DENTAL QUALITY ALLIANCE®

Improving Oral Health Through Measurement

DENTAL QUALITY ALLIANCE: 2026 ANNUAL MEASURES REVIEW

REPORT FROM THE DQA MEASURE DEVELOPMENT AND MAINTENANCE COMMITTEE

MAY 2026

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2026 ANNUAL MEASURE REVIEW REPORT

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INTRODUCTION AND PURPOSE

The purpose of this report is to summarize the 2026 annual review of the Dental Quality Alliance's (DQA's) quality measures for pediatric and adult populations. DQA measures address prevention and disease management to promote oral health for children and adults. DQA measures report results related to utilization, access, cost, and quality of dental services for individuals enrolled in public (e.g., Medicaid and CHIP) and private (commercial) insurance programs. DQA measures are developed and designed to be in alignment with national quality initiatives, including the CMS National Quality Strategy which emphasizes measures that assess whether care is delivered that supports improved health outcomes across the care continuum.

The detailed specifications can be found on the DQA website at: https://www.ada.org/resources/research/dental-quality-alliance/dqa-dental-quality-measures.

ANNUAL MEASURE REVIEW PROCESS

The DQA has an annual measure review and maintenance process. This measure review process is conducted by the DQA's Measure Development and Maintenance Committee (MDMC). The MDMC is comprised of seven subject matter experts and a member of the DQA Executive Committee. Members of DQA Leadership regularly attend MDMC meetings. (Appendix A).

The DQA released a call for comments on all measures to its members and the broader oral health community in February 2026. Following a 30-day comment period, the MDMC considered and addressed the comments.

The DQA would like to thank all interested parties who submitted comments to the DQA in support of this review of the measures.

The DQA membership approved this report at its May 29, 2026, meeting.

PUBLIC COMMENTS TO DQA ANNUAL MEASURE REVIEW

Several public comments expressed ongoing support for the DQA measures collectively and for specific measures, as well as appreciation for the DQA's continued leadership in advancing oral health quality measurement. Commenters also highlighted the value of recent enhancements to DQA resources, including expanded User Guide guidance related to threats

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to measure validity, appropriate use in accountability applications, and stratification approaches to support identification of variations in care.

The following paragraphs summarize public comments on specific measures and general comments, along with the results of the review by the MDMC. The detailed public comments are contained in Appendix B.

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MEASURE-SPECIFIC COMMENTS: PEDIATRIC MEASURES

Care Continuity, Dental Services and Usual Source of Services, Dental Services

The DQA measure *Care Continuity, Dental Services* measures the percentage of children aged 1 through 20 years enrolled in two consecutive years who received a comprehensive or periodic oral evaluation in both years. The measure *Usual Source of Services, Dental Services* measures the percentage of children aged 1 through 20 years enrolled in two consecutive years who visited the same practice or clinical entity in both years.

One commenter suggested that, in light of potential impacts of insurance "churn" and broader policy changes, the DQA consider extending the measurement period for both of these measures beyond two consecutive years (e.g., to three years) to better assess long-term stability of dental access.

The MDMC notes that these measures are designed to assess access to care and continuity of care over time using a feasible and implementable framework based on administrative claims data. As described in the **2026 Pediatric Measures User Guide**, measures are intended to be used as part of a broader set that collectively evaluates access, process, and outcomes of care, rather than as standalone indicators. Extending the measurement period could provide additional insight into longer-term care patterns; however, such changes would increase data requirements, complexity, and implementation burden. The MDMC may consider the relative value and feasibility of longer measurement periods in future evaluations of these measures.

Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit

Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit measures the percentage of children aged 6 months through 5 years who received a comprehensive or periodic oral evaluation with a dental provider within 6 months following a medical preventive service visit. One commenter expressed support for the previous submission of this measure for consideration in the CMS Child Core Set and encouraged continued collaboration to address concerns raised during prior review processes.

