

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	608,374	40,846	79,012	115,408	124,604	134,056	90,382	24,066
	MN	0	0	0	0	0	0	0	0
	Total	608,374	40,846	79,012	115,408	124,604	134,056	90,382	24,066
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	580,525	38,111	76,127	111,275	119,613	128,640	86,457	20,302
	MN	0	0	0	0	0	0	0	0
	Total	580,525	38,111	76,127	111,275	119,613	128,640	86,457	20,302
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,283,499	376,229	832,829	1,223,915	1,316,116	1,418,886	947,418	168,106
	MN	0	0	0	0	0	0	0	0
	Total	6,283,499	376,229	832,829	1,223,915	1,316,116	1,418,886	947,418	168,106
3b. Average Period of Eligibility	CN	0.90	0.82	0.91	0.92	0.92	0.92	0.91	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.82	0.91	0.92	0.92	0.92	0.91	0.69
4. Expected Number of Screenings per Eligible	CN		4.10	1.82	0.92	0.92	0.92	0.91	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.10	1.82	0.92	0.92	0.92	0.91	0.69
5. Expected Number of Screenings	CN	718,256	156,255	138,551	102,373	110,044	118,349	78,676	14,008
	MN	0	0	0	0	0	0	0	0
	Total	718,256	156,255	138,551	102,373	110,044	118,349	78,676	14,008
6. Total Screens Received	CN	440,377	96,442	147,188	66,446	45,527	55,014	27,685	2,075
	MN	0	0	0	0	0	0	0	0
	Total	440,377	96,442	147,188	66,446	45,527	55,014	27,685	2,075
7. SCREENING RATIO	CN	0.61	0.62	1.00	0.65	0.41	0.46	0.35	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.62	1.00	0.65	0.41	0.46	0.35	0.15

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	537,688	38,111	76,127	102,373	110,044	118,349	78,676	14,008
	MN	0	0	0	0	0	0	0	0
	Total	537,688	38,111	76,127	102,373	110,044	118,349	78,676	14,008
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	283,094	31,476	61,268	63,719	44,345	53,353	26,899	2,034
	MN	0	0	0	0	0	0	0	0
	Total	283,094	31,476	61,268	63,719	44,345	53,353	26,899	2,034
10. PARTICIPANT RATIO	CN	0.53	0.83	0.80	0.62	0.40	0.45	0.34	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.83	0.80	0.62	0.40	0.45	0.34	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	148,155	12,975	27,674	29,588	27,598	30,315	17,833	2,172
	MN	0	0	0	0	0	0	0	0
	Total	148,155	12,975	27,674	29,588	27,598	30,315	17,833	2,172
12a. Total Eligibles Receiving Any Dental Services	CN	291,338	117	17,587	65,463	78,480	78,060	44,862	6,769
	MN	0	0	0	0	0	0	0	0
	Total	291,338	117	17,587	65,463	78,480	78,060	44,862	6,769
12b. Total Eligibles Receiving Preventive Dental Services	CN	275,649	54	15,263	62,405	75,898	75,107	41,224	5,698
	MN	0	0	0	0	0	0	0	0
	Total	275,649	54	15,263	62,405	75,898	75,107	41,224	5,698
12c. Total Eligibles Receiving Dental Treatment Services	CN	115,705	6	2,125	24,189	35,156	29,780	21,295	3,154
	MN	0	0	0	0	0	0	0	0
	Total	115,705	6	2,125	24,189	35,156	29,780	21,295	3,154
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,788				17,430	9,358		
	MN	0				0	0		
	Total	26,788				17,430	9,358		

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State: Alabama

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	283,724	114	17,420	64,202	76,488	76,229	42,995	6,276
	MN	0	0	0	0	0	0	0	0
	Total	283,724	114	17,420	64,202	76,488	76,229	42,995	6,276
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,946	553	4,186	207	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	4,946	553	4,186	207	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	295,401	666	20,969	65,595	78,480	78,060	44,862	6,769
	MN	0	0	0	0	0	0	0	0
	Total	295,401	666	20,969	65,595	78,480	78,060	44,862	6,769
13. Total Eligibles Enrolled in Managed Care	CN	564,900	25,540	76,100	111,140	119,207	126,993	83,701	22,219
	MN	0	0	0	0	0	0	0	0
	Total	564,900	25,540	76,100	111,140	119,207	126,993	83,701	22,219
14. Total Number of Screening Blood Lead Tests	CN	47,074	1,306	30,760	15,008				
	MN	0	0	0	0				
	Total	47,074	1,306	30,760	15,008				

## Annual EPSDT Participation Report

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Fiscal Year: 2012

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	96,693	6,158	12,491	16,637	19,018	20,987	15,757	5,645
	MN	0	0	0	0	0	0	0	0
	Total	96,693	6,158	12,491	16,637	19,018	20,987	15,757	5,645
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	90,917	5,016	11,830	15,851	18,162	20,103	15,035	4,920
	MN	0	0	0	0	0	0	0	0
	Total	90,917	5,016	11,830	15,851	18,162	20,103	15,035	4,920
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	12,831	50	1,114	1,675	3,300	3,851	2,511	330
	MN	0	0	0	0	0	0	0	0
	Total	12,831	50	1,114	1,675	3,300	3,851	2,511	330
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	939,779	36,416	122,358	167,864	195,022	217,188	158,883	42,048
	MN	0	0	0	0	0	0	0	0
	Total	939,779	36,416	122,358	167,864	195,022	217,188	158,883	42,048
3b. Average Period of Eligibility	CN	0.86	0.60	0.86	0.88	0.89	0.90	0.88	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.60	0.86	0.88	0.89	0.90	0.88	0.71
4. Expected Number of Screenings per Eligible	CN		3.60	2.15	0.88	0.89	0.90	0.88	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	2.15	0.88	0.89	0.90	0.88	0.71
5. Expected Number of Screenings	CN	108,423	18,058	25,435	13,949	16,164	18,093	13,231	3,493
	MN	0	0	0	0	0	0	0	0
	Total	108,423	18,058	25,435	13,949	16,164	18,093	13,231	3,493
6. Total Screens Received	CN	53,548	17,364	15,318	8,088	3,954	5,170	3,367	287
	MN	0	0	0	0	0	0	0	0
	Total	53,548	17,364	15,318	8,088	3,954	5,170	3,367	287
7. SCREENING RATIO	CN	0.49	0.96	0.60	0.58	0.24	0.29	0.25	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.96	0.60	0.58	0.24	0.29	0.25	0.08

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State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	81,776	5,016	11,830	13,949	16,164	18,093	13,231	3,493
	MN	0	0	0	0	0	0	0	0
	Total	81,776	5,016	11,830	13,949	16,164	18,093	13,231	3,493
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	31,101	4,598	7,555	7,133	3,739	4,739	3,058	279
	MN	0	0	0	0	0	0	0	0
	Total	31,101	4,598	7,555	7,133	3,739	4,739	3,058	279
10. PARTICIPANT RATIO	CN	0.38	0.92	0.64	0.51	0.23	0.26	0.23	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.38	0.92	0.64	0.51	0.23	0.26	0.23	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	3,376	298	632	591	426	532	635	262
	MN	0	0	0	0	0	0	0	0
	Total	3,376	298	632	591	426	532	635	262
12a. Total Eligibles Receiving Any Dental Services	CN	42,646	62	2,275	8,125	10,858	11,694	7,920	1,712
	MN	0	0	0	0	0	0	0	0
	Total	42,646	62	2,275	8,125	10,858	11,694	7,920	1,712
12b. Total Eligibles Receiving Preventive Dental Services	CN	37,540	30	1,730	7,165	9,991	10,614	6,794	1,216
	MN	0	0	0	0	0	0	0	0
	Total	37,540	30	1,730	7,165	9,991	10,614	6,794	1,216
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,406	12	693	3,911	6,063	6,439	5,055	1,233
	MN	0	0	0	0	0	0	0	0
	Total	23,406	12	693	3,911	6,063	6,439	5,055	1,233
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,640				3,711	3,929		
	MN	0				0	0		
	Total	7,640				3,711	3,929		

