FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	Fiscal Year
NC	2025

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		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
1a. Total Individuals Eligible for EPSDT	CN:	1,598,891	69,638	149,023	232,092	317,605	382,807	310,243	137,483
	MN:	997	24	24	88	149	250	292	170
	Total:	1,599,888	69,662	149,047	232,180	317,754	383,057	310,535	137,653
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	1,566,531	57,065	146,973	229,175	314,067	378,764	307,095	133,392
	MN:	861	**	**	80	131	231	256	134
	Total:	1,567,392	**	**	229,255	314,198	378,995	307,351	133,526
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	355,816	652	8,201	35,339	85,360	116,005	92,613	17,646
	MN:	0	0	0	0	0	0	0	0
	Total:	355,816	652	8,201	35,339	85,360	116,005	92,613	17,646
2a. State Periodicity Schedule			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:	18,062,586	425,832	1,717,343	2,684,913	3,689,639	4,457,485	3,615,889	1,471,485
	MN:	9,105	52	192	850	1,388	2,483	2,739	1,401
	Total:	18,071,691	425,884	1,717,535	2,685,763	3,691,027	4,459,968	3,618,628	1,472,886
3b. Average Period of Eligibility	CN:	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.92
	MN:	0.88	0.48	0.80	0.89	0.88	0.90	0.89	0.87
	Total:	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.92
4. Expected Number of Screenings per Eligible	CN:		4.34	2.43	0.98	0.98	0.98	0.98	0.92
	MN:		3.36	2.00	0.89	0.88	0.90	0.89	0.87
	Total:		4.34	2.43	0.98	0.98	0.98	0.98	0.92
5. Expected Number of Screenings	CN:	1,932,047	247,662	357,144	224,592	307,786	371,189	300,953	122,721
	MN:	809	30	40	71	115	208	228	117
	Total:	1,932,856	247,692	357,184	224,663	307,901	371,397	301,181	122,838
6. Total Screens Received	CN:	1,361,597	264,798	325,541	184,991	182,387	219,932	151,528	32,420
	MN:	336	33	25	33	40	92	83	30

Received	Total:	1,361,933	264,831	325,566	185,024	182,427	220,024	151,611	32,450
7. SCREENING RATIO	CN:	0.70	1.00	0.91	0.82	0.59	0.59	0.50	0.26
	MN:	0.42	1.00	0.63	0.46	0.35	0.44	0.36	0.26
	Total:	0.70	1.00	0.91	0.82	0.59	0.59	0.50	0.26
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,531,279	57,065	146,973	224,592	307,786	371,189	300,953	122,721
	MN:	768	**	**	71	115	208	228	117
	Total:	1,532,047	**	**	224,663	307,901	371,397	301,181	122,838
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	903,433	54,639	124,707	163,404	175,361	210,786	144,005	30,531
	MN:	279	**	**	32	37	86	80	**
	Total:	903,712	**	**	163,436	175,398	210,872	144,085	**
10. PARTICIPANT RATIO	CN:	0.59	0.96	0.85	0.73	0.57	0.57	0.48	0.25
	MN:	0.36	0.78	0.50	0.45	0.32	0.41	0.35	0.23
	Total:	0.59	0.96	0.85	0.73	0.57	0.57	0.48	0.25
11. Total Eligibles Referred for Corrective Treatment	CN:	839,125	54,375	123,489	151,198	159,688	190,392	131,522	28,461
	MN:	189	**	**	**	27	50	59	19
	Total:	839,314	**	**	**	159,715	190,442	131,581	28,480
12a. Total Eligibles Receiving Any Dental Services	CN:	825,695	1,374	44,316	130,016	207,328	236,889	162,710	43,062
	MN:	308	0	**	**	45	110	86	45
	Total:	826,003	1,374	**	**	207,373	236,999	162,796	43,107
12b. Total Eligibles Receiving Preventive Dental Services	CN:	767,134	454	42,806	127,066	200,833	223,162	140,312	32,501
	MN:	269	0	**	**	43	103	68	33
	Total:	767,403	454	**	**	200,876	223,265	140,380	32,534
12c. Total Eligibles Receiving Dental Treatment Services	CN:	370,972	652	2,109	32,931	95,936	118,480	96,000	24,864
	MN:	155	0	0	**	**	57	51	**
	Total:	371,127	652	2,109	**	**	118,537	96,051	**
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	98,931				53,596	45,335		
	MN:	24				**	**		
	Total:	98,955				**	**		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	799,647	1,359	44,182	129,089	204,142	229,945	151,432	39,498
	MN:	284	0	**	**	45	106	74	37
	Total:	799,931	1,359	**	**	204,187	230,051	151,506	39,535
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	79,953	4,620	59,221	15,689	249	95	58	21
	MN:	**	0	**	**	0	0	0	0
	Total:	**	4,620	**	**	249	95	58	21
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	821,411	4,834	84,974	134,737	200,869	223,172	140,323	32,502
	MN:	278	0	**	**	43	103	68	33
	Total:	821,689	4,834	**	**	200,912	223,275	140,391	32,535
13. Total Eligibles Enrolled in Managed Care	CN:	1,566,395	57,065	146,973	229,175	314,066	378,762	307,074	133,280
	MN:	854	**	**	79	128	229	256	133
	Total:	1,567,249	**	**	229,254	314,194	378,991	307,330	133,413
14a. Total Number of Screening Blood Lead Tests	CN:	**	**	**	**				
	MN:	**	**	**	**				
	Total:	95,203	114	81,882	13,207				
			Enter X for Method I		Enter X for Method II		Enter X for Method III		

14b. Methodology Used to Calculate 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)			

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

Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on

Note : Due to Privacy Concerns, beneficiary counts of less than 11 have been changed to **