

2011 (old version)	2013 (new version)	Type of Change	Reason for Change	Burden Change
Provider Data Submission Technical Information - gives email address of Nancy Goetschius at CMS for states to submit the required "current and accurate" assurances.	Section 1 - Provider Data Submission Technical Information - gives email address of Judith Cash at CMS for states to submit the required "current and accurate" assurances.	Rev	Change in CMS staff responsibilities	No
Submitting Data - States could submit data through the CHIP Oral Health Providers e-room	Section 3 - Submitting Data - Removes the option of submitting data through the CHIP Oral Health Providers e-room. The second pathway - the IKN Data Management Site - becomes the only data uploading pathway.	Del	The CHIP Oral Health Providers e-room was an outdated technology. The IKN Data Management Site provides states with a more user-friendly technical interface for uploading dental provider data as frequently as they desire. Files may be uploaded through the IKN Data Service using either the IKN Data Management website or the IKN Data Submission Client Tool. This functionality also provides for more streamlined oversight by the CMS technical team of data submitted by states.	No.
Submitting Data - The IKN Data Management Website had only one way for state users to register on the site.	Section 3.2 - IKN Data Management Website - This new feature of the IKN Data Management Website creates new system roles: the state administrator and the state uploader.	Add	States requested the ability to distinguish, in their IKN system registration and permissions, between state agency staff with general oversight responsibility for the IKN data and state agency or contractor staff with the responsibility to upload the data. These two new system roles provide that functionality to states.	No

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Submitting Data - In the prior version the Program Name field was not required.	Section 3.2.2.3 -- The Program Name field has been made a required field.	Rev	Program Name was made a required field to support the creation of the program/plan validation page (see next item), the purpose of which was to improve data quality and reduce duplication. The ultimate goal was to make it easier for consumers to identify and choose the correct benefit plan in the locator tool with the most up to date provider information.	Yes. Making this a required field adds burden for states that had not already been populating this information. Without this information, consumers have difficulty identifying which plans are Medicaid plans, which plans are CHIP plans, and other important distinctions in a state's Medicaid/CHIP dental delivery system. Without information in this field, the rest of the data is less meaningful. Estimate: 3.0 hours

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Submitting Data - In the prior version there was no function to validate the program names and plan names.	Section 3.2.2.3 - Program Name/Health Plan Name Validation - this function was added in order to to improve data quality and reduce duplication. Through this function state administrators are asked to provide a list of program names and coverage or benefit plan names against which data submissions can be validated.	Add	Before this change the system provided no way to validate whether the program names and plan names in the provider records were accurate, i.e. matched program names and plan names actually in existence in the state. This change permits states to specify the program names and plan names through which dental benefits are provided to children in that state. That information is then used to validate the program name and plan name information in the provider data records submitted by the state. The validation function allows CMS to notify states of invalid data in individual provider records which, once corrected, leads to more accurate results in the consumer search.	Yes. This is a new function and requires states to enter new information. However it is justified by the fact that it allows for the detection and correction of inaccurate data. Estimate: 10 minutes to upload new data and 1-2 hours to correct errors, depending on how many errors are detected.
Submitting Data - This feature did not exist before. Prior to this change state administrators would have to contact the IKN technical team and request that the team remove outdated data.	Section 3.2.2.3.1 - Managing Existing Data - The purpose of the Manage Existing Data page is to improve data quality and reduce duplication by allowing state administrators to delete outdated data themselves, without having to contact the IKN technical team.	Add	This is an upgrade. It is also an optional function. It provides state administrators with a more efficient way to manage existing data. It informs state administrators, by program name and plan name, whether the data in the database is outdated and needs attention.	Yes. This is a reduction in burden. It is faster for state administrators to run a quick query to detect outdated data and then delete it with a few clicks rather than spend a few hours over a week or two communicating with the IKN technical team to have them do the task. Estimate: 2.0 hour savings

