Centers for Medicare & Medicaid Services

ORAL HEALTH
Initiative

WorkBOOK

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

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This workbook is a compilation of the interactive exercises 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 interactive exercises reproduced in this workbook are designed to assist state Medicaid staff in improving the quality of the data they report on the Form CMS-416. By completing these exercises, you will:

- Identify stakeholders that you can involve in the data validation process.

- Learn how to determine the correct age group in which to report a child's data based date of birth.

- Identify the appropriate services to be counted on the Form CMS-416 lines related to oral and dental health.

- Learn strategies for performing data quality checks on the Form CMS-416 lines related to oral and dental health.

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

Exercise

Which organizations and programs listed below would you engage to help validate your Form CMS-416 data? How would you work with them?

Select as many partners as apply, and describe how they would participate in your data quality checks.

☐ Key Provider Association(s) _____

☐ CHIP_____

☐ Medicaid MCOs _____

☐ Title V/ Health Department _____

☐ School Based Health Center _____

Pop Quiz – Age Group Reporting

Question: Reynaldo's date of birth is November 12, 2008. For the Form CMS-416 Federal Fiscal Year 2014 reporting period, in which age group should he be counted as an eligible on Lines 1a and 1b?

HINT: Remember, the right age group for Reynaldo is where he falls as of September 30 of the reporting year. How old was Reynaldo on September 30, 2014?

- ☐ A) <1
- ☐ B) 1-2
- ☐ C) 3-5
- ☐ D) 6-9

Data Quality Check

Completeness

To perform your completeness check, select Yes or No beside each question:

If you combined datasets with potential duplicates, have you checked that you are not double-counting individuals?

HINT: De-duplicating your pool of eligibles is a critical data quality check. Try running a query to identify potential duplicates, using fields such as member ID number, date of birth, or social security number.

☐ Yes   ☐ No

Do the data you have represent the entire Medicaid/CHIP population that is eligible for the EPSDT benefit? What about all relevant providers, plans, services, and alternative payment methods?

HINT: Before submitting your data, check with your database administrator to make sure you can access the necessary data. At the very least, make sure to document which populations are missing from your calculations when you submit the Form CMS-416.

☐ Yes   ☐ No

Consistency

To perform your consistency check, select Yes or No beside each question:

Did you start with the same datasets to calculate both Lines 1a and 1b?

HINT: *Remember, Line 1b is a subset of Line 1a. You should start with the same datasets when you calculate these fields in order to make sure the internal logic being used is consistent.*

☐ Yes ☐ No

Did you conduct a code review?

HINT: *Code reviews are a great way to check that the programming logic being used is consistent with the requirements of the field. Consider conducting a code review that partners the original programmer, a senior programmer for a fresh set of eyes, and the policy manager engaged in Form CMS-416 reporting in order to validate the calculations.*

☐ Yes ☐ No

Accuracy

To perform your accuracy check, select Yes or No beside each question:

Can you explain any differences in your eligibility numbers compared to data from previous years?

HINT: *Large differences from data reported in previous years that can't be easily explained may indicate that there is an error in your calculations. It's a good idea to go back and check to make sure there are no errors, or at least document the differences you've found in the email you send when you submit the Form CMS-416 to CMS.*

☐ Yes ☐ No

Do Lines 1a and 1b align with similar data reported in the Transformed Medicaid Statistical Information System (TMSIS), the Statistical Enrollment Data System (SEDS), or other enrollment systems?

HINT: *One easy way to validate your results is to assess whether they align with similar data submitted through other CMS reporting systems. If your data look very different, you may be able to improve your state's reporting consistency by borrowing the processes and code used to submit data through MSIS or SEDS in preparing the Form CMS-416.*

☐ Yes ☐ No

Documentation

To perform your documentation check, select Yes or No beside each question:

Have you recorded the code and specifications for your inputs, programs, outputs, and other instructions for future reference?

HINT: *Since reporting the Form CMS-416 is an annual requirement, good documentation will help to ensure year-over-year consistency, as well as provide helpful guidance if there are questions about how your results were derived.*

☐ Yes   ☐ No

Have all program changes and data limitations been described in the cover correspondence?

HINT: *Providing this information in the cover correspondence is essential to CMS's efforts to monitor performance on goals over time. If there are any issues that impact your data (such as whether data from a particular MCO are unavailable, or that your state migrated to a different eligibility system mid-year), make sure to describe these issues when you submit the Form CMS-416.*

☐ Yes   ☐ No

Pop Quiz—Services and Lines

Question: This past year, Kai had a well-child visit with her primary care physician who applied fluoride varnish on her teeth. She also received two sealants on permanent molars from her dentist. For the purposes of Form CMS-416 reporting, in which Line(s) listed below should she be included?

HINT: *The key is figuring out which categories each of the two services that Kai received – fluoride varnish and sealant on a permanent molar – fall into. Remember, each service may fall into more than one category!*

Select all relevant options below.

