



Use of Dental Services in Medicaid and CHIP

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This report is an excerpt from the 2014 Secretary's Report on the Quality of Care for Children Enrolled in Medicaid and CHIP. The full report is available at: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2014-child-sec-rept.pdf>.

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Introduction

Together, Medicaid and the Children's Health Insurance Program (CHIP) served more than 45 million children in federal fiscal year (FFY) 2013, representing more than 1 in 3 children in the United States.¹ Medicaid and CHIP play a key role in ensuring that low-income children get health care coverage and access to a comprehensive set of benefits and other medically necessary services. The Secretary's Report, required by Section 1139A(c)(2) of the Social Security Act (the Act), as added by section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), summarizes state-specific information on the quality of health care furnished to children covered by Medicaid and CHIP.

Over the past four years, CMS and states have continued to break new ground with standardized reporting on CMS's core set of children's health care quality measures (referred to as the Child Core Set).² The 2014 Secretary's Report presents information on key activities CMS undertook to provide an update on the quality of care children receive in Medicaid/CHIP, including reviewing findings on the Child Core Set and summarizing information on managed care quality measurement and improvement efforts reported in the External Quality Review (EQR) technical reports.³

This excerpt from the 2014 Secretary's Report includes state-specific findings for the two dental measures included in the Child Core Set: (1) preventive dental services (PDENT), and (2) dental treatment services (TDENT). This report also summarizes information on managed care quality measurement and improvement efforts related to dental care that were reported in the External Quality Review (EQR) technical reports. The full 2014 Secretary's Report is available at:

<http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2014-child-sec-rept.pdf>.

Summary of Key Findings

All children enrolled in Medicaid and CHIP have coverage for dental and oral health services. Children's access to oral health care continues to be a primary focus of improvement efforts in Medicaid and CHIP. For FFY 2013, 49 states reported both of the dental measures included in the Child Core Set. Among children ages 1 to 20 enrolled in Medicaid and CHIP Medicaid Expansion programs (those eligible for Early and Periodic Screening, Diagnostic, and Treatment [EPSDT]), a median of 48 percent received a preventive dental service (PDENT) in FFY 2013 and a median of 23 percent received a dental treatment service (TDENT).⁴ The rate for PDENT increased from the rate reported by states for FFY 2011 across the 49 states reporting in both years, while the rate for TDENT decreased slightly from the rate reported in FFY 2011 (45 percent in FFY 2011 versus 48

¹ See <http://kff.org/other/state-indicator/children-0-18/>.

² More information on the 2013 Child Core Set can be found in a January 2013 State Health Official letter, available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO-13-002.pdf>.

³ Previous Secretary's Reports are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>.

⁴ The two core set dental measures are obtained from data reported by states in the Form CMS-416 reports. States are to submit the CMS-416 report to CMS by April 1 of each year.

percent in FFY 2013 for PDENT and 24 percent in FFY 2011 versus 23 percent in FFY 2013 for TDENT).

CMS also conducted detailed abstractions of EQR technical reporting on performance improvement projects (PIPs) related to dental care. Overall, the level of detail presented in the EQR technical reports has become more comprehensive over the past few years. Analysis of the PIPs indicates that states are using a diverse set of interventions to improve quality of care. The EQR technical reports for eight states included performance measures related to dental care, including annual dental visit rates and rates of preventive dental services. In addition, six states reported a combined total of 16 PIPs that aim to improve the state's performance on the HEDIS® annual dental visit rate measure, and three of these states required managed care organizations (MCOs) to implement PIPs.

State-Specific Findings on Dental Services

States' efforts over the past decade have resulted in improved access to dental care for children covered by Medicaid and CHIP. Between FFY 2007 and FFY 2011, almost half of all states achieved at least a 10 percentage point increase in the proportion of enrolled children who received a preventive dental service during the reporting year.⁵ Between FFY 2011 and FFY 2012, 15 states achieved at least an additional two percentage point improvement.⁶ But despite considerable progress in pediatric oral health care in recent years, tooth decay remains one of the most common chronic diseases among children. As such, children's oral health continues to be a primary focus of improvement efforts in both Medicaid and CHIP, through which all enrolled children have dental coverage.

