

FY 2015 CMS-416 Footnotes (As of 09/29/2016)

Note: States that have data limitations or that have made program changes during a reporting period that significantly impact data results, may include a note accompanying their Form CMS-416 submissions. The state-submitted footnotes for FFY 2015 reporting are provided below, and should be reviewed in the context of data submissions.

Florida: The periodicity schedule was updated (recognizing the Bright Futures Schedule) which impacted the expected number of screenings and screening ratio compared to last year's report.

Illinois: (1) The IL periodicity schedule was updated to reflect the Bright Futures Schedule, which increased the expected number of annual visits (Line 2a) and reduced the participant ratio (Line 10), as compared to previous years. (2) Coding changes shifted children from Title XIX to Title XXI. (3) Programming logic was changed/corrected on Line 6 (screens received) and Line 11 (referrals for corrective treatment), resulting in lower counts on Line 6 and higher counts on Line 11. (4) Managed care enrollment numbers (Line 13) are higher due to a shift in the healthcare delivery system to predominantly managed care. Primary Care Case Management (PCCM) enrollees are now also included in this Line.

Missouri: (1) In the previous year, Missouri had a significant enrollment drop due to issues with the eligibility determination system. Missouri has since corrected these issues, resulting in the increase in eligibility. (2) Missouri's MO HealthNet for Kids program income limit increased to 153% of the Federal Poverty Level (FPL), thereby moving a substantial number of children previously eligible under CHIP Medicaid expansion into MO HealthNet for Kids.

Montana: (1) In 2014, the periodicity schedule was updated to include an increase in well child visits in the <1 age group to six visits from the previous periodicity schedule of five visits. (2) Montana has authorized physicians to provide fluoride varnish application since July 2009. In line 12f, the state's current query yields only physicians provider type for the fluoride procedure code. (3) In reference to line 12d, sealants on a permanent molar, children are provided sealants on first and second molars when they erupt, or soon thereafter. This may not occur during the time span being measured, age 6-9 and age 10-14. In FFY15, Montana Medicaid provided 29,223 sealants to first and second molars, all ages.

Oregon: Oregon reported "0" in that Medically Needy categories as the state does not have that category for reporting.

Pennsylvania: (1) Data for "Total Individuals Eligible for EPSDT under a CHIP Medicaid Expansion Program" (Line 1 c) is reported as "0" because Pennsylvania does not operate a CHIP Medicaid Expansion Program. (2) The "Total Number of Screening Blood Lead Tests" (Line 14) has decreased from previously reported years due to a decrease in venous testing and an increase in capillary testing as a result of targeting by practitioners. Providers may be utilizing venous testing for beneficiaries who are at greater risk for blood lead poisoning.

Texas: Texas received approval to include the first dental home benefit for children under 36 months of age in line 12b. This is a bundled benefit that provided **both** evaluation and preventive care for young children with the primary goal to reduce early dental caries and are billed using dental code D0145.

Virginia: The periodicity schedule was updated (recognizing the Bright Futures Schedule) which impacted the expected number of screenings and screening ratio compared to last year's report.