

# **The Form CMS-416 Dental Data Promises, Pitfalls and Proposals for Improvement**

**National Oral Health Conference**

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# **The Form-416 Report: Setting the Stage**

- **Origins and Evolution:**
  - **Understanding Form-416 Report in relation to EPSDT requirements**
    - **Concerns about 1990 Version of Report**
    - **Subsequent Revision**
- **Uses of the Form-416**
- **Cautions in Use of Data**
- **Data Improvement Proposals**

**“The CMS Form-416 Report:  
Understanding its Use in Assessing Dental  
Care Utilization in Medicaid’s Early and  
Periodic Screening, Diagnostic and  
Treatment (EPSDT) Service for Children.”**

**A Technical Issue Brief from the  
MCHB National Oral Health Policy Center**

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# ***A Very Abbreviated History of EPSDT***

- **1965: Medicaid Enacted in Social Security Act.**
- **1967: EPSDT benefit enacted - P.L. 90-287.**
  - **Called for “early and periodic screening and diagnosis, and treatment for categorically eligible” recipients under age 21**
    - **Details set forth in 1969 regulations.**
- **1981: 1902(a)(43)--States required to:**
  - **Inform children of benefit,**
  - **Provide or arrange for screening,**
  - **“Arrange” (but not necessarily pay) for treatment of health problems (including dental) identified during screening.**
    - **42 CFR 441.56 required “dental screening services furnished by direct referral to a dentist” at age 3, in accordance with reasonable standards of practice, and dental care, as indicated by screening.**

# Omnibus Budget Reconciliation Act of 1989 (OBRA '89) (P.L. 101-239)

- Overall, since EPSDT inception, little progress had been made in improving health care access.
- Key EPSDT Provisions included in OBRA '89
  - Added statutory language **defining EPSDT** to require that any medically necessary service must be provided (and paid for) even if not included in the state's Medicaid plan. *1905(r)*
  - EPSDT includes health screening, vision, hearing and dental services, with **separate schedules** required.
  - States must achieve health screening **participation goals**.
  - States must **report annually** on progress.
- OBRA '89 supercedes prior regulations.

**P.L. 101-239, SEC. 6403. EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES DEFINED.**

**(a) IN GENERAL - Section 1905 of the Social Security Act (41 U.S.C. 1396d) is amended by adding at the end the following new subsection:**

**(r) The term ‘early and periodic screening, diagnostic and treatment services’ means the following items and services:**

- (1) Screening services--**
- (2) Vision services--**
- (3) Dental services--**
- (4) Hearing services--**

**(b) REPORT ON PROVISION OF EPSDT**

# **(1) Screening services--**

## **(A) which are provided--**

- (i) at intervals which meet reasonable standards of medical and dental practice, as determined by the State after consultation with recognized medical and dental organizations involved in child health care, and**
- (ii) at such other intervals, indicated as medically necessary, to determine the existence of certain physical or mental illnesses or conditions; and**

## **(B) which shall at a **minimum** include--**

- (i) a comprehensive health and developmental **history** (including assessment of both physical and mental health development),**
- (ii) a comprehensive **unclothed physical exam**,**
- (iii) appropriate **immunizations** according to age and health history,**
- (iv) **laboratory tests** (including lead blood level assessment appropriate for age and risk factors), and**
- (v) **health education** (including anticipatory guidance).**

### **(3) Dental services--**

#### **(A) which are provided--**

**(i) at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and**

**(ii) at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and**

**(B) which shall at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.**

(b) **REPORT ON PROVISION OF EPSDT** - Section 1902(a)(43) of such Act (42 U.S.C. 1396a(a) (43) is amended --

(3) by adding at the end the following new subparagraph:

(D) reporting to the Secretary (in a uniform form and manner established by the Secretary, by age group and by basis of eligibility for medical assistance, and by not later than April 1 of the end of each fiscal year, beginning with fiscal year 1990) the following information relating to early and periodic screening, diagnostic, and treatment services provided under the plan during each fiscal year:

(i) **the number of children provided child health screening services,**

(ii) the number of children referred for corrective treatment (the need for which is disclosed by such child health screening services),

(iii) **the number of children receiving dental services,** and

(iv) the State's results in attaining the participation goals set for the State under section 1905;

# Form-416 Report Created

## Post-OBRA '89

- State reporting requirements (Form-420) were revised after OBRA '89.
  - **Pre OBRA'89, dental screening considered part of health screening.**
- 416 collected aggregated state level data.
- States were to report number of children provided child health screening services and referred for corrective treatment.
  - By age group and eligibility level.
- **Separate dental data section included.**

# State Concerns about 416 Dental Data

- Form in use from FY 1991-1999
- Statute required a report of “the number of children receiving dental **services.**”
- But, Form-416 language was confusing:
  - Instead of *dental services*, states were asked to report on:
    - “...the number of eligibles receiving dental **assessments.**”

# Form's Instructions Confusing

- States were told to enter the unduplicated “number of individuals receiving **preventive dental services, provided *individually or in groups*, which include:**”
  - Instruction in self-care oral hygiene procedures.
  - Oral prophylaxis, when indicated prior to anti-caries agents, or independent of anti-caries agents for children over age 10.
  - Dental sealants to prevent pit and fissure caries.

