How to Improve Your State's Reporting of Medicaid Dental Data on the Form CMS-416 Using New Online Learning Modules

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Kimberly Perrault, MSc

Social Science Research Analyst, Division of Quality & Health Outcomes

Center for Medicare & Medicaid Services

WELCOME AND OVERVIEW

Welcome and Overview

- **How can the dental data on the Form CMS-416 be of use?**

- **What are some challenges involved with submitting high quality dental data on the Form CMS-416?**

- **How can new online learning modules help address those challenges?**

- **What was Louisiana's experience with the online learning modules?**

What Is the Form CMS-416?

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
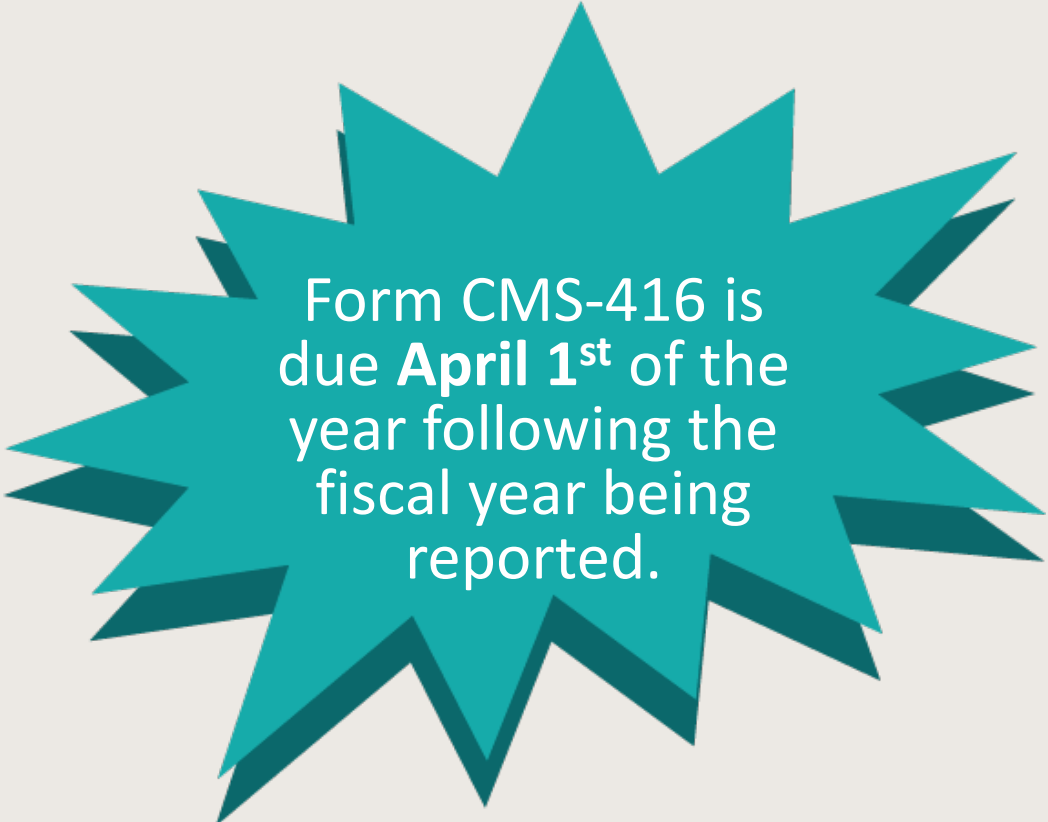OMB No. 0938-0354

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State ____ FY ____		Total	<1	1–2*	3–5	6–9	10–14	15–18	19–20
1. Total Individuals Eligible for EPSDT	CN / MN / TOTAL								
2a. State Periodicity Schedule									
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule									
3a. Total Months of Eligibility	CN / MN / TOTAL								
3b. Average Period of Eligibility	CN / MN / TOTAL								
4. Expected Number of Screenings per Eligible	CN / MN / TOTAL								
5. Expected Number of Screenings	CN / MN / TOTAL								
6. Total Screens Received	CN / MN / TOTAL								
7. Screening Ratio	CN / MN / TOTAL								

Age Groups header spans Total through 19–20.

* Includes 12–month visit
Note: "CN" - Categorically Needy, "MN" = Medically Needy

Form CMS-416 (06/99)

The Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is a Medicaid benefit for children and adolescents. As part of administering the Medicaid EPSDT benefit, states are required use the Form CMS-416 to collect and report annually to CMS information about the number of children who:

(1) receive health check-ups,
(2) are referred for corrective treatment, and
(3) receive dental services.

Instructions for the Form CMS-416 were updated in 2014.

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How Does My State Submit the Form CMS-416?

States use the EPSDT Technical Assistance (TA) Mailbox to:

- Submit the completed form.

- Submit the medical and dental periodicity schedules.

- Include a brief note, not to exceed 50 words, with the cover correspondence, explaining unique circumstances in the data being reported.

- Request a 508-compliant version of the form.

Form CMS-416 is due **April 1st** of the year following the fiscal year being reported.

Note: states may be asked to resubmit their data if it does not pass the CMS audit process.

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Laurie Norris, JD

Senior Policy Advisor and Coordinator of the CMS Oral Health Initiative (OHI)

Center for Medicare & Medicaid Services

HOW CAN THE DENTAL DATA ON THE FORM CMS-416 BE OF USE?

