

Supporting Statement – Part A
State Collection and Reporting of Dental Provider and Benefit Package Information
on the Insure Kids Now! Website and Hotline
CMS-10291, OCN 0938-1065

Background

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) sections 501(f) (1) and (2), require 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 be 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 Medicaid-eligible child died due to lack of access to dental care.

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

This revised PRA package includes modifications to data collection from States on participating dental providers and minor modifications to reporting by the States on the dental benefits template information on Medicaid covered oral health services.

A. 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 facilitates data submission and file sharing with each State and identified CMS staff through a secure website account on the IKN Data Management website. Each State may create individual accounts to access the Data Management website through which they have access to the common data and restricted access to their own State information and data.

States have the following options for submitting required data:

- 1) Uploading the data directly onto the IKN Data Management website using the Upload Provider Data feature; or
- 2) Use of a CMS- and HRSA-provided Microsoft Access desktop database tool (IKN Data Submission Client Tool) (downloadable from <http://ikndata.insurekidsnow.gov/clienttool/>)

Once the data is uploaded, the HRSA Data Warehouse checks and cleans 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. New data collection requirements include the addition of five new fields on the provider record (1) central appointment line, (2) license number, (3) services mobility, (4) sedation and (5) services intellectual disability. The Program Name field is now a required field and column headers are required for each field. New features include validation of Program Name and Plan Name, Geophone validation of location and telephone numbers, and more convenient ways to manage data, manage entities, and manage accounts.

Dental Benefit Information

CMS has created an electronic form for States' use in submitting their Medicaid and CHIP dental benefits information. This form allows states to enter the information once and then make only any necessary updates in subsequent years. A copy of the electronic form 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 September 12, 2014 (79 FR 54725). No comments were received.

Outside consultation: n/a.

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)

The following costs are based on the U.S. Bureau of Labor Statistics' May 2013 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm).

Occupation Title	Occupation Code	Mean Hourly Wage	Fringe Benefit (at 35%)	Adjusted Hourly Wage
Computer and Information Analyst	15-1120	\$41.40	\$14.49	\$55.89

Collection of Dental Provider Information

47 hours per State quarterly
 51 x 4 submissions/year x 47 hr = 9,588 hours (annual)
 \$55.89 per hour State wage
 \$55.89 x 47 = \$2,626.83 x 4 = \$10,507.32 annual burden (per State)
 \$10,507.32 x 51 States = \$535,873.32 total

Collection of Dental Benefit Information

24.5 hours per State annually
 51 x 1 submission/year x 24.5 hr = 1,249.5 hours (annual)
 \$55.89 per hour State wage
 \$55.89 x 24.5 = \$1,369.31 annual burden (per State)
 \$1,369.31 x 51 States = \$69,834.81

Total Annual Responses (includes quarterly and annual data collection) = 255 = (51 x 4) + 51
 Total Annual Burden hours (includes quarterly and annual data collection) = 10,837.5 = 9,588 + 1,249.5

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

CMS estimates that the time needed to provide guidance and oversight to the contractors who (1) operate and maintain the existing data collection and reporting system and (2) provide technical assistance to states in reporting information into the database is approximately 10

hours per week. CMS further estimates that one GS-14 Step 1 in the Baltimore area, where the CMS Central Office is located, at the hourly rate of \$51.43 (www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2015/general-schedule/) will perform this guidance and oversight. When accounting for fringe benefits, the hourly wage is adjusted by 35% to \$69.43/hr. As such, the cost to the Federal Government for staff time could be \$36,103.60 (\$69.43 x 10 hours x 52 weeks).

In addition, CMS estimates that the yearly cost of the contract to (1) operate and maintain the existing data collection and reporting system and (2) provide technical assistance to states in reporting information into the database is approximately \$378,979.00.

Thus, the total cost to the Federal Government is estimated to be \$415,082.60 (\$36,103.60 + \$378,979.00).

15. Changes to Burden

With regard to state costs, the costs have been adjusted to account for the most recent BLS wage estimates and a 35% fringe benefit adjustment. With regard to costs to the federal government, the costs have been adjusted to account for the most recent OPM wage estimates and a 35% fringe benefit adjustment.

Dental Provider Data Collection

Concerning the dental provider data collection, we estimated a total increased burden to states of 36 hours per year (9 hours per quarter) to populate the five new fields in the provider record, to populate the Program Name field which is no longer optional, and to interface with the Program Name/Plan Name validation function, including correcting any errors. We also estimated a one-time increased burden of 0.5 hours to place column headers on all fields and a one-time increased burden of 0.5 hours to reconfigure the IKN Client Tool (only for states that have an out-dated version of the Tool). This is a total increased burden of 37 hours per year from these changes.

We also estimated a reduction in burden of 2.25 hours per quarter (or 9 hours annually) due to new features that assist with efficiently managing data and accounts.

The net increased burden to states for the dental provider data collection is 28 hours annually (7 hours per quarter) or 1,428 hours (aggregate).

The adjusted burden is 9,588 hr (8,160 hr in 2011 + 1,428 hr in 2014).

Dental Benefit Information Data Collection

Concerning the dental benefit information data collection, we estimated a 5.5 hour reduction (-280.5 hr aggregate) in the annual burden due to the new electronic forms and submission.

The adjusted burden is 1,249.5 hr (1,530 hr in 2011 - 280.5 hr in 2014).

16. Publication/Tabulation Dates

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.

B. 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. Since the package includes a survey, Supporting Statement part B is attached.