Over the past several years, CMS has worked with federal and state partners, the dental and medical provider communities, and other stakeholders to continue to improve children's access to dental care. Launched in April 2010, CMS's Oral Health Initiative has two goals: (1) increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 who receive a preventive dental service; and (2) increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 who receive a sealant on a permanent molar.

In April 2013, CMS set state-specific baselines, based on data reported by states on the FFY 2011 Form CMS-416, along with FFY 2015 goals for children's use of preventive dental services.⁷ CMS invited Medicaid agencies to develop Oral Health Action Plans as a roadmap to achieving these goals. CMS offers technical assistance to states to develop and implement their Oral Health Action Plans. CMS also supports state planning through other efforts including:

⁵ See <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-04-18-13.pdf>.

⁶ See <http://www.medicare.gov/Federal-Policy-Guidance/downloads/CIB-07-10-2014.pdf>.

⁷ See <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/OHIBaselineGoals.pdf>.

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- CMS hosts a quarterly series of webinars entitled The CMS Learning Lab: Improving Oral Health Through Access.⁸
 - CMS provides oral health education materials available for order at no cost.⁹
 - In September 2013, CMS released a strategy guide, *Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children and Adolescents*, which describes effective approaches for state Medicaid programs.¹⁰

State performance related to children’s access to dental care is evaluated through two measures in the Child Core Set.¹¹ The measures are as follows:

- Preventive Dental Services (PDENT)
- Dental Treatment Services (TDENT)

To streamline reporting and reduce burden on states, in FFY 2012, CMS began calculating these measures on behalf of states using data from Form CMS-416. The two dental measures were reported by 49 states for FFY 2013 and are summarized in this section. See [Table 1](#) and [Table 2](#) for state-specific data for the two dental measures. The appendix presents snapshots of state-specific performance on the two measures.

Monitoring and Improving Dental Care for Children Enrolled in Managed Care

In FFY 2013, 66 percent of publicly insured children obtained their care through managed care plans. The rate of managed care enrollment in states utilizing a managed care delivery system varied widely across state Medicaid and CHIP programs, ranging from 4 percent of children in Oregon to 100 percent of children in several states. Regardless of the managed care enrollment rate, states using a managed care delivery system must comply with certain federal requirements, including standards to assess and monitor the quality of care provided by contracted managed care plans. This section summarizes state activities related to monitoring and improving dental care for children enrolled in managed care.¹²

Of the 42 states¹³ that contracted with or Prepaid Inpatient Health Plans (PIHPs) or MCOs during the 2013–2014 reporting cycle, 40 states submitted EQR technical reports to CMS.¹⁴ The majority of EQR technical reports focused on physical health services, but some included

⁸ Information on the *CMS Learning Lab* is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>.

⁹ These materials are available at <http://www.insurekidsnow.gov/professionals/dental/index.html>.

¹⁰ The strategy guide is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Keep-Kids-Smiling.pdf>.

¹¹ The two Child Core Set dental measures are calculated using data from lines 1b, 12b, and 12c of the Form CMS-416.

¹² Information about the EQR process is available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

¹³ For purposes of EQR, the term “states” includes the 50 states, the District of Columbia, and the territories.

¹⁴ Alabama, Alaska, Arkansas, Connecticut, Guam, Idaho, Maine, Montana, Oklahoma, South Dakota, the Virgin Islands, and Wyoming do not have MCOs or PIHPs that enroll children covered by Medicaid or CHIP. Utah and New Hampshire did not submit EQR technical reports by May 16, 2014 for inclusion in this analysis.

information on other types of managed care services, such as dental care. For example, eight states included performance measures related to dental care. In addition, six states reported a combined total of 16 PIPs aimed at improving performance on the HEDIS® annual dental visit rate measure ([Table 3](#)). Three of the six states (Georgia, Missouri, and New Jersey) mandated this topic.