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Fiscal Year: 2012

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	39,064	49	2,148	7,669	10,047	10,658	6,966	1,527
	MN	0	0	0	0	0	0	0	0
	Total	39,064	49	2,148	7,669	10,047	10,658	6,966	1,527
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	42,646	62	2,275	8,125	10,858	11,694	7,920	1,712
	MN	0	0	0	0	0	0	0	0
	Total	42,646	62	2,275	8,125	10,858	11,694	7,920	1,712
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	10	0	3	7				
	MN	0	0	0	0				
	Total	10	0	3	7				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	806,416	50,883	99,170	148,147	171,713	177,614	119,299	39,590
	MN	0	0	0	0	0	0	0	0
	Total	806,416	50,883	99,170	148,147	171,713	177,614	119,299	39,590
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	773,562	37,174	97,019	144,576	167,666	173,105	115,521	38,501
	MN	0	0	0	0	0	0	0	0
	Total	773,562	37,174	97,019	144,576	167,666	173,105	115,521	38,501
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,644,886	285,189	958,291	1,478,516	1,717,830	1,776,569	1,147,627	280,864
	MN	0	0	0	0	0	0	0	0
	Total	7,644,886	285,189	958,291	1,478,516	1,717,830	1,776,569	1,147,627	280,864
3b. Average Period of Eligibility	CN	0.82	0.64	0.82	0.85	0.85	0.86	0.83	0.61
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.64	0.82	0.85	0.85	0.86	0.83	0.61
4. Expected Number of Screenings per Eligible	CN		3.84	1.64	0.85	0.43	0.86	0.83	0.61
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.64	0.85	0.43	0.86	0.83	0.61
5. Expected Number of Screenings	CN	765,083	142,748	159,111	122,890	72,096	148,870	95,882	23,486
	MN	0	0	0	0	0	0	0	0
	Total	765,083	142,748	159,111	122,890	72,096	148,870	95,882	23,486
6. Total Screens Received	CN	685,871	197,538	180,151	97,819	80,908	86,047	40,699	2,709
	MN	0	0	0	0	0	0	0	0
	Total	685,871	197,538	180,151	97,819	80,908	86,047	40,699	2,709
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.80	1.00	0.58	0.42	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	1.00	1.00	0.80	1.00	0.58	0.42	0.12

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Fiscal Year: 2012

State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	597,417	37,174	97,019	122,890	72,096	148,870	95,882	23,486
	MN	0	0	0	0	0	0	0	0
	Total	597,417	37,174	97,019	122,890	72,096	148,870	95,882	23,486
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	379,599	37,174	75,783	84,103	70,745	74,341	34,974	2,479
	MN	0	0	0	0	0	0	0	0
	Total	379,599	37,174	75,783	84,103	70,745	74,341	34,974	2,479
10. PARTICIPANT RATIO	CN	0.64	1.00	0.78	0.68	0.98	0.50	0.36	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	0.78	0.68	0.98	0.50	0.36	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	582,591	49,538	79,475	109,845	129,465	129,992	71,738	12,538
	MN	0	0	0	0	0	0	0	0
	Total	582,591	49,538	79,475	109,845	129,465	129,992	71,738	12,538
12a. Total Eligibles Receiving Any Dental Services	CN	361,724	251	21,496	76,388	107,150	98,597	49,623	8,219
	MN	0	0	0	0	0	0	0	0
	Total	361,724	251	21,496	76,388	107,150	98,597	49,623	8,219
12b. Total Eligibles Receiving Preventive Dental Services	CN	324,750	76	14,101	66,882	101,177	92,552	43,810	6,152
	MN	0	0	0	0	0	0	0	0
	Total	324,750	76	14,101	66,882	101,177	92,552	43,810	6,152
12c. Total Eligibles Receiving Dental Treatment Services	CN	165,612	30	2,938	32,669	55,541	44,680	25,299	4,455
	MN	0	0	0	0	0	0	0	0
	Total	165,612	30	2,938	32,669	55,541	44,680	25,299	4,455
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	42,901				25,028	17,873		
	MN	0				0	0		
	Total	42,901				25,028	17,873		



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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	345,318	242	21,202	73,217	102,113	94,166	46,886	7,492
	MN	0	0	0	0	0	0	0	0
	Total	345,318	242	21,202	73,217	102,113	94,166	46,886	7,492
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	361,724	251	21,496	76,388	107,150	98,597	49,623	8,219
	MN	0	0	0	0	0	0	0	0
	Total	361,724	251	21,496	76,388	107,150	98,597	49,623	8,219
13. Total Eligibles Enrolled in Managed Care	CN	795,751	50,432	97,595	146,323	169,482	175,468	117,593	38,858
	MN	0	0	0	0	0	0	0	0
	Total	795,751	50,432	97,595	146,323	169,482	175,468	117,593	38,858
14. Total Number of Screening Blood Lead Tests	CN	40,842	761	21,615	18,466				
	MN	0	0	0	0				
	Total	40,842	761	21,615	18,466				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	424,337	26,286	54,801	82,097	89,679	93,190	62,402	15,882
	MN	394	2	16	41	54	113	132	36
	Total	424,731	26,288	54,817	82,138	89,733	93,303	62,534	15,918
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	387,327	19,016	51,486	77,537	83,633	86,548	57,016	12,091
	MN	259	2	14	30	36	75	78	24
	Total	387,586	19,018	51,500	77,567	83,669	86,623	57,094	12,115
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,101,881	140,742	558,741	854,880	907,147	936,345	603,279	100,747
	MN	2,469	15	122	309	329	796	715	183
	Total	4,104,350	140,757	558,863	855,189	907,476	937,141	603,994	100,930
3b. Average Period of Eligibility	CN	0.88	0.62	0.90	0.92	0.90	0.90	0.88	0.69
	MN	0.79	0.63	0.73	0.86	0.76	0.88	0.76	0.64
	Total	0.88	0.62	0.90	0.92	0.90	0.90	0.88	0.69
4. Expected Number of Screenings per Eligible	CN		3.72	1.35	0.92	0.45	0.90	0.88	0.69
	MN		3.78	1.10	0.86	0.38	0.88	0.76	0.64
	Total		3.72	1.35	0.92	0.45	0.90	0.88	0.69
5. Expected Number of Screenings	CN	385,625	70,740	69,506	71,334	37,635	77,893	50,174	8,343
	MN	203	8	15	26	14	66	59	15
	Total	385,828	70,748	69,521	71,360	37,649	77,959	50,233	8,358
6. Total Screens Received	CN	245,036	66,102	75,651	43,645	21,258	25,256	12,474	650
	MN	67	3	18	14	5	16	11	0
	Total	245,103	66,105	75,669	43,659	21,263	25,272	12,485	650
7. SCREENING RATIO	CN	0.64	0.93	1.00	0.61	0.56	0.32	0.25	0.08
	MN	0.33	0.38	1.00	0.54	0.36	0.24	0.19	0.00
	Total	0.64	0.93	1.00	0.61	0.56	0.32	0.25	0.08

