

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
NV	2019								
	1a. Total individuals eligible for EPSDT	CN: 401,178	21,106	45,143	64,652	81,303	99,103	64,469	25,402
		MN: 0							
1b. Total Individuals eligible for EPSDT for 90 Continuous Days		Total: 401,178	21,106	45,143	64,652	81,303	99,103	64,469	25,402
		CN: 373,815	16,628	42,553	60,921	76,706	93,710	60,541	22,756
		MN: 0							
1c. Total Individuals Eligible under a CHIP Medicaid Expansion		Total: 373,815	16,628	42,553	60,921	76,706	93,710	60,541	22,756
		CN: 40,457	106	2,120	4,329	10,059	13,738	8,905	1,200
		MN: 0							
2a. State Periodicity Schedule		Total: 40,457	106	2,120	4,329	10,059	13,738	8,905	1,200
			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility		CN: 3,859,421	120,052	442,406	639,363	811,789	997,885	635,810	212,116
		MN: 0							
		Total: 3,859,421	120,052	442,406	639,363	811,789	997,885	635,810	212,116
3b. Average Period of Eligibility		CN: 0.86	0.60	0.87	0.87	0.88	0.89	0.88	0.78
		MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total: 0.86	0.60	0.87	0.87	0.88	0.89	0.88	0.78
4. Expected Number of Screenings per Eligible		CN: 4.20	2.18	0.87	0.87	0.88	0.89	0.88	0.78
		MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total: 4.20	2.18	0.87	0.87	0.88	0.89	0.88	0.78
5. Expected Number of Screenings		CN: 437,534	69,838	92,766	53,001	67,501	83,402	53,276	17,750
		MN: 0	0	0	0	0	0	0	0
		Total: 437,534	69,838	92,766	53,001	67,501	83,402	53,276	17,750
6. Total Screens Received		CN: 275,137	62,508	76,009	39,906	32,212	41,645	20,614	2,243
		MN: 0							
		Total: 275,137	62,508	76,009	39,906	32,212	41,645	20,614	2,243
7. SCREENING RATIO		CN: 0.63	0.90	0.82	0.75	0.48	0.50	0.39	0.13
		MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total: 0.63	0.90	0.82	0.75	0.48	0.50	0.39	0.13
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen		CN: 334,111	16,628	42,553	53,001	67,501	83,402	53,276	17,750
		MN: 0	0	0	0	0	0	0	0
		Total: 334,111	16,628	42,553	53,001	67,501	83,402	53,276	17,750
9. Total Eligibles Receiving at least One Initial or Periodic Screen		CN: 163,113	15,355	30,880	32,522	28,418	36,066	17,811	2,061
		MN: 0							
		Total: 163,113	15,355	30,880	32,522	28,418	36,066	17,811	2,061
	CN: 0.49	0.92	0.73	0.61	0.42	0.43	0.33	0.12	

* Includes 12-month visit
Note: "CN" = Categorically Needy, "MN" = Medically Needy

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NV	2019								
	2019								
10. PARTICIPANT RATIO	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.49	0.92	0.73	0.61	0.42	0.43	0.33	0.12
11. Total Eligibles Referred for Corrective Treatment	CN:	111,628	12,204	22,132	20,345	18,784	22,723	12,486	2,954
	MN:	0							
	Total:	111,628	12,204	22,132	20,345	18,784	22,723	12,486	2,954
12a. Total Eligibles Receiving Any Dental Services	CN:	157,424	211	8,435	26,477	41,833	48,862	26,074	5,532
	MN:	0							
	Total:	157,424	211	8,435	26,477	41,833	48,862	26,074	5,532
12b. Total Eligibles Receiving Preventive Dental Services	CN:	132,068	53	7,079	22,655	36,119	42,205	20,493	3,464
	MN:	0							
	Total:	132,068	53	7,079	22,655	36,119	42,205	20,493	3,464
12c. Total Eligibles Receiving Dental Treatment Services	CN:	67,017	50	582	7,955	18,815	22,689	13,641	3,285
	MN:	0							
	Total:	67,017	50	582	7,955	18,815	22,689	13,641	3,285
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	25,104				9,717	15,387		
	MN:	0							
	Total:	25,104				9,717	15,387		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	148,565	195	8,062	25,454	39,766	46,136	23,998	4,954
	MN:	0							
	Total:	148,565	195	8,062	25,454	39,766	46,136	23,998	4,954
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	720	11	144	228	146	134	52	5
	MN:	0							
	Total:	720	11	144	228	146	134	52	5
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	157,772	222	8,552	26,577	41,879	48,919	26,091	5,532
	MN:	0							
	Total:	157,772	222	8,552	26,577	41,879	48,919	26,091	5,532
13. Total Eligibles Enrolled in Managed Care	CN:	293,576	14,667	36,592	50,569	59,407	69,828	44,073	18,440
	MN:	0							
	Total:	293,576	14,667	36,592	50,569	59,407	69,828	44,073	18,440
14a. Total Number of Screening Blood Lead Tests	CN:	8,977	128	6,109	2,740				
	MN:	0							
	Total:	8,977	128	6,109	2,740				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	x	HEDIS (Method II)		Combination Methodology (Method III)			

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NV	2019	Totals							

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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.

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