Dental Data on the Form CMS-416

Line	Counts Total Eligibles Receiving …
12a	Any Dental Services
12b	A Preventive Dental Service
12c	Dental Treatment Services
12d	A Sealant on a Permanent Molar
12e	Dental Diagnostic Services
12f	Oral Health Services Provided by a Non-Dentist
12g	Any Dental or Oral Health Service (12a + 12f)

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Form CMS-416 and CMS Oversight

- CMS reviewed the 16 states with dental utilization under 30% (2009)

- CMS reviewed 8 high-performing states to identify innovative approaches (2010)

- CMS announced the Oral Health Initiative (2010)

Goal 1

	FFY 2011 Baseline	FFY 2015 Target
	42%	52%
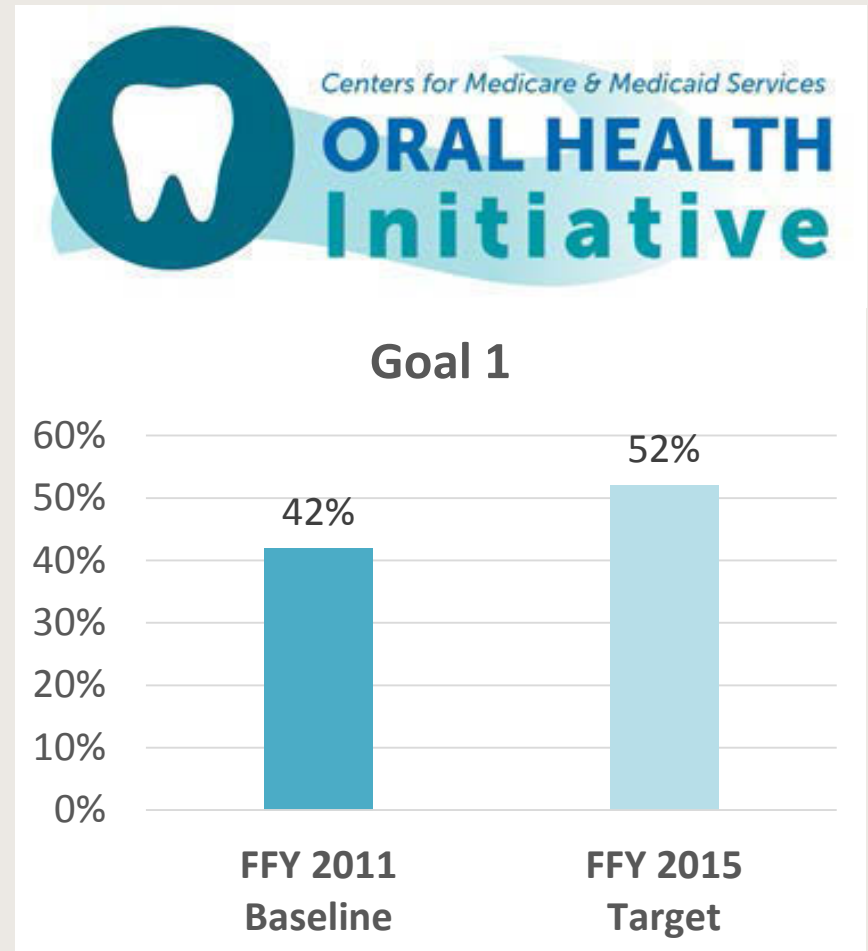
CMS Oral Health Initiative - Goals

- Goal #1 – Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a **preventive dental service**.

  - Baseline year is FFY 2011. National baseline is 42%.

  - Progress in FFY 2014. National rate is 45%.

  - Goal year is FFY 2015. National goal is 52%.

  - Every state has its own baseline and goal.

- Goal #2 – Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a **sealant on a permanent molar** tooth.

Steady Progress on Access to Dental Care

Proportion of Children, Age 1-20, Enrolled in Medicaid for At Least 90 Days Who Received Dental Health Services, FFY 2000 – FFY 2014
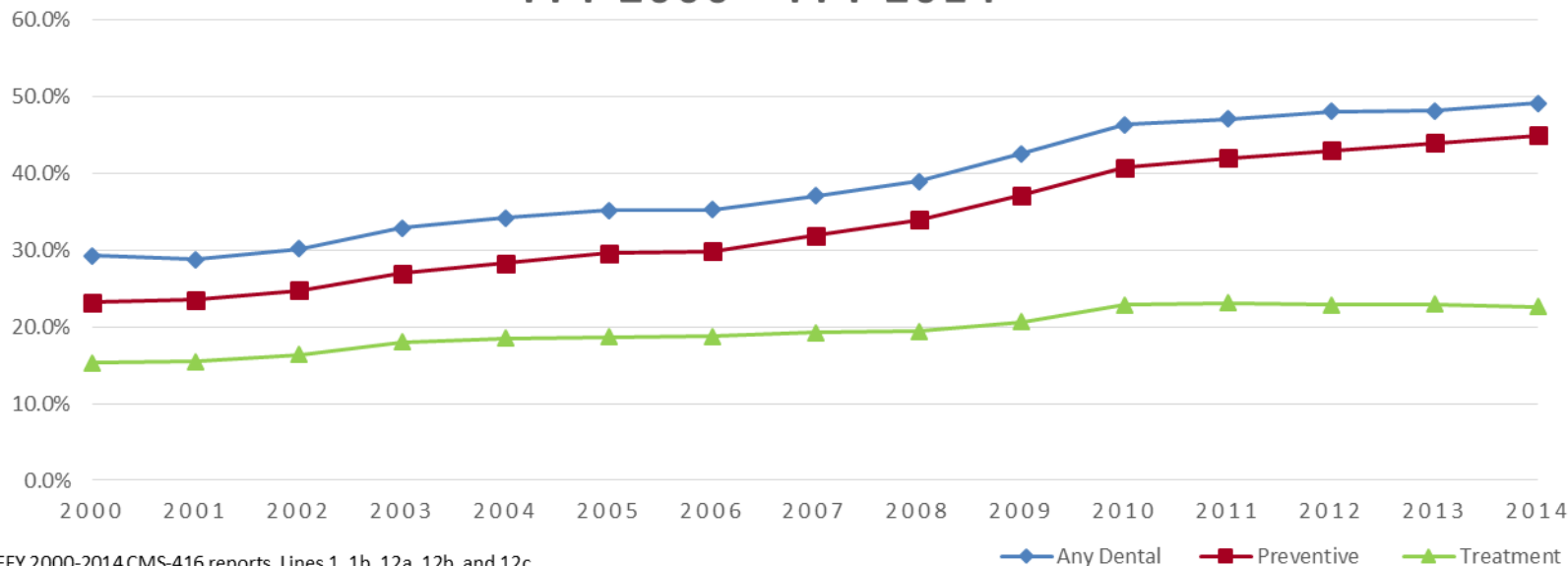
Source: FFY 2000-2014 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c
Note: Data reflect updates as of October 2, 2015.
1 With the exception of FL and OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013. Due to errors in FL's FFY 2011 data that could not be corrected, the state's FFY 2012 data were used in the FFY 2011 national percentage. As FFY 2011 data for OH were reported after May 28, 2013, these data were not included in the FFY 2011 national percentage.
2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2012 data were similarly excluded from the FFY 2012 national percentage.
3 With the exception of OH, the national FFY 2013 percentage used data reported by states to CMS as of December 15, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2013 data were similarly excluded from the FFY 2013 national percentage.
4 With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2014 data were similarly excluded from the FFY 2014 national percentage.