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	315,881	19,016	51,486	71,334	37,635	77,893	50,174	8,343
	MN	196	2	14	26	14	66	59	15
	Total	316,077	19,018	51,500	71,360	37,649	77,959	50,233	8,358
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	151,660	17,892	35,120	41,050	20,574	24,393	11,990	641
	MN	57	1	10	14	5	16	11	0
	Total	151,717	17,893	35,130	41,064	20,579	24,409	12,001	641
10. PARTICIPANT RATIO	CN	0.48	0.94	0.68	0.58	0.55	0.31	0.24	0.08
	MN	0.29	0.50	0.71	0.54	0.36	0.24	0.19	0.00
	Total	0.48	0.94	0.68	0.58	0.55	0.31	0.24	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	107,219	13,366	26,058	28,446	14,173	16,687	8,075	414
	MN	40	0	8	10	4	10	8	0
	Total	107,259	13,366	26,066	28,456	14,177	16,697	8,083	414
12a. Total Eligibles Receiving Any Dental Services	CN	196,504	74	9,682	43,351	55,292	53,692	30,570	3,843
	MN	137	0	7	17	24	48	34	7
	Total	196,641	74	9,689	43,368	55,316	53,740	30,604	3,850
12b. Total Eligibles Receiving Preventive Dental Services	CN	182,167	28	7,829	39,823	52,809	50,976	27,610	3,092
	MN	124	0	5	14	24	46	29	6
	Total	182,291	28	7,834	39,837	52,833	51,022	27,639	3,098
12c. Total Eligibles Receiving Dental Treatment Services	CN	98,165	5	1,117	15,881	30,174	29,274	19,183	2,531
	MN	82	0	1	10	15	26	27	3
	Total	98,247	5	1,118	15,891	30,189	29,300	19,210	2,534
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,386				10,017	7,369		
	MN	18				9	9		
	Total	17,404				10,026	7,378		

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Fiscal Year: 2012  
State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	188,341	70	9,557	42,097	53,212	51,348	28,630	3,427
	MN	122	0	7	13	23	43	30	6
	Total	188,463	70	9,564	42,110	53,235	51,391	28,660	3,433
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	196,504	74	9,682	43,351	55,292	53,692	30,570	3,843
	MN	137	0	7	17	24	48	34	7
	Total	196,641	74	9,689	43,368	55,316	53,740	30,604	3,850
13. Total Eligibles Enrolled in Managed Care	CN	379,632	21,186	50,709	75,741	81,791	83,400	54,794	12,011
	MN	282	2	14	33	38	92	90	13
	Total	379,914	21,188	50,723	75,774	81,829	83,492	54,884	12,024
14. Total Number of Screening Blood Lead Tests	CN	17,118	317	8,935	7,866				
	MN	0	0	0	0				
	Total	17,118	317	8,935	7,866				

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Form CMS-416  
Fiscal Year: 2012  
State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	3,288,257	173,399	397,238	622,895	718,039	750,703	536,998	88,985
	MN	1,580,727	129,529	198,013	239,359	237,677	268,791	257,361	249,997
	Total	4,868,984	302,928	595,251	862,254	955,716	1,019,494	794,359	338,982
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,189,753	142,774	390,013	610,490	703,058	734,347	523,868	85,203
	MN	1,226,762	80,445	162,975	191,052	190,522	192,696	181,845	227,227
	Total	4,416,515	223,219	552,988	801,542	893,580	927,043	705,713	312,430
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	301,898	2	45,510	72,138	62,745	64,015	48,123	9,365
	Total	301,898	2	45,510	72,138	62,745	64,015	48,123	9,365
2a. State Periodicity Schedule			5	4	2	1	1	1	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	0.67	0.25	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	28,801,895	763,445	3,599,797	5,618,556	6,505,444	6,792,211	4,786,392	736,050
	MN	9,249,706	392,641	1,279,922	1,490,942	1,467,285	1,455,448	1,385,778	1,777,690
	Total	38,051,601	1,156,086	4,879,719	7,109,498	7,972,729	8,247,659	6,172,170	2,513,740
3b. Average Period of Eligibility	CN	0.75	0.45	0.77	0.77	0.77	0.77	0.76	0.72
	MN	0.63	0.41	0.65	0.65	0.64	0.63	0.64	0.65
	Total	0.72	0.43	0.74	0.74	0.74	0.74	0.73	0.67
4. Expected Number of Screenings per Eligible	CN		2.25	1.54	0.52	0.19	0.15	0.19	0.36
	MN		2.05	1.30	0.44	0.16	0.13	0.16	0.33
	Total		2.15	1.48	0.50	0.19	0.15	0.18	0.34
5. Expected Number of Screenings	CN	1,613,258	321,242	600,620	317,455	133,581	110,152	99,535	30,673
	MN	620,457	164,912	211,868	84,063	30,484	25,050	29,095	74,985
	Total	2,233,715	486,154	812,488	401,518	164,065	135,202	128,630	105,658
6. Total Screens Received	CN	2,162,486	323,604	662,088	431,455	281,296	283,402	164,474	16,167
	MN	709,675	180,286	260,181	106,254	53,546	49,364	37,329	22,715
	Total	2,872,161	503,890	922,269	537,709	334,842	332,766	201,803	38,882
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.53
	MN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.30
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.37

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,224,183	142,774	390,013	317,455	133,581	110,152	99,535	30,673
	MN	487,097	80,445	162,975	84,063	30,484	25,050	29,095	74,985
	Total	1,711,280	223,219	552,988	401,518	164,065	135,202	128,630	105,658
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,372,403	119,586	295,714	341,681	236,426	232,865	133,392	12,739
	MN	405,087	67,286	113,324	87,142	46,081	41,829	30,915	18,510
	Total	1,777,490	186,872	409,038	428,823	282,507	274,694	164,307	31,249
10. PARTICIPANT RATIO	CN	1.00	0.84	0.76	1.00	1.00	1.00	1.00	0.42
	MN	0.83	0.84	0.70	1.00	1.00	1.00	1.00	0.25
	Total	1.00	0.84	0.74	1.00	1.00	1.00	1.00	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	117,558	6,417	17,539	28,706	26,599	24,507	13,305	485
	MN	36,079	3,798	6,924	8,264	5,971	5,722	4,115	1,285
	Total	153,637	10,215	24,463	36,970	32,570	30,229	17,420	1,770
12a. Total Eligibles Receiving Any Dental Services	CN	1,499,884	1,764	89,424	341,528	422,707	387,538	233,593	23,330
	MN	366,344	926	25,703	82,508	79,779	65,626	52,750	59,052
	Total	1,866,228	2,690	115,127	424,036	502,486	453,164	286,343	82,382
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,231,533	501	60,427	278,636	359,417	328,495	188,180	15,877
	MN	285,742	197	15,456	65,034	66,022	53,747	40,773	44,513
	Total	1,517,275	698	75,883	343,670	425,439	382,242	228,953	60,390
12c. Total Eligibles Receiving Dental Treatment Services	CN	733,029	91	15,355	148,225	237,581	194,698	123,774	13,305
	MN	170,213	49	3,487	33,365	42,258	31,126	26,800	33,128
	Total	903,242	140	18,842	181,590	279,839	225,824	150,574	46,433
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	230,049				124,431	105,618		
	MN	39,777				22,271	17,506		
	Total	269,826				146,702	123,124		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	1,275,714	703	67,669	289,478	363,404	336,540	199,139	18,781
	MN	298,932	268	17,219	67,365	66,343	55,077	43,386	49,274
	Total	1,574,646	971	84,888	356,843	429,747	391,617	242,525	68,055
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	51,625	1,083	22,891	24,470	3,035	107	39	0
	MN	14,449	427	7,664	5,710	628	11	5	4
	Total	66,074	1,510	30,555	30,180	3,663	118	44	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	1,529,778	2,821	107,292	351,483	423,651	387,586	233,615	23,330
	MN	375,866	1,339	32,055	85,029	80,006	65,628	52,753	59,056
	Total	1,905,644	4,160	139,347	436,512	503,657	453,214	286,368	82,386
13. Total Eligibles Enrolled in Managed Care	CN	2,879,824	127,452	363,555	564,795	640,276	655,233	458,427	70,086
	MN	966,944	57,306	140,006	159,531	146,009	137,017	132,681	194,394
	Total	3,846,768	184,758	503,561	724,326	786,285	792,250	591,108	264,480
14. Total Number of Screening Blood Lead Tests	CN	251,717	1,677	152,914	97,126				
	MN	97,142	1,029	62,845	33,268				
	Total	348,859	2,706	215,759	130,394				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	475,671	25,527	63,910	94,672	105,972	103,933	62,778	18,879
	MN	0	0	0	0	0	0	0	0
	Total	475,671	25,527	63,910	94,672	105,972	103,933	62,778	18,879
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	441,069	20,684	60,374	89,794	99,420	96,853	57,393	16,551
	MN	0	0	0	0	0	0	0	0
	Total	441,069	20,684	60,374	89,794	99,420	96,853	57,393	16,551
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,655,086	142,626	648,693	980,202	1,089,580	1,056,378	592,605	145,002
	MN	0	0	0	0	0	0	0	0
	Total	4,655,086	142,626	648,693	980,202	1,089,580	1,056,378	592,605	145,002
3b. Average Period of Eligibility	CN	0.88	0.57	0.90	0.91	0.91	0.91	0.86	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.57	0.90	0.91	0.91	0.91	0.86	0.73
4. Expected Number of Screenings per Eligible	CN		3.42	1.80	0.91	0.91	0.91	0.86	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.42	1.80	0.91	0.91	0.91	0.86	0.73
5. Expected Number of Screenings	CN	501,173	70,739	108,673	81,713	90,472	88,136	49,358	12,082
	MN	0	0	0	0	0	0	0	0
	Total	501,173	70,739	108,673	81,713	90,472	88,136	49,358	12,082
6. Total Screens Received	CN	332,491	78,532	104,323	54,933	36,378	38,289	17,093	2,943
	MN	0	0	0	0	0	0	0	0
	Total	332,491	78,532	104,323	54,933	36,378	38,289	17,093	2,943
7. SCREENING RATIO	CN	0.66	1.00	0.96	0.67	0.40	0.43	0.35	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	1.00	0.96	0.67	0.40	0.43	0.35	0.24



