

Oregon Health Authority Dental Quality Metrics Workgroup

AGENDA

July 2, 2013

1:00 p.m. to 3:00 p.m.

Human Services Building, Room 137C

500 Summer Street, NE

Salem, OR 97301

Call In: 1-877-336-1831, Participant Code: 712317

#	Time	Item	Presenter
1	1:00	Welcome and introductions	Rhonda Busek
2	1:15	Performance metrics in the context of Oregon's CMS demonstration <ul style="list-style-type: none">• Metrics for CCO monitoring and transparency• Metrics for the CCO Incentive Pool	Carole Romm
3	1:40	Workgroup charter	Rhonda Busek Michael Bailit
4	2:00	Committee approach and timeline	Michael Bailit Rhonda Busek
5	2:15	Candidate measures: <ul style="list-style-type: none">• domains and populations• sources	Michael Bailit
6	2:45	Next meeting agenda	
7	2:50	Public testimony	

Next Meeting:

August 7, 2013

10:00 AM - Noon

Quality and Accountability Metrics for Oregon's Coordinated Care Organizations

Carole Romm, OHA Accountability and Quality

Dental Quality Metrics Workgroup
July 2, 2013



Health System Transformation: Achieving the Triple Aim



Transforming the Health Care Delivery System



Oregon
Health
Authority

Oregon's Commitment to CMS

- Reduce the annual increase in the cost of care (the cost curve) by 2 percentage points.
- Ensure that quality of care improves.
- Ensure that population health improves.
- Establish a 1 percent withhold for timely and accurate reporting of data.
- Establish a quality pool.

Oregon
Health
Authority

Accountability Plan

Addresses the Special Terms and Conditions that were part of the \$1.9 billion agreement with the Centers for Medicare and Medicaid Services (CMS).

1. Quality Strategy
2. State “Tests” for Quality and Access
3. Measurement Strategy

Online at <http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>



Measurement Strategy

OHA has committed to measuring and reporting on multiple measure sets. Note there is significant overlap between the measure sets.

- 33 State Performance Measures
- 17 CCO Incentive Measures
- 16 Core Performance Measures
- Child Health Insurance Program (CHIP) Core Set
- Medicaid Adult Quality Core Set
- 110 US DOJ Measures



CCO Incentive Measures

- CCO performance tied to quality pool funding. This is a bridge strategy in moving from capitation to paying for outcomes.
- Year One measures and benchmarks selected through a public process with the Metrics & Scoring Committee in Fall 2012, reviewed and finalized by CMS in December 2012.

CCO Incentive Measures – Specifications + Baseline Data
www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx



CCO Incentive Measures – Year 1

- 17 incentive measures selected for the first measurement year.
- Compare CY 2013 performance to CY 2011 baseline.
- Quality, access, and outcome measures across quality improvement focus areas (*domains*).
- Initial focus on integration between physical and mental health care services.



Quality Pool

- Established as part of the agreement with CMS as required by the Special Terms and Conditions of Oregon's Section 1115 demonstration.
- Quality pool awards depend on CCO performance on the 17 CCO Incentive Measures.
- CCOs must meet either the benchmark OR the improvement target for each measure to qualify.

Quality Pool methodology online at:

www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx



Metrics & Scoring Committee

- 2012 Senate Bill 1580 established the committee.
- Nine members serve two-year terms. Must include:
 - 3 members at large;
 - 3 members with expertise in health outcome measures, and
 - 3 representatives of CCOs.
- Committee has used a public process **to identify outcome and quality measures and set benchmarks.**

Online at www.oregon.gov/oha/Pages/metrix.aspx



Dental Quality Metrics Workgroup Approach and Timeline

Rhonda Busek, DMAP Deputy Director
Michael Bailit, President, Bailit Health Purchasing



Dental Quality Metrics Workgroup

- Working group of the Metrics & Scoring Committee
- Charged with identifying objective outcome and quality measures and benchmarks for oral health care services provided by CCOs and making recommendations for Metrics & Scoring Committee consideration.
- Workgroup purpose defined in charter (see handout).



Workgroup Purpose

1. Identify objective outcome and quality measures related to dental health services provided by CCOs.
2. Recommend no more than 5 measures and associated benchmarks for use in CCO monitoring, from which one or more would be considered for inclusion in the set of CCO incentive measures for the third measurement year (CY 2015).
3. Make a recommendation to the Metrics & Scoring Committee no later than November 2013.



Proposed Timeline

Make a recommendation to the Metrics & Scoring Committee at its October 11, 2013 meeting.

