

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		2017	Totals	Age Group <1	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	21,530	1,276	2,618	3,829	4,855	5,244	3,708	1,145
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,562	1,006	2,563	3,745	4,655	5,045	3,548	1,078
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,551	##	332	555	589	631	444	##
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	228,673	7,670	29,352	43,253	52,082	56,642	39,674	11,777
3b	Average Period of Eligibility	Total	0.93	0.64	0.95	0.96	0.93	0.94	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.96	0.93	0.94	0.93	0.91
5	Expected Number of Screenings	Total	20,338	1,932	2,447	3,595	4,352	4,713	3,299	979
6	Total Screenings Received	Total	20,491	4,807	5,693	3,159	2,416	2,856	1,560	159
7	Screening Ratio	Total	0.97	1.00	1.00	0.88	0.56	0.61	0.47	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

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NC		2017	Totals	Age Group <1	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	19,412	1,006	2,447	3,595	4,352	4,713	3,299	979
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	12,456	991	2,248	2,757	2,309	2,691	1,460	154
10	Participant Ratio	Total	0.62	0.99	0.92	0.77	0.53	0.57	0.44	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	6,984	969	1,734	1,299	1,062	1,203	717	79
12a	Total Eligibles Receiving Any Dental Services	Total	12,266	72	1,044	2,398	3,230	3,477	2,045	356
12b	Total Eligibles Receiving Preventive Dental Services	Total	11,669	33	1,024	2,356	3,130	3,323	1,803	274
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,158	##	56	706	1,535	1,652	1,209	229
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,453				856	597		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	11,978	72	1,044	2,384	3,173	3,397	1,908	335

*Includes 12 month visit

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NC		2017	Totals	Age Group <1	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	183	1,459	264	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	13,410	236	1,902	2,512	3,233	3,480	2,047	356
13	Total Eligibles Enrolled in Managed Care	Total	19,693	962	2,507	3,620	4,470	4,812	3,322	942
14	Total Number of Screening Blood Lead Tests	Total	1,898							

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	4,159	267	494	722	858	1,066	752	211
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,986	209	485	712	829	1,026	725	198
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	511	##	73	131	92	128	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	44,018	1,556	5,553	8,225	9,121	11,564	7,999	2,154
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.96	0.92	0.94	0.92	0.91
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.96	0.92	0.94	0.92	0.91
5	Expected Number of Screenings	Total	3,928	389	464	686	760	963	666	180
6	Total Screenings Received	Total	3,710	856	1,104	574	420	515	241	25
7	Screening Ratio	Total	0.91	1.00	1.00	0.84	0.55	0.53	0.36	0.14

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		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	3,748	209	464	686	760	963	666	180
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,271	203	426	518	402	491	231	24
10	Participant Ratio	Total	0.58	0.97	0.92	0.76	0.53	0.51	0.35	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	1,329	195	332	244	211	225	122	11
12a	Total Eligibles Receiving Any Dental Services	Total	2,387	0	161	480	597	724	425	68
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,273	0	156	466	578	689	384	50
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,069	0	##	167	317	351	234	39
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	291				154	137		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,345	0	160	477	588	710	410	63

*Includes 12 month visit

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		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	317	23	248	46	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,607	23	338	500	597	724	425	68
13	Total Eligibles Enrolled in Managed Care	Total	3,933	200	478	706	821	1,017	711	168
14	Total Number of Screening Blood Lead Tests	Total	374							

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 003 = ALLEGHANY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,438	80	176	256	295	355	276	88
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,390	62	173	253	290	348	264	82
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	169	##	20	31	39	42	37	##
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	15,441	487	1,941	2,862	3,271	3,942	2,938	861
3b	Average Period of Eligibility	Total	0.92	0.65	0.93	0.94	0.94	0.94	0.93	0.88
4	Expected Number of Screenings per Eligible	Total		1.95	0.93	0.94	0.94	0.94	0.93	0.88
5	Expected Number of Screenings	Total	1,368	121	162	238	273	329	245	72
6	Total Screenings Received	Total	1,354	255	365	229	163	210	132	24
7	Screening Ratio	Total	0.96	1.00	1.00	0.96	0.60	0.64	0.54	0.33

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NC		2017	Totals	Age Group <1	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	1,309	62	162	238	273	329	245	72
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	879	60	149	195	155	197	123	21
10	Participant Ratio	Total	0.65	0.97	0.92	0.82	0.57	0.60	0.50	0.29
11	Total Eligibles Referred for Corrective Treatment	Total	474	55	118	92	63	95	51	15
12a	Total Eligibles Receiving Any Dental Services	Total	854	0	58	166	219	240	171	27
12b	Total Eligibles Receiving Preventive Dental Services	Total	812	0	57	160	217	225	153	19
12c	Total Eligibles Receiving Dental Treatment Services	Total	416	0	##	65	121	124	106	17
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	105				69	36		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	839	0	58	166	217	235	163	26

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State Code		Year								
NC		2017	Totals	Age Group <1	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	118	12	86	20	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	933	12	115	176	219	240	171	27
13	Total Eligibles Enrolled in Managed Care	Total	1,374	61	173	247	286	345	262	78
14	Total Number of Screening Blood Lead Tests	Total	86							

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 004 = ANSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

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State Code		Year								
NC		2017	Totals	Age Group <1	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	3,998	232	443	665	872	1,013	773	258
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,854	179	433	655	851	975	761	242
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	352	0	37	68	80	91	76	##
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	43,707	1,409	5,021	7,613	9,716	11,234	8,714	2,687
3b	Average Period of Eligibility	Total	0.94	0.66	0.97	0.97	0.95	0.96	0.95	0.93
4	Expected Number of Screenings per Eligible	Total		1.98	0.97	0.97	0.95	0.96	0.95	0.93
5	Expected Number of Screenings	Total	3,880	354	420	633	810	935	728	224
6	Total Screenings Received	Total	2,970	694	774	495	331	418	258	52
7	Screening Ratio	Total	0.74	1.00	1.00	0.78	0.41	0.45	0.35	0.23

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State Code		Year								
NC		2017	Totals	Age Group <1	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	3,705	179	420	633	810	935	728	224
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,894	174	332	440	316	393	239	47
10	Participant Ratio	Total	0.49	0.97	0.79	0.70	0.39	0.42	0.33	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	1,033	167	254	171	143	169	129	28
12a	Total Eligibles Receiving Any Dental Services	Total	1,900	0	64	324	564	604	344	72
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,777	0	63	309	542	571	292	49
12c	Total Eligibles Receiving Dental Treatment Services	Total	905	0	##	131	278	283	213	45
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	318				171	147		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,854	0	63	318	555	591	327	64

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State Code		Year								
NC		2017	Totals	Age Group <1	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	357	17	265	75	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,173	17	283	361	564	604	344	72
13	Total Eligibles Enrolled in Managed Care	Total	3,783	172	430	650	839	960	732	229
14	Total Number of Screening Blood Lead Tests	Total	223							

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 005 = ASHE

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State Code		Year								
NC		2017	Totals	Age Group <1	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	2,902	162	333	499	627	734	547	151
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,725	119	323	487	587	701	508	141
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	393	0	60	93	86	96	58	##
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	30,029	871	3,667	5,535	6,505	7,795	5,656	1,459
3b	Average Period of Eligibility	Total	0.92	0.61	0.95	0.95	0.92	0.93	0.93	0.86
4	Expected Number of Screenings per Eligible	Total		1.83	0.95	0.95	0.92	0.93	0.93	0.86
5	Expected Number of Screenings	Total	2,653	218	306	462	545	651	471	122
6	Total Screenings Received	Total	2,538	541	711	410	332	353	191	31
7	Screening Ratio	Total	0.93	1.00	1.00	0.89	0.61	0.54	0.41	0.25

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NC		2017	Totals	Age Group <1	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	2,554	119	306	462	545	651	471	122
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,621	118	277	377	318	343	188	28
10	Participant Ratio	Total	0.62	0.99	0.91	0.82	0.58	0.53	0.40	0.23
11	Total Eligibles Referred for Corrective Treatment	Total	1,024	117	224	205	168	190	120	20
12a	Total Eligibles Receiving Any Dental Services	Total	1,525	##	73	304	419	448	281	56
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,407	##	69	294	405	412	227	39
12c	Total Eligibles Receiving Dental Treatment Services	Total	687	0	##	97	183	235	172	33
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	171				96	75		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,490	##	72	301	413	433	271	52

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NC		2017	Totals	Age Group <1	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	211	##	164	47	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,680	11	196	325	419	448	281	56
13	Total Eligibles Enrolled in Managed Care	Total	2,686	118	320	481	580	691	496	120
14	Total Number of Screening Blood Lead Tests	Total	331							

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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		2017	Totals	Age Group <1	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	1,782	84	212	295	398	452	341	126
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,712	69	205	286	385	437	330	115
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	239	##	29	54	51	64	41	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	18,718	561	2,312	3,276	4,158	4,802	3,609	1,098
3b	Average Period of Eligibility	Total	0.90	0.68	0.94	0.95	0.90	0.92	0.91	0.80
4	Expected Number of Screenings per Eligible	Total		2.04	0.94	0.95	0.90	0.92	0.91	0.80
5	Expected Number of Screenings	Total	1,655	141	193	272	347	402	300	92
6	Total Screenings Received	Total	1,407	302	401	217	165	200	122	12
7	Screening Ratio	Total	0.81	1.00	1.00	0.80	0.48	0.50	0.41	0.13

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State Code		Year								
NC		2017	Totals	Age Group <1	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	1,583	69	193	272	347	402	300	92
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	907	69	172	203	158	190	115	11
10	Participant Ratio	Total	0.55	1.00	0.89	0.75	0.46	0.47	0.38	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	511	67	132	89	80	85	58	##
12a	Total Eligibles Receiving Any Dental Services	Total	896	0	29	157	247	283	180	40
12b	Total Eligibles Receiving Preventive Dental Services	Total	843	0	24	153	237	267	162	29
12c	Total Eligibles Receiving Dental Treatment Services	Total	391	0	##	48	107	136	100	23
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	120				62	58		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	864	0	29	155	241	268	171	37

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		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	114	13	83	18	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	987	13	99	165	247	283	180	40
13	Total Eligibles Enrolled in Managed Care	Total	1,656	67	201	277	376	427	308	101
14	Total Number of Screening Blood Lead Tests	Total	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
 007 = BEAUFORT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	6,715	346	693	1,129	1,503	1,732	1,312	400
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,467	259	680	1,101	1,459	1,694	1,274	386
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	651	##	55	143	147	171	135	##
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	72,741	1,983	7,762	12,702	16,594	19,291	14,409	4,234
3b	Average Period of Eligibility	Total	0.94	0.64	0.95	0.96	0.95	0.95	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.96	0.95	0.95	0.94	0.91
5	Expected Number of Screenings	Total	6,398	497	645	1,060	1,383	1,609	1,204	355
6	Total Screenings Received	Total	5,625	1,189	1,516	832	745	861	482	39
7	Screening Ratio	Total	0.84	1.00	1.00	0.78	0.54	0.54	0.40	0.11

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	6,160	259	645	1,060	1,383	1,609	1,204	355
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,696	254	584	805	737	852	464	37
10	Participant Ratio	Total	0.57	0.98	0.91	0.76	0.53	0.53	0.39	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	2,090	250	474	355	361	419	231	18
12a	Total Eligibles Receiving Any Dental Services	Total	3,129	##	67	461	957	1,031	613	103
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,919	##	62	439	928	966	524	84
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,496	0	##	134	500	496	366	61
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	525				313	212		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,077	##	67	460	946	1,015	589	100

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	610	18	465	127	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,670	19	489	561	957	1,031	613	103
13	Total Eligibles Enrolled in Managed Care	Total	6,409	257	678	1,096	1,452	1,678	1,248	362
14	Total Number of Screening Blood Lead Tests	Total	577							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,646	123	270	430	622	683	518	173
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,547	95	260	419	603	667	503	162
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	260	0	18	55	63	68	56	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	28,706	706	3,032	4,838	6,816	7,627	5,687	1,839
3b	Average Period of Eligibility	Total	0.94	0.62	0.97	0.96	0.94	0.95	0.94	0.95
4	Expected Number of Screenings per Eligible	Total		1.86	0.97	0.96	0.94	0.95	0.94	0.95
5	Expected Number of Screenings	Total	2,511	177	252	404	569	634	475	153
6	Total Screenings Received	Total	1,817	355	571	275	207	256	153	25
7	Screening Ratio	Total	0.69	1.00	1.00	0.68	0.36	0.40	0.32	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
 008 = BERTIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,429	95	252	404	569	634	475	153
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,192	95	233	267	203	249	145	24
10	Participant Ratio	Total	0.47	1.00	0.92	0.66	0.36	0.39	0.31	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	575	93	169	78	71	101	63	14
12a	Total Eligibles Receiving Any Dental Services	Total	1,220	0	32	201	382	392	213	37
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,154	0	31	195	375	370	183	24
12c	Total Eligibles Receiving Dental Treatment Services	Total	516	0	##	57	170	169	120	26
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	204				123	81		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,200	0	32	200	379	384	205	35

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	169	##	127	42	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,364	##	145	232	382	392	213	37
13	Total Eligibles Enrolled in Managed Care	Total	2,149	75	235	347	515	562	415	123
14	Total Number of Screening Blood Lead Tests	Total	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
 009 = BLADEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	5,066	277	590	907	1,039	1,295	958	300
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,861	221	582	893	997	1,242	926	289
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	542	##	71	101	119	149	102	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	54,656	1,596	6,755	10,318	11,312	14,136	10,539	3,146
3b	Average Period of Eligibility	Total	0.94	0.60	0.97	0.96	0.95	0.95	0.95	0.91
4	Expected Number of Screenings per Eligible	Total		1.80	0.97	0.96	0.95	0.95	0.95	0.91
5	Expected Number of Screenings	Total	4,820	398	562	861	943	1,178	878	262
6	Total Screenings Received	Total	3,863	918	1,120	710	362	509	244	50
7	Screening Ratio	Total	0.77	1.00	1.00	0.82	0.38	0.43	0.28	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
 009 = BLADEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	4,643	221	562	861	943	1,178	878	262
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,335	213	477	611	340	471	223	44
10	Participant Ratio	Total	0.49	0.96	0.85	0.71	0.36	0.40	0.25	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	1,317	208	357	300	162	188	102	22
12a	Total Eligibles Receiving Any Dental Services	Total	2,562	##	89	494	703	809	467	105
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,392	0	80	469	678	768	397	75
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,135	##	##	158	282	382	313	70
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	416				222	194		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,512	##	88	491	696	789	448	102

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	373	##	315	58	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,858	##	350	529	703	809	467	105
13	Total Eligibles Enrolled in Managed Care	Total	4,829	212	581	888	994	1,238	916	278
14	Total Number of Screening Blood Lead Tests	Total	507							

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	13,123	681	1,496	2,160	2,914	3,371	2,501	811
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	12,540	542	1,458	2,101	2,812	3,240	2,387	771
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,327	##	163	264	306	348	246	##
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	138,831	4,109	16,605	23,802	31,453	36,244	26,618	8,261
3b	Average Period of Eligibility	Total	0.92	0.63	0.95	0.94	0.93	0.93	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.94	0.93	0.93	0.93	0.89
5	Expected Number of Screenings	Total	12,261	1,024	1,386	1,987	2,623	3,020	2,221	688
6	Total Screenings Received	Total	10,394	2,232	2,991	1,551	1,247	1,545	828	78
7	Screening Ratio	Total	0.81	1.00	1.00	0.78	0.48	0.51	0.37	0.11

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	11,779	542	1,386	1,987	2,623	3,020	2,221	688
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,587	522	1,233	1,412	1,188	1,464	768	74
10	Participant Ratio	Total	0.53	0.96	0.89	0.71	0.45	0.48	0.35	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	3,858	500	982	708	580	680	408	40
12a	Total Eligibles Receiving Any Dental Services	Total	6,130	##	225	1,002	1,779	1,934	1,190	220
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,714	##	193	968	1,721	1,810	1,022	166
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,995	0	21	295	885	1,034	760	147
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	818				460	358		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,989	##	225	991	1,758	1,884	1,131	215

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	867	49	689	129	0	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,823	49	796	1,075	1,779	1,934	1,190	220
13	Total Eligibles Enrolled in Managed Care	Total	12,376	523	1,442	2,076	2,778	3,211	2,346	691
14	Total Number of Screening Blood Lead Tests	Total	1,004							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	26,488	1,555	3,344	4,803	5,854	6,345	4,587	1,446
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	24,987	1,228	3,231	4,665	5,562	5,971	4,330	1,321
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,684	##	541	868	822	886	567	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	271,856	9,071	36,172	52,509	60,840	66,068	47,196	13,660
3b	Average Period of Eligibility	Total	0.90	0.62	0.93	0.94	0.91	0.92	0.91	0.86
4	Expected Number of Screenings per Eligible	Total		1.86	0.93	0.94	0.91	0.92	0.91	0.86
5	Expected Number of Screenings	Total	24,204	2,284	3,020	4,368	5,073	5,518	3,941	1,136
6	Total Screenings Received	Total	23,460	5,578	6,844	3,461	2,823	3,064	1,690	205
7	Screening Ratio	Total	0.93	1.00	1.00	0.79	0.56	0.56	0.43	0.18

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	23,148	1,228	3,020	4,368	5,073	5,518	3,941	1,136
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	14,519	1,179	2,749	3,270	2,741	2,961	1,619	195
10	Participant Ratio	Total	0.61	0.96	0.91	0.75	0.54	0.54	0.41	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	7,773	1,130	2,085	1,333	1,176	1,264	785	112
12a	Total Eligibles Receiving Any Dental Services	Total	14,080	27	1,045	2,833	3,798	3,951	2,426	376
12b	Total Eligibles Receiving Preventive Dental Services	Total	13,540	12	1,014	2,791	3,721	3,779	2,223	294
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,742	11	75	800	1,644	1,871	1,341	241
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,451				792	659		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	13,823	26	1,042	2,816	3,750	3,849	2,340	357

*Includes 12 month visit

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

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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		2017	Totals	Age Group <1	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	110	1,239	339	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	15,173	134	1,887	2,977	3,798	3,951	2,426	376
13	Total Eligibles Enrolled in Managed Care	Total	24,724	1,173	3,207	4,628	5,520	5,925	4,271	1,251
14	Total Number of Screening Blood Lead Tests	Total	2,426							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	11,875	755	1,442	2,061	2,605	2,917	2,095	808
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,323	583	1,408	2,017	2,512	2,807	1,996	766
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,410	0	193	314	326	363	214	##
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	125,448	4,364	16,085	23,212	27,860	31,681	22,246	8,042
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.96	0.92	0.94	0.93	0.87
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.96	0.92	0.94	0.93	0.87
5	Expected Number of Screenings	Total	11,171	1,084	1,337	1,930	2,330	2,633	1,857	669
6	Total Screenings Received	Total	11,244	2,802	3,156	1,685	1,327	1,563	711	118
7	Screening Ratio	Total	0.96	1.00	1.00	0.87	0.57	0.59	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
 012 = BURKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	10,670	583	1,337	1,930	2,330	2,633	1,857	669
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,814	568	1,246	1,549	1,275	1,488	688	110
10	Participant Ratio	Total	0.61	0.97	0.93	0.80	0.55	0.57	0.37	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	3,923	546	986	669	682	676	364	57
12a	Total Eligibles Receiving Any Dental Services	Total	5,860	##	332	1,103	1,600	1,766	1,059	226
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,510	##	318	1,074	1,543	1,667	908	177
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,605	0	##	347	746	843	669	163
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	778				431	347		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,667	##	323	1,090	1,566	1,704	984	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
 012 = BURKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,405	109	998	298	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,899	112	1,096	1,266	1,600	1,766	1,059	226
13	Total Eligibles Enrolled in Managed Care	Total	11,128	571	1,385	1,996	2,477	2,751	1,948	690
14	Total Number of Screening Blood Lead Tests	Total	1,172							

*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
 013 = CABARRUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	24,445	1,418	2,855	4,276	5,437	6,207	4,252	1,199
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	23,194	1,089	2,769	4,146	5,195	5,937	4,058	1,139
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,154	##	423	698	718	791	524	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	253,540	8,372	31,198	47,247	56,750	65,630	44,343	12,125
3b	Average Period of Eligibility	Total	0.91	0.64	0.94	0.95	0.91	0.92	0.91	0.89
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.95	0.91	0.92	0.91	0.89
5	Expected Number of Screenings	Total	22,514	2,091	2,589	3,938	4,729	5,475	3,692	1,006
6	Total Screenings Received	Total	20,249	4,725	5,372	3,013	2,454	3,042	1,643	220
7	Screening Ratio	Total	0.87	1.00	1.00	0.77	0.52	0.56	0.45	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
 013 = CABARRUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	21,512	1,089	2,589	3,938	4,729	5,475	3,692	1,006
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	13,161	1,041	2,305	2,881	2,379	2,961	1,594	210
10	Participant Ratio	Total	0.59	0.96	0.89	0.73	0.50	0.54	0.43	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	6,873	986	1,757	1,139	1,021	1,211	759	124
12a	Total Eligibles Receiving Any Dental Services	Total	13,419	12	824	2,483	3,730	4,017	2,353	392
12b	Total Eligibles Receiving Preventive Dental Services	Total	12,871	##	808	2,417	3,644	3,859	2,143	306
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,843	##	34	768	1,765	1,907	1,369	240
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,933				1,091	842		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	13,144	12	822	2,460	3,682	3,922	2,246	369