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Preventive Dental Services, Line 12b

Percentage of children, age 1-20, enrolled in Medicaid for at least 90 days who received any preventive dental service, FFY 2014 (12b)
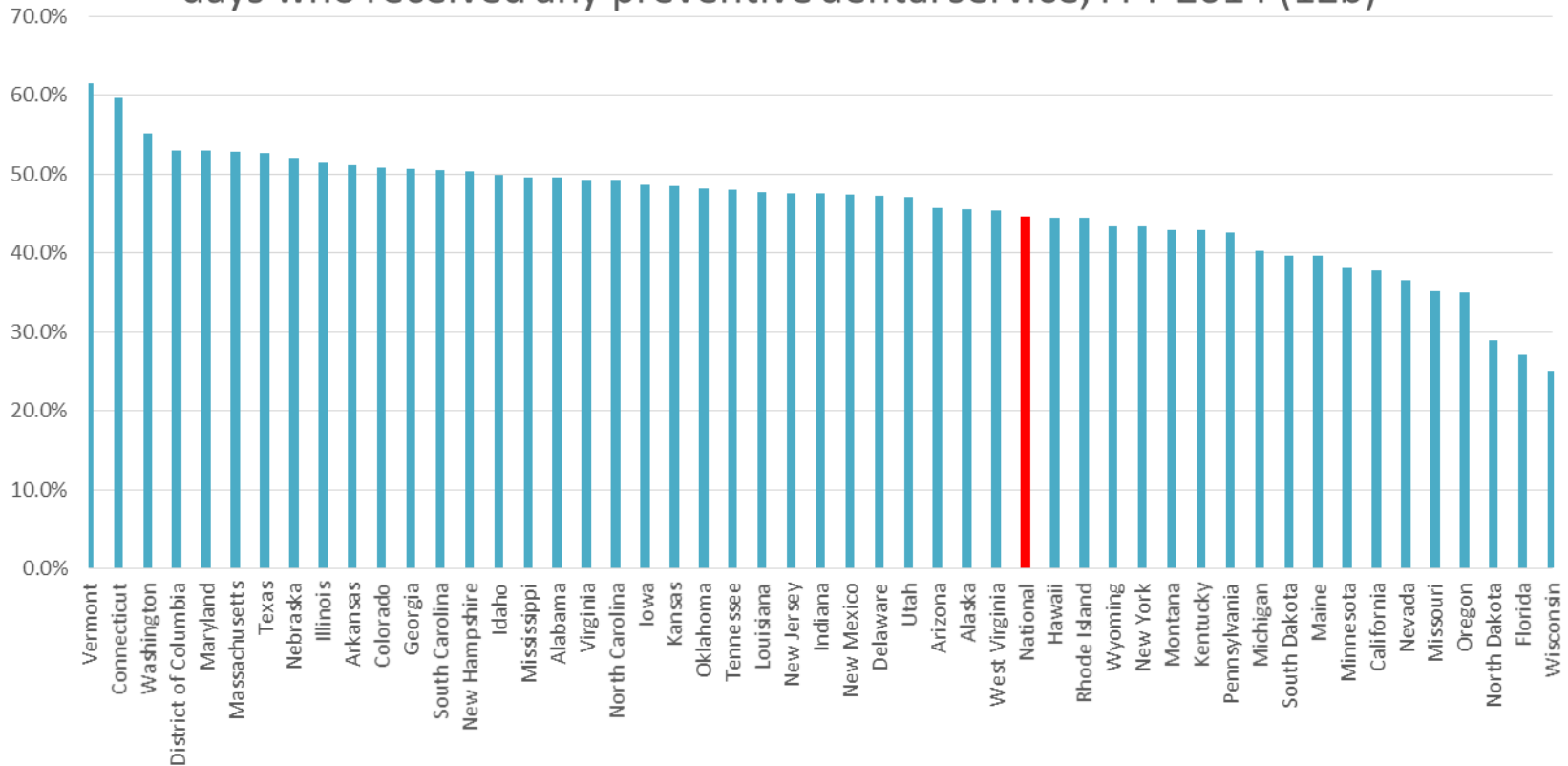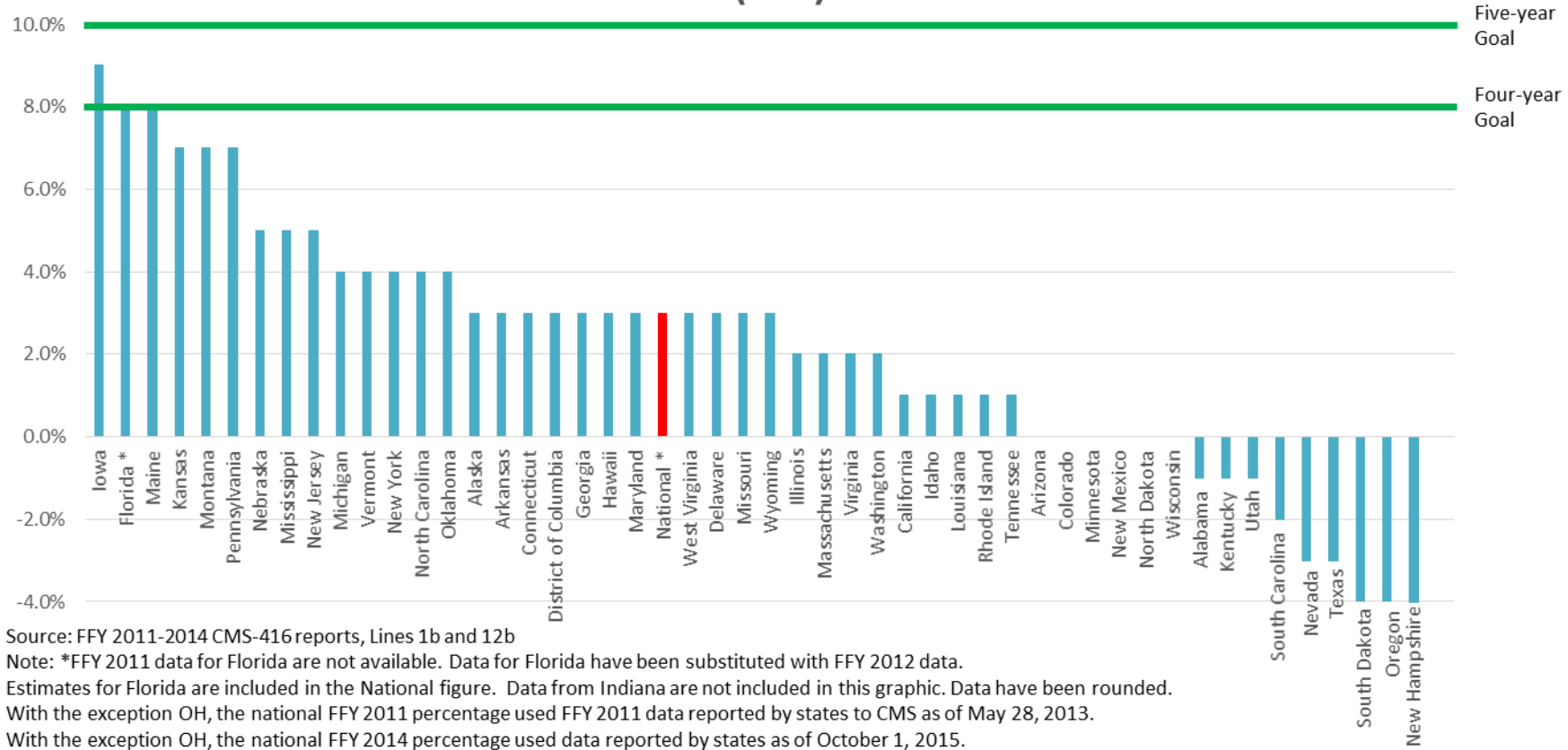
Source: FFY 2014 CMS-416 reports, Lines 1b and 12b
