

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 Medicaid and CHIP 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 State Medicaid and CHIP programs provide dental services, the ease with which beneficiaries can access the list of available dental providers and benefits varies 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 Medicaid and CHIP dental providers such as their contact information, specialty, languages spoken, and provisions to provide care to special needs children. 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.

For the IKN Technical Guidance, this 2020/2021 collection of information request includes minor modifications to support security enhancements, support providing user feedback to states about inaccurate information and editorial revisions to technical guidance for individuals submitting data to the IKN website. We are not proposing any burden changes or adjustments.

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 (<https://www.insurekidsnow.gov/find-a-dentist/index.html>) and hotline (1-877-543-7669). Users can search the database by state and health plan to find participating providers. Search results include data such as provider name, contact information, specialty, languages spoken, whether the provider is accepting new Medicaid or CHIP-enrolled patients, and ability to provide care to children with special health care needs.

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 submit required data by uploading data through the IKN Data Management website using the Upload Provider Data feature.

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 provides States with an electronic Summary of Benefits Form that supports their ability to submit 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 September 18, 2020 (85 FR 58360). We did not receive any comments.

The 30-day notice published in the Federal Register on January 26, 2021 (86 FR 7099). Comments are due on/by February 25, 2021.

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. Collection of Information Requirements and Burden

Wage Estimates

To derive average costs, we used data from the U.S. Bureau of Labor Statistics' May 2019 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 Benefits and Overhead (\$/hr)	Adjusted Hourly Wage (\$/hr)
Computer and Information Analyst	15-1210	46.91	46.91	93.82

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, we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

Collection of Information Requirements and Associated Burden Estimates

• *Collection of Dental Provider Information*

States must submit a file (or multiple files) that contains information about the Medicaid and CHIP providers in the state that provide dental care to children. Detailed requirements are

included in the Technical Guidance document that accompanies this package. This collection has minor revisions, described below.

51.5 hours per respondent (computer and information analyst) quarterly

TIME: 10,506 hours (annual) = 51 respondents (50 States and the District of Columbia) x 4 submissions/year x 51.5 hr per response

COST: \$985,673 total cost (annual) = 10,506 hr x \$93.82/hr
\$19,327 annual cost (per respondent) = \$985,673 / 51 respondents
\$4,832 cost (per response) = \$19,327 / 4 responses per year

Included with this submission is 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

States must provide information about the scope of Medicaid and CHIP dental benefits and update this information at least once every year. This collection is being submitted without change.

25 hours per respondent (computer and information analyst) annually

TIME: 1,275 hours (annual) = 51 x 25 hr per response

COST: \$119,621 total cost (annual) = 1,275 hr x \$93.82/hr
\$2,346 annual cost (per respondent) = \$119,621 / 51 respondents

Included with this submission is the dental benefit collection tool (Summary of Benefits Form). 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 quarterly submissions] + 51 annual submissions)
11,781	Total Annual Time (hours) (10,506 hr + 1,275 hr)
\$1,105,294	Total Annual Cost (\$985,673 + \$119,621)

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 and we have not received any comments to the contrary.

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-13 Step 5 in the Baltimore area, where the CMS Central Office is located, at the hourly rate of \$56.31/hr (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/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 \$367,682.92 (\$294,487.92 + \$73,195).

Thus, the total cost to the Federal Government is estimated to be \$396,964.12 ([\$56.31/hr x 10 hours per week x 52 weeks per year] + \$367,682.92 contract costs).

15. Changes to Burden

Dental Provider Data Collection

Security policy is updated to retire a desktop client tool for submitting data, and remove permissions for state users to manage other users' accounts. The technical guidance manual for users has also been updated and revised to reflect all changes. No state data administrators used the desktop client, so this does not affect the burden on states.

This revision proposes a function for website users to provide feedback directly to states on information displayed on the website, including whether providers are currently accepting new Medicaid or CHIP patients. We estimate that this will not increase burden on states, because it will replace the current manual system for website users to contact CMS, and CMS to contact states. Fewer than ten such user inquiries are received in a typical year.

Dental Benefit Information Data Collection

Outside of updating the PRA Disclosure Statement, the dental benefit collection tool (Summary of Benefits Form) is being submitted without change.

Burden Summary

No change.

16. Publication/Tabulation Dates

The provider information must be updated quarterly and the benefit information must be updated annually. Provider and benefit information is posted to the Insure Kids Now website upon receipt and validation.

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.