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,237	100	960	177	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	14,266	111	1,493	2,561	3,730	4,018	2,353	392
13	Total Eligibles Enrolled in Managed Care	Total	22,897	1,051	2,752	4,106	5,141	5,851	3,996	1,077
14	Total Number of Screening Blood Lead Tests	Total	1,787							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	11,018	616	1,360	1,910	2,309	2,774	2,049	741
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	10,550	469	1,328	1,869	2,232	2,687	1,965	700
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,227	##	168	260	265	298	236	##
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	118,447	3,675	15,299	21,802	25,174	30,483	22,014	7,760
3b	Average Period of Eligibility	Total	0.93	0.65	0.96	0.97	0.94	0.95	0.93	0.92
4	Expected Number of Screenings per Eligible	Total		1.95	0.96	0.97	0.94	0.95	0.93	0.92
5	Expected Number of Screenings	Total	10,485	915	1,274	1,819	2,097	2,543	1,837	646
6	Total Screenings Received	Total	8,710	2,039	2,840	1,355	806	1,119	551	123
7	Screening Ratio	Total	0.79	1.00	1.00	0.74	0.38	0.44	0.30	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
 014 = CALDWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	10,039	469	1,274	1,819	2,097	2,543	1,837	646
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,262	455	1,152	1,270	788	1,073	524	118
10	Participant Ratio	Total	0.50	0.97	0.90	0.70	0.38	0.42	0.29	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	1,988	210	532	394	269	377	206	56
12a	Total Eligibles Receiving Any Dental Services	Total	5,473	##	381	971	1,422	1,653	1,046	239
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,140	##	368	928	1,373	1,565	906	172
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,522	0	15	328	718	816	645	167
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	656				386	270		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,304	##	379	960	1,392	1,602	971	221

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,057	50	808	199	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,182	54	944	1,063	1,422	1,653	1,046	239
13	Total Eligibles Enrolled in Managed Care	Total	10,412	463	1,317	1,851	2,214	2,652	1,915	605
14	Total Number of Screening Blood Lead Tests	Total	1,034							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	670	37	86	115	130	177	125	40
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	624	30	82	106	118	168	120	37
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	64	0	11	22	12	19	##	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	6,717	237	891	1,145	1,290	1,826	1,328	381
3b	Average Period of Eligibility	Total	0.89	0.66	0.91	0.90	0.91	0.91	0.92	0.86
4	Expected Number of Screenings per Eligible	Total		1.98	0.91	0.90	0.91	0.91	0.92	0.86
5	Expected Number of Screenings	Total	600	59	74	95	109	153	110	32
6	Total Screenings Received	Total	616	164	186	78	56	85	47	11
7	Screening Ratio	Total	0.99	1.00	1.00	0.82	0.51	0.56	0.43	0.34

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	571	30	74	95	109	153	110	32
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	360	30	72	73	56	83	46	##
10	Participant Ratio	Total	0.61	1.00	0.97	0.77	0.51	0.54	0.42	0.28
11	Total Eligibles Referred for Corrective Treatment	Total	198	30	56	33	22	31	26	##
12a	Total Eligibles Receiving Any Dental Services	Total	273	0	12	36	80	93	52	13
12b	Total Eligibles Receiving Preventive Dental Services	Total	256	0	12	36	77	87	44	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	116	0	0	##	37	43	36	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	46				23	23		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	264	0	12	36	78	88	50	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		2017	Totals	Age Group <1	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	42	##	42	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	313	##	47	41	80	93	52	13
13	Total Eligibles Enrolled in Managed Care	Total	597	30	81	105	113	158	110	31
14	Total Number of Screening Blood Lead Tests	Total	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
 016 = CARTERET

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	6,145	309	724	1,049	1,337	1,583	1,143	333
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	5,863	247	696	1,020	1,276	1,529	1,095	315
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	662	##	95	154	134	168	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	64,308	1,880	7,760	11,597	14,095	16,962	12,014	3,367
3b	Average Period of Eligibility	Total	0.91	0.63	0.93	0.95	0.92	0.92	0.91	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.95	0.92	0.92	0.91	0.89
5	Expected Number of Screenings	Total	5,674	473	647	966	1,173	1,414	1,001	280
6	Total Screenings Received	Total	5,861	1,185	1,661	833	793	956	433	47
7	Screening Ratio	Total	0.99	1.00	1.00	0.86	0.68	0.68	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
 016 = CARTERET

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	5,448	247	647	966	1,173	1,414	1,001	280
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,829	243	635	812	779	940	420	45
10	Participant Ratio	Total	0.68	0.98	0.98	0.84	0.66	0.66	0.42	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,150	240	491	377	378	441	223	27
12a	Total Eligibles Receiving Any Dental Services	Total	2,694	0	83	451	824	846	490	90
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,517	0	72	420	794	796	435	66
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,253	0	##	146	402	411	294	62
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	414				243	171		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,633	0	83	445	811	819	475	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
 016 = CARTERET

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	551	30	402	119	0	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,155	30	434	530	824	847	490	90
13	Total Eligibles Enrolled in Managed Care	Total	5,775	236	688	1,012	1,259	1,504	1,076	292
14	Total Number of Screening Blood Lead Tests	Total	689							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	174	326	467	633	739	577	191
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,809	138	316	464	616	719	556	180
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	313	##	43	64	60	72	74	##
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	31,137	1,054	3,536	5,292	6,893	8,110	6,252	2,011
3b	Average Period of Eligibility	Total	0.92	0.64	0.93	0.95	0.93	0.94	0.94	0.93
4	Expected Number of Screenings per Eligible	Total		1.92	0.93	0.95	0.93	0.94	0.94	0.93
5	Expected Number of Screenings	Total	2,770	265	294	441	574	676	520	169
6	Total Screenings Received	Total	2,365	622	584	326	288	337	208	18
7	Screening Ratio	Total	0.81	1.00	1.00	0.74	0.50	0.50	0.40	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
 017 = CASWELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,643	138	294	441	574	676	520	169
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,499	135	252	307	278	329	198	18
10	Participant Ratio	Total	0.54	0.98	0.86	0.70	0.48	0.49	0.38	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	773	130	190	132	120	127	74	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,402	##	90	264	347	425	276	49
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,286	##	85	256	331	388	226	28
12c	Total Eligibles Receiving Dental Treatment Services	Total	590	0	##	77	151	199	163	26
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	133				81	52		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,353	##	90	263	337	410	253	45

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	178	15	142	21	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,532	21	186	276	348	425	276	49
13	Total Eligibles Enrolled in Managed Care	Total	2,689	112	299	454	597	698	529	162
14	Total Number of Screening Blood Lead Tests	Total	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
 018 = CATAWBA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	20,305	1,185	2,569	3,774	4,444	4,810	3,523	1,086
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,344	922	2,514	3,684	4,285	4,587	3,352	1,004
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,645	##	363	590	608	613	471	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	212,263	6,976	28,383	41,996	47,384	50,878	36,646	10,393
3b	Average Period of Eligibility	Total	0.91	0.63	0.94	0.95	0.92	0.92	0.91	0.86
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.95	0.92	0.92	0.91	0.86
5	Expected Number of Screenings	Total	18,851	1,743	2,364	3,500	3,951	4,235	3,058	867
6	Total Screenings Received	Total	18,594	3,976	5,727	2,997	2,076	2,460	1,358	163
7	Screening Ratio	Total	0.95	1.00	1.00	0.86	0.53	0.58	0.44	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
 018 = CATAWBA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	18,030	922	2,364	3,500	3,951	4,235	3,058	867
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,491	895	2,224	2,686	2,010	2,380	1,296	158
10	Participant Ratio	Total	0.62	0.97	0.94	0.77	0.51	0.56	0.42	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	6,840	868	1,791	1,250	1,000	1,203	728	92
12a	Total Eligibles Receiving Any Dental Services	Total	11,161	15	753	2,243	2,984	3,207	1,959	355
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,684	##	725	2,177	2,912	3,086	1,784	293
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,549	##	53	747	1,340	1,321	1,088	216
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,274				723	551		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,975	15	752	2,230	2,955	3,150	1,873	340

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,298	169	1,665	464	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	12,686	176	1,910	2,450	2,984	3,207	1,959	355
13	Total Eligibles Enrolled in Managed Care	Total	19,130	895	2,496	3,665	4,250	4,545	3,279	917
14	Total Number of Screening Blood Lead Tests	Total	2,009							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	6,362	358	756	1,088	1,386	1,638	1,136	298
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,047	264	739	1,061	1,325	1,571	1,087	276
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	885	##	112	179	205	234	155	##
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	66,561	2,011	8,339	12,077	14,674	17,474	11,986	2,909
3b	Average Period of Eligibility	Total	0.92	0.63	0.94	0.95	0.92	0.93	0.92	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.95	0.92	0.93	0.92	0.88
5	Expected Number of Screenings	Total	5,874	499	695	1,004	1,222	1,456	998	241
6	Total Screenings Received	Total	5,306	1,167	1,501	842	586	789	421	40
7	Screening Ratio	Total	0.87	1.00	1.00	0.84	0.48	0.54	0.42	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
 019 = CHATHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	5,639	264	695	1,004	1,222	1,456	998	241
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,438	256	642	791	573	765	411	35
10	Participant Ratio	Total	0.59	0.97	0.92	0.79	0.47	0.53	0.41	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	1,796	251	471	342	257	289	186	25
12a	Total Eligibles Receiving Any Dental Services	Total	3,825	16	329	727	960	1,136	657	86
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,664	11	324	715	944	1,091	579	56
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,708	##	18	250	479	556	405	56
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	465				235	230		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,744	15	329	722	954	1,110	614	73

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	340	21	271	48	0	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,999	37	469	739	960	1,137	657	86
13	Total Eligibles Enrolled in Managed Care	Total	5,963	254	729	1,056	1,314	1,552	1,058	252
14	Total Number of Screening Blood Lead Tests	Total	510							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,515	196	410	596	746	894	673	182
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,303	146	391	567	707	850	642	165
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	386	##	52	96	83	90	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	36,248	1,059	4,375	6,386	7,863	9,399	7,166	1,727
3b	Average Period of Eligibility	Total	0.91	0.60	0.93	0.94	0.93	0.92	0.93	0.87
4	Expected Number of Screenings per Eligible	Total		1.80	0.93	0.94	0.93	0.92	0.93	0.87
5	Expected Number of Screenings	Total	3,197	266	363	533	656	782	597	144
6	Total Screenings Received	Total	2,312	489	798	346	243	284	152	##
7	Screening Ratio	Total	0.69	1.00	1.00	0.65	0.37	0.36	0.25	0.04

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,077	146	363	533	656	782	597	144
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,447	139	312	340	237	275	144	##
10	Participant Ratio	Total	0.45	0.95	0.86	0.64	0.36	0.35	0.24	0.04
11	Total Eligibles Referred for Corrective Treatment	Total	919	133	255	162	126	156	87	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,467	0	21	211	436	490	309	39
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,349	0	16	202	418	464	249	28
12c	Total Eligibles Receiving Dental Treatment Services	Total	713	0	##	63	208	235	207	24
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	248				131	117		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,421	0	21	210	431	480	279	37

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	271	18	209	44	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,719	18	221	245	436	490	309	39
13	Total Eligibles Enrolled in Managed Care	Total	3,229	139	386	563	694	831	616	149
14	Total Number of Screening Blood Lead Tests	Total	290							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,807	90	193	281	421	468	354	100
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,726	70	186	272	402	453	343	97
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	175	0	21	27	40	45	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	19,134	530	2,129	3,155	4,469	5,057	3,794	990
3b	Average Period of Eligibility	Total	0.92	0.63	0.95	0.97	0.93	0.93	0.92	0.85
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.97	0.93	0.93	0.92	0.85
5	Expected Number of Screenings	Total	1,681	132	177	264	371	421	316	83
6	Total Screenings Received	Total	1,405	396	403	195	138	170	103	14
7	Screening Ratio	Total	0.80	1.00	1.00	0.74	0.37	0.40	0.33	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
 021 = CHOWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,619	70	177	264	371	421	316	83
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	821	68	169	187	135	163	99	12
10	Participant Ratio	Total	0.49	0.97	0.95	0.71	0.36	0.39	0.31	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	422	67	129	50	49	76	51	##
12a	Total Eligibles Receiving Any Dental Services	Total	790	0	17	133	248	220	172	26
12b	Total Eligibles Receiving Preventive Dental Services	Total	725	0	16	127	239	201	142	19
12c	Total Eligibles Receiving Dental Treatment Services	Total	344	0	##	41	105	102	96	16
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	122				88	34		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	764	0	17	131	244	209	163	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		2017	Totals	Age Group <1	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	27	0	27	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	820	0	43	137	248	220	172	26
13	Total Eligibles Enrolled in Managed Care	Total	1,715	69	185	271	399	452	339	90
14	Total Number of Screening Blood Lead Tests	Total	38							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,283	77	169	220	270	321	226	60
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,197	61	160	209	254	299	214	49
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	136	0	26	23	24	36	27	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	12,482	499	1,710	2,215	2,658	3,155	2,245	483
3b	Average Period of Eligibility	Total	0.87	0.68	0.89	0.88	0.87	0.88	0.87	0.82
4	Expected Number of Screenings per Eligible	Total		2.04	0.89	0.88	0.87	0.88	0.87	0.82
5	Expected Number of Screenings	Total	1,121	124	142	184	223	261	187	40
6	Total Screenings Received	Total	961	264	344	129	95	89	40	##
7	Screening Ratio	Total	0.83	1.00	1.00	0.70	0.43	0.34	0.21	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		2017	Totals	Age Group <1	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	1,058	61	142	184	223	261	187	40
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	536	60	134	122	93	88	39	##
10	Participant Ratio	Total	0.49	0.98	0.94	0.66	0.42	0.34	0.21	0.08
11	Total Eligibles Referred for Corrective Treatment	Total	307	56	95	50	41	43	22	##
12a	Total Eligibles Receiving Any Dental Services	Total	491	0	##	80	133	165	113	16
12b	Total Eligibles Receiving Preventive Dental Services	Total	450	0	##	74	126	152	98	11
12c	Total Eligibles Receiving Dental Treatment Services	Total	254	0	##	27	51	89	87	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	81				34	47		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	470	0	##	78	130	158	104	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
 022 = CLAY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	610	##	105	92	134	166	113	16
13	Total Eligibles Enrolled in Managed Care	Total	1,184	61	159	208	252	293	211	47
14	Total Number of Screening Blood Lead Tests	Total	96							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	15,570	844	1,851	2,695	3,541	3,872	2,767	995
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	14,969	648	1,817	2,646	3,421	3,764	2,673	952
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,419	0	169	263	326	373	288	##
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	167,932	4,762	20,988	30,532	38,643	42,683	30,324	10,463
3b	Average Period of Eligibility	Total	0.93	0.61	0.96	0.96	0.94	0.94	0.95	0.92
4	Expected Number of Screenings per Eligible	Total		1.83	0.96	0.96	0.94	0.94	0.95	0.92
5	Expected Number of Screenings	Total	14,781	1,186	1,753	2,548	3,214	3,555	2,525	875
6	Total Screenings Received	Total	11,941	2,587	3,493	1,855	1,457	1,642	907	143
7	Screening Ratio	Total	0.77	1.00	1.00	0.73	0.45	0.46	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
 023 = CLEVELAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	14,243	648	1,753	2,548	3,214	3,555	2,525	875
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	7,799	623	1,482	1,802	1,424	1,601	867	134
10	Participant Ratio	Total	0.52	0.96	0.85	0.71	0.44	0.45	0.34	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	4,336	603	1,135	792	640	717	449	75
12a	Total Eligibles Receiving Any Dental Services	Total	7,976	##	398	1,517	2,192	2,392	1,477	359
12b	Total Eligibles Receiving Preventive Dental Services	Total	7,583	##	384	1,492	2,117	2,280	1,310	285
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,833	0	18	489	1,125	1,260	941	243
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,143				626	517		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	7,716	##	397	1,500	2,122	2,321	1,376	342

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,041	66	848	127	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	8,769	69	1,058	1,581	2,192	2,392	1,477	359
13	Total Eligibles Enrolled in Managed Care	Total	14,811	626	1,808	2,626	3,393	3,719	2,639	882
14	Total Number of Screening Blood Lead Tests	Total	1,775							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	9,467	503	1,088	1,569	2,081	2,424	1,802	663
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,071	356	1,056	1,533	2,022	2,353	1,751	632
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	784	##	78	126	180	218	182	##
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	102,605	2,798	12,194	17,880	22,965	26,788	19,980	7,112
3b	Average Period of Eligibility	Total	0.94	0.65	0.96	0.97	0.95	0.95	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.95	0.96	0.97	0.95	0.95	0.95	0.94
5	Expected Number of Screenings	Total	9,024	694	1,019	1,492	1,915	2,236	1,668	594
6	Total Screenings Received	Total	7,425	1,602	2,097	1,289	881	1,013	543	102
7	Screening Ratio	Total	0.78	1.00	1.00	0.86	0.46	0.45	0.33	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
 024 = COLUMBUS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,686	356	1,019	1,492	1,915	2,236	1,668	594
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,548	343	874	1,103	820	922	486	94
10	Participant Ratio	Total	0.50	0.96	0.86	0.74	0.43	0.41	0.29	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,750	330	710	562	426	460	262	61
12a	Total Eligibles Receiving Any Dental Services	Total	4,471	##	189	826	1,281	1,328	847	204
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,109	##	181	779	1,221	1,228	700	131
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,033	0	14	256	544	689	530	148
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	615				353	262		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,303	##	140	810	1,251	1,299	803	196

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	803	76	579	148	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,107	77	667	906	1,282	1,328	847	204
13	Total Eligibles Enrolled in Managed Care	Total	9,006	345	1,051	1,531	2,012	2,343	1,724	602
14	Total Number of Screening Blood Lead Tests	Total	1,009							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	11,715	699	1,451	2,142	2,621	2,790	2,012	613
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,135	544	1,403	2,088	2,496	2,665	1,939	577
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,254	##	189	273	290	281	221	##
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	121,708	4,131	15,611	23,653	27,413	29,515	21,385	6,151
3b	Average Period of Eligibility	Total	0.91	0.63	0.93	0.94	0.92	0.92	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.94	0.92	0.92	0.92	0.89
5	Expected Number of Screenings	Total	10,837	1,028	1,298	1,970	2,290	2,461	1,790	511
6	Total Screenings Received	Total	10,086	2,421	2,921	1,586	1,164	1,270	724	98
7	Screening Ratio	Total	0.90	1.00	1.00	0.81	0.51	0.52	0.40	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
 025 = CRAVEN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	10,353	544	1,298	1,970	2,290	2,461	1,790	511
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,286	524	1,198	1,463	1,144	1,254	703	91
10	Participant Ratio	Total	0.59	0.96	0.92	0.74	0.50	0.51	0.39	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	3,392	516	897	634	485	508	352	47
12a	Total Eligibles Receiving Any Dental Services	Total	5,243	##	262	1,138	1,551	1,437	855	179
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,937	##	252	1,098	1,501	1,364	722	128
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,875	##	29	280	613	494	459	112
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	497				321	176		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,113	##	262	1,128	1,523	1,396	804	170

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,138	67	807	264	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,106	70	914	1,278	1,552	1,437	855	179
13	Total Eligibles Enrolled in Managed Care	Total	10,815	485	1,353	2,048	2,436	2,599	1,894	535
14	Total Number of Screening Blood Lead Tests	Total	1,345							

