Centers for Medicare & Medicaid Services
ORAL HEALTH Initiative

Common Terms and Definitions

CMS Web-Based Training for Form CMS-416 Dental Data Reporting

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User Guide

This resource is a compilation of the common terms and definitions included in the web-based training on Form CMS-416 Dental Data Reporting, produced as part of the Centers for Medicare & Medicaid Services' (CMS's) Oral Health Initiative. In 2010, CMS launched the Oral Health Initiative (OHI) with specific national and state goals to improve the oral health of children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The data collected on the Form CMS-416 tracks levels of utilization for Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services for children enrolled in Medicaid/CHIP, and enables states and CMS to track progress towards OHI goals.

The web-based training, and the terms and definitions included in this resource, are designed to assist state Medicaid staff in improving the quality of the data they report on the Form CMS-416. By reviewing these common terms and definition, you will improve your understanding of the technical and program-specific language that is typically used in aspects of the Form CMS-416 reporting process.

For help with questions related to reporting the Form CMS-416, email the CMS Technical Assistance Team at EPSDT@cms.hhs.gov.

Common Terms and Definitions

EPSDT Term	Acronym	Definition
Administrative Services Only	**ASO**	For the purposes of Form CMS-416 reporting, this refers to a type of contract in which a state Medicaid agency or MCO outsources some processes involved in administering benefits, such as claims processing, premium collection, claims review, and network access.
Aid to Families with Dependent Children	**AFDC**	A federal assistance program in effect from 1935 to 1996 created by the Social Security Act and administered by the United States Department of Health and Human Services that provided financial assistance to children whose families had low or no income.
American Academy of Pediatrics' Bright Futures	.	A national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community. In addition to use in pediatric practice, many states implement Bright Futures principles, guidelines and tools to strengthen the connections between state and local programs, pediatric primary care, families, and local communities.
Basis of Eligibility	.	For the purposes of Form CMS-416 reporting, basis of eligibility refers to whether an eligible is enrolled in a Medicaid or CHIP program due to categorical need or medical need.
Billing Provider	.	For the purposes of Form CMS-416 reporting, this refers to the provider that is being paid for the service.
Capitation	.	A set per member per month (capitation) payment that Managed Care Organizations (MCOs) receive from Medicaid in order to deliver Medicaid health benefits and additional services to enrollees.
Carve-out	.	The term used informally to describe the exclusion of certain services to which Medicaid beneficiaries are entitled from a risk contract between a state Medicaid agency and an MCO. A common "carve out" arrangement involves oral health services. In the case of those oral health services covered under the state's Medicaid plan that an MCO does not contract to provide, the state Medicaid agency may continue to pay for these services on a fee-for-service basis. In the alternative, it may enter into a risk contract with a separate managed care entity specializing in such services. In either case, the services are "carved out" of the MCO contract.
Categorically Needy	**CN**	A classification of individuals enrolled in Medicaid who have poverty-level income, receive Supplemental Security Income, receive federal foster care, or adoption assistance.
Centers for Medicare and Medicaid Services	**CMS**	A federal agency within the United States Department of Health and Human Services (DHHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program, and health insurance portability standards.
Children's Health Insurance Program	**CHIP**	Established in 1997, CHIP provides a federal matching funds to states in order to establish medical coverage sources for individuals under age 19 whose parents earn too much income to qualify for Medicaid, but not enough to pay for private coverage.