This report highlights an example of a PIP related to dental care. New Jersey required all four of its MCOs to implement a PIP aimed at promoting dental care for children. Two of New Jersey's four MCOs achieved notable improvements in utilization of dental care through this PIP; one achieved a steady statistically significant increase over three years in the rate of annual dental visits for children ages 1–2 years, and the other increased the rate of dental visits for children ages 2–3 years by 27.9 percent. These PIPs used both member and provider interventions, including: (1) member education on good oral hygiene through letters, telephone calls, newsletters and websites; (2) a small monetary incentive for members who complete a dental visit; (3) the distribution of a pediatric dentist directory; (4) a fluoride varnish incentive program for primary care physicians (PCPs) who refer members to dentists, with an additional incentive once a dental visit is completed; (5) PCP education on guidelines and best practices; and (6) encouraging PCPs to apply fluoride varnish for children with early childhood caries through training and reimbursement for this service.

Table 1. Preventive Dental Services: Percentage of Eligible Children Ages 1 to 20, Enrolled for at Least 90 Continuous Days, who Received Preventive Dental Services, as Submitted by States for the FFY 2013 CMS-416 Report (n = 49 states)

State	Denominator	Percentage
U.S. Total	31,363,390	46.0 (Mean) 47.5 (Median)
Alabama	538,297	51.7
Alaska	88,544	42.1
Arizona	728,715	45.5
Arkansas	371,415	50.2
California	4,887,231	36.6
Colorado	459,768	50.5
Connecticut	315,582	59.5
Delaware	99,675	46.3
D.C.	88,617	49.6
Georgia	1,084,128	50.1
Hawaii	146,156	43.9
Idaho	181,043	55.6
Illinois	1,568,087	52.1
Indiana	590,232	38.3
Iowa	285,916	49.5
Kansas	245,995	45.6
Kentucky	490,234	42.6
Louisiana	757,670	48.1
Maine	133,001	39.7
Maryland	601,951	52.9
Massachusetts	539,394	53.8
Michigan	1,115,872	40.1
Minnesota	438,786	38.2
Mississippi	376,413	47.6
Montana	83,874	47.5
Nebraska	176,152	52.2
Nevada	228,322	44.9
New Hampshire	99,733	55.9
New Jersey	701,710	47.0
New Mexico	346,229	51.4
New York	2,130,392	40.8
North Carolina	1,054,704	48.8
North Dakota	43,996	28.9
Ohio	1,275,085	20.7
Oklahoma	538,893	46.5
Oregon	342,262	39.6
Pennsylvania	1,122,519	40.0
Rhode Island	104,656	41.2
South Carolina	627,725	50.8
South Dakota	86,159	40.9
Tennessee	757,647	48.7
Texas	3,111,399	52.7
Utah	191,741	51.6
Vermont	57,789	58.9
Virginia	626,932	48.2
Washington	753,036	55.0
West Virginia	195,554	46.0
Wisconsin	522,082	25.3
Wyoming	52,077	40.9

Source: Mathematica analysis of FFY 2013 CMS-416 Reports (annual EPSDT report), Lines 1b and 12b, as of August 4, 2014.

Notes: The term “states” includes the 50 states and the District of Columbia. Florida and Missouri did not report final data for this measure for FFY 2013 as of August 4, 2014.

Table 2. Dental Treatment Services: Percentage of Eligible Children Ages 1 to 20, Enrolled for at Least 90 Continuous Days, who Received Dental Treatment Services, as Submitted by States for the FFY 2013 CMS-416 Report (n = 49 states)

State	Denominator	Percentage
U.S. Total	31,363,390	24.5 (Mean) 22.8 (Median)
Alabama	538,297	21.4
Alaska	88,544	25.7
Arizona	728,715	22.8
Arkansas	371,415	26.9
California	4,887,231	21.0
Colorado	459,768	27.1
Connecticut	315,582	29.0
Delaware	99,675	19.4
D.C.	88,617	19.6
Georgia	1,084,128	22.7
Hawaii	146,156	34.2
Idaho	181,043	29.1
Illinois	1,568,087	21.2
Indiana	590,232	18.1
Iowa	285,916	20.2
Kansas	245,995	19.9
Kentucky	490,234	21.1
Louisiana	757,670	24.6
Maine	133,001	17.7
Maryland	601,951	24.7
Massachusetts	539,394	30.6
Michigan	1,115,872	21.9
Minnesota	438,786	17.9
Mississippi	376,413	23.8
Montana	83,874	27.6
Nebraska	176,152	23.6
Nevada	228,322	22.4
New Hampshire	99,733	23.5
New Jersey	701,710	25.2
New Mexico	346,229	54.4
New York	2,130,392	20.0
North Carolina	1,054,704	24.3
North Dakota	43,996	14.2
Ohio	1,275,085	9.0
Oklahoma	538,893	25.9
Oregon	342,262	19.0
Pennsylvania	1,122,519	20.2
Rhode Island	104,656	18.6
South Carolina	627,725	21.6
South Dakota	86,159	18.0
Tennessee	757,647	42.8
Texas	3,111,399	30.5
Utah	191,741	25.5
Vermont	57,789	23.2
Virginia	626,932	27.3
Washington	753,036	35.5
West Virginia	195,554	51.6
Wisconsin	522,082	11.3
Wyoming	52,077	22.6