Note: With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015.
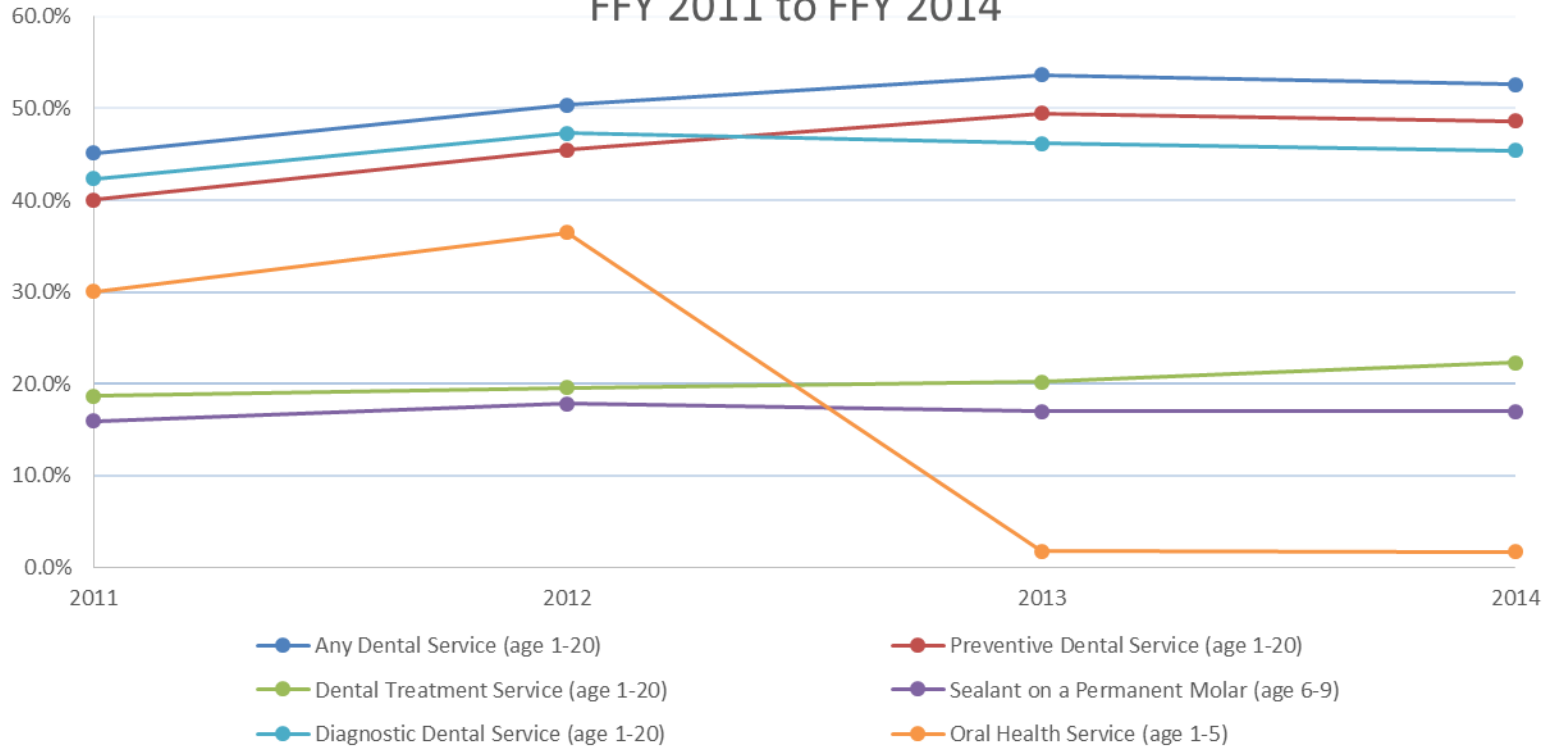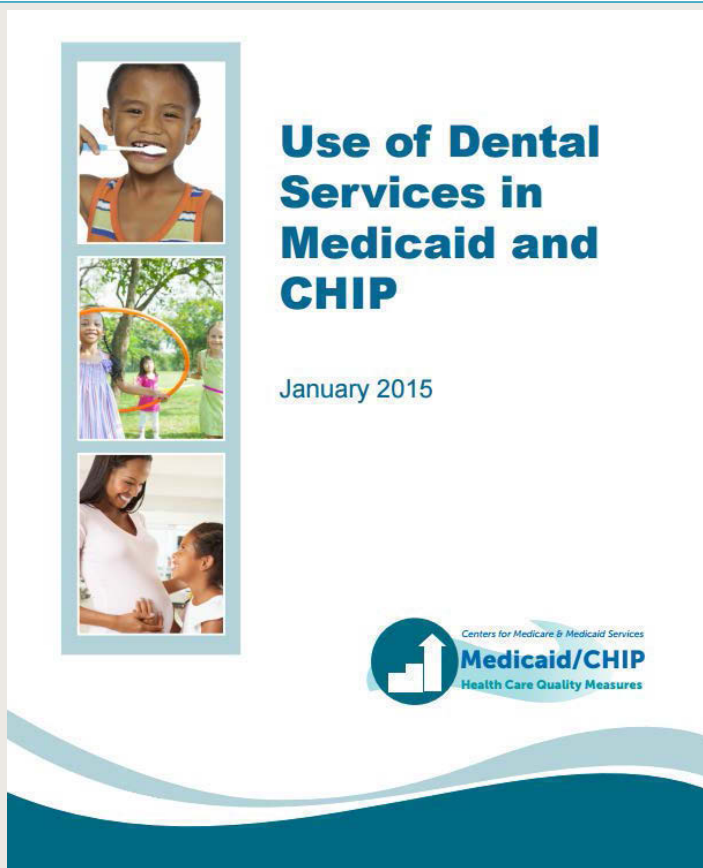
Progress on Preventive Dental Services