The MDMC notes that similar feedback was received and addressed during the **2025 Annual Measure Review**. At that time, comments focused on concerns raised by the CMS Child Core Set Workgroup, including questions about accountability at the clinician level, the adequacy of dental provider networks, and the ability of the measure to capture whether a referral from a medical provider to a dental provider had occurred. In response to those comments, the MDMC made refinements to the measure specifications, including updates to the "measure

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purpose" and "measure limitations" sections. Specifically, the measure purpose was clarified to emphasize that the measure is intended for system-level assessment of medical-dental integration, rather than clinician-level accountability. In addition, the measure limitations were expanded to explicitly acknowledge that, due to the use of administrative claims data, referrals between medical and dental providers cannot be directly identified. No additional changes to the measure specifications are recommended at this time. The DQA welcomes collaboration on potential future resubmission of this measure to the CMS Child Core Set to effectively communicate the measure's intent, appropriate use, and limitations.

Sealant Receipt on Permanent 2nd Molars

The measure *Sealant Receipt on Permanent 2nd Molar* measures the percentage of enrolled children who have ever received sealants on permanent second molar teeth by the 15th birthdate: (1) at least one sealant and (2) all four molars sealed. A commenter expressed support for this measure and reiterated a prior suggestion to expand the age range beyond 15 years to capture children with later eruption of second molars.

This recommendation was previously considered as part of the DQA's Practice- and Clinician-Based measure development efforts. A suggestion was offered during the public comment period on the interim report for the practice- and clinician-level measure of *Sealant Receipt on Permanent 2nd Molars* to expand the age range from 15 years to 21 years. After consideration of this suggestion, the MDMC addressed it in the final measure development report, **Report 8: Claims-Based Starter Set Measure Sealant Receipt on Permanent 2nd Molars**, noting:

> Age 15 years was determined during testing of the program and plan level measure counterpart. Although the suggestion to capture a broader range of children is appreciated, doing so would require a significantly longer look-back period to continue to capture the ages at which permanent second molars most commonly erupt. A significantly longer look-back period threatens measure feasibility and reliability. The American Dental Association notes that most children have all of their permanent teeth, with the exception of 3rd molars, by age 13. The DQA notes that, for quality measurement purposes, the goal is to identify a reliable sample of children who are candidates for sealant receipt on permanent 2nd molars and not every child who may be a candidate for sealant receipt. Further, significantly expanding the age range may have the unintended consequence of reduced attention to more timely sealant placement.

Consistent with prior determinations, no changes to the measure specifications are recommended at this time.

Preventive Services for Children

Preventive Services for Children measures the percentage of enrolled children under age 21 years who received a topical fluoride application and/or sealants within the reporting year as (a) dental

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or oral health services, (b) dental services, and (c) oral health services in the reporting year. During the **2025 Annual Measure Review report**, one commenter suggested expanding the number of codes included in the numerator to a broader range of preventive services. The addition of such additional codes would constitute a substantive change in the measure, requiring stakeholder community feedback and empirical testing. To inform considerations of further measure development and refinement, the MDMC recommended evaluating the extent to which this measure is currently being used, how it is being used, and how the recommended changes might impact the measure's usefulness.

The MDMC has begun this evaluation, which is still in progress. Significantly, the MDMC has learned from the measurement community that this measure is actively being used by payers and professional associations as an important component of monitoring trends in preventive service receipt. These measure users have noted they use the measure in conjunction with the separate measures of professionally-applied topical fluoride and sealant placement, finding that the measures work effectively together to evaluate trends over time and inform quality improvement efforts. During the 2026 public comment period, one commenter emphasized the importance of monitoring trends in preventive services, particularly in the context of evolving attitudes toward fluoride use.

These comments reinforce the importance of the DQA's preventive service measures. The MDMC will continue to evaluate the use of *Preventive Services for Children* and consider how potential refinements to the measure would affect measure interpretation and usability.

GENERAL COMMENTS ON EXISTING MEASURES AND PROCESSES

Comments on Specific Measures

Several supportive comments highlighted specific measures. One commenter specifically noted the inclusion of *Oral Evaluation, Dental Services* in the CMS Universal Foundation measure set. The commenter highlighted that, as the only dental measure included, it underscores the importance of oral health as an integral component of overall health and reflects progress in advancing oral health within broader healthcare quality measurement efforts. There were also comments highlighting the inclusion of DQA measures, such as *Topical Fluoride for Children* and *Sealant Receipt on Permanent 1st Molars*, in the CMS Child Core Set, reinforcing the significance of these measures within national quality reporting and preventive care monitoring efforts.

Two commenters expressed support and appreciation for the DQA measure of *Comprehensive or Periodic Oral Evaluation Following a Problem-Focused Care Visit*, which was added to the pediatric set of measures in 2025. One commenter specifically noted this as an important

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addition that would contribute to identifying care fragmentation and supporting efforts to improve care coordination.