2013 Meetings

July 2	Kick-off
August 7	Measure selection discussion
September 4	Measure selection and benchmark identification
October 2	Finalize recommendation for M&S Committee
November 6	Address M&S Committee feedback and any requested research or modifications



Identifying Measures

The Workgroup should consider patient populations and performance domains that might serve as the focus of measurement. Some options include:

- Populations: children and adults
- Domains: access, preventive care, treatment

The Workgroup should also identify the source(s) of the data needed to generate the candidate measures, since some data are more easily accessed than are others.



Considerations for Identifying Measures

- Recognize that incentive measures will cause CCOs to prioritize their improvement activities.
- Incentivize performance improvement within areas that CCOs can control.



Proposed Measure Selection Criteria

1. Representative of the services provided and beneficiaries served by the CCOs.
2. Use valid and reliable performance measures.
3. Rely on national measures whenever possible.
4. Focus on outcomes to the extent possible.
5. Exclude measures that would be expected to be heavily influenced by patient case mix.
6. Control for the effects of random variation (e.g., measure type, denominator size).



Measure Selection Approach

- We have compiled an initial list of potential measures within each domain for review today.
 - Workgroup members will propose additional measures for consideration at the next meeting (August 7th)
- Today and at the August meeting, the Workgroup will review each measure and discuss its value as an incentive measure.
- With each measure, the Workgroup will decide whether to recommend inclusion, exclusion, or hold the decision for the September meeting.
- At September meeting, will conduct another pass through the “maybe” measures to finalize the recommendation.



Identifying Benchmarks

- For each measure we want to identify a benchmark against which CCO performance can be assessed. The benchmark can be state-based or national in origin.
- OHA will use the benchmark to assess whether the CCO is performing at a high level and if not, whether the CCO has generated sufficient improvement over time.

Candidate Measures: Initial Options

- See handout

One State's Measures

Pennsylvania has chosen to use the following with its Medicaid MCOs:

- Percentage of children 1-17 with dental caries in the past 6 months (NQF #1335 – survey)
- Percentage of EPSDT visits with a fluoride varnish (NQF #1419 – claims)
- Number of eligibles receiving preventive dental services (CMS-416 Line 12B – claims)
- Number of eligibles receiving dental treatment services (CMS-416 Line 12C – claims)

Public Testimony

Next Meeting

August 7, 2013

10:00 AM – Noon

Agenda

- Consider additional measures identified by Workgroup members.
- Continue reviewing and assessing potential measures.

Oregon Health Authority

CCO Metrics

This document outlines how the Oregon Health Authority (OHA) will measure quality of care, access to care, and health outcomes for individuals enrolled in Coordinated Care Organizations (CCOs).

CCO Incentive Measures

The Oregon Metrics and Scoring Committee¹ was established in 2012 by Senate Bill 1580 for the purpose of establishing outcomes and quality measures for Coordinated Care Organizations. In October 2012, the Metrics and Scoring Committee identified 17 initial outcome and quality measures to be used in the incentive program (quality pool); the 17 CCO measures are also required by the Centers for Medicaid and Medicare Services (CMS) as part of Oregon's 1115 waiver agreement. These measures are listed below.

OHA is responsible for collecting and reporting data on all of the 17 incentive measures, including those that require chart review: CCOs do not need to provide OHA with additional information beyond regularly submitted encounter data. However, to meet benchmarks and receive quality pool funding, some CCOs may choose to implement system changes such as registries to improve population health monitoring or new processes for claims submission to ensure that services being provided are accurately recorded.

Incentive measures that may prompt CCO investment in system changes include: electronic health record (EHR) adoption, patient-centered primary care home (PCPCH) enrollment, developmental screening, alcohol and drug screening and referral (SBIRT), and health outcome measures such as controlling hypertension and diabetes.

State Performance Measure Selection

In December 2012, Oregon reached agreement with the Centers for Medicare and Medicaid Services (CMS) on the Special Terms and Conditions of the July 1115 Medicaid Demonstration², including 33 measures of quality and access that Oregon is held accountable for. The 33 state performance measures include 16 of the 17 CCO incentive measures. The state performance measures are also listed below.

OHA is responsible for collecting and reporting on all state performance measures. Data sources for state performance measures include regularly submitted encounter data, chart

¹ <http://www.oregon.gov/oha/Pages/metrix.aspx>

² <http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>

review, and population surveys (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) or the Physician Workforce Survey). There is no additional burden to CCOs.

