

Final Revisions to Form CMS-416

Overview

States are required by statute to submit a completed Form CMS-416 annually to report basic information on the effectiveness of state Medicaid programs in reaching EPSDT eligible children, including the number of individuals under age 21 who received child health screening services, are referred for corrective treatment, and received dental services.

On October 31, 2019, proposed revisions to Form CMS-416, “Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Participation Report” were published in the Federal Register (F.R. Doc 2019-23733) for public comment as part of the Paperwork Reduction Act (PRA) process. CMS proposed two changes to the form:

- States have been given the option to have CMS complete the form on their behalf using data from the Transformed Medicaid Statistical Information System (T-MSIS). A check box has been added to the top of the Form CMS-416 to allow states to select this option.
- In order to identify preventive dental or oral health services, Line 12g in the dental services portion of the form has been modified.

CMS received three public comments in response to the proposed changes to the Form CMS-416. One comment was from California’s Department of Health Care Services (DHCS) and the other comments were from non-profit groups that focus on oral health.

Overview of Public Comments and CMS Responses

Comment 1: The Children’s Dental Health Project (CDHP) submitted a comment supporting the proposed changes to the Form CMS-416 including the option to allow CMS to generate the CMS-416 on behalf of states using data from the T-MSIS and the proposed revisions to the oral health lines of the Form CMS-416.

CMS Response: CMS appreciates the comments from the CDHP.

Action Taken: No action is needed as the comments were just expressing support for the proposed changes.

Comment 2: Arcora Foundation, a nonprofit that focuses on oral health and health equity, submitted comments supporting the proposed changes to the oral health lines in the Form CMS-416 and proposed an alternative measure that would track the percentage of Medicaid eligible children receiving preventive oral health services provided by a non-dentist.

CMS Response: CMS appreciates the comment from Arcora Foundation but does not feel that the additional measure is needed as the proposed addition is very similar to the current line 12(f), “Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider” which captures the provision of oral health services by other licensed providers.

Action Taken: While CMS has considered this comment, CMS is not taking any action based on the comment.

Comment 3: California’s DHCS provided specific comments on three portions of the Form CMS-416.

- Comment 3a:** DHCS proposed an alternative to CMS' proposed change to line 12g, "Total Eligibles Receiving Any Preventive Dental or Oral Health Service." Rather than change line 12g, DHCS recommends changing line 12b instead, specifically to remove "by or under supervision of a dentist" from the specifications for that line and then rename the line.

CMS Response: Line 12b, "Total Eligibles Receiving Preventive Dental Services" is collected pursuant to section 1902(a)(43)(D)(iii), which requires the collection of information on dental services. Dental services are defined at 42 CFR 440.100 as "diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist." We believe that these requirements and definitions would not allow for line 12b to be changed in the way that the commenter requests. However, our proposed changes to line 12g recognize the importance of preventive oral health services provided by non-dentist providers.

Action Taken: While CMS has considered this comment, CMS is not taking any action based on the comment.
- Comment 3b:** Rather than continuing to use line 1b, "Total Individuals Eligible for EPSDT for 90 Continuous Days," as the denominator for other lines on the Form CMS-416, DHCS recommended that CMS include only those beneficiaries enrolled for 12 continuous months.

CMS Response: The Form CMS-416 serves to implement Section 1902(a)(43) of the Social Security Act, which requires states to report the number of children provided health screening services. If CMS were to implement the change California is suggesting, any beneficiaries who were enrolled in the Medicaid program for less than a full 12-month period would be excluded from the count. As such, CMS declines to make this change, as many beneficiaries would end up dropping out of the denominator of these measures. CMS considers 90-days continuous eligibility to be the appropriate timeframe for both line 1b and to serve as the denominator for many of the other lines in the Form CMS-416.

Action Taken: While CMS has considered this comment, CMS is not taking any action based on the comment.
- Comment 3c:** DHCS also expressed concern about the age groups for blood lead screening tests. Medicaid requires blood lead screening tests at ages 12 and 24 months. However, the Form CMS-416 uses the "under age 1" and "ages 1-2" age bands.

CMS Response: The Form CMS-416 has established age bands that are used for all lines of the Form, with no age bands that are unique to a specific line. Changing the age bands for lead would therefore affect all other lines on the Form CMS-416 and impede the ability to trend this data over time.

Action Taken: While CMS has considered this comment, CMS is not taking any action based on the comment.

Summary of Revisions to the PRA Package for Form CMS-416

CMS is not planning to make any changes to the proposed Form CMS-416 in response to the comments, for the reasons provided above.

CMS has updated the federal costs identified in Section 14 of Supporting Statement A to reflect changes based on the 2020 pay scale. Corresponding changes have been made to the PRA Submission Worksheet Part I. All changes were limited to the federal costs as the U.S. Bureau of Labor Statistics has not

updated the National Occupational Employment and Wage Estimates which serves as the basis for the burden estimates.

Additionally, CMS is making one non-substantive change to the instructions based on the recent CMS reorganization. Specifically, CMS is revising section B “Reporting Requirements” from “States may contact their CMS regional office EPSDT specialist if technical assistance is needed to complete the form” to “States may contact the state lead in their CMS office or the EPSDT technical assistance mailbox, EPSDT@cms.hhs.gov, if technical assistance is needed to complete this form.”