

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

Tuesday, October 27, 2015






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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?

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.

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

Form Approved
OMB No. 0938-0354

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

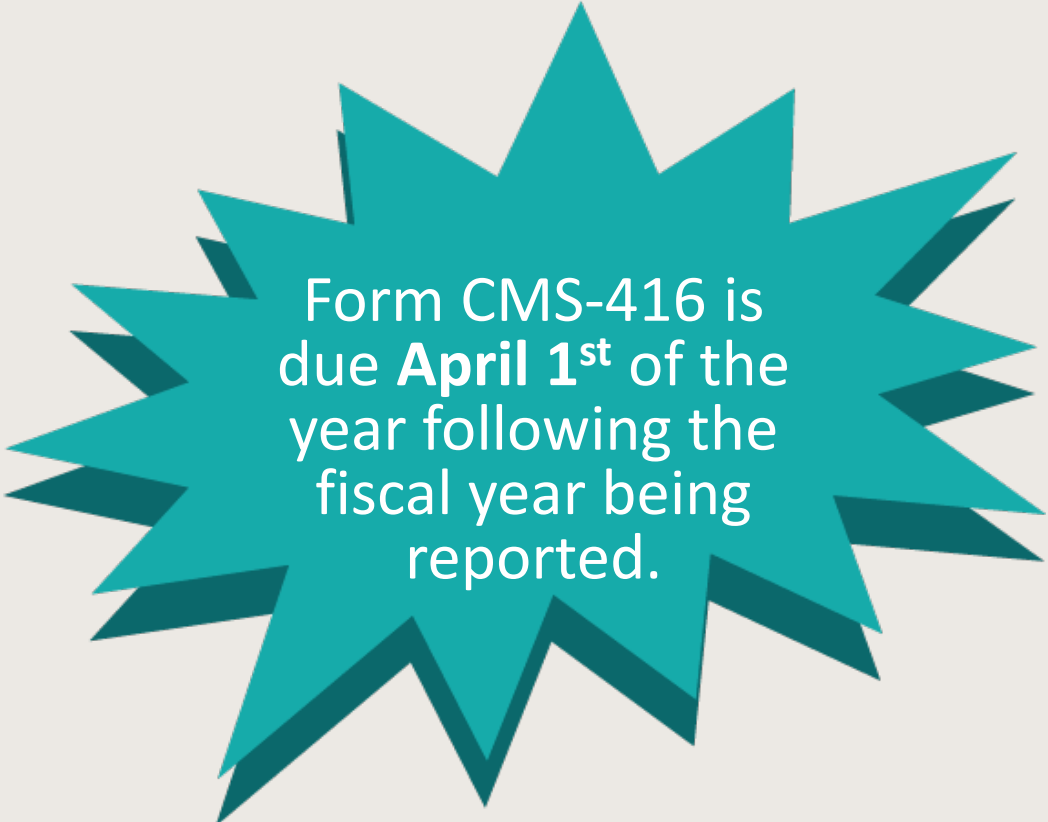
State	FY	Age Groups							
		Total	<1	1-2*	3-5	6-9	10-14	15-18	19-20
1. Total Individuals Eligible for EPSDT	CN								
	MN								
	TOTAL								
2a. State Periodicity Schedule									
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule									
3a. Total Months 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								

* Includes 12-month visit
Note: "CN" - Categorically Needy, "MN" = Medically Needy
Form CMS-416 (06/09)

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.

Laurie Norris, JD

Senior Policy Advisor and Coordinator of the CMS Oral Health Initiative (OHI)
Center for Medicare & Medicaid Services