Source: Mathematica analysis of FFY 2013 CMS-416 Reports (annual EPSDT report), Lines 1b and 12c, as of August 4, 2014.

Notes: The term “states” includes the 50 states and the District of Columbia. Florida and Missouri did not report final data for this measure for FFY 2013 as of August 4, 2014.

Table 3. Oral Health (Children) Performance Improvement Projects (PIPs) Included in External Quality Review (EQR) Technical Reports, 2013–2014 Reporting Cycle (n = 6 states)

State	Number of MCOs/PIHPs Participating	Performance Measure(s) and/or Indicators	Intervention/ Validation Ratings	Results
Georgia*	3	Annual dental visit rate for ages 2–3, annual dental visit rate for ages 2–21	Some intervention information; all entities partially met validation rating	Improvement on both measures for all entities; statistically significant improvement for two entities
Kentucky	1	Annual dental visit rate for children with special health care needs	Detailed intervention information; validation rating not reported	No improvement
Missouri*	3	Annual dental visit rate	Some intervention information; all entities met or partially met validation rating	Mixed results; no results reported for two entities, improvement varied by region for one entity
New Jersey*	4	Varied by entity; Annual dental visit rate for ages 1–2, annual dental visit rate for ages 2–3, annual dental visit rate for ages 6 months–7 years	Some intervention information; validation ratings not reported	Mixed results; improvement for one entity, decline for one entity, no results reported for two entities
North Dakota	1	Preventive dental services	Detailed intervention information; met validation rating	No improvement
Ohio	4	Annual dental visit rate for ages 2–20	No intervention information; validation ratings varied	Mixed results; improvement for three entities, no improvement for one entity

Source: EQR technical reports submitted to CMS for the 2013–2014 reporting cycle as of May 16, 2014.

Notes: During the 2013–2014 reporting cycle, the following states and territories did not contract with any MCOs or PIHPs: AL, AK, AR, CT, GU, ID, ME, MT, OK, VI, and WY. ND only had CHIP managed care. UT and NH did not submit an EQR technical report before May 16, 2014 for inclusion in this analysis.

Analysis includes PIPs from the EQR technical reports that targeted children or pregnant women.

In addition to the PIPs represented here, MN conducted a PIP targeting oral health among adults.

Information about the EQR process is available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

*State reported a PIP on this topic during both 2012–2013 and 2013–2014 reporting cycles.

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APPENDIX
SNAPSHOTS OF STATE-SPECIFIC PERFORMANCE

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PREVENTIVE DENTAL SERVICES (PDENT) Measure Steward: Centers for Medicare & Medicaid Services (CMS)

Tooth decay, or dental caries, is one of the most common chronic diseases of children. It is a growing problem: among children ages 2 to 5, the prevalence of early childhood caries increased 15 percent between 1988–1994 and 1999–2004.¹ Untreated tooth decay affects 19.5 percent of 2-to-5 year olds and 22.9 percent of 6-to-9 year olds.² The disease is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services.