USDOJ Measure Selection

In November 2012, Oregon reached agreement with the U.S. Department of Justice (USDOJ) to collect approximately 111 data items that pertain to services being provided in the community mental health system to people with serious and persistent mental illness. The USDOJ measures are listed online at www.justice.gov/crt/about/spl/documents/oregonmh_agreement_11-9-12.pdf.

OHA has identified methods to collect all but 10 of the required data elements through internal administrative systems or through chart review.

Ensuring Continuous Quality Improvement

In coordination with the Metrics and Scoring Committee, the Oregon Health Authority will be revisiting selected measures annually to ensure that quality of and access to care are being tracked appropriately. OHA will be exploring National Quality Forum (NQF)-endorsed and other healthcare disparities and cultural competency measures for future inclusion. As new measures are identified, potentially through the CMS Adult Core Quality Measures Grant, or endorsed, through NQF or Meaningful Use Stage 2, OHA will add and retire measures.

Data Reporting

The Oregon Health Authority is committed to transparency in health system transformation efforts: all measures will be reported publicly on the Oregon Health Authority website.

Measures will be reported by CCO, by race and ethnicity, and by other subpopulations where possible and appropriate, including people with serious and persistent mental illness, people with disability, and people with special healthcare needs (e.g., chronic conditions, homelessness). Other analysis may include looking at member primary language, or rural versus non-rural locations.

Technical specifications and methodology for each of the CCO metrics is available online at: <http://www.oregon.gov/oha/Pages/metrix.aspx>.

For Additional Information Contact

Sarah Bartelmann, MPH
Metrics Coordinator
sarah.e.bartelmann@state.or.us

CCO Incentive and State Performance Measures

CCO Incentive Measures <i>CCOs are accountable to OHA</i>	State Performance Measures <i>OHA is accountable to CMS</i>
Alcohol or other substance misuse (SBIRT)	Alcohol or other substance misuse (SBIRT)
Follow-up after hospitalization for mental illness (NQF 0576)	Follow-up after hospitalization for mental illness (NQF 0576)
Screening for clinical depression and follow-up plan (NQF 0418)	Screening for clinical depression and follow-up plan (NQF 0418)
Follow-up care for children prescribed ADHD meds (NQF 0108)	Follow-up care for children prescribed ADHD meds (NQF 0108)
Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)	Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)
PC-01: Elective delivery (NQF 0469)	PC-01: Elective delivery (NQF 0469)
Ambulatory Care: Outpatient and ED utilization	Ambulatory Care: Outpatient and ED utilization
Colorectal cancer screening (HEDIS)	Colorectal cancer screening (HEDIS)
Patient-Centered Primary Care Home Enrollment	Patient-Centered Primary Care Home Enrollment
Developmental screening in the first 36 months of life (NQF 1448)	Developmental screening in the first 36 months of life (NQF 1448)
Adolescent well-care visits (NCQA)	Adolescent well-care visits (NCQA)
Controlling high blood pressure (NQF 0018)	Controlling high blood pressure (NQF 0018)
Diabetes: HbA1c Poor Control (NQF 0059)	Diabetes: HbA1c Poor Control (NQF 0059)
CAHPS adult and child composites: <ul style="list-style-type: none"> • Access to care • Satisfaction with care 	CAHPS adult and child composites: <ul style="list-style-type: none"> • Access to care • Satisfaction with care
EHR adoption	EHR adoption
Mental and physical health assessment within 60 days for children in DHS custody	
	Prenatal and postpartum care: Postpartum Care Rate (NQF 1517)
	Plan all-cause readmission (NQF 1768)
	Well-child visits in the first 15 months of life (NQF 1392)
	Childhood immunization status (NQF 0038)

CCO Incentive Measures <i>CCOs are accountable to OHA</i>	State Performance Measures <i>OHA is accountable to CMS</i>
	Immunization for adolescents (NQF 1407)
	Appropriate testing for children with pharyngitis (NQF 0002)
	Medical assistance with smoking and tobacco use cessation (CAHPS) (NQF 0027)
	Comprehensive diabetes care: LDL-C Screening (NQF 0063)
	Comprehensive diabetes care: Hemoglobin A1c testing (NQF 0057)
	PQI 01: Diabetes, short term complication admission rate (NQF 0272)
	PQI 05: Chronic obstructive pulmonary disease admission (NQF 0275)
	PQI 08: Congestive heart failure admission rate (NQF 0277)
	PQI 15: Adult asthma admission rate (NQF 0283)
	Chlamydia screening in women ages 16-24 (NQF 0033)
	Cervical cancer screening (NQF 0032)
	Child and adolescent access to primary care practitioners (NCQA)
	Provider Access Questions from the Physician Workforce Survey: <ul style="list-style-type: none"> • To what extent is your primary practice accepting new Medicaid/OHP patients? • Do you currently have Medicaid/OHP patients under your care? • What is the current payer mix at your primary practice?