*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
 026 = CUMBERLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	48,676	2,813	5,828	8,546	11,084	11,929	8,476	3,085
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	46,376	2,139	5,671	8,279	10,659	11,474	8,154	2,961
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,886	##	427	791	900	1,009	759	25
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	511,824	16,063	63,350	93,402	118,706	128,772	91,531	32,323
3b	Average Period of Eligibility	Total	0.92	0.63	0.93	0.94	0.93	0.94	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.94	0.93	0.94	0.94	0.91
5	Expected Number of Screenings	Total	45,341	4,042	5,274	7,782	9,883	10,716	7,644	2,693
6	Total Screenings Received	Total	40,574	9,223	11,273	6,229	5,044	5,687	3,118	421
7	Screening Ratio	Total	0.85	1.00	1.00	0.80	0.51	0.53	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
 026 = CUMBERLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	43,438	2,139	5,274	7,782	9,883	10,716	7,644	2,693
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	25,240	2,040	4,635	5,591	4,793	5,338	2,843	390
10	Participant Ratio	Total	0.56	0.95	0.88	0.72	0.48	0.50	0.37	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	13,165	1,872	3,306	2,391	2,040	2,231	1,325	222
12a	Total Eligibles Receiving Any Dental Services	Total	23,699	43	1,497	4,404	6,641	6,888	4,226	925
12b	Total Eligibles Receiving Preventive Dental Services	Total	22,524	13	1,442	4,295	6,469	6,563	3,742	728
12c	Total Eligibles Receiving Dental Treatment Services	Total	9,526	26	108	1,384	2,752	2,868	2,388	564
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	2,655				1,616	1,039		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	23,186	43	1,492	4,366	6,549	6,739	3,997	869

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	4,087	277	3,129	681	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	26,547	312	3,743	4,737	6,641	6,888	4,226	925
13	Total Eligibles Enrolled in Managed Care	Total	45,017	2,077	5,573	8,034	10,338	11,138	7,857	2,785
14	Total Number of Screening Blood Lead Tests	Total	3,853							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,984	106	258	355	406	522	337	93
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,841	85	247	332	367	491	319	78
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	233	0	45	49	39	62	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	19,268	615	2,629	3,592	3,852	5,203	3,377	790
3b	Average Period of Eligibility	Total	0.87	0.60	0.89	0.90	0.87	0.88	0.88	0.84
4	Expected Number of Screenings per Eligible	Total		1.80	0.89	0.90	0.87	0.88	0.88	0.84
5	Expected Number of Screenings	Total	1,708	153	220	300	320	433	282	67
6	Total Screenings Received	Total	1,706	385	524	255	170	235	137	14
7	Screening Ratio	Total	0.97	1.00	1.00	0.85	0.53	0.54	0.49	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
 027 = CURRITUCK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,640	85	220	300	320	433	282	67
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,036	81	208	237	162	224	124	14
10	Participant Ratio	Total	0.62	0.95	0.95	0.79	0.51	0.52	0.44	0.21
11	Total Eligibles Referred for Corrective Treatment	Total	575	79	165	109	68	92	62	##
12a	Total Eligibles Receiving Any Dental Services	Total	849	0	41	153	235	270	150	32
12b	Total Eligibles Receiving Preventive Dental Services	Total	804	0	39	149	228	258	130	26
12c	Total Eligibles Receiving Dental Treatment Services	Total	396	0	##	58	119	133	86	19
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	102				58	44		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	830	0	41	153	230	263	143	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
 027 = CURRITUCK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	15	161	15	0	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,011	15	177	163	235	270	151	32
13	Total Eligibles Enrolled in Managed Care	Total	1,781	83	242	316	360	479	301	66
14	Total Number of Screening Blood Lead Tests	Total	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
 028 = DARE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	3,382	200	418	624	711	871	558	160
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,158	169	399	596	665	814	515	147
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	553	##	82	151	119	129	72	##
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	33,989	1,215	4,411	6,706	7,190	8,859	5,608	1,524
3b	Average Period of Eligibility	Total	0.90	0.60	0.92	0.94	0.90	0.91	0.91	0.86
4	Expected Number of Screenings per Eligible	Total		1.80	0.92	0.94	0.90	0.91	0.91	0.86
5	Expected Number of Screenings	Total	3,035	304	369	557	599	740	466	127
6	Total Screenings Received	Total	3,095	659	920	479	340	459	238	24
7	Screening Ratio	Total	0.99	1.00	1.00	0.86	0.57	0.62	0.51	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
 028 = DARE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,900	169	369	557	599	740	466	127
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,948	164	355	446	326	445	212	22
10	Participant Ratio	Total	0.65	0.97	0.96	0.80	0.54	0.60	0.45	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	986	160	276	155	108	175	112	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,616	0	49	323	465	523	256	47
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,523	0	41	317	444	491	230	33
12c	Total Eligibles Receiving Dental Treatment Services	Total	598	0	##	82	196	186	134	27
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	122				73	49		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,584	0	48	322	455	512	247	42

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	380	25	335	20	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,943	25	338	336	465	523	256	47
13	Total Eligibles Enrolled in Managed Care	Total	3,121	163	399	595	658	805	501	126
14	Total Number of Screening Blood Lead Tests	Total	255							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	20,782	1,251	2,632	3,718	4,462	5,106	3,613	1,092
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,876	990	2,584	3,644	4,291	4,899	3,468	1,044
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,589	##	328	565	558	659	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	219,524	7,322	29,446	41,697	47,489	54,876	38,694	11,202
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.95	0.92	0.93	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.95	0.92	0.93	0.93	0.89
5	Expected Number of Screenings	Total	19,517	1,843	2,455	3,473	3,957	4,566	3,223	935
6	Total Screenings Received	Total	18,735	4,180	5,335	2,637	2,287	2,724	1,572	168
7	Screening Ratio	Total	0.92	1.00	1.00	0.76	0.58	0.60	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
 029 = DAVIDSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	18,664	990	2,455	3,473	3,957	4,566	3,223	935
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	12,163	970	2,268	2,524	2,231	2,652	1,518	158
10	Participant Ratio	Total	0.63	0.98	0.92	0.73	0.56	0.58	0.47	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	6,164	933	1,623	1,012	940	1,002	654	87
12a	Total Eligibles Receiving Any Dental Services	Total	10,348	##	460	1,815	2,998	3,254	1,821	276
12b	Total Eligibles Receiving Preventive Dental Services	Total	9,828	##	442	1,767	2,901	3,116	1,602	195
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,867	##	32	638	1,502	1,635	1,060	172
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,675				897	778		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,116	##	458	1,797	2,949	3,184	1,728	245

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,975	132	1,604	239	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,949	137	1,777	1,962	2,998	3,254	1,821	276
13	Total Eligibles Enrolled in Managed Care	Total	19,758	967	2,574	3,630	4,272	4,873	3,442	977
14	Total Number of Screening Blood Lead Tests	Total	1,572							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,353	233	543	790	924	1,071	792	239
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,161	188	530	770	882	1,038	753	223
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	480	##	67	119	102	111	81	##
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	46,001	1,393	6,004	8,837	9,656	11,715	8,396	2,392
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.96	0.91	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.96	0.91	0.94	0.93	0.89
5	Expected Number of Screenings	Total	4,061	350	498	736	804	974	699	199
6	Total Screenings Received	Total	4,044	782	1,203	621	471	631	336	55
7	Screening Ratio	Total	0.96	1.00	1.00	0.84	0.59	0.65	0.48	0.28

*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
 030 = DAVIE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	3,899	188	498	736	804	974	699	199
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,584	184	453	567	452	606	322	53
10	Participant Ratio	Total	0.64	0.98	0.91	0.77	0.56	0.62	0.46	0.27
11	Total Eligibles Referred for Corrective Treatment	Total	1,358	172	353	233	198	266	136	20
12a	Total Eligibles Receiving Any Dental Services	Total	2,316	##	91	433	631	733	428	74
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,202	0	85	423	614	699	381	62
12c	Total Eligibles Receiving Dental Treatment Services	Total	979	0	##	127	286	338	228	40
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	349				186	163		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,260	##	91	430	621	712	406	71

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	354	17	290	47	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,594	17	330	455	631	733	428	74
13	Total Eligibles Enrolled in Managed Care	Total	4,131	184	526	766	877	1,035	743	210
14	Total Number of Screening Blood Lead Tests	Total	392							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	10,016	565	1,252	1,792	2,223	2,484	1,700	495
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,560	434	1,231	1,763	2,107	2,393	1,632	464
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,124	0	142	232	254	278	218	##
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	106,683	3,350	14,284	20,359	23,629	26,770	18,291	5,108
3b	Average Period of Eligibility	Total	0.93	0.64	0.97	0.96	0.93	0.93	0.93	0.92
4	Expected Number of Screenings per Eligible	Total		1.92	0.97	0.96	0.93	0.93	0.93	0.92
5	Expected Number of Screenings	Total	9,447	833	1,194	1,698	1,970	2,230	1,522	425
6	Total Screenings Received	Total	8,021	1,806	2,536	1,263	849	1,027	540	68
7	Screening Ratio	Total	0.82	1.00	1.00	0.74	0.43	0.46	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
 031 = DUPLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	9,048	434	1,194	1,698	1,970	2,230	1,522	425
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,027	418	1,063	1,201	830	997	518	65
10	Participant Ratio	Total	0.54	0.96	0.89	0.71	0.42	0.45	0.34	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	2,644	392	788	462	340	412	250	38
12a	Total Eligibles Receiving Any Dental Services	Total	5,526	##	300	1,107	1,503	1,642	974	172
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,217	##	280	1,020	1,468	1,582	867	126
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,725	0	18	381	835	906	585	118
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	822				438	384		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,398	##	300	1,099	1,479	1,598	922	164

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	718	65	561	92	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,067	68	725	1,155	1,503	1,642	974	172
13	Total Eligibles Enrolled in Managed Care	Total	9,507	424	1,227	1,757	2,095	2,377	1,627	443
14	Total Number of Screening Blood Lead Tests	Total	865							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	36,804	2,366	4,737	6,869	8,389	8,713	5,730	1,743
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	35,025	1,838	4,606	6,690	8,053	8,365	5,473	1,618
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,838	##	465	889	895	968	621	##
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	385,114	14,164	51,736	75,919	89,169	93,179	60,947	17,724
3b	Average Period of Eligibility	Total	0.92	0.64	0.94	0.95	0.92	0.93	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.95	0.92	0.93	0.93	0.91
5	Expected Number of Screenings	Total	34,392	3,529	4,306	6,311	7,427	7,742	5,077	1,476
6	Total Screenings Received	Total	33,240	8,210	9,448	4,755	4,249	4,339	2,239	349
7	Screening Ratio	Total	0.94	1.00	1.00	0.75	0.57	0.56	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
 032 = DURHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	32,701	1,838	4,306	6,311	7,427	7,742	5,077	1,476
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	20,899	1,767	3,934	4,552	4,178	4,274	2,194	334
10	Participant Ratio	Total	0.62	0.96	0.91	0.72	0.56	0.55	0.43	0.23
11	Total Eligibles Referred for Corrective Treatment	Total	9,396	1,657	2,587	1,503	1,385	1,413	851	155
12a	Total Eligibles Receiving Any Dental Services	Total	19,812	30	1,498	4,236	5,506	5,444	3,098	519
12b	Total Eligibles Receiving Preventive Dental Services	Total	18,903	19	1,458	4,146	5,357	5,197	2,726	365
12c	Total Eligibles Receiving Dental Treatment Services	Total	8,614	##	126	1,410	2,749	2,528	1,801	353
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,916				1,104	812		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	19,395	29	1,498	4,202	5,432	5,296	2,938	475

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,326	253	2,568	505	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	21,947	273	3,185	4,441	5,506	5,444	3,098	519
13	Total Eligibles Enrolled in Managed Care	Total	34,412	1,655	4,542	6,611	7,955	8,273	5,376	1,485
14	Total Number of Screening Blood Lead Tests	Total	1,280							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	584	1,164	1,747	2,379	2,672	1,954	721
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	10,169	438	1,155	1,729	2,331	2,609	1,907	701
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	746	##	61	115	182	216	172	##
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	115,808	3,412	13,511	20,137	26,918	29,992	21,838	7,926
3b	Average Period of Eligibility	Total	0.95	0.65	0.97	0.97	0.96	0.96	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.95	0.97	0.97	0.96	0.96	0.95	0.94
5	Expected Number of Screenings	Total	10,207	854	1,126	1,678	2,237	2,494	1,818	659
6	Total Screenings Received	Total	8,269	1,784	2,318	1,325	976	1,164	702	75
7	Screening Ratio	Total	0.77	1.00	1.00	0.79	0.44	0.47	0.39	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
 033 = EDGEcombe

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	9,791	438	1,126	1,678	2,237	2,494	1,818	659
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,405	411	976	1,272	957	1,119	670	73
10	Participant Ratio	Total	0.52	0.94	0.87	0.76	0.43	0.45	0.37	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	2,618	395	675	443	359	443	303	44
12a	Total Eligibles Receiving Any Dental Services	Total	4,584	0	154	964	1,225	1,347	894	198
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,322	0	143	934	1,178	1,277	790	156
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,189	0	##	327	610	682	570	143
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	547				313	234		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,482	0	154	957	1,184	1,324	863	191

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	536	33	432	71	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,047	33	538	1,010	1,225	1,347	894	198
13	Total Eligibles Enrolled in Managed Care	Total	10,085	423	1,150	1,721	2,318	2,584	1,889	672
14	Total Number of Screening Blood Lead Tests	Total	952							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	50,661	2,937	5,882	9,062	11,626	12,636	8,518	2,604
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	48,719	2,297	5,756	8,887	11,253	12,269	8,257	2,455
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	5,421	13	555	1,156	1,273	1,475	949	14
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	543,611	17,645	65,695	102,363	126,533	138,603	92,772	26,431
3b	Average Period of Eligibility	Total	0.93	0.64	0.95	0.96	0.94	0.94	0.94	0.90
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.96	0.94	0.94	0.94	0.90
5	Expected Number of Screenings	Total	48,284	4,410	5,496	8,531	10,576	11,531	7,740	2,206
6	Total Screenings Received	Total	43,192	8,621	11,728	6,720	5,791	6,776	3,556	399
7	Screening Ratio	Total	0.86	1.00	1.00	0.79	0.55	0.59	0.46	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
 034 = FORSYTH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	46,171	2,297	5,496	8,531	10,576	11,531	7,740	2,206
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	28,801	2,191	4,861	6,254	5,592	6,516	3,387	386
10	Participant Ratio	Total	0.60	0.95	0.88	0.73	0.53	0.57	0.44	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	12,287	1,986	3,144	1,878	1,953	2,076	1,250	155
12a	Total Eligibles Receiving Any Dental Services	Total	27,256	16	1,477	5,071	7,648	8,327	4,717	717
12b	Total Eligibles Receiving Preventive Dental Services	Total	26,207	14	1,438	4,980	7,453	8,013	4,309	555
12c	Total Eligibles Receiving Dental Treatment Services	Total	12,982	0	182	1,965	4,089	4,036	2,710	441
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	3,429				1,996	1,433		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	26,614	16	1,476	5,017	7,449	8,137	4,519	668

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,464	258	3,405	801	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	30,361	273	3,923	5,470	7,650	8,328	4,717	717
13	Total Eligibles Enrolled in Managed Care	Total	48,263	2,223	5,706	8,832	11,156	12,182	8,164	2,293
14	Total Number of Screening Blood Lead Tests	Total	3,880							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,233	431	989	1,464	1,830	2,100	1,419	418
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	7,874	344	975	1,433	1,751	2,017	1,354	395
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	978	##	118	247	211	230	172	##
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	86,419	2,587	11,112	16,359	19,181	22,252	14,928	4,365
3b	Average Period of Eligibility	Total	0.91	0.63	0.95	0.95	0.91	0.92	0.92	0.92
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.95	0.91	0.92	0.92	0.92
5	Expected Number of Screenings	Total	7,630	650	926	1,361	1,597	1,852	1,244	365
6	Total Screenings Received	Total	6,919	1,617	2,010	1,105	729	945	513	71
7	Screening Ratio	Total	0.87	1.00	1.00	0.81	0.46	0.51	0.41	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
 035 = FRANKLIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	7,324	344	926	1,361	1,597	1,852	1,244	365
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,288	332	839	996	716	914	491	67
10	Participant Ratio	Total	0.57	0.97	0.91	0.73	0.45	0.49	0.39	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	2,472	325	618	482	354	437	256	34
12a	Total Eligibles Receiving Any Dental Services	Total	4,157	##	231	817	1,099	1,267	743	140
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,939	##	220	783	1,070	1,205	661	104
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,847	0	19	219	527	625	457	101
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	480				270	210		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,083	##	231	814	1,087	1,245	706	127

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	422	31	339	52	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,490	32	502	847	1,099	1,267	743	140
13	Total Eligibles Enrolled in Managed Care	Total	7,785	324	972	1,425	1,742	1,995	1,327	363
14	Total Number of Screening Blood Lead Tests	Total	699							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	29,670	1,677	3,722	5,189	6,530	7,265	5,287	1,559
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	28,238	1,306	3,622	5,044	6,259	6,956	5,051	1,447
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,036	##	376	617	708	782	553	12
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	310,713	9,785	40,716	57,082	69,499	77,571	56,060	15,456
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.94	0.93	0.93	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.94	0.93	0.93	0.92	0.89
5	Expected Number of Screenings	Total	27,498	2,429	3,387	4,758	5,786	6,468	4,670	1,286
6	Total Screenings Received	Total	24,473	5,528	7,128	3,806	2,815	3,411	1,785	133
7	Screening Ratio	Total	0.85	1.00	1.00	0.80	0.49	0.53	0.38	0.10

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	26,375	1,306	3,387	4,758	5,786	6,468	4,670	1,286
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	15,037	1,265	2,938	3,365	2,641	3,162	1,666	127
10	Participant Ratio	Total	0.55	0.97	0.87	0.71	0.46	0.49	0.36	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	8,577	1,213	2,242	1,568	1,272	1,447	835	76
12a	Total Eligibles Receiving Any Dental Services	Total	14,753	14	1,083	2,842	3,973	4,176	2,665	487
12b	Total Eligibles Receiving Preventive Dental Services	Total	13,964	11	1,043	2,777	3,868	3,941	2,324	364
12c	Total Eligibles Receiving Dental Treatment Services	Total	6,229	0	39	816	1,725	2,032	1,617	339
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,930				1,057	873		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	14,305	14	1,081	2,822	3,884	4,021	2,483	457