- ☐ A) 12a
- ☐ B) 12b
- ☐ C) 12c
- ☐ D) 12d
- ☐ E) 12e
- ☐ F) 12f
- ☐ G) 12g

Pop Quiz—Age Group Reporting

Question: Talik's birthday is on September 17, 2004 and he received a preventive dental service on April 12, 2014. Which age category should he be included in for Line 12b in FFY 2014 Form CMS-416 reporting?

HINT: *Remember, the right age group for Talik is where he falls as of September 30 of the reporting year, which is not necessarily the age he was on the date of service. What is Talik's age on September 30, 2014?*

- ☐ A) 6-9
- ☐ B) 10-14
- ☐ C) Both
- ☐ D) Neither

Data Quality Check

Completeness

To perform your completeness check, select Yes or No beside each question:

Do your data include unduplicated paid, pending, and denied claims?

HINT: *New in 2014, CMS asks that pending and denied claims be included along with paid claims in calculating services provided to eligibles. Reference the instructions and FAQs for additional assistance if necessary.*

☐ Yes   ☐ No

Have you checked your data for duplicates to make sure you are not double-counting individuals within each Line?

HINT: *De-duplicating your pool of eligibles is a critical data quality check. Try running a query to identify potential duplicates, using fields such as member ID number, date of birth, or social security number.*

☐ Yes   ☐ No

Do the data you have represent the entire Medicaid/CHIP population that is eligible for the EPSDT benefit? What about all relevant providers, plans, services, and alternative payment methods?

HINT: *Before submitting your data, check with your database administrator to make sure you can access the necessary data. At the very least, make sure to document which populations are missing from your calculations when you submit the Form CMS-416.*

☐ Yes   ☐ No

Consistency

To perform your consistency check, select Yes or No beside each question:

Did you start with the same pool of eligibles included in Line 1b?

HINT: *Remember, all individuals included in Lines 12a-e are a subset of Line 1b. You should start with the same datasets when you calculate these fields in order to make sure the internal logic being used is consistent.*

☐ Yes   ☐ No

Can you explain any differences between your results for Line 12b compared to your state's Core Set performance on the PDENT* measure as calculated and reported by CMS?

*Preventive Dental Services—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.

HINT: *Since the PDENT Core Set measure is derived from Form-CMS 416 data, this information can provide a helpful indicator as to whether there are large differences between your calculations and your state's previous performance on the measures. If you notice large differences that can't be explained by changes in data or policy, consider double-checking your code.*

☐ Yes   ☐ No

Can you explain any differences in your results from Lines 12a-12e compared to data from previous years?

HINT: *Comparing your data to what you reported in previous years can help you spot errors in your results. Some variation might be reasonable – for example, if your agency recently expanded the scope of dental practice to a large number of new providers, you might see a large increase in services from one year to the next. However, if you can't identify a reasonable explanation, consider double-checking your code.*

☐ Yes   ☐ No

Did you conduct a code review?

HINT: *Code reviews are a great way to check that the programming logic being used is consistent with the requirements of the field. Consider conducting a code review that partners the original programmer, a senior programmer for a fresh set of eyes, and the policy manager engaged in Form CMS-416 reporting in order to validate the calculations.*

☐ Yes   ☐ No

Accuracy

To perform your accuracy check, select Yes or No beside each question:

Do the codes for services you counted line up with the ones listed in the crosswalk?

HINT: *If you see a large number of services that don't match the list of codes provided in CMS's crosswalk, consider touching base with a billing expert to make sure the services should be included.*

☐ Yes   ☐ No

Is 12a an unduplicated sum of the individuals in Lines 12b (which includes those individuals in 12d that received a sealant from a dental provider), 12c, and 12e?

HINT: *De-duplicating your pool of eligibles is a critical data quality check. Try running a query to identify potential duplicates, using fields such as member ID number, date of birth, or social security number.*

☐ Yes   ☐ No

Do the services counted in Line 12d include dental sealants applied by all types of providers?

HINT: *Remember, this Line should capture all sealants placed on permanent molars, regardless of the type of provider that administered the service.*

☐ Yes   ☐ No

Documentation

To perform your documentation check, select Yes or No beside each question:

Have you recorded the code and specifications for your inputs, programs, outputs, and other instructions for future reference?

HINT: *Since reporting the Form CMS-416 is an annual requirement, good documentation will help to ensure year-over-year consistency, as well as provide helpful guidance if there are questions about how your results were derived.*

☐ Yes   ☐ No

Have all program changes and data limitations been described in the cover correspondence?

HINT: *Providing this information in the cover correspondence is essential to CMS's efforts to monitor performance on goals over time. If there are any issues that impact your data (such as whether data from a particular MCO are unavailable, or that your state migrated to a different eligibility system mid-year), make sure to describe these issues when you submit the Form CMS-416.*

☐ Yes   ☐ No

Pop Quiz – Age Group Reporting

Question: Nicole's birthday is August 4, 2012. At her 30-month well-child visit (which took place on February 4, 2015), her primary care physician applied fluoride varnish to her teeth and billed for it using Current Dental Technology D1206. Which age category should Nicole be included in for reporting on Line 12f on the FFY 2015 Form CMS-416?