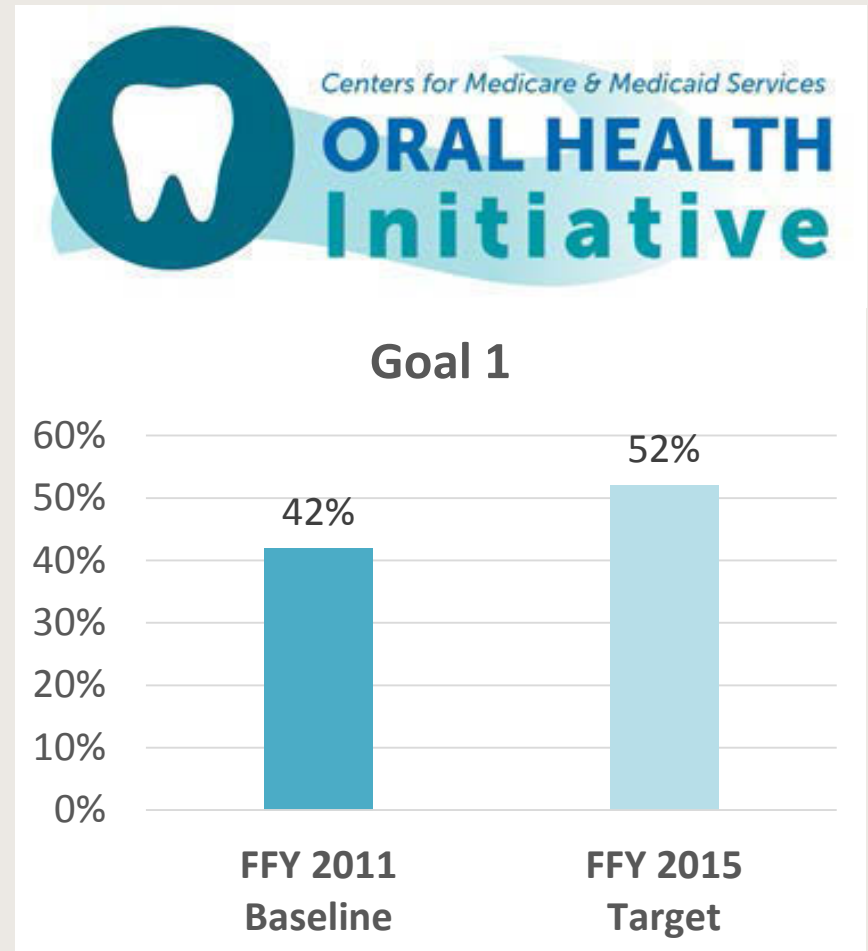
HOW CAN THE DENTAL DATA ON THE FORM CMS-416 BE OF USE?

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)

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)

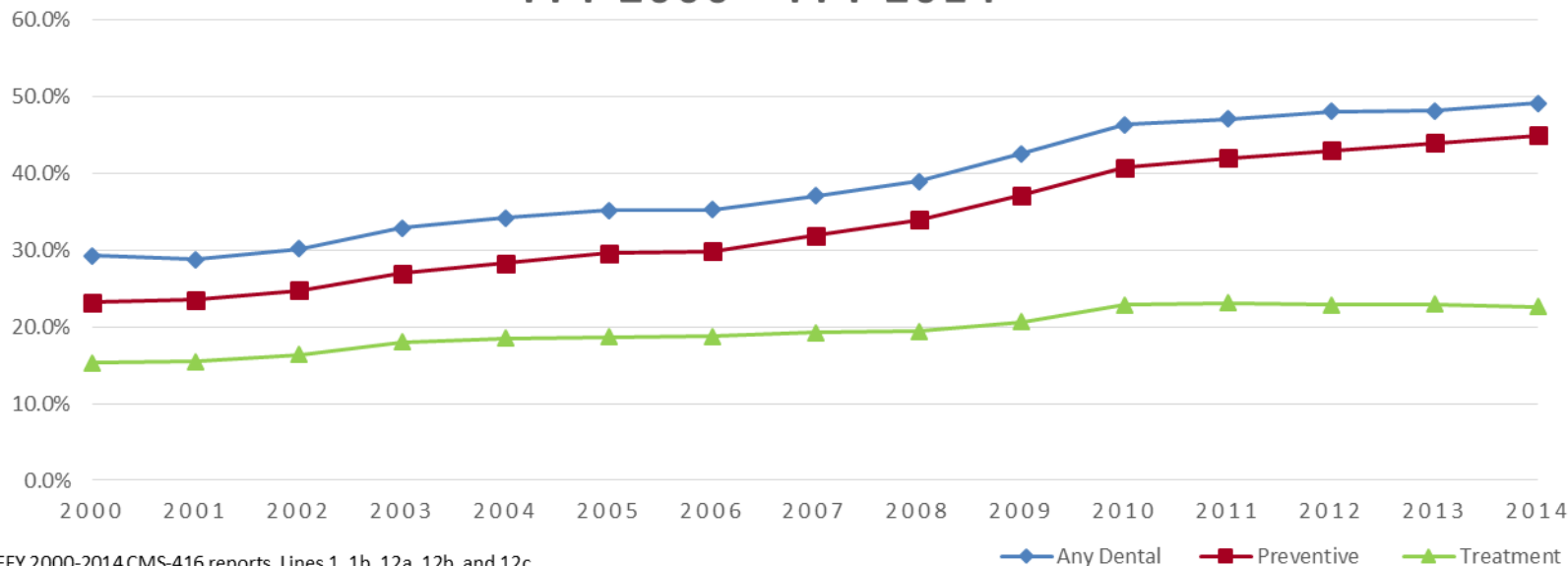


CMS Oral Health Initiative - Goals

- 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.

