

**FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT**



State Code	Fiscal Year								
	2019	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:	1,298,031	70,984	148,771	220,709	259,478	318,077	214,916	65,096
	MN:	1,548	31	49	77	271	425	379	316
	Total:	1,299,579	71,015	148,820	220,786	259,749	318,502	215,295	65,412
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	1,237,753	57,305	144,550	214,758	248,441	305,463	206,042	61,194
	MN:	1,005	11	29	42	197	294	229	203
	Total:	1,238,758	57,316	144,579	214,800	248,638	305,757	206,271	61,397
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	157,756	176	20,010	34,856	33,422	41,104	27,420	768
	MN:	0	0	0	0	0	0	0	0
	Total:	157,756	176	20,010	34,856	33,422	41,104	27,420	768
2a. State Periodicity Schedule			5	4	3	4	5	4	2
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	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	13,574,197	428,252	1,626,710	2,434,648	2,740,519	3,402,559	2,286,579	654,930
	MN:	9,047	60	193	304	1,859	2,741	1,993	1,897
	Total:	13,583,244	428,312	1,626,903	2,434,952	2,742,378	3,405,300	2,288,572	656,827
3b. Average Period of Eligibility	CN:	0.91	0.62	0.94	0.94	0.92	0.93	0.92	0.89
	MN:	0.75	0.45	0.55	0.60	0.79	0.78	0.73	0.78
	Total:	0.91	0.62	0.94	0.94	0.92	0.93	0.92	0.89
4. Expected Number of Screenings per Eligible	CN:		3.10	1.88	0.94	0.92	0.93	0.92	0.89
	MN:		2.25	1.10	0.60	0.79	0.78	0.73	0.78
	Total:		3.10	1.88	0.94	0.92	0.93	0.92	0.89
5. Expected Number of Screenings	CN:	1,407,942	177,646	271,754	201,873	228,566	284,081	189,559	54,463
	MN:	792	25	32	25	156	229	167	158
	Total:	1,408,734	177,671	271,786	201,898	228,722	284,310	189,726	54,621
6. Total Screens Received	CN:	1,096,870	250,694	306,437	166,465	120,728	158,915	83,322	10,309
	MN:	385	43	24	18	76	127	57	40
	Total:	1,097,255	250,737	306,461	166,483	120,804	159,042	83,379	10,349
7. SCREENING RATIO	CN:	0.78	1.00	1.00	0.82	0.53	0.56	0.44	0.19
	MN:	0.49	1.00	0.75	0.72	0.49	0.55	0.34	0.25
	Total:	0.78	1.00	1.00	0.82	0.53	0.56	0.44	0.19
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,160,397	57,305	144,550	201,873	228,566	284,081	189,559	54,463
	MN:	775	11	29	25	156	229	167	158
	Total:	1,161,172	57,316	144,579	201,898	228,722	284,310	189,726	54,621

\* 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:	688,245	55,003	123,011	151,682	116,609	152,977	79,161	9,802
	MN:	336	10	13	17	75	125	56	40
	Total:	688,581	55,013	123,024	151,699	116,684	153,102	79,217	9,842
10. PARTICIPANT RATIO	CN:	0.59	0.96	0.85	0.75	0.51	0.54	0.42	0.18
	MN:	0.43	0.91	0.45	0.68	0.48	0.55	0.34	0.25
	Total:	0.59	0.96	0.85	0.75	0.51	0.54	0.42	0.18
11. Total Eligibles Referred for Corrective Treatment	CN:	363,664	51,496	91,631	64,583	50,235	62,710	37,768	5,241
	MN:	182	10	8	12	42	64	27	19
	Total:	363,846	51,506	91,639	64,595	50,277	62,774	37,795	5,260
12a. Total Eligibles Receiving Any Dental Services	CN:	650,850	853	37,138	123,207	163,195	194,195	113,050	19,212
	MN:	458	0	2	15	113	163	102	63
	Total:	651,308	853	37,140	123,222	163,308	194,358	113,152	19,275
12b. Total Eligibles Receiving Preventive Dental Services	CN:	614,943	351	35,751	120,034	158,470	185,289	100,134	14,914
	MN:	413	0	2	15	107	158	85	46
	Total:	615,356	351	35,753	120,049	158,577	185,447	100,219	14,960
12c. Total Eligibles Receiving Dental Treatment Services	CN:	288,528	273	2,332	37,914	78,572	92,166	65,576	11,695
	MN:	218	0	0	6	44	73	56	39
	Total:	288,746	273	2,332	37,920	78,616	92,239	65,632	11,734
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	78,171				42,325	35,846		
	MN:	56				26	30		
	Total:	78,227				42,351	35,876		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	635,013	842	37,043	122,236	160,554	189,533	106,846	17,959
	MN:	440	0	2	15	110	158	98	57
	Total:	635,453	842	37,045	122,251	160,664	189,691	106,944	18,016
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	97,976	6,265	74,206	17,232	135	97	35	6
	MN:	7	0	5	2	0	0	0	0
	Total:	97,983	6,265	74,211	17,234	135	97	35	6
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	720,461	6,953	91,999	131,783	163,232	194,216	113,063	19,215
	MN:	463	0	6	16	113	163	102	63
	Total:	720,924	6,953	92,005	131,799	163,345	194,379	113,165	19,278
13. Total Eligibles Enrolled in Managed Care	CN:	1,217,540	53,099	143,206	212,926	246,072	302,408	202,940	56,889
	MN:	908	8	26	38	186	274	203	173
	Total:	1,218,448	53,107	143,232	212,964	246,258	302,682	203,143	57,062
14a. Total Number of Screening Blood Lead Tests	CN:	110,282	339	92,511	17,432				
	MN:	13	0	10	3				
	Total:	110,295	339	92,521	17,435				

\* Includes 12-month visit

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