

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 001 = ALAMANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	21,191	1,228	2,550	3,816	4,996	5,003	3,598	1,156
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,296	1,012	2,498	3,730	4,797	4,808	3,451	1,078
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,035	##	241	447	484	507	356	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	221,870	7,557	28,586	41,920	52,897	52,833	38,077	11,335
3b	Average Period of Eligibility	Total	0.91	0.62	0.95	0.94	0.92	0.92	0.92	0.88
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.94	0.92	0.92	0.92	0.88
5	Expected Number of Screenings	Total	19,742	1,882	2,386	3,494	4,400	4,405	3,175	944
6	Total Screenings Received	Total	19,903	4,764	5,634	3,071	2,446	2,568	1,420	146
7	Screening Ratio	Total	0.97	1.00	1.00	0.88	0.56	0.58	0.45	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 001 = ALAMANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,872	1,012	2,386	3,494	4,400	4,405	3,175	944
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,944	987	2,166	2,680	2,352	2,437	1,322	138
10	Participant Ratio	Total	0.61	0.98	0.91	0.77	0.53	0.55	0.42	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	6,740	959	1,677	1,259	1,107	1,095	643	64
12a	Total Eligibles Receiving Any Dental Services	Total	11,886	42	979	2,306	3,298	3,267	1,994	351
12b	Total Eligibles Receiving Preventive Dental Services	Total	11,302	18	954	2,255	3,201	3,096	1,778	293
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,954	##	55	686	1,590	1,530	1,093	206
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,287				808	479		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	11,611	41	979	2,284	3,242	3,180	1,885	329

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 001 = ALAMANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,906	149	1,501	256	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	13,028	185	1,858	2,425	3,299	3,267	1,994	351
13	Total Eligibles Enrolled in Managed Care	Total	18,987	961	2,408	3,528	4,481	4,473	3,136	889
14	Total Number of Screening Blood Lead Tests	Total	1,950							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 002 = ALEXANDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,194	228	497	704	939	1,063	763	246
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,991	181	479	679	896	1,024	732	227
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	439	##	51	111	94	109	74	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	44,110	1,354	5,544	7,757	9,904	11,408	8,143	2,453
3b	Average Period of Eligibility	Total	0.92	0.62	0.96	0.95	0.92	0.93	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.95	0.92	0.93	0.93	0.90
5	Expected Number of Screenings	Total	3,898	337	462	648	824	950	677	205
6	Total Screenings Received	Total	3,477	716	1,077	545	425	469	245	33
7	Screening Ratio	Total	0.86	1.00	1.00	0.84	0.52	0.49	0.36	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 002 = ALEXANDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,742	181	462	648	824	950	677	205
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,199	175	436	500	409	449	230	29
10	Participant Ratio	Total	0.56	0.97	0.94	0.77	0.50	0.47	0.34	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	1,232	167	332	229	196	199	109	18
12a	Total Eligibles Receiving Any Dental Services	Total	2,383	##	158	415	658	722	430	78
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,284	##	148	403	638	698	397	54
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,022	0	##	128	325	349	220	54
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	320				165	155		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,352	##	158	412	642	718	422	74

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 002 = ALEXANDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	282	22	227	33	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,582	25	318	429	658	722	430	78
13	Total Eligibles Enrolled in Managed Care	Total	3,950	169	478	673	890	1,018	722	200
14	Total Number of Screening Blood Lead Tests	Total	345							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 003 = ALLEGHANY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,433	76	188	235	308	346	280	95
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,375	57	184	230	297	334	273	89
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	160	##	24	29	32	34	41	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	15,241	431	2,063	2,649	3,290	3,716	3,092	898
3b	Average Period of Eligibility	Total	0.92	0.63	0.93	0.96	0.92	0.93	0.94	0.84
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.96	0.92	0.93	0.94	0.84
5	Expected Number of Screenings	Total	1,342	108	172	221	273	310	258	74
6	Total Screenings Received	Total	1,201	201	369	195	153	161	122	14
7	Screening Ratio	Total	0.86	1.00	1.00	0.88	0.56	0.52	0.47	0.19

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 003 = ALLEGHANY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,291	57	172	221	273	310	258	74
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	791	53	148	173	145	158	114	13
10	Participant Ratio	Total	0.59	0.93	0.86	0.78	0.53	0.51	0.44	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	437	49	116	74	61	73	64	##
12a	Total Eligibles Receiving Any Dental Services	Total	842	##	47	157	217	241	180	22
12b	Total Eligibles Receiving Preventive Dental Services	Total	801	0	47	153	208	229	164	17
12c	Total Eligibles Receiving Dental Treatment Services	Total	438	0	##	77	118	128	115	11
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	115				70	45		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	829	##	47	157	213	237	175	21

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 003 = ALLEGHANY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	91	##	80	11	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	909	##	109	162	217	241	180	22
13	Total Eligibles Enrolled in Managed Care	Total	1,346	49	180	227	293	328	269	84
14	Total Number of Screening Blood Lead Tests	Total	159							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 004 = ANSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,911	219	426	632	877	981	776	252
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,788	180	421	623	857	955	752	240
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	329	0	35	53	87	87	67	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	42,956	1,306	4,840	7,299	9,835	10,951	8,725	2,620
3b	Average Period of Eligibility	Total	0.94	0.60	0.96	0.98	0.96	0.96	0.97	0.91
4	Expected Number of Screenings per Eligible	Total		1.80	0.96	0.98	0.96	0.96	0.97	0.91
5	Expected Number of Screenings	Total	3,795	324	404	607	822	911	727	218
6	Total Screenings Received	Total	3,020	674	753	544	341	434	274	52
7	Screening Ratio	Total	0.77	1.00	1.00	0.90	0.41	0.48	0.38	0.24

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 004 = ANSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,651	180	404	607	822	911	727	218
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,969	168	347	463	326	410	255	47
10	Participant Ratio	Total	0.52	0.93	0.86	0.76	0.40	0.45	0.35	0.22
11	Total Eligibles Referred for Corrective Treatment	Total	1,059	165	248	193	144	182	127	23
12a	Total Eligibles Receiving Any Dental Services	Total	1,696	##	61	318	501	510	306	64
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,557	##	58	298	471	470	260	43
12c	Total Eligibles Receiving Dental Treatment Services	Total	834	0	##	142	259	261	172	42
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	248				144	104		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,630	##	61	310	491	483	285	60

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 004 = ANSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	398	29	281	88	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,017	29	302	369	501	510	306	64
13	Total Eligibles Enrolled in Managed Care	Total	3,730	158	415	620	854	947	736	218
14	Total Number of Screening Blood Lead Tests	Total	331							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 005 = ASHE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,916	162	345	495	655	722	537	163
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,773	124	337	488	627	687	510	152
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	339	0	43	75	91	71	59	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	30,867	922	3,825	5,611	7,039	7,715	5,755	1,656
3b	Average Period of Eligibility	Total	0.93	0.62	0.95	0.96	0.94	0.94	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.96	0.94	0.94	0.94	0.91
5	Expected Number of Screenings	Total	2,725	231	318	467	586	643	480	138
6	Total Screenings Received	Total	2,539	543	707	401	337	344	207	31
7	Screening Ratio	Total	0.90	1.00	1.00	0.86	0.58	0.53	0.43	0.22

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 005 = ASHE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,618	124	318	467	586	643	480	138
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,654	119	294	380	331	335	195	29
10	Participant Ratio	Total	0.61	0.96	0.92	0.81	0.56	0.52	0.41	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	1,025	113	234	199	173	203	103	17
12a	Total Eligibles Receiving Any Dental Services	Total	1,507	##	74	279	411	452	291	52
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,428	0	71	271	399	428	259	41
12c	Total Eligibles Receiving Dental Treatment Services	Total	729	##	##	95	225	247	162	35
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	187				112	75		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,466	##	72	276	406	436	276	48

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 005 = ASHE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	231	14	169	48	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,680	15	207	304	411	452	291	52
13	Total Eligibles Enrolled in Managed Care	Total	2,721	116	332	477	619	678	499	133
14	Total Number of Screening Blood Lead Tests	Total	414							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 006 = AVERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,833	96	216	317	402	473	329	118
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,737	80	209	304	389	449	306	102
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	230	##	25	43	55	67	40	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	19,033	586	2,381	3,423	4,270	5,014	3,359	1,046
3b	Average Period of Eligibility	Total	0.91	0.61	0.95	0.94	0.91	0.93	0.91	0.85
4	Expected Number of Screenings per Eligible	Total		1.83	0.95	0.94	0.91	0.93	0.91	0.85
5	Expected Number of Screenings	Total	1,686	146	198	285	357	418	282	87
6	Total Screenings Received	Total	1,504	299	469	221	173	227	115	11
7	Screening Ratio	Total	0.85	1.00	1.00	0.78	0.48	0.54	0.41	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 006 = AVERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,620	80	198	285	357	418	282	87
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	966	76	180	213	168	220	109	##
10	Participant Ratio	Total	0.57	0.95	0.91	0.75	0.47	0.53	0.39	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	506	71	139	85	74	88	49	##
12a	Total Eligibles Receiving Any Dental Services	Total	881	0	34	145	257	271	174	33
12b	Total Eligibles Receiving Preventive Dental Services	Total	821	0	29	137	249	253	153	22
12c	Total Eligibles Receiving Dental Treatment Services	Total	367	0	##	46	107	126	88	20
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	96				51	45		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	849	0	34	142	253	258	162	32

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 006 = AVERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	107	##	83	24	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	967	##	105	160	257	271	174	33
13	Total Eligibles Enrolled in Managed Care	Total	1,664	75	205	294	375	431	284	87
14	Total Number of Screening Blood Lead Tests	Total	120							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 007 = BEAUFORT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,725	329	755	1,113	1,586	1,690	1,252	372
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,503	269	740	1,096	1,552	1,644	1,202	352
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	583	##	59	120	130	140	134	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	72,562	2,018	8,480	12,602	17,513	18,598	13,351	3,905
3b	Average Period of Eligibility	Total	0.93	0.63	0.95	0.96	0.94	0.94	0.93	0.92
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.96	0.94	0.94	0.93	0.92
5	Expected Number of Screenings	Total	6,378	508	707	1,048	1,458	1,545	1,112	326
6	Total Screenings Received	Total	5,466	1,192	1,539	843	711	784	397	48
7	Screening Ratio	Total	0.82	1.00	1.00	0.80	0.49	0.51	0.36	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 007 = BEAUFORT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	6,139	269	707	1,048	1,458	1,545	1,112	326
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,582	263	638	817	704	774	386	46
10	Participant Ratio	Total	0.56	0.98	0.90	0.78	0.48	0.50	0.35	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	2,028	258	488	375	346	363	198	26
12a	Total Eligibles Receiving Any Dental Services	Total	2,945	##	64	438	903	933	607	113
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,720	##	61	418	868	862	511	71
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,247	0	##	127	385	381	354	79
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	408				229	179		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,876	##	64	433	894	915	570	105

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 007 = BEAUFORT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	689	17	506	166	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,549	18	525	563	903	933	607	113
13	Total Eligibles Enrolled in Managed Care	Total	6,459	263	733	1,091	1,544	1,637	1,191	332
14	Total Number of Screening Blood Lead Tests	Total	624							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 008 = BERTIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,815	156	282	454	691	699	533	192
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,696	126	278	441	665	670	516	181
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	247	0	23	52	58	57	57	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	30,330	886	3,217	5,117	7,550	7,620	5,940	1,982
3b	Average Period of Eligibility	Total	0.94	0.59	0.96	0.97	0.95	0.95	0.96	0.91
4	Expected Number of Screenings per Eligible	Total		1.77	0.96	0.97	0.95	0.95	0.96	0.91
5	Expected Number of Screenings	Total	2,677	223	269	426	630	634	495	166
6	Total Screenings Received	Total	1,900	426	501	317	232	257	167	29
7	Screening Ratio	Total	0.68	1.00	1.00	0.74	0.37	0.41	0.34	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 008 = BERTIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,580	126	269	426	630	634	495	166
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,290	126	228	306	227	247	156	29
10	Participant Ratio	Total	0.48	1.00	0.85	0.72	0.36	0.39	0.32	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	624	119	167	99	84	99	56	16
12a	Total Eligibles Receiving Any Dental Services	Total	1,226	0	27	207	431	364	197	43
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,137	0	24	201	410	345	157	29
12c	Total Eligibles Receiving Dental Treatment Services	Total	545	0	##	81	207	155	102	28
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	205				134	71		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,201	0	27	206	423	360	185	40

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 008 = BERTIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	215	11	135	69	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,416	11	148	265	431	364	197	43
13	Total Eligibles Enrolled in Managed Care	Total	2,248	98	231	370	562	568	419	135
14	Total Number of Screening Blood Lead Tests	Total	204							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 009 = BLADEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	5,159	309	609	881	1,116	1,284	960	347
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,948	252	593	863	1,078	1,238	924	331
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	424	##	49	89	86	119	81	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	55,268	1,961	6,839	10,032	12,078	13,883	10,475	3,623
3b	Average Period of Eligibility	Total	0.93	0.65	0.96	0.97	0.93	0.93	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.95	0.96	0.97	0.93	0.93	0.94	0.91
5	Expected Number of Screenings	Total	4,932	491	569	836	1,005	1,156	875	303
6	Total Screenings Received	Total	4,067	1,106	1,090	746	386	475	264	52
7	Screening Ratio	Total	0.79	1.00	1.00	0.89	0.38	0.41	0.30	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 009 = BLADEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	4,693	252	569	836	1,005	1,156	875	303
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,367	246	467	626	358	431	239	49
10	Participant Ratio	Total	0.48	0.98	0.82	0.75	0.36	0.37	0.27	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	1,423	240	360	323	172	213	115	29
12a	Total Eligibles Receiving Any Dental Services	Total	2,604	##	101	478	747	799	479	111
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,425	##	93	460	721	752	399	86
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,204	0	15	152	342	379	316	68
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	463				262	201		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,522	##	100	463	729	774	456	107

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 009 = BLADEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	437	26	325	86	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,947	27	371	524	747	799	479	111
13	Total Eligibles Enrolled in Managed Care	Total	4,914	245	590	857	1,069	1,233	920	322
14	Total Number of Screening Blood Lead Tests	Total	436							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 010 = BRUNSWICK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	13,026	667	1,513	2,186	2,948	3,320	2,392	814
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	12,486	544	1,466	2,132	2,845	3,193	2,306	753
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,219	##	155	250	267	290	257	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	137,893	4,047	16,719	24,184	31,705	35,682	25,556	8,065
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.95	0.93	0.93	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.95	0.93	0.93	0.92	0.89
5	Expected Number of Screenings	Total	12,156	1,010	1,393	2,011	2,637	2,976	2,129	672
6	Total Screenings Received	Total	9,743	2,185	2,976	1,438	1,110	1,315	719	75
7	Screening Ratio	Total	0.77	1.00	1.00	0.72	0.42	0.44	0.34	0.11

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 010 = BRUNSWICK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	11,690	544	1,393	2,011	2,637	2,976	2,129	672
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,999	521	1,193	1,299	1,065	1,251	670	70
10	Participant Ratio	Total	0.49	0.96	0.86	0.65	0.40	0.42	0.31	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	3,442	498	947	621	494	570	312	36
12a	Total Eligibles Receiving Any Dental Services	Total	5,944	##	177	968	1,757	1,917	1,125	220
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,555	##	153	911	1,705	1,812	974	174
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,874	0	19	306	863	960	726	152
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	741				414	327		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,815	##	176	965	1,728	1,870	1,076	213

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 010 = BRUNSWICK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	918	57	744	117	##	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,725	60	826	1,039	1,757	1,917	1,126	220
13	Total Eligibles Enrolled in Managed Care	Total	12,326	520	1,451	2,108	2,817	3,169	2,261	703
14	Total Number of Screening Blood Lead Tests	Total	995							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 011 = BUNCOMBE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	27,189	1,670	3,491	4,891	6,074	6,464	4,599	1,482
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	25,549	1,322	3,399	4,696	5,698	6,150	4,284	1,332
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,165	11	454	736	678	766	520	15
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	279,343	10,166	38,206	53,388	62,494	67,906	47,183	13,975
3b	Average Period of Eligibility	Total	0.91	0.64	0.94	0.95	0.91	0.92	0.92	0.87
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.95	0.91	0.92	0.92	0.87
5	Expected Number of Screenings	Total	24,993	2,538	3,194	4,461	5,212	5,658	3,930	1,165
6	Total Screenings Received	Total	23,896	6,049	6,894	3,485	2,794	3,116	1,558	211
7	Screening Ratio	Total	0.92	1.00	1.00	0.78	0.54	0.55	0.40	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 011 = BUNCOMBE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	23,777	1,322	3,194	4,461	5,212	5,658	3,930	1,165
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	14,603	1,259	2,848	3,280	2,708	3,003	1,505	199
10	Participant Ratio	Total	0.59	0.95	0.89	0.74	0.52	0.53	0.38	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	8,055	1,211	2,158	1,387	1,205	1,342	752	117
12a	Total Eligibles Receiving Any Dental Services	Total	14,672	##	1,187	2,931	3,967	4,142	2,445	418
12b	Total Eligibles Receiving Preventive Dental Services	Total	14,179	##	1,147	2,892	3,884	4,017	2,239	354
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,694	##	107	834	1,671	1,799	1,283	232
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,643				908	735		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	14,460	##	1,187	2,915	3,927	4,073	2,358	403

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 011 = BUNCOMBE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,534	119	1,139	276	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	15,628	125	1,908	3,040	3,968	4,142	2,445	418
13	Total Eligibles Enrolled in Managed Care	Total	25,225	1,260	3,352	4,649	5,640	6,094	4,230	1,235
14	Total Number of Screening Blood Lead Tests	Total	2,356							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 012 = BURKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	12,179	715	1,433	2,104	2,811	2,896	2,220	816
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,679	569	1,407	2,065	2,723	2,782	2,133	774
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,211	0	159	268	271	283	230	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	129,530	4,412	16,145	23,790	30,255	31,220	23,708	8,399
3b	Average Period of Eligibility	Total	0.92	0.65	0.96	0.96	0.93	0.94	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.95	0.96	0.96	0.93	0.94	0.93	0.90
5	Expected Number of Screenings	Total	11,538	1,110	1,351	1,982	2,519	2,603	1,973	700
6	Total Screenings Received	Total	11,310	2,791	3,116	1,708	1,397	1,480	818	111
7	Screening Ratio	Total	0.93	1.00	1.00	0.86	0.55	0.57	0.41	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 012 = BURKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	10,997	569	1,351	1,982	2,519	2,603	1,973	700
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,920	556	1,240	1,580	1,342	1,419	783	104
10	Participant Ratio	Total	0.60	0.98	0.92	0.80	0.53	0.55	0.40	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	4,020	531	982	717	678	718	394	63
12a	Total Eligibles Receiving Any Dental Services	Total	5,946	##	322	1,087	1,695	1,732	1,110	229
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,588	##	306	1,055	1,621	1,640	966	180
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,880	##	14	340	897	880	749	138
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	780				474	306		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,779	##	322	1,075	1,660	1,674	1,048	217

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 012 = BURKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,318	128	944	246	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,949	130	1,056	1,226	1,695	1,732	1,110	229
13	Total Eligibles Enrolled in Managed Care	Total	11,502	547	1,387	2,047	2,690	2,748	2,083	713
14	Total Number of Screening Blood Lead Tests	Total	1,111							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 013 = CABARRUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	24,062	1,387	2,915	4,223	5,485	5,985	4,067	1,178
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	22,753	1,111	2,833	4,070	5,187	5,697	3,855	1,100
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,685	##	282	564	629	726	484	13
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	247,102	8,575	31,818	45,823	56,480	62,573	41,833	11,560
3b	Average Period of Eligibility	Total	0.90	0.64	0.94	0.94	0.91	0.92	0.90	0.88
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.94	0.91	0.92	0.90	0.88
5	Expected Number of Screenings	Total	22,023	2,133	2,649	3,825	4,707	5,219	3,490	962
6	Total Screenings Received	Total	19,813	5,006	5,254	2,900	2,423	2,775	1,455	194
7	Screening Ratio	Total	0.87	1.00	1.00	0.76	0.51	0.53	0.42	0.20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 013 = CABARRUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	21,001	1,111	2,649	3,825	4,707	5,219	3,490	962
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	12,593	1,064	2,304	2,750	2,361	2,703	1,411	184
10	Participant Ratio	Total	0.58	0.96	0.87	0.72	0.50	0.52	0.40	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	6,785	1,029	1,710	1,126	1,052	1,203	665	97
12a	Total Eligibles Receiving Any Dental Services	Total	12,593	##	853	2,444	3,483	3,721	2,092	349
12b	Total Eligibles Receiving Preventive Dental Services	Total	12,064	##	837	2,392	3,394	3,547	1,894	270
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,754	0	51	776	1,768	1,931	1,228	207
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,882				1,049	833		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	12,340	##	853	2,424	3,428	3,636	1,999	336