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	402,819	20,684	60,374	81,713	90,472	88,136	49,358	12,082
	MN	0	0	0	0	0	0	0	0
	Total	402,819	20,684	60,374	81,713	90,472	88,136	49,358	12,082
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	206,763	19,855	46,955	50,622	34,792	36,075	15,762	2,702
	MN	0	0	0	0	0	0	0	0
	Total	206,763	19,855	46,955	50,622	34,792	36,075	15,762	2,702
10. PARTICIPANT RATIO	CN	0.51	0.96	0.78	0.62	0.38	0.41	0.32	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.96	0.78	0.62	0.38	0.41	0.32	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	123,493	12,773	32,181	27,269	19,791	20,067	9,625	1,787
	MN	0	0	0	0	0	0	0	0
	Total	123,493	12,773	32,181	27,269	19,791	20,067	9,625	1,787
12a. Total Eligibles Receiving Any Dental Services	CN	233,244	1,411	21,896	52,926	64,277	58,964	28,750	5,020
	MN	0	0	0	0	0	0	0	0
	Total	233,244	1,411	21,896	52,926	64,277	58,964	28,750	5,020
12b. Total Eligibles Receiving Preventive Dental Services	CN	215,317	524	19,538	50,480	61,457	55,093	24,840	3,385
	MN	0	0	0	0	0	0	0	0
	Total	215,317	524	19,538	50,480	61,457	55,093	24,840	3,385
12c. Total Eligibles Receiving Dental Treatment Services	CN	117,114	44	3,527	22,012	37,397	33,248	17,507	3,379
	MN	0	0	0	0	0	0	0	0
	Total	117,114	44	3,527	22,012	37,397	33,248	17,507	3,379
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,055				19,790	15,265		
	MN	0				0	0		
	Total	35,055				19,790	15,265		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	221,172	1,127	20,440	50,567	61,364	56,099	26,974	4,601
	MN	0	0	0	0	0	0	0	0
	Total	221,172	1,127	20,440	50,567	61,364	56,099	26,974	4,601
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,952	651	8,307	5,204	3,919	2,372	1,256	243
	MN	0	0	0	0	0	0	0	0
	Total	21,952	651	8,307	5,204	3,919	2,372	1,256	243
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	244,517	2,039	28,328	55,146	65,386	59,530	29,020	5,068
	MN	0	0	0	0	0	0	0	0
	Total	244,517	2,039	28,328	55,146	65,386	59,530	29,020	5,068
13. Total Eligibles Enrolled in Managed Care	CN	476,971	28,295	63,763	94,413	105,696	103,613	62,485	18,706
	MN	0	0	0	0	0	0	0	0
	Total	476,971	28,295	63,763	94,413	105,696	103,613	62,485	18,706
14. Total Number of Screening Blood Lead Tests	CN	4,875	28	3,494	1,353				
	MN	0	0	0	0				
	Total	4,875	28	3,494	1,353				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	339,819	18,114	37,092	55,998	67,593	78,368	57,797	24,857
	MN	0	0	0	0	0	0	0	0
	Total	339,819	18,114	37,092	55,998	67,593	78,368	57,797	24,857
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	322,307	13,162	35,705	54,161	65,374	75,699	55,462	22,744
	MN	0	0	0	0	0	0	0	0
	Total	322,307	13,162	35,705	54,161	65,374	75,699	55,462	22,744
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,521,361	103,361	392,603	605,237	735,120	852,329	613,922	218,789
	MN	0	0	0	0	0	0	0	0
	Total	3,521,361	103,361	392,603	605,237	735,120	852,329	613,922	218,789
3b. Average Period of Eligibility	CN	0.91	0.65	0.92	0.93	0.94	0.94	0.92	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.92	0.93	0.94	0.94	0.92	0.80
4. Expected Number of Screenings per Eligible	CN		3.90	2.30	0.93	0.94	0.94	0.92	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.30	0.93	0.94	0.94	0.92	0.80
5. Expected Number of Screenings	CN	385,653	51,332	82,122	50,370	61,452	71,157	51,025	18,195
	MN	0	0	0	0	0	0	0	0
	Total	385,653	51,332	82,122	50,370	61,452	71,157	51,025	18,195
6. Total Screens Received	CN	295,675	58,884	81,089	42,686	35,098	43,572	28,173	6,173
	MN	0	0	0	0	0	0	0	0
	Total	295,675	58,884	81,089	42,686	35,098	43,572	28,173	6,173
7. SCREENING RATIO	CN	0.77	1.00	0.99	0.85	0.57	0.61	0.55	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	1.00	0.99	0.85	0.57	0.61	0.55	0.34

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	301,066	13,162	35,705	50,370	61,452	71,157	51,025	18,195
	MN	0	0	0	0	0	0	0	0
	Total	301,066	13,162	35,705	50,370	61,452	71,157	51,025	18,195
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	191,942	12,757	31,722	39,939	34,241	41,747	26,076	5,460
	MN	0	0	0	0	0	0	0	0
	Total	191,942	12,757	31,722	39,939	34,241	41,747	26,076	5,460
10. PARTICIPANT RATIO	CN	0.64	0.97	0.89	0.79	0.56	0.59	0.51	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.97	0.89	0.79	0.56	0.59	0.51	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	197,165	244	14,413	37,560	48,386	53,293	33,553	9,716
	MN	0	0	0	0	0	0	0	0
	Total	197,165	244	14,413	37,560	48,386	53,293	33,553	9,716
12b. Total Eligibles Receiving Preventive Dental Services	CN	182,138	110	12,811	36,127	46,501	49,770	29,119	7,700
	MN	0	0	0	0	0	0	0	0
	Total	182,138	110	12,811	36,127	46,501	49,770	29,119	7,700
12c. Total Eligibles Receiving Dental Treatment Services	CN	90,252	25	772	10,532	23,449	28,674	20,604	6,196
	MN	0	0	0	0	0	0	0	0
	Total	90,252	25	772	10,532	23,449	28,674	20,604	6,196
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,097				14,736	14,361		
	MN	0				0	0		
	Total	29,097				14,736	14,361		