The MDMC appreciates this feedback and acknowledges the value of these measures in supporting quality improvement and system-level assessments.

Comments on DQA Measure Development Processes

Several commenters provided general feedback expressing appreciation for the DQA's rigorous and transparent approach to measure development and maintenance that engages a broad range of participants involved in oral health care. Commenters also expressed appreciation for the guidance provided for measurement implementation and use, including new guidance related to addressing threats to validity, stratification of measure scores to identify variations in care, and use of measures in accountability applications. Commenters also expressed appreciation for the publication of the *User Guide for Evaluating Quality of Care for Special Populations Using DQA Program and Plan Level Measures*, which was released in 2025, to support efforts to measure quality of care for populations that may have special oral health care needs, including individuals with intellectual or developmental disabilities.

The MDMC appreciates this feedback and recognizes the importance of continued collaboration with the measure implementation and user community to advance oral health care quality measurement and improve care delivery.

GENERAL COMMENTS ON MEASUREMENT INFRASTRUCTURE

Electronic Clinical Quality Measurement

One commenter highlighted the ongoing calls to develop common data models for dentistry and noted that broader adoption of structured data could enhance the feasibility of electronic clinical quality measures at clinician and organizational level.

The MDMC recognizes that advancements in data infrastructure, including standardized data models and improved availability of structured clinical data, have the potential to expand measurement capabilities. This is particularly relevant to the DQA's ongoing efforts related to the development of practice- and clinician-level dental quality measures. The DQA has developed and tested a starter set of measures using claims data and is currently working to advance this starter set toward electronic dental record (EDR)–based measurement. These efforts include developing and testing measure specifications and logic using structured EDR data. Accordingly, the DQA will continue to monitor developments in common data models for dentistry to inform ongoing and future work related to electronic clinical quality measurement.

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Use of Diagnostic Codes

One commenter reiterated the importance of incorporating diagnostic codes into dental quality measurement to support more robust population health analysis, risk stratification, and interpretation of performance results.

The DQA continues to support increased adoption and use of standardized diagnostic coding in dentistry. Expanded use of diagnostic codes has the potential to enhance measurement precision, support risk stratification, and promote more outcomes-oriented measurement. Ongoing DQA efforts to advance clinician- and practice-level measures for EDR-based implementation will also consider the feasibility of incorporating diagnostic codes to address these needs.

PUBLIC RECOMMENDATIONS FOR NEW MEASURES

The MDMC values the recommendations and interest received from the implementation and user community regarding opportunities for future measure development. The Annual Measure Review process does not include an in-depth evaluation of proposed measure concepts. Rather, the MDMC makes high-level recommendations that feed into the DQA's measure development processes. The detailed measure development processes are described in the DQA's **Procedure Manual for Performance Measures Development and Maintenance** available on the DQA website. This manual includes a quality measurement framework that is used to support identification of measurement gaps and priorities. Measures that are candidates for future measure development are maintained in a Measures Under Consideration (MUC) list. The DQA considers several factors when prioritizing resources for future measure development, including feasibility of implementation with existing data sources, extent of evidence that improvement on the measure will lead to improvements in care quality and patient outcomes, extent of performance gap and opportunity for improvement, ability for the measured entities to achieve improvement on the measure, and preliminary assessments of whether the measure concept can be measured reliably and validly.

Dental Care by Age 1

One commenter highlighted *Dental Care by Age 1* as a priority area from the DQA MUC list. MDMC is pleased to report that an Age One Dental Visit measure is currently under development. Details of the measure development process, including testing results, will be available on the DQA website.

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Dental Care for Individuals with Intellectual or Developmental Disabilities

During the past year, the MDMC explored development of measures specific to individuals with intellectual or developmental disabilities (IDD). As a first important step to measure quality of oral health care for these populations, the DQA developed a **User Guide for Evaluating Quality of Care for Special Populations Using DQA Program and Plan Level Measures** available on the DQA website. This User Guide supports measure users who wish to report existing DQA measures for IDD populations. One commenter noted its appreciation for this User Guide and noted interest in continued discussions regarding development of a measure specific focused on the population living with IDD. MDMC notes that a measure concept - Dental Care for Individuals with Intellectual and Developmental Disabilities - has been included in the DQA MUC list and will be considered during MDMC discussions on prioritization for future measure development.