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 013 = CABARRUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,337	117	1,004	216	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	13,496	122	1,545	2,533	3,483	3,721	2,092	349
13	Total Eligibles Enrolled in Managed Care	Total	22,264	1,007	2,779	4,008	5,083	5,602	3,785	1,018
14	Total Number of Screening Blood Lead Tests	Total	1,772							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 014 = CALDWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	11,109	641	1,324	1,879	2,437	2,744	2,084	686
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	10,668	513	1,309	1,843	2,345	2,661	1,997	648
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,025	##	146	203	218	239	219	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	118,702	3,915	15,027	21,327	26,319	29,773	22,341	7,204
3b	Average Period of Eligibility	Total	0.93	0.64	0.96	0.96	0.94	0.93	0.93	0.93
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.94	0.93	0.93	0.93
5	Expected Number of Screenings	Total	10,556	985	1,257	1,775	2,193	2,479	1,867	598
6	Total Screenings Received	Total	8,513	2,081	2,615	1,343	794	1,092	588	75
7	Screening Ratio	Total	0.77	1.00	1.00	0.76	0.36	0.44	0.31	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 014 = CALDWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	10,084	513	1,257	1,775	2,193	2,479	1,867	598
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,256	505	1,115	1,239	771	1,059	567	75
10	Participant Ratio	Total	0.50	0.98	0.89	0.70	0.35	0.43	0.30	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	2,018	266	505	389	264	374	220	33
12a	Total Eligibles Receiving Any Dental Services	Total	5,299	##	281	890	1,445	1,631	1,052	203
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,914	##	264	830	1,389	1,544	887	150
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,418	0	21	307	664	773	653	120
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	695				371	324		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,110	##	279	879	1,420	1,566	966	189

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 014 = CALDWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,029	51	792	186	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,079	59	894	998	1,445	1,631	1,052	203
13	Total Eligibles Enrolled in Managed Care	Total	10,548	498	1,298	1,833	2,325	2,628	1,966	585
14	Total Number of Screening Blood Lead Tests	Total	1,016							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 015 = CAMDEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	695	37	92	114	128	198	126	37
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	648	21	85	111	122	193	116	32
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	72	##	14	21	##	24	13	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	6,918	153	910	1,253	1,323	2,066	1,213	320
3b	Average Period of Eligibility	Total	0.89	0.61	0.89	0.94	0.90	0.89	0.87	0.83
4	Expected Number of Screenings per Eligible	Total		1.83	0.89	0.94	0.90	0.89	0.87	0.83
5	Expected Number of Screenings	Total	602	38	76	104	110	173	101	27
6	Total Screenings Received	Total	545	93	184	88	47	92	41	##
7	Screening Ratio	Total	0.87	1.00	1.00	0.85	0.43	0.53	0.41	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 015 = CAMDEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	585	21	76	104	110	173	101	27
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	351	21	70	82	47	91	40	##
10	Participant Ratio	Total	0.58	1.00	0.92	0.79	0.43	0.53	0.40	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	198	21	59	38	19	38	23	##
12a	Total Eligibles Receiving Any Dental Services	Total	252	0	##	47	73	92	40	11
12b	Total Eligibles Receiving Preventive Dental Services	Total	226	0	##	43	67	83	33	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	116	0	##	15	35	40	26	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	37				18	19		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	238	0	##	45	66	88	39	11

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 015 = CAMDEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	43	##	43	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	304	##	47	52	73	92	40	11
13	Total Eligibles Enrolled in Managed Care	Total	609	20	82	109	113	178	107	25
14	Total Number of Screening Blood Lead Tests	Total	52							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 016 = CARTERET

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,265	339	705	1,094	1,387	1,554	1,186	352
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	5,959	273	694	1,058	1,318	1,485	1,131	337
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	657	##	85	149	145	156	122	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	65,604	2,039	7,833	11,972	14,687	16,650	12,423	3,647
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.94	0.93	0.93	0.92	0.90
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.94	0.93	0.93	0.92	0.90
5	Expected Number of Screenings	Total	5,807	508	653	998	1,222	1,388	1,038	304
6	Total Screenings Received	Total	5,594	1,220	1,624	809	790	786	365	39
7	Screening Ratio	Total	0.92	1.00	1.00	0.81	0.65	0.57	0.35	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 016 = CARTERET

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	5,572	273	653	998	1,222	1,388	1,038	304
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,603	265	627	792	780	781	358	36
10	Participant Ratio	Total	0.62	0.97	0.96	0.79	0.64	0.56	0.34	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	2,028	258	477	344	359	396	194	25
12a	Total Eligibles Receiving Any Dental Services	Total	2,707	##	73	435	833	840	526	114
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,520	##	67	405	795	794	459	89
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,171	0	12	118	380	367	294	76
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	390				239	151		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,658	##	73	429	819	824	513	111

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 016 = CARTERET

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	541	29	405	107	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,172	32	432	509	833	840	526	114
13	Total Eligibles Enrolled in Managed Care	Total	5,868	259	683	1,045	1,296	1,472	1,113	322
14	Total Number of Screening Blood Lead Tests	Total	660							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 017 = CASWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,979	134	341	509	655	776	564	165
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,863	109	333	496	625	754	546	159
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	244	##	27	52	47	72	46	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	31,832	803	3,839	5,676	6,940	8,495	6,079	1,744
3b	Average Period of Eligibility	Total	0.93	0.61	0.96	0.95	0.93	0.94	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.83	0.96	0.95	0.93	0.94	0.93	0.91
5	Expected Number of Screenings	Total	2,789	199	320	473	581	709	507	146
6	Total Screenings Received	Total	2,103	404	642	342	242	312	161	20
7	Screening Ratio	Total	0.72	1.00	1.00	0.72	0.42	0.44	0.32	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 017 = CASWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,699	109	320	473	581	709	507	146
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,388	104	281	314	233	299	157	19
10	Participant Ratio	Total	0.49	0.95	0.88	0.66	0.40	0.42	0.31	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	687	100	205	139	89	97	57	14
12a	Total Eligibles Receiving Any Dental Services	Total	1,480	##	104	289	360	451	276	51
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,364	0	101	279	344	418	222	33
12c	Total Eligibles Receiving Dental Treatment Services	Total	646	0	13	98	173	200	162	32
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	128				80	48		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,428	##	104	286	350	435	253	49

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 017 = CASWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	191	11	160	20	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,611	13	214	297	360	451	276	51
13	Total Eligibles Enrolled in Managed Care	Total	2,795	105	324	482	610	743	531	147
14	Total Number of Screening Blood Lead Tests	Total	212							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 018 = CATAWBA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	20,291	1,236	2,683	3,714	4,464	4,784	3,410	1,082
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,321	977	2,612	3,631	4,283	4,579	3,239	991
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,507	##	299	550	583	624	451	11
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	212,460	7,383	29,682	41,217	47,474	50,920	35,784	10,192
3b	Average Period of Eligibility	Total	0.91	0.63	0.95	0.95	0.92	0.93	0.92	0.86
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.95	0.92	0.93	0.92	0.86
5	Expected Number of Screenings	Total	18,915	1,847	2,482	3,425	3,940	4,240	2,981	851
6	Total Screenings Received	Total	18,231	4,095	5,847	2,852	1,937	2,298	1,202	152
7	Screening Ratio	Total	0.93	1.00	1.00	0.83	0.49	0.54	0.40	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 018 = CATAWBA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,045	977	2,482	3,425	3,940	4,240	2,981	851
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,132	945	2,300	2,593	1,903	2,240	1,151	147
10	Participant Ratio	Total	0.60	0.97	0.93	0.76	0.48	0.53	0.39	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	6,490	910	1,812	1,169	918	1,079	602	77
12a	Total Eligibles Receiving Any Dental Services	Total	10,944	##	742	2,147	3,007	3,130	1,918	317
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,503	##	709	2,088	2,933	3,030	1,743	260
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,483	0	60	739	1,350	1,306	1,028	175
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,395				783	612		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,783	##	741	2,139	2,984	3,076	1,843	307

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 018 = CATAWBA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,305	175	1,742	388	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	12,582	178	2,006	2,340	3,010	3,130	1,918	317
13	Total Eligibles Enrolled in Managed Care	Total	19,136	939	2,601	3,612	4,249	4,545	3,190	899
14	Total Number of Screening Blood Lead Tests	Total	2,169							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 019 = CHATHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,380	341	788	1,116	1,462	1,603	1,070	280
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,089	277	771	1,088	1,402	1,532	1,019	253
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	819	##	103	190	192	214	120	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	67,145	2,078	8,801	12,484	15,521	16,865	11,396	2,623
3b	Average Period of Eligibility	Total	0.92	0.63	0.95	0.96	0.92	0.92	0.93	0.86
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.96	0.92	0.92	0.93	0.86
5	Expected Number of Screenings	Total	5,951	524	733	1,041	1,297	1,409	947	218
6	Total Screenings Received	Total	5,397	1,168	1,668	814	635	728	384	20
7	Screening Ratio	Total	0.88	1.00	1.00	0.78	0.49	0.52	0.41	0.09

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 019 = CHATHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	5,704	277	733	1,041	1,297	1,409	947	218
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,435	265	694	775	624	707	370	20
10	Participant Ratio	Total	0.58	0.96	0.95	0.74	0.48	0.50	0.39	0.09
11	Total Eligibles Referred for Corrective Treatment	Total	1,995	258	530	383	303	328	193	11
12a	Total Eligibles Receiving Any Dental Services	Total	3,604	##	306	718	993	1,029	558	85
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,435	##	297	708	966	981	483	67
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,496	0	24	221	473	471	307	53
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	467				261	206		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,515	##	304	715	981	1,003	512	79

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 019 = CHATHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	348	18	286	44	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,808	27	467	734	993	1,029	558	85
13	Total Eligibles Enrolled in Managed Care	Total	6,000	261	762	1,079	1,385	1,517	996	236
14	Total Number of Screening Blood Lead Tests	Total	575							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 020 = CHEROKEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,548	207	408	582	765	903	683	186
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,359	164	391	558	732	866	648	172
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	386	0	46	85	88	96	71	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	36,156	1,239	4,346	6,161	7,867	9,529	7,014	1,843
3b	Average Period of Eligibility	Total	0.90	0.63	0.93	0.92	0.90	0.92	0.90	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.92	0.90	0.92	0.90	0.89
5	Expected Number of Screenings	Total	3,219	310	361	513	657	795	583	154
6	Total Screenings Received	Total	2,354	569	740	358	267	287	133	##
7	Screening Ratio	Total	0.70	1.00	1.00	0.70	0.41	0.36	0.23	0.03

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 020 = CHEROKEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,073	164	361	513	657	795	583	154
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,485	154	315	342	263	283	128	##
10	Participant Ratio	Total	0.46	0.94	0.87	0.67	0.40	0.36	0.22	0.03
11	Total Eligibles Referred for Corrective Treatment	Total	872	143	242	145	126	150	66	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,461	##	25	217	453	472	294	53
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,329	0	22	207	432	431	237	32
12c	Total Eligibles Receiving Dental Treatment Services	Total	756	0	##	67	212	262	215	38
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	279				148	131		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,388	##	24	213	449	445	257	47

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 020 = CHEROKEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	292	20	222	50	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,728	21	239	249	453	472	294	53
13	Total Eligibles Enrolled in Managed Care	Total	3,283	156	385	545	721	852	624	154
14	Total Number of Screening Blood Lead Tests	Total	302							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 021 = CHOWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,838	94	190	316	448	434	356	120
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,783	82	189	312	428	423	349	114
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	181	##	17	43	42	36	43	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	19,993	634	2,151	3,614	4,886	4,786	3,922	1,231
3b	Average Period of Eligibility	Total	0.93	0.64	0.95	0.97	0.95	0.94	0.94	0.90
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.97	0.95	0.94	0.94	0.90
5	Expected Number of Screenings	Total	1,771	157	180	301	407	400	326	103
6	Total Screenings Received	Total	1,354	374	405	209	114	139	113	16
7	Screening Ratio	Total	0.73	1.00	1.00	0.69	0.28	0.35	0.35	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 021 = CHOWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,696	82	180	301	407	400	326	103
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	799	80	159	202	114	137	107	15
10	Participant Ratio	Total	0.45	0.98	0.88	0.67	0.28	0.34	0.33	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	443	79	128	69	50	65	52	11
12a	Total Eligibles Receiving Any Dental Services	Total	693	0	##	142	212	203	136	28
12b	Total Eligibles Receiving Preventive Dental Services	Total	622	0	##	135	198	182	107	17
12c	Total Eligibles Receiving Dental Treatment Services	Total	296	0	0	29	88	98	81	19
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	100				56	44		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	664	0	##	141	207	193	123	25

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 021 = CHOWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	26	##	26	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	729	##	33	145	212	203	136	28
13	Total Eligibles Enrolled in Managed Care	Total	1,767	81	188	309	424	421	344	108
14	Total Number of Screening Blood Lead Tests	Total	39							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 022 = CLAY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,240	95	135	218	272	304	216	60
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,164	80	128	206	252	291	207	59
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	139	0	12	32	30	30	35	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	12,457	615	1,384	2,290	2,712	3,220	2,236	598
3b	Average Period of Eligibility	Total	0.89	0.64	0.90	0.93	0.90	0.92	0.90	0.84
4	Expected Number of Screenings per Eligible	Total		1.92	0.90	0.93	0.90	0.92	0.90	0.84
5	Expected Number of Screenings	Total	1,142	154	116	191	226	269	186	49
6	Total Screenings Received	Total	929	318	242	144	103	80	42	##
7	Screening Ratio	Total	0.78	1.00	1.00	0.75	0.46	0.30	0.23	0.08

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 022 = CLAY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,068	80	116	191	226	269	186	49
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	530	77	95	135	103	80	40	##
10	Participant Ratio	Total	0.48	0.96	0.82	0.71	0.46	0.30	0.22	0.08
11	Total Eligibles Referred for Corrective Treatment	Total	326	76	76	60	55	32	27	##
12a	Total Eligibles Receiving Any Dental Services	Total	499	0	##	90	148	163	98	25
12b	Total Eligibles Receiving Preventive Dental Services	Total	458	0	##	84	147	150	77	15
12c	Total Eligibles Receiving Dental Treatment Services	Total	235	0	##	25	53	88	69	19
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	96				53	43		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	469	0	##	89	141	155	84	24

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 022 = CLAY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	91	14	61	16	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	587	14	66	98	148	163	98	25
13	Total Eligibles Enrolled in Managed Care	Total	1,151	78	125	205	250	288	205	55
14	Total Number of Screening Blood Lead Tests	Total	83							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 023 = CLEVELAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	15,450	887	1,801	2,705	3,570	3,702	2,785	977
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	14,817	716	1,760	2,640	3,437	3,583	2,681	921
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,281	##	160	247	320	328	226	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	165,415	5,428	20,291	30,264	38,860	40,436	30,136	9,849
3b	Average Period of Eligibility	Total	0.93	0.63	0.96	0.96	0.94	0.94	0.94	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.96	0.94	0.94	0.94	0.89
5	Expected Number of Screenings	Total	14,685	1,353	1,690	2,524	3,239	3,366	2,513	819
6	Total Screenings Received	Total	11,107	2,685	3,131	1,751	1,248	1,414	878	123
7	Screening Ratio	Total	0.72	1.00	1.00	0.69	0.39	0.42	0.35	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 023 = CLEVELAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	14,048	716	1,690	2,524	3,239	3,366	2,513	819
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	7,208	691	1,371	1,706	1,220	1,380	840	120
10	Participant Ratio	Total	0.49	0.97	0.81	0.68	0.38	0.41	0.33	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	4,106	663	1,057	699	577	678	432	62
12a	Total Eligibles Receiving Any Dental Services	Total	7,767	##	379	1,466	2,165	2,244	1,513	321
12b	Total Eligibles Receiving Preventive Dental Services	Total	7,400	##	373	1,428	2,110	2,122	1,367	245
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,831	0	21	509	1,163	1,177	961	224
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,078				592	486		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	7,530	##	378	1,441	2,127	2,159	1,425	298

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 023 = CLEVELAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	966	56	781	129	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	8,508	57	994	1,535	2,165	2,244	1,513	321
13	Total Eligibles Enrolled in Managed Care	Total	14,637	689	1,744	2,611	3,412	3,547	2,634	831
14	Total Number of Screening Blood Lead Tests	Total	975							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 024 = COLUMBUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,583	515	1,069	1,639	2,135	2,398	1,827	659
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,237	436	1,043	1,613	2,073	2,311	1,761	631
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	698	##	64	116	161	199	158	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	104,382	3,330	12,080	18,694	23,639	26,522	20,117	7,041
3b	Average Period of Eligibility	Total	0.94	0.64	0.97	0.97	0.95	0.96	0.95	0.93
4	Expected Number of Screenings per Eligible	Total		1.92	0.97	0.97	0.95	0.96	0.95	0.93
5	Expected Number of Screenings	Total	9,271	836	1,007	1,559	1,976	2,215	1,678	586
6	Total Screenings Received	Total	7,427	1,701	2,078	1,319	833	976	520	77
7	Screening Ratio	Total	0.76	1.00	1.00	0.85	0.42	0.44	0.31	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 024 = COLUMBUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,871	436	1,007	1,559	1,976	2,215	1,678	586
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,550	419	856	1,141	757	905	472	74
10	Participant Ratio	Total	0.49	0.96	0.85	0.73	0.38	0.41	0.28	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	2,717	405	673	560	397	433	249	37
12a	Total Eligibles Receiving Any Dental Services	Total	4,588	0	174	875	1,341	1,344	854	200
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,228	0	161	828	1,281	1,257	701	142
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,047	0	24	281	564	618	560	140
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	593				346	247		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,424	0	134	850	1,313	1,308	819	193

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 024 = COLUMBUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	597	29	448	120	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,041	29	536	937	1,341	1,344	854	200
13	Total Eligibles Enrolled in Managed Care	Total	9,150	415	1,030	1,601	2,069	2,296	1,739	592
14	Total Number of Screening Blood Lead Tests	Total	987							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 025 = CRAVEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	11,654	679	1,509	2,143	2,643	2,730	1,950	626
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,070	523	1,471	2,083	2,539	2,612	1,842	571
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,099	##	151	258	268	248	174	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	121,531	3,863	16,522	23,401	28,030	29,135	20,580	6,109
3b	Average Period of Eligibility	Total	0.91	0.62	0.94	0.94	0.92	0.93	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.94	0.92	0.93	0.93	0.89
5	Expected Number of Screenings	Total	10,796	973	1,383	1,951	2,342	2,433	1,714	508
6	Total Screenings Received	Total	9,868	2,194	3,041	1,578	1,131	1,197	727	93
7	Screening Ratio	Total	0.88	1.00	1.00	0.81	0.48	0.49	0.42	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 025 = CRAVEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	10,346	523	1,383	1,951	2,342	2,433	1,714	508
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,213	494	1,260	1,455	1,119	1,181	704	88
10	Participant Ratio	Total	0.58	0.94	0.91	0.75	0.48	0.49	0.41	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	3,354	483	946	648	457	472	348	41
12a	Total Eligibles Receiving Any Dental Services	Total	5,341	##	288	1,136	1,607	1,486	824	150
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,072	0	283	1,102	1,559	1,425	703	102
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,942	##	32	311	630	532	437	84
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	589				370	219		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,250	##	288	1,130	1,591	1,460	781	143

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTER FOR MEDICARE MEDICAID SERVICES  
025 = CRAVEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,260	84	967	209	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,318	88	1,059	1,254	1,607	1,486	824	150
13	Total Eligibles Enrolled in Managed Care	Total	10,918	488	1,451	2,061	2,505	2,587	1,826	529
14	Total Number of Screening Blood Lead Tests	Total	1,396							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

RPT:HMLR5502

29NOV17

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 026 = CUMBERLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	47,629	2,726	5,738	8,404	11,029	11,423	8,309	3,035
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	45,428	2,195	5,563	8,144	10,554	10,984	7,988	2,885
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,344	##	331	689	801	904	619	17
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	502,448	16,284	62,889	92,213	117,602	123,698	89,762	31,440
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.94	0.93	0.94	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.94	0.93	0.94	0.94	0.91
5	Expected Number of Screenings	Total	44,599	4,083	5,229	7,681	9,814	10,326	7,466	2,620
6	Total Screenings Received	Total	40,388	9,141	11,161	6,262	5,155	5,469	3,200	442
7	Screening Ratio	Total	0.86	1.00	1.00	0.82	0.53	0.53	0.43	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 026 = CUMBERLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	42,711	2,195	5,229	7,681	9,814	10,326	7,466	2,620
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	25,312	2,084	4,496	5,677	4,945	5,145	2,965	405
10	Participant Ratio	Total	0.57	0.95	0.86	0.74	0.50	0.50	0.40	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	13,058	1,870	3,143	2,372	2,182	2,168	1,323	220
12a	Total Eligibles Receiving Any Dental Services	Total	23,304	36	1,445	4,216	6,762	6,655	4,190	972
12b	Total Eligibles Receiving Preventive Dental Services	Total	22,178	13	1,397	4,087	6,593	6,371	3,717	779
12c	Total Eligibles Receiving Dental Treatment Services	Total	9,949	14	100	1,335	2,951	3,016	2,533	606
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	2,616				1,650	966		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	22,814	33	1,442	4,185	6,661	6,520	3,973	914

