

Don's Key Points

- CMS-416 remains an important data source for assessing utilization of dental services for children enrolled in Medicaid / CQI
- 1999 revisions designed to improve data consistency and provide a more robust indicator of service use across categories
 - Preventive services / Treatment services
- 416 data should be used with extreme caution for cross-state comparisons
- 416 data are useful for intra-state analyses

State-Level Use of Services: Example

- Data on more than 87,000 continuously enrolled.
- 40% of continuous enrollees received ≥ 1 service
- 30% had ≥ 1 preventive service
- 17% received ≥ 1 treatment service.
- Utilization varied by county
 - Preventive services ranged from 20%-47%.
- Utilization also varied considerably by plan
 - 48% use of preventive services for a plan with 26,000 covered children,
 - while 4 other plans which covered over 27,000 children had utilization ranging from only 1%-14%.

Pete's Key Points

- Current CMS-416 method (which includes data on children enrolled in Medicaid for any portion of a year) produces lower utilization rates than methods that include children enrolled for longer periods of time or that adjust for partial-year enrollment
- Longer intervals ≥ 1 month may produce a more valid indicator of access / performance
- CMS-416 method can be used to compare State Medicaid and SCHIP programs

Additional Issues

- Appropriate interval to assess program performance:
 - ≥ 1 month? (current CMS-416)
 - 11 months? / 12 months (continuous)?
 - ≥ 1 month, but < 11 months \rightarrow 8 months?
- Benchmarks???
- Data gaps: CHCs / managed care plans
 - Data needed for accountability
- Screening codes?
 - Code for '+' and '-' findings?