

Responses to Comments Received on CMS-416 Extension Federal Register Notice

Comment

It would be preferable for the reporting of the number of EPSDT visits to be uniform among the states. Michigan follows AAP guidelines and reports a higher number of visits during the first year of life than what other states do. Even though children in Michigan receive a higher number of visits than some other states, our percentages maybe lower by comparison.

Response

The statute at section 1905(r) requires that States develop distinct periodicity schedules for screening, vision, dental and hearing services after consultation with recognized medical and dental organization involved in child health care. Therefore, CMS does not have the authority to set a uniform periodicity schedule for all States.

Comment

The reporting of EPSDT referrals for corrective treatment is very hard to program from a systems perspective. It is very difficult to accurately identify this.

Response

CMS is aware that some States have difficulty reporting this statutorily mandated data. CMS has historically provided States with the flexibility in reporting this data. CMS is establishing a National EPSDT Improvement Workgroup to address a number of EPSDT data-related issues. We intend to include this topic for discussion as it has also been raised to us in other forums.

Comment

Recommend Line 1 specify how to count eligibles. Clarification is requested, should all eligibles be counted, even if a child is eligible for only one day, one week, or one month? Florida counts all eligibles including those who are eligible for one day, etc.

Response

The CMS 416 instructions currently indicate that States should report “the total unduplicated number of all individuals under the age of 21 determined to be eligible for EPSDT services . . .” This means that any child who has been eligible for any part of the fiscal year should be included on line 1.

However, CMS is in the process of revising the CMS-416 and has recommended that the information on line 1 be changed to collect data only for children who have been continuously eligible for 90 days. The instructions are being updated to reflect this change and will clarify the how States should count children on line 1.

Comment

Recommend for Line 2a that CMS require all States to follow the Bright Futures/American Academy of Pediatric Health Care (periodicity schedule) as a quality standard for the EPSDT program. This would ensure consistency in the frequency of preventive care visits across all States.

Response

CMS does not have the authority to require a specific periodicity schedule for the delivery of EPSDT services. Section 1905(r) requires that States set their periodicity schedules after appropriate consultations. CMS will, however, note this recommendation to the National EPSDT Improvement Workgroup being formed for discussion as part of data collection and reporting opportunities.

Comment

Recommend Line 11 specify how to count referrals. Florida counts eligibles based on appropriate federally required referral codes. We understand that “follow-up” visits based on specific time periods are also counted as referrals.

Response

CMS is taking this issue under advisement and will refer to the National EPSDT Improvement Workgroup to assist us in addressing this issue.

Comment

Recommend Line 12a, 12b and 12c include CPT codes in addition to ADA dental codes in order to have a comprehensive overview of all dental services provided to eligibles. For example, Florida’s Fluoride Varnish Procedure Code is a CPT code, not a dental (ADA) code.

Response

CMS has discussed this issue with the Oral Health Technical Advisory Group (OTAG) during recent discussions on revisions to the CMS-416. The OTAG recommended that CMS retain the use of the ADA CDT codes and CMS agreed to do that. Any provider can use the CDT codes (with the exception of several examination codes only to be used by dentists) so it would be possible for you to allow the use of the CDT codes for your fluoride varnish providers.

Comment

Recommend Line 14 change to count the “unduplicated number of eligibles,” rather than “total number of claims” to identify the number of eligibles receiving a blood lead test, rather than the number of tests provided.

Response

Current Medicaid policy requires that children ages one and two receive a blood lead screening. If CMS used an unduplicated count of children, a child receiving both blood lead screenings would only be counted once on the form. CMS advises that continuing to count the number of tests, not just the number of children, is important information.

Comment

Recommend that the electronic version of the CMS-416 report use lighter shading on Lines that are calculated (shaded columns) as these lines/columns are difficult to read when printed.

Response

CMS agrees that we will have the shaded areas of the form lightened when we formalize the revision to the CMS 416 so that they will be easier to read when printed.