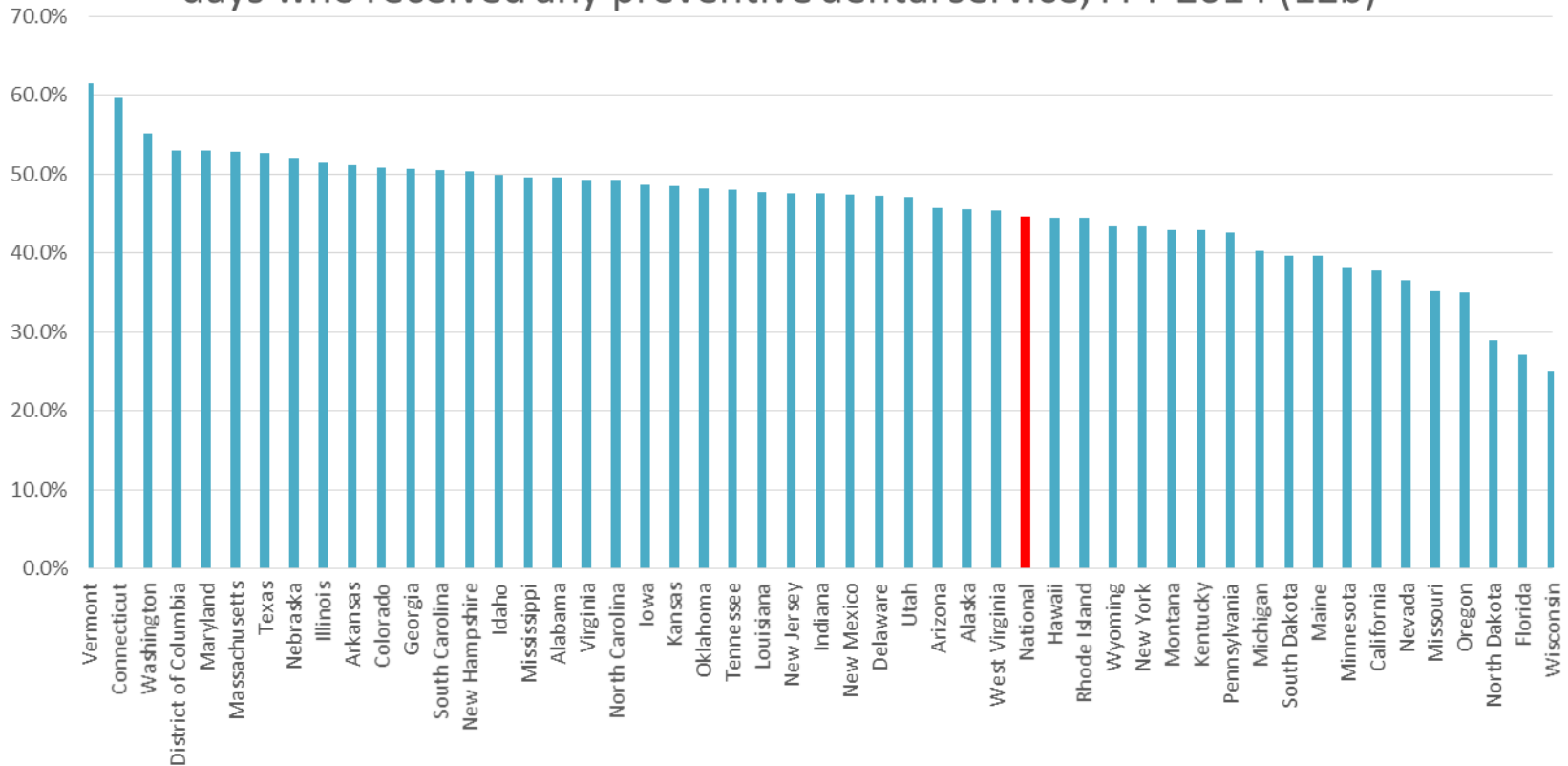
2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not 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.

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)

