

Response to Comments

The 60-day notice published in the *Federal Register* on October 31, 2016, with comments due by December 31, 2016. CMS received two public comments, which are described below. No revisions are being made to the package as a result of the comments received.

Comment 1

CMS received a comment regarding Line 14 (blood lead screening), recommending that we split the 1-2 age group into two separate columns for each age to account for the frequency of visits. This is recommended due to there being more frequent visits for the one-year old age group as well as address elevated lead levels that may be noted at the two-year old visits after the first screening.

CMS Response – CMS acknowledges that there are benefits to having blood lead screening data for both ages 1 and 2. However, helping states improve blood lead screening rates has been a top priority for CMS and for states, and making that change to the 416 reporting would make it difficult for states and for CMS to track improvement over time. Additionally, making that change would affect reporting on all other lines of the CMS 416 form, which would require considerable Federal resources while significantly increasing state reporting burden. Therefore, we are not making the change to separately collect data for 1 and 2 year olds at this time. However, we are exploring how we might improve EPSDT data reporting in general and will take this comment into consideration.

Comment 2

CMS received a comment regarding Line 12 (oral health), recommending that CMS allow states to have flexibility in determining the category in which to list dental providers, such as allied professionals like Registered Dental Hygienists in Alternative Practice, given the needs/policies of the state.

CMS Response – CMS interpreted this question as a request to allow states the flexibility to decide for themselves, based on the needs and policies of the state, on which line of the Form CMS-416 they would report services provided by allied professionals such as Registered Dental Hygienists in Alternative Practice. This question could apply equally to reporting services provided by other mid-level dental professionals such as dental therapists, advanced practice dental therapists, dental health aide therapists, and others.

Due to statutory and regulatory requirements, CMS is unable to fully accommodate this request. State reporting on the Form CMS-416 is governed by federal Medicaid statute and regulations. Pursuant to section 1902(a)(43) of the Social Security Act, every state Medicaid plan must provide for reporting to CMS annually, among other things, “the number of children receiving dental services . . . ”

The Medicaid regulations further define “dental services” as those “diagnostic, preventive or corrective procedures provided by or under the supervision of a dentist.” (42 Code of Federal

Regulations § 440.100(a)). By contrast, services provided by non-dentists, including dental professionals not under the supervision of a dentist, are considered to be “oral health services” provided by a licensed practitioner. (42 Code of Federal Regulations § 440.60(a)). The instructions on the Form CMS-416 derive directly from these statutory requirements and regulatory definitions.

As such, states are asked to report only those services provided by or under the supervision of a dentist on Lines 12a (any dental service), b (preventive dental service), c (dental treatment service), and e (dental diagnostic service). Sealants are to be reported on Line 12d no matter the provider type. And services provided not under the supervision of a dentist are to be reported on Line 12f. Line 12g serves to roll up all of the “dental services” (Lines 12a, b, c, e), sealants (Line 12d) and “oral health services” (Line 12f).

However, state policy will influence which lines each state should use to report services provided by allied dental professionals. If state policy requires those professionals to practice under the supervision of a dentist, those services should be reported on Lines 12a, b, c, d, e and g. If state policy does not require those professionals to practice under the supervision of a dentist, those services should be reported on Lines 12f and g. Supervision is a spectrum and includes, but is not limited to, direct supervision, indirect supervision, general supervision, public health supervision and collaborative agreements.