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,192	88	867	237	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	15,559	102	1,681	2,960	3,974	4,177	2,665	487
13	Total Eligibles Enrolled in Managed Care	Total	27,958	1,271	3,593	5,034	6,219	6,882	4,959	1,329
14	Total Number of Screening Blood Lead Tests	Total	1,692							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,228	77	151	204	261	329	206	72
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,160	57	142	193	250	319	199	68
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	131	0	17	34	33	33	14	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	12,274	423	1,473	2,076	2,686	3,433	2,183	755
3b	Average Period of Eligibility	Total	0.88	0.62	0.86	0.90	0.90	0.90	0.91	0.93
4	Expected Number of Screenings per Eligible	Total		1.86	0.86	0.90	0.90	0.90	0.91	0.93
5	Expected Number of Screenings	Total	1,096	106	124	173	224	287	182	63
6	Total Screenings Received	Total	897	252	262	113	88	107	75	14
7	Screening Ratio	Total	0.79	1.00	1.00	0.65	0.39	0.37	0.41	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
 037 = GATES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,047	57	124	173	224	287	182	63
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	522	56	100	107	85	105	69	14
10	Participant Ratio	Total	0.48	0.98	0.81	0.62	0.38	0.37	0.38	0.22
11	Total Eligibles Referred for Corrective Treatment	Total	306	53	79	50	36	52	36	##
12a	Total Eligibles Receiving Any Dental Services	Total	482	0	##	67	157	175	83	13
12b	Total Eligibles Receiving Preventive Dental Services	Total	447	0	##	60	151	165	71	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	167	0	##	23	53	53	38	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	95				48	47		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	469	0	##	66	155	171	77	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
 037 = GATES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	57	##	57	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	553	##	63	75	157	175	83	13
13	Total Eligibles Enrolled in Managed Care	Total	1,096	43	129	184	238	309	193	63
14	Total Number of Screening Blood Lead Tests	Total	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
 038 = GRAHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,276	57	149	215	256	322	277	65
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,232	45	147	212	250	310	268	64
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	105	0	15	19	28	17	26	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	13,604	332	1,656	2,372	2,779	3,518	2,947	640
3b	Average Period of Eligibility	Total	0.92	0.61	0.94	0.93	0.93	0.95	0.92	0.83
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.93	0.93	0.95	0.92	0.83
5	Expected Number of Screenings	Total	1,190	82	138	198	233	294	245	53
6	Total Screenings Received	Total	905	167	284	150	101	139	64	##
7	Screening Ratio	Total	0.73	1.00	1.00	0.76	0.43	0.47	0.26	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
 038 = GRAHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,153	45	138	198	233	294	245	53
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	582	42	113	138	97	133	59	##
10	Participant Ratio	Total	0.49	0.93	0.82	0.70	0.42	0.45	0.24	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	346	41	92	64	49	68	32	##
12a	Total Eligibles Receiving Any Dental Services	Total	613	##	21	100	138	210	144	24
12b	Total Eligibles Receiving Preventive Dental Services	Total	558	0	19	91	125	196	127	17
12c	Total Eligibles Receiving Dental Treatment Services	Total	264	##	##	32	52	96	84	17
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	50				26	24		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	596	##	21	98	135	207	135	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
 038 = GRAHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	32	##	32	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	646	##	51	103	138	210	144	24
13	Total Eligibles Enrolled in Managed Care	Total	1,208	36	144	211	247	306	264	62
14	Total Number of Screening Blood Lead Tests	Total	153							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	6,492	382	799	1,100	1,425	1,676	1,110	387
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,242	306	789	1,082	1,373	1,624	1,068	375
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	850	##	116	176	176	234	148	##
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	68,519	2,358	8,874	12,277	15,113	18,053	11,844	4,102
3b	Average Period of Eligibility	Total	0.91	0.64	0.94	0.95	0.92	0.93	0.92	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.95	0.92	0.93	0.92	0.91
5	Expected Number of Screenings	Total	6,100	588	742	1,020	1,258	1,505	987	342
6	Total Screenings Received	Total	5,608	1,462	1,642	737	564	804	399	77
7	Screening Ratio	Total	0.88	1.00	1.00	0.72	0.45	0.53	0.40	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
 039 = GRANVILLE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	5,818	306	742	1,020	1,258	1,505	987	342
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,424	297	687	716	555	784	385	75
10	Participant Ratio	Total	0.57	0.97	0.93	0.70	0.44	0.52	0.39	0.22
11	Total Eligibles Referred for Corrective Treatment	Total	1,811	291	494	258	240	348	180	34
12a	Total Eligibles Receiving Any Dental Services	Total	3,026	##	206	544	814	922	540	119
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,854	##	196	521	779	882	476	91
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,414	0	14	162	434	463	341	60
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	336				189	147		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,947	##	206	540	796	899	506	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
 039 = GRANVILLE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	269	18	217	34	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,225	21	365	563	814	922	540	119
13	Total Eligibles Enrolled in Managed Care	Total	6,118	290	778	1,067	1,356	1,591	1,036	330
14	Total Number of Screening Blood Lead Tests	Total	525							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,209	167	346	511	732	878	575	189
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,075	126	335	497	711	860	546	182
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	351	##	21	49	83	118	80	##
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	34,476	999	3,820	5,729	8,056	9,754	6,118	1,983
3b	Average Period of Eligibility	Total	0.93	0.66	0.95	0.96	0.94	0.95	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.98	0.95	0.96	0.94	0.95	0.93	0.91
5	Expected Number of Screenings	Total	3,037	249	318	478	670	812	510	165
6	Total Screenings Received	Total	2,622	506	664	407	342	477	226	22
7	Screening Ratio	Total	0.83	1.00	1.00	0.85	0.51	0.59	0.44	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
 040 = GREENE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,914	126	318	478	670	812	510	165
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,840	126	297	389	338	472	218	22
10	Participant Ratio	Total	0.60	1.00	0.93	0.81	0.50	0.58	0.43	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	989	125	216	159	163	212	114	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,654	0	90	276	486	504	298	56
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,554	0	89	266	466	476	257	36
12c	Total Eligibles Receiving Dental Treatment Services	Total	668	0	##	79	206	214	169	28
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	296				168	128		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,622	0	90	274	480	491	287	53

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	323	24	241	58	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,878	24	260	306	486	504	298	56
13	Total Eligibles Enrolled in Managed Care	Total	3,064	125	333	497	710	856	543	178
14	Total Number of Screening Blood Lead Tests	Total	315							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	70,243	4,185	8,699	12,748	15,480	17,033	12,098	3,675
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	67,380	3,303	8,528	12,474	14,921	16,470	11,684	3,525
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	7,008	15	874	1,520	1,614	1,756	1,229	26
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	752,144	24,661	97,798	143,549	167,535	186,548	132,053	39,117
3b	Average Period of Eligibility	Total	0.93	0.62	0.96	0.96	0.94	0.94	0.94	0.92
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.96	0.94	0.94	0.94	0.92
5	Expected Number of Screenings	Total	66,777	6,144	8,144	11,974	13,952	15,550	11,013	3,254
6	Total Screenings Received	Total	61,757	15,224	17,775	9,357	6,999	8,152	4,250	472
7	Screening Ratio	Total	0.89	1.00	1.00	0.78	0.50	0.52	0.39	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
 041 = GUILFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	63,936	3,303	8,144	11,974	13,952	15,550	11,013	3,254
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	37,969	3,192	7,192	8,700	6,828	7,967	4,090	461
10	Participant Ratio	Total	0.57	0.97	0.88	0.73	0.49	0.51	0.37	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	19,591	2,985	5,192	3,484	2,743	3,248	1,939	236
12a	Total Eligibles Receiving Any Dental Services	Total	37,821	22	2,743	7,777	10,143	10,715	6,421	1,077
12b	Total Eligibles Receiving Preventive Dental Services	Total	36,342	16	2,702	7,637	9,893	10,314	5,780	827
12c	Total Eligibles Receiving Dental Treatment Services	Total	17,937	##	261	2,988	5,625	5,274	3,789	638
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	4,000				2,373	1,627		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	37,036	22	2,742	7,687	9,982	10,521	6,082	994

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	6,765	457	4,932	1,357	19	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	41,906	467	5,891	8,265	10,146	10,716	6,421	1,077
13	Total Eligibles Enrolled in Managed Care	Total	66,309	3,132	8,433	12,316	14,733	16,248	11,447	3,225
14	Total Number of Screening Blood Lead Tests	Total	8,749							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,299	512	974	1,359	1,851	2,114	1,489	531
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,004	390	958	1,349	1,790	2,063	1,454	512
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	680	##	91	151	147	161	130	##
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	89,992	3,066	11,070	15,722	20,300	23,342	16,492	5,711
3b	Average Period of Eligibility	Total	0.94	0.66	0.96	0.97	0.95	0.94	0.95	0.93
4	Expected Number of Screenings per Eligible	Total		1.98	0.96	0.97	0.95	0.94	0.95	0.93
5	Expected Number of Screenings	Total	8,005	772	920	1,309	1,687	1,944	1,373	476
6	Total Screenings Received	Total	7,415	1,649	2,162	1,064	846	1,022	672	85
7	Screening Ratio	Total	0.88	1.00	1.00	0.81	0.50	0.53	0.49	0.18

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	7,623	390	920	1,309	1,687	1,944	1,373	476
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,685	385	862	997	814	991	636	82
10	Participant Ratio	Total	0.59	0.99	0.94	0.76	0.48	0.51	0.46	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	2,271	379	613	317	295	369	298	34
12a	Total Eligibles Receiving Any Dental Services	Total	4,068	##	248	783	1,149	1,172	716	157
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,822	##	239	743	1,114	1,112	614	112
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,713	0	##	213	567	504	429	102
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	566				328	238		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,979	##	246	777	1,125	1,152	679	148

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	890	73	660	157	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,735	79	751	868	1,149	1,172	716	157
13	Total Eligibles Enrolled in Managed Care	Total	7,917	377	951	1,343	1,781	2,038	1,427	495
14	Total Number of Screening Blood Lead Tests	Total	963							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	16,353	910	1,936	2,901	3,642	4,103	2,861	873
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	15,600	750	1,880	2,830	3,497	3,916	2,727	804
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,686	##	231	373	358	401	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	173,147	5,667	21,158	32,437	39,130	44,192	30,563	8,692
3b	Average Period of Eligibility	Total	0.92	0.63	0.94	0.96	0.93	0.94	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.96	0.93	0.94	0.93	0.90
5	Expected Number of Screenings	Total	15,372	1,418	1,757	2,707	3,261	3,687	2,542	726
6	Total Screenings Received	Total	13,491	3,468	3,883	2,143	1,379	1,687	931	133
7	Screening Ratio	Total	0.85	1.00	1.00	0.79	0.42	0.46	0.37	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
 043 = HARNETT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	14,704	750	1,757	2,707	3,261	3,687	2,542	726
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	8,104	731	1,560	1,956	1,346	1,626	885	122
10	Participant Ratio	Total	0.53	0.97	0.89	0.72	0.41	0.44	0.35	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	4,732	711	1,264	921	663	751	422	65
12a	Total Eligibles Receiving Any Dental Services	Total	8,727	12	440	1,546	2,421	2,698	1,610	262
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,313	##	424	1,512	2,350	2,581	1,446	223
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,700	##	32	439	1,127	1,189	913	148
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,078				602	476		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,545	12	440	1,534	2,392	2,642	1,525	253

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	1,521	95	1,129	297	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	9,871	105	1,324	1,713	2,421	2,698	1,610	262
13	Total Eligibles Enrolled in Managed Care	Total	15,355	715	1,861	2,789	3,445	3,862	2,683	708
14	Total Number of Screening Blood Lead Tests	Total	1,940							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	7,158	446	920	1,319	1,515	1,707	1,251	443
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,796	358	899	1,280	1,443	1,621	1,195	417
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	842	##	128	178	174	206	156	##
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	75,234	2,623	10,053	14,789	16,088	18,224	13,457	4,406
3b	Average Period of Eligibility	Total	0.92	0.61	0.93	0.96	0.93	0.94	0.94	0.88
4	Expected Number of Screenings per Eligible	Total		1.83	0.93	0.96	0.93	0.94	0.94	0.88
5	Expected Number of Screenings	Total	6,700	654	837	1,233	1,342	1,517	1,117	366
6	Total Screenings Received	Total	6,741	1,622	1,986	1,085	734	845	469	56
7	Screening Ratio	Total	0.96	1.00	1.00	0.88	0.55	0.56	0.42	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
 044 = HAYWOOD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	6,404	358	837	1,233	1,342	1,517	1,117	366
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,025	346	769	941	711	813	445	54
10	Participant Ratio	Total	0.60	0.97	0.92	0.76	0.53	0.54	0.40	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	2,482	336	626	510	376	400	234	30
12a	Total Eligibles Receiving Any Dental Services	Total	3,741	32	286	800	946	1,034	643	116
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,585	0	276	790	919	1,006	594	91
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,445	31	20	193	377	454	370	73
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	539				256	283		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,686	32	286	793	935	1,021	619	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
 044 = HAYWOOD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	456	19	386	51	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,055	49	554	829	946	1,034	643	116
13	Total Eligibles Enrolled in Managed Care	Total	6,658	320	886	1,273	1,416	1,588	1,175	388
14	Total Number of Screening Blood Lead Tests	Total	340							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	11,875	706	1,518	2,130	2,613	2,990	1,918	597
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,297	541	1,462	2,075	2,519	2,881	1,819	547
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,605	##	231	348	381	401	244	##
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	122,374	4,143	16,323	23,355	27,313	31,429	19,811	5,257
3b	Average Period of Eligibility	Total	0.90	0.64	0.93	0.94	0.90	0.91	0.91	0.80
4	Expected Number of Screenings per Eligible	Total		1.92	0.93	0.94	0.90	0.91	0.91	0.80
5	Expected Number of Screenings	Total	10,885	1,039	1,360	1,944	2,279	2,614	1,649	438
6	Total Screenings Received	Total	10,571	2,695	3,050	1,479	1,234	1,460	653	66
7	Screening Ratio	Total	0.94	1.00	1.00	0.76	0.54	0.56	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		2017	Totals	Age Group <1	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	10,387	541	1,360	1,944	2,279	2,614	1,649	438
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,465	530	1,242	1,425	1,208	1,432	628	60
10	Participant Ratio	Total	0.60	0.98	0.91	0.73	0.53	0.55	0.38	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	3,289	428	815	567	561	625	293	32
12a	Total Eligibles Receiving Any Dental Services	Total	6,124	11	474	1,206	1,636	1,852	945	147
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,813	##	463	1,186	1,586	1,759	819	97
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,591	##	32	395	780	842	542	94
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	577				351	226		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,005	11	472	1,200	1,613	1,814	895	127

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	730	56	591	83	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,591	64	848	1,245	1,637	1,852	945	147
13	Total Eligibles Enrolled in Managed Care	Total	11,197	528	1,447	2,064	2,504	2,865	1,789	472
14	Total Number of Screening Blood Lead Tests	Total	1,077							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,520	193	378	547	820	943	639	207
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,397	145	374	538	797	917	626	203
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	310	0	34	55	71	84	66	##
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	38,455	1,080	4,320	6,329	9,123	10,469	7,134	2,297
3b	Average Period of Eligibility	Total	0.94	0.62	0.96	0.98	0.95	0.95	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.98	0.95	0.95	0.95	0.94
5	Expected Number of Screenings	Total	3,379	270	359	526	759	871	594	191
6	Total Screenings Received	Total	2,636	490	717	405	339	424	261	31
7	Screening Ratio	Total	0.75	1.00	1.00	0.77	0.45	0.49	0.44	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
 046 = HERTFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	3,254	145	359	526	759	871	594	191
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,827	130	315	394	333	414	241	28
10	Participant Ratio	Total	0.54	0.90	0.88	0.75	0.44	0.48	0.41	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	886	125	219	136	128	174	104	16
12a	Total Eligibles Receiving Any Dental Services	Total	1,586	0	34	259	505	522	266	58
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,478	0	32	250	482	491	223	39
12c	Total Eligibles Receiving Dental Treatment Services	Total	704	0	##	73	270	210	151	30
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	254				157	97		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,563	0	33	257	500	518	255	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
 046 = HERTFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	275	16	184	75	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,829	16	206	314	505	522	266	58
13	Total Eligibles Enrolled in Managed Care	Total	3,342	129	370	532	784	907	620	186
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
 047 = HOKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,730	441	996	1,505	1,985	2,199	1,604	568
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,440	357	982	1,474	1,934	2,132	1,561	540
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	622	##	55	113	147	155	152	##
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	95,307	2,662	11,232	16,947	22,138	24,476	17,852	5,892
3b	Average Period of Eligibility	Total	0.94	0.62	0.95	0.96	0.95	0.96	0.95	0.91
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.96	0.95	0.96	0.95	0.91
5	Expected Number of Screenings	Total	8,384	664	933	1,415	1,847	2,038	1,487	491
6	Total Screenings Received	Total	7,177	1,602	2,069	1,136	785	1,007	578	84
7	Screening Ratio	Total	0.82	1.00	1.00	0.80	0.43	0.49	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
 047 = HOKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,077	357	933	1,415	1,847	2,038	1,487	491
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,450	345	813	1,009	773	968	542	80
10	Participant Ratio	Total	0.53	0.97	0.87	0.71	0.42	0.47	0.36	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,373	331	634	447	319	388	254	43
12a	Total Eligibles Receiving Any Dental Services	Total	4,174	##	233	818	1,116	1,198	809	162
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,951	##	229	785	1,074	1,147	716	132
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,889	##	12	328	519	552	478	107
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	412				243	169		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,070	##	233	798	1,088	1,176	775	152

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	875	58	642	175	0	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,785	65	703	894	1,116	1,198	809	162
13	Total Eligibles Enrolled in Managed Care	Total	8,181	323	914	1,444	1,891	2,086	1,523	513
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
 048 = HYDE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	642	25	87	120	142	156	112	49
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	609	23	83	116	139	148	100	47
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	23	0	##	##	11	12	##	##
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	6,880	188	951	1,335	1,583	1,678	1,145	535
3b	Average Period of Eligibility	Total	0.94	0.68	0.95	0.96	0.95	0.94	0.95	0.95
4	Expected Number of Screenings per Eligible	Total		2.04	0.95	0.96	0.95	0.94	0.95	0.95
5	Expected Number of Screenings	Total	606	47	80	112	132	140	95	44
6	Total Screenings Received	Total	541	114	172	98	67	60	30	##
7	Screening Ratio	Total	0.84	1.00	1.00	0.88	0.51	0.43	0.32	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
 048 = HYDE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	582	23	80	112	132	140	95	44
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	333	23	68	93	65	57	27	##
10	Participant Ratio	Total	0.54	1.00	0.85	0.83	0.49	0.41	0.28	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	190	22	55	41	32	25	15	##
12a	Total Eligibles Receiving Any Dental Services	Total	284	0	##	61	96	79	48	##
12b	Total Eligibles Receiving Preventive Dental Services	Total	268	0	##	59	92	76	41	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	121	0	0	23	42	26	30	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	32				12	20		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	282	0	##	61	95	79	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
 048 = HYDE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	70	##	56	14	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	352	##	58	71	96	79	48	##
13	Total Eligibles Enrolled in Managed Care	Total	598	21	83	114	137	145	98	46
14	Total Number of Screening Blood Lead Tests	Total	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
 049 = IREDELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	17,918	1,102	2,353	3,178	3,845	4,401	3,039	991
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	16,973	906	2,261	3,071	3,651	4,202	2,882	905
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,280	##	352	523	487	546	372	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	184,092	6,934	25,328	34,588	39,661	46,090	31,491	9,405
3b	Average Period of Eligibility	Total	0.90	0.64	0.93	0.94	0.91	0.91	0.91	0.87
4	Expected Number of Screenings per Eligible	Total		1.92	0.93	0.94	0.91	0.91	0.91	0.87
5	Expected Number of Screenings	Total	16,524	1,740	2,114	2,887	3,312	3,840	2,631	785
6	Total Screenings Received	Total	15,747	3,960	4,770	2,240	1,687	2,076	1,014	108
7	Screening Ratio	Total	0.92	1.00	1.00	0.78	0.51	0.54	0.39	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
 049 = IREDELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	15,690	906	2,114	2,887	3,312	3,840	2,631	785
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	9,564	878	1,922	2,120	1,661	2,023	960	102
10	Participant Ratio	Total	0.59	0.97	0.91	0.73	0.50	0.53	0.36	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	5,593	852	1,543	1,004	787	913	494	61
12a	Total Eligibles Receiving Any Dental Services	Total	8,931	##	534	1,607	2,466	2,764	1,560	265
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,428	##	499	1,547	2,391	2,608	1,383	206
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,073	##	36	565	1,151	1,381	940	167
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,233				689	544		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,716	##	533	1,593	2,415	2,677	1,498	254

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,508	136	1,170	202	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	10,119	143	1,450	1,736	2,466	2,764	1,560	265
13	Total Eligibles Enrolled in Managed Care	Total	16,778	880	2,236	3,051	3,615	4,164	2,832	771
14	Total Number of Screening Blood Lead Tests	Total	1,556							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,667	270	600	866	1,054	1,069	808	260
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,413	228	584	846	988	1,006	761	237
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	512	##	69	111	116	123	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	48,260	1,717	6,494	9,520	10,945	11,270	8,314	2,532
3b	Average Period of Eligibility	Total	0.91	0.63	0.93	0.94	0.92	0.93	0.91	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.94	0.92	0.93	0.91	0.89
5	Expected Number of Screenings	Total	4,311	431	543	793	913	938	693	212
6	Total Screenings Received	Total	3,302	793	1,009	502	392	404	202	26
7	Screening Ratio	Total	0.74	1.00	1.00	0.63	0.43	0.43	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		2017	Totals	Age Group <1	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	4,108	228	543	793	913	938	693	212
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,090	211	429	479	382	395	194	25
10	Participant Ratio	Total	0.49	0.93	0.79	0.60	0.42	0.42	0.28	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	1,180	184	340	216	170	184	86	##
12a	Total Eligibles Receiving Any Dental Services	Total	2,034	12	143	403	623	558	295	57
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,973	0	139	396	619	553	266	42
12c	Total Eligibles Receiving Dental Treatment Services	Total	891	##	18	135	301	246	191	37
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	396				212	184		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,010	12	143	399	619	555	282	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
 050 = JACKSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	54	##	54	##	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,082	13	186	407	623	558	295	57
13	Total Eligibles Enrolled in Managed Care	Total	4,317	210	578	832	969	988	740	232
14	Total Number of Screening Blood Lead Tests	Total	482							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	25,853	1,396	3,005	4,583	5,740	6,666	4,463	1,420
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	24,543	1,047	2,926	4,463	5,492	6,358	4,257	1,352
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,351	##	413	702	732	959	545	20
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	271,622	8,093	33,298	51,078	60,879	70,829	47,445	14,719
3b	Average Period of Eligibility	Total	0.92	0.64	0.95	0.95	0.92	0.93	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.95	0.92	0.93	0.93	0.91
5	Expected Number of Screenings	Total	23,950	2,010	2,779	4,240	5,076	5,897	3,948	1,227
6	Total Screenings Received	Total	22,937	4,714	6,345	3,685	2,897	3,555	1,741	187
7	Screening Ratio	Total	0.92	1.00	1.00	0.87	0.57	0.60	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
 051 = JOHNSTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	22,987	1,047	2,779	4,240	5,076	5,897	3,948	1,227
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	14,663	1,021	2,563	3,272	2,776	3,381	1,650	179
10	Participant Ratio	Total	0.61	0.98	0.92	0.77	0.55	0.57	0.42	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	8,472	1,001	2,001	1,547	1,446	1,645	832	93
12a	Total Eligibles Receiving Any Dental Services	Total	13,450	##	641	2,428	3,649	4,245	2,487	484
12b	Total Eligibles Receiving Preventive Dental Services	Total	12,788	##	614	2,352	3,557	4,058	2,207	379
12c	Total Eligibles Receiving Dental Treatment Services	Total	6,380	##	46	853	1,845	2,151	1,485	309
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,487				836	651		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	13,148	##	638	2,408	3,598	4,155	2,349	451