Children With Established Dental Home Requiring Problem-Focused Episodic Care

One commenter proposed a measure to identify children with an established dental home who still require problem-focused episodic care. They emphasized that a lower rate on such a measure, which could complement the existing *Comprehensive or Periodic Oral Evaluation Following a Problem-Focused Episodic Care Visit* measure, could support evaluations of the effectiveness of the dental home model of care. The MDMC notes that this concept is contingent on first establishing a clear and measurable definition of a dental home that could support denominator construction. With that in consideration, this measure concept will be considered for inclusion in the DQA MUC list.

Diagnostic Code Documentation

One commenter highlighted the measure concept of Diagnostic Code Documentation from the DQA MUC list as a priority measurement area.

Patient-Reported Outcome Measures

Patient-Reported Outcome Measures, particularly based on the Oral Health Impact Profile (OHIP) instrument, were also highlighted as a priority area form the DQA MUC list.

The MDMC recognizes the importance of incorporating patient-reported outcomes into oral health quality measurement and notes that the DQA has initiated work in this area. However, the use of instruments such as OHIP requires establishing data collection processes and infrastructure (e.g., through state programs or other delivery systems) to support consistent and

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reliable data capture before the feasibility, reliability, and validity of such measures can be adequately assessed across populations and care settings.

The DQA is actively working to address these challenges to advance the development and implementation of patient-reported outcome-based performance measures.

GENERAL UPDATES TO MEASURE SPECIFICATIONS

In addition to the public comments submitted, the MDMC annually reviews routine updates to the measure specifications. These include measure-specific evaluations in addition to code updates and editorial updates.

Coding System Updates

Code on Dental Procedures and Nomenclature

Review of the 2026 Code on Dental Procedures and Nomenclature (CDT Manual) identified new, revised, and retired codes with potential implications for several measures. The following summarizes the resulting coding-related updates recommended for DQA measures.

CDT Code Deletions

D1352 – Preventive Resin Restoration in a Moderate to High Caries Risk Patient – Permanent Tooth

Applicable measures:

- Topical Fluoride for Children
- Topical Fluoride for Adults at Elevated Caries Risk
- Sealant Receipt on Permanent 1st Molars
- Sealant Receipt on Permanent 2nd Molars

CDT code D1352 was deleted in the 2026 CDT Manual. This code is currently used in the following DQA measures: (i) Sealant measures (as part of exclusion criteria), (ii) Topical Fluoride for Adults at Elevated Caries Risk (elevated risk code set), and (iii) Topical Fluoride for Children (elevated risk code set, optional stratification). In response to this deletion, D1352 will be removed from the relevant code sets for years 2026 and later. The code will be retained in the measure logic for applicable look-back periods until the look-back period no longer includes years prior to 2026.

CDT Code Additions

Identification of Edentulous Individuals

Applicable measures:

- Periodontal Evaluation in Adults with Periodontitis

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- Ongoing Periodontal Care for Adults with Periodontitis
- Topical Fluoride for Adults at Elevated Caries Risk

Several new CDT codes were reviewed for potential inclusion in code sets used to identify complete edentulism as part of the denominator exclusion criteria for the adult periodontal and topical fluoride measures. The exclusion logic uses combinations of CDT codes that represent complete dentures and related prosthetic services to identify individuals with fully edentulous maxillary and mandibular arches.

Review of a series of new prosthetic codes identified the following codes to be added to the codes used to identify completely edentulous individuals, as they represent complete removable or fixed prostheses for edentulous arches:

- **D5877, D5878** (duplication of complete dentures, maxillary and mandibular),
- **D5938, D5939** (resection prosthesis, maxillary and mandibular, complete removable),
- **D5942, D5943** (resection prothesis, maxillary and mandibular implant/abutment-supported removable prostheses for edentulous arch), and
- **D5946, D5947** (resection prosthesis, maxillary and mandibular implant/abutment-supported fixed prostheses for edentulous arch).

These codes will be incorporated into measure specifications with consideration of measure-specific differences in exclusion criteria, such that implant/abutment-related codes will be included for the topical fluoride measure but not for the periodontal measures, given the potential for peri-implant disease.

Health Care Provider Taxonomy Codes

Review of the 2026 Health Care Provider Taxonomy code set maintained by the National Uniform Code Committee (NUCC) identified no new codes relevant to the DQA measures.

