FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

State Code	Fiscal Year
NC	2024

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		Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
1a. Total Individuals Eligible for EPSDT	CN:	1,561,019	70,249	147,676	231,553	311,453	370,230	302,185	127,673
	MN:	1,678	29	63	175	231	420	479	281
	Total:	1,562,697	70,278	147,739	231,728	311,684	370,650	302,664	127,954
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	1,509,752	57,186	143,997	225,522	304,050	362,350	295,485	121,162
	MN:	1,393	14	51	139	196	352	415	226
	Total:	1,511,145	57,200	144,048	225,661	304,246	362,702	295,900	121,388
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	343,222	215	13,673	38,404	86,647	105,362	85,453	13,468
	MN:	0	0	0	0	0	0	0	0
	Total:	343,222	215	13,673	38,404	86,647	105,362	85,453	13,468
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:	17,330,313	423,279	1,675,788	2,633,439	3,562,648	4,248,995	3,469,367	1,316,797
	MN:	15,067	89	506	1,548	2,173	3,856	4,559	2,336
	Total:	17,345,380	423,368	1,676,294	2,634,987	3,564,821	4,252,851	3,473,926	1,319,133
3b. Average Period of Eligibility	CN:	0.96	0.62	0.97	0.97	0.98	0.98	0.98	0.91
	MN:	0.90	0.53	0.83	0.93	0.92	0.91	0.92	0.86
	Total:	0.96	0.62	0.97	0.97	0.98	0.98	0.98	0.91
4. Expected Number of Screenings per Eligible	CN:		4.34	2.43	0.97	0.98	0.98	0.98	0.91
	MN:		3.71	2.07	0.93	0.92	0.91	0.92	0.86
	Total:		4.34	2.43	0.97	0.98	0.98	0.98	0.91
5. Expected Number of Screenings	CN:	1,869,760	248,187	349,913	218,756	297,969	355,103	289,575	110,257
	MN:	1,363	52	106	129	180	320	382	194
	Total:	1,871,123	248,239	350,019	218,885	298,149	355,423	289,957	110,451
6. Total Screens Received	CN:	1,256,781	252,717	305,845	172,034	166,214	197,877	135,963	26,131
	MN:	440	36	37	44	66	102	114	41
	Total:	1,257,221	252,753	305,882	172,078	166,280	197,979	136,077	26,172
7. SCREENING RATIO	CN:	0.67	1.00	0.87	0.79	0.56	0.56	0.47	0.24
	MN:	0.32	0.69	0.35	0.34	0.37	0.32	0.30	0.21
	Total:	0.67	1.00	0.87	0.79	0.56	0.56	0.47	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,472,843	57,186	143,997	218,756	297,969	355,103	289,575	110,257
	MN:	1,270	14	51	129	180	320	382	194
	Total:	1,474,113	57,200	144,048	218,885	298,149	355,423	289,957	110,451
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	833,012	54,256	120,772	153,593	160,123	189,988	129,587	24,693
	MN:	383	##	##	41	65	99	110	39
	Total:	833,395	54,265	120,792	153,634	160,188	190,087	129,697	24,732
10. PARTICIPANT RATIO	CN:	0.57	0.95	0.84	0.70	0.54	0.54	0.45	0.22
	MN:	0.30	0.64	0.39	0.32	0.36	0.31	0.29	0.20
	Total:	0.57	0.95	0.84	0.70	0.54	0.53	0.45	0.22
11. Total Eligibles Referred for Corrective Treatment	CN:	773,959	53,898	119,395	142,305	146,046	171,494	117,895	22,926
	MN:	237	##	##	31	39	56	62	28
	Total:	774,196	53,907	119,407	142,336	146,085	171,550	117,957	22,954

12a. Total Eligibles Receiving Any Dental Services	CN:	781,445	993	40,261	123,374	197,765	224,161	156,343	38,548
	MN:	445	##	##	31	72	154	131	50
	Total:	781,890	993	40,268	123,405	197,837	224,315	156,474	38,598
12b. Total Eligibles Receiving Preventive Dental Services	CN:	726,080	331	38,959	120,190	191,162	211,262	135,083	29,093
	MN:	377	##	##	29	68	136	102	36
	Total:	726,457	331	38,965	120,219	191,230	211,398	135,185	29,129
12c. Total Eligibles Receiving Dental Treatment Services	CN:	350,535	501	1,810	32,095	92,922	109,832	91,043	22,332
	MN:	229	0	##	##	24	77	87	32
	Total:	350,764	501	1,810	32,104	92,946	109,909	91,130	22,364
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	93,818				51,116	42,702		
	MN:	42				14	28		
	Total:	93,860				51,130	42,730		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	756,581	979	40,157	122,332	194,335	217,505	145,863	35,410
	MN:	404	##	##	31	68	144	109	46
	Total:	756,985	979	40,163	122,363	194,403	217,649	145,972	35,456
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	77,875	4,431	58,306	14,913	135	52	##	##
	MN:	16	0	##	##	0	0	0	0
	Total:	77,891	4,431	58,315	14,920	135	52	##	##
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	781,012	4,542	81,779	128,055	191,185	211,271	135,084	29,096
	MN:	388	0	13	33	68	136	102	36
	Total:	781,400	4,542	81,792	128,088	191,253	211,407	135,186	29,132
13. Total Eligibles Enrolled in Managed Care	CN:	1,509,644	57,186	143,997	225,521	304,050	362,350	295,466	121,074
	MN:	1,383	14	51	139	195	348	412	224
	Total:	1,511,027	57,200	144,048	225,660	304,245	362,698	295,878	121,298
14a. Total Number of Screening Blood Lead Tests	CN:	84,612	122	71,602	12,888				
	MN:	##	0	##	##				
	Total:	84,620	122	71,609	12,889				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	**Enter X for Method I** X	HEDIS (Method II)	**Enter X for Method II**	Combination Methodology (Method III)	**Enter X for Method III**		

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

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