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,325	109	1,756	460	##	0	##	##
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	15,154	117	1,993	2,663	3,649	4,245	2,487	484
13	Total Eligibles Enrolled in Managed Care	Total	24,287	1,003	2,901	4,435	5,451	6,298	4,199	1,258
14	Total Number of Screening Blood Lead Tests	Total	2,148							

*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
 052 = JONES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,280	72	148	210	289	328	233	72
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,219	48	145	206	283	315	222	69
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	142	0	16	18	28	40	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	13,549	366	1,635	2,358	3,198	3,568	2,424	726
3b	Average Period of Eligibility	Total	0.92	0.64	0.94	0.95	0.94	0.94	0.91	0.88
4	Expected Number of Screenings per Eligible	Total		1.92	0.94	0.95	0.94	0.94	0.91	0.88
5	Expected Number of Screenings	Total	1,190	92	136	196	267	298	201	61
6	Total Screenings Received	Total	1,046	222	282	167	130	149	96	##
7	Screening Ratio	Total	0.84	1.00	1.00	0.85	0.49	0.50	0.48	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
 052 = JONES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,146	48	136	196	267	298	201	61
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	684	46	120	150	128	147	93	##
10	Participant Ratio	Total	0.57	0.96	0.88	0.77	0.48	0.49	0.46	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	400	46	99	73	61	65	56	##
12a	Total Eligibles Receiving Any Dental Services	Total	618	##	32	98	194	189	105	18
12b	Total Eligibles Receiving Preventive Dental Services	Total	592	0	28	96	190	183	95	12
12c	Total Eligibles Receiving Dental Treatment Services	Total	259	##	##	34	90	78	57	11
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	100				64	36		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	604	0	31	97	188	187	101	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
 052 = JONES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	127	##	96	31	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	707	##	103	116	194	189	105	18
13	Total Eligibles Enrolled in Managed Care	Total	1,197	48	142	200	280	309	218	63
14	Total Number of Screening Blood Lead Tests	Total	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
 053 = LEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	9,536	547	1,206	1,686	2,189	2,405	1,503	468
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,085	423	1,187	1,652	2,092	2,296	1,435	434
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,178	##	150	252	268	311	197	##
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	101,083	3,226	13,536	18,981	23,472	25,878	15,990	4,755
3b	Average Period of Eligibility	Total	0.93	0.64	0.95	0.96	0.93	0.94	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.96	0.93	0.94	0.93	0.91
5	Expected Number of Screenings	Total	8,962	812	1,127	1,581	1,956	2,156	1,330	397
6	Total Screenings Received	Total	8,240	1,907	2,530	1,291	918	1,111	483	53
7	Screening Ratio	Total	0.89	1.00	1.00	0.82	0.47	0.52	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
 053 = LEE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,573	423	1,127	1,581	1,956	2,156	1,330	397
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,102	415	1,033	1,215	897	1,078	464	50
10	Participant Ratio	Total	0.57	0.98	0.92	0.77	0.46	0.50	0.35	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	2,692	404	799	516	365	404	204	28
12a	Total Eligibles Receiving Any Dental Services	Total	5,544	23	554	1,087	1,430	1,555	895	160
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,383	12	552	1,081	1,415	1,495	828	135
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,912	0	14	247	549	667	435	94
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	464				246	218		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,459	23	554	1,083	1,422	1,519	858	152

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	992	87	702	203	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,032	104	908	1,140	1,430	1,555	895	160
13	Total Eligibles Enrolled in Managed Care	Total	9,012	409	1,178	1,644	2,083	2,280	1,418	391
14	Total Number of Screening Blood Lead Tests	Total	1,098							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	9,803	515	1,084	1,667	2,214	2,552	1,771	610
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,465	403	1,058	1,635	2,159	2,492	1,718	576
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	896	##	92	162	204	260	178	##
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	106,315	3,085	12,112	18,972	24,465	28,202	19,479	6,248
3b	Average Period of Eligibility	Total	0.93	0.64	0.95	0.97	0.94	0.94	0.94	0.90
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.97	0.94	0.94	0.94	0.90
5	Expected Number of Screenings	Total	9,384	774	1,010	1,580	2,040	2,356	1,624	518
6	Total Screenings Received	Total	7,488	1,767	1,910	1,212	811	1,170	618	75
7	Screening Ratio	Total	0.76	1.00	1.00	0.77	0.40	0.50	0.38	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
 054 = LENOIR

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	9,013	403	1,010	1,580	2,040	2,356	1,624	518
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,994	393	897	1,160	802	1,150	592	74
10	Participant Ratio	Total	0.53	0.98	0.89	0.73	0.39	0.49	0.36	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	2,730	386	670	507	353	512	302	37
12a	Total Eligibles Receiving Any Dental Services	Total	4,323	0	133	758	1,313	1,336	783	160
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,086	0	123	721	1,275	1,284	683	124
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,949	0	##	270	594	616	469	101
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	685				398	287		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,231	0	133	744	1,291	1,314	749	154

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	923	71	662	190	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,093	71	708	882	1,313	1,336	783	160
13	Total Eligibles Enrolled in Managed Care	Total	9,365	389	1,052	1,625	2,147	2,456	1,696	546
14	Total Number of Screening Blood Lead Tests	Total	961							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,546	486	996	1,475	1,828	2,178	1,583	487
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,178	385	978	1,448	1,753	2,111	1,503	457
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,051	##	147	236	221	254	193	##
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	90,545	2,860	11,207	16,598	19,446	23,603	16,831	5,177
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.96	0.92	0.93	0.93	0.94
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.96	0.92	0.93	0.93	0.94
5	Expected Number of Screenings	Total	8,023	716	934	1,381	1,621	1,967	1,404	432
6	Total Screenings Received	Total	7,350	1,788	2,140	1,142	752	1,014	514	68
7	Screening Ratio	Total	0.88	1.00	1.00	0.83	0.46	0.52	0.37	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
 055 = LINCOLN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	7,692	385	934	1,381	1,621	1,967	1,404	432
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,416	375	852	1,016	723	961	489	65
10	Participant Ratio	Total	0.55	0.97	0.91	0.74	0.45	0.49	0.35	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	2,660	364	691	485	379	493	248	37
12a	Total Eligibles Receiving Any Dental Services	Total	4,232	##	210	802	1,084	1,309	827	157
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,870	##	173	744	1,047	1,221	685	112
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,806	0	##	227	449	630	500	100
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	531				290	241		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,107	##	210	799	1,056	1,268	774	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		2017	Totals	Age Group <1	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	694	39	510	145	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,722	41	597	864	1,084	1,309	827	157
13	Total Eligibles Enrolled in Managed Care	Total	8,083	364	967	1,435	1,743	2,091	1,483	403
14	Total Number of Screening Blood Lead Tests	Total	511							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,511	253	600	827	964	1,103	764	227
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,232	199	575	800	915	1,028	715	205
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	532	##	66	122	116	136	92	##
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	45,907	1,474	6,438	9,103	9,881	11,294	7,717	2,111
3b	Average Period of Eligibility	Total	0.90	0.62	0.93	0.95	0.90	0.92	0.90	0.86
4	Expected Number of Screenings per Eligible	Total		1.86	0.93	0.95	0.90	0.92	0.90	0.86
5	Expected Number of Screenings	Total	4,074	370	538	757	824	942	643	177
6	Total Screenings Received	Total	3,832	916	1,335	587	370	426	198	26
7	Screening Ratio	Total	0.91	1.00	1.00	0.78	0.45	0.45	0.31	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
 056 = MACON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	3,903	199	538	757	824	942	643	177
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,264	198	515	572	366	418	195	24
10	Participant Ratio	Total	0.56	0.99	0.96	0.76	0.44	0.44	0.30	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	1,227	180	380	238	159	179	91	12
12a	Total Eligibles Receiving Any Dental Services	Total	2,113	19	151	463	579	569	332	59
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,976	##	147	455	550	536	288	46
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,013	##	##	149	329	319	216	31
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	199				113	86		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,034	19	151	458	558	544	304	53

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	404	23	312	69	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,386	38	374	494	579	569	332	59
13	Total Eligibles Enrolled in Managed Care	Total	4,181	192	573	795	898	1,015	708	194
14	Total Number of Screening Blood Lead Tests	Total	479							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,491	148	327	474	495	595	452	170
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,382	119	316	463	477	570	437	161
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	298	##	59	85	52	61	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	26,162	876	3,604	5,218	5,264	6,383	4,817	1,632
3b	Average Period of Eligibility	Total	0.91	0.61	0.95	0.94	0.92	0.93	0.92	0.84
4	Expected Number of Screenings per Eligible	Total		1.83	0.95	0.94	0.92	0.93	0.92	0.84
5	Expected Number of Screenings	Total	2,325	218	300	435	437	533	402	136
6	Total Screenings Received	Total	2,306	557	686	341	261	306	155	24
7	Screening Ratio	Total	0.95	1.00	1.00	0.78	0.60	0.57	0.39	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
 057 = MADISON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,226	119	300	435	437	533	402	136
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,387	113	282	320	242	283	147	23
10	Participant Ratio	Total	0.60	0.95	0.94	0.74	0.55	0.53	0.37	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	821	110	226	142	121	148	74	15
12a	Total Eligibles Receiving Any Dental Services	Total	1,272	##	115	251	323	359	224	49
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,201	0	109	247	315	340	190	32
12c	Total Eligibles Receiving Dental Treatment Services	Total	495	##	##	63	148	169	115	31
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	155				88	67		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,240	##	115	247	318	345	215	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		2017	Totals	Age Group <1	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	138	##	127	11	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,368	##	205	257	323	359	224	49
13	Total Eligibles Enrolled in Managed Care	Total	2,352	114	312	458	470	562	436	158
14	Total Number of Screening Blood Lead Tests	Total	289							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,302	181	393	510	744	885	589	211
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,194	142	389	502	727	862	572	203
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	285	0	39	53	62	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	35,926	1,091	4,491	5,838	8,309	9,721	6,476	2,230
3b	Average Period of Eligibility	Total	0.94	0.64	0.96	0.97	0.95	0.94	0.94	0.92
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.97	0.95	0.94	0.94	0.92
5	Expected Number of Screenings	Total	3,172	272	376	487	690	809	538	186
6	Total Screenings Received	Total	2,608	533	794	396	313	364	208	19
7	Screening Ratio	Total	0.78	1.00	1.00	0.81	0.45	0.45	0.39	0.10

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,042	142	376	487	690	809	538	186
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,719	139	341	375	307	358	199	18
10	Participant Ratio	Total	0.54	0.98	0.91	0.77	0.44	0.44	0.37	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	943	135	253	147	142	169	97	12
12a	Total Eligibles Receiving Any Dental Services	Total	1,677	0	56	267	502	576	276	53
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,599	0	51	256	494	558	240	37
12c	Total Eligibles Receiving Dental Treatment Services	Total	578	0	##	67	180	181	150	34
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	294				155	139		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,652	0	55	264	500	568	265	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
 058 = MARTIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	##	74	26	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,760	##	121	285	502	576	276	53
13	Total Eligibles Enrolled in Managed Care	Total	3,164	137	385	501	720	852	569	198
14	Total Number of Screening Blood Lead Tests	Total	266							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	6,194	361	748	1,072	1,309	1,554	1,150	355
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	5,905	283	730	1,052	1,258	1,498	1,084	324
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	605	##	83	133	127	147	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	65,646	2,096	8,271	12,053	14,104	16,879	12,243	3,429
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.95	0.93	0.94	0.94	0.88
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.95	0.93	0.94	0.94	0.88
5	Expected Number of Screenings	Total	5,817	526	690	1,003	1,176	1,405	1,017	287
6	Total Screenings Received	Total	5,112	1,260	1,511	836	491	646	368	30
7	Screening Ratio	Total	0.84	1.00	1.00	0.83	0.42	0.46	0.36	0.10

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	5,574	283	690	1,003	1,176	1,405	1,017	287
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,039	273	606	743	464	609	344	29
10	Participant Ratio	Total	0.52	0.96	0.88	0.74	0.39	0.43	0.34	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	1,850	268	500	386	234	268	194	16
12a	Total Eligibles Receiving Any Dental Services	Total	3,124	##	154	565	828	981	596	95
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,863	0	131	533	793	905	501	58
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,582	##	13	186	430	544	409	73
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	354				208	146		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,027	##	151	556	811	947	562	89

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	237	12	178	47	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,299	15	284	595	828	981	596	95
13	Total Eligibles Enrolled in Managed Care	Total	5,857	272	726	1,044	1,249	1,492	1,074	301
14	Total Number of Screening Blood Lead Tests	Total	527							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	134,574	8,121	17,469	23,844	30,374	32,890	21,876	6,953
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	127,102	6,361	16,868	22,984	28,889	31,225	20,775	6,551
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	14,070	24	1,618	2,882	3,392	3,726	2,428	72
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	1,385,949	47,905	188,409	258,873	318,351	344,163	228,248	69,723
3b	Average Period of Eligibility	Total	0.91	0.63	0.93	0.94	0.92	0.92	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.93	0.94	0.92	0.92	0.92	0.89
5	Expected Number of Screenings	Total	123,627	12,022	15,687	21,604	26,576	28,727	19,011	5,818
6	Total Screenings Received	Total	111,246	25,690	32,384	16,352	13,651	15,425	7,744	1,054
7	Screening Ratio	Total	0.87	1.00	1.00	0.76	0.51	0.54	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
 060 = MECKLENBURG

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	117,966	6,361	15,687	21,604	26,576	28,727	19,011	5,818
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	70,647	6,041	13,646	15,223	13,301	14,957	7,479	1,009
10	Participant Ratio	Total	0.58	0.95	0.87	0.70	0.50	0.52	0.39	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	33,057	5,745	9,259	5,260	4,656	5,199	2,938	451
12a	Total Eligibles Receiving Any Dental Services	Total	68,584	39	5,230	13,339	18,788	19,946	11,242	1,966
12b	Total Eligibles Receiving Preventive Dental Services	Total	65,804	34	5,152	13,084	18,372	19,100	10,062	1,502
12c	Total Eligibles Receiving Dental Treatment Services	Total	28,669	##	328	4,364	8,875	8,978	6,124	1,168
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	9,260				5,140	4,120		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	67,272	39	5,225	13,280	18,556	19,487	10,685	1,829

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,402	569	6,622	1,211	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	73,884	596	9,466	13,841	18,790	19,948	11,243	1,966
13	Total Eligibles Enrolled in Managed Care	Total	124,320	5,712	16,619	22,657	28,431	30,683	20,218	6,111
14	Total Number of Screening Blood Lead Tests	Total	8,386							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,734	95	216	311	388	437	287	90
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,633	77	209	296	370	411	270	81
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	226	##	29	60	46	53	38	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	18,218	557	2,377	3,393	4,132	4,681	3,078	854
3b	Average Period of Eligibility	Total	0.93	0.60	0.95	0.96	0.93	0.95	0.95	0.88
4	Expected Number of Screenings per Eligible	Total		1.80	0.95	0.96	0.93	0.95	0.95	0.88
5	Expected Number of Screenings	Total	1,611	139	197	284	344	390	257	71
6	Total Screenings Received	Total	1,410	321	442	233	156	169	89	##
7	Screening Ratio	Total	0.84	1.00	1.00	0.82	0.45	0.43	0.35	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
 061 = MITCHELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,549	77	197	284	344	390	257	71
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	856	77	174	210	149	162	84	##
10	Participant Ratio	Total	0.53	1.00	0.88	0.74	0.43	0.42	0.33	0.11
11	Total Eligibles Referred for Corrective Treatment	Total	506	76	144	95	75	73	43	##
12a	Total Eligibles Receiving Any Dental Services	Total	813	0	35	160	235	243	140	28
12b	Total Eligibles Receiving Preventive Dental Services	Total	767	0	33	155	227	229	123	27
12c	Total Eligibles Receiving Dental Treatment Services	Total	397	0	##	69	113	122	93	23
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	127				67	60		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	782	0	34	156	233	229	130	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
 061 = MITCHELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	116	##	82	34	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	896	##	102	176	235	243	140	28
13	Total Eligibles Enrolled in Managed Care	Total	1,588	76	202	291	359	401	259	79
14	Total Number of Screening Blood Lead Tests	Total	108							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,344	237	536	799	938	1,072	762	223
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,184	189	526	791	907	1,042	729	215
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	576	0	68	107	132	161	108	##
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	46,468	1,470	6,104	9,051	10,077	11,596	8,170	2,361
3b	Average Period of Eligibility	Total	0.93	0.65	0.97	0.95	0.93	0.93	0.93	0.92
4	Expected Number of Screenings per Eligible	Total		1.95	0.97	0.95	0.93	0.93	0.93	0.92
5	Expected Number of Screenings	Total	4,116	369	508	754	838	967	680	196
6	Total Screenings Received	Total	4,206	957	1,217	677	463	618	274	31
7	Screening Ratio	Total	0.98	1.00	1.00	0.90	0.55	0.64	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
 062 = MONTGOMERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	3,936	189	508	754	838	967	680	196
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,498	186	474	600	434	547	257	30
10	Participant Ratio	Total	0.61	0.98	0.93	0.80	0.52	0.57	0.38	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	1,421	181	378	280	204	267	111	16
12a	Total Eligibles Receiving Any Dental Services	Total	2,306	0	99	464	633	691	419	61
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,208	0	95	450	610	667	386	46
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,029	0	##	186	317	315	211	33
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	235				144	91		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,258	0	99	460	620	678	401	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
 062 = MONTGOMERY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	503	36	369	98	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,689	36	392	518	633	691	419	61
13	Total Eligibles Enrolled in Managed Care	Total	4,101	180	523	776	893	1,022	707	199
14	Total Number of Screening Blood Lead Tests	Total	599							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,880	500	1,046	1,558	1,931	2,275	1,570	477
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,498	407	1,023	1,518	1,845	2,188	1,517	448
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	977	##	126	210	207	274	160	##
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	94,452	3,022	11,594	17,351	20,748	24,698	17,039	4,843
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.95	0.94	0.94	0.94	0.90
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.95	0.94	0.94	0.94	0.90
5	Expected Number of Screenings	Total	8,382	757	966	1,452	1,729	2,062	1,416	405
6	Total Screenings Received	Total	7,763	2,155	2,268	1,076	754	997	513	76
7	Screening Ratio	Total	0.89	1.00	1.00	0.74	0.44	0.48	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
 063 = MOORE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,032	407	966	1,452	1,729	2,062	1,416	405
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,492	398	890	1,012	733	970	489	74
10	Participant Ratio	Total	0.54	0.98	0.92	0.70	0.42	0.47	0.35	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	2,655	390	716	501	357	425	266	46
12a	Total Eligibles Receiving Any Dental Services	Total	4,667	##	318	924	1,244	1,379	802	146
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,471	##	314	914	1,204	1,323	716	121
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,900	0	##	258	564	603	475	93
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	496				285	211		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,567	##	317	920	1,215	1,351	764	140

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	853	66	632	155	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,239	67	756	990	1,245	1,379	802	146
13	Total Eligibles Enrolled in Managed Care	Total	8,430	396	1,015	1,505	1,833	2,179	1,502	413
14	Total Number of Screening Blood Lead Tests	Total	933							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	13,691	807	1,635	2,425	2,958	3,376	2,490	842
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	13,092	636	1,594	2,371	2,852	3,244	2,395	802
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,467	0	202	321	324	342	278	##
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	146,101	4,753	18,396	27,378	31,923	36,638	27,013	8,978
3b	Average Period of Eligibility	Total	0.93	0.62	0.96	0.96	0.93	0.94	0.94	0.93
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.96	0.93	0.94	0.94	0.93
5	Expected Number of Screenings	Total	12,965	1,183	1,530	2,285	2,666	3,049	2,252	750
6	Total Screenings Received	Total	11,603	2,788	3,420	1,743	1,265	1,477	910	132
7	Screening Ratio	Total	0.86	1.00	1.00	0.76	0.47	0.48	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
 064 = NASH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	12,418	636	1,530	2,285	2,666	3,049	2,252	750
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	7,242	614	1,366	1,702	1,247	1,441	872	129
10	Participant Ratio	Total	0.56	0.97	0.89	0.74	0.47	0.47	0.39	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	3,840	602	991	662	568	593	424	77
12a	Total Eligibles Receiving Any Dental Services	Total	6,189	##	230	1,203	1,646	1,860	1,250	275
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,819	0	210	1,170	1,578	1,758	1,103	207
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,799	##	19	384	795	851	750	180
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	644				395	249		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,057	##	230	1,197	1,617	1,819	1,194	260

