August 11, 2026

National Committee for Quality Assurance
Committee on Performance Measurement
1100 13th St. NW, Third Floor
Washington, D.C. 20005

Re: HEDIS Measurement Year 2027 Public Comment – Proposed Retirement of Oral Evaluation, Dental Services (OED) and Topical Fluoride for Children (TFC)

To the Committee on Performance Measurement:

The American Network of Oral Health Coalitions (ANOHC) submits these comments opposing the proposed retirement of the **Oral Evaluation, Dental Services (OED)** and **Topical Fluoride for Children (TFC)** measures from HEDIS Measurement Year (MY) 2027.[1]

ANOHC is the national membership organization representing state and territorial oral health coalitions across the United States. Our members work collaboratively with public health agencies, health professionals, community organizations, and policymakers to improve oral health outcomes, strengthen prevention efforts, and protect access to needed dental care.

OED and TFC are the only oral health measures in HEDIS.

OED and TFC are the only measures in HEDIS dedicated specifically to oral health. More than 235 million people are enrolled in health plans that report HEDIS results, making it one of the nation's most widely used health care quality frameworks.[2]

Oral health is an essential part of overall health, and routine dental evaluations and preventive services such as fluoride treatments are key tools for reducing disease and identifying problems before they become more serious.[3]

For children, untreated cavities can cause pain and infection and impact eating, speaking, playing, and learning.[4] Maintaining a focus on preventive oral health care within HEDIS helps reinforce the importance of addressing these outcomes and ensuring children receive care.

The proposed retirement particularly affects children covered by Medicaid.

Medicaid plays a central role in children's access to dental care. States must provide dental benefits to children enrolled in Medicaid, including comprehensive oral health care through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for beneficiaries under age 21.[3,5]

Despite these coverage requirements, significant gaps in access remain. Federal data continue to show that fewer than half of Medicaid-enrolled children receive an oral evaluation in a given

year.[6] These persistent gaps underscore the need for continued attention to pediatric oral health, not less.

States and health plans rely on HEDIS to track performance and guide quality improvement.[2] Removing the only two oral health measures makes it easier for pediatric dental care to lose visibility within those broader efforts.

Oral health should remain visible in health care quality measurement.

ANOHC recognizes the importance of reducing unnecessary reporting burden and aligning quality measures where appropriate. Streamlining, however, should not mean oral health disappears from HEDIS altogether.

When a service or health issue is no longer measured, there is a risk that it receives less attention, fewer resources, and less focus within quality improvement activities. That risk is particularly concerning for oral health, given longstanding disparities in access and utilization.

State oral health coalitions see firsthand the value of keeping prevention front and center, connecting families to dental care, and treating oral health as part of overall health. HEDIS measurement supports that work by keeping these priorities visible and helping strengthen access to preventive services for children and families.

Recommendation

ANOHC recommends that NCQA retain OED and TFC in HEDIS MY 2027.

If NCQA believes changes to these measures are necessary, ANOHC encourages the committee to work with oral health stakeholders, state Medicaid programs, health plans, and other partners to identify appropriate amendments or alternatives before eliminating OED and TFC.

Thank you for the opportunity to comment on this proposal and for your consideration of the value of maintaining oral health within HEDIS.

Sincerely,

American Network of Oral Health Coalitions

Endnotes

1. National Committee for Quality Assurance. “HEDIS MY 2027 Public Comment.” 2026. NCQA identifies Oral Evaluation, Dental Services (OED) and Topical Fluoride for Children (TFC) among the measures proposed for retirement for HEDIS MY 2027.
2. National Committee for Quality Assurance. “HEDIS Measures and Technical Resources.” NCQA reports that more than 235 million people are enrolled in plans that report HEDIS

results and describes HEDIS as one of health care's most widely used performance improvement tools.

3. Centers for Medicare & Medicaid Services. "Dental Care." Medicaid.gov. CMS states that dental health is an important part of overall health and that states are required to provide dental benefits to children covered by Medicaid.

4. Centers for Disease Control and Prevention. "About Cavities (Tooth Decay)." May 15, 2024. CDC notes that cavities in children can cause pain and problems with eating, speaking, playing, and learning and that infections from cavities can affect developing adult teeth.

5. Centers for Medicare & Medicaid Services. "Oral Health Quality Improvement Resources." Medicaid.gov. CMS states that Medicaid programs are required to cover comprehensive oral health care for beneficiaries under age 21 as part of EPSDT services.

6. Centers for Medicare & Medicaid Services. "Core Set Data Dashboard: Oral Evaluation, Dental Services: Ages <1 through 20 (OEV-CH)." 2024 Child Core Set. CMS reports a median state performance rate of 44.8 percent for Core Set Year 2024.