted on CMS
 - Completeness of managed care encounter data is unknown
- Form-416, CARTS, MSIS sometimes yield varying findings for same measure
- Questions about the completeness of encounter data

Using Quality Measures For Accountability & Quality Improvement

- Evaluate performance
- Design and evaluate interventions
- Foster competition among providers/plans
- Inform choices of states and enrollees to obtain greater value for their dollars

Comparison of Data Sources: Receipt of Dental Preventive and Treatment Services Among Children Age 1-20* in 5 States, FY 2009

	MSIS				416				CARTS			
	Preventive Services		Treatment Services		Preventive Services		Treatment Services		Preventive Services		Treatment Services	
	#	%	#	%	#	%	#	%	#	%	#	%
AK	28,189	35.9	18,875	24.0	27,327	31.8	18,023	21.0	27,327	31.8	18,023	21.0
IA	97,592	36.9	40,806	15.4	121,244	43.7	56,495	20.4	21,948 [†]	NA	8,872 [†]	NA
ME	35,386	26.6	19,525	14.7	48,720	34.6	38,125	27.1	5,645 [‡]	46.8 [‡]	1,629 [‡]	13.5 [‡]
MT	17,065	27.4	11,337	18.2	16,085	23.8	9,965	14.7	NA	NA	NA	NA
WY	18,679	36.2	10,383	20.1	20,011	35.4	11,532	20.4	3,762 [*]	45.0 [*]	1,838 [*]	22.0 [*]

* 416 data include children under age 21.

[†] CHIP only population.

[‡]All MaineCare members whose coverage is funded by SCHIP or Chip Medicaid Expansion and who were enrolled in MaineCare, at a minimum, during the last month of the report year and who had 11 months of MaineCare eligibility.

Progress in an HHS Region: Region VIII

	2000 %	2005 %	2009 %	% change 2000-2009
Colorado	31.5	24.4	40.3	+28%
Montana	20.3	21.4	25.8	+27%
North Dakota	10.6	22.8	28.8	+172%
South Dakota	21.4	34.3	41.1	+92%
Utah	8.2	37.0	41.3	+404%
Wyoming	25.2	29.4	38.2	+57%

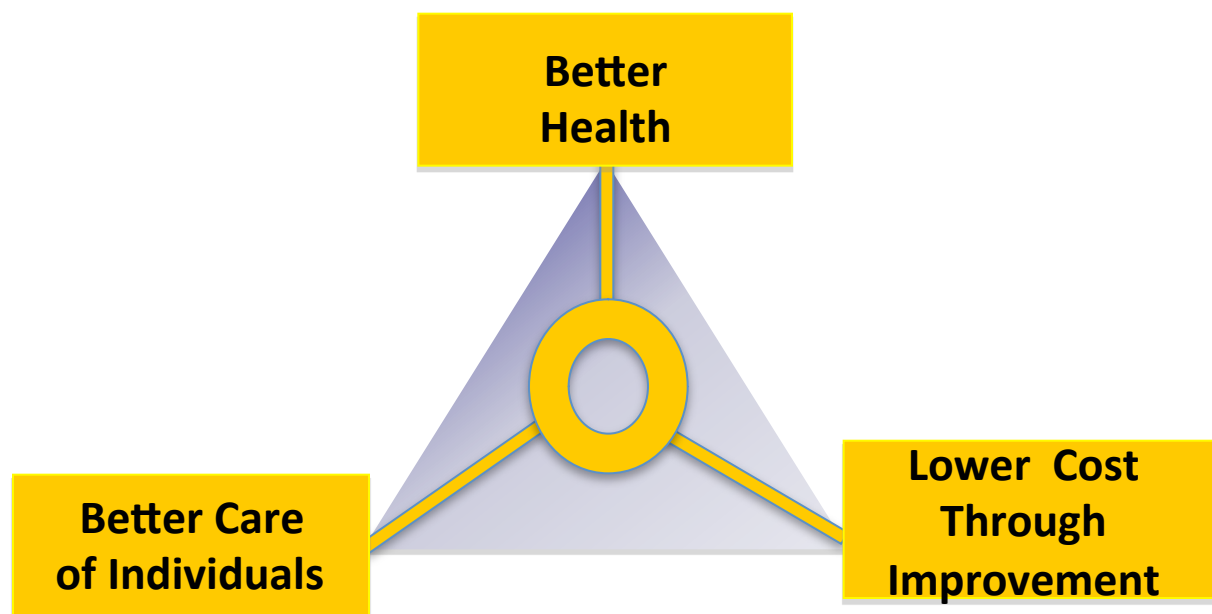
CMS 416, line 12b, preventive dental service, ages 1-20.

Progress in Maryland

2000	2005	2009	2010
8.2	27.2	36.3	Not available

CMS 416, line 12b, preventive dental service, ages 1-20.

The Challenge: How to Improve Measurement and Reporting of Performance on Oral Health Goals to Achieve the “Three-Part Aim”



Medicaid/CHIP Helping to Build a Healthier Population by

**Doing What Counts
&
Measuring What We Are Doing!**

For Additional Information on CMS Oral Health Strategy

- www.cms.gov/MedicaidDentalCoverage/
 - **CMS Fact Sheet on Oral Health Services, 2010**
www.cms.gov/MedicaidDentalCoverage/Downloads/2011facts.pdf
- **Coordinator, CMS Oral Health Initiative, Laurie Norris**
laurie.norris@cms.hhs.gov