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,042	87	844	111	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	7,088	88	970	1,274	1,646	1,860	1,250	275
13	Total Eligibles Enrolled in Managed Care	Total	12,901	611	1,582	2,344	2,818	3,199	2,347	727
14	Total Number of Screening Blood Lead Tests	Total	1,266							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	21,002	1,301	2,572	3,702	4,620	5,264	3,543	1,281
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,011	1,012	2,518	3,589	4,434	5,053	3,405	1,187
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,020	##	253	430	448	517	372	##
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	220,659	7,552	28,337	40,693	49,303	56,709	38,065	12,655
3b	Average Period of Eligibility	Total	0.92	0.62	0.94	0.94	0.93	0.94	0.93	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.94	0.93	0.94	0.93	0.89
5	Expected Number of Screenings	Total	19,627	1,882	2,354	3,398	4,100	4,718	3,175	1,053
6	Total Screenings Received	Total	18,935	4,256	5,217	3,030	2,253	2,734	1,445	183
7	Screening Ratio	Total	0.92	1.00	1.00	0.89	0.55	0.58	0.46	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
 065 = NEW HANOVER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	18,757	1,012	2,354	3,398	4,100	4,718	3,175	1,053
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,620	958	2,120	2,586	2,120	2,527	1,309	179
10	Participant Ratio	Total	0.60	0.95	0.90	0.76	0.52	0.54	0.41	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	6,293	830	1,522	1,200	978	1,082	681	100
12a	Total Eligibles Receiving Any Dental Services	Total	10,091	##	398	2,006	2,902	3,082	1,703	369
12b	Total Eligibles Receiving Preventive Dental Services	Total	9,625	##	354	1,940	2,818	2,965	1,548	301
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,792	##	43	609	1,430	1,604	1,106	248
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,457				826	631		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	9,937	##	395	1,999	2,878	3,029	1,636	351

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,950	121	1,437	392	##	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,604	125	1,596	2,196	2,902	3,082	1,703	369
13	Total Eligibles Enrolled in Managed Care	Total	19,695	940	2,492	3,544	4,392	4,996	3,331	1,107
14	Total Number of Screening Blood Lead Tests	Total	1,635							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,919	160	330	494	633	766	536	189
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,825	128	326	485	619	743	524	183
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	206	0	19	44	46	53	44	##
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	32,023	984	3,779	5,626	7,111	8,543	5,980	2,056
3b	Average Period of Eligibility	Total	0.94	0.64	0.97	0.97	0.96	0.96	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.92	0.97	0.97	0.96	0.96	0.95	0.94
5	Expected Number of Screenings	Total	2,836	246	317	469	591	714	499	171
6	Total Screenings Received	Total	2,428	502	707	367	308	353	191	36
7	Screening Ratio	Total	0.82	1.00	1.00	0.78	0.52	0.49	0.38	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		2017	Totals	Age Group <1	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	2,718	128	317	469	591	714	499	171
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,555	125	275	343	292	340	180	34
10	Participant Ratio	Total	0.55	0.98	0.87	0.73	0.49	0.48	0.36	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	773	120	194	118	132	127	82	19
12a	Total Eligibles Receiving Any Dental Services	Total	1,277	##	74	255	354	366	228	56
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,196	##	72	241	336	354	193	38
12c	Total Eligibles Receiving Dental Treatment Services	Total	543	0	##	81	156	168	138	40
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	155				80	75		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,250	##	73	252	347	360	218	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
 066 = NORTHAMPTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	266	26	198	42	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,484	27	229	280	354	366	228	56
13	Total Eligibles Enrolled in Managed Care	Total	2,776	122	320	477	614	726	517	174
14	Total Number of Screening Blood Lead Tests	Total	322							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	21,628	1,340	2,918	4,183	4,877	5,091	3,219	1,131
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,283	1,029	2,775	4,011	4,617	4,816	3,035	1,052
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,974	##	269	462	445	488	310	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	219,071	7,619	30,070	44,443	50,489	52,911	33,539	11,181
3b	Average Period of Eligibility	Total	0.90	0.62	0.90	0.92	0.91	0.92	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.90	0.92	0.91	0.92	0.92	0.89
5	Expected Number of Screenings	Total	19,533	1,917	2,511	3,703	4,201	4,409	2,792	935
6	Total Screenings Received	Total	18,463	4,900	5,350	2,822	1,990	2,241	1,160	144
7	Screening Ratio	Total	0.91	1.00	1.00	0.76	0.47	0.51	0.42	0.15

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	18,645	1,029	2,511	3,703	4,201	4,409	2,792	935
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	10,937	969	2,192	2,555	1,934	2,187	1,100	141
10	Participant Ratio	Total	0.57	0.94	0.87	0.69	0.46	0.50	0.39	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	6,425	928	1,704	1,188	966	1,039	600	72
12a	Total Eligibles Receiving Any Dental Services	Total	8,110	##	350	1,633	2,317	2,363	1,447	269
12b	Total Eligibles Receiving Preventive Dental Services	Total	7,602	0	313	1,543	2,225	2,255	1,266	202
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,296	##	20	412	1,000	1,036	828	176
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,252				724	528		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	7,918	##	350	1,615	2,275	2,306	1,372	259

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	2,661	195	1,878	588	0	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	10,260	198	1,950	1,984	2,317	2,364	1,447	269
13	Total Eligibles Enrolled in Managed Care	Total	19,948	968	2,724	3,964	4,550	4,751	2,991	1,008
14	Total Number of Screening Blood Lead Tests	Total	2,404							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	9,449	547	1,202	1,802	2,055	2,320	1,523	418
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,014	437	1,166	1,757	1,961	2,232	1,461	398
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,249	##	164	302	280	321	182	##
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	98,794	3,209	13,160	20,026	21,491	24,808	16,100	4,305
3b	Average Period of Eligibility	Total	0.91	0.61	0.94	0.95	0.91	0.93	0.92	0.90
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.95	0.91	0.93	0.92	0.90
5	Expected Number of Screenings	Total	8,771	800	1,096	1,674	1,795	2,066	1,340	359
6	Total Screenings Received	Total	8,945	1,999	2,492	1,420	1,079	1,272	683	72
7	Screening Ratio	Total	0.99	1.00	1.00	0.85	0.60	0.62	0.51	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
 068 = ORANGE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,408	437	1,096	1,674	1,795	2,066	1,340	359
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,659	415	1,003	1,289	1,047	1,240	665	70
10	Participant Ratio	Total	0.65	0.95	0.92	0.77	0.58	0.60	0.50	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	2,849	404	756	555	392	441	301	28
12a	Total Eligibles Receiving Any Dental Services	Total	5,150	18	448	1,132	1,322	1,405	825	120
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,881	15	432	1,115	1,277	1,330	712	88
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,111	##	16	292	622	702	479	71
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	598				314	284		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,017	18	448	1,124	1,306	1,358	763	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
 068 = ORANGE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	631	53	472	106	##	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,532	66	728	1,182	1,324	1,406	826	120
13	Total Eligibles Enrolled in Managed Care	Total	8,832	385	1,154	1,736	1,938	2,195	1,424	369
14	Total Number of Screening Blood Lead Tests	Total	629							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,419	61	166	224	317	379	272	118
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,366	53	162	220	294	372	265	112
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	111	0	12	19	17	30	33	##
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	14,926	366	1,809	2,498	3,245	4,067	2,941	1,134
3b	Average Period of Eligibility	Total	0.91	0.58	0.93	0.95	0.92	0.91	0.92	0.84
4	Expected Number of Screenings per Eligible	Total		1.74	0.93	0.95	0.92	0.91	0.92	0.84
5	Expected Number of Screenings	Total	1,305	92	151	208	271	339	244	94
6	Total Screenings Received	Total	1,169	224	323	172	145	198	107	13
7	Screening Ratio	Total	0.84	1.00	1.00	0.83	0.54	0.58	0.44	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
 069 = PAMLICO

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,266	53	151	208	271	339	244	94
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	779	52	128	160	144	191	104	13
10	Participant Ratio	Total	0.58	0.98	0.85	0.77	0.53	0.56	0.43	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	433	52	111	65	64	86	55	##
12a	Total Eligibles Receiving Any Dental Services	Total	698	##	17	124	195	234	128	33
12b	Total Eligibles Receiving Preventive Dental Services	Total	654	0	15	121	191	225	102	25
12c	Total Eligibles Receiving Dental Treatment Services	Total	293	##	##	41	82	84	86	19
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	69				37	32		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	681	##	17	122	193	231	118	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
 069 = PAMLICO

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	137	11	102	24	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	814	13	108	136	195	234	128	33
13	Total Eligibles Enrolled in Managed Care	Total	1,355	48	162	219	293	369	264	105
14	Total Number of Screening Blood Lead Tests	Total	126							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	5,594	321	724	995	1,239	1,399	916	306
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	5,320	245	713	960	1,188	1,345	869	291
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	503	##	76	112	106	129	80	##
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	57,565	1,781	7,856	10,753	12,935	14,721	9,519	3,067
3b	Average Period of Eligibility	Total	0.90	0.61	0.92	0.93	0.91	0.91	0.91	0.88
4	Expected Number of Screenings per Eligible	Total		1.83	0.92	0.93	0.91	0.91	0.91	0.88
5	Expected Number of Screenings	Total	5,096	448	656	899	1,077	1,224	792	256
6	Total Screenings Received	Total	5,130	1,162	1,534	747	595	710	382	58
7	Screening Ratio	Total	0.97	1.00	1.00	0.83	0.55	0.58	0.48	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
 070 = PASQUOTANK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	4,893	245	656	899	1,077	1,224	792	256
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,204	236	627	698	588	698	357	56
10	Participant Ratio	Total	0.63	0.96	0.96	0.78	0.55	0.57	0.45	0.22
11	Total Eligibles Referred for Corrective Treatment	Total	1,717	232	447	266	261	312	199	33
12a	Total Eligibles Receiving Any Dental Services	Total	2,241	##	105	399	699	683	355	76
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,057	##	93	380	661	633	290	46
12c	Total Eligibles Receiving Dental Treatment Services	Total	885	0	##	101	277	282	225	42
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	319				212	107		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,171	##	104	395	687	655	330	72

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	511	24	421	66	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,675	25	462	451	699	683	355	76
13	Total Eligibles Enrolled in Managed Care	Total	5,276	236	706	955	1,181	1,338	860	258
14	Total Number of Screening Blood Lead Tests	Total	590							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	7,088	374	838	1,272	1,587	1,681	1,336	395
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,786	280	825	1,240	1,524	1,625	1,292	377
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	715	##	90	148	163	170	144	##
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	75,349	2,046	9,416	14,168	17,026	18,219	14,474	4,185
3b	Average Period of Eligibility	Total	0.93	0.61	0.95	0.95	0.93	0.93	0.93	0.93
4	Expected Number of Screenings per Eligible	Total		1.83	0.95	0.95	0.93	0.93	0.93	0.93
5	Expected Number of Screenings	Total	6,623	512	783	1,183	1,416	1,521	1,208	348
6	Total Screenings Received	Total	6,093	1,201	1,751	1,058	721	823	539	59
7	Screening Ratio	Total	0.88	1.00	1.00	0.89	0.51	0.54	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
 071 = PENDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	6,391	280	783	1,183	1,416	1,521	1,208	348
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,793	270	686	897	688	773	479	57
10	Participant Ratio	Total	0.57	0.96	0.88	0.76	0.49	0.51	0.40	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	1,988	252	503	406	291	306	230	27
12a	Total Eligibles Receiving Any Dental Services	Total	3,615	##	163	691	1,043	1,033	685	118
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,408	##	142	661	1,016	985	604	106
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,720	##	14	219	516	510	461	87
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	487				312	175		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,535	##	163	688	1,031	1,008	645	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
 071 = PENDER

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	658	28	502	128	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,091	32	550	748	1,043	1,033	685	118
13	Total Eligibles Enrolled in Managed Care	Total	6,688	260	811	1,226	1,512	1,608	1,271	357
14	Total Number of Screening Blood Lead Tests	Total	656							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,524	86	169	276	317	397	279	98
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,436	67	161	265	300	374	269	94
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	139	0	21	31	40	27	20	##
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	15,762	534	1,866	2,954	3,280	4,149	2,979	1,012
3b	Average Period of Eligibility	Total	0.91	0.66	0.97	0.93	0.91	0.92	0.92	0.90
4	Expected Number of Screenings per Eligible	Total		1.98	0.97	0.93	0.91	0.92	0.92	0.90
5	Expected Number of Screenings	Total	1,402	133	156	246	274	346	247	85
6	Total Screenings Received	Total	1,302	339	346	195	140	178	104	16
7	Screening Ratio	Total	0.89	1.00	1.00	0.79	0.51	0.51	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
 072 = PERQUIMANS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,336	67	156	246	274	346	247	85
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	806	66	137	187	140	175	101	15
10	Participant Ratio	Total	0.58	0.99	0.88	0.76	0.51	0.51	0.41	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	437	66	107	68	63	80	53	##
12a	Total Eligibles Receiving Any Dental Services	Total	646	0	16	116	198	201	115	23
12b	Total Eligibles Receiving Preventive Dental Services	Total	589	0	14	109	187	187	92	13
12c	Total Eligibles Receiving Dental Treatment Services	Total	335	0	##	47	107	112	69	14
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	84				52	32		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	625	0	16	114	193	193	109	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
 072 = PERQUIMANS

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	64	##	64	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	709	##	74	121	198	201	115	23
13	Total Eligibles Enrolled in Managed Care	Total	1,412	65	160	261	294	369	263	84
14	Total Number of Screening Blood Lead Tests	Total	97							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,840	304	582	893	1,096	1,115	850	300
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,589	245	564	863	1,040	1,058	819	281
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	484	0	72	100	102	112	98	##
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	50,971	1,867	6,449	9,934	11,658	11,910	9,153	3,058
3b	Average Period of Eligibility	Total	0.92	0.64	0.95	0.96	0.93	0.94	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.92	0.95	0.96	0.93	0.94	0.93	0.91
5	Expected Number of Screenings	Total	4,562	470	539	829	972	991	761	254
6	Total Screenings Received	Total	4,149	1,037	1,198	632	451	521	310	49
7	Screening Ratio	Total	0.87	1.00	1.00	0.76	0.46	0.53	0.41	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
 073 = PERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	4,337	245	539	829	972	991	761	254
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,555	236	482	593	443	507	294	48
10	Participant Ratio	Total	0.57	0.96	0.89	0.72	0.46	0.51	0.39	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	1,365	223	349	231	193	218	151	19
12a	Total Eligibles Receiving Any Dental Services	Total	2,358	##	135	478	708	631	406	80
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,151	##	128	448	675	582	318	43
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,163	0	##	174	384	330	275	47
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	277				193	84		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,292	##	135	472	702	613	370	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
 073 = PERSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	14	261	73	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,601	14	330	512	708	631	406	80
13	Total Eligibles Enrolled in Managed Care	Total	4,418	230	558	840	1,011	1,014	765	247
14	Total Number of Screening Blood Lead Tests	Total	514							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	22,545	1,361	2,824	3,988	4,882	5,494	3,996	1,344
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	21,664	1,077	2,769	3,909	4,719	5,331	3,859	1,271
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,320	11	263	440	516	633	457	##
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	243,101	8,227	31,785	45,078	53,345	60,877	43,789	14,181
3b	Average Period of Eligibility	Total	0.93	0.64	0.96	0.96	0.94	0.95	0.95	0.93
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.94	0.95	0.95	0.93
5	Expected Number of Screenings	Total	21,673	2,068	2,658	3,766	4,459	5,075	3,647	1,182
6	Total Screenings Received	Total	18,130	4,041	5,343	2,811	2,046	2,517	1,372	160
7	Screening Ratio	Total	0.80	1.00	1.00	0.75	0.46	0.50	0.38	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
 074 = PITT

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	20,682	1,077	2,658	3,766	4,459	5,075	3,647	1,182
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,818	1,023	2,276	2,699	2,013	2,472	1,335	155
10	Participant Ratio	Total	0.55	0.95	0.86	0.72	0.45	0.49	0.37	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	6,226	994	1,636	1,035	866	1,047	648	78
12a	Total Eligibles Receiving Any Dental Services	Total	9,054	##	262	1,653	2,689	2,724	1,726	328
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,389	##	245	1,576	2,564	2,548	1,456	243
12c	Total Eligibles Receiving Dental Treatment Services	Total	3,774	0	21	425	1,122	1,189	1,017	224
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,194				717	477		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,837	##	262	1,638	2,663	2,644	1,630	308

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,006	104	1,601	301	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	10,808	105	1,707	1,856	2,690	2,724	1,726	328
13	Total Eligibles Enrolled in Managed Care	Total	21,477	1,048	2,749	3,886	4,692	5,297	3,805	1,217
14	Total Number of Screening Blood Lead Tests	Total	1,717							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,907	111	210	335	415	459	377	117
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,814	78	205	325	403	446	357	102
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	223	##	21	50	53	57	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	20,034	579	2,294	3,608	4,525	5,011	4,017	1,050
3b	Average Period of Eligibility	Total	0.92	0.62	0.93	0.93	0.94	0.94	0.94	0.86
4	Expected Number of Screenings per Eligible	Total		1.86	0.93	0.93	0.94	0.94	0.94	0.86
5	Expected Number of Screenings	Total	1,768	145	192	300	377	418	336	87
6	Total Screenings Received	Total	1,405	400	348	228	155	181	93	##
7	Screening Ratio	Total	0.76	1.00	1.00	0.76	0.41	0.43	0.28	0.10

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,701	78	192	300	377	418	336	87
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	855	77	145	217	151	177	88	##
10	Participant Ratio	Total	0.48	0.99	0.76	0.72	0.40	0.42	0.26	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	421	60	95	78	66	82	40	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,049	##	73	186	280	292	218	28
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,004	##	73	183	272	283	193	24
12c	Total Eligibles Receiving Dental Treatment Services	Total	471	0	##	57	139	152	123	16
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	95				55	40		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,032	##	73	185	279	289	206	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
 075 = POLK

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	57	##	57	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,088	##	108	190	280	292	218	28
13	Total Eligibles Enrolled in Managed Care	Total	1,767	71	199	316	396	440	345	82
14	Total Number of Screening Blood Lead Tests	Total	138							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	20,455	1,136	2,375	3,554	4,419	5,100	3,871	1,094
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,567	884	2,324	3,491	4,244	4,904	3,720	1,021
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,495	##	290	539	521	642	503	##
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	215,748	6,696	26,712	40,027	46,714	54,568	41,031	10,871
3b	Average Period of Eligibility	Total	0.92	0.63	0.96	0.96	0.92	0.93	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.96	0.92	0.93	0.92	0.89
5	Expected Number of Screenings	Total	19,118	1,671	2,230	3,340	3,904	4,551	3,422	907
6	Total Screenings Received	Total	16,899	3,892	4,750	2,586	1,826	2,451	1,394	170
7	Screening Ratio	Total	0.85	1.00	1.00	0.77	0.47	0.54	0.41	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
 076 = RANDOLPH

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	18,331	884	2,230	3,340	3,904	4,551	3,422	907
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	10,579	857	1,981	2,386	1,742	2,312	1,301	158
10	Participant Ratio	Total	0.56	0.97	0.89	0.71	0.45	0.51	0.38	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	6,071	839	1,569	1,095	852	1,031	685	94
12a	Total Eligibles Receiving Any Dental Services	Total	11,040	##	615	2,071	2,889	3,316	2,149	354
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,565	##	603	2,046	2,818	3,177	1,921	284
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,416	0	59	824	1,571	1,703	1,259	206
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,423				807	616		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,798	##	615	2,055	2,846	3,246	2,036	338

