

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
	2017								
1a. Total individuals eligible for EPSDT	CN:	400,378	23,265	46,832	64,391	84,084	95,052	61,484	25,270
	MN:	0							
	Total:	400,378	23,265	46,832	64,391	84,084	95,052	61,484	25,270
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	352,304	17,852	43,210	58,892	74,366	82,581	53,077	22,326
	MN:	0							
	Total:	352,304	17,852	43,210	58,892	74,366	82,581	53,077	22,326
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	37,206	118	2,026	3,905	9,573	12,444	8,098	1,042
	MN:	0							
	Total:	37,206	118	2,026	3,905	9,573	12,444	8,098	1,042
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN:	3,861,867	127,581	461,270	638,987	844,623	962,046	611,156	216,204
	MN:	0							
	Total:	3,861,867	127,581	461,270	638,987	844,623	962,046	611,156	216,204
3b. Average Period of Eligibility	CN:	0.91	0.60	0.89	0.90	0.95	0.97	0.96	0.81
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.91	0.60	0.89	0.90	0.95	0.97	0.96	0.81
4. Expected Number of Screenings per Eligible	CN:		3.00	1.78	0.90	0.48	0.58	0.48	0.41
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.00	1.78	0.90	0.48	0.58	0.48	0.41
5. Expected Number of Screenings	CN:	301,697	53,556	76,914	53,003	35,696	47,897	25,477	9,154
	MN:	0	0	0	0	0	0	0	0
	Total:	301,697	53,556	76,914	53,003	35,696	47,897	25,477	9,154
6. Total Screens Received	CN:	261,924	63,109	75,536	37,874	29,662	36,414	17,168	2,161
	MN:	0							
	Total:	261,924	63,109	75,536	37,874	29,662	36,414	17,168	2,161
7. SCREENING RATIO	CN:	0.87	1.00	0.98	0.71	0.83	0.76	0.67	0.24
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.87	1.00	0.98	0.71	0.83	0.76	0.67	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	232,289	17,852	43,210	53,003	35,696	47,897	25,477	9,154
	MN:	0	0	0	0	0	0	0	0
	Total:	232,289	17,852	43,210	53,003	35,696	47,897	25,477	9,154

* Includes 12-month visit

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

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9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	149,994	14,891	30,602	30,440	26,126	31,200	14,727	2,008
	MN:	0							
	Total:	149,994	14,891	30,602	30,440	26,126	31,200	14,727	2,008
10. PARTICIPANT RATIO	CN:	0.65	0.83	0.71	0.57	0.73	0.65	0.58	0.22
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.65	0.83	0.71	0.57	0.73	0.65	0.58	0.22
11. Total Eligibles Referred for Corrective Treatment	CN:	116,141	13,574	23,425	21,635	20,736	21,611	11,914	3,246
	MN:	0							
	Total:	116,141	13,574	23,425	21,635	20,736	21,611	11,914	3,246
12a. Total Eligibles Receiving Any Dental Services	CN:	155,450	140	8,305	26,337	43,094	47,308	24,771	5,495
	MN:	0							
	Total:	155,450	140	8,305	26,337	43,094	47,308	24,771	5,495
12b. Total Eligibles Receiving Preventive Dental Services	CN:	143,440	74	7,533	24,942	41,211	44,293	21,429	3,958
	MN:	0							
	Total:	143,440	74	7,533	24,942	41,211	44,293	21,429	3,958
12c. Total Eligibles Receiving Dental Treatment Services	CN:	77,484	21	784	9,407	23,062	25,980	14,680	3,550
	MN:	0							
	Total:	77,484	21	784	9,407	23,062	25,980	14,680	3,550
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	35,105				15,130	19,975		
	MN:	0							
	Total:	35,105				15,130	19,975		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	149,720	122	8,137	25,716	41,664	45,466	23,442	5,173
	MN:	0							
	Total:	149,720	122	8,137	25,716	41,664	45,466	23,442	5,173
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	1,822	10	101	128	162	411	750	260
	MN:	0							
	Total:	1,822	10	101	128	162	411	750	260
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	155,696	140	8,309	26,346	43,111	47,368	24,879	5,543
	MN:	0							
	Total:	155,696	140	8,309	26,346	43,111	47,368	24,879	5,543
13. Total Eligibles Enrolled in Managed Care	CN:	290,761	15,872	37,682	50,089	61,280	66,196	41,313	18,329
	MN:	0							
	Total:	290,761	15,872	37,682	50,089	61,280	66,196	41,313	18,329
14a. Total Number of Screening Blood Lead Tests	CN:	9,327	168	6,342	2,817				
	MN:	0							
	Total:	9,327	168	6,342	2,817				

* Includes 12-month visit

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	2017		Enter X For Method I	HEDIS (Method II)	Enter X For Method II	Combination Methodology (Method III)	Enter X For Method III		
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	X						

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Disclosure Statement - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354 (expiration date June 30, 2020). The time required to complete this information collection is estimated to average 28 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C7-26-05, Baltimore, Maryland 21244-1850.