

## FFY 2019 Form CMS-416: Data Quality Checklist for States

This data quality checklist was developed as an optional tool to assist states in completing Form CMS-416 (the annual EPSDT report), and help states improve the completeness, accuracy, consistency, and documentation of data reported for federal fiscal year (FFY) 2019. This will enable more accurate understanding of the data reported and/or unique aspects of a state’s Medicaid program. The checklist includes common issues noted in the data reported for FFY 2018 and prior years. States can use the checklist below to assess their data prior to submitting the report to CMS. The current Form CMS-416 instructions (Version 4, as of September 2017) and other resources are available at: <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>. To obtain technical assistance with Form CMS-416 reporting, please contact the EPSDT Technical Assistance mailbox at [EPSDT@cms.hhs.gov](mailto:EPSDT@cms.hhs.gov).

<b>Data Completeness</b>																						
<input type="checkbox"/>	The data reported for each line should include all individuals who are eligible for the EPSDT services assessed on that line during FFY 2019 (October 1, 2018–September 30, 2019), as defined by the current Form CMS-416 instructions for each line.																					
<input type="checkbox"/>	Data reported for each applicable line should include all eligible, unduplicated services that were provided to eligible individuals during visits that occurred during the reporting period, regardless of whether the claim was paid, unpaid, or denied. Once a service is reported on Form CMS-416, it should not be reported again in any future reporting period if payment status changes, for example, from unpaid to paid.																					
<b>Data Accuracy</b>																						
<input type="checkbox"/>	Age should be reported based on an individual’s age on the last day of FFY 2019, September 30, 2019. Accordingly, all screening and service data should be reported in the age group reflecting an individual’s age as of September 30, 2019 even if the individual received services while in another age group. In other words, an individual’s data should only be reported in one age group across the entirety of the form. <ul style="list-style-type: none"> <li>For example, if a child turned age 3 on September 1<sup>st</sup>, and received EPSDT services at age 2, these services would be counted in the age 3-5 group.</li> </ul>																					
<input type="checkbox"/>	Your state’s current medical periodicity schedule should be reflected on Line 2a. For example, if your state follows the 2019 American Academy of Pediatrics’ Bright Futures™ guidelines, the periodicity schedule should be reported on the form as follows: <table border="1" data-bbox="181 1591 1360 1709"> <thead> <tr> <th>Age Group</th> </tr> <tr> <td>&lt;1</td> <td>1-2</td> <td>3-5</td> <td>6-9</td> <td>10-14</td> <td>15-18</td> <td>19-20</td> </tr> <tr> <td>7</td> <td>5</td> <td>3</td> <td>4</td> <td>5</td> <td>4</td> <td>2</td> </tr> </thead> </table>	Age Group	<1	1-2	3-5	6-9	10-14	15-18	19-20	7	5	3	4	5	4	2						
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■ This technical assistance resource is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Harbage Consulting