Measure Description

- The percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for EPSDT services, and who received at least one preventive dental service.³
- The EPSDT benefit provides comprehensive and preventive health care services, including dental services, for children under age 21 who are enrolled in Medicaid.⁴

Overview of State Reporting

- The number of states reporting the Preventive Dental Services measure through Form CMS-416 decreased from 51 states for FFY 2011 and FFY 2012 to 49 states for FFY 2013 by the deadline for this report.⁵
- To reduce state reporting burden and have a single information source, in FFY 2012, CMS formally began calculating this measure on behalf of states based on data submitted as part of the Form CMS-416.⁶

State Performance

- Among the 49 states reporting the measure for FFY 2013, the median rate was 48 percent, with an 11-point spread between the 25th and 75th percentiles (Exhibit PDENT.1).

¹ http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf

² <http://www.cdc.gov/features/dsuntreatedcavitieskids/>

³ This measure is calculated using the administrative method (claims/encounter data).

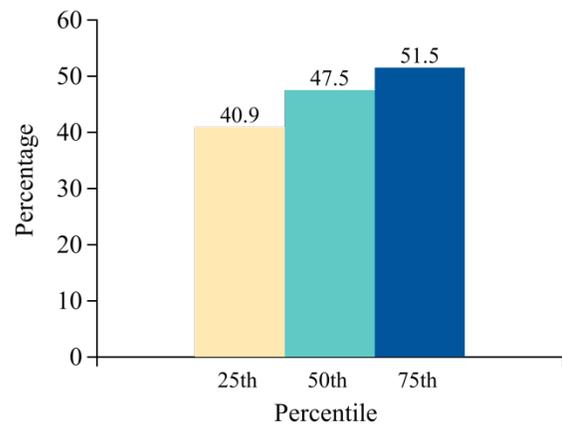
⁴ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

⁵ The term “states” includes the 50 states and the District of Columbia.

⁶ Performance data from Form CMS-416 have been presented for this measure since the 2011 Secretary’s Report.

- Performance on this measure ranged from 21 to 60 percent among states, with considerable geographic variation across states (Exhibit PDENT.3, next page).

Exhibit PDENT.1. Preventive Dental Services, FFY 2013 (n = 49 states)



Source: Mathematica analysis of FFY 2013 Form CMS-416 reports as of August 4, 2014.

Trends

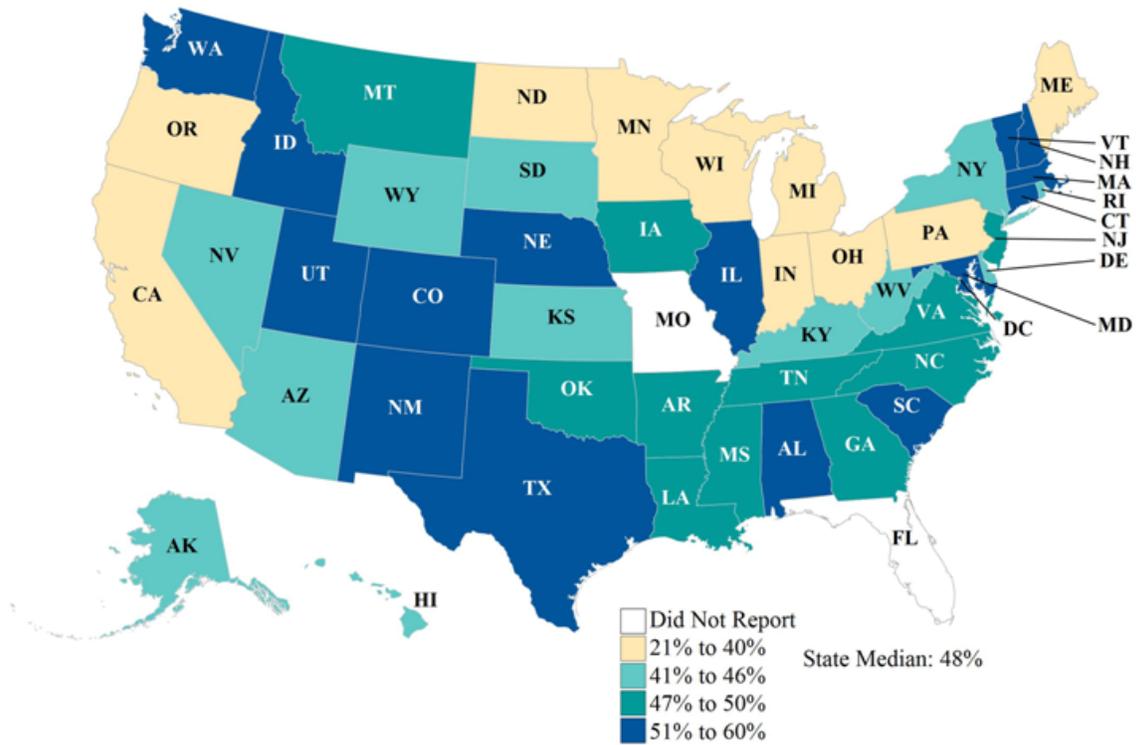
- Among the 49 states reporting data for this measure on the Form CMS-416 for all three years, the median rate increased by 3 percentage points from FFY 2011 to FFY 2013 (Exhibit PDENT.2).