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	181,205	192	13,695	35,952	45,241	48,132	29,425	8,568
	MN	0	0	0	0	0	0	0	0
	Total	181,205	192	13,695	35,952	45,241	48,132	29,425	8,568
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,358	425	2,382	528	13	6	4	0
	MN	0	0	0	0	0	0	0	0
	Total	3,358	425	2,382	528	13	6	4	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	199,244	660	15,880	37,754	48,386	53,293	33,555	9,716
	MN	0	0	0	0	0	0	0	0
	Total	199,244	660	15,880	37,754	48,386	53,293	33,555	9,716
13. Total Eligibles Enrolled in Managed Care	CN	274,920	1,149	32,119	48,936	59,455	68,656	49,805	14,800
	MN	0	0	0	0	0	0	0	0
	Total	274,920	1,149	32,119	48,936	59,455	68,656	49,805	14,800
14. Total Number of Screening Blood Lead Tests	CN	0	0	0	0				
	MN	0	0	0	0				
	Total	0	0	0	0				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	110,010	6,654	13,981	20,130	22,757	23,659	16,472	6,357
	MN	0	0	0	0	0	0	0	0
	Total	110,010	6,654	13,981	20,130	22,757	23,659	16,472	6,357
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	102,776	4,966	13,413	19,296	21,675	22,494	15,457	5,475
	MN	0	0	0	0	0	0	0	0
	Total	102,776	4,966	13,413	19,296	21,675	22,494	15,457	5,475
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,082,155	35,581	146,842	211,025	235,193	243,512	163,524	46,478
	MN	0	0	0	0	0	0	0	0
	Total	1,082,155	35,581	146,842	211,025	235,193	243,512	163,524	46,478
3b. Average Period of Eligibility	CN	0.88	0.60	0.91	0.91	0.90	0.90	0.88	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.60	0.91	0.91	0.90	0.90	0.88	0.71
4. Expected Number of Screenings per Eligible	CN		4.20	1.82	0.91	0.90	0.90	0.88	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.82	0.91	0.90	0.90	0.88	0.71
5. Expected Number of Screenings	CN	120,070	20,857	24,412	17,559	19,508	20,245	13,602	3,887
	MN	0	0	0	0	0	0	0	0
	Total	120,070	20,857	24,412	17,559	19,508	20,245	13,602	3,887
6. Total Screens Received	CN	89,065	20,812	24,412	13,460	11,541	11,718	6,094	1,028
	MN	0	0	0	0	0	0	0	0
	Total	89,065	20,812	24,412	13,460	11,541	11,718	6,094	1,028
7. SCREENING RATIO	CN	0.74	1.00	1.00	0.77	0.59	0.58	0.45	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	1.00	1.00	0.77	0.59	0.58	0.45	0.26

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	93,180	4,966	13,413	17,559	19,508	20,245	13,602	3,887
	MN	0	0	0	0	0	0	0	0
	Total	93,180	4,966	13,413	17,559	19,508	20,245	13,602	3,887
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	55,233	4,684	10,916	12,281	10,676	10,577	5,212	887
	MN	0	0	0	0	0	0	0	0
	Total	55,233	4,684	10,916	12,281	10,676	10,577	5,212	887
10. PARTICIPANT RATIO	CN	0.59	0.94	0.81	0.70	0.55	0.52	0.38	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.94	0.81	0.70	0.55	0.52	0.38	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	3,512	3,277	138	65	4	14	8	6
	MN	0	0	0	0	0	0	0	0
	Total	3,512	3,277	138	65	4	14	8	6
12a. Total Eligibles Receiving Any Dental Services	CN	47,740	12	1,677	10,088	13,728	13,107	7,436	1,692
	MN	0	0	0	0	0	0	0	0
	Total	47,740	12	1,677	10,088	13,728	13,107	7,436	1,692
12b. Total Eligibles Receiving Preventive Dental Services	CN	45,059	4	1,406	9,661	13,243	12,567	6,796	1,382
	MN	0	0	0	0	0	0	0	0
	Total	45,059	4	1,406	9,661	13,243	12,567	6,796	1,382
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,979	1	177	3,257	6,213	5,625	3,745	961
	MN	0	0	0	0	0	0	0	0
	Total	19,979	1	177	3,257	6,213	5,625	3,745	961
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,752				4,372	4,380		
	MN	0				0	0		
	Total	8,752				4,372	4,380		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	44,482	10	1,493	9,464	12,924	12,304	6,797	1,490
	MN	0	0	0	0	0	0	0	0
	Total	44,482	10	1,493	9,464	12,924	12,304	6,797	1,490
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	47,740	12	1,677	10,088	13,728	13,107	7,436	1,692
	MN	0	0	0	0	0	0	0	0
	Total	47,740	12	1,677	10,088	13,728	13,107	7,436	1,692
13. Total Eligibles Enrolled in Managed Care	CN	106,882	6,206	13,677	19,685	22,221	23,101	15,825	6,167
	MN	0	0	0	0	0	0	0	0
	Total	106,882	6,206	13,677	19,685	22,221	23,101	15,825	6,167
14. Total Number of Screening Blood Lead Tests	CN	651	5	354	292				
	MN	0	0	0	0				
	Total	651	5	354	292				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	97,096	5,811	12,055	17,086	17,514	19,053	15,917	9,660
	MN	9	0	1	1	0	5	1	1
	Total	97,105	5,811	12,056	17,087	17,514	19,058	15,918	9,661
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	93,594	4,693	11,691	16,642	17,092	18,629	15,525	9,322
	MN	0	0	0	0	0	0	0	0
	Total	93,594	4,693	11,691	16,642	17,092	18,629	15,525	9,322
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,797	73	374	802	1,897	2,717	2,430	504
	MN	0	0	0	0	0	0	0	0
	Total	8,797	73	374	802	1,897	2,717	2,430	504
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,035,252	34,115	130,219	187,276	193,637	212,077	175,194	102,734
	MN	0	0	0	0	0	0	0	0
	Total	1,035,252	34,115	130,219	187,276	193,637	212,077	175,194	102,734
3b. Average Period of Eligibility	CN	0.92	0.61	0.93	0.94	0.94	0.95	0.94	0.92
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.61	0.93	0.94	0.94	0.95	0.94	0.92
4. Expected Number of Screenings per Eligible	CN		4.27	1.86	0.94	0.47	0.95	0.94	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	1.86	0.94	0.47	0.95	0.94	0.92
5. Expected Number of Screenings	CN	106,328	20,039	21,745	15,643	8,033	17,698	14,594	8,576
	MN	0	0	0	0	0	0	0	0
	Total	106,328	20,039	21,745	15,643	8,033	17,698	14,594	8,576
6. Total Screens Received	CN	113,009	20,599	30,404	17,562	15,247	15,703	10,227	3,267
	MN	0	0	0	0	0	0	0	0
	Total	113,009	20,599	30,404	17,562	15,247	15,703	10,227	3,267
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.89	0.70	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	1.00	0.89	0.70	0.38