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Submitting Data	Section 3.2.2.4 - Certify Provider Data Feature - this new feature gives state administrators the option to certify that the data submitted for their state is accurate and up to date.	Add	This feature was added to ease the burden on states of sending an individual email to CMS every quarter as well as to improve CMS' and states' ability to track whether and when such a certification has been made.	Yes. This reduces burden because state administrators no longer need to send a separate email to CMS certifying that the data is up to date, complete and accurate. Estimate: 0.2 hour savings
Submitting Data - States had to contact the IKN technical team to secure permission for any entity not a state agency (such as a contracted health plan) to register as a user on the database.	Section 3.2.2.6 - Manage Organizations - This new feature allows states to manage the following information online: add a new entity entitled to upload information into the database on behalf of the state and edit information about entities entitled to upload information into the database on behalf of the state.	Add	This feature was added to make it easier for state administrators to inform CMS of new entities (such as contracted health plans) to which they have delegated the ability to upload data into the database, and also to make it easier for states to manage the contact information about those entities.	No.
Submitting Data - States had to contact the IKN technical team to secure permission for any person not a state agency employee (such as a contractor) to register as a user on the database.	Section 3.2.2.7 - Manage Persons - this new feature allows registered users of the data management site to manage online their personal details, password, and related organizations. They can view and update their personal profiles, change their passwords, and view, confirm or change the organizations to which they are linked on the site.	Add	This feature was added to make it easier for state administrators and authorized users from other entities to manage their own information on the site.	No.

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<p>In order to ensure that accurate data is submitted, States would have to undertake significant manual labor to cross-check that the name, location and telephone number information in their dental provider files is accurate and up-to-date.</p>	<p>Section 3.3.2 - Geophone Report - Under this new feature, included in the data validation email sent to the state uploader is a link to a Geophone report. The Geophone function automates the check of dental provider contact information (name, address, telephone number) against information available in public telephone directories. Reports are generated to identify data that may be invalid. Those reports are emailed to state uploaders as part of the submission receipt.</p>	<p>Add</p>	<p>CMS has found that provider data uploaded by states tended to contain significant inaccuracies in dental provider contact information (name, address, telephone number). It was a burden to states to manually cross-check this information before submitting the data to CMS. Since the accuracy of this information is critical to the usefulness of the database for consumers, and to help reduce the burden on states, CMS added this feature to provide automatic cross-checking of this data against information publically available in telephone directories. States are provided with the results of these checks. It is easier for states to correct data on a subset of identified records. The overall intent of the feature is to assist states in conducting quality control checks on their data. However, states are not required to take any action on the flagged inaccuracies. It is their option to do so.</p>	<p>No. While this feature theoretically reduces burden substantially, in practice states have not been manually checking the accuracy of the location and contact information in their provider records. Thus, this feature adds accuracy but does not change burden.</p>
<p>In prior versions column headers were not required for all fields.</p>	<p>Appendix B. Added content indicating that all submission files must contain column headers for all fields, including optional fields. All files must now contain 27 columns total.</p>	<p>Rev</p>	<p>This change was made to allow us to streamline the data processing process. States are no required to populate all of the columns, only the required columns. But all columns must have column headers.</p>	<p>Yes. There will be a de minimus additional burden for states to add the column headers. Estimate: 30 minutes one time only.</p>

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The old version did not have these five new fields.	Appendix B. Table 5 - Text Data File Submission Fields and Information - New fields were added to the text format provider record as follows: (1) central appointment line, (2) license number, (3) services mobility, (4) sedation, and (5) services intellectual disability.	Add	<p>(1) The central appointment line field was added as an optional field because in some states there were multiple separate providers that shared a single phone number for booking appointments. Those were getting marked as bad data in the Geophone reports because the address associated with the central appointment line did not match the addresses associated with all those individual providers. This field was added as an optional field to allow states to proactively indicate that a given phone line was a centralized phone line so it wouldn't be marked as bad data in the Geophone reports.</p> <p>(2) The license number field was added to give states an alternative way to identify unique providers. States have the option to submit EITHER the license number OR the provider identification number.</p> <p>Fields (3), (4) and (5) were added because, through surveys and focus groups, we had determined that more specificity about the types of special needs a provider could</p>	Yes. There is additional burden for states to collect (3) services mobility, (4) sedation, and (5) services intellectual disability. Estimate: 5.0 hours

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The requirement to reconfigure the IKN Client Tool did not apply in previous versions.	Appendix C4. Guidance for Using a Tool Downloaded Before May 21, 2012 - In 2012, the Health Resources and Services Administration added a requirement that all inbound communications to HRSA networks must use Secure Socket Layers (SSL). As of May 21, 2012, the IKN Client Tool connections were changed to comply with this policy.	Rev	The IKN technical guidance was updated to provide instructions to states on how to reconfigure the IKN Client Tool if the state was using a version of the Tool downloaded before May 21, 2012. If a user is downloading the Client Tool for the first time, they do not need to do this re-configuration; the reconfiguration is required only if they are using the old version of the tool.	Yes. There will be a small additional burden to states to follow the instructions to reconfigure the IKN Client Tool, but very few states are using such an old version of the Tool, and it is a one-time reconfiguration. Estimate: 30 minutes.

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