Exhibit PDENT.2. Trends in the Preventive Dental Services Measure, FFY 2011–2013 (n = 49 states)

Rate	FFY 2011	FFY 2012	FFY 2013
Mean	43.8	44.8	46.0
Median	44.5	46.1	47.5
25th Percentile	39.7	40.0	40.9
75th Percentile	48.7	50.5	51.4

Source: Mathematica analysis of FFY 2011, 2012, and 2013 Form CMS-416 reports as of August 4, 2014.

Exhibit PDENT.3. Geographic Variation in the Preventive Dental Services Measure, FFY 2013 (n = 49 states)



Source: Mathematica analysis of FFY 2013 CMS-416 reports as of August 4, 2014.

To view state-specific data for this measure, please see Table PDENT at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2013.zip>.

DENTAL TREATMENT SERVICES (TDENT) Measure Steward: Centers for Medicare & Medicaid Services (CMS)

Tooth decay, or dental caries (cavities), is one of the most common chronic diseases of children. If left untreated, tooth decay can negatively affect a child’s physical and social development and school performance. The prevalence of untreated tooth decay among children ages 2 to 5 increased 7 percent between 1988–1994 and 1999–2004.¹ Over 19 percent of children ages 2–19 had untreated tooth decay in 2001–2004.² Children in families with incomes below 100 percent of the federal poverty level (FPL) had higher rates of untreated tooth decay than children from higher income families.

Measure Description

- The percentage of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for EPSDT services, and who received at least one dental treatment service.³
- The EPSDT benefit provides comprehensive and preventive health care services, including dental services, for children under age 21 who are enrolled in Medicaid.⁴

Overview of State Reporting

- The number of states reporting the Dental Treatment Services measure decreased from 51 states reporting for FFY 2011 and FFY 2012 to 49 states for FFY 2013 by the deadline for this report.⁵
- To reduce state reporting burden and have a single information source, in FFY 2012, CMS formally began calculating this measure on behalf of states based on data submitted as part of the Form CMS-416.⁶

State Performance

- Among the 49 states reporting the measure for FFY 2013, the median rate was 23 percent, with a 7-point spread between the 25th and 75th percentiles (Exhibit TDENT.1).

¹ http://www.cdc.gov/nchs/data/series/sr_11/sr11_248.pdf.

² <http://www.cdc.gov/features/dsuntreatedcavitieskids/>.

³ This measure is calculated using the administrative method (claims/encounter data).

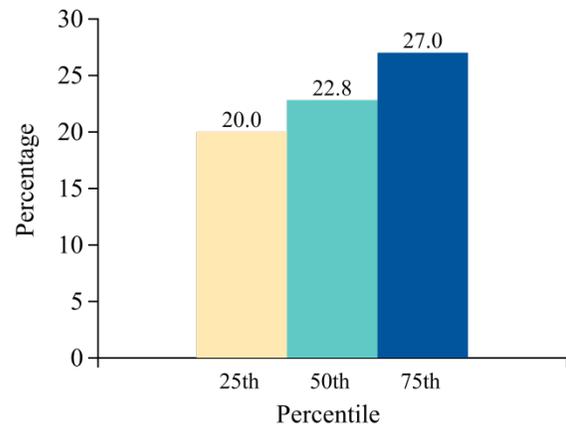
⁴ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>.

⁵ The term “states” includes the 50 states and the District of Columbia.