<input type="checkbox"/>	<p>Lines 1c and 3a–14a should be limited to individuals who are included on Line 1b (individuals enrolled in Medicaid or a CHIP Medicaid expansion program for at least 90 continuous days in the FFY and determined to be eligible for EPSDT services).</p> <ul style="list-style-type: none"> <li>For example, if an individual was enrolled from October 1 to November 30, 2018, and again from August 1 to September 30, 2019, the individual would <u>not</u> be considered eligible for 90 continuous days in the FFY, and should not be included on Line 1b or other lines of the form requiring at least 90 days of continuous eligibility.</li> </ul>
<input type="checkbox"/>	<p>When reporting dental and oral health services on Form CMS-416 (Lines 12a–12g), states should focus on the information contained in Notes A and B of the instructions regarding how to distinguish “dental services” from “oral health services” provided by a non-dentist provider.</p> <p>State-specific rules relating to the role that a dentist plays in the oversight of other providers, specifically in reference to services provided by providers such as dental hygienists or dental therapists, are essential to the correct reporting of these services.</p> <ul style="list-style-type: none"> <li>If the service is provided by or under the supervision of a dentist – including, for example, direct, indirect, general, collaborative, or public health supervision – then the service is a “dental service,” and should be reported on Lines 12a, 12b, 12c, 12d, 12e, and 12g, as applicable.</li> <li>If the service is <u>not</u> provided by a person working under the supervision of a dentist (for example, in a state where dental hygienists can practice without the supervision of a dentist), the services would be considered “oral health services,” and should be reported on Lines 12d, 12f, and 12g, as applicable.</li> <li>Line 12d, dental sealants, should include sealants placed by <u>any</u> dental professional for whom placing a sealant is within his or her scope of practice. This could include dentists and non-dentists.</li> <li>Line 12g should reflect the unduplicated number of eligible individuals who received either a “dental service” or an “oral health service” during the FFY.</li> </ul>
<input type="checkbox"/>	<p>Line 14a is not unduplicated and therefore should capture the <u>total</u> number of screening blood lead tests provided to individuals under age 6 included on Line 1b. For example, if an eligible individual received two screening blood lead tests during the FFY, <u>both</u> tests should be counted on Line 14a.</p>
<p><b>Data Consistency</b></p>	
<input type="checkbox"/>	<p>If there is a change in the numbers reported on Line 2a between FFY 2018 and FFY 2019, CMS will expect to receive an updated version of the state periodicity schedule that is submitted with the FFY 2019 report.</p>
<input type="checkbox"/>	<p>Many lines of Form CMS-416 are subsets of one another. States should be mindful of the relationships between different lines of the report. If state reporting differs from these relationships, it may indicate a data calculation or data entry error.</p> <ul style="list-style-type: none"> <li>Line 1b (total individuals eligible for EPSDT for 90 continuous days) is a subset of Line 1a (total individuals eligible for EPSDT), and should never exceed the counts reported on Line 1a for each age group.</li> <li>Line 1c (total individuals eligible for EPSDT under a CHIP Medicaid expansion), and Line 13 (total eligibles enrolled in managed care), are subsets of Line 1b. As a result, the numbers reported on Lines 1c and 13 should always be less than or equal to the numbers reported on Line 1b for each age group.</li> <li>Data for Lines 1c and 3a–13 should reflect <u>unduplicated counts</u> for the individuals included on Line 1b, individuals enrolled for at least 90 continuous days.</li> <li>States should report the count of individuals from Line 1b who received <u>at least one</u> screening or service on Lines 9, 11, and 12a–12g. In other words, each individual reported on Line 1b should only be counted once on each of these lines, regardless of the total number of services they received. As a result, the counts on Lines 9, 11, and 12a–12g for each age group should be less than or equal to the total number of individuals on Line 1b.</li> <li>Line 12a (any dental service) encompasses preventive (Line 12b), treatment (Line 12c), and diagnostic (Line 12e) dental services. Data reported on a single dental line (Lines 12b, 12c, or 12e) should not exceed the count reported on Line 12a.</li> </ul>

<input type="checkbox"/>	<p>States should compare their FFY 2019 data to data reported for previous FFYs, including the data reported for individual age groups, each eligibility group, and the ‘Totals.’ If there are substantial changes in the data between the FFYs, states should seek to understand, and be able to explain, the reasons for these changes, including changes in the population, program, policies, and/or methodology, prior to submission. This includes comparing the data reported for the:</p> <ul style="list-style-type: none"> <li>• number of individuals eligible for EPSDT services on Lines 1a–1c and 13;</li> <li>• ratios reported on Lines 7 and 10; and</li> <li>• screening and services on Lines 12a–12g and 14a.</li> </ul>
<input type="checkbox"/>	<p>For some screening and services lines of Form CMS-416 (Lines 12a–12g; 14a), percentages are calculated to understand the percentage of individuals in each state receiving select EPSDT services. States should also compare their FFY 2019 percentages to percentages in previous FFYs.</p> <p>These percentages are calculated using the following formula: (the applicable Line/Line 1b) * 100</p> <p>Sometimes, these percentages are calculated only for specific age groups:</p> <ul style="list-style-type: none"> <li>• Percentage of eligibles who received preventive dental services (the PDENT measure in the Child Core Set): (Line 12b: Ages 1-20)/(Line 1b: Ages 1-20) *100</li> <li>• Estimated percentage of children ages 1-2 who received a screening blood lead test: (Line 14a: Ages 1-2)/(Line 1b: Ages 1-2) *100</li> </ul>
<p><b>Data Documentation</b></p>	
<input type="checkbox"/>	<p>Each year, states should submit copies of their current medical <u>and</u> dental periodicity schedules to CMS with the Form CMS-416 submission.</p>
<input type="checkbox"/>	<p>Any deviations from the Form CMS-416 instructions, including eligible groups or populations that were excluded from the report or a given line of data (e.g., individuals in fee-for-service or enrolled in a particular managed plan), should be noted in the email accompanying the state-submitted Form CMS-416.</p>
<input type="checkbox"/>	<p>States that have data limitations, have made changes to the calculation methodology, and/or have made program changes during a reporting period that significantly impact data results, such as a change in the periodicity schedule, should include a note in the email accompanying the Form CMS-416 submission explaining the change(s).</p>

## For More Information

Additional information about Form CMS-416, including Form CMS-416 data, is available at:

<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>.

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