

Supporting Statement for Paperwork Reduction Act Submissions  
State Collection and Reporting of Dental Provider and Benefit Package Information on the Insure  
Kids Now! Website and Hotline  
CMS-10291, OMB 0938-1065

**A. Background**

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) sections 501(f) (1) and (2), requires that state-specific information on dental providers and benefits be posted on the Insure Kids Now (IKN) website and available on the hotline “not later than 6 months after the date of the enactment of this Act”. Therefore, the information must on the website by August 4, 2009—six months after the February 4, 2009 enactment. Thereafter, the States must update the information on the dental providers quarterly and the information on their benefit package annually. The Health Resources and Services Administration (HRSA) operates the IKN website and hotline. CMS is partnering with HRSA to facilitate State compliance with the statutory reporting requirements for dental providers and dental benefit information.

While all States with CHIP programs provide dental services, the ease with which beneficiaries can access the list of available dental providers and benefits varies greatly from State to State. By designating the Insure Kids Now website and hotline as the nationally central place where State specific dental information can reside, Congress appears to intend that this information should be made available in a uniform and easy to access format. It appears that it is the intent of Congress that making this information readily available will help to avoid a situation in which a child died due to lack of access to adequate dental care.

The IKN website will have information on dental providers, their contact information, any specialty, provisions to provide care to special needs children, etc. It will be designed to be easily navigated by everyone who seeks the information. People who call the hotline will be helped by those who have access to the IKN website or a state.

**This revised PRA package includes reporting by the States on the dental benefits template information on Medicaid covered oral health services and funding limits on oral health services.**

**B. Justification**

1. Need and Legal Basis

Section 501(f)(1) and section 501(f)(2) of CHIPRA 2009 requires the Secretary to

“(1) work with States, pediatric dentists, and other dental providers (including providers that are, or are affiliated with, a school of dentistry) to include, not later than 6 months after the date of the enactment of this Act, on the Insure Kids Now website (<http://www.insurekidsnow.gov/>) and hotline (1–877–KIDS–NOW) (or on any successor

websites or hotlines) a current and accurate list of all such dentists and providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP, and shall ensure that such list is updated at least quarterly; and (2) work with States to include, not later than 6 months after the date of the enactment of this Act, a description of the dental services provided under each State plan (or waiver) under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website, and shall ensure that such list is updated at least annually.”

## 2. Information Users

CHIP and Medicaid beneficiaries, their parents and guardians, advocates, dental providers, social workers, Congressional staff, researchers, and others will access this information from the IKN website and hotline.

## 3. Use of Information Technology

States will have to submit information on dental providers and on dental benefits. The use of technology for state compliance is described below.

### Dental Provider Information

HRSA will facilitate data submission and file sharing with each State and identified CMS staff through a secure website account (e-Room). Each State will be allotted two accounts to access the e-Room through which they will have access to the common data and restricted access to their own State information and data.

States will be given the following options for submitting required data:

- 1) Creation of the data files from a State’s own data processing system;
- 2) Use of a CMS- and HRSA-provided Microsoft Access desktop database tool (States would download this from the IKN eRoom); and,
- 3) Entry of data in an uncomplicated web data table in the State’s e-Room.

Once the data is uploaded, the HRSA Data Warehouse will check and clean the data to ensure it is non-duplicative and consistent.

The attached instructions to the States fully utilize electronic submission of the required information to reduce burden and facilitate collection. While States will have to initially submit information on their dental benefit packages in Word, they will be able to submit the information electronically by the time the next collection is required or within one year. The goal is that fully 100 percent of the required information will be submitted electronically.

### Dental Benefit Information

**CMS will be asking States to submit their dental benefits in a revised format that is designed to reduce the amount of time States have to spend in compiling the dental benefit information. Although in the past we allowed States to only check a box to indicate that the Medicaid dental benefits were in compliance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, we are also modifying the form to ask States to include their Medicaid dental benefits in this form so those may also be posted on the website. In addition, we will be asking States to specify if they have a dollar or code limit at which point prior authorization is required for any additional services and if they have cost sharing requirements for dental services. The revised template is attached.**

States will not be required to submit an electronic signature.

4. Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source.

5. Small Businesses

Small businesses will not be impacted by this collection.

6. Less Frequent Collection

Section 501 specifies the frequency of collection. Specifically, dental provider information must be submitted every three months (quarterly) and dental benefit information is due yearly.

7. Special Circumstances

There are no special circumstances associated with this collection.

8. Federal Register/Outside Consultation

The 60-day Federal Register notice published on August 5, 2011 (76 FR 47592). No comments were received.

9. Payments/Gifts to Respondents

There are no payments/gifts to respondents.

10. Confidentiality

We do not pledge confidentiality.

11. Sensitive Questions

There are no sensitive questions.

12. Burden Estimates (Hours & Wages)

Collection of Dental Provider Information

40 hours per State quarterly  
51 x 4 submissions/year x 40 hr = 8,160 hours (annual)  
\$50 per hour State wage  
\$50 x 40 = \$2,000 x 4 = \$8,000 annual burden (per State)  
\$8,000 x 51 States =\$408,000 total

Collection of Dental Benefit Information

30 hours per State annually  
51 x 1 submission/year x 30 hr = 1,530 hours (annual)  
\$50 per hour State wage  
\$50 x 30 = \$1,500 annual burden (per State)  
\$1500 x 51 States =\$76,500

Total Annual Responses (includes quarterly and annual data collection) = 255 = (51 x 4) + 51  
Total Annual Burden hours (includes quarterly and annual data collection) = 9,690 = 8,160 + 1,530

13. Capital Costs

States will be able to access this information from their existing systems. It is not anticipated that new capital costs will be incurred to respond to this request.

14. Cost to Federal Government

Federal Staff Costs are estimated at 10 hours per week per year for two staff members.  
\$50 per hour per person per hour.  
\$50 x 10 hours/week = \$500 x 2 staff members =\$1000 per week or \$52,000 per year.

The system to collect and report the data results has been built and is running. Yearly costs for the system include operations and maintenance to assure the system is secure and operates efficiently. Yearly cost is approximately \$276,385.

15. Changes to Burden

In the prior collection, we had asked States to provide information on the dental services that they provided under the Medicaid EPSDT requirements. Because we found that States were not providing this information on the form we submitted, we modified the form to make clear that the States had to submit the information. Similarly, while we had asked for restrictions on benefits, States were not completely filling out the required information. Therefore, we modified the form to clarify that the information had to be included.

16. Publication/Tabulation Dates

By statute, all information is required to be posted to the IKN website within 6 months after passing of CHIPRA 2009 (2/4/2009) which means that the information must be on the website no later than 8/4/2009. The provider information must be updated quarterly and the benefit information must be updated annually.

17. Expiration Date

This collection does not lend itself to the displaying of an expiration date.

18. Certification Statement

There are no exceptions to the certification statement identified in Item 19, "Certification for Paperwork Reduction Act Submissions," of OMB Form 83-I.

**C. Collections of Information Employing Statistical Methods**

Because this is a collection of factual data, the collection of this information does not lend itself to the utilization of statistical methods.