⁶ Performance data from Form CMS-416 have been presented for this measure since the 2011 Secretary’s Report.

- Performance on this measure ranged from 9 to 54 percent among states, with considerable geographic variation across states (Exhibit TDENT.3, next page).

Exhibit TDENT.1. Dental Treatment Services, FFY 2013 (n = 49 states)



Source: Mathematica analysis of FFY 2013 Form CMS-416 reports as of August 4, 2014.

Trends

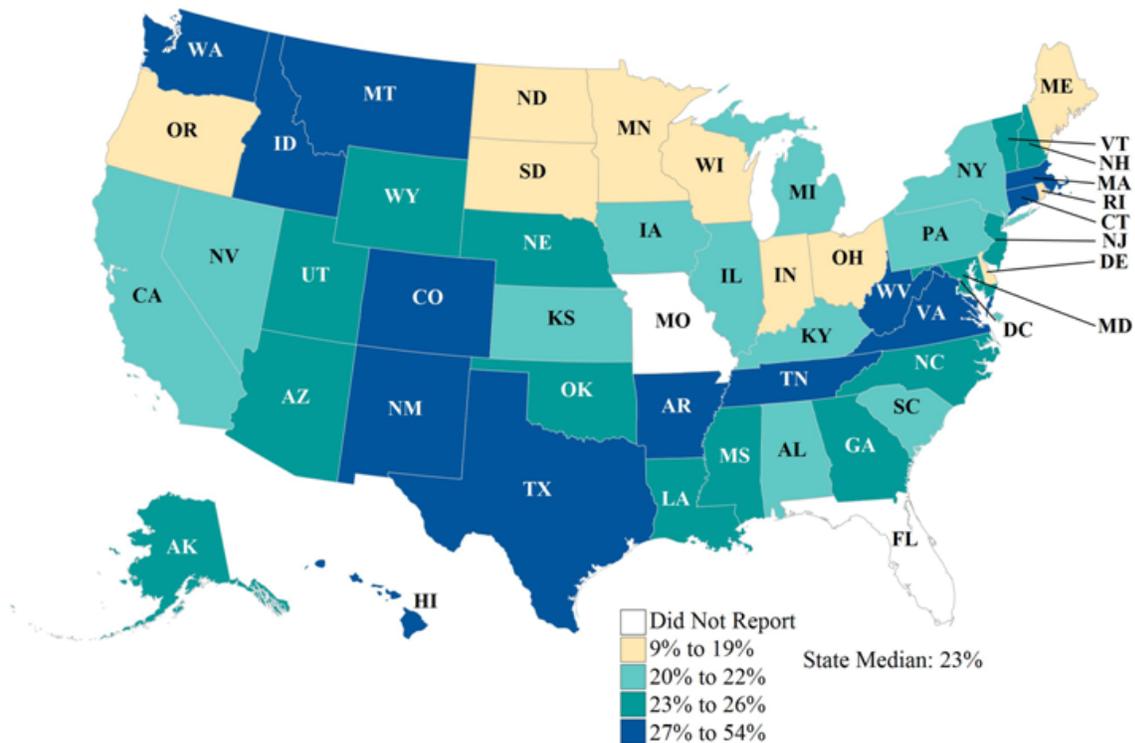
- Among the 49 states reporting data for this measure on the Form CMS-416 for all three years, the median rate decreased by 1 percentage point from FFY 2011 to FFY 2013 (Exhibit TDENT.2).

Exhibit TDENT.2. Trends in the Dental Treatment Services Measure, FFY 2011–2013 (n = 49 states)

Rate	FFY 2011	FFY 2012	FFY 2013
Mean	24.2	24.1	24.5
Median	23.9	23.1	22.8
25th Percentile	19.7	19.7	20.0
75th Percentile	26.1	26.0	26.9

Source: Mathematica analysis of FFY 2011, 2012, and 2013 Form CMS-416 reports as of August 4, 2014.

Exhibit TDENT.3. Geographic Variation in the Dental Treatment Services Measure, FFY 2013 (n = 49 states)



Source: Mathematica analysis of FFY 2013 CMS-416 reports as of August 4, 2014.

To view state-specific data for this measure, please see Table TDENT at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2013.zip>.