**Candidate Oral Health Measures Identified in
“Oral Health Quality Improvement in the Era of Accountability”ⁱ**

The National Quality Forum (NQF): NQF-convened Child Health Outcomes Project

- children who received preventive dental care as measured by how many children in a target population received preventive dental visits during the previous 12 months;
- children who have dental decay or cavities as measured by documentation of children age 1-17 years who have had tooth decay or cavities in the past 6 months;
- children who receive an annual dental visit as measured by the percentage of members 2-21 years of age who had at least one dental visit during the measurement year;
- and primary caries prevention intervention as part of well/ill child care as offered by primary care medical providers as measured by the extent to which primary care providers apply fluoride varnish.

The National Priorities Partnership (NPP)

In 2010, the Affordable Care Act (ACA) charged the Department of Health and Human Services (HHS) with developing a National Quality Strategy to improve the nation's ability to provide all Americans with access to healthcare that is safe, effective, and affordable. **Error! Bookmark not defined.** In a March 2011 report to congress HHS released the *National Strategy for Quality Improvement in Health Care*.ⁱⁱ In order to provide input on the original report and subsequent modifications the NQF formed a multi-stakeholder National Priorities Partnership (NPP), a partnership of 48 public- and private-sector partners. In September 2011 the NPP released a report on *Input to the Secretary of Health and Human Services on Priorities for the National Quality Strategy*.ⁱⁱⁱ The proposed oral health measures are from Health People 2020 and are:

- the proportion of young children aged 3 to 5 years with dental caries experience in their primary teeth,
- the proportion of adults with untreated dental decay, and
- the proportion of children, adolescents, and adults who used the oral healthcare system in the past year.

Healthy People 2020

Healthy People is the set of national health objectives published by the U.S. Department of Health and Human Services (HHS) each decade.^{iv} In 2011, HHS designated a subset of the Healthy People 2020 goals as *Leading Health Indicators*.^v There is one oral health goal included in the list. That is objective OH-7, “Increase the proportion of children, adolescents, and adults who used the oral health care system in the past 12 months.”^{vi}

Dental Quality Metrics Workgroup
July 2, 2013

The AHRQ National Healthcare Quality and Disparities Reports

The AHRQ produces annual National Healthcare Quality & Disparities Reports. **Error! Bookmark not defined.** The 2010 report on *National Healthcare Disparities* mentions oral health in the context of data on people having difficulty obtaining or affording health care services or adequacy of the dental workforce.^{vii} There is also some specific data presented on the impact of diversity on access to dental services or ability to have good oral health. For example the report notes that Blacks and Hispanics fared worse than Whites in the most recent year and in trends over time for children age 2-17 who had a dental visit in the calendar year. It also notes that adults with basic activity limitations were worse than adults with neither basic nor complex activity limitations for most recent year and their trends over time for a measure of people who were unable to get or delayed in getting needed dental care in the last 12 months. Finally there are data tables that list measures such as people who had a dental visit in the calendar year and present the data by race, age, gender, family income, activity limitations and other factors.

The AHRQ National Quality Measures Clearinghouse (NQMC)

The AHRQ National Quality Measures Clearinghouse (NQMC) database includes oral health quality measures that meet NQMC criteria. Similar to the NQF criteria described above, the NQMC criteria include verification of the measure's importance, documented reliability and validity, evidence of feasibility, and evidence that it addresses an aspect of health care delivery or population health.^{viii} Two measures are described as being used for oral health quality improvement and program measurement. These are:

- the percent of patients with a comprehensive oral exam and treatment plan completed within a 12 month period among all patients greater than or equal to 18 years of age in the target population of the grant project
- the percent of third grade children who have received protective sealants on at least one permanent molar tooth among all third grade children in State during the year.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Program

The AHRQ also maintains the *Consumer Assessment of Healthcare Providers and Systems* (CAHPS) program.^{ix} CAHPS is public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care. In 2009 a CAHPS Dental Plan Survey was developed and tested and approved by the CAHPS dental plan consortium.^{x,xi} It contains 28 substantive items, 3 eligibility items, and 8 "About You" items.