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 026 = CUMBERLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	4,341	303	3,267	771	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	26,317	329	3,765	4,616	6,762	6,655	4,190	972
13	Total Eligibles Enrolled in Managed Care	Total	43,690	2,135	5,365	7,837	10,148	10,568	7,637	2,719
14	Total Number of Screening Blood Lead Tests	Total	3,928							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 027 = CURRITUCK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,016	102	276	347	454	496	341	92
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,875	79	265	329	425	463	314	80
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	164	##	26	40	40	36	22	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	19,619	514	2,820	3,599	4,501	4,851	3,334	818
3b	Average Period of Eligibility	Total	0.87	0.54	0.89	0.91	0.88	0.87	0.88	0.85
4	Expected Number of Screenings per Eligible	Total		1.62	0.89	0.91	0.88	0.87	0.88	0.85
5	Expected Number of Screenings	Total	1,723	128	234	301	375	406	279	69
6	Total Screenings Received	Total	1,606	311	590	249	177	179	100	13
7	Screening Ratio	Total	0.90	1.00	1.00	0.83	0.47	0.44	0.36	0.19

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 027 = CURRITUCK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,674	79	234	301	375	406	279	69
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	969	78	219	233	172	174	93	13
10	Participant Ratio	Total	0.56	0.99	0.94	0.77	0.46	0.43	0.33	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	547	75	176	87	83	79	47	##
12a	Total Eligibles Receiving Any Dental Services	Total	827	0	27	153	254	258	135	25
12b	Total Eligibles Receiving Preventive Dental Services	Total	764	0	27	144	236	242	115	20
12c	Total Eligibles Receiving Dental Treatment Services	Total	384	0	0	52	121	132	79	12
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	146				82	64		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	804	0	27	151	247	251	128	23

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 027 = CURRITUCK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	210	##	188	22	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,019	##	200	172	254	258	135	25
13	Total Eligibles Enrolled in Managed Care	Total	1,810	76	264	322	416	443	289	61
14	Total Number of Screening Blood Lead Tests	Total	198							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 028 = DARE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,410	196	455	640	733	835	551	168
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,205	158	443	623	689	783	509	157
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	496	##	92	120	112	105	67	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	34,642	1,219	5,007	7,017	7,446	8,543	5,410	1,635
3b	Average Period of Eligibility	Total	0.90	0.64	0.94	0.94	0.90	0.91	0.89	0.87
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.94	0.90	0.91	0.89	0.87
5	Expected Number of Screenings	Total	3,084	303	416	583	621	711	450	136
6	Total Screenings Received	Total	3,088	616	1,015	474	313	434	236	30
7	Screening Ratio	Total	0.97	1.00	1.00	0.81	0.50	0.61	0.52	0.22

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 028 = DARE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,939	158	416	583	621	711	450	136
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,953	154	395	458	305	425	216	28
10	Participant Ratio	Total	0.64	0.97	0.95	0.79	0.49	0.60	0.48	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	998	154	318	161	117	143	105	12
12a	Total Eligibles Receiving Any Dental Services	Total	1,574	0	34	328	470	482	260	43
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,473	0	30	321	448	452	222	30
12c	Total Eligibles Receiving Dental Treatment Services	Total	638	0	##	104	203	196	135	20
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	158				88	70		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,536	0	34	327	462	467	246	43

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 028 = DARE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	415	33	363	19	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,956	33	367	344	470	482	260	43
13	Total Eligibles Enrolled in Managed Care	Total	3,152	153	439	618	679	771	492	133
14	Total Number of Screening Blood Lead Tests	Total	300							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 029 = DAVIDSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	20,707	1,248	2,643	3,581	4,552	5,046	3,637	1,124
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,719	1,019	2,587	3,484	4,340	4,850	3,439	1,019
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,188	##	301	474	492	540	381	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	217,496	7,724	29,669	39,858	48,236	53,733	38,276	10,635
3b	Average Period of Eligibility	Total	0.92	0.63	0.96	0.95	0.93	0.92	0.93	0.87
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.95	0.93	0.92	0.93	0.87
5	Expected Number of Screenings	Total	19,381	1,926	2,469	3,310	4,014	4,472	3,190	889
6	Total Screenings Received	Total	18,992	4,533	5,460	2,555	2,284	2,621	1,539	171
7	Screening Ratio	Total	0.95	1.00	1.00	0.77	0.57	0.59	0.48	0.19

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 029 = DAVIDSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,474	1,019	2,469	3,310	4,014	4,472	3,190	889
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	12,024	994	2,288	2,455	2,222	2,567	1,498	165
10	Participant Ratio	Total	0.63	0.98	0.93	0.74	0.55	0.57	0.47	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	6,109	964	1,661	948	972	943	621	80
12a	Total Eligibles Receiving Any Dental Services	Total	9,977	##	458	1,693	2,963	3,084	1,779	275
12b	Total Eligibles Receiving Preventive Dental Services	Total	9,500	##	448	1,643	2,888	2,953	1,568	206
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,741	0	38	601	1,518	1,518	1,066	158
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,649				968	681		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	9,770	##	457	1,673	2,922	3,023	1,695	263

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTER FOR MEDICARE MEDICAID SERVICES  
029 = DAVIDSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,089	154	1,700	235	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,679	156	1,855	1,842	2,963	3,084	1,779	275
13	Total Eligibles Enrolled in Managed Care	Total	19,559	993	2,565	3,467	4,310	4,820	3,404	955
14	Total Number of Screening Blood Lead Tests	Total	1,660							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

RPT:HMLR5502

29NOV17

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 030 = DAVIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,371	269	550	761	959	1,060	772	251
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,133	217	537	740	897	1,009	733	231
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	450	##	60	108	91	109	82	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	45,680	1,560	6,096	8,477	9,955	11,383	8,209	2,446
3b	Average Period of Eligibility	Total	0.92	0.60	0.95	0.95	0.92	0.94	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.80	0.95	0.95	0.92	0.94	0.93	0.88
5	Expected Number of Screenings	Total	4,068	391	508	706	829	951	683	203
6	Total Screenings Received	Total	3,829	833	1,102	560	463	573	298	37
7	Screening Ratio	Total	0.91	1.00	1.00	0.79	0.56	0.60	0.44	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 030 = DAVIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,894	217	508	706	829	951	683	203
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,503	199	471	531	454	562	286	37
10	Participant Ratio	Total	0.62	0.92	0.93	0.75	0.55	0.59	0.42	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	1,277	176	353	218	214	206	110	19
12a	Total Eligibles Receiving Any Dental Services	Total	2,244	0	115	391	639	698	401	86
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,166	0	110	386	628	665	377	65
12c	Total Eligibles Receiving Dental Treatment Services	Total	940	0	##	128	294	313	205	55
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	339				185	154		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,203	0	115	390	633	678	387	81

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 030 = DAVIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	361	24	295	42	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,529	24	352	415	639	698	401	86
13	Total Eligibles Enrolled in Managed Care	Total	4,072	193	530	731	889	1,006	723	209
14	Total Number of Screening Blood Lead Tests	Total	422							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 031 = DUPLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,926	607	1,261	1,755	2,295	2,377	1,631	501
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,494	478	1,235	1,719	2,206	2,298	1,558	460
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,052	39	150	187	255	250	171	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	105,660	3,791	14,093	19,809	24,776	25,818	17,373	4,933
3b	Average Period of Eligibility	Total	0.93	0.66	0.95	0.96	0.94	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.98	0.95	0.96	0.94	0.94	0.93	0.89
5	Expected Number of Screenings	Total	9,438	946	1,173	1,650	2,072	2,152	1,445	412
6	Total Screenings Received	Total	8,027	1,985	2,413	1,224	906	983	516	53
7	Screening Ratio	Total	0.82	1.00	1.00	0.74	0.44	0.46	0.36	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 031 = DUPLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,970	478	1,173	1,650	2,072	2,152	1,445	412
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,982	461	1,044	1,164	884	946	483	51
10	Participant Ratio	Total	0.54	0.96	0.89	0.71	0.43	0.44	0.33	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	2,752	438	784	494	380	413	243	24
12a	Total Eligibles Receiving Any Dental Services	Total	5,432	##	321	1,095	1,540	1,523	953	149
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,152	##	296	1,039	1,506	1,466	845	106
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,616	##	38	396	792	799	591	97
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	748				427	321		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,326	##	320	1,081	1,523	1,487	915	143

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 031 = DUPLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	680	80	540	60	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,938	82	721	1,119	1,540	1,523	953	149
13	Total Eligibles Enrolled in Managed Care	Total	9,420	453	1,224	1,712	2,200	2,284	1,547	431
14	Total Number of Screening Blood Lead Tests	Total	844							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 032 = DURHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	35,921	2,326	4,813	6,670	8,518	8,213	5,381	1,650
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	33,676	1,819	4,623	6,388	8,048	7,748	5,050	1,472
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,349	##	425	770	831	835	488	13
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	365,210	13,728	51,395	71,811	87,690	84,922	55,664	15,769
3b	Average Period of Eligibility	Total	0.90	0.63	0.93	0.94	0.91	0.91	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.94	0.91	0.91	0.92	0.89
5	Expected Number of Screenings	Total	32,715	3,438	4,276	5,983	7,303	7,080	4,635	1,316
6	Total Screenings Received	Total	32,147	7,986	9,391	4,608	4,169	3,932	2,061	288
7	Screening Ratio	Total	0.95	1.00	1.00	0.77	0.57	0.56	0.44	0.22

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 032 = DURHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	31,096	1,819	4,276	5,983	7,303	7,080	4,635	1,316
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	20,089	1,737	3,918	4,439	4,101	3,871	2,023	281
10	Participant Ratio	Total	0.63	0.95	0.92	0.74	0.56	0.55	0.44	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	9,251	1,639	2,670	1,478	1,298	1,324	842	112
12a	Total Eligibles Receiving Any Dental Services	Total	19,185	20	1,479	4,189	5,604	5,013	2,880	472
12b	Total Eligibles Receiving Preventive Dental Services	Total	18,341	##	1,448	4,097	5,464	4,777	2,555	342
12c	Total Eligibles Receiving Dental Treatment Services	Total	8,483	0	129	1,440	2,855	2,403	1,656	313
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	2,129				1,370	759		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	18,775	20	1,467	4,155	5,496	4,898	2,739	445

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 032 = DURHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,895	196	2,230	469	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	21,080	209	2,994	4,379	5,604	5,014	2,880	472
13	Total Eligibles Enrolled in Managed Care	Total	32,954	1,585	4,524	6,293	7,939	7,647	4,966	1,345
14	Total Number of Screening Blood Lead Tests	Total	1,877							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 033 = EDGEcombe

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	10,500	555	1,179	1,820	2,465	2,585	1,896	748
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	10,182	441	1,163	1,795	2,416	2,523	1,844	717
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	644	##	51	120	150	189	134	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	115,078	3,404	13,559	20,944	27,597	28,632	20,942	8,046
3b	Average Period of Eligibility	Total	0.94	0.64	0.97	0.97	0.95	0.95	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.92	0.97	0.97	0.95	0.95	0.95	0.94
5	Expected Number of Screenings	Total	10,158	847	1,129	1,752	2,301	2,381	1,748	670
6	Total Screenings Received	Total	8,299	1,667	2,454	1,337	1,028	1,177	636	95
7	Screening Ratio	Total	0.78	1.00	1.00	0.76	0.45	0.49	0.36	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 033 = EDGEcombe

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	9,752	441	1,129	1,752	2,301	2,381	1,748	670
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,398	412	996	1,265	1,007	1,119	599	89
10	Participant Ratio	Total	0.53	0.93	0.88	0.72	0.44	0.47	0.34	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	2,589	387	710	460	358	403	271	45
12a	Total Eligibles Receiving Any Dental Services	Total	4,629	0	165	975	1,323	1,344	822	223
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,320	0	145	934	1,265	1,265	711	149
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,279	0	##	322	699	711	547	165
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	476				303	173		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,515	0	163	970	1,291	1,314	777	207

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 033 = EDGEcombe

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	565	35	458	72	##	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,113	35	573	1,015	1,324	1,344	822	223
13	Total Eligibles Enrolled in Managed Care	Total	10,043	395	1,156	1,780	2,395	2,494	1,823	692
14	Total Number of Screening Blood Lead Tests	Total	859							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 034 = FORSYTH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	49,466	2,808	5,966	9,059	11,473	12,017	8,143	2,517
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	47,193	2,224	5,823	8,792	11,002	11,580	7,772	2,327
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	4,823	12	480	1,031	1,185	1,259	856	13
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	522,532	16,819	66,452	100,404	122,886	129,388	86,583	24,588
3b	Average Period of Eligibility	Total	0.92	0.63	0.95	0.95	0.93	0.93	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.95	0.93	0.93	0.93	0.88
5	Expected Number of Screenings	Total	46,348	4,203	5,532	8,352	10,259	10,770	7,232	2,053
6	Total Screenings Received	Total	42,187	7,848	11,972	6,629	5,921	6,367	3,450	397
7	Screening Ratio	Total	0.88	1.00	1.00	0.79	0.58	0.59	0.48	0.19

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 034 = FORSYTH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	44,369	2,224	5,532	8,352	10,259	10,770	7,232	2,053
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	28,503	2,062	4,959	6,250	5,770	6,147	3,315	385
10	Participant Ratio	Total	0.62	0.93	0.90	0.75	0.56	0.57	0.46	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	11,875	1,823	3,183	1,804	1,911	1,992	1,162	144
12a	Total Eligibles Receiving Any Dental Services	Total	26,006	11	1,406	5,029	7,455	7,634	4,471	732
12b	Total Eligibles Receiving Preventive Dental Services	Total	24,926	##	1,363	4,899	7,279	7,324	4,061	588
12c	Total Eligibles Receiving Dental Treatment Services	Total	12,365	##	166	1,898	3,977	3,759	2,565	421
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	3,166				1,870	1,296		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	25,418	11	1,405	4,949	7,332	7,447	4,274	697

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 034 = FORSYTH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	4,699	277	3,605	817	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	29,375	282	4,100	5,430	7,455	7,635	4,473	732
13	Total Eligibles Enrolled in Managed Care	Total	46,628	2,141	5,748	8,704	10,898	11,471	7,666	2,140
14	Total Number of Screening Blood Lead Tests	Total	4,136							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 035 = FRANKLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,206	464	964	1,436	1,907	2,009	1,426	446
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	7,865	366	945	1,409	1,833	1,941	1,371	428
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	899	##	115	216	205	199	164	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	87,405	2,826	10,868	16,262	20,511	21,700	15,238	4,652
3b	Average Period of Eligibility	Total	0.93	0.64	0.96	0.96	0.93	0.93	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.93	0.93	0.93	0.91
5	Expected Number of Screenings	Total	7,757	703	907	1,353	1,708	1,810	1,276	389
6	Total Screenings Received	Total	7,028	1,668	1,957	1,118	785	957	543	66
7	Screening Ratio	Total	0.87	1.00	1.00	0.83	0.46	0.53	0.43	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 035 = FRANKLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	7,420	366	907	1,353	1,708	1,810	1,276	389
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,388	352	822	1,022	762	918	512	63
10	Participant Ratio	Total	0.57	0.96	0.91	0.76	0.45	0.51	0.40	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,413	339	604	432	336	440	262	34
12a	Total Eligibles Receiving Any Dental Services	Total	4,111	##	244	764	1,155	1,209	739	125
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,901	0	231	746	1,114	1,157	653	96
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,916	0	20	222	577	637	460	78
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	450				266	184		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,032	##	243	760	1,139	1,190	700	118

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 035 = FRANKLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	407	24	327	56	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,411	25	491	792	1,155	1,209	739	125
13	Total Eligibles Enrolled in Managed Care	Total	7,754	352	936	1,402	1,810	1,914	1,340	388
14	Total Number of Screening Blood Lead Tests	Total	711							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 036 = GASTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	28,769	1,762	3,650	5,127	6,373	6,886	4,971	1,582
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	27,424	1,416	3,555	4,993	6,118	6,582	4,760	1,479
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,554	14	298	533	589	632	488	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	302,147	10,610	40,178	56,576	68,197	73,607	52,979	15,596
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.94	0.93	0.93	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.94	0.93	0.93	0.93	0.88
5	Expected Number of Screenings	Total	26,932	2,634	3,359	4,711	5,689	6,120	4,419	1,299
6	Total Screenings Received	Total	23,663	5,626	6,943	3,820	2,708	2,975	1,591	168
7	Screening Ratio	Total	0.84	1.00	1.00	0.81	0.48	0.49	0.36	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 036 = GASTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	25,714	1,416	3,359	4,711	5,689	6,120	4,419	1,299
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	14,479	1,374	2,920	3,347	2,553	2,796	1,489	162
10	Participant Ratio	Total	0.54	0.97	0.87	0.71	0.45	0.46	0.34	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	8,470	1,305	2,283	1,571	1,234	1,341	736	86
12a	Total Eligibles Receiving Any Dental Services	Total	14,080	20	970	2,702	3,920	3,912	2,556	483
12b	Total Eligibles Receiving Preventive Dental Services	Total	13,328	18	948	2,642	3,815	3,686	2,219	375
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,938	0	51	846	1,724	1,821	1,496	334
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,885				1,093	792		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	13,684	20	970	2,676	3,824	3,789	2,405	456

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTER FOR MEDICARE MEDICAID SERVICES  
036 = GASTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,239	85	936	218	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	14,956	102	1,653	2,812	3,920	3,913	2,556	483
13	Total Eligibles Enrolled in Managed Care	Total	27,082	1,338	3,525	4,961	6,066	6,507	4,685	1,353
14	Total Number of Screening Blood Lead Tests	Total	1,948							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

RPT:HMLR5502

29NOV17

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 037 = GATES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,200	73	143	197	262	317	208	61
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,127	59	136	187	243	302	200	60
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	120	0	13	22	29	36	20	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	12,050	404	1,495	2,095	2,594	3,264	2,198	639
3b	Average Period of Eligibility	Total	0.89	0.57	0.92	0.93	0.89	0.90	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.71	0.92	0.93	0.89	0.90	0.92	0.89
5	Expected Number of Screenings	Total	1,074	101	125	175	217	272	184	53
6	Total Screenings Received	Total	818	228	253	112	70	94	61	##
7	Screening Ratio	Total	0.73	1.00	1.00	0.64	0.32	0.35	0.33	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 037 = GATES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,032	59	125	175	217	272	184	53
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	487	54	106	106	69	94	58	##
10	Participant Ratio	Total	0.46	0.92	0.85	0.61	0.32	0.35	0.32	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	266	50	75	46	26	43	26	##
12a	Total Eligibles Receiving Any Dental Services	Total	434	0	##	57	121	174	82	11
12b	Total Eligibles Receiving Preventive Dental Services	Total	408	0	##	53	120	163	72	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	156	0	##	17	34	59	46	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	66				29	37		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	424	0	##	57	120	167	80	##

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 037 = GATES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	73	##	57	16	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	514	##	64	73	121	174	82	11
13	Total Eligibles Enrolled in Managed Care	Total	1,072	53	118	180	235	294	192	56
14	Total Number of Screening Blood Lead Tests	Total	116							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

RPT:HMLR5502

29NOV17

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 038 = GRAHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,358	79	127	244	305	338	265	90
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,317	59	125	242	299	329	263	86
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	72	0	11	23	17	21	##	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	14,496	446	1,415	2,703	3,304	3,681	2,947	905
3b	Average Period of Eligibility	Total	0.91	0.63	0.94	0.93	0.92	0.93	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.93	0.92	0.93	0.93	0.88
5	Expected Number of Screenings	Total	1,283	112	118	226	275	306	246	76
6	Total Screenings Received	Total	876	194	238	143	109	129	63	12
7	Screening Ratio	Total	0.65	1.00	1.00	0.63	0.40	0.42	0.26	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 038 = GRAHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,230	59	118	226	275	306	246	76
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	568	53	94	137	104	123	57	11
10	Participant Ratio	Total	0.44	0.90	0.80	0.61	0.38	0.40	0.23	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	333	50	78	70	42	65	28	##
12a	Total Eligibles Receiving Any Dental Services	Total	674	0	21	114	176	208	155	29
12b	Total Eligibles Receiving Preventive Dental Services	Total	613	0	20	103	160	197	133	21
12c	Total Eligibles Receiving Dental Treatment Services	Total	298	0	##	36	85	89	88	19
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	109				51	58		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	634	0	13	106	165	205	145	27