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State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	80,928	4,693	11,691	15,643	8,033	17,698	14,594	8,576
	MN	0	0	0	0	0	0	0	0
	Total	80,928	4,693	11,691	15,643	8,033	17,698	14,594	8,576
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	56,036	4,360	9,504	11,405	10,524	10,928	7,044	2,271
	MN	0	0	0	0	0	0	0	0
	Total	56,036	4,360	9,504	11,405	10,524	10,928	7,044	2,271
10. PARTICIPANT RATIO	CN	0.69	0.93	0.81	0.73	1.00	0.62	0.48	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.93	0.81	0.73	1.00	0.62	0.48	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	29,398	2,876	3,865	5,818	5,761	6,153	4,019	906
	MN	0	0	0	0	0	0	0	0
	Total	29,398	2,876	3,865	5,818	5,761	6,153	4,019	906
12a. Total Eligibles Receiving Any Dental Services	CN	47,362	33	3,340	10,730	11,410	11,667	8,059	2,123
	MN	0	0	0	0	0	0	0	0
	Total	47,362	33	3,340	10,730	11,410	11,667	8,059	2,123
12b. Total Eligibles Receiving Preventive Dental Services	CN	42,927	21	3,079	10,130	10,806	10,510	6,737	1,644
	MN	0	0	0	0	0	0	0	0
	Total	42,927	21	3,079	10,130	10,806	10,510	6,737	1,644
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,603	3	214	3,013	4,982	5,373	4,689	1,329
	MN	0	0	0	0	0	0	0	0
	Total	19,603	3	214	3,013	4,982	5,373	4,689	1,329
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,346				3,094	4,252		
	MN	0				0	0		
	Total	7,346				3,094	4,252		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	44,293	26	3,275	10,370	10,868	10,810	7,118	1,826
	MN	0	0	0	0	0	0	0	0
	Total	44,293	26	3,275	10,370	10,868	10,810	7,118	1,826
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	47,362	33	3,340	10,730	11,410	11,667	8,059	2,123
	MN	0	0	0	0	0	0	0	0
	Total	47,362	33	3,340	10,730	11,410	11,667	8,059	2,123
13. Total Eligibles Enrolled in Managed Care	CN	86,897	5,044	11,339	16,101	16,146	16,945	13,387	7,935
	MN	8	0	1	1	0	4	1	1
	Total	86,905	5,044	11,340	16,102	16,146	16,949	13,388	7,936
14. Total Number of Screening Blood Lead Tests	CN	10,238	272	6,163	3,803				
	MN	0	0	0	0				
	Total	10,238	272	6,163	3,803				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	2,198,016	141,986	286,276	412,381	449,878	474,936	325,532	107,027
	MN	30,907	432	838	1,504	4,439	7,511	7,549	8,634
	Total	2,228,923	142,418	287,114	413,885	454,317	482,447	333,081	115,661
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	2,054,986	114,184	274,776	394,923	425,750	446,987	304,612	93,754
	MN	2,433	269	271	54	165	269	280	1,125
	Total	2,057,419	114,453	275,047	394,977	425,915	447,256	304,892	94,879
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	2,211	925	1,284	2	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	2,211	925	1,284	2	0	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	21,243,984	836,877	2,960,822	4,269,548	4,504,406	4,694,692	3,136,328	841,311
	MN	22,473	2,232	2,922	548	1,448	2,560	2,451	10,312
	Total	21,266,457	839,109	2,963,744	4,270,096	4,505,854	4,697,252	3,138,779	851,623
3b. Average Period of Eligibility	CN	0.86	0.61	0.90	0.90	0.88	0.88	0.86	0.75
	MN	0.77	0.69	0.90	0.85	0.73	0.79	0.73	0.76
	Total	0.86	0.61	0.90	0.90	0.88	0.88	0.86	0.75
4. Expected Number of Screenings per Eligible	CN		3.66	1.80	0.90	0.44	0.88	0.86	0.75
	MN		4.14	1.80	0.85	0.37	0.79	0.73	0.76
	Total		3.66	1.80	0.90	0.44	0.88	0.86	0.75
5. Expected Number of Screenings	CN	2,180,902	417,913	494,597	355,431	187,330	393,349	261,966	70,316
	MN	2,981	1,114	488	46	61	213	204	855
	Total	2,183,883	419,027	495,085	355,477	187,391	393,562	262,170	71,171
6. Total Screens Received	CN	2,132,072	536,303	621,864	351,252	255,943	246,197	112,926	7,587
	MN	4,598	2,188	2,005	60	65	110	73	97
	Total	2,136,670	538,491	623,869	351,312	256,008	246,307	112,999	7,684
7. SCREENING RATIO	CN	0.98	1.00	1.00	0.99	1.00	0.63	0.43	0.11
	MN	1.00	1.00	1.00	1.00	1.00	0.52	0.36	0.11
	Total	0.98	1.00	1.00	0.99	1.00	0.63	0.43	0.11

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,657,352	114,184	274,776	355,431	187,330	393,349	261,966	70,316
	MN	1,919	269	271	46	61	213	204	855
	Total	1,659,271	114,453	275,047	355,477	187,391	393,562	262,170	71,171
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	982,849	106,460	212,500	237,098	166,058	171,754	83,149	5,830
	MN	570	211	185	25	17	41	35	56
	Total	983,419	106,671	212,685	237,123	166,075	171,795	83,184	5,886
10. PARTICIPANT RATIO	CN	0.59	0.93	0.77	0.67	0.89	0.44	0.32	0.08
	MN	0.30	0.78	0.68	0.54	0.28	0.19	0.17	0.07
	Total	0.59	0.93	0.77	0.67	0.89	0.44	0.32	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	50,039	6,690	11,611	10,459	8,939	8,219	3,843	278
	MN	27	10	10	0	0	4	0	3
	Total	50,066	6,700	11,621	10,459	8,939	8,223	3,843	281
12a. Total Eligibles Receiving Any Dental Services	CN	555,465	251	20,200	116,927	165,020	153,186	84,930	14,951
	MN	186	1	5	5	23	40	21	91
	Total	555,651	252	20,205	116,932	165,043	153,226	84,951	15,042
12b. Total Eligibles Receiving Preventive Dental Services	CN	365,159	47	10,861	76,678	109,899	105,206	54,247	8,221
	MN	88	0	3	4	12	17	14	38
	Total	365,247	47	10,864	76,682	109,911	105,223	54,261	8,259
12c. Total Eligibles Receiving Dental Treatment Services	CN	200,182	24	3,299	34,897	60,081	56,574	37,845	7,462
	MN	66	0	2	1	5	8	11	39
	Total	200,248	24	3,301	34,898	60,086	56,582	37,856	7,501
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	63,063				33,196	29,867		
	MN	9				4	5		
	Total	63,072				33,200	29,872		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	528,720	243	19,485	111,871	157,722	146,122	79,494	13,783
	MN	172	1	4	5	22	38	18	84
	Total	528,892	244	19,489	111,876	157,744	146,160	79,512	13,867
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	61,769	3,090	46,163	12,409	64	31	9	3
	MN	41	5	35	1	0	0	0	0
	Total	61,810	3,095	46,198	12,410	64	31	9	3
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	609,984	3,330	62,549	125,969	165,054	153,197	84,932	14,953
	MN	226	6	39	6	23	40	21	91
	Total	610,210	3,336	62,588	125,975	165,077	153,237	84,953	15,044
13. Total Eligibles Enrolled in Managed Care	CN	1,892,498	97,945	258,975	371,722	396,181	409,804	272,630	85,241
	MN	832	0	258	528	1	0	11	34
	Total	1,893,330	97,945	259,233	372,250	396,182	409,804	272,641	85,275
14. Total Number of Screening Blood Lead Tests	CN	149,849	1,488	94,579	53,782				
	MN	346	10	328	8				
	Total	150,195	1,498	94,907	53,790				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,278,991	91,539	180,492	247,920	263,546	268,955	173,781	52,758
	MN	93	2	5	16	23	20	19	8
	Total	1,279,084	91,541	180,497	247,936	263,569	268,975	173,800	52,766
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,195,962	68,118	171,169	238,325	252,424	257,355	164,615	43,956
	MN	68	1	4	15	20	14	9	5
	Total	1,196,030	68,119	171,173	238,340	252,444	257,369	164,624	43,961
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
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	12,335,136	533,414	1,778,783	2,532,236	2,681,274	2,746,705	1,708,045	354,679
	MN	712	8	41	173	199	142	95	54
	Total	12,335,848	533,422	1,778,824	2,532,409	2,681,473	2,746,847	1,708,140	354,733
3b. Average Period of Eligibility	CN	0.86	0.65	0.87	0.89	0.89	0.89	0.86	0.67
	MN	0.87	0.67	0.85	0.96	0.83	0.85	0.88	0.90
	Total	0.86	0.65	0.87	0.89	0.89	0.89	0.86	0.67
4. Expected Number of Screenings per Eligible	CN		4.55	2.18	0.89	0.89	0.89	0.86	0.67
	MN		4.69	2.13	0.96	0.83	0.85	0.88	0.90
	Total		4.55	2.18	0.89	0.89	0.89	0.86	0.67
5. Expected Number of Screenings	CN	1,519,917	309,937	373,148	212,109	224,657	229,046	141,569	29,451
	MN	70	5	9	14	17	12	8	5
	Total	1,519,987	309,942	373,157	212,123	224,674	229,058	141,577	29,456
6. Total Screens Received	CN	1,015,050	274,940	331,312	158,667	101,403	101,781	44,570	2,377
	MN	39	6	6	9	9	7	2	0
	Total	1,015,089	274,946	331,318	158,676	101,412	101,788	44,572	2,377
7. SCREENING RATIO	CN	0.67	0.89	0.89	0.75	0.45	0.44	0.31	0.08
	MN	0.56	1.00	0.67	0.64	0.53	0.58	0.25	0.00
	Total	0.67	0.89	0.89	0.75	0.45	0.44	0.31	0.08

