

2025 Measure Set Review (MSR): 00126-02-E-MIPS Preliminary Assessment

I. Measure Overview¹

CMIT ID	Title
Link to CMIT measure record: 00126-02-E-MIPS	Children Who Have Dental Decay or Cavities
Measure Steward	CMS Program
Centers for Medicare & Medicaid Services (CMS)	Merit-based Incentive Payment System Program Link: Quality Payment Program Overview - QPP

CBE Endorsement Status	CBE Endorsement History
Not Endorsed	Never Submitted

Measure Overview
<p>Rationale for Use: Dental caries is the most prevalent chronic disease among youth aged 6-19 years. Data from the National Health and Nutrition Examination Survey from 2015-2016 showed that approximately 45.8% of children and youth aged 2-19 years had total caries (untreated and treated). Prevalence of total dental caries (untreated and treated) in primary or permanent teeth increases with age, going from 21.4%, to 50.5%, and to 53.8% among ages 2-5, 6-11, and 12-19, respectively. Total dental caries was highest in Hispanic youths aged 2-19 at 57.1% compared to 48.1% for non-Hispanic black, 44.6% for non-Asian, and 40.4% for non-Hispanic white youth. Monitoring prevalence of untreated and total caries is vital to preventing and controlling oral disease.² Children who have dental decay or cavities are less likely to be in very good or excellent overall health than children without decay or cavities.³ Children with decay are also more likely to have other oral health problems such as toothaches, broken teeth, and bleeding gums.</p>
<p>CMS-Provided Rationale for Use in Program: Children Who Have Dental Decay or Cavities is a high-priority outcome measure and one of two measures in the Dentistry Specialty Set. While not included within a MIPS Value Pathway (MVP), this inverse measure's performance indicates a continued gap in care with a 2025 Historical Benchmark of 19.97%. Due to the low number of statutorily required dentistry measures available for MIPS reporting, the National Quality Forum (NQF) Measure Applications Partnership conditionally supported removal of this measure once a suitable replacement is found.</p>
<p>Description: Percentage of children, 1-20 years of age at the start of the measurement period, who</p>

¹ The information in this PA is sourced from the [CMS Measures Inventory Tool \(CMIT\)](#) and the [PQM Submission Tool and Repository \(STAR\) Measure Database](#). This document reflects the content available as of September 2025.

² Fleming, E., & Afful, J. (2018). Prevalence of total and untreated dental caries among youth: United States, 2015–2016 (NCHS Data Brief No. 307). National Center for Health Statistics. <https://www.cdc.gov/nchs/products/databriefs/db307.htm>

³ Edelstein, B. L., & Chinn, C. H. (2009). Update on disparities in oral health and access to dental care for America's children. *Academic Pediatrics*, 9(6), 415-419.

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Measure Overview	
have had dental decay or cavities during the measurement period as determined by a dentist.	
Numerator: Children who had a diagnosis of cavities or decayed teeth in any part of the measurement period.	
Exclusions: None	
Denominator: Children, 1-20 years of age at the start of the measurement period, with a clinical oral evaluation by a dentist during the measurement period.	
Exclusions: Patients who are in hospice care or have a hospice care order documented during any part of the measurement period.	
CMS Program History: <ul style="list-style-type: none"> In Merit-based Incentive Payment System Program since 2017. Removed from the Medicare and Medicaid Electronic Health Record Incentive Program for Eligible Professionals in 2018. 	Cascade of Meaningful Measures Priority: Wellness and Prevention
Measure Type: Outcome	Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)? Yes
Level(s) of Analysis/Measured Entity: Clinician: Group/Practice	Care Setting(s): Outpatient Dentistry
Does the Measure Fill a Statutorily Required Category for the Program? No	Is the Measure Included in Upcoming Rulemaking? No

II. Measure Performance in Program

For this measure, the MSR evaluation and analysis team reviewed the past 3 years of publicly available datasets:

- The 2024 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2022 in this assessment).
- The 2023 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2021 in this assessment).
- The file 2022 MIPS Historical Quality Benchmarks.xlsx in [2022 Quality Benchmarks.zip](#) (for data referred to as PY2020 in this assessment).

Measure score statistics were obtained for Measure ID 378 from the benchmark files. For this measure, lower values represent higher performance.

About Table 1: Table 1 illustrates the distribution of scores for performance years 2020-2022. The number of providers and the denominators (number of visits) are not available in the benchmark files, limiting possible interpretations of these results. The analyses presented in table 1 were shaped by the availability of data and in alignment with program guidance. All values shown are drawn directly from the published historical benchmark files.

For this measure, a lower score denotes a better quality of care. Decile 10 represents a grouping of organizations who have the lowest measure scores and Decile 1 shows those with the highest measure scores. The arrow denotes improving performance on the measure.

Table 1. Importance (Decile by Measure Score, PY2020-PY2022)

<div> Lowest Performers <div></div> Highest Performers </div>											
Year	Mean	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
2020	0.64	--	--	0.87-0.37	0.36-0.01	0	0	0	0	0	0
2021	22.4	92.3-68.3	68.3-50.1	50.0-34.1	34.0-15.6	15.6-7.6	7.6-3.7	3.7-1.6	1.6-0.9	0.9-0	0
2022	28.7	79.1-66.1	66.1-48.6	48.6-45.1	45.1-34.3	34.3-29.0	29.0-9.2	9.2-3.7	3.6-0.9	0.9-0	0

Table 1 Interpretation: The average performance has increased from 0.64 in PY2020 to 28.7 in PY2022. Years 2021 and 2022 show a wide range in performance across entities reporting on this measure.