ICD-10-CM Diagnosis Codes

Review of the ICD-10-CM diagnosis codes identified no new codes relevant to the DQA measures.

ICD-10-PCS Procedure Codes

Review of the ICD-10-PCS procedure codes identified no new codes relevant to the DQA measures.

CPT Procedure Codes

Review of CPT procedure codes identified no new codes relevant to the DQA measures.

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Appendix A: Measure Development and Maintenance Committee

Craig W. Amundson, DDS, HealthPartners, retired. Dr. Amundson serves as chair for the Committee

DeDe Davis, Vice President, Dental Management and Quality Improvement, MCNA Dental

Chris Farrell, RDH, BSDH, MPA, Oral Health Program Director, Michigan Department of Health and Human Services

Matthew Horan, DMD, MPH, Founder & Principal Consultant, Horan Consulting

An Nguyen, DDS, MPH, Chief Clinical Officer, CareQuest Institute for Oral Health

Christopher Okunseri, BDS, MSc, Director, Predoctoral Program, Dental Public Health, Marquette University

Scott Tomar, DMD, DrPH, Professor and Associate Dean, Prevention and Public Health Sciences, UIC College of Dentistry

Tim Wright, DDS, MS, Distinguished Professor, University of North Carolina School of Dentistry

DQA Executive Committee Liaison to the MDMC: Robert Margolin, DDS, American Dental Association

DQA Leadership:

Irene Hilton, DDS, MPH, FACD, Chair, Dental Quality Alliance

An Nguyen, DDS, MPH, Chair-Elect, Dental Quality Alliance

The Committee was supported by:

Krishna Aravamudhan, BDS, MS, Senior Vice President, Practice Institute, American Dental Association

Ian Hedges, Director, Medicaid and Medicare Program Policy, American Dental Association

Jill Boylston Herndon, PhD, Methodology Consultant to the DQA; Managing Member and Principal, Key Analytics and Consulting, LLC

Aparna Ingleshwar, BDS, MPH, PhD, Senior Manager, Public Programs and Quality, American Dental Association

Sean Layman, Manager, Dental Quality Alliance

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Appendix B: Public Comments

MEASURE	COMMENT	SUBMITTED BY
PEDIATRIC MEASURES		
Care Continuity, Dental Services	The relevance of this measure will amplify as provisions from H.R.1 (2025 Budget Reconciliation Act) take effect. While the Medicaid restrictions primarily target adults, we are also interested in their potential effects on children's dental care. Dental care is subject to a "family effect" -- there is an association between parents' dental coverage and experiences and their children's oral health coverage, utilization of services, and overall oral health status (Lipton 2020; Edelstein et al. 2020). In the future, DQA could consider a modification to the measure with a lengthier measurement period (e.g., from 2 to 3 years) to better capture the long-term stability of dental access and the impact of insurance "churn."	American Academy of Pediatric Dentistry
Usual Source of Services, Dental Services	Similar to the Care Continuity, Dental Services measure, we support this measure as it helps assess access to care. Also, as previously suggested, expanding upon this measure to include longer continuity timelines beyond two years could be considered. Expanding the duration of interest could provide more insight into the stability of dental access for children and the current challenges with insurance "churn."	American Academy of Pediatric Dentistry
Comprehensive or Periodic Oral Evaluation Following a Problem-Focused Episodic Care Visit	This is a valuable recent addition to the measure set. We appreciate the DQA addressing our previous concerns regarding the 180-day follow-up window in the Frequently Asked Questions. Additionally, an inverse measure could identify children with an established dental home who still require problem-focused episodic care. A lower rate here could demonstrate the effectiveness of the dental home model (AAPD Definition of a Dental Home).	American Academy of Pediatric Dentistry
Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit	The AAPD applauds the submission of this measure for consideration in the 2027 CMS Child Core Set. We welcome further collaboration to address medical-perspective shortcomings and refine the measure for future resubmission.	American Academy of Pediatric Dentistry
Prevention: Sealant Receipt on Permanent 2nd Molars *(Both administrative and practice/clinician level claims based)*	We support this measure, and similar to our comment submitted in the fall of 2025, we would be interested in expanding the age of inclusion to above age 15. Patients with late second molar eruption may be excluded from this measure. We understand this was debated by DQA leadership and decided against for the time being.	American Academy of Pediatric Dentistry
Preventive Services for Children	We are particularly interested in time trends of this data (made easily accessible by the State Oral Healthcare Dashboard) in the wake of growing fluoride hesitancy.	American Academy of Pediatric Dentistry