Common Terms and Definitions *(continued)*

EPSDT Term	Acronym	Definition
Children's Health Insurance Program Reauthorization Act	**CHIPRA**	The Children's Health Insurance Program Reauthorization Act (CHIPRA) was signed in 2009. New provisions enacted under CHIPRA include federal funding dedicated to outreach and enrollment efforts, the law authorized several new policy options—like Express Lane Eligibility, coverage of pregnant women in CHIP, and removing the 5 year waiting period for lawfully residing immigrant children and pregnant women to enroll in Medicaid and CHIP.
CHIP Annual Reporting Template System	**CARTS**	A web-based data submission tool designated by CMS as the vehicle that states use to report the Medicaid Core Set measures.
Churn	.	For the purposes of Form CMS-416 reporting, churn refers to the transition from one type of coverage to another for individuals, and is typically caused by a change in eligibility status, which itself stems from fluctuations in income, loss of a job, or changes in family circumstance, such as pregnancy.
Claim	.	For Medicaid/CHIP agencies that administer benefits through fee-for-service plans, providers are paid after they submit a "claim" that details the services they provided.
Code Review	.	A best practice in performing data analytics that partners the original programmer, a senior programmer for a fresh set of eyes, and the policy manager to check that the programming logic being used is consistent with the requirements of the field and validate the calculations.
Continuous Enrollment	.	A term that refers to the length of time that a Medicaid enrollee had uninterrupted coverage, or was "continuously enrolled," and a common metric in Medicaid data analytics.
Current Dental Terminology	**CDT**	A code set with descriptive terms developed and updated by the American Dental Association (ADA) for reporting dental services and procedures to dental benefits plans. Prior to 2010 many of the codes were published by CMS as HCPCS D-codes under an arrangement with the ADA.
Current Procedural Terminology	**CPT**	A code set that is used to report medical procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
Dental Services	.	For the purposes of Form CMS-416 reporting, this refers to services provided by or under the supervision of a dentist. Supervision is a spectrum and includes, for example, direct, indirect, general, collaborative or public health supervision as provided in the state's dental practice act.
Dental Treatment Services	**TDENT**	A measure in the Medicaid Child Core Set that reflects 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.
Dual Eligible	.	An individual who is eligible for both Medicare and Medicaid benefits.

Common Terms and Definitions *(continued)*

EPSDT Term	Acronym	Definition
Duplicates	.	For the purposes of Form CMS-416 reporting, a "duplicate" is an individual who may have had more than one period of eligibility during the year, or a claim for a service provided that may be present in a dataset with an unpaid, paid, or denied claim. Extra caution should be used to make sure these individuals and claims are not incorrectly counted twice.
Early and Periodic Screening, Diagnostic, and Treatment	**EPSDT**	A comprehensive and preventive child health program for some Medicaid- or CHIP-enrolled individuals under the age of 21. EPSDT includes periodic screening, vision, dental and hearing services.
Eligibility Data	.	For the purposes of Form CMS-416 reporting, eligibility data refers to records of individuals enrolled in a Medicaid/CHIP program and eligible for the EPSDT benefit.
Eligible	.	For the purposes of Form CMS-416 reporting, this refers to a Medicaid enrollee under age 21 who is eligible for the EPSDT benefit.
Encounter	.	For Medicaid/CHIP agencies that administer benefits through Managed Care Organizations (MCOs), the reimbursement structure is based on capitated payments to the plan for an insured patient panel, and MCOs report "encounters" that members have with their providers.
Enrollee	.	For the purposes of Form CMS-416 reporting, this refers to a patient enrolled in a Medicaid or CHIP program. Note that not all enrollees are eligible for the EPSDT benefit.
Federal Fiscal Year	**FFY**	The federal fiscal year is from October 1 through September 30.
Federally Qualified Health Center	**FQHC**	Health care providers that receive funding from the federal government for providing comprehensive services to an underserved area or population, offer a sliding fee scale, have an ongoing quality assurance program, and have a governing board of directors.
Fee For Service	**FFS**	A payment model where services are unbundled and providers are paid for each procedure or service separately.
Fluoride Varnish	.	A temporarily adhesive form of fluoride applied to the tooth surface by a dentist, dental hygienist or other health care professional as a type of topical fluoride therapy.
Free Care	.	Services that would otherwise be provided without charge, e.g., by a school or local health department using other resources.
Health Effectiveness Data and Information Set	**HEDIS**	A group of quality measures developed and monitored by NCQA.
Healthcare Common Procedure Coding System	**HCPCS**	HCPCS (often pronounced by its acronym as "hick picks") is a set of health care procedure codes based on the American Medical Association's Current Procedural Terminology (CPT).
Indian Health Service	**IHS**	An agency within the Department of Health and Human Services responsible for providing federal health services to American Indians and Alaska Natives.