# Form-416 Revised Effective 1999

- **Dental subgroup convened 1998 as part of larger 416 review then underway.**
- **Changes were made to:**
  - **Allow use of each state's periodicity schedule in determining health (but not dental) screening ratios.**
  - **Standardize data collection across states.**
- **Expand and clarify reporting of dental services**
  - **Mirror Medicaid's definition of dental services.**
  - **Standardize state dental reporting.**
- **Form CMS-416 and Instructions available at:**  
**<http://www.cms.hhs.gov/medicaid/epsdt/416inst.asp>**

# Form-416 Revisions (1999)

- Dental “Assessments” changed to Dental “Services”
- States had to provide an unduplicated count of all children eligible for EPSDT (Line 1) who received **any dental service** in the fiscal year (Line 12a)
  - (“Eligible” means children enrolled in Medicaid who are eligible to receive EPSDT benefits)
- Two other measures added:
  - Any dental **preventive** service (Line 12b)
  - Any dental **treatment** service (Line 12c)

# Linked to Current Dental Terminology

- **Any Dental service**
  - ADA CDT codes 00100-09999
- **Any Preventive Dental service**
  - ADA CDT codes 01000-01999
- **Any Dental Treatment service**
  - ADA CDT codes 02000-09999

# **Form-416 Dental Data Reliability**

- **State administrative data sets are improving.**
  - **Upgrades in computer programs at Millenium.**
  - **HIPAA compliance.**
- **Form-416's link to standardized CDT codes:**
  - **Reduces reporting variability.**
    - **Electronic dental claims transmission by providers.**
  - **Facilitates data collection since data base is linked to provider claims.**
  - **Improves audit potential.**

# Uses of 416 Dental Data

- Track *absolute number* of children receiving dental care (i.e., Are more kids getting care?)
- Calculate annual dental utilization *rate* (i.e., the percent or enrolled population receiving care).
  - $\text{Line 12a/Line 1} \times 100$
- Compare utilization rates for EPSDT to other child populations in the state (and nation).
- Observe variation in calculated *levels* of care:
  - Preventive services use rate ( $\text{Line 12b/Line 1} \times 100$ )
  - vs.
  - Treatment services use rate ( $\text{line 12c/Line 1} \times 100$ )

# Uses of 416 Dental Data (Continued)

- **A simple starting point for Continuing Quality Improvement (CQI) and accountability in a state.**
  - **Where variation occurs, states can explore reasons and suggest systemic changes.**
  - **States can “drill down” into data base to compare any service, provider, geographic area, and demographic characteristic, to others.**
- **State Form-416 Dental Data for 1995-2003:**  
**<http://www.cms.hhs.gov/medicaid/epsdt/default.asp?>**

# Cautions in Using 416 Dental Data

- **Pre- and Post 1999 comparisons:**
  - apples and oranges?
- **Publicly available data may be outdated.**
- **Variation within a state, from year to year.**
  - Gaps in data collection may occur.
    - Managed care, IHS and FQHCs may under-report.
    - Data lost during data systems conversions.
  - Idiosyncratic state reporting policies (“adjustments”).
- **Use *extreme* caution in state-*vs*-state comparisons of 416 dental data.**

# Proposed Changes to Form-416 Dental Data

- States concerned about **calculation of utilization rates** by stakeholders.
  - CMS *does not* prescribe a utilization rate calculation for dental services in 416 Instructions.
  - But, CMS *did* use dental rate calculation in 2001 SMD Letter.
- States have suggested two ways to revise rate calculations:
  - By enrollment
  - By age

# Proposed Rate Calculations

- **Calculate utilization rate based on enrollment.**
  - Count only those continually enrolled for a year.
  - Count only continually enrolled, but with enrollment break of no more than 30 days (HEDIS® method).
  - Count only those enrolled for a minimum time period, e.g., 10 months, 9 months, 6 months, etc.
  - Count only those *not* enrolled in the prior year (the “New Enrollee” method).
  - Calculate rates based on the portion of the year that the children were eligible (the “Average Period of Eligibility” method).
- **Adjust rates based on the state’s dental periodicity schedule, e.g., children less than age one, two, three or four years, or above age 18 are excluded.**

# **Assessing Proposed Calculation Methods**

- **Arguments may be made for and against each method.**
  - **Proposals likely to increase rate of dental service utilization.**
- **Proposals may alter ability to make comparisons with other non-Medicaid population data sets.**
- **Recommendations:**
  - **Research needed to describe how changes might be interpreted by health policy stakeholders.**
  - **CMS should enter a dialogue with state policymakers, dental stakeholders and researchers to assess impact of various calculation methods.**