III. Evaluation Criteria

Meaningfulness

Importance
<p>Guiding Questions: Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care organizations? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?</p> <p>Epidemiological evidence demonstrates that dental caries are common in children aged 1-19 years and that monitoring prevalence of untreated and total caries is vital to preventing and controlling oral disease. Monitoring rates of dental caries in pediatric populations may improve overall recommendations for identification and timely treatment to improve dental outcomes. The American Academy of Pediatric Dentistry (AAPD) offers clinical guidelines for pediatric oral health assessments and preventive care. According to these recommendations, a child should receive their first oral examination by 12 months of age. Subsequent exams should occur every 6 months or, if the child's risk level or susceptibility to oral disease warrants it, more frequently. Additionally, caries risk assessments should be conducted regularly and frequently to ensure timely and effective prevention. MIPS allows clinicians to voluntarily select and report measures, which introduces the potential for self-selection bias. High-performing providers are more likely to report on measures for which they will perform well, meaning reported data may reflect a motivated subset rather than the broader provider population.</p> <p>Performance data in in table 1 illustrate that there is still a range of performance on this measure among clinicians and room for improvement on the measure focus.</p> <p>Committee Member Considerations: Based on reviewing measure performance and professional and personal experiences, consider the balance of implementation costs or burdens with the benefit of measure use within MIPS. Committee members will have a chance to share these thoughts with the broader committee via Pre-Meeting Initial Evaluation (PIE) Forms and group discussion.</p>
<p>Staff Rating: Met</p>

Conformance
<p>Guiding Question: Do measure components and specifications align with the measure intent and target population?</p> <p>The intent of this measure is to assess the prevalence of dental caries among children aged 1-20 years. The specifications align with this intent. The numerator includes children with a diagnosis of cavities or decayed teeth during the measurement period. The denominator includes all children aged 1-20 years at the start of the measurement period who received a clinical oral evaluation by a dentist during the measurement period. Only patients who are in hospice care are excluded from the denominator. This measure aligns with the MIPS objective to improve care for Medicare beneficiaries.</p> <p>Committee Member Considerations: Committee members should review the list of active measures within this CMS program in the appendix and consider this measure's alignment with the group. The appendix lists all active measures reported in relevant MIPS specialty sets.</p>
<p>Staff Rating: Met</p>

Feasibility
Guiding Question: Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?
<p>The measure demonstrates high feasibility for implementation, as it relies on standardized data elements that are routinely captured in certified EHR systems, minimizing the need for additional documentation or workflow changes.</p> <p>Committee Member Considerations: Committee members with experience implementing this or similar measures in acute care hospital settings should reflect on potential challenges to feasibility of data collection and reporting.</p>
Staff Rating: Met

Validity
Guiding Question: Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?
<p>Epidemiological evidence demonstrates that dental caries are common in children aged 0-19 years. Additionally, performance data for this measure demonstrate possible improvement on the measure focus for clinicians participating in MIPS.</p>
Staff Rating: Met

Reliability

Data are insufficient to estimate the reliability of this measure. Reliability cannot be calculated without denominators, and QPP data do not include denominators.

Reliability
Guiding Question: Does the evidence show that changes in measure performance are due to improvements in quality of care? In other words, do the data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care?
<p>There is not sufficient data available to evaluate measure performance across clinicians.</p>
Staff Rating: Insufficient Information Available

Usability
Guiding Questions: Are there any known barriers or facilitators that determine whether the person or entity could improve the measure focus? Are these barriers addressable?
<p>This measure demonstrates strong usability for clinicians participating in MIPS. Clinicians who elect to report this measure are unlikely to face significant barriers to implementation or data submission, as its design aligns well with routine clinical workflows and offers greater flexibility compared to mandatory reporting requirements.</p> <p>Committee Member Considerations: Based on professional/personal experiences, committee members should consider any barriers to using this measure for certain measured entities as well as any potential facilitators that might promote usability within the program.</p>
Staff Rating: Met

Data Stream Parsimony

Data Stream Parsimony
Guiding Question: Does the data flow required for the measure promote non-burdensome data collection and reporting?
Based on available information, burden and redundancy in data collection and reporting of this measure are minimal. Committee Member Considerations: Based on professional/personal experiences, committee members should reflect on any additional barriers to the clinical data flow that collection may add as well as potential mitigation strategies.

Patient Journey

Patient Health Journey
Guiding Question: Does the measure address the appropriate aspects of care to align with the patient health care journey?
The measure addresses a specific clinical process but does not clearly link to broader aspects of the patient's health care journey, such as transitions, follow-up, or long-term outcomes for children with dental caries. Committee Member Considerations: Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to assess dental caries in pediatric populations. Reflect on whether this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.

Appendix: Active Measures in the Merit-based Incentive Payment System

Use in MIPS
This measure is in the following traditional MIPS specialty sets: <ul style="list-style-type: none">Dentistry This measure is not included in a MIPS Value Pathway.

Measures Included in MIPS Dentistry Specialty Set	
CMIT ID	Measure Title
00126-02-E-MIPS	Children Who Have Dental Decay or Cavities
00598-02-E-MIPS	Primary Caries Prevention Intervention as Offered by Dentists