Percentage Point Difference in the Proportion of Children, Age 1-20, Enrolled in Medicaid for At Least 90 Days Who Received a Preventive Dental Service (12b) FFY 2011 to FFY 2014

Source: FFY 2011-2014 CMS-416 reports, Lines 1b and 12b
Note: *FFY 2011 data for Florida are not available. Data for Florida have been substituted with FFY 2012 data.
Estimates for Florida are included in the National figure. Data from Indiana are not included in this graphic. Data have been rounded.
With the exception OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013.
With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015.

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Progress in One State

Proportion of Children Enrolled in Medicaid Receiving Selected Oral and Dental Health Services, FFY 2011 to FFY 2014

Legend:
- Any Dental Service (age 1-20)
- Preventive Dental Service (age 1-20)
- Dental Treatment Service (age 1-20)
- Sealant on a Permanent Molar (age 6-9)
- Diagnostic Dental Service (age 1-20)
- Oral Health Service (age 1-5)

Source: FFY 2011-FFY 2014 CMS-416 reports, Lines 1b, 12a, 12b, 12c, 12d, 12e, and 12f
Data reflect updates as of September 29, 2015.

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Using the Form CMS-416 Dental Data

Use of Dental Services in Medicaid and CHIP

January 2015

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Medicaid/CHIP
Health Care Quality Measures

- Child Core Set of Quality Measures
  - **PDENT**: preventive dental services
  - **TDENT**: dental treatment services

- **New in 2015**
  - **SEAL**: sealant on a permanent molar (ages 6-9)
  - **Webinar** on how to report SEAL: coming soon in November

Available here: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/secretarys-report-dental-excerpt.pdf

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Using the Form CMS-416 Dental Data

Medicare & Medicaid Research Review
2013: Volume 3, Number 3

A publication of the Centers for Medicare & Medicaid Services,
Office of Information Products and Data Analytics

Increased Use of Dental Services by Children Covered by Medicaid: 2000–2010

Leighton Ku,[1] Jessica Sharac,[1] Brian Bruen,[1] Megan Thomas,[2] Laurie Norris[2]
[1]The George Washington University—Department of Health Policy
[2]Centers for Medicare & Medicaid Services—Center for Medicaid and CHIP Services

Among the findings:

# of children served increased from 6.3M to 15.4M	**+ 140%**
% of children served increased from 29.3% to 46.4%	+ 58%

Available here: https://www.cms.gov/mmrr/Downloads/MMRR2013_003_03_b01.pdf

- Analyzed data for FFY 2000-2010
  - Any dental service
  - Preventive dental service
  - Dental treatment service
  - Sealants on a molar

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Using the Form CMS-416 Dental Data

Gap in Dental Care Utilization Between Medicaid and Privately Insured Children Narrows, Remains Large for Adults

- Analyzed data for 2005-2013:
  - Medicaid: any dental service (Line 12a)
  - Private dental insurance: any dental claim (Truven)

- Among the findings:

Nationally, the Medicaid-private insurance gap for children with a dental visit decreased from 69.7% in 2005 to 32.5% in 2013.	-53%

By 2013, two states (HI and TX) had closed the Medicaid-private insurance gap for children with a dental visit.

Available here: http://www.ada.org/en/science-research/health-policy-institute/publications/webinars/mind-the-gap-an-analysis-of-dental-care-utilization-in-all-states

Megan Thomas, MPP

Technical Director

Center for Medicare & Medicaid Services

WHAT ARE SOME CHALLENGES INVOLVED WITH SUBMITTING HIGH QUALITY DENTAL DATA ON THE FORM CMS-416?

Challenges in Reporting High Quality Dental Data

- **Completeness of data**
  - **Encounter data**
  - **Services provided in other settings or facilities**

- **Taxonomy (dental vs oral health services)**
  - **Provider type; corresponding codes**

- **Codes for dental health services**
  - **All appropriate procedures codes as specified in the instructions for that line**

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Common Form CMS-416 Dental Data Errors

Reporting by Age

- Age should be reported based upon the child's age at the end of the federal fiscal year.
- Screening/service data should be reported in the age category reflecting the child's age as of September 30th, even if the child received services in two age categories.
- A child's data should only counted in one age category across the entire form.

Why Important?

- There are different age ranges for which the delivery of some services are appropriate (e.g. sealants).
- Stratifying data can help identify disparities in access to care.
- To ensure that for any measures calculated (e.g., PDENT), the same children who are in the numerator are also in the denominator.

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Common Form CMS-416 Dental Data Errors

Relationships Between the Lines

- All dental lines (12a-12g) are a subset of Line 1b (eligibles enrolled for at least 90 continuous days).

- Each dental line should reflect an unduplicated count.

- No one dental line should be greater than Line 1b.

> Line 12a -- Total Eligibles Receiving Any Dental Services -- Enter the **unduplicated** number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year **from Line 1b** who received at least one dental service by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999 or equivalent CPT codes).

- While one child can be reported on multiple lines, a child should only be counted once within a single line during the Fiscal Year.

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Common Form CMS-416 Dental Data Errors

Relationships Between the Lines

- Line 12a (any dental service) encompasses preventive (Line 12b), treatment (Line 12c), and diagnostic (Line 12e) dental services.

- Data reported on any one Line 12b, 12c, or 12e, should not exceed the count reported on Line 12a.
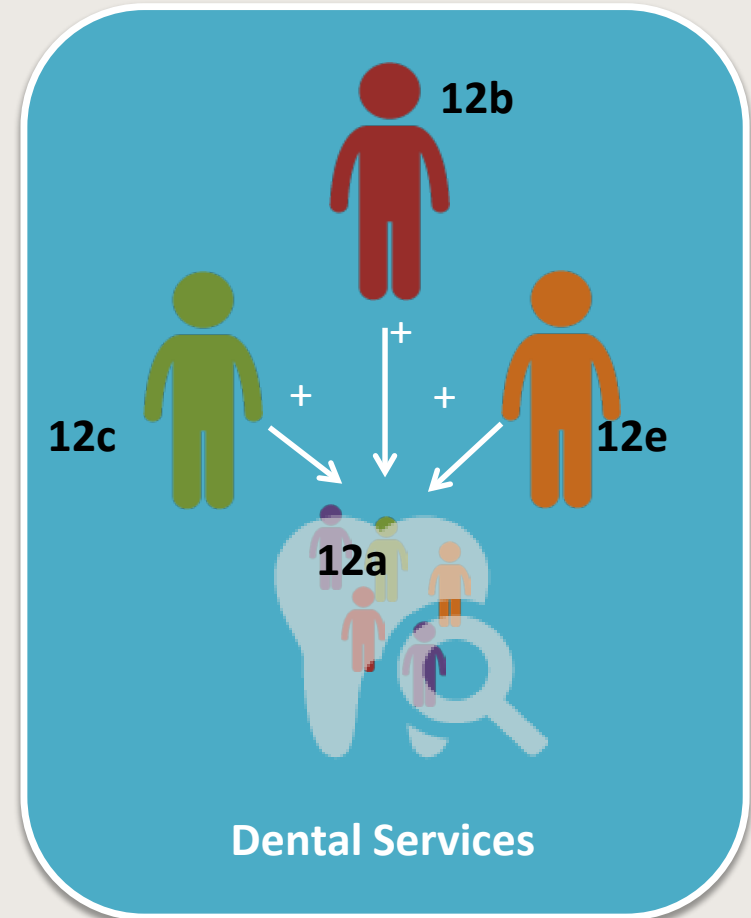
Dental Services