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,195	72	951	172	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,921	75	1,335	2,156	2,890	3,316	2,149	354
13	Total Eligibles Enrolled in Managed Care	Total	19,342	818	2,308	3,476	4,206	4,865	3,669	943
14	Total Number of Screening Blood Lead Tests	Total	1,698							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,435	488	964	1,397	1,867	2,159	1,560	518
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,136	384	947	1,374	1,813	2,101	1,517	503
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	694	##	73	114	142	207	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	91,993	2,825	10,993	16,008	20,689	24,133	17,345	5,661
3b	Average Period of Eligibility	Total	0.94	0.61	0.97	0.97	0.95	0.96	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.83	0.97	0.97	0.95	0.96	0.95	0.94
5	Expected Number of Screenings	Total	8,133	703	914	1,333	1,726	2,014	1,443	473
6	Total Screenings Received	Total	7,993	1,824	2,200	1,267	879	1,198	625	77
7	Screening Ratio	Total	0.94	1.00	1.00	0.95	0.51	0.59	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
 077 = RICHMOND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	7,814	384	914	1,333	1,726	2,014	1,443	473
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,729	376	847	1,046	817	1,077	566	74
10	Participant Ratio	Total	0.58	0.98	0.93	0.78	0.47	0.53	0.39	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,767	367	686	514	408	489	303	46
12a	Total Eligibles Receiving Any Dental Services	Total	3,458	##	129	674	945	1,043	667	141
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,233	##	129	645	901	986	572	108
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,459	0	##	217	416	438	388	91
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	272				181	91		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,377	##	128	671	925	1,025	628	134

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	935	31	722	182	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,238	32	752	799	945	1,043	667	141
13	Total Eligibles Enrolled in Managed Care	Total	7,930	344	892	1,342	1,790	2,071	1,491	462
14	Total Number of Screening Blood Lead Tests	Total	790							

*Includes 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

27MAR18

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		2017	Totals	Age Group <1	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	28,177	1,667	3,170	4,747	6,423	7,104	5,066	1,712
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	27,393	1,326	3,142	4,697	6,313	6,966	4,949	1,661
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,318	##	225	390	578	665	460	##
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	310,715	10,030	36,749	54,965	72,675	79,838	56,458	18,821
3b	Average Period of Eligibility	Total	0.95	0.63	0.97	0.98	0.96	0.96	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.89	0.97	0.98	0.96	0.96	0.95	0.94
5	Expected Number of Screenings	Total	27,578	2,506	3,064	4,587	6,045	6,664	4,712	1,569
6	Total Screenings Received	Total	22,135	5,043	6,381	3,988	2,300	2,936	1,487	225
7	Screening Ratio	Total	0.77	1.00	1.00	0.87	0.38	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
 078 = ROBESON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	26,398	1,326	3,064	4,587	6,045	6,664	4,712	1,569
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	13,598	1,285	2,621	3,386	2,160	2,754	1,392	212
10	Participant Ratio	Total	0.49	0.97	0.86	0.74	0.36	0.41	0.30	0.14
11	Total Eligibles Referred for Corrective Treatment	Total	7,667	1,247	2,015	1,549	1,019	1,168	669	123
12a	Total Eligibles Receiving Any Dental Services	Total	12,836	##	462	2,406	3,580	3,910	2,478	531
12b	Total Eligibles Receiving Preventive Dental Services	Total	11,822	##	444	2,254	3,376	3,618	2,130	375
12c	Total Eligibles Receiving Dental Treatment Services	Total	6,062	##	62	919	1,623	1,902	1,556	354
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,413				845	568		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	12,534	##	460	2,377	3,510	3,819	2,368	509

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,713	207	2,048	458	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	15,023	210	2,183	2,662	3,580	3,910	2,478	531
13	Total Eligibles Enrolled in Managed Care	Total	27,073	1,257	3,106	4,666	6,269	6,911	4,864	1,569
14	Total Number of Screening Blood Lead Tests	Total	2,563							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	12,237	641	1,445	2,203	2,647	3,027	2,274	749
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	11,794	524	1,416	2,160	2,557	2,931	2,206	703
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,263	##	138	291	284	311	239	##
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	132,964	4,009	16,366	24,923	29,061	33,527	25,078	7,476
3b	Average Period of Eligibility	Total	0.94	0.64	0.96	0.96	0.95	0.95	0.95	0.89
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.95	0.95	0.95	0.89
5	Expected Number of Screenings	Total	11,748	1,006	1,359	2,080	2,424	2,790	2,089	624
6	Total Screenings Received	Total	10,404	2,404	2,953	1,593	1,076	1,411	967	90
7	Screening Ratio	Total	0.85	1.00	1.00	0.77	0.44	0.51	0.46	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		2017	Totals	Age Group <1	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	11,266	524	1,359	2,080	2,424	2,790	2,089	624
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,537	510	1,215	1,511	1,047	1,369	885	84
10	Participant Ratio	Total	0.56	0.97	0.89	0.73	0.43	0.49	0.42	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	3,663	499	943	676	495	584	466	40
12a	Total Eligibles Receiving Any Dental Services	Total	6,197	##	316	1,163	1,604	1,860	1,254	226
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,848	##	308	1,130	1,541	1,772	1,097	171
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,882	0	29	399	809	905	740	136
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	520				325	195		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,005	##	315	1,147	1,570	1,808	1,165	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
 079 = ROCKINGHAM

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	753	64	584	105	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,774	66	762	1,228	1,604	1,860	1,254	226
13	Total Eligibles Enrolled in Managed Care	Total	11,663	503	1,405	2,139	2,539	2,906	2,171	658
14	Total Number of Screening Blood Lead Tests	Total	969							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	20,056	1,131	2,591	3,458	4,340	5,064	3,472	1,114
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,242	892	2,548	3,387	4,178	4,894	3,343	1,064
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	2,163	##	275	457	478	564	389	##
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	215,637	6,687	29,315	39,050	47,247	55,605	37,733	11,571
3b	Average Period of Eligibility	Total	0.93	0.62	0.96	0.96	0.94	0.95	0.94	0.91
4	Expected Number of Screenings per Eligible	Total		1.86	0.96	0.96	0.94	0.95	0.94	0.91
5	Expected Number of Screenings	Total	19,076	1,659	2,446	3,252	3,939	4,630	3,150	967
6	Total Screenings Received	Total	17,915	3,750	5,336	2,840	1,974	2,701	1,314	168
7	Screening Ratio	Total	0.90	1.00	1.00	0.87	0.50	0.58	0.42	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
 080 = ROWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	18,309	892	2,446	3,252	3,939	4,630	3,150	967
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,023	841	2,146	2,464	1,859	2,483	1,230	154
10	Participant Ratio	Total	0.58	0.94	0.88	0.76	0.47	0.54	0.39	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	6,293	811	1,647	1,134	871	1,178	652	85
12a	Total Eligibles Receiving Any Dental Services	Total	10,682	33	697	2,092	2,801	3,208	1,851	317
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,036	11	685	2,039	2,677	3,003	1,621	244
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,212	##	41	773	1,590	1,700	1,108	199
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,463				819	644		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	10,405	33	697	2,069	2,732	3,118	1,756	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
 080 = ROWAN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,464	100	1,204	160	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,706	128	1,562	2,155	2,802	3,208	1,851	317
13	Total Eligibles Enrolled in Managed Care	Total	19,043	852	2,530	3,360	4,141	4,853	3,307	993
14	Total Number of Screening Blood Lead Tests	Total	1,808							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	9,245	548	1,155	1,642	1,953	2,247	1,700	560
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,744	440	1,116	1,591	1,850	2,132	1,615	516
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,000	##	122	222	236	238	182	##
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	94,813	3,266	12,484	17,845	20,134	23,599	17,485	5,247
3b	Average Period of Eligibility	Total	0.90	0.62	0.93	0.93	0.91	0.92	0.90	0.85
4	Expected Number of Screenings per Eligible	Total		1.86	0.93	0.93	0.91	0.92	0.90	0.85
5	Expected Number of Screenings	Total	8,438	818	1,038	1,490	1,674	1,965	1,453	439
6	Total Screenings Received	Total	7,099	2,021	1,998	1,104	651	871	454	84
7	Screening Ratio	Total	0.81	1.00	1.00	0.74	0.39	0.44	0.31	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
 081 = RUTHERFORD

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,060	440	1,038	1,490	1,674	1,965	1,453	439
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,280	427	914	1,036	633	831	439	79
10	Participant Ratio	Total	0.51	0.97	0.88	0.70	0.38	0.42	0.30	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	2,552	414	697	460	312	431	238	35
12a	Total Eligibles Receiving Any Dental Services	Total	4,898	11	289	921	1,283	1,442	952	207
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,607	##	274	892	1,236	1,358	847	170
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,250	##	16	297	626	746	565	121
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	443				268	175		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,773	11	288	915	1,253	1,400	906	190

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	358	40	279	39	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,172	48	501	946	1,283	1,442	952	207
13	Total Eligibles Enrolled in Managed Care	Total	8,639	434	1,108	1,574	1,826	2,117	1,580	448
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		2017	Totals	Age Group <1	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	11,443	689	1,379	2,023	2,514	2,840	1,998	681
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	10,981	531	1,340	1,990	2,443	2,743	1,934	645
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,111	##	97	224	272	302	216	##
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	121,745	4,143	15,293	22,909	26,985	30,765	21,650	6,992
3b	Average Period of Eligibility	Total	0.92	0.65	0.95	0.96	0.92	0.93	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.95	0.95	0.96	0.92	0.93	0.93	0.90
5	Expected Number of Screenings	Total	10,850	1,035	1,279	1,916	2,254	2,561	1,805	582
6	Total Screenings Received	Total	9,976	2,497	2,917	1,543	1,040	1,262	717	83
7	Screening Ratio	Total	0.88	1.00	1.00	0.81	0.46	0.49	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		2017	Totals	Age Group <1	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	531	1,279	1,916	2,254	2,561	1,805	582
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,057	515	1,170	1,459	1,019	1,214	680	77
10	Participant Ratio	Total	0.56	0.97	0.91	0.76	0.45	0.47	0.38	0.13
11	Total Eligibles Referred for Corrective Treatment	Total	3,442	501	892	689	460	550	350	37
12a	Total Eligibles Receiving Any Dental Services	Total	6,006	##	248	1,251	1,599	1,781	1,127	237
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,658	##	231	1,207	1,532	1,696	992	179
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,751	0	19	392	717	900	723	150
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	710				397	313		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,863	##	244	1,239	1,570	1,742	1,068	228

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	846	83	630	133	0	0	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,682	84	776	1,315	1,599	1,781	1,127	237
13	Total Eligibles Enrolled in Managed Care	Total	10,873	512	1,331	1,974	2,421	2,723	1,912	599
14	Total Number of Screening Blood Lead Tests	Total	1,088							

*Includes 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

27MAR18

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		2017	Totals	Age Group <1	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	6,867	422	856	1,180	1,583	1,619	1,207	514
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,692	343	845	1,171	1,561	1,593	1,179	503
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	442	##	38	80	105	122	97	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	76,004	2,570	9,866	13,679	18,027	18,298	13,564	5,664
3b	Average Period of Eligibility	Total	0.95	0.62	0.97	0.97	0.96	0.96	0.96	0.94
4	Expected Number of Screenings per Eligible	Total		1.86	0.97	0.97	0.96	0.96	0.96	0.94
5	Expected Number of Screenings	Total	6,763	638	824	1,139	1,507	1,526	1,129	474
6	Total Screenings Received	Total	5,724	1,439	1,556	940	631	739	419	71
7	Screening Ratio	Total	0.80	1.00	1.00	0.83	0.42	0.48	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
 083 = SCOTLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	6,468	343	824	1,139	1,507	1,526	1,129	474
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	3,535	332	677	837	597	703	389	69
10	Participant Ratio	Total	0.52	0.97	0.82	0.73	0.40	0.46	0.34	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	2,049	322	530	401	302	298	196	33
12a	Total Eligibles Receiving Any Dental Services	Total	3,554	##	141	648	1,101	1,038	626	168
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,369	##	136	629	1,080	991	533	112
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,492	0	16	213	493	420	350	104
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	545				357	188		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,474	##	141	642	1,090	1,018	583	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
 083 = SCOTLAND

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	821	50	566	205	##	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,175	51	609	749	1,102	1,038	626	168
13	Total Eligibles Enrolled in Managed Care	Total	6,513	318	821	1,145	1,527	1,549	1,153	452
14	Total Number of Screening Blood Lead Tests	Total	603							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	7,313	480	956	1,324	1,525	1,758	1,270	361
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	6,987	385	924	1,283	1,464	1,704	1,227	344
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	888	##	135	216	184	215	138	##
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	76,803	2,828	10,477	14,640	16,204	19,007	13,647	3,734
3b	Average Period of Eligibility	Total	0.92	0.61	0.94	0.95	0.92	0.93	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.95	0.92	0.93	0.93	0.90
5	Expected Number of Screenings	Total	6,874	705	873	1,222	1,351	1,587	1,136	312
6	Total Screenings Received	Total	6,631	1,520	1,862	998	792	948	511	57
7	Screening Ratio	Total	0.93	1.00	1.00	0.82	0.59	0.60	0.45	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
 084 = STANLY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	6,554	385	873	1,222	1,351	1,587	1,136	312
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,353	372	807	969	782	926	497	49
10	Participant Ratio	Total	0.64	0.97	0.92	0.79	0.58	0.58	0.44	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	2,610	364	655	482	384	448	277	25
12a	Total Eligibles Receiving Any Dental Services	Total	3,520	##	174	659	956	1,059	672	109
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,300	##	164	633	916	991	596	76
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,618	##	11	207	468	526	406	79
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	441				264	177		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	3,388	##	173	645	910	1,012	648	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
 084 = STANLY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	544	42	460	42	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	3,970	44	552	687	956	1,059	672	109
13	Total Eligibles Enrolled in Managed Care	Total	6,878	352	918	1,274	1,452	1,683	1,199	320
14	Total Number of Screening Blood Lead Tests	Total	683							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	4,748	261	566	823	980	1,228	890	314
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,541	200	549	803	943	1,188	858	285
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	466	##	67	109	98	116	76	##
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	50,349	1,485	6,246	9,169	10,523	13,327	9,599	2,972
3b	Average Period of Eligibility	Total	0.92	0.62	0.95	0.95	0.93	0.93	0.93	0.87
4	Expected Number of Screenings per Eligible	Total		1.86	0.95	0.95	0.93	0.93	0.93	0.87
5	Expected Number of Screenings	Total	4,442	372	521	763	874	1,111	801	247
6	Total Screenings Received	Total	4,033	757	1,174	620	487	671	324	42
7	Screening Ratio	Total	0.87	1.00	1.00	0.81	0.56	0.60	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
 085 = STOKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	4,270	200	521	763	874	1,111	801	247
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,649	193	465	570	464	646	311	41
10	Participant Ratio	Total	0.60	0.97	0.89	0.75	0.53	0.58	0.39	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	1,179	137	265	226	191	240	120	21
12a	Total Eligibles Receiving Any Dental Services	Total	2,381	0	50	400	658	792	481	95
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,237	0	49	385	639	742	422	78
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,058	0	##	126	293	372	267	56
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	284				168	116		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,304	0	50	393	646	766	449	93

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	383	24	296	63	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,714	24	322	437	658	792	481	95
13	Total Eligibles Enrolled in Managed Care	Total	4,491	196	546	799	937	1,172	841	266
14	Total Number of Screening Blood Lead Tests	Total	328							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	9,937	570	1,186	1,686	2,150	2,481	1,864	602
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	9,464	425	1,157	1,653	2,068	2,380	1,781	560
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,144	0	144	239	265	273	223	##
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	104,182	3,230	13,064	18,740	22,845	26,539	19,764	5,763
3b	Average Period of Eligibility	Total	0.91	0.63	0.94	0.94	0.92	0.93	0.92	0.86
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.94	0.92	0.93	0.92	0.86
5	Expected Number of Screenings	Total	9,230	803	1,087	1,563	1,911	2,218	1,648	481
6	Total Screenings Received	Total	9,304	1,772	2,644	1,422	1,242	1,436	788	91
7	Screening Ratio	Total	0.97	1.00	1.00	0.91	0.65	0.65	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
 086 = SURRY

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,852	425	1,087	1,563	1,911	2,218	1,648	481
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,975	418	1,015	1,264	1,175	1,359	744	88
10	Participant Ratio	Total	0.65	0.98	0.93	0.81	0.61	0.61	0.45	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	1,979	217	438	347	300	395	282	36
12a	Total Eligibles Receiving Any Dental Services	Total	5,315	##	193	855	1,525	1,699	1,043	184
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,025	##	183	826	1,490	1,619	907	132
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,369	0	18	305	723	762	561	103
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	508				311	197		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,184	##	191	848	1,503	1,660	982	170

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	73	634	163	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	6,033	73	723	970	1,525	1,699	1,043	184
13	Total Eligibles Enrolled in Managed Care	Total	9,287	420	1,148	1,614	2,030	2,336	1,739	516
14	Total Number of Screening Blood Lead Tests	Total	802							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,592	137	358	495	573	631	398	143
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,456	102	340	480	552	604	378	132
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	256	0	40	73	54	54	35	##
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	26,972	749	3,734	5,489	6,085	6,765	4,150	1,455
3b	Average Period of Eligibility	Total	0.92	0.61	0.92	0.95	0.92	0.93	0.91	0.92
4	Expected Number of Screenings per Eligible	Total		1.83	0.92	0.95	0.92	0.93	0.91	0.92
5	Expected Number of Screenings	Total	2,374	187	311	459	507	563	347	122
6	Total Screenings Received	Total	1,426	337	453	248	143	180	65	##
7	Screening Ratio	Total	0.57	1.00	1.00	0.54	0.28	0.32	0.19	0.02

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,289	102	311	459	507	563	347	122
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	894	95	198	236	135	168	62	##
10	Participant Ratio	Total	0.37	0.93	0.64	0.51	0.27	0.30	0.18	0.02
11	Total Eligibles Referred for Corrective Treatment	Total	459	73	139	87	58	73	29	##
12a	Total Eligibles Receiving Any Dental Services	Total	776	##	59	184	199	225	109	14
12b	Total Eligibles Receiving Preventive Dental Services	Total	724	0	58	173	189	212	92	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	383	##	12	77	96	121	77	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	112				48	64		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	758	##	59	183	195	219	102	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
 087 = SWAIN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	33	##	33	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	810	##	90	187	199	225	109	14
13	Total Eligibles Enrolled in Managed Care	Total	2,366	97	337	467	524	587	354	124
14	Total Number of Screening Blood Lead Tests	Total	235							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,577	187	455	646	794	846	649	255
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	3,417	156	445	629	764	807	616	233
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	409	0	63	108	81	85	72	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	37,273	1,147	5,031	7,094	8,307	8,950	6,744	2,447
3b	Average Period of Eligibility	Total	0.91	0.61	0.94	0.94	0.91	0.92	0.91	0.88
4	Expected Number of Screenings per Eligible	Total		1.83	0.94	0.94	0.91	0.92	0.91	0.88
5	Expected Number of Screenings	Total	3,298	285	420	594	691	746	562	204
6	Total Screenings Received	Total	3,297	863	897	474	371	448	244	21
7	Screening Ratio	Total	0.95	1.00	1.00	0.80	0.54	0.60	0.43	0.10

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	3,169	156	420	594	691	746	562	204
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,005	154	384	445	364	432	226	21
10	Participant Ratio	Total	0.60	0.99	0.91	0.75	0.53	0.58	0.40	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	1,143	149	298	190	182	207	117	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,627	##	96	294	454	480	303	52
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,553	0	89	291	444	457	272	36
12c	Total Eligibles Receiving Dental Treatment Services	Total	711	##	11	97	214	227	162	31
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	170				89	81		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,594	##	96	292	449	466	291	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
 088 = PENNSYLVANIA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	335	18	286	31	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,886	19	312	318	454	480	303	52
13	Total Eligibles Enrolled in Managed Care	Total	3,367	152	438	626	759	794	598	223
14	Total Number of Screening Blood Lead Tests	Total	340							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	507	20	62	83	116	133	93	17
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	482	16	61	79	110	129	87	16
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	57	0	##	19	13	14	11	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	5,386	132	695	891	1,223	1,461	984	158
3b	Average Period of Eligibility	Total	0.93	0.69	0.95	0.94	0.93	0.94	0.94	0.82
4	Expected Number of Screenings per Eligible	Total		2.07	0.95	0.94	0.93	0.94	0.94	0.82
5	Expected Number of Screenings	Total	471	33	58	74	102	122	82	13
6	Total Screenings Received	Total	488	86	163	71	53	68	47	##
7	Screening Ratio	Total	1.00	1.00	1.00	0.96	0.52	0.56	0.57	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
 089 = TYRRELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	454	16	58	74	102	122	82	13
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	293	16	57	62	53	65	40	##
10	Participant Ratio	Total	0.63	1.00	0.98	0.84	0.52	0.53	0.49	0.15
11	Total Eligibles Referred for Corrective Treatment	Total	156	16	50	20	19	33	18	0
12a	Total Eligibles Receiving Any Dental Services	Total	232	0	##	38	82	82	30	##
12b	Total Eligibles Receiving Preventive Dental Services	Total	223	0	##	35	82	78	28	##
12c	Total Eligibles Receiving Dental Treatment Services	Total	116	0	0	12	46	40	18	##
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	48				29	19		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	231	0	##	37	82	82	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
 089 = TYRRELL