HINT: *Remember, the right age group for Nicole is where she falls as of September 30 of the reporting year, which is not necessarily the age she was on the date of service. What is Nicole's age on September 30, 2015?*

- ☐ A) 1-2
- ☐ B) 3-5
- ☐ C) Both
- ☐ D) Neither

Data Quality Check

Completeness

To perform your completeness check, select Yes or No beside each question:

Do your data include unduplicated paid, pending, and denied claims?

HINT: *New in 2014, CMS asks that pending and denied claims be included along with paid claims in calculating services provided to eligibles. Reference the instructions and FAQs for additional assistance if necessary.*

☐ Yes ☐ No

Have you checked your data for duplicates to make sure you are not double-counting individuals within each Line?

HINT: *De-duplicating your pool of eligibles is a critical data quality check. Try running a query to identify potential duplicates, using fields such as member ID number, date of birth, or social security number.*

☐ Yes ☐ No

Do the data you have represent the entire Medicaid/CHIP population that is eligible for the EPSDT benefit? What about all relevant providers, plans, services, and alternative payment methods?

HINT: *Before submitting your data, check with your database administrator to make sure you can access the necessary data. At the very least, make sure to document which populations are missing from your calculations when you submit the Form CMS-416.*

☐ Yes ☐ No

Consistency

To perform your consistency check, select Yes or No beside each question:

Did you start with the same pool of eligibles included in Line 1b?

HINT: *Remember, all individuals included in Lines 12f and 12g are a subset of Line 1b. You should start with the same data-sets when you calculate these fields in order to make sure the internal logic being used is consistent.*

☐ Yes ☐ No

Have you accounted for the relationship between Lines 12g, 12f, and 12a?

HINT: *Remember, Line 12g is an unduplicated count of children receiving any dental or oral health services. If a child has a dental service, they should be counted on Line 12a, as well as Line 12g. If a child has an oral health service, the child should be counted on Line 12f as well as Line 12g. If one child has both an oral health service (Line 12f) and a dental health service (Line 12a), that child should only get counted once on Line 12g. Be mindful of the relationship between these Lines when reporting data to CMS.*

☐ Yes ☐ No

Can you explain any differences in your results from Lines 12f and 12g compared to data from previous years?

HINT: *Comparing your data to what you reported in previous years can help you spot errors in your results. Some variation might be reasonable – for example, if your agency recently expanded the scope of dental practice to a large number of new providers, you might see a large increase in services from one year to the next. However, if you can't identify a reasonable explanation, consider double-checking your code.*

☐ Yes ☐ No

Did you conduct a code review?

HINT: *Code reviews are a great way to check that the programming logic being used is consistent with the requirements of the field. Consider conducting a code review that partners the original programmer, a senior programmer for a fresh set of eyes, and the policy manager engaged in Form CMS-416 reporting in order to validate the calculations.*

☐ Yes ☐ No

Accuracy

To perform your accuracy check, select Yes or No beside each question:

Has your logic been consistent regarding how you categorize services provided by dentists and dental providers versus non-dental providers?

HINT: *Using inconsistent logic can lead to significant inaccuracies in your reported data. Make sure you use the same internal rules in categorizing provider types throughout your calculations for Lines 12f and 12g of the Form CMS-416.*

☐ Yes ☐ No

Did you count oral health services provided during well-child visits that were separately reimbursed?

HINT: *Remember, that some services provided during wellness visits can be counted as oral health services. Review the coding guidance from this module for details on which procedure codes could reflect oral health services in medical claims.*

☐ Yes ☐ No

Do the codes for services you counted line up with the ones listed in the crosswalk?

HINT: *If you see a large number of services that don't match the list of codes provided in CMS's crosswalk, consider touching base with a billing expert to make sure the services should be included.*

☐ Yes ☐ No

Documentation

To perform your documentation check, select Yes or No beside each question:

Have you recorded the code and specifications for your inputs, programs, outputs, and other instructions for future reference?

HINT: *Since reporting the Form CMS-416 is an annual requirement, good documentation will help to ensure year-over-year consistency, as well as provide helpful guidance if there are questions about how your results were derived.*

☐ Yes ☐ No

Have all program changes and data limitations been described in the cover correspondence?

HINT: *Providing this information in the cover correspondence is essential to CMS's efforts to monitor performance on goals over time. If there are any issues that impact your data (such as whether data from a particular MCO are unavailable, or that your state migrated to a different eligibility system mid-year), make sure to describe these issues when you submit the Form CMS-416.*

☐ Yes ☐ No

Module	Exercise	Correct Answer
Module 3	Pop Quiz – Age Group Reporting	C) 3-5
Module 4	Pop Quiz – Services and Lines	A)12a, B)12b, D)12d, F)12f, and G)12g
Module 4	Pop Quiz – Age Group Reporting	B) 10-14
Module 5	Pop Quiz – Age Group Reporting	B) 3-5

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