Common Form CMS-416 Dental Data Errors

Relationships Between the Lines

- Line 12g is the unduplicated sum of children receiving dental (Line 12a) OR oral health services. (Line 12f). If a child received both a dental and an oral health service in the FY, that child should only be counted ONCE on 12g.
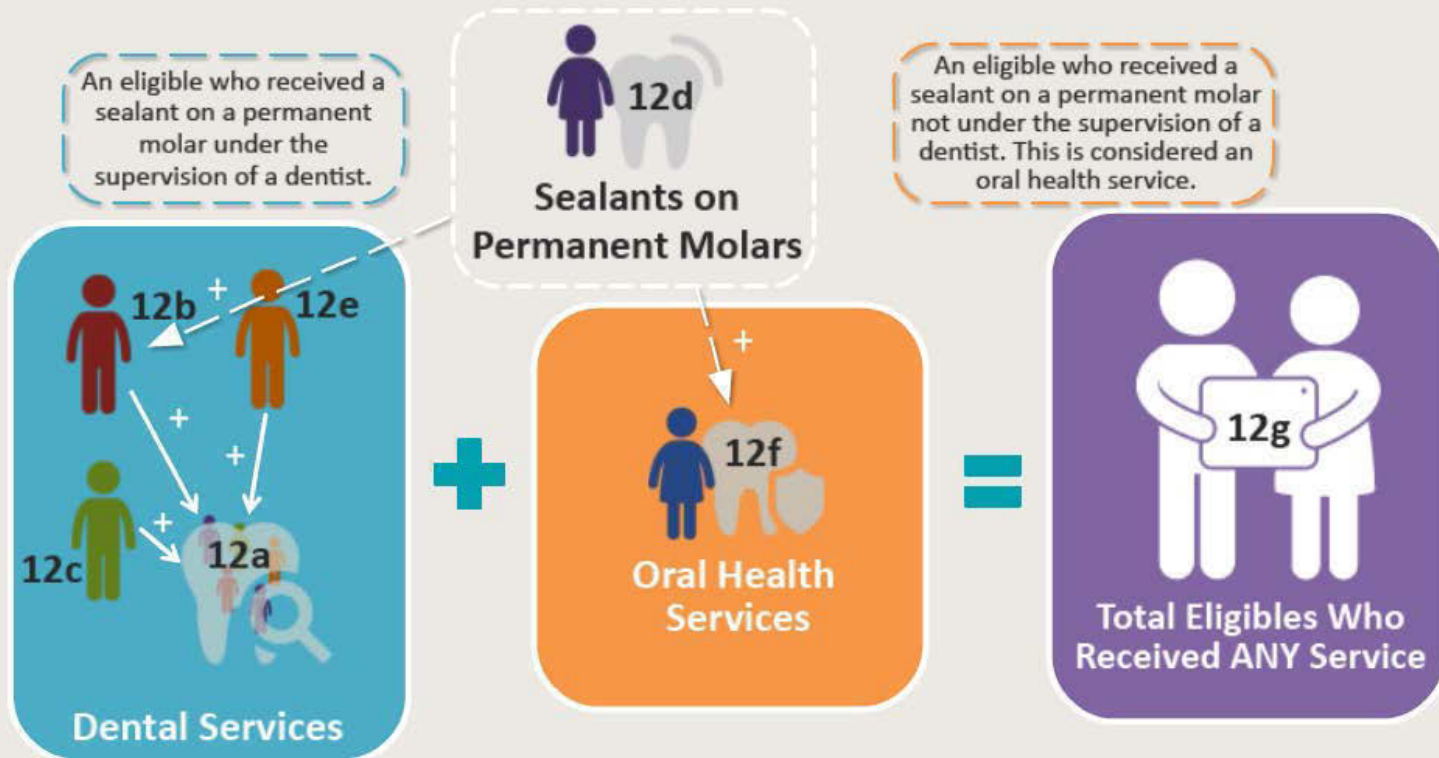
One State's Experience Correcting 416 Errors

Data Element	FY 14 - Before	FY 14 - After
Any dental service, ages 1-20 – Line 12a	9%	
Preventive dental service, ages 1-20 – Line 12b	6%	
Dental treatment services, ages 1-20 – Line 12c	3%	
Sealant on a permanent molar, ages 6-9, Line 12d	2%	

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One State's Experience Correcting 416 Errors

Data Element	FY 14 - Before	FY 14 - After
Any dental service, ages 1-20 – Line 12a	9%	51%
Preventive dental service, ages 1-20 – Line 12b	6%	48%
Dental treatment services, ages 1-20 – Line 12c	3%	22%
Sealant on a permanent molar, ages 6-9, Line 12d	2%	19%

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Q&A

Any questions?

Miriam Drapkin, MPH

Health Researcher

Mathematica Policy Research

HOW CAN NEW ONLINE LEARNING MODULES HELP ADDRESS THOSE CHALLENGES?

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Overview of the Training Modules

Structure

- Six brief modules covering different content areas
- "No wrong door" to accessing the modules
- Interactive features and exercises
- Accompanying resources

Audience

- State Medicaid and CHIP staff
- Contractors
- Partners in dental data reporting
- Oral health stakeholders

Objectives

- Improve the quality of dental data reported on the Form CMS-416
- Introduce data quality concepts to non-technical audiences
- Demonstrate the utility and importance of high quality dental data

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Training Module Content

Module Content

- **Module 1: Overview of the Early and Period Screening, Diagnostic, and Treatment (EPSDT) Benefit**

- **Module 2: Form CMS-416 Overview**

- **Module 3: Form CMS-416 Specifications – Lines 1a and 1b**

- **Module 4: Form CMS-416 Specifications – Lines 12a through 12e**

- **Module 5: Form CMS-416 Specifications – Lines 12f and 12g**

- **Module 6: Using Form CMS-416 Dental Data**

Training Module Features

Additional Resources

Workbook is a compilation of the interactive exercises included in the web-based modules.

