

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

<u>State Code</u>	<u>Fiscal Year</u>								
NC	2023								
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	Enter X if your state gives CMS permission to generate the data for this form on behalf of your state using information reported in T-MSIS.							
		Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
1a. Total Individuals Eligible for EPSDT	CN:	1,525,363	68,976	148,095	231,962	306,909	363,096	289,428	116,897
	MN:	2,905	36	147	262	409	701	768	582
	Total:	1,528,268	69,012	148,242	232,224	307,318	363,797	290,196	117,479
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	1,491,294	56,379	145,839	228,879	302,959	358,213	285,648	113,377
	MN:	2,739	24	137	256	393	674	730	525
	Total:	1,494,033	56,403	145,976	229,135	303,352	358,887	286,378	113,902
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	322,337	254	14,127	41,498	80,144	93,713	74,918	17,683
	MN:								
	Total:	322,337	254	14,127	41,498	80,144	93,713	74,918	17,683
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	16,867,288	421,016	1,695,146	2,672,197	3,525,367	4,061,074	3,241,362	1,251,126
	MN:	31,414	214	1,557	2,968	4,522	7,767	8,413	5,973
	Total:	16,898,702	421,230	1,696,703	2,675,165	3,529,889	4,068,841	3,249,775	1,257,099
3b. Average Period of Eligibility	CN:	0.94	0.62	0.97	0.97	0.97	0.94	0.95	0.92
	MN:	0.96	0.74	0.95	0.97	0.96	0.96	0.96	0.95
	Total:	0.94	0.62	0.97	0.97	0.97	0.94	0.95	0.92
4. Expected Number of Screenings per Eligible	CN:		4.34	2.43	0.97	0.97	0.94	0.95	0.92
	MN:		5.18	2.38	0.97	0.96	0.96	0.96	0.95
	Total:		4.34	2.43	0.97	0.97	0.94	0.95	0.92
5. Expected Number of Screenings	CN:	1,827,350	244,685	354,389	222,013	293,870	336,720	271,366	104,307
	MN:	2,922	124	326	248	377	647	701	499
	Total:	1,830,272	244,809	354,715	222,261	294,247	337,367	272,067	104,806
6. Total Screens Received	CN:	1,231,494	255,048	303,995	171,074	159,289	191,447	127,222	23,419
	MN:	1,106	77	179	85	157	298	222	88
	Total:	1,232,600	255,125	304,174	171,159	159,446	191,745	127,444	23,507
7. SCREENING RATIO	CN:	0.67	1.00	0.86	0.77	0.54	0.57	0.47	0.22
	MN:	0.38	0.62	0.55	0.34	0.42	0.46	0.32	0.18
	Total:	0.67	1.00	0.86	0.77	0.54	0.57	0.47	0.22
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,430,494	56,379	145,839	222,013	293,870	336,720	271,366	104,307
	MN:	2,633	24	137	248	377	647	701	499
	Total:	1,433,127	56,403	145,976	222,261	294,247	337,367	272,067	104,806
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	809,406	53,747	121,413	154,212	153,273	183,551	121,147	22,063
	MN:	910	18	78	78	153	285	216	82
	Total:	810,316	53,765	121,491	154,290	153,426	183,836	121,363	22,145

10. PARTICIPANT RATIO	CN:	0.57	0.95	0.83	0.69	0.52	0.55	0.45	0.21
	MN:	0.35	0.75	0.57	0.31	0.41	0.44	0.31	0.16
	Total:	0.57	0.95	0.83	0.69	0.52	0.54	0.45	0.21
11. Total Eligibles Referred for Corrective Treatment	CN:	746,374	53,374	119,923	141,417	138,250	163,551	109,459	20,400
	MN:	608	16	67	51	102	173	138	61
	Total:	746,982	53,390	119,990	141,468	138,352	163,724	109,597	20,461
12a. Total Eligibles Receiving Any Dental Services	CN:	757,879	1,042	37,375	122,296	193,555	217,652	149,292	36,667
	MN:	1,059		24	50	181	363	299	141
	Total:	758,938	1,043	37,399	122,346	193,736	218,015	149,591	36,808
12b. Total Eligibles Receiving Preventive Dental Services	CN:	705,824	322	36,226	119,002	186,944	205,231	129,872	28,227
	MN:	945		23	47	173	332	257	112
	Total:	706,769	323	36,249	119,049	187,117	205,563	130,129	28,339
12c. Total Eligibles Receiving Dental Treatment Services	CN:	338,699	513	1,806	32,674	90,726	105,539	86,144	21,297
	MN:	499				73	167	171	77
	Total:	339,198	513	1,807	32,684	90,799	105,706	86,315	21,374
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	90,196				49,543	40,653		
	MN:	86				37	49		
	Total:	90,282				49,580	40,702		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	733,690	1,031	37,264	121,185	190,139	210,946	139,274	33,851
	MN:	1,012		24	50	176	352	279	130
	Total:	734,702	1,032	37,288	121,235	190,315	211,298	139,553	33,981
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	82,713	4,726	60,783	16,360	654	139	43	
	MN:	55		40					
	Total:	82,768	4,728	60,823	16,369	655	139	45	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	764,418	4,811	81,837	127,445	186,975	205,244	129,878	28,228
	MN:	986		56	53	173	332	257	112
	Total:	765,404	4,814	81,893	127,498	187,148	205,576	130,135	28,340
13. Total Eligibles Enrolled in Managed Care	CN:	1,491,177	56,371	145,820	228,876	302,959	358,212	285,627	113,312
	MN:	2,716	24	137	252	390	668	724	521
	Total:	1,493,893	56,395	145,957	229,128	303,349	358,880	286,351	113,833
14a. Total Number of Screening Blood Lead Tests	CN:	81,418	138	68,551	12,729				
	MN:	63		54					
	Total:	81,481	138	68,605	12,738				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests		within certain diagnoses codes (Method I)	Enter X for Method I	HEDIS (Method II)	Enter X for Method II	Combination Methodology (Method III)	Enter X for Method III		
			X						

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

Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354 (expiration date July 31, 2026). The time required to complete this information collection is estimated to average 29 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C4-26-05, Baltimore, Maryland 21244-1850.