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 038 = GRAHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	34	##	34	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	707	##	52	116	176	208	155	29
13	Total Eligibles Enrolled in Managed Care	Total	1,284	51	121	240	292	322	258	82
14	Total Number of Screening Blood Lead Tests	Total	116							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 039 = GRANVILLE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,522	372	797	1,118	1,458	1,648	1,129	361
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,077	275	777	1,076	1,363	1,537	1,049	331
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	710	0	84	165	169	177	115	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	66,725	2,187	8,886	12,160	15,070	16,919	11,503	3,561
3b	Average Period of Eligibility	Total	0.91	0.66	0.95	0.94	0.92	0.92	0.91	0.90
4	Expected Number of Screenings per Eligible	Total		1.98	0.95	0.94	0.92	0.92	0.91	0.90
5	Expected Number of Screenings	Total	5,926	545	743	1,012	1,257	1,409	960	296
6	Total Screenings Received	Total	5,007	1,286	1,493	707	508	644	369	48
7	Screening Ratio	Total	0.81	1.00	1.00	0.70	0.40	0.46	0.38	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 039 = GRANVILLE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	5,656	275	743	1,012	1,257	1,409	960	296
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,082	272	649	678	502	626	355	46
10	Participant Ratio	Total	0.53	0.99	0.87	0.67	0.40	0.44	0.37	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	1,590	261	465	252	195	257	160	23
12a	Total Eligibles Receiving Any Dental Services	Total	2,880	##	188	533	819	841	499	105
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,709	##	175	511	791	797	435	81
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,351	0	14	192	405	439	301	67
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	299				180	119		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,812	##	187	531	803	817	474	102

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 039 = GRANVILLE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	311	21	249	41	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,108	21	374	554	819	841	499	105
13	Total Eligibles Enrolled in Managed Care	Total	5,967	260	768	1,064	1,344	1,510	1,021	297
14	Total Number of Screening Blood Lead Tests	Total	499							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 040 = GREENE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,295	176	340	542	760	862	615	183
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,166	149	332	536	732	827	590	166
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	289	##	20	50	76	75	68	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	35,060	1,131	3,820	6,115	8,160	9,276	6,558	1,714
3b	Average Period of Eligibility	Total	0.92	0.63	0.96	0.95	0.93	0.93	0.93	0.86
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.95	0.93	0.93	0.93	0.86
5	Expected Number of Screenings	Total	3,109	282	317	510	681	772	547	142
6	Total Screenings Received	Total	2,775	590	696	426	376	439	248	24
7	Screening Ratio	Total	0.86	1.00	1.00	0.84	0.55	0.57	0.45	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 040 = GREENE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,976	149	317	510	681	772	547	142
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,894	145	298	418	367	429	237	24
10	Participant Ratio	Total	0.62	0.97	0.94	0.82	0.54	0.56	0.43	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	1,045	144	223	184	158	203	133	14
12a	Total Eligibles Receiving Any Dental Services	Total	1,680	##	69	319	497	482	313	52
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,580	##	67	307	474	459	273	38
12c	Total Eligibles Receiving Dental Treatment Services	Total	706	0	##	99	223	202	182	27
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	250				160	90		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,648	##	69	315	488	476	300	50

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 040 = GREENE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	293	23	222	48	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,902	23	245	342	497	482	313	52
13	Total Eligibles Enrolled in Managed Care	Total	3,147	144	330	536	729	823	585	157
14	Total Number of Screening Blood Lead Tests	Total	313							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 041 = GUILFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	68,795	4,143	8,612	12,407	15,434	16,546	11,653	3,738
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	65,883	3,304	8,414	12,117	14,864	15,946	11,238	3,540
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	5,774	21	734	1,221	1,308	1,391	1,099	22
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	735,647	24,893	96,661	139,218	167,578	180,655	126,642	39,057
3b	Average Period of Eligibility	Total	0.93	0.63	0.96	0.96	0.94	0.94	0.94	0.92
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.96	0.94	0.94	0.94	0.92
5	Expected Number of Screenings	Total	65,452	6,245	8,078	11,633	13,970	14,989	10,537	3,253
6	Total Screenings Received	Total	57,293	14,430	16,845	8,664	6,580	7,126	3,648	423
7	Screening Ratio	Total	0.84	1.00	1.00	0.74	0.47	0.48	0.35	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 041 = GUILFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	62,511	3,304	8,078	11,633	13,970	14,989	10,537	3,253
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	35,146	3,171	6,928	8,091	6,447	6,972	3,537	409
10	Participant Ratio	Total	0.54	0.96	0.86	0.70	0.46	0.47	0.34	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	18,081	2,955	5,018	3,178	2,473	2,858	1,599	210
12a	Total Eligibles Receiving Any Dental Services	Total	35,851	19	2,550	7,244	9,847	10,115	6,076	1,037
12b	Total Eligibles Receiving Preventive Dental Services	Total	34,341	##	2,507	7,099	9,588	9,741	5,406	813
12c	Total Eligibles Receiving Dental Treatment Services	Total	17,818	##	273	2,885	5,675	5,276	3,709	622
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	3,726				2,224	1,502		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	35,015	19	2,546	7,153	9,681	9,896	5,720	977

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 041 = GUILFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	6,211	434	4,772	1,005	##	##	0	##
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	39,853	444	5,743	7,627	9,848	10,115	6,076	1,038
13	Total Eligibles Enrolled in Managed Care	Total	64,992	3,143	8,303	11,998	14,731	15,771	11,046	3,250
14	Total Number of Screening Blood Lead Tests	Total	8,687							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 042 = HALIFAX

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,222	477	975	1,352	1,893	2,037	1,488	542
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	7,856	390	950	1,315	1,816	1,968	1,417	509
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	619	0	67	115	153	152	132	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	87,929	3,003	10,934	15,142	20,522	22,315	16,013	5,623
3b	Average Period of Eligibility	Total	0.93	0.64	0.96	0.96	0.94	0.94	0.94	0.92
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.94	0.94	0.94	0.92
5	Expected Number of Screenings	Total	7,829	749	912	1,262	1,713	1,857	1,336	471
6	Total Screenings Received	Total	7,176	1,584	2,044	1,106	869	971	602	74
7	Screening Ratio	Total	0.87	1.00	1.00	0.88	0.51	0.52	0.45	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 042 = HALIFAX

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	7,470	390	912	1,262	1,713	1,857	1,336	471
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,567	381	829	1,019	839	939	560	72
10	Participant Ratio	Total	0.58	0.98	0.91	0.81	0.49	0.51	0.42	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	2,230	376	599	354	295	350	256	44
12a	Total Eligibles Receiving Any Dental Services	Total	4,026	##	171	765	1,231	1,164	695	195
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,799	##	163	725	1,204	1,108	599	137
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,818	0	##	233	604	553	428	119
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	573				371	202		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,931	##	171	762	1,214	1,132	652	187

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 042 = HALIFAX

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	957	90	716	151	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,784	90	763	841	1,231	1,164	695	195
13	Total Eligibles Enrolled in Managed Care	Total	7,757	369	936	1,307	1,801	1,947	1,397	473
14	Total Number of Screening Blood Lead Tests	Total	850							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 043 = HARNETT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	16,200	918	2,014	2,854	3,704	3,924	2,786	903
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	15,380	739	1,956	2,763	3,526	3,743	2,653	841
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,443	##	163	314	322	377	267	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	170,102	5,523	22,120	31,454	39,201	42,123	29,681	9,011
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.95	0.93	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.95	0.93	0.94	0.93	0.89
5	Expected Number of Screenings	Total	15,088	1,375	1,839	2,625	3,269	3,508	2,472	750
6	Total Screenings Received	Total	13,058	3,205	3,919	2,052	1,445	1,559	878	121
7	Screening Ratio	Total	0.83	1.00	1.00	0.78	0.44	0.44	0.36	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 043 = HARNETT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	14,452	739	1,839	2,625	3,269	3,508	2,472	750
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	8,033	716	1,638	1,932	1,408	1,499	840	111
10	Participant Ratio	Total	0.54	0.97	0.89	0.74	0.43	0.43	0.34	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	4,690	688	1,300	928	666	713	395	68
12a	Total Eligibles Receiving Any Dental Services	Total	8,384	13	453	1,478	2,478	2,471	1,491	299
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,004	##	444	1,430	2,425	2,361	1,344	232
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,775	##	29	453	1,159	1,212	922	207
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,137				701	436		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,206	12	453	1,467	2,449	2,417	1,408	273

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTER FOR MEDICARE MEDICAID SERVICES  
043 = HARNETT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,515	95	1,148	272	##	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	9,538	103	1,353	1,642	2,478	2,471	1,491	299
13	Total Eligibles Enrolled in Managed Care	Total	15,046	685	1,908	2,716	3,463	3,679	2,595	739
14	Total Number of Screening Blood Lead Tests	Total	2,027							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

RPT:HMLR5502

29NOV17

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 044 = HAYWOOD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	7,245	435	942	1,329	1,577	1,714	1,248	488
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,899	342	921	1,297	1,501	1,640	1,198	455
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	702	##	99	136	153	181	133	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	76,140	2,503	10,343	14,772	16,769	18,302	13,451	4,786
3b	Average Period of Eligibility	Total	0.92	0.61	0.94	0.95	0.93	0.93	0.94	0.88
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.95	0.93	0.93	0.94	0.88
5	Expected Number of Screenings	Total	6,768	626	861	1,231	1,401	1,525	1,124	400
6	Total Screenings Received	Total	6,702	1,502	2,088	1,071	769	814	458	70
7	Screening Ratio	Total	0.94	1.00	1.00	0.87	0.55	0.53	0.41	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 044 = HAYWOOD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	6,484	342	861	1,231	1,401	1,525	1,124	400
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,046	328	790	954	742	795	437	65
10	Participant Ratio	Total	0.60	0.96	0.92	0.77	0.53	0.52	0.39	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,499	319	655	501	380	403	241	33
12a	Total Eligibles Receiving Any Dental Services	Total	3,893	##	311	776	1,015	1,095	696	152
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,780	##	288	770	1,002	1,070	650	116
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,721	0	17	227	494	543	440	97
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	663				329	334		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,824	##	309	763	1,006	1,076	670	143

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 044 = HAYWOOD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	687	31	523	133	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,344	33	653	852	1,015	1,095	696	152
13	Total Eligibles Enrolled in Managed Care	Total	6,797	324	910	1,284	1,474	1,620	1,185	406
14	Total Number of Screening Blood Lead Tests	Total	622							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 045 = HENDERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	11,850	748	1,533	2,120	2,723	2,842	1,884	609
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,301	602	1,492	2,067	2,616	2,730	1,794	548
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,380	##	189	292	351	331	217	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	122,725	4,457	16,704	23,136	28,705	30,159	19,564	5,368
3b	Average Period of Eligibility	Total	0.90	0.62	0.93	0.93	0.91	0.92	0.91	0.82
4	Expected Number of Screenings per Eligible	Total		1.86	0.93	0.93	0.91	0.92	0.91	0.82
5	Expected Number of Screenings	Total	10,977	1,120	1,395	1,929	2,387	2,511	1,635	445
6	Total Screenings Received	Total	10,652	2,870	3,005	1,480	1,280	1,356	661	65
7	Screening Ratio	Total	0.94	1.00	1.00	0.77	0.54	0.54	0.40	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 045 = HENDERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	10,459	602	1,395	1,929	2,387	2,511	1,635	445
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,502	588	1,283	1,418	1,257	1,318	638	63
10	Participant Ratio	Total	0.60	0.98	0.92	0.74	0.53	0.52	0.39	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	3,407	472	843	598	576	611	307	29
12a	Total Eligibles Receiving Any Dental Services	Total	6,324	##	508	1,255	1,798	1,774	989	150
12b	Total Eligibles Receiving Preventive Dental Services	Total	6,036	##	498	1,222	1,758	1,700	858	104
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,881	##	39	467	908	865	602	92
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	641				398	243		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,192	##	504	1,251	1,775	1,734	928	139

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 045 = HENDERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	800	43	643	114	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,825	45	923	1,293	1,799	1,775	990	150
13	Total Eligibles Enrolled in Managed Care	Total	11,183	582	1,481	2,044	2,603	2,708	1,765	475
14	Total Number of Screening Blood Lead Tests	Total	1,089							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 046 = HERTFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,457	181	380	555	821	884	636	234
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,297	130	370	546	789	843	619	221
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	223	0	18	38	57	61	49	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	37,289	1,028	4,294	6,352	8,967	9,577	7,071	2,481
3b	Average Period of Eligibility	Total	0.94	0.66	0.97	0.97	0.95	0.95	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.98	0.97	0.97	0.95	0.95	0.95	0.94
5	Expected Number of Screenings	Total	3,280	257	357	529	749	798	590	206
6	Total Screenings Received	Total	2,554	454	789	409	293	352	257	31
7	Screening Ratio	Total	0.74	1.00	1.00	0.77	0.39	0.44	0.44	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 046 = HERTFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,153	130	357	529	749	798	590	206
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,718	122	328	394	288	347	239	30
10	Participant Ratio	Total	0.52	0.94	0.92	0.74	0.38	0.43	0.41	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	838	118	241	129	121	123	106	17
12a	Total Eligibles Receiving Any Dental Services	Total	1,503	0	32	245	488	479	259	57
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,415	0	29	236	474	451	225	36
12c	Total Eligibles Receiving Dental Treatment Services	Total	687	0	##	79	253	221	134	33
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	233				147	86		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,473	0	31	241	482	469	250	51

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 046 = HERTFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	314	12	226	76	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,780	12	241	301	488	479	259	57
13	Total Eligibles Enrolled in Managed Care	Total	3,249	121	362	538	780	837	611	212
14	Total Number of Screening Blood Lead Tests	Total	282							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 047 = HOKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,402	456	921	1,475	1,933	2,089	1,528	504
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,059	358	895	1,441	1,878	2,010	1,477	482
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	464	##	51	77	111	124	101	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	91,194	2,829	10,247	16,697	21,552	22,976	16,893	5,314
3b	Average Period of Eligibility	Total	0.94	0.66	0.95	0.97	0.96	0.95	0.95	0.92
4	Expected Number of Screenings per Eligible	Total		1.98	0.95	0.97	0.96	0.95	0.95	0.92
5	Expected Number of Screenings	Total	8,070	709	850	1,388	1,798	1,918	1,407	443
6	Total Screenings Received	Total	6,986	1,568	1,924	1,142	809	966	577	73
7	Screening Ratio	Total	0.83	1.00	1.00	0.82	0.45	0.50	0.41	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 047 = HOKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	7,719	358	850	1,388	1,798	1,918	1,407	443
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,392	342	757	1,020	789	936	548	63
10	Participant Ratio	Total	0.55	0.96	0.89	0.73	0.44	0.49	0.39	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	2,339	328	589	450	351	383	238	35
12a	Total Eligibles Receiving Any Dental Services	Total	3,974	##	193	767	1,103	1,143	768	173
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,741	##	187	734	1,057	1,092	671	139
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,897	##	22	286	555	550	484	107
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	419				240	179		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,890	##	191	761	1,087	1,119	732	165

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 047 = HOKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	948	77	648	223	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,654	81	690	869	1,103	1,143	768	173
13	Total Eligibles Enrolled in Managed Care	Total	7,891	320	875	1,421	1,843	1,983	1,449	459
14	Total Number of Screening Blood Lead Tests	Total	758							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 048 = HYDE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	653	37	76	119	159	140	122	48
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	631	29	76	116	155	136	119	43
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	0	0	##	##	##	##	##	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	7,059	234	869	1,322	1,743	1,526	1,365	470
3b	Average Period of Eligibility	Total	0.93	0.67	0.95	0.95	0.94	0.94	0.96	0.91
4	Expected Number of Screenings per Eligible	Total		2.01	0.95	0.95	0.94	0.94	0.96	0.91
5	Expected Number of Screenings	Total	626	58	72	110	145	128	113	39
6	Total Screenings Received	Total	591	130	164	108	73	70	46	##
7	Screening Ratio	Total	0.90	1.00	1.00	0.98	0.50	0.55	0.41	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 048 = HYDE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	597	29	72	110	145	128	113	39
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	358	28	62	90	68	67	43	##
10	Participant Ratio	Total	0.57	0.97	0.86	0.82	0.47	0.52	0.38	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	194	28	53	37	26	31	19	##
12a	Total Eligibles Receiving Any Dental Services	Total	292	0	11	51	103	75	52	13
12b	Total Eligibles Receiving Preventive Dental Services	Total	275	0	11	48	100	71	45	11
12c	Total Eligibles Receiving Dental Treatment Services	Total	118	0	0	20	46	26	26	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	44				25	19		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	287	0	11	51	101	75	49	13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 048 = HYDE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	58	##	43	15	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	340	##	49	61	103	75	52	13
13	Total Eligibles Enrolled in Managed Care	Total	616	27	74	113	154	134	114	38
14	Total Number of Screening Blood Lead Tests	Total	52							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 049 = IREDELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	17,644	1,136	2,260	3,154	3,860	4,299	2,935	923
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	16,598	911	2,193	3,043	3,661	4,048	2,742	839
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,042	##	284	451	458	519	330	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	179,424	6,835	24,525	34,106	39,687	44,418	29,853	8,627
3b	Average Period of Eligibility	Total	0.90	0.63	0.93	0.93	0.90	0.91	0.91	0.86
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.93	0.90	0.91	0.91	0.86
5	Expected Number of Screenings	Total	16,090	1,722	2,039	2,829	3,310	3,700	2,490	721
6	Total Screenings Received	Total	15,099	3,691	4,522	2,241	1,684	2,005	956	97
7	Screening Ratio	Total	0.90	1.00	1.00	0.79	0.51	0.54	0.38	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 049 = IREDELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	15,279	911	2,039	2,829	3,310	3,700	2,490	721
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	9,327	868	1,821	2,116	1,652	1,968	902	91
10	Participant Ratio	Total	0.59	0.95	0.89	0.75	0.50	0.53	0.36	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	5,435	838	1,422	1,013	776	951	435	55
12a	Total Eligibles Receiving Any Dental Services	Total	8,599	11	455	1,582	2,469	2,644	1,438	229
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,194	##	429	1,532	2,416	2,531	1,286	173
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,955	##	41	588	1,211	1,279	836	159
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,300				693	607		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,407	##	453	1,570	2,427	2,579	1,378	220

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 049 = IREDELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,444	120	1,150	174	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	9,754	126	1,384	1,693	2,469	2,644	1,438	229
13	Total Eligibles Enrolled in Managed Care	Total	16,303	837	2,160	2,999	3,619	4,001	2,687	723
14	Total Number of Screening Blood Lead Tests	Total	1,437							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 050 = JACKSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,583	292	643	844	1,032	1,022	750	276
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,301	227	621	815	980	963	695	251
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	464	##	79	97	100	99	89	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	46,710	1,688	6,936	9,161	10,766	10,655	7,504	2,613
3b	Average Period of Eligibility	Total	0.90	0.62	0.93	0.94	0.92	0.92	0.90	0.87
4	Expected Number of Screenings per Eligible	Total		1.86	0.93	0.94	0.92	0.92	0.90	0.87
5	Expected Number of Screenings	Total	4,174	422	577	763	898	888	626	217
6	Total Screenings Received	Total	3,253	793	1,108	482	326	364	180	26
7	Screening Ratio	Total	0.75	1.00	1.00	0.63	0.36	0.41	0.29	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 050 = JACKSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,979	227	577	763	898	888	626	217
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,961	215	460	451	315	347	173	25
10	Participant Ratio	Total	0.47	0.95	0.80	0.59	0.35	0.39	0.28	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	1,146	183	362	219	143	154	85	11
12a	Total Eligibles Receiving Any Dental Services	Total	1,929	##	135	393	613	514	274	61
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,840	0	126	383	593	497	241	43
12c	Total Eligibles Receiving Dental Treatment Services	Total	940	##	16	161	332	254	177	40
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	394				240	154		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,890	##	135	386	605	503	261	58