WorkBOOK

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

Common Terms and Definitions is a reference for the terms included in the glossary.

Common Terms and Definitions

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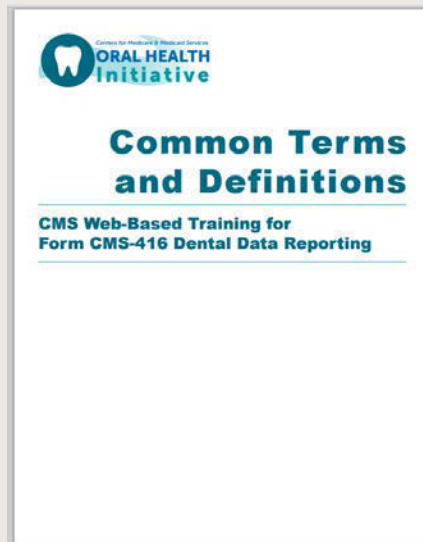
Related Resources

- EPSDT Technical Assistance (TA) Mailbox
- Workbook
- Glossary
- Form CMS-416 Instructions
- Form CMS-416 Frequently Asked Questions
- CPT-CDT Crosswalk
- Bright Futures Guideline

Demonstration!
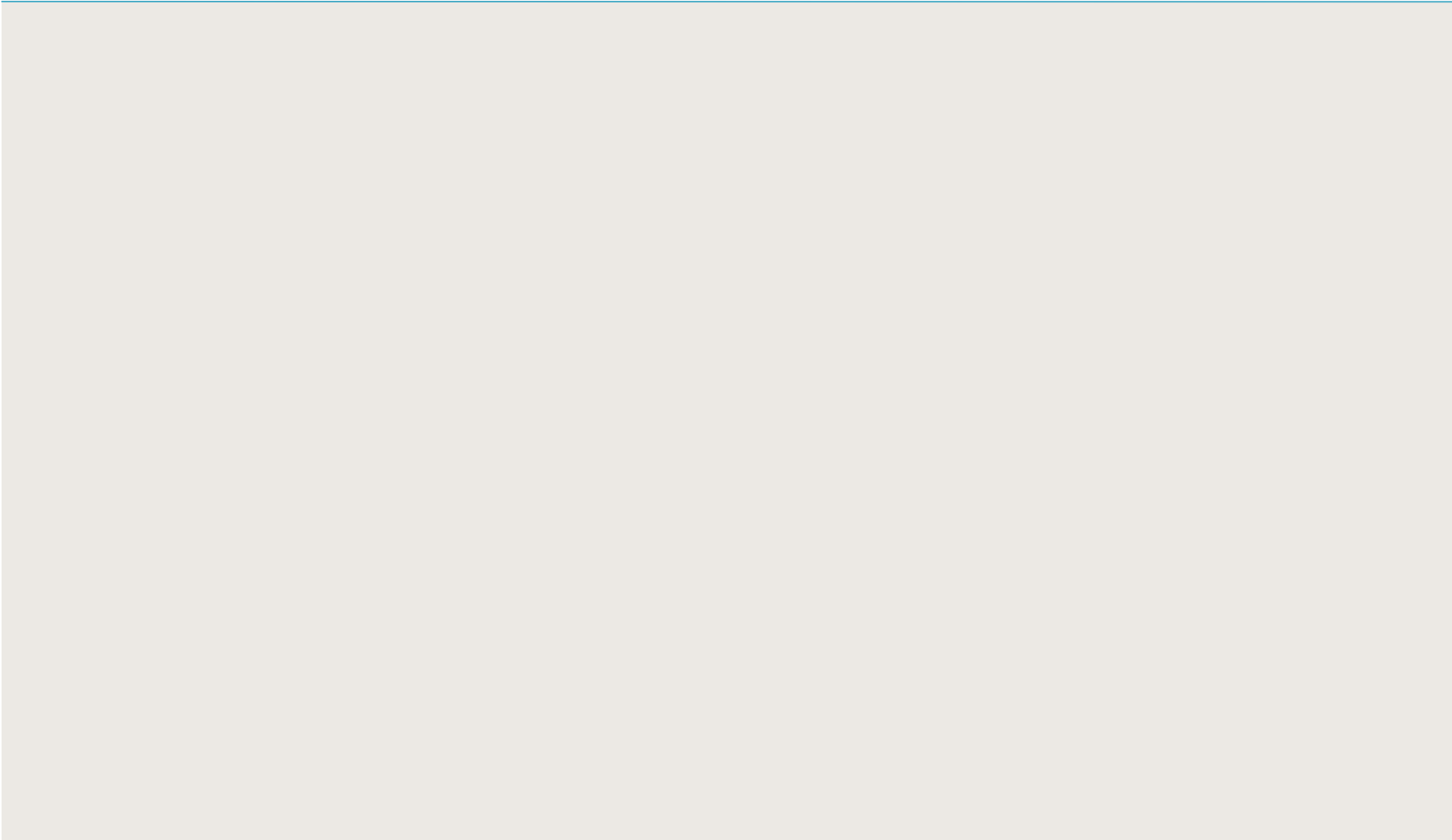
Cordelia Clay

Program Manager

Department of Health & Hospitals, Louisiana

LOUISIANA'S EXPERIENCE

Q&A

Any questions?

Thank You!

- **The training modules are now available on Medicaid.gov at**

  http://medicaid.gov/medicaid-chip-program-information/by-topics/benefits/416-dental-reporting-training.html

- **CMS will release an evaluation of the modules to solicit user feedback and identify opportunities to modify or improve the modules – stay tuned!**

- **Webinar on how to report dental sealant measure coming soon – November 12th**

- **For more information, please contact the EPSDT TA Mailbox at EPSDT@cms.hhs.gov**