

Understanding the Prospective Payment System: The CMS Perspective



National Oral Health Conference[®]

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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

331/3

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 _____		Age Groups							
		Total	<1	1 - 2*	3 - 5	6 - 9	10 - 14	15 - 18	19-20
1a. Total Individuals Eligible for EPSDT	CN								
	MN								
	Total								
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN								
	MN								
	Total								
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	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

State _____ FY _____		Age Groups							
		Total	<1	1-2*	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN								
	MN								
	Total								
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN								
	MN								
	Total								
10. PARTICIPANT RATIO	CN								
	MN								
	Total								
11. 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								
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 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		
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		

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)

 – **FQHCs**

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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