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 050 = JACKSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	79	##	79	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,995	##	198	396	613	514	274	61
13	Total Eligibles Enrolled in Managed Care	Total	4,208	220	605	798	963	945	677	234
14	Total Number of Screening Blood Lead Tests	Total	444							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 051 = JOHNSTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	25,906	1,402	3,070	4,579	5,817	6,538	4,500	1,362
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	24,654	1,109	3,004	4,453	5,574	6,221	4,293	1,282
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,845	##	353	644	615	765	468	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	272,062	8,327	34,222	51,016	61,881	69,363	47,253	13,701
3b	Average Period of Eligibility	Total	0.92	0.63	0.95	0.95	0.93	0.93	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.95	0.93	0.93	0.92	0.89
5	Expected Number of Screenings	Total	24,060	2,095	2,839	4,259	5,155	5,774	3,938	1,140
6	Total Screenings Received	Total	22,044	4,622	6,239	3,576	2,728	3,236	1,643	158
7	Screening Ratio	Total	0.88	1.00	1.00	0.84	0.53	0.56	0.42	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 051 = JOHNSTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	23,074	1,109	2,839	4,259	5,155	5,774	3,938	1,140
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	14,124	1,073	2,551	3,214	2,638	3,081	1,567	153
10	Participant Ratio	Total	0.59	0.97	0.90	0.75	0.51	0.53	0.40	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	8,142	1,035	1,974	1,557	1,317	1,447	812	80
12a	Total Eligibles Receiving Any Dental Services	Total	13,370	14	604	2,406	3,722	4,130	2,494	441
12b	Total Eligibles Receiving Preventive Dental Services	Total	12,649	##	571	2,334	3,629	3,925	2,190	333
12c	Total Eligibles Receiving Dental Treatment Services	Total	6,424	##	60	863	1,919	2,075	1,507	276
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,380				854	526		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	13,047	13	603	2,386	3,669	4,027	2,349	413

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 051 = JOHNSTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,121	107	1,569	445	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	14,943	119	1,841	2,637	3,722	4,130	2,494	441
13	Total Eligibles Enrolled in Managed Care	Total	24,287	1,060	2,963	4,407	5,514	6,120	4,223	1,184
14	Total Number of Screening Blood Lead Tests	Total	2,110							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 052 = JONES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,223	71	152	197	277	313	213	70
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,156	58	146	191	266	298	197	65
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	121	0	12	18	29	32	30	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	12,651	406	1,655	2,160	2,970	3,323	2,137	684
3b	Average Period of Eligibility	Total	0.91	0.58	0.94	0.94	0.93	0.93	0.90	0.88
4	Expected Number of Screenings per Eligible	Total		1.74	0.94	0.94	0.93	0.93	0.90	0.88
5	Expected Number of Screenings	Total	1,122	101	138	180	248	277	178	57
6	Total Screenings Received	Total	1,104	259	325	153	130	155	82	##
7	Screening Ratio	Total	0.94	1.00	1.00	0.85	0.52	0.56	0.46	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 052 = JONES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,079	58	138	180	248	277	178	57
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	677	55	128	144	124	151	75	##
10	Participant Ratio	Total	0.60	0.95	0.93	0.80	0.50	0.55	0.42	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	395	53	107	69	52	74	40	##
12a	Total Eligibles Receiving Any Dental Services	Total	563	0	25	86	175	176	101	20
12b	Total Eligibles Receiving Preventive Dental Services	Total	525	0	23	81	167	170	84	14
12c	Total Eligibles Receiving Dental Treatment Services	Total	239	0	##	32	82	70	55	11
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	97				53	44		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	550	0	25	85	172	175	93	20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 052 = JONES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	122	##	104	18	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	659	##	110	97	175	176	101	20
13	Total Eligibles Enrolled in Managed Care	Total	1,114	50	136	183	262	290	193	61
14	Total Number of Screening Blood Lead Tests	Total	124							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 053 = LEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,392	586	1,163	1,661	2,229	2,296	1,457	459
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,944	463	1,134	1,618	2,135	2,199	1,395	432
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,016	##	126	221	240	263	166	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	99,310	3,524	13,004	18,583	23,895	24,781	15,523	4,673
3b	Average Period of Eligibility	Total	0.92	0.63	0.96	0.96	0.93	0.94	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.96	0.93	0.94	0.93	0.90
5	Expected Number of Screenings	Total	8,854	875	1,083	1,548	1,988	2,067	1,293	389
6	Total Screenings Received	Total	7,632	2,011	2,271	1,212	794	923	421	48
7	Screening Ratio	Total	0.83	1.00	1.00	0.78	0.40	0.45	0.33	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 053 = LEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,442	463	1,083	1,548	1,988	2,067	1,293	389
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,662	451	961	1,142	785	911	412	48
10	Participant Ratio	Total	0.53	0.97	0.89	0.74	0.39	0.44	0.32	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	2,455	440	726	459	328	338	164	22
12a	Total Eligibles Receiving Any Dental Services	Total	5,576	23	549	1,094	1,503	1,531	876	164
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,381	12	543	1,072	1,489	1,486	779	136
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,032	0	31	288	599	654	460	101
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	601				337	264		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,488	23	549	1,084	1,495	1,511	826	156

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 053 = LEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	884	74	628	182	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,987	94	840	1,143	1,503	1,531	876	164
13	Total Eligibles Enrolled in Managed Care	Total	8,829	430	1,119	1,600	2,126	2,182	1,372	391
14	Total Number of Screening Blood Lead Tests	Total	1,019							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 054 = LENOIR

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,896	529	1,187	1,674	2,274	2,501	1,731	677
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,545	431	1,165	1,645	2,203	2,427	1,674	643
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	705	##	67	116	179	215	128	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	107,284	3,256	13,428	19,056	24,937	27,687	18,920	6,834
3b	Average Period of Eligibility	Total	0.93	0.63	0.96	0.97	0.94	0.95	0.94	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.97	0.94	0.95	0.94	0.89
5	Expected Number of Screenings	Total	9,488	815	1,119	1,591	2,077	2,309	1,577	568
6	Total Screenings Received	Total	7,844	1,885	2,102	1,253	890	1,096	618	98
7	Screening Ratio	Total	0.79	1.00	1.00	0.79	0.43	0.47	0.39	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 054 = LENOIR

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	9,104	431	1,119	1,591	2,077	2,309	1,577	568
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,192	420	1,007	1,214	875	1,076	600	98
10	Participant Ratio	Total	0.55	0.97	0.90	0.76	0.42	0.47	0.38	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	2,886	416	744	563	370	494	299	54
12a	Total Eligibles Receiving Any Dental Services	Total	4,519	##	124	786	1,450	1,379	780	185
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,301	0	112	761	1,404	1,328	696	132
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,946	0	15	269	629	576	457	121
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	838				496	342		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,430	##	124	774	1,427	1,359	746	172

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 054 = LENOIR

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	870	56	653	161	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,269	56	714	890	1,450	1,379	780	185
13	Total Eligibles Enrolled in Managed Care	Total	9,395	414	1,154	1,632	2,170	2,386	1,639	605
14	Total Number of Screening Blood Lead Tests	Total	1,104							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 055 = LINCOLN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,353	483	1,004	1,423	1,848	2,040	1,555	499
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	7,946	371	975	1,387	1,756	1,966	1,491	474
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	873	0	116	183	191	229	154	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	87,989	2,707	11,045	15,873	19,633	22,060	16,671	5,090
3b	Average Period of Eligibility	Total	0.92	0.61	0.94	0.95	0.93	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.95	0.93	0.94	0.93	0.89
5	Expected Number of Screenings	Total	7,799	679	922	1,327	1,638	1,840	1,393	424
6	Total Screenings Received	Total	7,045	1,717	2,011	1,093	781	926	517	50
7	Screening Ratio	Total	0.86	1.00	1.00	0.82	0.48	0.50	0.37	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 055 = LINCOLN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	7,491	371	922	1,327	1,638	1,840	1,393	424
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,246	355	818	962	739	879	493	49
10	Participant Ratio	Total	0.54	0.96	0.89	0.72	0.45	0.48	0.35	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	2,525	344	621	464	388	444	264	26
12a	Total Eligibles Receiving Any Dental Services	Total	4,021	0	184	756	1,075	1,200	806	157
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,677	0	137	683	1,033	1,125	699	120
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,703	0	15	226	429	576	457	105
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	456				261	195		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,889	0	184	747	1,057	1,156	745	147

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 055 = LINCOLN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	676	39	514	123	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,524	39	585	818	1,076	1,200	806	157
13	Total Eligibles Enrolled in Managed Care	Total	7,855	347	963	1,375	1,746	1,949	1,475	425
14	Total Number of Screening Blood Lead Tests	Total	566							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 056 = MACON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,558	289	581	807	1,022	1,065	794	241
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,324	233	562	781	981	1,017	750	215
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	486	##	65	98	107	129	87	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	46,219	1,750	6,288	8,696	10,570	10,911	8,004	2,083
3b	Average Period of Eligibility	Total	0.89	0.63	0.93	0.93	0.90	0.89	0.89	0.81
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.93	0.90	0.89	0.89	0.81
5	Expected Number of Screenings	Total	4,149	440	523	724	884	909	669	173
6	Total Screenings Received	Total	4,180	1,113	1,292	601	450	449	275	21
7	Screening Ratio	Total	0.97	1.00	1.00	0.83	0.51	0.49	0.41	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 056 = MACON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,942	233	523	724	884	909	669	173
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,465	226	502	580	448	443	266	20
10	Participant Ratio	Total	0.60	0.97	0.96	0.80	0.51	0.49	0.40	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	1,287	183	381	242	182	175	124	##
12a	Total Eligibles Receiving Any Dental Services	Total	2,121	14	176	432	569	573	357	63
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,987	##	172	421	553	528	313	51
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,054	##	16	144	311	363	220	39
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	217				127	90		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,039	13	176	418	555	540	337	59

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 056 = MACON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	405	24	304	77	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,376	36	375	466	569	573	357	63
13	Total Eligibles Enrolled in Managed Care	Total	4,259	215	556	773	969	1,005	741	203
14	Total Number of Screening Blood Lead Tests	Total	481							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 057 = MADISON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,530	139	335	470	494	627	465	162
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,416	117	326	454	482	593	444	151
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	296	##	42	78	71	66	39	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	26,500	947	3,676	5,176	5,292	6,545	4,864	1,598
3b	Average Period of Eligibility	Total	0.91	0.67	0.94	0.95	0.91	0.92	0.91	0.88
4	Expected Number of Screenings per Eligible	Total		2.01	0.94	0.95	0.91	0.92	0.91	0.88
5	Expected Number of Screenings	Total	2,365	235	305	431	442	546	406	133
6	Total Screenings Received	Total	2,367	594	710	361	227	292	183	26
7	Screening Ratio	Total	0.96	1.00	1.00	0.84	0.51	0.53	0.45	0.20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 057 = MADISON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,247	117	305	431	442	546	406	133
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,399	116	277	331	220	281	174	25
10	Participant Ratio	Total	0.60	0.99	0.91	0.77	0.50	0.51	0.43	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	851	116	220	159	109	142	105	17
12a	Total Eligibles Receiving Any Dental Services	Total	1,250	##	92	262	322	347	227	46
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,171	##	90	256	307	325	193	34
12c	Total Eligibles Receiving Dental Treatment Services	Total	510	0	##	70	145	162	133	35
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	158				89	69		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,219	##	92	261	313	339	214	41

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 057 = MADISON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	151	16	111	24	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,360	17	176	271	322	347	227	46
13	Total Eligibles Enrolled in Managed Care	Total	2,388	111	321	451	475	589	441	140
14	Total Number of Screening Blood Lead Tests	Total	257							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 058 = MARTIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,332	182	400	533	789	832	596	194
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,200	152	392	515	766	807	568	179
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	271	##	33	51	57	80	50	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	35,867	1,149	4,514	5,962	8,655	9,139	6,448	1,962
3b	Average Period of Eligibility	Total	0.93	0.63	0.96	0.96	0.94	0.94	0.95	0.91
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.96	0.94	0.94	0.95	0.91
5	Expected Number of Screenings	Total	3,184	287	377	498	722	763	537	164
6	Total Screenings Received	Total	2,582	521	792	379	341	362	187	27
7	Screening Ratio	Total	0.78	1.00	1.00	0.76	0.47	0.47	0.35	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 058 = MARTIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,049	152	377	498	722	763	537	164
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,725	148	342	367	337	356	175	27
10	Participant Ratio	Total	0.55	0.97	0.91	0.74	0.47	0.47	0.33	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	948	142	249	146	147	175	89	14
12a	Total Eligibles Receiving Any Dental Services	Total	1,719	##	25	294	557	559	284	56
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,620	0	21	280	545	537	237	38
12c	Total Eligibles Receiving Dental Treatment Services	Total	651	0	0	67	215	198	171	28
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	277				149	128		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,683	##	25	289	552	547	270	52

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 058 = MARTIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	100	##	86	14	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,815	##	108	307	557	559	284	56
13	Total Eligibles Enrolled in Managed Care	Total	3,161	142	384	512	761	800	562	169
14	Total Number of Screening Blood Lead Tests	Total	257							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 059 = MCDOWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,140	351	805	1,042	1,339	1,505	1,098	342
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	5,869	278	784	1,012	1,290	1,455	1,050	323
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	559	##	85	108	126	145	95	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	65,139	2,145	8,869	11,569	14,534	16,335	11,687	3,335
3b	Average Period of Eligibility	Total	0.92	0.64	0.94	0.95	0.94	0.94	0.93	0.86
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.95	0.94	0.94	0.93	0.86
5	Expected Number of Screenings	Total	5,787	534	741	965	1,213	1,359	975	278
6	Total Screenings Received	Total	4,907	1,238	1,583	825	500	520	241	40
7	Screening Ratio	Total	0.82	1.00	1.00	0.85	0.41	0.38	0.25	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 059 = MCDOWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	5,531	278	741	965	1,213	1,359	975	278
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,833	268	656	736	457	489	227	36
10	Participant Ratio	Total	0.49	0.96	0.89	0.76	0.38	0.36	0.23	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	1,765	264	497	380	246	246	132	26
12a	Total Eligibles Receiving Any Dental Services	Total	3,049	##	191	532	857	914	555	103
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,788	0	166	484	811	866	461	68
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,570	0	26	190	467	524	363	73
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	363				234	129		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,952	##	191	526	821	886	528	101

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 059 = MCDOWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	257	##	233	24	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,240	13	361	540	857	914	555	103
13	Total Eligibles Enrolled in Managed Care	Total	5,825	273	779	1,004	1,282	1,448	1,039	289
14	Total Number of Screening Blood Lead Tests	Total	569							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 060 = MECKLENBURG

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	135,641	8,146	17,192	24,156	31,793	32,458	21,896	7,103
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	128,254	6,362	16,679	23,230	30,272	30,904	20,807	6,624
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	11,147	42	1,114	2,278	2,805	2,943	1,965	70
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	1,398,330	48,270	188,222	258,836	331,960	342,260	228,782	70,327
3b	Average Period of Eligibility	Total	0.91	0.63	0.94	0.93	0.91	0.92	0.92	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.93	0.91	0.92	0.92	0.88
5	Expected Number of Screenings	Total	124,431	12,024	15,681	21,525	27,620	28,489	19,092	5,858
6	Total Screenings Received	Total	106,255	23,863	30,953	16,051	13,568	14,519	7,301	998
7	Screening Ratio	Total	0.82	1.00	1.00	0.75	0.49	0.51	0.38	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 060 = MECKLENBURG

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	118,769	6,362	15,681	21,525	27,620	28,489	19,092	5,858
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	68,391	5,906	13,126	14,964	13,236	14,107	7,052	960
10	Participant Ratio	Total	0.56	0.93	0.84	0.70	0.48	0.50	0.37	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	32,063	5,484	8,824	5,059	4,713	5,196	2,787	412
12a	Total Eligibles Receiving Any Dental Services	Total	67,698	49	4,993	13,174	19,342	19,311	10,829	1,887
12b	Total Eligibles Receiving Preventive Dental Services	Total	65,025	43	4,899	12,939	18,985	18,520	9,639	1,469
12c	Total Eligibles Receiving Dental Treatment Services	Total	28,243	##	311	4,424	8,968	8,678	5,862	1,133
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	9,786				5,559	4,227		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	66,429	49	4,987	13,105	19,124	18,908	10,256	1,737

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 060 = MECKLENBURG

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	7,795	576	5,992	1,227	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	72,535	615	8,757	13,675	19,346	19,313	10,829	1,887
13	Total Eligibles Enrolled in Managed Care	Total	125,039	5,777	16,156	22,732	29,716	30,337	20,321	6,194
14	Total Number of Screening Blood Lead Tests	Total	8,114							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 061 = MITCHELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,769	115	205	314	402	423	310	108
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,701	95	201	308	390	410	297	100
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	183	##	24	48	44	45	22	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	18,798	739	2,298	3,544	4,363	4,573	3,281	1,059
3b	Average Period of Eligibility	Total	0.92	0.65	0.95	0.96	0.93	0.93	0.92	0.88
4	Expected Number of Screenings per Eligible	Total		1.95	0.95	0.96	0.93	0.93	0.92	0.88
5	Expected Number of Screenings	Total	1,688	185	191	294	363	382	273	89
6	Total Screenings Received	Total	1,532	385	454	242	171	193	87	##
7	Screening Ratio	Total	0.87	1.00	1.00	0.82	0.47	0.51	0.32	0.09

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 061 = MITCHELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,598	95	191	294	363	382	273	89
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	921	94	180	218	164	181	84	##
10	Participant Ratio	Total	0.55	0.99	0.94	0.74	0.45	0.47	0.31	0.08
11	Total Eligibles Referred for Corrective Treatment	Total	538	89	145	107	77	79	41	##
12a	Total Eligibles Receiving Any Dental Services	Total	820	0	31	173	222	240	154	24
12b	Total Eligibles Receiving Preventive Dental Services	Total	767	0	30	164	217	220	136	19
12c	Total Eligibles Receiving Dental Treatment Services	Total	412	0	##	71	118	127	96	14
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	113				55	58		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	780	0	30	171	212	225	142	22

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 061 = MITCHELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	107	##	81	26	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	899	##	100	183	222	240	154	24
13	Total Eligibles Enrolled in Managed Care	Total	1,664	90	197	303	384	400	290	97
14	Total Number of Screening Blood Lead Tests	Total	124							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 062 = MONTGOMERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,282	273	533	806	921	997	752	236
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,091	220	526	783	888	955	719	221
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	503	##	57	91	121	141	93	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	45,439	1,742	6,079	8,995	9,858	10,704	8,061	2,365
3b	Average Period of Eligibility	Total	0.92	0.66	0.96	0.96	0.93	0.93	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.98	0.96	0.96	0.93	0.93	0.93	0.89
5	Expected Number of Screenings	Total	4,080	436	507	749	822	892	674	197
6	Total Screenings Received	Total	4,032	1,066	1,145	669	406	511	235	29
7	Screening Ratio	Total	0.95	1.00	1.00	0.89	0.49	0.57	0.35	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 062 = MONTGOMERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,864	220	507	749	822	892	674	197
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,365	216	471	604	388	465	221	28
10	Participant Ratio	Total	0.59	0.98	0.93	0.81	0.47	0.52	0.33	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	1,391	209	370	285	162	253	112	18
12a	Total Eligibles Receiving Any Dental Services	Total	2,278	##	118	466	617	664	413	69
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,176	##	117	454	592	637	376	56
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,016	0	14	184	305	302	211	38
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	287				167	120		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,233	##	118	459	610	652	394	68

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 062 = MONTGOMERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	524	50	371	103	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,661	52	407	508	617	664	413	69
13	Total Eligibles Enrolled in Managed Care	Total	4,009	212	516	770	867	939	705	204
14	Total Number of Screening Blood Lead Tests	Total	645							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 063 = MOORE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,803	489	1,046	1,564	1,981	2,197	1,526	470
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,397	385	1,012	1,522	1,905	2,120	1,453	432
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	880	##	109	199	181	244	147	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	93,201	2,887	11,473	17,366	21,360	23,828	16,287	4,614
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.95	0.93	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.95	0.93	0.94	0.93	0.89
5	Expected Number of Screenings	Total	8,239	716	955	1,445	1,780	1,985	1,358	385
6	Total Screenings Received	Total	7,532	2,019	2,179	1,173	730	977	454	70
7	Screening Ratio	Total	0.88	1.00	1.00	0.81	0.41	0.49	0.33	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 063 = MOORE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	7,908	385	955	1,445	1,780	1,985	1,358	385
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,421	374	882	1,092	700	946	427	63
10	Participant Ratio	Total	0.54	0.97	0.92	0.76	0.39	0.48	0.31	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,663	365	720	573	349	445	211	37
12a	Total Eligibles Receiving Any Dental Services	Total	4,675	##	324	919	1,271	1,386	775	144
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,471	##	316	902	1,249	1,313	691	113
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,977	0	15	278	595	647	442	100
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	638				352	286		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,572	##	324	912	1,260	1,342	734	132