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	27	##	27	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	263	##	29	40	82	82	30	##
13	Total Eligibles Enrolled in Managed Care	Total	480	16	61	79	110	128	86	16
14	Total Number of Screening Blood Lead Tests	Total	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
 090 = UNION

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	21,779	1,157	2,597	3,756	4,866	5,515	3,888	1,132
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	20,613	889	2,513	3,648	4,637	5,238	3,688	1,047
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	3,043	##	354	696	671	779	543	18
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	225,863	6,662	28,271	41,388	51,012	57,899	40,631	11,179
3b	Average Period of Eligibility	Total	0.91	0.62	0.94	0.95	0.92	0.92	0.92	0.89
4	Expected Number of Screenings per Eligible	Total		1.86	0.94	0.95	0.92	0.92	0.92	0.89
5	Expected Number of Screenings	Total	19,911	1,654	2,349	3,454	4,243	4,818	3,393	930
6	Total Screenings Received	Total	17,470	3,937	4,906	2,536	2,107	2,514	1,470	193
7	Screening Ratio	Total	0.85	1.00	1.00	0.73	0.50	0.52	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
 090 = UNION

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	19,146	889	2,349	3,454	4,243	4,818	3,393	930
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,231	864	2,090	2,397	2,062	2,424	1,394	178
10	Participant Ratio	Total	0.57	0.97	0.89	0.69	0.49	0.50	0.41	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	6,219	832	1,602	1,078	915	1,091	701	92
12a	Total Eligibles Receiving Any Dental Services	Total	11,526	##	577	2,023	3,199	3,544	2,183	342
12b	Total Eligibles Receiving Preventive Dental Services	Total	10,992	##	558	1,979	3,102	3,403	1,950	277
12c	Total Eligibles Receiving Dental Treatment Services	Total	5,602	##	63	775	1,655	1,820	1,289	216
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,591				911	680		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	11,263	##	577	2,008	3,147	3,461	2,070	314

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	139	1,374	175	0	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	12,798	144	1,614	2,112	3,199	3,545	2,184	342
13	Total Eligibles Enrolled in Managed Care	Total	20,242	847	2,493	3,608	4,571	5,129	3,594	969
14	Total Number of Screening Blood Lead Tests	Total	1,729							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	9,242	536	1,046	1,617	2,032	2,322	1,689	516
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,919	400	1,035	1,596	1,982	2,270	1,636	504
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	903	##	93	188	208	234	180	##
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	100,977	3,092	12,037	18,617	22,524	25,975	18,732	5,797
3b	Average Period of Eligibility	Total	0.94	0.64	0.97	0.97	0.95	0.95	0.95	0.96
4	Expected Number of Screenings per Eligible	Total		1.92	0.97	0.97	0.95	0.95	0.95	0.96
5	Expected Number of Screenings	Total	8,921	768	1,004	1,548	1,878	2,165	1,558	483
6	Total Screenings Received	Total	7,272	1,808	1,985	1,200	765	1,006	508	52
7	Screening Ratio	Total	0.78	1.00	1.00	0.78	0.41	0.46	0.33	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
 091 = VANCE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	8,553	400	1,004	1,548	1,878	2,165	1,558	483
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	4,580	389	875	1,105	752	967	492	50
10	Participant Ratio	Total	0.51	0.97	0.87	0.71	0.40	0.45	0.32	0.10
11	Total Eligibles Referred for Corrective Treatment	Total	2,336	381	593	445	335	368	214	23
12a	Total Eligibles Receiving Any Dental Services	Total	4,165	##	237	801	1,101	1,212	814	160
12b	Total Eligibles Receiving Preventive Dental Services	Total	3,871	##	213	753	1,060	1,139	706	115
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,111	0	15	277	612	678	529	111
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	471				272	199		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	4,089	##	235	796	1,090	1,184	784	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

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		2017	Totals	Age Group <1	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	56	##	56	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	4,208	##	276	805	1,101	1,212	814	160
13	Total Eligibles Enrolled in Managed Care	Total	8,830	375	1,026	1,588	1,970	2,247	1,624	484
14	Total Number of Screening Blood Lead Tests	Total	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

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		2017	Totals	Age Group <1	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	88,448	5,214	11,188	16,054	19,619	21,805	14,568	4,180
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	83,509	4,039	10,843	15,550	18,593	20,692	13,792	3,903
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	11,385	29	1,477	2,612	2,570	2,818	1,879	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	911,648	30,518	121,727	175,807	203,649	227,976	151,971	42,031
3b	Average Period of Eligibility	Total	0.91	0.63	0.94	0.94	0.91	0.92	0.92	0.90
4	Expected Number of Screenings per Eligible	Total		1.89	0.94	0.94	0.91	0.92	0.92	0.90
5	Expected Number of Screenings	Total	81,183	7,634	10,192	14,669	16,962	19,036	12,690	3,502
6	Total Screenings Received	Total	79,074	18,871	22,924	11,812	9,377	10,570	5,520	652
7	Screening Ratio	Total	0.94	1.00	1.00	0.81	0.55	0.56	0.43	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
 092 = WAKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	77,588	4,039	10,192	14,669	16,962	19,036	12,690	3,502
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	48,818	3,894	9,198	10,798	9,201	10,354	5,373	632
10	Participant Ratio	Total	0.61	0.96	0.90	0.74	0.54	0.54	0.42	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	25,046	3,497	6,636	4,380	3,874	4,170	2,489	330
12a	Total Eligibles Receiving Any Dental Services	Total	45,165	45	3,146	8,832	12,154	13,305	7,683	1,301
12b	Total Eligibles Receiving Preventive Dental Services	Total	43,196	28	3,034	8,659	11,835	12,738	6,902	1,026
12c	Total Eligibles Receiving Dental Treatment Services	Total	19,635	##	185	2,771	5,901	6,347	4,431	763
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	5,262				2,998	2,264		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	44,255	45	3,142	8,774	11,983	13,022	7,289	1,225

*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
 092 = WAKE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	7,028	488	5,411	1,129	##	0	0	##
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	50,019	525	6,946	9,404	12,156	13,305	7,683	1,301
13	Total Eligibles Enrolled in Managed Care	Total	81,925	3,783	10,731	15,343	18,325	20,301	13,442	3,526
14	Total Number of Screening Blood Lead Tests	Total	6,833							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,704	154	304	448	576	721	501	178
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,587	114	294	442	559	694	484	164
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	297	0	32	72	56	82	55	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	28,878	888	3,410	5,119	6,183	7,869	5,409	1,773
3b	Average Period of Eligibility	Total	0.93	0.65	0.97	0.97	0.92	0.94	0.93	0.90
4	Expected Number of Screenings per Eligible	Total		1.95	0.97	0.97	0.92	0.94	0.93	0.90
5	Expected Number of Screenings	Total	2,553	222	284	426	516	655	450	148
6	Total Screenings Received	Total	2,138	500	585	309	218	344	182	27
7	Screening Ratio	Total	0.80	1.00	1.00	0.73	0.42	0.53	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
 093 = WARREN

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,445	114	284	426	516	655	450	148
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,368	113	252	289	216	328	170	25
10	Participant Ratio	Total	0.54	0.99	0.89	0.68	0.42	0.50	0.38	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	681	109	166	94	99	133	80	14
12a	Total Eligibles Receiving Any Dental Services	Total	1,324	0	82	244	320	415	263	58
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,243	0	77	236	307	388	235	42
12c	Total Eligibles Receiving Dental Treatment Services	Total	636	0	##	71	157	241	167	38
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	159				81	78		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,301	0	82	243	317	402	257	57

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	33	##	33	##	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,349	##	105	246	320	415	263	58
13	Total Eligibles Enrolled in Managed Care	Total	2,559	113	288	437	556	687	478	155
14	Total Number of Screening Blood Lead Tests	Total	239							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	1,961	112	228	334	428	502	357	111
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	1,882	80	226	331	412	488	345	105
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	157	0	16	24	44	46	27	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	21,261	595	2,623	3,855	4,659	5,565	3,964	1,172
3b	Average Period of Eligibility	Total	0.94	0.62	0.97	0.97	0.94	0.95	0.96	0.93
4	Expected Number of Screenings per Eligible	Total		1.86	0.97	0.97	0.94	0.95	0.96	0.93
5	Expected Number of Screenings	Total	1,870	149	218	321	388	463	331	98
6	Total Screenings Received	Total	1,502	358	469	260	148	169	98	16
7	Screening Ratio	Total	0.77	1.00	1.00	0.81	0.38	0.37	0.30	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
 094 = WASHINGTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	1,801	80	218	321	388	463	331	98
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	908	76	195	242	145	161	89	16
10	Participant Ratio	Total	0.49	0.95	0.89	0.75	0.37	0.35	0.27	0.16
11	Total Eligibles Referred for Corrective Treatment	Total	472	74	143	89	64	63	39	##
12a	Total Eligibles Receiving Any Dental Services	Total	995	0	40	208	288	300	159	22
12b	Total Eligibles Receiving Preventive Dental Services	Total	938	0	39	203	276	288	132	15
12c	Total Eligibles Receiving Dental Treatment Services	Total	461	0	##	82	145	135	99	11
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	129				77	52		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	977	0	40	207	284	296	150	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
 094 = WASHINGTON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	54	##	36	18	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,026	##	67	212	288	300	159	22
13	Total Eligibles Enrolled in Managed Care	Total	1,870	79	226	330	411	485	339	104
14	Total Number of Screening Blood Lead Tests	Total	112							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,787	196	379	526	644	613	429	123
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,629	156	368	509	613	581	402	115
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	378	0	60	127	80	71	40	##
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	28,227	1,214	4,073	5,767	6,608	6,357	4,208	1,131
3b	Average Period of Eligibility	Total	0.89	0.65	0.92	0.94	0.90	0.91	0.87	0.82
4	Expected Number of Screenings per Eligible	Total		1.95	0.92	0.94	0.90	0.91	0.87	0.82
5	Expected Number of Screenings	Total	2,557	304	340	482	551	530	350	95
6	Total Screenings Received	Total	2,509	609	801	384	286	288	141	11
7	Screening Ratio	Total	0.95	1.00	1.00	0.80	0.52	0.54	0.40	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
 095 = WATAUGA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	2,409	156	340	482	551	530	350	95
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,541	153	318	375	280	280	135	11
10	Participant Ratio	Total	0.62	0.98	0.94	0.78	0.51	0.53	0.39	0.12
11	Total Eligibles Referred for Corrective Treatment	Total	941	147	270	173	145	131	75	##
12a	Total Eligibles Receiving Any Dental Services	Total	1,367	0	58	257	430	413	209	27
12b	Total Eligibles Receiving Preventive Dental Services	Total	1,306	0	53	251	421	400	181	23
12c	Total Eligibles Receiving Dental Treatment Services	Total	543	0	##	85	170	175	113	16
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	195				109	86		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	1,335	0	57	256	425	406	191	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
 095 = WATAUGA

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	360	27	253	80	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,657	27	273	305	430	413	209	27
13	Total Eligibles Enrolled in Managed Care	Total	2,595	149	366	507	603	579	391	100
14	Total Number of Screening Blood Lead Tests	Total	321							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	20,073	1,117	2,403	3,622	4,502	5,007	3,422	1,047
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	19,318	881	2,366	3,554	4,366	4,844	3,307	999
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,886	##	206	410	461	477	332	##
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	217,525	6,658	27,160	41,278	49,515	55,275	37,639	11,222
3b	Average Period of Eligibility	Total	0.94	0.63	0.96	0.97	0.95	0.95	0.95	0.94
4	Expected Number of Screenings per Eligible	Total		1.89	0.96	0.97	0.95	0.95	0.95	0.94
5	Expected Number of Screenings	Total	19,234	1,665	2,272	3,435	4,125	4,603	3,134	934
6	Total Screenings Received	Total	17,872	3,576	5,318	2,626	2,146	2,720	1,486	182
7	Screening Ratio	Total	0.90	1.00	1.00	0.76	0.52	0.59	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
 096 = WAYNE

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	18,450	881	2,272	3,435	4,125	4,603	3,134	934
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	11,796	860	2,097	2,590	2,120	2,683	1,446	175
10	Participant Ratio	Total	0.62	0.98	0.92	0.75	0.51	0.58	0.46	0.19
11	Total Eligibles Referred for Corrective Treatment	Total	6,588	851	1,624	989	996	1,340	788	89
12a	Total Eligibles Receiving Any Dental Services	Total	9,143	##	299	1,694	2,609	2,818	1,723	321
12b	Total Eligibles Receiving Preventive Dental Services	Total	8,472	##	254	1,589	2,510	2,669	1,450	239
12c	Total Eligibles Receiving Dental Treatment Services	Total	4,414	##	29	607	1,320	1,374	1,084	214
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	1,210				697	513		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	8,909	##	299	1,678	2,554	2,755	1,623	305

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,664	199	1,920	545	0	##	##	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	11,361	200	1,976	2,034	2,609	2,819	1,723	321
13	Total Eligibles Enrolled in Managed Care	Total	19,217	869	2,361	3,547	4,356	4,823	3,261	902
14	Total Number of Screening Blood Lead Tests	Total	2,317							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	8,843	499	1,065	1,548	1,855	2,173	1,703	613
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	8,462	379	1,039	1,516	1,779	2,106	1,643	561
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	996	##	133	222	220	248	173	##
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	94,460	3,067	11,922	17,535	19,842	23,798	18,296	5,617
3b	Average Period of Eligibility	Total	0.92	0.67	0.96	0.96	0.93	0.94	0.93	0.83
4	Expected Number of Screenings per Eligible	Total		2.01	0.96	0.96	0.93	0.94	0.93	0.83
5	Expected Number of Screenings	Total	8,376	762	993	1,465	1,651	1,982	1,523	469
6	Total Screenings Received	Total	7,967	1,524	2,154	1,258	983	1,303	745	96
7	Screening Ratio	Total	0.91	1.00	1.00	0.86	0.60	0.66	0.49	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
 097 = WILKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	7,993	379	993	1,465	1,651	1,982	1,523	469
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	5,357	374	931	1,163	943	1,242	704	92
10	Participant Ratio	Total	0.64	0.99	0.94	0.79	0.57	0.63	0.46	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	3,005	364	727	557	439	572	346	37
12a	Total Eligibles Receiving Any Dental Services	Total	5,155	##	258	961	1,338	1,573	1,025	215
12b	Total Eligibles Receiving Preventive Dental Services	Total	4,949	##	252	943	1,300	1,514	940	171
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,601	0	15	366	785	836	599	111
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	754				387	367		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	5,043	##	258	950	1,311	1,537	987	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
 097 = WILKES

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	668	60	550	58	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	5,661	62	673	990	1,338	1,573	1,025	215
13	Total Eligibles Enrolled in Managed Care	Total	8,440	376	1,038	1,514	1,778	2,100	1,634	550
14	Total Number of Screening Blood Lead Tests	Total	842							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	13,168	708	1,572	2,202	3,005	3,327	2,354	839
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	12,575	533	1,535	2,153	2,884	3,207	2,263	792
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	1,440	##	195	271	320	386	268	##
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	140,829	4,126	17,776	24,947	32,265	36,330	25,385	8,644
3b	Average Period of Eligibility	Total	0.93	0.65	0.97	0.97	0.93	0.94	0.93	0.91
4	Expected Number of Screenings per Eligible	Total		1.95	0.97	0.97	0.93	0.94	0.93	0.91
5	Expected Number of Screenings	Total	12,454	1,039	1,481	2,081	2,696	3,041	2,116	721
6	Total Screenings Received	Total	10,028	2,005	2,943	1,569	1,147	1,571	793	138
7	Screening Ratio	Total	0.77	1.00	1.00	0.75	0.43	0.52	0.37	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
 098 = WILSON

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

		Fiscal								
State Code		Year								
NC		2017	Totals	Age Group <1	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	11,948	533	1,481	2,081	2,696	3,041	2,116	721
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	6,764	517	1,329	1,513	1,124	1,523	758	129
10	Participant Ratio	Total	0.54	0.97	0.90	0.73	0.42	0.50	0.36	0.18
11	Total Eligibles Referred for Corrective Treatment	Total	3,627	501	986	638	492	623	387	71
12a	Total Eligibles Receiving Any Dental Services	Total	6,213	##	234	1,163	1,821	1,884	1,111	244
12b	Total Eligibles Receiving Preventive Dental Services	Total	5,863	##	209	1,121	1,749	1,815	969	194
12c	Total Eligibles Receiving Dental Treatment Services	Total	2,455	##	18	309	840	727	561	142
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	517				332	185		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	6,111	##	234	1,154	1,800	1,856	1,067	238

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	1,499	111	1,123	265	0	##	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	7,419	113	1,196	1,294	1,821	1,884	1,111	244
13	Total Eligibles Enrolled in Managed Care	Total	12,378	522	1,522	2,119	2,848	3,155	2,212	738
14	Total Number of Screening Blood Lead Tests	Total	1,296							

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	4,700	271	551	808	1,019	1,180	871	239
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	4,469	208	539	787	974	1,129	832	229
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	634	0	72	114	157	172	119	##
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	49,462	1,568	6,126	9,060	10,799	12,701	9,208	2,419
3b	Average Period of Eligibility	Total	0.92	0.63	0.95	0.96	0.92	0.94	0.92	0.88
4	Expected Number of Screenings per Eligible	Total		1.89	0.95	0.96	0.92	0.94	0.92	0.88
5	Expected Number of Screenings	Total	4,385	393	512	755	899	1,059	767	201
6	Total Screenings Received	Total	4,283	856	1,159	661	558	685	364	41
7	Screening Ratio	Total	0.94	1.00	1.00	0.88	0.62	0.65	0.47	0.20

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	4,200	208	512	755	899	1,059	767	201
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	2,814	201	465	608	540	654	346	41
10	Participant Ratio	Total	0.65	0.97	0.91	0.81	0.60	0.62	0.45	0.20
11	Total Eligibles Referred for Corrective Treatment	Total	1,350	174	331	215	223	264	143	23
12a	Total Eligibles Receiving Any Dental Services	Total	2,517	##	89	429	712	814	473	73
12b	Total Eligibles Receiving Preventive Dental Services	Total	2,407	##	86	417	695	783	426	55
12c	Total Eligibles Receiving Dental Treatment Services	Total	1,201	0	##	144	376	409	272	45
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	323				176	147		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	2,464	0	83	425	703	801	452	67

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	356	21	268	67	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	2,787	21	305	462	712	814	473	73
13	Total Eligibles Enrolled in Managed Care	Total	4,426	201	537	783	970	1,118	817	212
14	Total Number of Screening Blood Lead Tests	Total	401							

*Includes 12 month visit

Note: Due to privacy concerns, beneficiary counts of 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		2017	Totals	Age Group <1	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	2,208	130	254	386	461	530	447	126
1b	Total Individuals Eligible for EPSDT for 90 Continuous Days	Total	2,105	107	247	377	443	511	420	118
1c	Total Individuals Eligible Under a CHIP Medicaid Expansion	Total	272	##	45	56	58	65	48	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	23,215	827	2,850	4,335	4,997	5,653	4,553	1,232
3b	Average Period of Eligibility	Total	0.92	0.64	0.96	0.96	0.94	0.92	0.90	0.87
4	Expected Number of Screenings per Eligible	Total		1.92	0.96	0.96	0.94	0.92	0.90	0.87
5	Expected Number of Screenings	Total	2,074	205	238	362	417	473	379	102
6	Total Screenings Received	Total	1,809	473	497	289	180	242	128	17
7	Screening Ratio	Total	0.84	1.00	1.00	0.80	0.43	0.51	0.34	0.17

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	1,976	107	238	362	417	473	379	102
9	Total Eligibles Receiving at Least One Initial or Periodic Screen	Total	1,117	106	213	267	178	229	124	17
10	Participant Ratio	Total	0.55	0.99	0.89	0.74	0.43	0.48	0.33	0.17
11	Total Eligibles Referred for Corrective Treatment	Total	641	105	151	124	75	121	65	12
12a	Total Eligibles Receiving Any Dental Services	Total	1,014	##	51	198	278	290	197	36
12b	Total Eligibles Receiving Preventive Dental Services	Total	962	0	51	196	271	275	169	28
12c	Total Eligibles Receiving Dental Treatment Services	Total	455	##	##	62	124	145	124	25
12d	Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	Total	114				59	55		
12e	Total Eligibles Receiving Diagnostic Dental Services	Total	988	##	51	195	272	283	187	33

*Includes 12 month visit

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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		2017	Totals	Age Group <1	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	129	##	107	22	0	0	0	0
12g	Total Eligibles Receiving Any Dental or Oral Health Services	Total	1,111	##	136	210	278	290	197	36
13	Total Eligibles Enrolled in Managed Care	Total	2,068	106	243	373	438	502	406	113
14	Total Number of Screening Blood Lead Tests	Total	125							

*Includes 12 month visit

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