Healthcare Effectiveness Data and Information Set (HEDIS)

The HEDIS set of measures is used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. There is one dental measure in HEDIS:

Dental Quality Metrics Workgroup

July 2, 2013

- the percentage of recipients 2-21 years of age who had at least one dental visit during the measurement year. The eligible population has to have continuous enrollment during the measurement year, with no more than one gap in enrollment of up to 45 days.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21.^{xii} States are required to report their performance to CMS using the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report, (Form CMS-416).

As of 2011, the form contains seven dental-related measures:

- total eligibles receiving any dental services,
- total eligibles receiving preventive dental services,
- total eligibles receiving dental treatment services,
- total eligibles receiving a sealant on a permanent molar tooth,
- total eligibles receiving diagnostic dental services,
- total eligibles receiving oral health services provided by a non-dentist provider, and
- total eligibles receiving any dental or oral health service.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

Another national activity that involves oral health quality measures is the CHIPRA Pediatric Quality Measures Program (PQMP). The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) required the Secretary of the Department of Health and Human Services to identify an initial core set of recommended pediatric quality measures for voluntary use by State Medicaid and Children's Health Insurance Program (CHIP) programs and to create a Pediatric Quality Measures Program (PQMP) and regularly update the child health care quality measures.^{xiii} The oral health measures are:

- the total number of children who received preventive dental services, and
- the total number of children who received dental treatment services by or under the supervision of a dentist.

CMS Oral Health Strategy

In addition to supporting the CHIPRA Pediatric Quality Measures Program (PQMP), CMS has also developed a CMS Oral Health Strategy, intended as a guide for CMS and states to improve access to oral health services for children enrolled in Medicaid and the CHIP programs.^{xiv} This strategy is part of the *HHS Action Plan to Reduce Racial and Ethnic Health Disparities*. CMS has announced two national oral health goals:

- increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percentage points over a 5-year period, and

Dental Quality Metrics Workgroup

July 2, 2013

- increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period (this goal will be phased in during year 2 or 3 of the initiative).

Both of these goals are a part of the Healthy People 2020 goals, but in this case these two goals are targeted to state improvement in care for children enrolled in Medicaid and CHIP programs.

The Medicaid/SCHIP Dental Association

The Medicaid/SCHIP Dental Association (MSDA) is an association of state officials who manage Medicaid and CHIP dental programs. MSDA has a Data Committee that is currently reviewing existing dental program quality/performance measures and considering the development of new ones. A few states, e.g., California and Rhode Island, have developed such measures. California's CHIP program, for example, used a consensus development process several years ago to establish eight measures that have been used to evaluate the quality of its dental managed care plans for the past three years.^{xv,xvi}

Quality Measurement in the Oral Health Safety Net

Federally funded Health Centers have been at the forefront of developing and implementing quality programs for over 25 years.

HRSA has begun implementation of a Clinical Quality Core Measure program.^{xvii} An initial set of 12 performance measures have been released as part of the larger clinical quality measurement and improvement initiative.^{xviii}

In addition, HRSA has initiated an Oral Health Quality Initiative to address the need to incorporate oral health performance and quality strategies in the Agency's overall quality program.^{xix} In 2009, an internal HRSA oral health work group identified a set of oral health quality measures. The group was representative of key dental program staff across the agency. They have proposed adoption of a set of oral health measures across HRSA programs. These measures related to activities in a given measurement year and include:

- percentage of all dental patients for whom a Phase I treatment plan is completed,
- percentage of patients who received oral health education by a dentist, dental hygienist, dental assistant and/or dental case manager at least once,
- the percentage of children between 6 and 21 years of age who received at least a single sealant treatment,
- the percentage of patients who had at least one dental visit,
- the percentage of oral health patients that are caries free,
- the percentage of children 12 to 72 months of age defined as being at higher-risk of dental disease who receive 1 or more fluoride varnish applications,

Dental Quality Metrics Workgroup

July 2, 2013

- the percentage of children 12 to 48 months of age whose parents or guardians received patient education and anticipatory guidance for oral health in the medical setting,
- the percentage of all oral health patients who received a periodontal screening or examination at least once, and
- the percentage of patients, assessed with moderate to high risk of developing dental caries, who received at least one topical fluoride treatment.

The measures listed above are exploratory models/concepts that are subject to future evaluation and discussion.