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 063 = MOORE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	936	67	686	183	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,271	69	778	992	1,271	1,386	775	144
13	Total Eligibles Enrolled in Managed Care	Total	8,313	364	1,000	1,505	1,897	2,113	1,434	392
14	Total Number of Screening Blood Lead Tests	Total	995							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 064 = NASH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	13,555	799	1,685	2,324	3,021	3,285	2,441	798
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	12,962	646	1,655	2,271	2,897	3,166	2,327	763
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,258	##	157	311	279	299	212	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	144,260	4,957	19,114	26,170	32,405	35,484	26,130	8,341
3b	Average Period of Eligibility	Total	0.93	0.64	0.96	0.96	0.93	0.93	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.93	0.93	0.94	0.91
5	Expected Number of Screenings	Total	12,840	1,238	1,589	2,180	2,701	2,951	2,181	695
6	Total Screenings Received	Total	11,262	2,747	3,377	1,634	1,192	1,446	866	111
7	Screening Ratio	Total	0.84	1.00	1.00	0.75	0.44	0.49	0.40	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 064 = NASH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	12,248	646	1,589	2,180	2,701	2,951	2,181	695
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	7,009	629	1,401	1,568	1,171	1,407	833	105
10	Participant Ratio	Total	0.55	0.97	0.88	0.72	0.43	0.48	0.38	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	3,703	598	1,012	606	483	594	410	60
12a	Total Eligibles Receiving Any Dental Services	Total	6,171	##	192	1,185	1,725	1,824	1,245	255
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,732	##	168	1,134	1,643	1,709	1,078	192
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,825	0	21	378	810	863	753	160
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	577				351	226		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,033	##	192	1,175	1,698	1,786	1,182	242

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 064 = NASH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,087	96	896	95	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	7,124	98	990	1,242	1,725	1,824	1,245	255
13	Total Eligibles Enrolled in Managed Care	Total	12,728	622	1,634	2,246	2,857	3,107	2,262	693
14	Total Number of Screening Blood Lead Tests	Total	1,276							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 065 = NEW HANOVER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	21,099	1,240	2,704	3,760	4,865	4,966	3,564	1,250
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,068	960	2,645	3,657	4,675	4,735	3,396	1,172
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,727	##	226	371	415	418	297	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	220,903	7,210	29,608	41,508	51,988	52,869	37,720	12,340
3b	Average Period of Eligibility	Total	0.92	0.63	0.93	0.95	0.93	0.93	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.95	0.93	0.93	0.93	0.88
5	Expected Number of Screenings	Total	19,617	1,814	2,459	3,462	4,336	4,404	3,142	1,025
6	Total Screenings Received	Total	18,197	4,003	5,237	2,991	2,280	2,350	1,336	161
7	Screening Ratio	Total	0.89	1.00	1.00	0.86	0.53	0.53	0.43	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 065 = NEW HANOVER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,763	960	2,459	3,462	4,336	4,404	3,142	1,025
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,234	909	2,147	2,606	2,154	2,187	1,231	157
10	Participant Ratio	Total	0.58	0.95	0.87	0.75	0.50	0.50	0.39	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	5,948	788	1,466	1,112	975	993	614	78
12a	Total Eligibles Receiving Any Dental Services	Total	9,788	0	399	1,994	2,955	2,765	1,675	357
12b	Total Eligibles Receiving Preventive Dental Services	Total	9,253	0	347	1,929	2,855	2,631	1,491	280
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,656	0	50	609	1,500	1,435	1,062	237
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,311				794	517		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	9,554	0	397	1,978	2,902	2,690	1,587	336

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 065 = NEW HANOVER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,928	119	1,423	386	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,293	119	1,578	2,201	2,955	2,765	1,675	357
13	Total Eligibles Enrolled in Managed Care	Total	19,679	838	2,601	3,609	4,623	4,668	3,340	1,089
14	Total Number of Screening Blood Lead Tests	Total	1,608							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 066 = NORTHAMPTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,007	174	311	520	674	763	565	215
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,900	141	306	511	663	735	544	209
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	163	0	14	25	40	46	38	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	32,563	1,011	3,587	5,928	7,514	8,356	6,167	2,373
3b	Average Period of Eligibility	Total	0.94	0.60	0.98	0.97	0.94	0.95	0.94	0.95
4	Expected Number of Screenings per Eligible	Total		1.80	0.98	0.97	0.94	0.95	0.94	0.95
5	Expected Number of Screenings	Total	2,883	254	299	494	627	697	512	199
6	Total Screenings Received	Total	2,445	516	643	423	301	342	220	42
7	Screening Ratio	Total	0.81	1.00	1.00	0.86	0.48	0.49	0.43	0.21

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 066 = NORTHAMPTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,770	141	299	494	627	697	512	199
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,609	135	266	386	289	328	205	40
10	Participant Ratio	Total	0.56	0.96	0.89	0.78	0.46	0.47	0.40	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	802	132	182	150	118	140	80	20
12a	Total Eligibles Receiving Any Dental Services	Total	1,400	0	55	306	402	396	241	58
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,314	0	52	288	387	371	216	47
12c	Total Eligibles Receiving Dental Treatment Services	Total	637	0	##	91	198	200	148	37
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	165				101	64		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,365	0	55	303	392	386	229	55

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 066 = NORTHAMPTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	294	23	211	60	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,622	23	221	339	402	396	241	58
13	Total Eligibles Enrolled in Managed Care	Total	2,835	130	303	501	651	719	531	192
14	Total Number of Screening Blood Lead Tests	Total	288							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 067 = ONSLOW

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	20,457	1,272	2,871	3,949	4,640	4,595	3,130	1,077
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,158	1,044	2,758	3,760	4,362	4,309	2,925	974
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,639	##	224	350	386	386	293	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	208,059	7,916	30,331	41,547	47,800	47,898	32,567	10,243
3b	Average Period of Eligibility	Total	0.90	0.63	0.92	0.92	0.91	0.93	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.92	0.92	0.91	0.93	0.93	0.88
5	Expected Number of Screenings	Total	18,635	1,973	2,524	3,459	3,991	3,982	2,706	852
6	Total Screenings Received	Total	17,785	5,068	5,275	2,548	1,806	2,002	1,086	139
7	Screening Ratio	Total	0.92	1.00	1.00	0.74	0.45	0.50	0.40	0.16

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 067 = ONSLOW

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	17,706	1,044	2,524	3,459	3,991	3,982	2,706	852
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	10,291	994	2,143	2,386	1,762	1,960	1,046	132
10	Participant Ratio	Total	0.56	0.95	0.85	0.69	0.44	0.49	0.39	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	6,068	953	1,680	1,094	859	932	550	79
12a	Total Eligibles Receiving Any Dental Services	Total	7,597	##	331	1,525	2,171	2,175	1,395	288
12b	Total Eligibles Receiving Preventive Dental Services	Total	7,093	0	281	1,427	2,083	2,068	1,234	215
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,076	##	26	409	933	923	785	175
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,166				660	506		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	7,385	##	328	1,500	2,112	2,119	1,326	273

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 067 = ONSLOW

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,533	204	1,819	510	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	9,687	208	1,899	1,838	2,171	2,176	1,395	288
13	Total Eligibles Enrolled in Managed Care	Total	18,819	1,004	2,703	3,695	4,278	4,263	2,876	910
14	Total Number of Screening Blood Lead Tests	Total	2,121							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 068 = ORANGE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,420	598	1,246	1,766	2,096	2,250	1,464	442
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,977	453	1,212	1,721	2,007	2,175	1,409	403
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,119	##	164	278	233	277	167	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	98,022	3,520	13,665	19,431	21,947	24,046	15,413	4,243
3b	Average Period of Eligibility	Total	0.91	0.65	0.94	0.94	0.91	0.92	0.91	0.88
4	Expected Number of Screenings per Eligible	Total		1.95	0.94	0.94	0.91	0.92	0.91	0.88
5	Expected Number of Screenings	Total	8,762	883	1,139	1,623	1,830	2,005	1,282	355
6	Total Screenings Received	Total	8,740	1,999	2,573	1,379	1,014	1,144	631	63
7	Screening Ratio	Total	0.97	1.00	1.00	0.85	0.55	0.57	0.49	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 068 = ORANGE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,332	453	1,139	1,623	1,830	2,005	1,282	355
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,462	426	1,065	1,259	993	1,110	609	61
10	Participant Ratio	Total	0.64	0.94	0.94	0.78	0.54	0.55	0.48	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	2,758	406	820	509	363	404	256	17
12a	Total Eligibles Receiving Any Dental Services	Total	5,063	12	445	1,078	1,361	1,386	781	137
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,784	##	423	1,053	1,313	1,314	681	103
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,091	0	16	318	646	655	456	88
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	565				332	233		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,921	12	442	1,068	1,326	1,342	731	129

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 068 = ORANGE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	605	40	470	95	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,444	51	742	1,123	1,361	1,386	781	137
13	Total Eligibles Enrolled in Managed Care	Total	8,773	396	1,193	1,696	1,973	2,143	1,372	365
14	Total Number of Screening Blood Lead Tests	Total	782							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 069 = PAMLICO

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,465	86	155	250	312	380	282	112
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,397	66	154	247	294	364	272	106
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	99	0	12	21	23	23	20	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	15,637	520	1,732	2,847	3,353	4,132	3,053	1,140
3b	Average Period of Eligibility	Total	0.93	0.66	0.94	0.96	0.95	0.95	0.94	0.90
4	Expected Number of Screenings per Eligible	Total		1.98	0.94	0.96	0.95	0.95	0.94	0.90
5	Expected Number of Screenings	Total	1,389	131	143	237	280	344	254	95
6	Total Screenings Received	Total	1,103	268	287	185	125	148	90	12
7	Screening Ratio	Total	0.75	1.00	1.00	0.78	0.45	0.43	0.35	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 069 = PAMLICO

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,324	66	143	237	280	344	254	95
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	718	63	123	173	125	148	86	11
10	Participant Ratio	Total	0.51	0.95	0.86	0.73	0.45	0.43	0.34	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	422	60	93	79	70	75	45	##
12a	Total Eligibles Receiving Any Dental Services	Total	674	0	15	129	196	208	126	34
12b	Total Eligibles Receiving Preventive Dental Services	Total	634	0	15	127	191	197	104	22
12c	Total Eligibles Receiving Dental Treatment Services	Total	270	0	##	30	88	75	77	23
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	68				44	24		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	658	0	15	129	194	203	117	26

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 069 = PAMLICO

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	142	14	95	33	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	793	14	100	149	196	208	126	34
13	Total Eligibles Enrolled in Managed Care	Total	1,382	59	151	244	294	363	271	102
14	Total Number of Screening Blood Lead Tests	Total	113							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 070 = PASQUOTANK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	5,515	341	715	961	1,273	1,358	867	305
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	5,258	279	699	933	1,216	1,303	828	275
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	450	##	70	87	120	114	59	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	57,075	2,158	7,850	10,562	13,347	14,076	9,082	2,905
3b	Average Period of Eligibility	Total	0.90	0.64	0.94	0.94	0.91	0.90	0.91	0.88
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.94	0.91	0.90	0.91	0.88
5	Expected Number of Screenings	Total	5,117	536	653	880	1,115	1,175	758	243
6	Total Screenings Received	Total	5,124	1,231	1,595	740	577	615	366	53
7	Screening Ratio	Total	0.97	1.00	1.00	0.84	0.52	0.52	0.48	0.22

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 070 = PASQUOTANK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	4,860	279	653	880	1,115	1,175	758	243
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,077	261	602	680	573	605	356	49
10	Participant Ratio	Total	0.61	0.94	0.92	0.77	0.51	0.51	0.47	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	1,694	256	464	271	242	270	191	26
12a	Total Eligibles Receiving Any Dental Services	Total	2,156	0	84	355	710	672	335	68
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,972	0	76	322	668	620	286	40
12c	Total Eligibles Receiving Dental Treatment Services	Total	890	0	##	113	296	290	191	44
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	329				184	145		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,111	0	84	353	700	654	320	63

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 070 = PASQUOTANK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	517	48	387	82	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,615	48	435	415	710	672	335	68
13	Total Eligibles Enrolled in Managed Care	Total	5,190	268	688	927	1,206	1,290	811	244
14	Total Number of Screening Blood Lead Tests	Total	601							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 071 = PENDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,986	397	828	1,226	1,573	1,678	1,284	400
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,658	310	809	1,195	1,506	1,615	1,223	373
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	642	##	70	135	154	155	128	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	73,503	2,364	9,116	13,517	16,819	18,073	13,614	4,109
3b	Average Period of Eligibility	Total	0.92	0.64	0.94	0.94	0.93	0.93	0.93	0.92
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.94	0.93	0.93	0.93	0.92
5	Expected Number of Screenings	Total	6,526	595	760	1,123	1,405	1,509	1,134	343
6	Total Screenings Received	Total	5,853	1,289	1,598	977	681	781	527	50
7	Screening Ratio	Total	0.86	1.00	1.00	0.87	0.48	0.52	0.46	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 071 = PENDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	6,241	310	760	1,123	1,405	1,509	1,134	343
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,654	293	649	849	651	740	472	47
10	Participant Ratio	Total	0.56	0.95	0.85	0.76	0.46	0.49	0.42	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	1,982	268	475	372	276	335	256	20
12a	Total Eligibles Receiving Any Dental Services	Total	3,435	0	115	653	1,011	991	665	125
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,204	0	103	615	982	937	567	100
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,715	0	15	252	485	537	426	83
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	456				288	168		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,324	0	115	643	993	960	613	117

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 071 = PENDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	609	33	469	107	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,920	33	512	708	1,011	991	665	125
13	Total Eligibles Enrolled in Managed Care	Total	6,576	281	804	1,178	1,492	1,606	1,215	356
14	Total Number of Screening Blood Lead Tests	Total	607							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 072 = PERQUIMANS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,526	89	167	244	341	396	289	111
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,455	67	165	240	326	387	270	106
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	136	##	16	32	23	40	25	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	15,925	517	1,868	2,689	3,563	4,274	3,014	1,123
3b	Average Period of Eligibility	Total	0.91	0.64	0.94	0.93	0.91	0.92	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.93	0.91	0.92	0.93	0.88
5	Expected Number of Screenings	Total	1,414	129	155	225	297	356	252	93
6	Total Screenings Received	Total	1,211	306	354	170	131	152	98	21
7	Screening Ratio	Total	0.82	1.00	1.00	0.76	0.44	0.43	0.39	0.23

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 072 = PERQUIMANS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,352	67	155	225	297	356	252	93
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	728	65	130	161	131	148	93	21
10	Participant Ratio	Total	0.52	0.97	0.84	0.72	0.44	0.42	0.37	0.23
11	Total Eligibles Referred for Corrective Treatment	Total	407	62	103	59	66	65	52	13
12a	Total Eligibles Receiving Any Dental Services	Total	644	0	15	105	206	199	119	28
12b	Total Eligibles Receiving Preventive Dental Services	Total	584	0	13	101	196	180	94	15
12c	Total Eligibles Receiving Dental Treatment Services	Total	328	0	0	31	107	114	76	18
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	86				53	33		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	624	0	15	104	203	192	110	27

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 072 = PERQUIMANS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	99	11	71	17	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	733	11	79	119	206	199	119	28
13	Total Eligibles Enrolled in Managed Care	Total	1,433	64	164	239	321	380	265	103
14	Total Number of Screening Blood Lead Tests	Total	94							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 073 = PERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,828	277	598	868	1,118	1,078	889	284
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,587	229	586	851	1,066	1,019	836	262
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	471	##	63	114	106	98	90	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	51,071	1,768	6,731	9,854	11,938	11,417	9,363	2,877
3b	Average Period of Eligibility	Total	0.93	0.64	0.96	0.96	0.93	0.93	0.93	0.92
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.93	0.93	0.93	0.92
5	Expected Number of Screenings	Total	4,552	440	560	823	997	951	781	240
6	Total Screenings Received	Total	3,849	961	1,148	600	394	451	295	47
7	Screening Ratio	Total	0.81	1.00	1.00	0.73	0.40	0.47	0.38	0.20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 073 = PERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	4,341	229	560	823	997	951	781	240
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,364	222	475	560	387	433	287	44
10	Participant Ratio	Total	0.53	0.97	0.85	0.68	0.39	0.46	0.37	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	1,254	213	347	237	149	178	130	27
12a	Total Eligibles Receiving Any Dental Services	Total	2,352	##	125	464	718	620	425	94
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,143	##	114	429	695	569	336	54
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,219	0	##	160	391	387	281	63
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	343				221	122		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,278	##	125	455	708	594	396	88

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 073 = PERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	206	21	152	33	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,507	22	239	483	718	620	425	94
13	Total Eligibles Enrolled in Managed Care	Total	4,390	216	567	835	1,023	971	778	232
14	Total Number of Screening Blood Lead Tests	Total	409							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 074 = PITT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	22,005	1,334	2,804	3,843	4,907	5,225	3,892	1,287
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	21,046	1,071	2,740	3,733	4,717	5,040	3,745	1,207
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,936	##	219	362	477	504	374	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	234,852	7,992	31,331	42,803	53,101	57,384	42,241	13,430
3b	Average Period of Eligibility	Total	0.93	0.62	0.95	0.96	0.94	0.95	0.94	0.93
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.96	0.94	0.95	0.94	0.93
5	Expected Number of Screenings	Total	20,926	1,992	2,618	3,572	4,434	4,788	3,522	1,122
6	Total Screenings Received	Total	17,996	3,968	5,507	2,747	2,072	2,341	1,361	140
7	Screening Ratio	Total	0.82	1.00	1.00	0.77	0.47	0.49	0.39	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 074 = PITT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	20,005	1,071	2,618	3,572	4,434	4,788	3,522	1,122
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,622	1,017	2,276	2,659	2,043	2,306	1,321	133
10	Participant Ratio	Total	0.56	0.95	0.87	0.74	0.46	0.48	0.38	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	6,296	990	1,691	994	935	1,074	612	77
12a	Total Eligibles Receiving Any Dental Services	Total	8,827	##	208	1,564	2,708	2,646	1,701	320
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,233	##	192	1,489	2,600	2,509	1,443	234
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,579	0	11	387	1,012	1,145	1,024	211
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,258				700	558		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,635	##	206	1,548	2,680	2,586	1,615	304

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 074 = PITT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,050	104	1,596	350	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	10,635	104	1,676	1,800	2,708	2,646	1,701	320
13	Total Eligibles Enrolled in Managed Care	Total	20,710	983	2,690	3,695	4,666	4,990	3,686	1,149
14	Total Number of Screening Blood Lead Tests	Total	1,755							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 075 = POLK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	1,917	104	220	303	418	480	392	114
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,805	85	214	286	391	460	369	104
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	203	##	21	32	47	56	47	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	19,832	662	2,395	3,262	4,262	5,169	4,082	1,019
3b	Average Period of Eligibility	Total	0.91	0.65	0.93	0.95	0.91	0.94	0.92	0.82
4	Expected Number of Screenings per Eligible	Total		1.95	0.93	0.95	0.91	0.94	0.92	0.82
5	Expected Number of Screenings	Total	1,765	166	200	271	356	431	341	85
6	Total Screenings Received	Total	1,311	351	332	193	137	196	102	##
7	Screening Ratio	Total	0.71	1.00	1.00	0.71	0.38	0.45	0.30	0.09

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 075 = POLK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,684	85	200	271	356	431	341	85
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	836	82	158	183	133	186	94	##
10	Participant Ratio	Total	0.48	0.96	0.79	0.68	0.37	0.43	0.28	0.09
11	Total Eligibles Referred for Corrective Treatment	Total	404	69	101	72	49	72	41	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,044	##	82	194	280	288	200	32
12b	Total Eligibles Receiving Preventive Dental Services	Total	991	##	75	189	270	277	180	22
12c	Total Eligibles Receiving Dental Treatment Services	Total	459	0	##	53	139	145	122	25
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	93				56	37		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,025	##	82	193	276	283	191	29

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 075 = POLK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	73	##	58	15	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,082	##	113	201	280	288	200	32
13	Total Eligibles Enrolled in Managed Care	Total	1,753	72	208	280	383	453	357	88
14	Total Number of Screening Blood Lead Tests	Total	122							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 076 = RANDOLPH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	20,801	1,161	2,401	3,637	4,670	5,116	3,816	1,236
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,826	908	2,362	3,555	4,478	4,882	3,641	1,134
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,415	180	250	488	513	565	419	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	216,757	6,766	27,095	40,383	49,013	53,802	39,698	11,593
3b	Average Period of Eligibility	Total	0.91	0.62	0.96	0.95	0.91	0.92	0.91	0.85
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.95	0.91	0.92	0.91	0.85
5	Expected Number of Screenings	Total	19,218	1,689	2,256	3,376	4,096	4,484	3,317	967
6	Total Screenings Received	Total	16,929	3,938	4,783	2,674	1,886	2,340	1,308	164
7	Screening Ratio	Total	0.85	1.00	1.00	0.79	0.46	0.52	0.39	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 076 = RANDOLPH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,437	908	2,256	3,376	4,096	4,484	3,317	967
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	10,688	889	2,007	2,497	1,827	2,225	1,243	154
10	Participant Ratio	Total	0.56	0.98	0.89	0.74	0.45	0.50	0.37	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	6,163	863	1,605	1,153	851	1,041	650	78
12a	Total Eligibles Receiving Any Dental Services	Total	10,605	##	561	1,950	2,889	3,159	2,046	385
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,048	##	554	1,916	2,801	2,999	1,778	293
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,971	0	51	726	1,479	1,536	1,179	254
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,488				845	643		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,310	##	561	1,928	2,838	3,066	1,917	361

