

CMS 416 Multi-Year Log

NEVADA MEDICAID		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	FFY16	FFY17
1. Total Individuals Eligible for EPSDT	CN	155,178	155,354	154,025	163,426	192,778	228,169	247,282	258,261	267,064	311,955	388,484	390,719	400,378
	MN													
	Total	155,178	155,354	154,025	163,426	192,778	228,169	247,282	258,261	267,064	311,955	388,484	390,719	400,378
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN											338,933	345,071	352,304
	MN													
	Total											338,933	345,071	352,304
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN											29,332	33,867	37,206
	MN													
	Total											29,332	33,867	37,206
2a. State Periodicity Schedule														
2b. Number of Years in Age Group														
2c. Annualized State Periodicity Schedule														
3a. Total Months of Eligibility	CN	1,287,096	1,284,435	1,252,815	1,370,070	1,613,060	2,020,479	2,245,270	2,360,304	2,435,004	2,977,808	3,547,618	3,737,741	3,861,867
	MN													
	Total	1,287,096	1,284,435	1,252,815	1,370,070	1,613,060	2,020,479	2,245,270	2,360,304	2,435,004	2,977,808	3,547,618	3,737,741	3,861,867
3b. Average Period of Eligibility	CN	0.69	0.69	0.68	0.70	0.70	0.82	0.83	0.83	0.83	0.85	0.87	0.90	0.91
	MN													
	Total	0.69	0.69	0.68	0.70	0.70	0.82	0.83	0.83	0.83	0.85	0.87	0.90	0.91
4. Expected Number of Screenings per Eligible	CN													
	MN													
	Total													
5. Expected Number of Screenings	CN	125,355	128,173	127,421	137,707	155,981	188,021	202,547	207,329	210,338	246,937	281,485	292,972	301,697
	MN													
	Total	125,355	128,173	127,421	137,707	155,981	188,021	202,547	207,329	210,338	246,937	281,485	292,972	301,697
6. Total Screenings Received	CN	92,210	99,900	102,192	123,674	136,425	139,609	169,786	185,938	201,300	227,279	261,665	272,633	261,924
	MN													
	Total	92,210	99,900	102,192	123,674	136,425	139,609	169,786	185,938	201,300	227,279	261,665	272,633	261,924
7. Screening Ratio	CN	0.74	0.78	0.80	0.90	0.87	0.74	0.84	0.90	0.96	0.92	0.93	0.93	0.87
	MN													
	Total	0.74	0.78	0.80	0.90	0.87	0.74	0.84	0.90	0.96	0.92	0.93	0.93	0.87
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	93,521	94,262	94,133	100,987	116,682	134,127	148,132	153,637	157,031	185,983	217,432	225,733	232,289
	MN													
	Total	93,521	94,262	94,133	100,987	116,682	134,127	148,132	153,637	157,031	185,983	217,432	225,733	232,289

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9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	51,117	54,546	59,161	61,486	81,401	91,092	99,019	102,284	103,241	125,481	144,531	153,847	149,994
	MN													
	Total	51,117	54,546	59,161	61,486	81,401	91,092	99,019	102,284	103,241	125,481	144,531	153,847	149,994
10. Participant Ratio	CN	0.55	0.58	0.63	0.61	0.70	0.68	0.67	0.67	0.66	0.67	0.66	0.68	0.65
	MN													
	Total	0.55	0.58	0.63	0.61	0.70	0.68	0.67	0.67	0.66	0.67	0.66	0.68	0.65
11. Total Eligibles Referred for Corrective Treatment	CN	617	426	539	799	38,839	45,583	47,447	74,256	71,786	75,362	83,511	81,682	116,141
	MN													
	Total	617	426	539	799	38,839	45,583	47,447	74,256	71,786	75,362	83,511	81,682	116,141
12a. Total Eligibles Receiving Any Dental Services	CN	26,567	60,647	36,803	48,278	71,129	79,197	92,782	93,765	104,574	109,914	130,928	151,671	155,450
	MN													
	Total	26,567	60,647	36,803	48,278	71,129	79,197	92,782	93,765	104,574	109,914	130,928	151,671	155,450
12b. Total Eligibles Receiving Preventive Dental Services	CN	19,620	24,427	30,803	40,769	60,469	69,784	83,564	85,244	102,687	101,015	120,933	141,255	143,440
	MN													
	Total	19,620	24,427	30,803	40,769	60,469	69,784	83,564	85,244	102,687	101,015	120,933	141,255	143,440
12c. Total Eligibles Receiving Dental Treatment Services	CN	8,073	9,998	14,085	18,688	38,010	45,068	51,032	48,392	51,125	53,282	64,810	73,128	77,484
	MN													
	Total	8,073	9,998	14,085	18,688	38,010	45,068	51,032	48,392	51,125	53,282	64,810	73,128	77,484
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN						16,350	19,362	18,688	21,037	23,708	29,200	35,032	35,105
	MN						0							
	Total						16,350	19,362	18,688	21,037	23,708	29,200	35,032	35,105
12e. Total Eligibles Receiving Dental Diagnostic Services	CN						74,060	86,868	87,517	97,121	106,123	125,988	146,369	149,720
	MN						0							
	Total						74,060	86,868	87,517	97,121	106,123	125,988	146,369	149,720
12f. Total Eligibles Receiving Oral Health Services provided by a Non Dentist Provider	CN						11,301	8,763	9,487	9,988	8,566	8,966	1,508	1,822
	MN						0							
	Total						11,301	8,763	9,487	9,988	8,566	8,966	1,508	1,822

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12g. Total Eligibles Receiving Any Dental or Oral Health Service	CN						86,382	97,951	103,252	111,046	113,790	134,967	152,225	155,696
	MN						0							
	Total						86,382	97,951	103,252	111,046	113,790	134,967	152,225	155,696
13. Total Eligibles Enrolled in Managed Care	CN	107,361	106,221	103,237	110,176	137,080	145,120	210,815	218,897	223,408	234,647	292,845	299,946	290,761
	MN													
	Total	107,361	106,221	103,237	110,176	137,080	145,120	210,815	218,897	223,408	234,647	292,845	299,946	290,761
14a. Total Number of Screening Blood Lead Test	CN	559	1,006	2,008	3,214	6,378	9,370	9,079	8,645	11,824	10,146	10,721	7,378	9,327
	MN													
	Total	559	1,006	2,008	3,214	6,378	9,370	9,079	8,645	11,824	10,146	10,721	7,378	9,327
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests														CPT Code 83655 within certain diagnoses codes (Method I)

Note: "CN" - Categorically Needy, "MN" = Medically Needy

Adapted from the CMS-416 Acrobat Form found at: <http://www.cms.hhs.gov/medicaid/epsdt/416form.pdf>