Common Terms and Definitions *(continued)*

EPSDT Term	Acronym	Definition
Managed Care Organization	**MCO**	In the context of Medicaid, Managed Care Organizations contract with state Medicaid agencies and accept a set per member per month (capitation) payment to deliver Medicaid health benefits and additional services to enrollees.
Medicaid	.	A joint federal and state program that helps low-income individuals or families pay for the costs associated with long-term medical and custodial care, provided they qualify. Although largely funded by the federal government, Medicaid is administered by each state, and programs may vary.
Medicaid Analytic Extract	**MAX**	A set of person-level data files on Medicaid eligibility, service utilization, and payments. The MAX data are created to support research and policy analysis. The MAX data are extracted from the Medicaid Statistical Information System (MSIS). The MAX development process combines MSIS initial claims, interim claims, voids, and adjustments for a given service into final action events.
Medicaid Quality Measure Core Sets	.	In recent years, CMS has established quality reporting program for state Medicaid agencies to track quality of care for enrollees. There are separate Core Sets of measures for children, adults, and health homes.
Medicaid Statistical Information System	**MSIS**	The information system through which states submit eligibility and claims program data to CMS, including data on long-term care services, drugs, inpatient hospital stays and all other types of services.
Medically Needy	**MN**	A classification of individuals enrolled in Medicaid under an optional state program to extend coverage to individuals who don't qualify for Medicaid because of their age or income, but who have high medical expenses.
Non-dentist Provider	.	For the purposes of Form CMS-416 reporting, a non-dentist provider is defined as any qualified health care practitioner who is neither a dentist nor providing services under the supervision of a dentist.
Oral Health Initiative	**OHI**	An initiative launched by CMS in 2010 with the goals of increasing by 10 percentage points: 1) the proportion of Medicaid and CHIP children ages 1 to 20 who receive a preventive dental service; and 2) the proportion of Medicaid and CHIP children ages 6 to 9 who receive a sealant on a permanent molar tooth.
Oral health Services	.	For the purposes of Form CMS-416 reporting, oral health services are defined as services provided by any qualified health care practitioner or by a dental professional who is neither a dentist nor providing services under the supervision of a dentist.
Periodicity Schedule	.	For the purposes of Form CMS-416 reporting, this refers to a schedule that specifies the content and periodicity of EPSDT services that are established by each state after consultation with recognized medical organizations involved in child health care (in the case of screening, vision and hearing services) and dental organizations (in the case of dental services).
Preventive Dental Services	**PDENT**	A measure in the Medicaid Child Core Set that reflects 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.

Common Terms and Definitions *(continued)*

EPSDT Term	Acronym	Definition
Rendering Provider	.	For the purposes of Form CMS-416 reporting, this refers to the provider that administered the service.
Rural Health Clinics	**RHC**	A federally qualified health center (FQHC) that is certified to receive additional reimbursement from CMS, in order to increase rural Medicare and Medicaid patients' access to primary care services.
School Based Health Center	**SBHC**	SBHCs are partnerships created by schools and community health organizations to provide on-site medical and mental health services to school-aged children and adolescents.
Special Supplemental Nutrition Program for Women, Infants, and Children	**WIC**	A federal assistance program of the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) for healthcare and nutrition of low-income pregnant women, breastfeeding women, and infants and children under the age of five.
Statistical Enrollment Data System	**SEDS**	The information system through which states submit quarterly and annual enrollment data to CMS for children covered through Medicaid, Medicaid expansion, or CHIP programs.
Supplemental Security Income	**SSI**	A federal program that provides stipends to low-income people who are elderly (65 or older), blind, or disabled.
Title V	**.**	Enacted in 1935 as a part of the Social Security Act, the Title V Maternal and Child Health Program is the Nation's oldest Federal-State partnership. For over 75 years, the Federal Title V Maternal and Child Health program has provided a foundation for ensuring the health of the Nation's mothers, women, children and youth, including children and youth with special health care needs, and their families. Title V converted to a Block Grant Program in 1981, through which the federal government partners with and provides funding for state maternal and child health agencies.
Unduplicated	**.**	For the purposes of Form CMS-416 reporting, "unduplicated" refers to the specification on some lines that an eligible person is reported only once, although he/she may have had more than one period of eligibility during the year, or that a claim for a service that was provided is only counted once, whether the claim was unpaid, paid, or denied.

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