

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, OMB 0938-1065

BACKGROUND

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) sections 501(f)(1) and (2), required that state-specific information on dental providers and benefits be posted on the Insure Kids Now (IKN) website and available on the hotline by August 4, 2009, and that States update the information on the dental providers quarterly and the information on their benefit package annually thereafter. 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, this information is made available in a uniform and easy to access format so that beneficiaries may more easily find this important information.

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 minor modifications to support security enhancements, data quality assurance, information about three Medicaid and CHIP benefits, information about provider accommodations for beneficiaries with special needs, and editorial revisions to technical guidance for individuals submitting data to the IKN website.

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.

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

Although states are not required to report information to the agency more often than quarterly, states may make updates at any time, and are encouraged to do so outside the quarterly cycle if there are notable changes in their dental provider or plan information. If, for example, a state changes its dental managed care vendor between quarterly updates, a voluntary update would help provide beneficiaries with accurate, up-to-date information on the new vendor's participating provider network.

There are no special circumstances that would require an information collection to be conducted in a manner that requires respondents to:

- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study,
- Use a statistical data classification that has not been reviewed and approved by OMB;
- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

8. Federal Register/Outside Consultation

The 60-day notice published in the Federal Register on November 3, 2017 (82 FR 51276). No comments were received.

The 30-day notice published in the Federal Register on Jan 9, 2018 (83 FR 1036). 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 associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

12. Burden Estimates (Hours & Wages)

Wages

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2016 National Occupational Employment and Wage Estimates for all salary estimates (http://www.bls.gov/oes/current/oes_nat.htm). In this regard, the following table presents the mean hourly wage, the cost of fringe benefits and overhead (calculated at 100 percent of salary), and the adjusted hourly wage.

Occupation Title	Occupation Code	Mean Hourly Wage (\$/hr)	Fringe Benefit and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Computer and Information Analyst	15-1120	44.36	44.36	88.72

As indicated, we are adjusting our employee hourly wage estimates by a factor of 100 percent. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Requirements and Associated Burden Estimates

Collection of Dental Provider Information

51.5 hours per respondent quarterly

10,506 hours (annual) = 51 respondents (50 States and the District of Columbia) x 4

submissions/year x 51.5 hr per response
 \$932,092.32 total cost (annual) = 10,506 hr x \$88.72/hr
 \$18,276.32 annual cost (per respondent) = \$932,092.32 / 51 respondents
 \$4,569.08 cost per submission (per respondent) = \$18,276.32 / 4 responses per year

Included with this submission is a copy of the Insure Kids Now Provider Data Submission Technical Information guidance document, which includes instructions to respondents to submit provider information.

Collection of Dental Benefit Information

25 hours per respondent annually
 1,275 hours (annual) = 51 x 25 hr per response
 \$113,118.00 total cost (annual) = 1,275 hr x \$88.72/hr
 \$2,218.00 annual cost (per respondent) = \$113,118.00 / 51 respondents

Included with this submission is a copy of the dental benefit collection tool. This tool is accessible to users via the IKN Data Management website <https://ikndata.insurekidsnow.gov/WebExternal/Login.aspx>. The dental benefit collection tool is pre-populated with the information submitted from the previous year. Pre-population of the form has been in place for several years, and has been factored into the estimate of time required for submission of the information.

Burden Summary

51	Respondents
255	Total Annual Responses ([51 x 4] + 51)
11,781	Total Annual Time (hours) (10,506 hr + 1,275 hr)
\$131,394.32	Total Annual Cost (\$18,276.32 + \$113,118.00)

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 \$53.68 (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2017/DCB_h.pdf) will perform this guidance and oversight.

In addition, CMS estimates that the yearly cost of the two contracts 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 \$345,324.12 (\$309,624.12 + \$35,700).

Thus, the total cost to the Federal Government is estimated to be \$373,237.72 ([\$53.68/hr x 10 hours per week x 52 weeks per year] + \$345,324.12 contract costs).

15. Changes to Burden

Dental Provider Data Collection

This revision makes three fields (Services_Mobility; Sedation; and Services_Intellectual_Disability) optional, because it was determined that this information is not readily available to states. We estimate that this will reduce burden by 0.5 hours per quarter (2 hours annually).

Data validation rules are updated to require States to indicate a Program Type (Medicaid or CHIP), and to reject submissions where five percent or more of records are duplicated. We estimate that this will increase burden by 5 hours per quarter (20 hours annually).

Security policy is updated to require more secure passwords, disable accounts where users have not logged in within a 90-day period, and allow State administrators to remove managed care organizations/contractors. Because states are required to submit data quarterly, we estimate that these changes should not affect current burden. The technical guidance manual for users has also been updated and revised to reflect all changes. This does not affect the burden on users.

We estimate a net increased burden to each state of 18 hours annually (20 hr – 2 hr) or, in aggregate, an increase of 918 hours (18 hr x 51 respondents). The adjusted burden is 10,506 hr (9,588 hr in 2014 + 918 hr in 2018).

Dental Benefit Information Data Collection

This form has been updated to include three new fields, including two diagnostic services (Oral health screening or assessment, Assessment of risk for tooth decay), and one treatment service (Anti-microbial treatments that stop decay from spreading).

To record this new information, we estimate an increased burden to each state of 0.5 hours annually or, in aggregate, an increase of 25.5 hours (0.5 hr x 51 respondents). The adjusted burden is 1,275 hr (1,249.5 hr in 2014 + 25.5 hr in 2017).

Burden Summary

918 hr	Dental Provider Data Collection
<u>+25.5 hr</u>	<u>Dental Benefit Information Data Collection</u>
943.5 hr	TOTAL ANNUAL CHANGE

16. Publication/Tabulation Dates

The provider information must be updated quarterly and the benefit information must be updated annually.

17. Expiration Date

The collection instruments set out the OMB control number and the 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. .