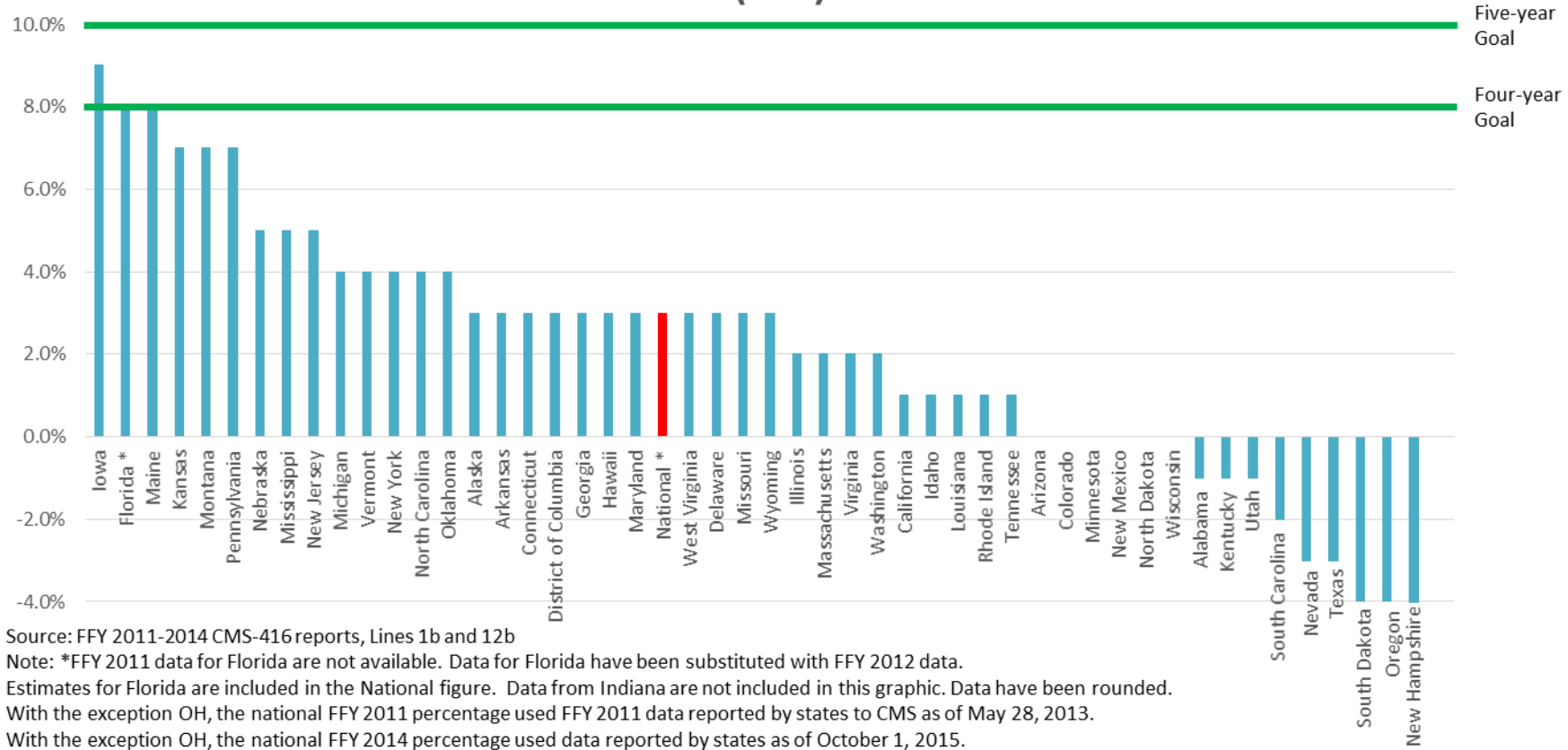


Source: FFY 2014 CMS-416 reports, Lines 1b and 12b

Note: With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015.