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Prevention: Topical Fluoride for Children *(Both administrative and practice/clinician level claims based)*	We support this measure and recognize its importance as one of only four oral health measures included in the CMS Child Core Set. We believe potential devolutions in community water fluoridation may make this measure even more important, and we will continue to support DQA in its advocacy to include the measure in the CMS Core Set. This measure could serve as a proxy for assessing hesitancy trends. We could examine the delta between those receiving general preventive services (denominator) versus those receiving topical fluoride (numerator) to track refusal rates.	American Academy of Pediatric Dentistry
Prevention: Sealant Receipt on Permanent 1st Molars *(Both administrative and practice/clinician level claims based)*	We strongly support this measure and recognize its importance as one of only four oral health measures included in the CMS Child Core Set.	American Academy of Pediatric Dentistry
Follow-Up after Emergency Department Visits for Dental Caries in Children	This is a critical indicator of potential delivery system failures. We are particularly interested in monitoring this data as several states implement or debate the cessation of community water fluoridation, which may lead to a measurable spike in pediatric ED utilization.	American Academy of Pediatric Dentistry
Comprehensive or Periodic Oral Evaluation Following a Problem-Focused Episodic Care Visit	The measure assessing follow-up after episodic or problem-focused care is an important addition to the measure set. Fragmented care pathways remain a major barrier to improving oral health outcomes in vulnerable populations. Measures that assess continuity can highlight opportunities for improved care coordination.	National Network for Oral Health Access
Oral Evaluation, Dental Services	We congratulate the DQA on this measure's inclusion in the CMS Universal Foundation set. As the only dental measure included, it underscores the DQA's successful advocacy for oral health's role in total systemic health.	American Academy of Pediatric Dentistry
PROPOSED NEW MEASURES AND MEASURE CONCEPTS		
Recommended priorities for MUC List Measures	Lastly, while we previously submitted comments on the *Measures Under Consideration (MUC) List* to the DQA Measures Development and Maintenance Committee, we would like to briefly reiterate AAPD's key priorities and hopes for DQA's next chapter of work: • Incorporate **patient-reported outcome measures**, likely reliant on the Oral Health Impact Profile (OHIP) instrument. • Develop a measure on **diagnostic code documentation** to better understand provider utilization of diagnostic codes. Developing this measure in the near term will help establish a more accurate baseline as diagnostic coding becomes more widely practiced	American Academy of Pediatric Dentistry

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	due to payer or institutional requirements and ease of use with more advanced IT infrastructures. • Incorporate a measure on **Age One** dental visits. Continue conversations regarding measure development specific to the **IDD population.**	
Dental Home Patients with Problem-Focused Episodic Care	[Following up on comments related to the new measure of Comprehensive or Periodic Oral Evaluation Following a Problem-Focused Episodic Care Visit] Additionally, an inverse measure could identify children with an established dental home who still require problem-focused episodic care. A lower rate here could demonstrate the effectiveness of the dental home model (AAPD Definition of a Dental Home).	American Academy of Pediatric Dentistry
COMMENTS RELATED TO INFRASTRUCTURE TO SUPPORT NEW MEASURE DEVELOPMENT		
Electronic Clinical Quality Measurement	Recently, there has been a request to develop a common data model for dentistry using the OMOP design. If this work item is advanced and records systems adopt or already have the necessary structured data elements, it may result in a greater ability to develop e measures at both the clinician and organization levels. This also will require a few years of data for comparison purposes prior to either changing or adding new measures that may leverage this potentially newer record keeping design.	National Association of Dental Plans
Diagnostic Codes	NNOHA continues to support the inclusion of ICD-10 codes in measure specifications, as diagnostic coding enables more meaningful population health analysis, supports risk stratification, and improves the interpretability of performance results across populations with varying disease burden.	National Network for Oral Health Access
GENERAL COMMENTS		
General Comments	I am making no suggestions for change. I remain impressed with the thoroughness of the development of these measures. As we begin to compare preventive services year over year in the era of rapidly developing AI revenue cycle management systems, there may be a need to revisit some measures. However, that may also require a more detailed review at the clinician level.	National Association of Dental Plans