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,076,119	68,118	171,169	212,109	224,657	229,046	141,569	29,451
	MN	61	1	4	14	17	12	8	5
	Total	1,076,180	68,119	171,173	212,123	224,674	229,058	141,577	29,456
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	578,009	64,927	137,330	141,460	95,447	95,307	41,312	2,226
	MN	31	1	4	8	9	7	2	0
	Total	578,040	64,928	137,334	141,468	95,456	95,314	41,314	2,226
10. PARTICIPANT RATIO	CN	0.54	0.95	0.80	0.67	0.42	0.42	0.29	0.08
	MN	0.51	1.00	1.00	0.57	0.53	0.58	0.25	0.00
	Total	0.54	0.95	0.80	0.67	0.42	0.42	0.29	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	82,326	10,096	20,828	19,190	13,005	12,815	6,020	372
	MN	3	0	1	0	0	2	0	0
	Total	82,329	10,096	20,829	19,190	13,005	12,817	6,020	372
12a. Total Eligibles Receiving Any Dental Services	CN	594,616	215	32,843	141,985	172,396	157,904	78,519	10,754
	MN	42	0	1	11	15	10	5	0
	Total	594,658	215	32,844	141,996	172,411	157,914	78,524	10,754
12b. Total Eligibles Receiving Preventive Dental Services	CN	558,360	57	26,080	134,993	166,545	151,754	70,873	8,058
	MN	41	0	1	11	15	9	5	0
	Total	558,401	57	26,081	135,004	166,560	151,763	70,878	8,058
12c. Total Eligibles Receiving Dental Treatment Services	CN	263,932	55	6,194	54,393	86,282	70,928	40,353	5,727
	MN	25	0	0	6	10	7	2	0
	Total	263,957	55	6,194	54,399	86,292	70,935	40,355	5,727
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	59,598				34,238	25,360		
	MN	7				5	2		
	Total	59,605				34,243	25,362		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	575,632	206	32,330	138,632	167,321	152,732	74,543	9,868
	MN	39	0	1	11	15	7	5	0
	Total	575,671	206	32,331	138,643	167,336	152,739	74,548	9,868
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,423	26	5,468	6,743	3,132	1,837	191	26
	MN	1	0	0	0	0	1	0	0
	Total	17,424	26	5,468	6,743	3,132	1,838	191	26
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	594,616	215	32,843	141,985	172,396	157,904	78,519	10,754
	MN	42	0	1	11	15	10	5	0
	Total	594,658	215	32,844	141,996	172,411	157,914	78,524	10,754
13. Total Eligibles Enrolled in Managed Care	CN	1,146,835	84,706	172,075	229,921	237,776	235,310	146,947	40,100
	MN	59	1	4	15	18	13	8	0
	Total	1,146,894	84,707	172,079	229,936	237,794	235,323	146,955	40,100
14. Total Number of Screening Blood Lead Tests	CN	97,366	5,001	76,591	15,774				
	MN	2	0	2	0				
	Total	97,368	5,001	76,593	15,774				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	172,452	9,902	20,301	30,143	34,936	37,734	27,557	11,879
	MN	0	0	0	0	0	0	0	0
	Total	172,452	9,902	20,301	30,143	34,936	37,734	27,557	11,879
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	154,414	6,329	18,465	27,694	32,204	35,006	25,356	9,360
	MN	0	0	0	0	0	0	0	0
	Total	154,414	6,329	18,465	27,694	32,204	35,006	25,356	9,360
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	27,206	172	1,722	3,219	6,660	8,496	6,519	418
	MN	0	0	0	0	0	0	0	0
	Total	27,206	172	1,722	3,219	6,660	8,496	6,519	418
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	1,649,670	44,655	199,902	303,286	354,275	385,826	278,998	82,729
	MN	0	0	0	0	0	0	0	0
	Total	1,649,670	44,655	199,902	303,286	354,275	385,826	278,998	82,729
3b. Average Period of Eligibility	CN	0.89	0.59	0.90	0.91	0.92	0.92	0.92	0.74
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.59	0.90	0.91	0.92	0.92	0.92	0.74
4. Expected Number of Screenings per Eligible	CN		2.95	1.80	0.91	0.46	0.55	0.46	0.37
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.95	1.80	0.91	0.46	0.55	0.46	0.37
5. Expected Number of Screenings	CN	126,304	18,671	33,237	25,202	14,814	19,253	11,664	3,463
	MN	0	0	0	0	0	0	0	0
	Total	126,304	18,671	33,237	25,202	14,814	19,253	11,664	3,463
6. Total Screens Received	CN	124,561	25,840	39,121	20,091	13,248	15,098	10,040	1,123
	MN	0	0	0	0	0	0	0	0
	Total	124,561	25,840	39,121	20,091	13,248	15,098	10,040	1,123
7. SCREENING RATIO	CN	0.99	1.00	1.00	0.80	0.89	0.78	0.86	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.99	1.00	1.00	0.80	0.89	0.78	0.86	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	99,190	6,329	18,465	25,202	14,814	19,253	11,664	3,463
	MN	0	0	0	0	0	0	0	0
	Total	99,190	6,329	18,465	25,202	14,814	19,253	11,664	3,463
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	76,808	6,128	15,601	18,307	12,487	14,074	9,168	1,043
	MN	0	0	0	0	0	0	0	0
	Total	76,808	6,128	15,601	18,307	12,487	14,074	9,168	1,043
10. PARTICIPANT RATIO	CN	0.77	0.97	0.84	0.73	0.84	0.73	0.79	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.97	0.84	0.73	0.84	0.73	0.79	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	46,941	4,603	11,596	9,829	6,614	7,667	5,653	979
	MN	0	0	0	0	0	0	0	0
	Total	46,941	4,603	11,596	9,829	6,614	7,667	5,653	979
12a. Total Eligibles Receiving Any Dental Services	CN	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
	MN	0	0	0	0	0	0	0	0
	Total	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
12b. Total Eligibles Receiving Preventive Dental Services	CN	60,430	18	976	15,350	16,376	16,188	9,403	2,119
	MN	0	0	0	0	0	0	0	0
	Total	60,430	18	976	15,350	16,376	16,188	9,403	2,119
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,307	44	778	12,024	13,886	11,684	7,816	2,075
	MN	0	0	0	0	0	0	0	0
	Total	48,307	44	778	12,024	13,886	11,684	7,816	2,075
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,171				3,507	2,664		
	MN	0				0	0		
	Total	6,171				3,507	2,664		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	62,692	26	1,228	16,262	16,497	16,315	9,918	2,446
	MN	0	0	0	0	0	0	0	0
	Total	62,692	26	1,228	16,262	16,497	16,315	9,918	2,446
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
	MN	0	0	0	0	0	0	0	0
	Total	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
13. Total Eligibles Enrolled in Managed Care	CN	168,695	9,805	20,518	29,132	33,900	36,425	26,984	11,931
	MN	0	0	0	0	0	0	0	0
	Total	168,695	9,805	20,518	29,132	33,900	36,425	26,984	11,931
14. Total Number of Screening Blood Lead Tests	CN	9,545	531	7,365	1,649				
	MN	0	0	0	0				
	Total	9,545	531	7,365	1,649				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	196,460	12,118	25,288	36,481	42,163	43,577	28,428	8,405
	MN	0	0	0	0	0	0	0	0
	Total	196,460	12,118	25,288	36,481	42,163	43,577	28,428	8,405
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	192,664	12,105	24,784	35,840	41,536	42,913	27,915	7,571
	MN	0	0	0	0	0	0	0	0
	Total	192,664	12,105	24,784	35,840	41,536	42,913	27,915	7,571
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,258	0	2	1	6,399	8,015	5,123	718
	MN	0	0	0	0	0	0	0	0
	Total	20,258	0	2	1	6,399	8,015	5,123	718
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,917,054	128,036	245,468	367,247	422,732	435,690	278,856	39,025
	MN	0	0	0	0	0	0	0	0
	Total	1,917,054	128,036	245,468	367,247	422,732	435,690	278,856	39,025
3b. Average Period of Eligibility	CN	0.83	0.88	0.83	0.85	0.85	0.85	0.83	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.88	0.83	0.85	0.85	0.85	0.83	0.43
4. Expected Number of Screenings per Eligible	CN		5.28	2.08	0.85	0.85	0.85	0.83	0.43
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.28	2.08	0.85	0.85	0.85	0.83	0.43
5. Expected Number of Screenings	CN	244,136	63,914	51,551	30,464	35,306	36,476	23,169	3,256
	MN	0	0	0	0	0	0	0	0
	Total	244,136	63,914	51,551	30,464	35,306	36,476	23,169	3,256
6. Total Screens Received	CN	134,148	32,786	40,802	19,615	15,283	16,682	7,987	993
	MN	0	0	0	0	0	0	0	0
	Total	134,148	32,786	40,802	19,615	15,283	16,682	7,987	993
7. SCREENING RATIO	CN	0.55	0.51	0.79	0.64	0.43	0.46	0.34	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.51	0.79	0.64	0.43	0.46	0.34	0.30