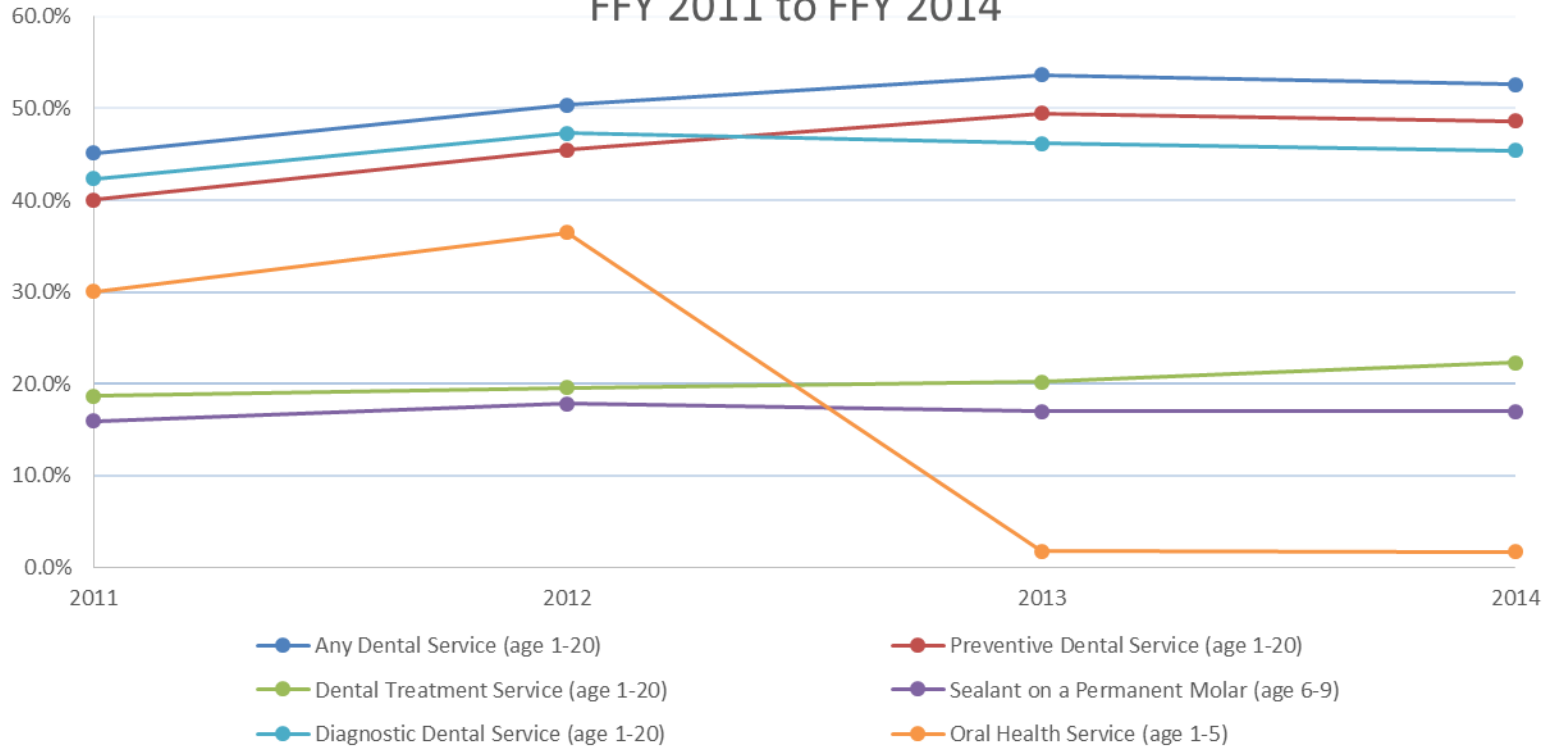
Progress on Preventive Dental Services

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



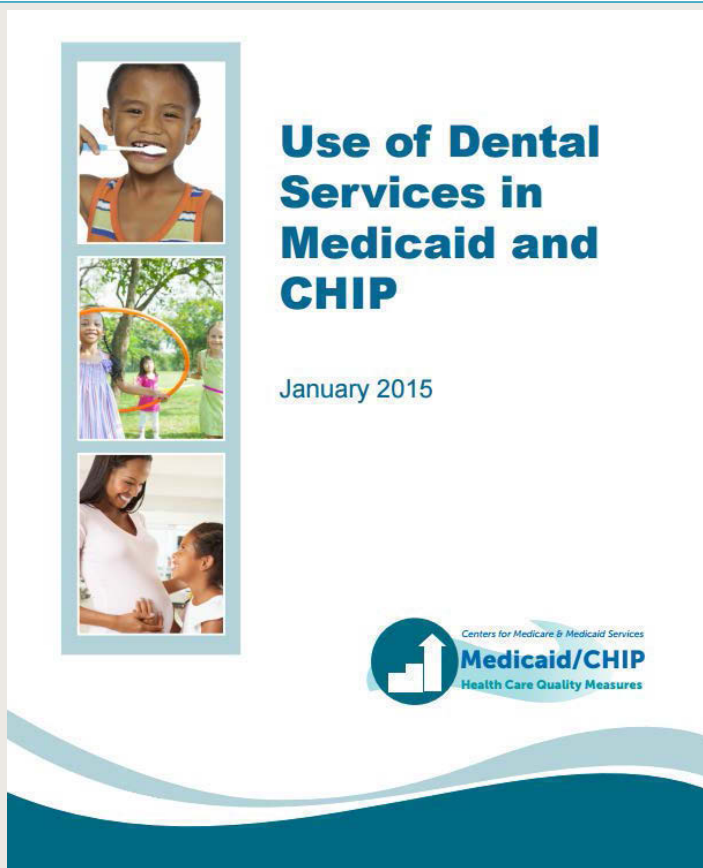
Progress in One State

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



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.

Using the Form CMS-416 Dental Data



- Child Core Set of Quality Measures
 - **P**DENT: preventive dental services
 - **T**DENT: dental treatment services
- **New in 2015**
 - **S**EAL: 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>

Using the Form CMS-416 Dental Data

MMRR

2013: Volume 3 (3)

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 Norris²

¹The George Washington University—Department of Health Policy

²Centers 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%

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

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

Using the Form CMS-416 Dental Data

HPI Health Policy Institute
ADA American Dental Association*

Research Brief

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

Authors: Marko Vujcic, Ph.D.; Kamyar Nasseh, Ph.D.

