

CMS 416 Multi-Year Log

NEVADA MEDICAID		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	FFY16
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
	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
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN											338,933	345,071
	MN											0	
	Total											338,933	345,071
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN											29,332	33,867
	MN											0	
	Total											29,332	33,867
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
	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
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
	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
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
	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
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
	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
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
	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
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
	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

NEVADA MEDICAID		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	FFY16
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
	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
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
	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
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
	MN												
	Total	617	426	539	799	38,839	45,583	47,447	74,256	71,786	75,362	83,511	81,682
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
	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
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
	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
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
	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
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
	MN						0						
	Total						16,350	19,362	18,688	21,037	23,708	29,200	35,032
12e. Total Eligibles Receiving Dental Diagnostic Services	CN						74,060	86,868	87,517	97,121	106,123	125,988	146,369
	MN						0						
	Total						74,060	86,868	87,517	97,121	106,123	125,988	146,369
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
	MN						0						
	Total						11,301	8,763	9,487	9,988	8,566	8,966	1,508

NEVADA MEDICAID		FFY05	FFY06	FFY07	FFY08	FFY09	FFY10	FFY11	FFY12	FFY13	FFY14	FFY15	FFY16
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
	MN						0						
	Total						86,382	97,951	103,252	111,046	113,790	134,967	152,225
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
	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
14. 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
	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

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>