



Understanding the Prospective Payment System: The CMS Perspective







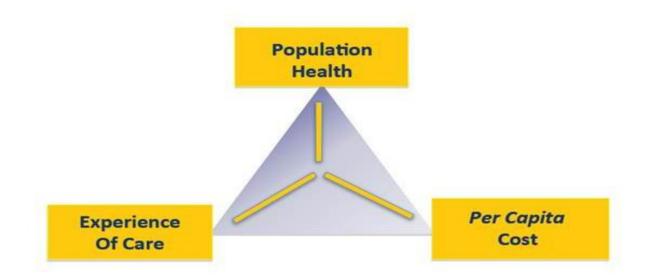
National Oral Health Conference®

April 22 – 24, 2013 with Pre-Conference April 20 – 21, 2013 VON BRAUN CENTER - Huntsville, Alabama

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CMS Triple Aim

Better Care, Better Health, Lower Costs





The Data

1990-2010

93,000,000 miles

44%

\$16.7 Trillion



3.1415926535897932384626433832795028841971693993



Measuring Progress: the CMS-416

(similar measures are in CARTS for separate CHIP programs)

Total number of children (enrolled for at least 90 days) receiving: (each line represents an unduplicated count of children)

- Line 12a any dental service (by or under the supervision of a dentist)
- Line 12b a preventive dental service
- Line 12c a dental treatment service
- Line 12d a sealant on a permanent molar tooth
- Line 12e a dental diagnostic service
- Line 12f an oral health service provided by a non-dentist (and not under the supervision of a dentist)
- Line 12g any dental or oral health service (12a+12f)

[By CMS definition, "dental" and "oral health" services are different by provider]



FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State FY	3	Age Groups							
		Total	<1	1-2*	3 - 5	6-9	10 - 14	15 - 18	19-20
1a. Total Individuals Eligible for EPSDT	CN								
	MN				4				
	Total						1		
1b. Total Individuals Eligible for EPSDT for 90 Continous Days	CN				1				
	MN								
	Total								
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN								
	MN		-	-	ë 9				
	Total			4	C 9			× ×	
2a. State Periodicity Schedule					K2 (3				
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State				1	37				
Periodicity Schedule									
3a. Total Months of Eligibility	CN								
	MN			1					
	Total								
3b. Average Period of Eligibility	CN								
	MN				0 0			***	
	Total								
Expected Number of Screenings per Eligible	CN								
	MN								
	Total								
Expected Number of Screenings	CN							15	
	MN		=		G - G				
	Total		i i		¢ 2				
6. Total Screens Received	CN		-		0			- X	
	MN				-			-	
	Total				-		t		
7. SCREENING RATIO	100000000000000000000000000000000000000				2		h	*	
	CN				9			35	
	MN								
	Total	-			ė s			. 3	

^{*} Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy

State FY		Age Groups Total <1							
		Total	<1	1 - 2*	3 - 5	6 - 9	10 - 14	15-18	19-20
Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN MN Total		23						
Total Eligibles Receiving at Least One Initial or Periodic Screen	CN MN Total								
10. PARTICIPANT RATIO	CN MN Total								
Total Eligibles Referred for Corrective Treatment	CN MN Total								
12a. Total Eligibles Receiving Any Dental Services	CN MN Total								
12b. Total Eligibles Receiving Preventive Dental Services	CN MN Total								
12c. Total Eligibles Receiving Dental Treatment Services	CN MN Total								
12d. Total Eligibles Receiving a Sealant on a Permanent Molar	CN MN Total								
12e. Total Eligibles Receiving Dental Diagnostic Services	CN MN Total			4 3 3					
12f. Total Eligibles Receiving Oral Health Services By a Non-Dentist	CN MN Total								
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN MN Total								

^{*} Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy

12a. Total Eligibles	CN	
Receiving Any Dental	MN	
Services	Total	
12b. Total Eligibles	CN	
Receiving Preventive	MN	
Dental Services	Total	
12c. Total Eligibles	CN	
Receiving Dental	MN	
Treatment Services	Total	
12d, Total Eligibles	CN	
Receiving a Sealant on	MN	
a Permanent Molar	Total	
12e. Total Eligibles	CN	
Receiving Dental	MN	
Diagnostic Services	Total	
12f. Total Eligibles		
Receiving Oral Health	CN	
Services	MN	
By a Non-Dentist	Total	
12g. Total Eligibles	CN	
Receiving Any Dental	MN	
Or Oral Health Service	Total	

CMS Oral Health Initiative - Goals

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

Baseline year is FFY 2012. Goal year is FFY 2015.

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 dental sealant on a permanent molar tooth.

This goal will be phased in.



Why Data is Important to CMS and States

Data helps:

- Identify states that are more successful
 - Share successes with others
- Identify states with more challenges
 - Provide technical assistance



Why Data is Important to the Program

Data helps:

Identify strategies for quality improvement Reduce administrative barriers Target beneficiary education and outreach Nurture partnerships and collaborations Target reimbursement strategies

Direct and implement evaluation



Limitations on Dental Data

- Data limitations
 - Managed care
 - -Indian Health Service
 - School-based Health Centers
 - (school-based, school-linked)





Why Data is Important to CMS and States Why Data is Important to the Program

Better data and better reporting

- = more services
- = more Federal match
- = reduced costs



QUESTIONS



Centers for Medicare & Medicaid Services

For More Information







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