Key Messages

- In all but one state, dental care utilization among Medicaid-enrolled children increased between 2005 and 2013. This resulted in a significant narrowing of the gap in dental care utilization between Medicaid-enrolled children and children with private dental benefits.*
- Most states experienced a drop in dental care utilization among adults with private dental benefits between 2005 and 2013. In contrast, most states saw an increase in dental care utilization among children with private dental benefits.*
- While dental care utilization for Medicaid children continues to “catch up” to children with private dental benefits, a very large gap remains among adults. Policymakers ought to focus on reforms to Medicaid if access to dental care issues for adults are to be addressed.*

Introduction

Dental care utilization patterns have been shifting dramatically in the United States the past decade. More children than ever are visiting the dentist, with the largest increases over time coming from low-income children. In contrast, adult dental care utilization rates have been falling steadily for all income groups and also among those with private dental benefits coverage.¹ Many factors are contributing to these trends. Financial barriers to dental care are increasing among adults, while for children they are much lower and have not changed over time. Expanded dental benefits coverage for children, mainly through Medicaid and the Children’s Health Insurance Program, and decreased dental benefits coverage among adults have also played key roles.^{2,3,4}

In this research brief, we analyze trends in dental care utilization in individual states and the District of Columbia using new data. We analyze children and adults separately. We

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI strives to generate, synthesize, and disseminate innovative research for policy makers, oral health advocates, and dental care providers.

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- 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**

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.

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.

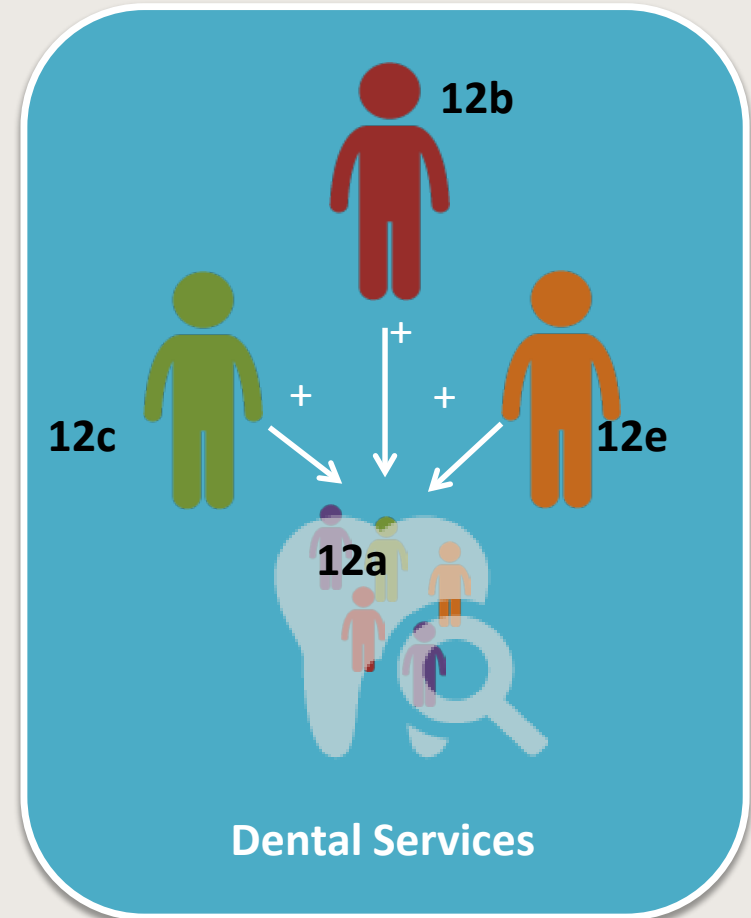
Line 12a -- Total Eligibles Receiving Any Dental Services -- Enter the **unduplicated** number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year **from Line 1b** who received at least one dental service by or under the supervision of a dentist 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.