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 076 = RANDOLPH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,228	80	990	158	0	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,537	83	1,324	2,036	2,889	3,159	2,046	385
13	Total Eligibles Enrolled in Managed Care	Total	19,534	840	2,345	3,528	4,416	4,827	3,578	1,032
14	Total Number of Screening Blood Lead Tests	Total	1,786							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 077 = RICHMOND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,346	445	979	1,425	1,920	2,062	1,515	501
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,020	350	960	1,389	1,861	2,004	1,456	467
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	617	##	64	105	147	180	121	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	90,534	2,600	11,158	16,119	21,281	22,766	16,610	5,171
3b	Average Period of Eligibility	Total	0.94	0.62	0.97	0.97	0.95	0.95	0.95	0.92
4	Expected Number of Screenings per Eligible	Total		1.86	0.97	0.97	0.95	0.95	0.95	0.92
5	Expected Number of Screenings	Total	7,976	651	931	1,343	1,772	1,896	1,383	432
6	Total Screenings Received	Total	7,965	1,751	2,260	1,265	930	1,141	618	80
7	Screening Ratio	Total	0.96	1.00	1.00	0.94	0.52	0.60	0.45	0.19

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 077 = RICHMOND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	7,675	350	931	1,343	1,772	1,896	1,383	432
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,725	346	851	1,068	859	1,039	562	78
10	Participant Ratio	Total	0.59	0.99	0.91	0.80	0.48	0.55	0.41	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	2,842	340	691	529	447	527	308	39
12a	Total Eligibles Receiving Any Dental Services	Total	3,487	##	144	649	1,009	1,044	641	128
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,248	##	139	618	968	982	541	87
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,617	0	16	250	472	489	390	89
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	347				223	124		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,397	##	144	644	995	1,019	595	118

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 077 = RICHMOND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	929	36	712	181	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,265	37	755	779	1,009	1,044	641	128
13	Total Eligibles Enrolled in Managed Care	Total	7,944	315	955	1,383	1,858	1,993	1,440	432
14	Total Number of Screening Blood Lead Tests	Total	818							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 078 = ROBESON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	28,175	1,591	3,263	4,805	6,624	6,850	5,042	1,719
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	27,262	1,282	3,206	4,748	6,453	6,686	4,887	1,664
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,886	##	168	319	492	512	395	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	309,211	9,887	37,386	55,537	73,938	76,709	55,754	18,845
3b	Average Period of Eligibility	Total	0.95	0.64	0.97	0.97	0.95	0.96	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.92	0.97	0.97	0.95	0.96	0.95	0.94
5	Expected Number of Screenings	Total	27,392	2,461	3,125	4,621	6,162	6,393	4,630	1,571
6	Total Screenings Received	Total	22,298	5,055	6,303	4,204	2,385	2,825	1,526	212
7	Screening Ratio	Total	0.78	1.00	1.00	0.91	0.39	0.44	0.33	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 078 = ROBESON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	26,213	1,282	3,125	4,621	6,162	6,393	4,630	1,571
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	13,857	1,254	2,707	3,568	2,246	2,663	1,419	201
10	Participant Ratio	Total	0.51	0.98	0.87	0.77	0.36	0.42	0.31	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	8,016	1,223	2,130	1,692	1,120	1,171	680	103
12a	Total Eligibles Receiving Any Dental Services	Total	13,102	##	538	2,476	3,757	3,860	2,471	573
12b	Total Eligibles Receiving Preventive Dental Services	Total	12,079	##	507	2,322	3,543	3,599	2,108	402
12c	Total Eligibles Receiving Dental Treatment Services	Total	6,431	##	66	896	1,840	2,051	1,578	387
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,438				877	561		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	12,786	##	538	2,443	3,689	3,764	2,352	545

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 078 = ROBESON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,887	219	2,132	536	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	15,350	223	2,282	2,757	3,757	3,860	2,471	573
13	Total Eligibles Enrolled in Managed Care	Total	26,907	1,182	3,175	4,711	6,408	6,615	4,816	1,548
14	Total Number of Screening Blood Lead Tests	Total	2,734							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 079 = ROCKINGHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	12,119	697	1,471	2,102	2,692	2,937	2,220	753
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,586	551	1,440	2,044	2,584	2,828	2,139	693
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,115	##	138	205	283	278	211	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	130,268	4,088	16,644	23,624	29,401	32,392	24,119	7,339
3b	Average Period of Eligibility	Total	0.93	0.62	0.96	0.96	0.95	0.95	0.94	0.88
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.96	0.95	0.95	0.94	0.88
5	Expected Number of Screenings	Total	11,543	1,025	1,390	1,970	2,448	2,704	2,006	611
6	Total Screenings Received	Total	9,783	2,262	2,835	1,510	1,005	1,273	898	88
7	Screening Ratio	Total	0.81	1.00	1.00	0.77	0.41	0.47	0.45	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 079 = ROCKINGHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	11,069	551	1,390	1,970	2,448	2,704	2,006	611
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,226	532	1,211	1,438	984	1,238	823	84
10	Participant Ratio	Total	0.54	0.97	0.87	0.73	0.40	0.46	0.41	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	3,473	519	901	622	459	521	451	43
12a	Total Eligibles Receiving Any Dental Services	Total	6,056	##	300	1,125	1,604	1,806	1,221	229
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,691	##	295	1,096	1,553	1,683	1,064	182
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,921	0	27	407	837	908	742	131
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	513				288	225		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,848	##	300	1,113	1,568	1,740	1,127	213

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 079 = ROCKINGHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	824	65	637	122	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,674	68	799	1,176	1,604	1,806	1,221	229
13	Total Eligibles Enrolled in Managed Care	Total	11,444	533	1,416	2,026	2,564	2,796	2,109	632
14	Total Number of Screening Blood Lead Tests	Total	994							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 080 = ROWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	19,589	1,244	2,461	3,327	4,429	4,829	3,299	1,063
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	18,760	990	2,416	3,257	4,256	4,668	3,173	1,002
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,898	##	227	422	429	497	323	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	208,170	7,417	27,711	37,353	47,770	52,390	35,529	10,731
3b	Average Period of Eligibility	Total	0.92	0.62	0.96	0.96	0.94	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.96	0.94	0.94	0.93	0.89
5	Expected Number of Screenings	Total	18,577	1,841	2,306	3,115	3,991	4,358	2,966	895
6	Total Screenings Received	Total	16,516	3,834	4,921	2,547	1,859	2,223	1,132	163
7	Screening Ratio	Total	0.86	1.00	1.00	0.82	0.47	0.51	0.38	0.18

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 080 = ROWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	17,726	990	2,306	3,115	3,991	4,358	2,966	895
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	10,256	940	2,035	2,292	1,786	2,120	1,083	161
10	Participant Ratio	Total	0.56	0.95	0.88	0.74	0.45	0.49	0.37	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	5,966	907	1,595	997	858	1,054	555	97
12a	Total Eligibles Receiving Any Dental Services	Total	10,262	##	666	2,038	2,859	3,002	1,697	311
12b	Total Eligibles Receiving Preventive Dental Services	Total	9,749	##	654	1,998	2,773	2,837	1,487	238
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,101	0	35	799	1,581	1,581	1,105	194
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,449				845	604		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,012	##	663	2,021	2,811	2,902	1,615	297

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN  
SERVICES  
CENTER FOR MEDICARE MEDICAID SERVICES  
080 = ROWAN

FORM CMS-416: ANNUAL EPSDT  
PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,477	128	1,209	140	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,323	134	1,531	2,100	2,859	3,002	1,697	311
13	Total Eligibles Enrolled in Managed Care	Total	18,479	920	2,386	3,215	4,204	4,622	3,132	929
14	Total Number of Screening Blood Lead Tests	Total	1,702							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

RPT:HMLR5502

29NOV17



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 081 = RUTHERFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,372	551	1,134	1,664	2,023	2,259	1,741	613
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,985	440	1,107	1,621	1,944	2,194	1,679	573
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	855	##	102	176	194	225	158	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	99,472	3,371	12,666	18,568	21,597	24,696	18,574	6,070
3b	Average Period of Eligibility	Total	0.92	0.64	0.95	0.95	0.93	0.94	0.92	0.88
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.95	0.93	0.94	0.92	0.88
5	Expected Number of Screenings	Total	8,854	845	1,057	1,550	1,798	2,054	1,550	507
6	Total Screenings Received	Total	6,388	1,714	1,845	1,106	538	722	463	75
7	Screening Ratio	Total	0.69	1.00	1.00	0.71	0.30	0.35	0.30	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 081 = RUTHERFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,449	440	1,057	1,550	1,798	2,054	1,550	507
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,992	423	849	1,049	526	704	441	72
10	Participant Ratio	Total	0.45	0.96	0.80	0.68	0.29	0.34	0.28	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	2,421	413	648	506	281	325	248	41
12a	Total Eligibles Receiving Any Dental Services	Total	4,973	##	298	945	1,290	1,435	1,005	239
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,687	##	292	897	1,255	1,360	883	183
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,120	##	##	290	538	708	584	145
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	463				269	194		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,848	##	296	939	1,274	1,386	953	225

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 081 = RUTHERFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	337	21	278	38	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,225	29	501	964	1,291	1,435	1,005	239
13	Total Eligibles Enrolled in Managed Care	Total	8,897	427	1,101	1,614	1,927	2,180	1,648	507
14	Total Number of Screening Blood Lead Tests	Total	596							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 082 = SAMPSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	11,648	662	1,408	2,077	2,601	2,860	2,040	647
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,075	508	1,382	2,028	2,488	2,727	1,942	596
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,054	##	122	238	244	259	191	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	121,832	3,960	15,773	23,142	27,411	30,244	21,302	6,228
3b	Average Period of Eligibility	Total	0.91	0.65	0.95	0.95	0.92	0.92	0.91	0.87
4	Expected Number of Screenings per Eligible	Total		1.95	0.95	0.95	0.92	0.92	0.91	0.87
5	Expected Number of Screenings	Total	10,815	990	1,313	1,933	2,282	2,520	1,777	517
6	Total Screenings Received	Total	9,831	2,373	2,978	1,491	1,106	1,178	705	73
7	Screening Ratio	Total	0.87	1.00	1.00	0.77	0.48	0.47	0.40	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 082 = SAMPSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	10,333	508	1,313	1,933	2,282	2,520	1,777	517
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,002	500	1,193	1,426	1,075	1,140	668	71
10	Participant Ratio	Total	0.56	0.98	0.91	0.74	0.47	0.45	0.38	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	3,343	482	914	654	458	510	325	45
12a	Total Eligibles Receiving Any Dental Services	Total	5,944	##	248	1,228	1,613	1,724	1,131	223
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,587	##	233	1,176	1,554	1,644	980	163
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,868	##	20	434	784	894	736	153
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	698				379	319		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,815	##	246	1,216	1,583	1,685	1,085	207

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 082 = SAMPSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	413	30	289	94	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,266	37	486	1,275	1,613	1,724	1,131	223
13	Total Eligibles Enrolled in Managed Care	Total	10,981	498	1,374	2,017	2,467	2,707	1,918	550
14	Total Number of Screening Blood Lead Tests	Total	1,109							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 083 = SCOTLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	6,853	396	861	1,196	1,616	1,557	1,227	478
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,613	312	841	1,171	1,577	1,506	1,206	454
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	363	##	24	74	77	100	88	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	74,241	2,288	9,676	13,511	17,954	17,117	13,695	5,074
3b	Average Period of Eligibility	Total	0.94	0.61	0.96	0.96	0.95	0.95	0.95	0.93
4	Expected Number of Screenings per Eligible	Total		1.83	0.96	0.96	0.95	0.95	0.95	0.93
5	Expected Number of Screenings	Total	6,569	571	807	1,125	1,495	1,428	1,143	424
6	Total Screenings Received	Total	5,749	1,298	1,572	1,002	680	776	421	95
7	Screening Ratio	Total	0.84	1.00	1.00	0.89	0.45	0.54	0.37	0.22

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 083 = SCOTLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	6,310	312	807	1,125	1,495	1,428	1,143	424
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,657	302	695	901	637	727	395	86
10	Participant Ratio	Total	0.56	0.97	0.86	0.80	0.43	0.51	0.35	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	2,035	297	538	392	313	313	182	45
12a	Total Eligibles Receiving Any Dental Services	Total	3,380	0	137	644	1,051	922	626	158
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,148	0	130	612	1,017	871	518	98
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,444	0	19	204	468	391	362	100
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	434				281	153		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,291	0	136	637	1,040	903	575	148

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 083 = SCOTLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	820	55	575	190	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,022	55	602	766	1,051	922	626	158
13	Total Eligibles Enrolled in Managed Care	Total	6,466	275	835	1,154	1,555	1,474	1,173	404
14	Total Number of Screening Blood Lead Tests	Total	619							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 084 = STANLY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	7,207	445	978	1,254	1,591	1,713	1,226	360
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,839	351	951	1,222	1,519	1,631	1,165	333
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	761	##	97	180	147	198	139	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	75,213	2,560	10,766	14,002	16,690	18,200	12,995	3,514
3b	Average Period of Eligibility	Total	0.91	0.61	0.94	0.95	0.92	0.93	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.95	0.92	0.93	0.93	0.88
5	Expected Number of Screenings	Total	6,692	642	894	1,170	1,389	1,516	1,081	293
6	Total Screenings Received	Total	6,109	1,200	1,934	933	723	835	484	39
7	Screening Ratio	Total	0.88	1.00	1.00	0.80	0.52	0.55	0.45	0.13

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 084 = STANLY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	6,401	351	894	1,170	1,389	1,516	1,081	293
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,073	335	832	906	712	826	462	37
10	Participant Ratio	Total	0.61	0.95	0.93	0.77	0.51	0.54	0.43	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	2,463	324	687	449	363	393	247	19
12a	Total Eligibles Receiving Any Dental Services	Total	3,393	##	133	641	952	1,037	630	126
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,187	##	120	624	909	980	554	93
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,601	0	13	213	466	525	384	84
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	432				258	174		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,290	##	132	637	920	1,006	595	119

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 084 = STANLY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	612	39	534	39	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,907	40	584	664	952	1,037	630	126
13	Total Eligibles Enrolled in Managed Care	Total	6,750	333	930	1,215	1,506	1,614	1,152	307
14	Total Number of Screening Blood Lead Tests	Total	801							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 085 = STOKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,784	275	616	809	1,035	1,159	890	298
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,513	216	588	778	980	1,109	842	268
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	446	0	58	96	105	101	86	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	49,416	1,678	6,572	8,874	10,754	12,229	9,309	2,768
3b	Average Period of Eligibility	Total	0.91	0.65	0.93	0.95	0.91	0.92	0.92	0.86
4	Expected Number of Screenings per Eligible	Total		1.95	0.93	0.95	0.91	0.92	0.92	0.86
5	Expected Number of Screenings	Total	4,396	421	546	741	894	1,017	777	230
6	Total Screenings Received	Total	4,129	860	1,182	606	502	639	340	55
7	Screening Ratio	Total	0.90	1.00	1.00	0.82	0.56	0.63	0.44	0.24

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 085 = STOKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	4,191	216	546	741	894	1,017	777	230
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,680	210	485	559	481	618	327	48
10	Participant Ratio	Total	0.62	0.97	0.89	0.75	0.54	0.61	0.42	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	1,246	157	308	201	209	245	126	18
12a	Total Eligibles Receiving Any Dental Services	Total	2,273	0	52	357	673	703	488	80
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,133	0	49	335	655	660	434	66
12c	Total Eligibles Receiving Dental Treatment Services	Total	966	0	##	119	264	335	248	48
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	312				170	142		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,210	0	52	352	667	675	464	76

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 085 = STOKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	430	32	338	60	0	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,660	32	364	400	673	703	488	80
13	Total Eligibles Enrolled in Managed Care	Total	4,461	210	582	773	964	1,096	836	260
14	Total Number of Screening Blood Lead Tests	Total	394							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 086 = SURRY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,839	548	1,168	1,651	2,217	2,430	1,825	600
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,325	423	1,136	1,610	2,100	2,309	1,747	551
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,071	##	120	226	253	268	204	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	103,897	3,292	13,031	18,465	23,454	26,113	19,542	5,740
3b	Average Period of Eligibility	Total	0.93	0.65	0.96	0.96	0.93	0.94	0.93	0.87
4	Expected Number of Screenings per Eligible	Total		1.95	0.96	0.96	0.93	0.94	0.93	0.87
5	Expected Number of Screenings	Total	9,213	825	1,090	1,540	1,952	2,176	1,630	479
6	Total Screenings Received	Total	8,853	1,691	2,592	1,335	1,153	1,328	754	98
7	Screening Ratio	Total	0.92	1.00	1.00	0.87	0.59	0.61	0.46	0.20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 086 = SURRY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,811	423	1,090	1,540	1,952	2,176	1,630	479
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,688	412	1,002	1,204	1,097	1,263	710	93
10	Participant Ratio	Total	0.62	0.97	0.92	0.78	0.56	0.58	0.44	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	2,143	226	539	344	327	425	282	47
12a	Total Eligibles Receiving Any Dental Services	Total	5,405	##	241	908	1,578	1,652	1,026	185
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,142	##	238	887	1,527	1,574	916	144
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,737	0	20	384	910	823	600	103
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	489				314	175		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,248	##	240	877	1,545	1,613	973	175

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 086 = SURRY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	756	49	588	119	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,043	51	747	989	1,578	1,652	1,026	185
13	Total Eligibles Enrolled in Managed Care	Total	9,239	408	1,124	1,596	2,087	2,294	1,730	528
14	Total Number of Screening Blood Lead Tests	Total	791							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 087 = SWAIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,584	167	368	479	553	587	430	131
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,452	137	355	459	523	565	413	123
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	196	##	27	35	51	41	42	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	26,410	1,044	3,969	5,152	5,719	6,181	4,345	1,284
3b	Average Period of Eligibility	Total	0.90	0.64	0.93	0.94	0.91	0.91	0.88	0.87
4	Expected Number of Screenings per Eligible	Total		1.92	0.93	0.94	0.91	0.91	0.88	0.87
5	Expected Number of Screenings	Total	2,374	263	330	428	475	516	362	108
6	Total Screenings Received	Total	1,500	433	489	209	131	159	79	##
7	Screening Ratio	Total	0.61	1.00	1.00	0.49	0.28	0.31	0.22	0.09

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 087 = SWAIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,248	137	330	428	475	516	362	108
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	869	118	204	193	124	155	75	##
10	Participant Ratio	Total	0.37	0.86	0.62	0.45	0.26	0.30	0.21	0.08
11	Total Eligibles Referred for Corrective Treatment	Total	486	93	155	91	56	58	33	##
12a	Total Eligibles Receiving Any Dental Services	Total	757	0	67	152	195	221	122	23
12b	Total Eligibles Receiving Preventive Dental Services	Total	699	0	67	147	183	198	104	16
12c	Total Eligibles Receiving Dental Treatment Services	Total	392	0	##	83	106	126	77	17
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	139				61	78		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	723	0	67	147	184	208	117	21

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 087 = SWAIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	28	##	28	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	785	##	90	157	195	221	122	23
13	Total Eligibles Enrolled in Managed Care	Total	2,327	136	344	446	491	533	377	112
14	Total Number of Screening Blood Lead Tests	Total	205							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 088 = PENNSYLVANIA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	3,626	207	491	627	782	861	658	272
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,448	165	480	607	746	825	625	251
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	340	##	59	91	53	72	65	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	37,774	1,250	5,458	6,933	8,197	9,094	6,842	2,560
3b	Average Period of Eligibility	Total	0.91	0.63	0.95	0.95	0.92	0.92	0.91	0.85
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.95	0.92	0.92	0.91	0.85
5	Expected Number of Screenings	Total	3,358	312	456	581	682	757	570	213
6	Total Screenings Received	Total	3,198	874	944	446	346	376	212	25
7	Screening Ratio	Total	0.90	1.00	1.00	0.77	0.51	0.50	0.37	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 088 = TRANSYLVANIA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	3,211	165	456	581	682	757	570	213
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,907	161	392	433	343	371	207	23
10	Participant Ratio	Total	0.56	0.98	0.86	0.75	0.50	0.49	0.36	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	1,092	148	303	187	167	187	100	13
12a	Total Eligibles Receiving Any Dental Services	Total	1,665	##	88	288	480	499	310	55
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,573	0	84	280	464	472	273	38
12c	Total Eligibles Receiving Dental Treatment Services	Total	790	##	11	97	251	244	187	35
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	212				125	87		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,619	##	88	287	472	490	282	51