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	On behalf of the American Academy of Pediatric Dentistry (AAPD), thank you for the opportunity to provide comments on the Dental Quality Alliance (DQA) measures via the 2026 Annual Measure Review. As an active member of the DQA, the AAPD remains committed to strengthening the measure set and increasing its utility across the dental and broader healthcare community. We would also like to acknowledge DQA's early and ongoing work on a robust set of pediatric measures. The AAPD recognizes the importance of quality measurement and the potential it has to drive improved care and better outcomes for patients. This is particularly true during childhood when home care, preventive care, and health care service behaviors are initially formulated. Thank you for the opportunity to comment on the DQA measures. We appreciate the ongoing investment of human capital and the collaborative process with wide stakeholder input that has been the cornerstone of DQA. We look forward to continuing our partnership and doing what we can to promote high quality oral health care delivery.	American Academy of Pediatric Dentistry
	The National Network for Oral Health Access (NNOHA) has been providing robust oral health training and technical assistance to safety-net oral health programs for more than thirty years. Training and support resources extend beyond our 5,400 members and are available through NNOHA's website, webinars, conferences, and learning collaboratives to community health center programs across the country. NNOHA would like to thank the DQA for its ongoing efforts to make quality metrics mainstream in dentistry. On behalf of NNOHA, we appreciate the opportunity to provide comments on the 2026 Annual Measure Review. On behalf of our membership, thank you again for the opportunity to comment on the 2026 Annual Measure Review of DQA measures. We believe that continued collaboration among NNOHA, the DQA, and community health centers will drive meaningful advancements in care delivery and outcomes for populations nationwide.	National Network for Oral Health Access
Measure Development and Testing Processes	We commend DQA's scientific, thoughtful, and rigorous approach to measure development and testing. The annual measure maintenance cycle, transparent evaluation protocols, and comprehensive FAQ resource underscore DQA's commitment to evidence-based practices and continuous improvement. These efforts not only support internal quality improvement but also provide meaningful benchmarks for system-wide advancements in oral health.	National Network for Oral Health Access

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Addressing Threats to Validity	Safety-net delivery systems provide care to populations that experience high levels of insurance churn, geographic access barriers, and complex social risk factors. These realities influence the feasibility, interpretability, and policy use of dental quality measures. The 2026 DQA User Guides appropriately acknowledge threats to validity related to enrollment churn, incomplete claims history for required look-back periods (e.g., 36-month risk stratification and 48-month sealant identification), and variability in exclusion identification (e.g., edentulism). These cautions are important and reflect methodological rigor.	National Network for Oral Health Access
Addressing Measure Use in Accountability Applications	Additionally, the user guides appropriately caution against the premature use of measures for high-stakes accountability, such as pay-for-performance programs. This language represents an important advancement.	National Network for Oral Health Access
Stratification of Measures by Population Characteristics	The guidance encouraging stratification by race, ethnicity, disability status, language, geography, and insurance characteristics is an important strength of the current framework. Equity-focused stratification enables health systems and policymakers to identify disparities that may be masked by overall performance averages. The 2026 update also shifts the treatment of dual-eligible beneficiaries in the Adults with Diabetes – Oral Evaluation measure from an exclusion to a stratification variable. This is a meaningful improvement. Dual-eligible individuals are heavily represented in safety-net populations and often experience substantial oral health burden. Stratification rather than exclusion allows these patients to remain visible within measurement while still supporting meaningful interpretation of results.	National Network for Oral Health Access
Guidance Related to Special Populations	First, while not a measure, we commend DQA for the 2025 publication of the Special Population User Guide. This User Guide represents a crucial step forward in recognizing the unique dental experiences and needs of people with intellectual and developmental disabilities (IDD). We are hopeful that educational institutions, state agencies, and others invested in quality improvement in healthcare for people with IDD will turn to this resource. The care of individuals with special health care needs and disabilities throughout their lifespan is a critical focus for AAPD members and we are grateful for the work that went into developing this guide.	American Academy of Pediatric Dentistry
	Furthermore, the development of additional guidance related to special populations is a positive step. Individuals with intellectual or developmental disabilities, medically complex conditions, or other special health care needs often experience barriers to dental care that standard measures may not fully capture.	National Network for Oral Health Access

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