Common Form CMS-416 Dental Data Errors

Relationships Between the Lines

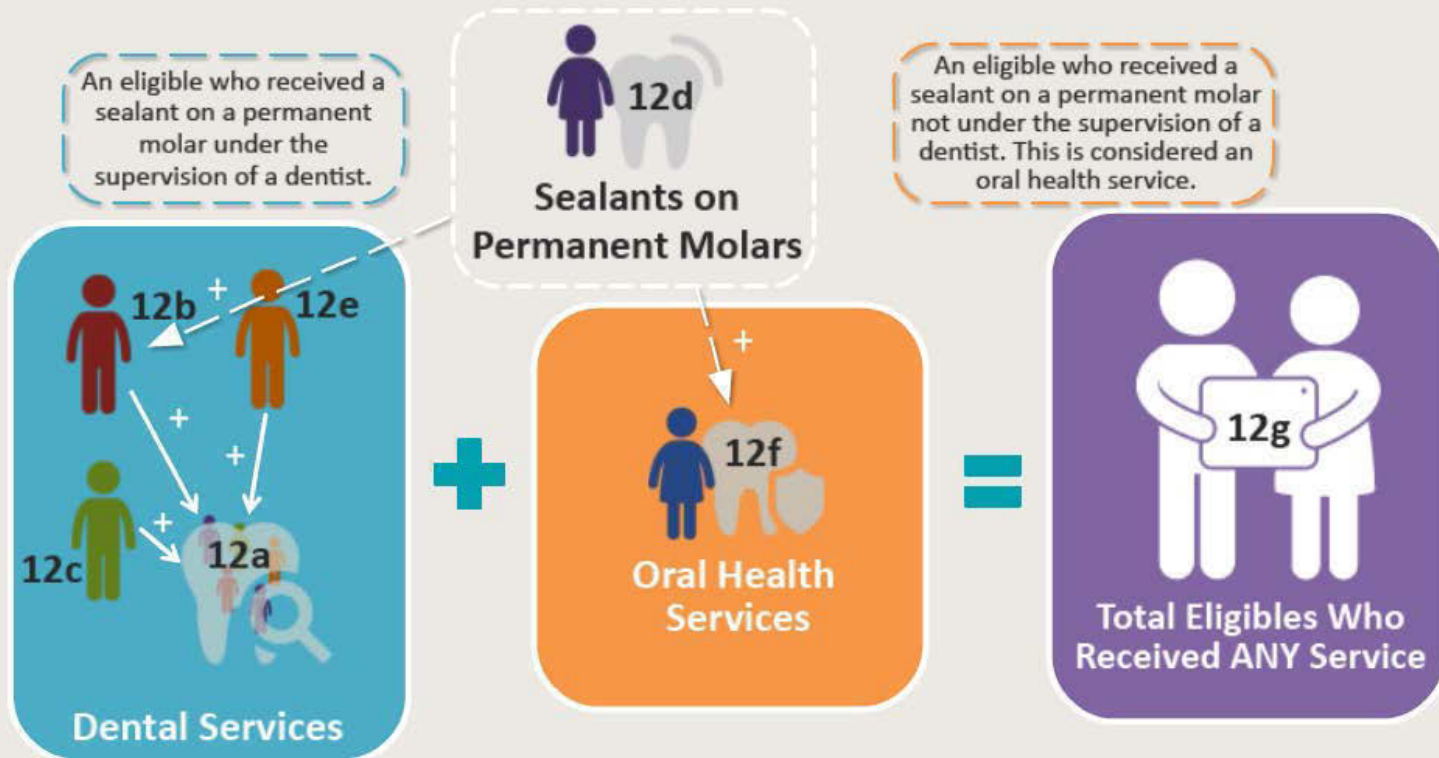
- Line 12a (any dental service) encompasses preventive (Line 12b), treatment (Line 12c), and diagnostic (Line 12e) dental services.
- Data reported on any one Line 12b, 12c, or 12e, should not exceed the count reported on Line 12a.



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%	

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%

Any questions?

Miriam Drapkin, MPH

Health Researcher

Mathematica Policy Research

HOW CAN NEW ONLINE LEARNING MODULES HELP ADDRESS THOSE CHALLENGES?

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

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

Interactive Graphics

History and Goals of EPSDT

EPSDT is a Medicaid benefit for children and adolescents. Over time, the EPSDT benefit has expanded to cover a large population. **Hover** over the timeline for additional information about the history of the EPSDT benefit.

Additional information about the EPSDT benefit is available on Medicaid.gov.

1965 1967 1972 1984-1990 1989 1987

Supplemental Security Income (SSI) is enacted, providing cash assistance and Medicaid to children with disabilities.

ORAL HEALTH INITIATIVE

Previous Next

Module 1 Slide 3

Quizzes

Pop Quiz!

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

A.) <1

B.) 1-2

C.) 3-5

D.) 6-9

Hint

ORAL HEALTH INITIATIVE

Previous Next

Module 3 Slide 12

Data Quality Checks

Completeness Check for Lines 12a-12e

Completeness

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

Yes No

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

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?

Yes No

General tip! Keep in mind that no dataset is perfect - make sure to document which populations are missing from your calculations when you submit the Form CMS-426. Let's move to the next step.

To perform your completeness check, click on the Yes or No beside each question.

ORAL HEALTH INITIATIVE

Previous Next

Module 4 Slide 20

Glossary

Using Data for OI - Lessons Learned

Glossary

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Search: Code Review

Children's Health Insurance
 Children's Health Insurance
 CHIP Annual Reporting
 Claims
 Claims
 Code Review
 Continuous Enrollment
 Current Dental Terminology
 Current Procedural
 D
 Dental Services

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 validates the calculations.