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 088 = PENNSYLVANIA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	276	12	240	24	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,890	13	284	304	480	499	310	55
13	Total Eligibles Enrolled in Managed Care	Total	3,393	161	476	601	735	814	606	238
14	Total Number of Screening Blood Lead Tests	Total	355							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 089 = TYRRELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	530	33	70	90	122	135	80	20
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	495	21	67	88	116	127	76	18
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	16	0	##	##	16	##	##	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	5,443	133	751	993	1,271	1,444	851	175
3b	Average Period of Eligibility	Total	0.91	0.53	0.93	0.94	0.91	0.95	0.93	0.81
4	Expected Number of Screenings per Eligible	Total		1.59	0.93	0.94	0.91	0.95	0.93	0.81
5	Expected Number of Screenings	Total	476	33	62	83	106	121	71	14
6	Total Screenings Received	Total	436	85	139	69	32	69	42	##
7	Screening Ratio	Total	0.89	1.00	1.00	0.83	0.30	0.57	0.59	0.07

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 089 = TYRRELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	464	21	62	83	106	121	71	14
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	273	20	55	66	30	66	36	##
10	Participant Ratio	Total	0.57	0.95	0.89	0.80	0.28	0.55	0.51	0.07
11	Total Eligibles Referred for Corrective Treatment	Total	146	20	44	22	13	31	16	##
12a	Total Eligibles Receiving Any Dental Services	Total	249	0	11	41	92	70	35	##
12b	Total Eligibles Receiving Preventive Dental Services	Total	232	0	11	39	84	67	31	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	114	0	##	12	52	35	15	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	43				27	16		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	247	0	11	41	92	68	35	##

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 089 = TYRRELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	17	0	17	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	265	0	24	44	92	70	35	##
13	Total Eligibles Enrolled in Managed Care	Total	493	19	67	88	116	127	76	18
14	Total Number of Screening Blood Lead Tests	Total	28							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 090 = UNION

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	21,341	1,206	2,517	3,788	4,885	5,263	3,682	1,114
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,163	983	2,456	3,678	4,619	4,980	3,447	998
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,761	##	316	608	636	722	479	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	220,346	7,275	27,918	41,648	50,739	54,882	37,884	10,621
3b	Average Period of Eligibility	Total	0.91	0.62	0.95	0.94	0.92	0.92	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.94	0.92	0.92	0.92	0.89
5	Expected Number of Screenings	Total	19,601	1,828	2,333	3,482	4,224	4,571	3,163	886
6	Total Screenings Received	Total	17,020	3,829	4,809	2,646	2,021	2,375	1,340	168
7	Screening Ratio	Total	0.84	1.00	1.00	0.76	0.48	0.52	0.42	0.19

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 090 = UNION

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,756	983	2,333	3,482	4,224	4,571	3,163	886
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,051	932	2,006	2,506	1,969	2,332	1,306	162
10	Participant Ratio	Total	0.57	0.95	0.86	0.72	0.47	0.51	0.41	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	6,200	880	1,519	1,115	879	1,137	670	86
12a	Total Eligibles Receiving Any Dental Services	Total	11,430	##	598	2,091	3,345	3,388	2,008	349
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,918	##	571	2,041	3,259	3,241	1,806	261
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,652	0	53	879	1,866	1,689	1,165	201
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,691				992	699		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	11,179	##	597	2,079	3,304	3,305	1,894	326

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 090 = UNION

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,688	153	1,349	186	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	12,684	154	1,589	2,199	3,346	3,388	2,008	349
13	Total Eligibles Enrolled in Managed Care	Total	19,834	944	2,423	3,641	4,561	4,902	3,363	920
14	Total Number of Screening Blood Lead Tests	Total	1,637							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 091 = VANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	9,077	504	1,048	1,576	2,097	2,216	1,636	548
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,687	390	1,029	1,530	2,025	2,137	1,576	530
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	690	##	75	144	142	178	151	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	97,549	3,071	11,991	17,817	22,752	24,072	17,846	5,945
3b	Average Period of Eligibility	Total	0.94	0.66	0.97	0.97	0.94	0.94	0.94	0.93
4	Expected Number of Screenings per Eligible	Total		1.98	0.97	0.97	0.94	0.94	0.94	0.93
5	Expected Number of Screenings	Total	8,639	772	998	1,484	1,894	2,005	1,486	497
6	Total Screenings Received	Total	6,916	1,753	1,929	1,132	729	870	503	59
7	Screening Ratio	Total	0.76	1.00	1.00	0.76	0.38	0.43	0.34	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 091 = VANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,257	390	998	1,484	1,894	2,005	1,486	497
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,351	373	877	1,052	709	851	489	58
10	Participant Ratio	Total	0.50	0.96	0.88	0.71	0.37	0.42	0.33	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	2,128	362	576	398	296	300	196	27
12a	Total Eligibles Receiving Any Dental Services	Total	3,991	##	241	697	1,132	1,149	772	164
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,687	##	209	659	1,078	1,088	653	117
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,036	0	16	264	634	627	495	119
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	478				290	188		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,882	##	241	694	1,104	1,108	735	158

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 091 = VANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	218	##	184	34	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,136	##	367	716	1,132	1,149	772	164
13	Total Eligibles Enrolled in Managed Care	Total	8,587	369	1,020	1,518	2,000	2,118	1,562	508
14	Total Number of Screening Blood Lead Tests	Total	740							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 092 = WAKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	89,175	5,342	11,241	16,173	20,554	21,430	14,435	4,324
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	84,415	4,221	10,957	15,619	19,573	20,367	13,678	3,944
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	10,038	33	1,270	2,111	2,448	2,543	1,633	45
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	922,302	32,140	123,841	176,440	215,357	224,709	149,815	42,027
3b	Average Period of Eligibility	Total	0.91	0.63	0.94	0.94	0.92	0.92	0.91	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.94	0.92	0.92	0.91	0.89
5	Expected Number of Screenings	Total	82,140	7,978	10,300	14,682	17,954	18,739	12,487	3,518
6	Total Screenings Received	Total	76,716	18,969	22,084	11,386	9,398	9,846	5,033	585
7	Screening Ratio	Total	0.90	1.00	1.00	0.78	0.52	0.53	0.40	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 092 = WAKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	78,383	4,221	10,300	14,682	17,954	18,739	12,487	3,518
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	47,501	4,026	9,079	10,574	9,237	9,676	4,909	572
10	Participant Ratio	Total	0.59	0.95	0.88	0.72	0.51	0.52	0.39	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	24,768	3,595	6,562	4,334	3,915	4,107	2,255	261
12a	Total Eligibles Receiving Any Dental Services	Total	45,927	57	3,160	9,004	12,954	13,249	7,503	1,275
12b	Total Eligibles Receiving Preventive Dental Services	Total	43,962	41	3,042	8,812	12,648	12,718	6,701	986
12c	Total Eligibles Receiving Dental Treatment Services	Total	20,088	##	206	2,864	6,336	6,331	4,351	752
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	5,701				3,336	2,365		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	45,108	57	3,158	8,955	12,793	13,016	7,129	1,211

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 092 = WAKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	7,122	553	5,408	1,161	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	50,862	594	6,990	9,570	12,955	13,249	7,504	1,275
13	Total Eligibles Enrolled in Managed Care	Total	83,073	4,039	10,810	15,434	19,315	20,079	13,396	3,581
14	Total Number of Screening Blood Lead Tests	Total	6,840							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 093 = WARREN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,801	162	343	443	614	723	516	180
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,672	132	337	434	589	692	488	166
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	261	0	25	56	53	65	62	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	29,905	1,038	3,895	4,979	6,604	7,855	5,534	1,848
3b	Average Period of Eligibility	Total	0.93	0.66	0.96	0.96	0.93	0.95	0.95	0.93
4	Expected Number of Screenings per Eligible	Total		1.98	0.96	0.96	0.93	0.95	0.95	0.93
5	Expected Number of Screenings	Total	2,665	261	325	416	549	654	460	154
6	Total Screenings Received	Total	2,371	595	646	360	227	324	219	31
7	Screening Ratio	Total	0.85	1.00	1.00	0.87	0.41	0.50	0.48	0.20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 093 = WARREN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,536	132	325	416	549	654	460	154
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,469	131	279	325	219	316	199	29
10	Participant Ratio	Total	0.56	0.99	0.86	0.78	0.40	0.48	0.43	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	801	129	193	147	100	143	89	13
12a	Total Eligibles Receiving Any Dental Services	Total	1,375	##	99	240	352	426	258	70
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,291	##	96	236	338	405	216	58
12c	Total Eligibles Receiving Dental Treatment Services	Total	671	0	##	95	195	221	160	49
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	174				104	70		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,354	0	99	239	348	419	249	67

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 093 = WARREN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	92	##	79	13	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,433	##	149	248	352	426	258	70
13	Total Eligibles Enrolled in Managed Care	Total	2,647	124	335	430	584	690	484	164
14	Total Number of Screening Blood Lead Tests	Total	258							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 094 = WASHINGTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,010	126	205	346	461	496	376	129
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,926	102	202	343	445	475	359	120
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	142	0	12	29	32	37	32	0
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	21,623	802	2,297	4,004	5,082	5,372	4,066	1,350
3b	Average Period of Eligibility	Total	0.94	0.66	0.95	0.97	0.95	0.94	0.94	0.94
4	Expected Number of Screenings per Eligible	Total		1.98	0.95	0.97	0.95	0.94	0.94	0.94
5	Expected Number of Screenings	Total	1,938	202	192	334	424	448	338	112
6	Total Screenings Received	Total	1,414	411	347	256	144	164	92	19
7	Screening Ratio	Total	0.70	1.00	1.00	0.77	0.34	0.37	0.27	0.17

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 094 = WASHINGTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	1,838	102	192	334	424	448	338	112
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	892	99	161	240	143	163	86	17
10	Participant Ratio	Total	0.47	0.97	0.84	0.72	0.34	0.36	0.25	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	438	92	113	80	56	57	40	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,001	##	36	206	302	295	162	34
12b	Total Eligibles Receiving Preventive Dental Services	Total	939	##	33	199	292	280	135	21
12c	Total Eligibles Receiving Dental Treatment Services	Total	495	0	##	71	172	157	95	21
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	169				109	60		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	990	##	36	206	299	293	156	33

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 094 = WASHINGTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	48	##	37	11	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,036	##	65	212	302	295	162	34
13	Total Eligibles Enrolled in Managed Care	Total	1,900	97	198	341	439	469	356	117
14	Total Number of Screening Blood Lead Tests	Total	101							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 095 = WATAUGA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,848	186	396	551	661	601	453	139
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,676	140	375	532	621	573	435	121
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	356	##	53	92	80	77	54	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	29,093	1,029	4,191	6,015	6,824	6,350	4,684	1,191
3b	Average Period of Eligibility	Total	0.90	0.61	0.93	0.94	0.92	0.92	0.90	0.82
4	Expected Number of Screenings per Eligible	Total		1.83	0.93	0.94	0.92	0.92	0.90	0.82
5	Expected Number of Screenings	Total	2,596	256	349	502	568	530	391	100
6	Total Screenings Received	Total	2,354	559	701	393	249	287	165	14
7	Screening Ratio	Total	0.88	1.00	1.00	0.78	0.44	0.54	0.42	0.14

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 095 = WATAUGA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,480	140	349	502	568	530	391	100
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,531	135	320	383	247	286	160	14
10	Participant Ratio	Total	0.60	0.96	0.92	0.76	0.43	0.54	0.41	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	892	132	260	182	125	122	71	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,374	##	56	260	438	386	234	33
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,312	0	52	256	429	372	203	27
12c	Total Eligibles Receiving Dental Treatment Services	Total	611	##	##	76	208	203	124	18
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	220				141	79		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,337	##	55	257	433	377	215	30

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 095 = WATAUGA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	370	22	253	95	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,666	23	270	315	438	386	234	33
13	Total Eligibles Enrolled in Managed Care	Total	2,627	132	371	525	613	567	419	106
14	Total Number of Screening Blood Lead Tests	Total	353							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 096 = WAYNE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	19,899	1,132	2,523	3,642	4,451	4,800	3,351	1,079
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,234	910	2,476	3,575	4,348	4,676	3,249	1,033
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,679	##	188	356	389	412	334	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	216,920	6,953	28,304	41,499	49,541	53,639	36,984	11,611
3b	Average Period of Eligibility	Total	0.94	0.64	0.95	0.97	0.95	0.96	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.97	0.95	0.96	0.95	0.94
5	Expected Number of Screenings	Total	19,265	1,747	2,364	3,468	4,130	4,478	3,078	966
6	Total Screenings Received	Total	18,429	3,668	5,535	2,702	2,289	2,705	1,530	201
7	Screening Ratio	Total	0.92	1.00	1.00	0.78	0.55	0.60	0.50	0.21

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 096 = WAYNE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	18,428	910	2,364	3,468	4,130	4,478	3,078	966
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	12,167	890	2,165	2,670	2,274	2,672	1,496	192
10	Participant Ratio	Total	0.64	0.98	0.92	0.77	0.55	0.60	0.49	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	6,822	872	1,681	1,074	1,095	1,308	792	112
12a	Total Eligibles Receiving Any Dental Services	Total	9,007	##	229	1,659	2,702	2,758	1,659	360
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,395	##	179	1,558	2,585	2,613	1,460	248
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,169	##	33	557	1,343	1,284	952	229
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,214				730	484		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,789	##	229	1,639	2,635	2,697	1,589	339

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 096 = WAYNE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	2,667	214	1,926	527	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,281	215	1,949	1,996	2,703	2,759	1,659	360
13	Total Eligibles Enrolled in Managed Care	Total	19,087	881	2,456	3,563	4,333	4,651	3,203	940
14	Total Number of Screening Blood Lead Tests	Total	2,384							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 097 = WILKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	8,988	530	1,105	1,491	1,926	2,185	1,751	572
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,585	417	1,089	1,465	1,840	2,101	1,673	513
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	990	##	144	206	208	249	183	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	95,471	3,272	12,389	16,959	20,546	23,705	18,600	5,182
3b	Average Period of Eligibility	Total	0.92	0.65	0.95	0.96	0.93	0.94	0.93	0.84
4	Expected Number of Screenings per Eligible	Total		1.95	0.95	0.96	0.93	0.94	0.93	0.84
5	Expected Number of Screenings	Total	8,497	813	1,029	1,417	1,712	1,974	1,552	433
6	Total Screenings Received	Total	8,283	1,683	2,279	1,219	1,020	1,289	793	107
7	Screening Ratio	Total	0.94	1.00	1.00	0.86	0.60	0.65	0.51	0.25

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 097 = WILKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	8,101	417	1,029	1,417	1,712	1,974	1,552	433
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,473	409	976	1,134	976	1,230	748	102
10	Participant Ratio	Total	0.65	0.98	0.95	0.80	0.57	0.62	0.48	0.24
11	Total Eligibles Referred for Corrective Treatment	Total	3,043	393	766	536	467	526	355	59
12a	Total Eligibles Receiving Any Dental Services	Total	5,136	##	288	883	1,385	1,524	1,056	177
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,863	##	277	860	1,336	1,441	949	143
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,518	0	12	330	742	826	608	104
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	709				372	337		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,011	##	285	873	1,366	1,480	1,007	169

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 097 = WILKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	724	65	606	53	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,680	66	733	915	1,386	1,524	1,056	177
13	Total Eligibles Enrolled in Managed Care	Total	8,544	403	1,084	1,456	1,836	2,095	1,670	497
14	Total Number of Screening Blood Lead Tests	Total	836							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 098 = WILSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	13,217	764	1,545	2,252	3,082	3,231	2,343	788
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	12,663	601	1,509	2,203	2,969	3,135	2,246	742
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,179	0	135	246	292	308	198	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	140,622	4,474	17,314	25,354	33,204	35,216	25,060	8,016
3b	Average Period of Eligibility	Total	0.92	0.62	0.96	0.96	0.93	0.94	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.96	0.93	0.94	0.93	0.90
5	Expected Number of Screenings	Total	12,464	1,118	1,441	2,115	2,768	2,934	2,088	667
6	Total Screenings Received	Total	9,955	2,165	2,883	1,598	1,080	1,463	766	98
7	Screening Ratio	Total	0.77	1.00	1.00	0.76	0.39	0.50	0.37	0.15

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;  
 Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 098 = WILSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	11,947	601	1,441	2,115	2,768	2,934	2,088	667
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,652	578	1,302	1,550	1,059	1,429	734	98
10	Participant Ratio	Total	0.54	0.96	0.90	0.73	0.38	0.49	0.35	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	3,705	561	971	666	455	649	403	45
12a	Total Eligibles Receiving Any Dental Services	Total	6,352	##	232	1,223	1,945	1,856	1,096	226
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,942	##	171	1,160	1,892	1,764	955	168
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,695	0	15	347	910	833	590	137
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	585				389	196		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,240	##	231	1,213	1,926	1,825	1,045	214

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 098 = WILSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	1,436	103	1,078	255	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	7,507	107	1,155	1,347	1,946	1,856	1,096	226
13	Total Eligibles Enrolled in Managed Care	Total	12,421	565	1,489	2,170	2,921	3,086	2,190	682
14	Total Number of Screening Blood Lead Tests	Total	1,232							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 099 = YADKIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	4,644	267	540	799	1,044	1,145	849	222
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,447	212	531	779	1,001	1,105	819	208
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	528	##	54	100	126	137	111	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	49,411	1,566	6,062	8,909	11,245	12,454	9,175	2,215
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.95	0.94	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.95	0.94	0.94	0.93	0.89
5	Expected Number of Screenings	Total	4,376	394	504	742	936	1,036	764	185
6	Total Screenings Received	Total	4,117	852	1,109	640	522	630	364	37
7	Screening Ratio	Total	0.91	1.00	1.00	0.86	0.56	0.61	0.48	0.20

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 099 = YADKIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	4,194	212	504	742	936	1,036	764	185
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,676	204	455	589	503	591	334	37
10	Participant Ratio	Total	0.62	0.96	0.90	0.79	0.54	0.57	0.44	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	1,250	178	295	220	195	218	144	18
12a	Total Eligibles Receiving Any Dental Services	Total	2,425	0	95	414	727	746	443	58
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,332	0	92	404	717	717	402	46
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,138	0	##	150	368	372	248	37
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	340				195	145		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,384	0	95	411	721	731	426	54

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 099 = YADKIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	320	19	233	68	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,674	19	285	453	728	746	443	58
13	Total Eligibles Enrolled in Managed Care	Total	4,408	206	523	773	995	1,098	813	192
14	Total Number of Screening Blood Lead Tests	Total	359							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 100 = YANCEY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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	Total	2,192	105	286	378	457	526	440	119
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,115	81	281	372	449	508	424	108
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	235	##	21	52	45	64	53	##
2a	State Periodicity Schedule			3	2	3	4	5	4	2
2b	Number of Years In Age Group			1	2	3	4	5	4	2
2c	Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a	Total Months of Eligibility	Total	23,709	607	3,260	4,307	5,063	5,731	4,741	1,100
3b	Average Period of Eligibility	Total	0.93	0.62	0.97	0.96	0.94	0.94	0.93	0.85
4	Expected Number of Screenings per Eligible	Total		1.86	0.97	0.96	0.94	0.94	0.93	0.85
5	Expected Number of Screenings	Total	2,075	151	270	359	423	478	394	91
6	Total Screenings Received	Total	1,891	349	637	292	220	249	144	11
7	Screening Ratio	Total	0.88	1.00	1.00	0.81	0.52	0.52	0.37	0.12

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 100 = YANCEY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
8	Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	Total	2,005	81	270	359	423	478	394	91
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,182	79	249	261	213	239	141	11
10	Participant Ratio	Total	0.57	0.98	0.92	0.73	0.50	0.50	0.36	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	663	78	188	119	91	116	71	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,026	##	72	193	277	287	197	23
12b	Total Eligibles Receiving Preventive Dental Services	Total	946	##	67	183	272	266	158	14
12c	Total Eligibles Receiving Dental Treatment Services	Total	491	0	12	68	137	160	114	19
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	149				84	65		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	974	##	72	187	274	269	172	21

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTER FOR MEDICARE MEDICAID SERVICES  
 100 = YANCEY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2016	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
12f	Total Eligibles Receiving Oral Health Services by a Non-Dentist	Total	144	##	123	21	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,129	##	162	206	277	287	197	23
13	Total Eligibles Enrolled in Managed Care	Total	2,065	77	275	365	439	492	417	102
14	Total Number of Screening Blood Lead Tests	Total	149							

\*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of less than 11 have been changed to ##;

Totals do not include redacted amounts