-
- i. Glassman P. "Oral Health Quality Improvement in the Era of Accountability" December 2011. See www.wkkf.org/knowledge-center/resources/2012/01/pacific-center-for-special-care-report.aspx. Accessed June 29, 2013.
 - ii. U.S. Department of Health and Human Services. Report to Congress: National Strategy for Improvement in Health Care. March 2011. www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf. Accessed September 29, 2011.
 - iii. National Priorities Partnership. Input to the Secretary of Health and Human Services on Priorities for the National Quality Strategy. September 2011. www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=68238. Accessed September 29, 2011.
 - iv. U.S. Department of Health and Human Services. Healthy People 2020 Brochure. www.healthypeople.gov/2020/TopicsObjectives2020/pdfs/HP2020_brochure.pdf. Accessed October 2, 2011.
 - v. U.S. Department of Health and Human Services. Healthy People 2020 Leading Health Indicators. www.healthypeople.gov/2020/LHI/default.aspx. Accessed November 15, 2011.
 - vi. U.S. Department of Health and Human Services. Healthy People 2020. Oral Health Objectives. www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=32#186. Accessed November 15, 2011.
 - vii. Agency for Healthcare Research and Quality. 2010 National Healthcare Disparities Report. www.ahrq.gov/qual/nhdr10/nhdr10.pdf. October 2, 2011.
 - viii. Agency for Healthcare Research and Quality. National Quality Measures Clearinghouse. Desirable Attributes of a Quality Measure. www.qualitymeasures.ahrq.gov/tutorial/attributes.aspx. Accessed September 5, 2011.
 - ix. Agency for Healthcare Research and Quality. Consumer Assessment of Healthcare Providers and Systems (CAHPS) program. www.cahps.ahrq.gov/default.asp. Accessed September 5, 2011.
 - x. Agency for Healthcare Research and Quality. CAHPS Dental Plan Survey. www.cahps.ahrq.gov/content/products/Dental/PROD_Dental_Intro.asp. Accessed September 5, 2011.
 - xi. Agency for Healthcare Research and Quality. CAHPS Dental Plan Survey Instrument. www.cahps.ahrq.gov/content/products/Dental/Dental_Plan_Adult_Eng.pdf. Accessed September 5, 2011.
 - xii. Centers for Medicare & Medicaid Services. Medicaid Early & Periodic Screening & Diagnostic Treatment Benefit. www.cms.gov/MedicaidEarlyPeriodicScrn/. Accessed September 26, 2011.
 - xiii. Mann C. CMS Letter to State Health Officials on CHIPRA Quality Measures. February 14, 2011. Available from http://hsd.aphsa.org/SMD_letters/pdf/SMD/21511_QualityReporting.pdf. Accessed September 5, 2011.
 - xiv. CMS. Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs: CMS Oral Health Strategy. www.cms.gov/medicaiddentalcoverage/downloads/5_CMSDentalStrategy04112011.pdf. Accessed October 8, 2011.

Dental Quality Metrics Workgroup
July 2, 2013

- xv. California Managed Risk Medical Insurance Board. 2008 Dental Quality Report. Healthy Families Program. California Managed Risk Medical Insurance Board. 2011-06-20.
URL:http://mrmib.ca.gov/mrmib/HFP/2008_Dental_Quality_Report.pdf. Accessed: June 20, 2011.
(Archived by WebCite® at www.webcitation.org/5zaac1XEv.)
- xvi. California Managed Risk Medical Insurance Board. 2009 Dental Quality Report. Healthy Families Program. California Managed Risk Medical Insurance Board. 2011-06-20.
URL:http://mrmib.ca.gov/mrmib/HFP/2009_Dental_Quality_Report.pdf. Accessed: June 20, 2011.
(Archived by WebCite® at www.webcitation.org/5zaaU3gRS.)
- xvii. HRSA. Core Clinical Measures Program. www.hrsa.gov/healthit/coremeasures.html. Accessed October 8, 2011.
- xviii. HRSA. HRSA Clinical Quality Performance Measures: A Commitment to Quality Improvement in the Safety Net. www.hrsa.gov/healthit/coreclinicalmeasures.pdf. Accessed October 8, 2011.
- xix. Anderson J. HRSA's Oral Health Quality Improvement Initiative. Presentation at the National Oral Health Conference. April 28, 2010. St Louis, MO
www.nationaloralhealthconference.com/docs/presentations/2010/Jay%20Anderson%20-%20Improving%20Oral%20Healthcare%20in%20Safety%20Net%20Setti.pdf. Accessed October 8, 2011.

DRAFT