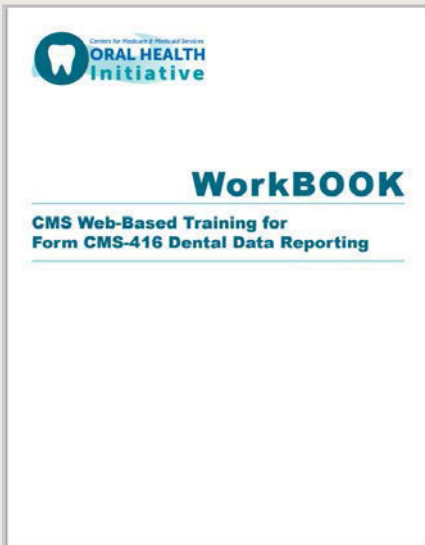
Monitor progress toward goals

ORAL HEALTH INITIATIVE

Previous Next

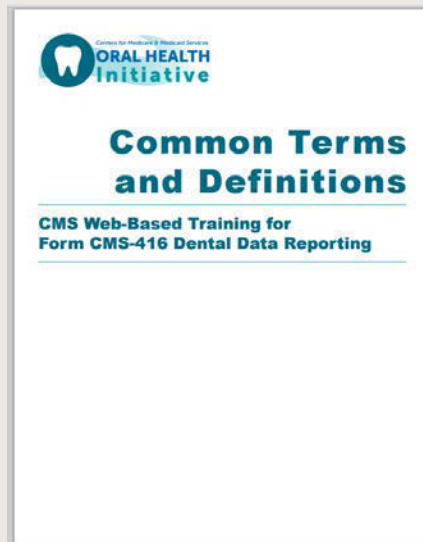
Module 6 Slide 22

Additional Resources







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

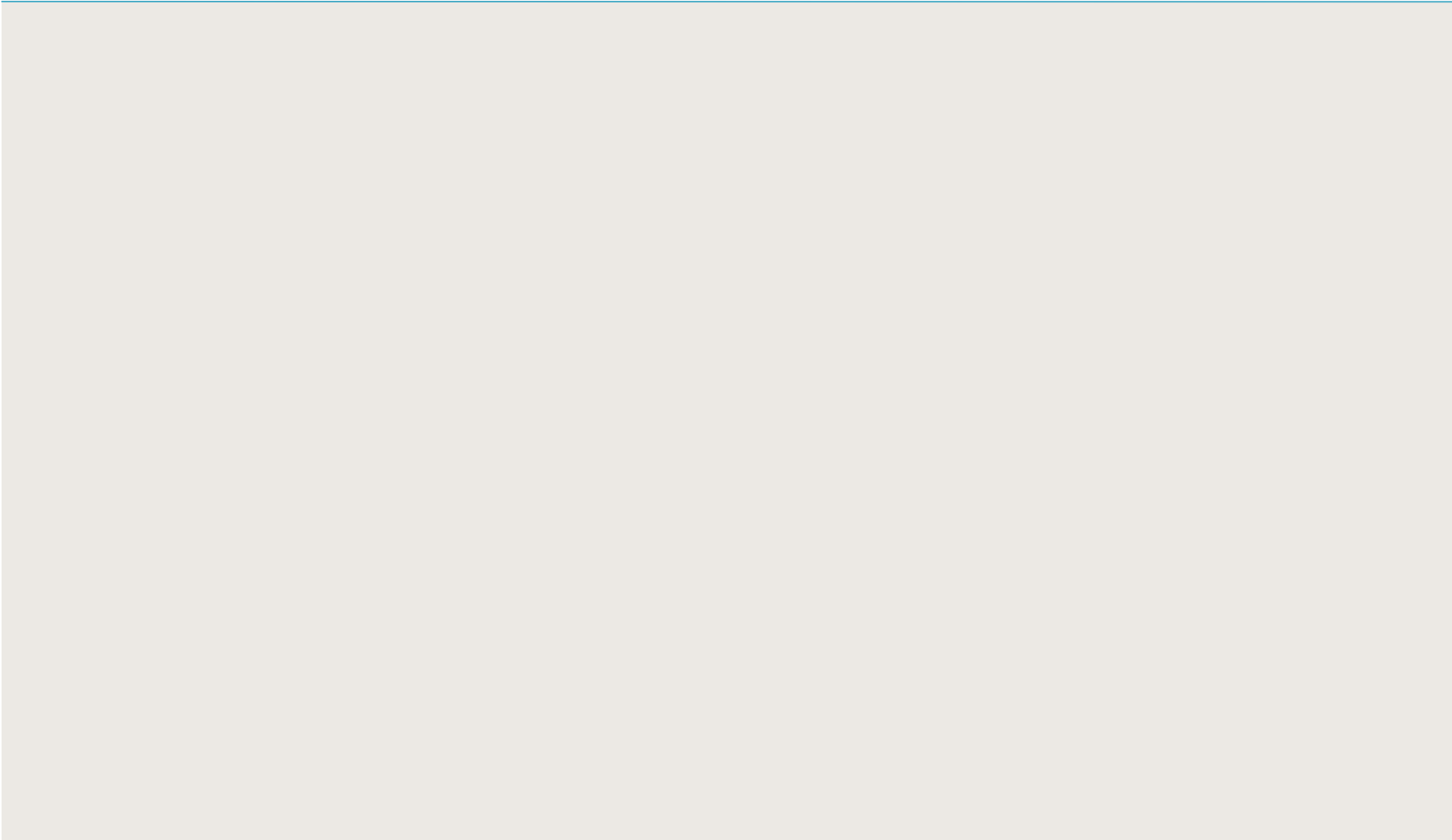
Common Terms and Definitions is a reference for the terms included in the glossary.



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

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