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	165,560	12,105	24,784	30,464	35,306	36,476	23,169	3,256
	MN	0	0	0	0	0	0	0	0
	Total	165,560	12,105	24,784	30,464	35,306	36,476	23,169	3,256
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	84,795	10,396	18,471	17,754	14,454	15,419	7,367	934
	MN	0	0	0	0	0	0	0	0
	Total	84,795	10,396	18,471	17,754	14,454	15,419	7,367	934
10. PARTICIPANT RATIO	CN	0.51	0.86	0.75	0.58	0.41	0.42	0.32	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.86	0.75	0.58	0.41	0.42	0.32	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	103,290	185	6,388	21,691	28,981	27,927	15,378	2,740
	MN	0	0	0	0	0	0	0	0
	Total	103,290	185	6,388	21,691	28,981	27,927	15,378	2,740
12b. Total Eligibles Receiving Preventive Dental Services	CN	95,232	139	5,241	20,072	27,670	26,327	13,663	2,120
	MN	0	0	0	0	0	0	0	0
	Total	95,232	139	5,241	20,072	27,670	26,327	13,663	2,120
12c. Total Eligibles Receiving Dental Treatment Services	CN	52,898	118	1,773	9,464	16,288	14,573	8,988	1,694
	MN	0	0	0	0	0	0	0	0
	Total	52,898	118	1,773	9,464	16,288	14,573	8,988	1,694
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,529				8,409	6,120		
	MN	0				0	0		
	Total	14,529				8,409	6,120		

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Fiscal Year: 2012  
State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	98,342	73	5,404	20,725	28,114	26,855	14,633	2,538
	MN	0	0	0	0	0	0	0	0
	Total	98,342	73	5,404	20,725	28,114	26,855	14,633	2,538
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	28	0	5	9	5	4	4	1
	MN	0	0	0	0	0	0	0	0
	Total	28	0	5	9	5	4	4	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	103,318	185	6,393	21,700	28,986	27,931	15,382	2,741
	MN	0	0	0	0	0	0	0	0
	Total	103,318	185	6,393	21,700	28,986	27,931	15,382	2,741
13. Total Eligibles Enrolled in Managed Care	CN	185,229	8,764	24,426	35,014	40,535	41,750	26,974	7,766
	MN	0	0	0	0	0	0	0	0
	Total	185,229	8,764	24,426	35,014	40,535	41,750	26,974	7,766
14. Total Number of Screening Blood Lead Tests	CN	5,525	52	3,621	1,852				
	MN	0	0	0	0				
	Total	5,525	52	3,621	1,852				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,688,010	71,310	181,228	306,038	368,590	395,160	278,479	87,205
	MN	8,666	33	489	1,384	2,260	2,658	1,652	190
	Total	1,696,676	71,343	181,717	307,422	370,850	397,818	280,131	87,395
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,630,245	56,797	176,171	299,949	361,704	387,383	271,803	76,438
	MN	8,095	21	447	1,279	2,134	2,516	1,552	146
	Total	1,638,340	56,818	176,618	301,228	363,838	389,899	273,355	76,584
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,155	0	1	237	1,736	1,972	1,456	3,753
	MN	0	0	0	0	0	0	0	0
	Total	9,155	0	1	237	1,736	1,972	1,456	3,753
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	18,605,006	422,392	2,029,118	3,520,113	4,252,561	4,549,330	3,159,222	672,270
	MN	81,668	104	4,123	12,489	21,855	25,919	16,132	1,046
	Total	18,686,674	422,496	2,033,241	3,532,602	4,274,416	4,575,249	3,175,354	673,316
3b. Average Period of Eligibility	CN	0.95	0.62	0.96	0.98	0.98	0.98	0.97	0.73
	MN	0.84	0.41	0.77	0.81	0.85	0.86	0.87	0.60
	Total	0.95	0.62	0.96	0.98	0.98	0.98	0.97	0.73
4. Expected Number of Screenings per Eligible	CN		3.72	1.92	0.98	0.49	0.59	0.49	0.37
	MN		2.46	1.54	0.81	0.43	0.52	0.44	0.30
	Total		3.72	1.92	0.98	0.49	0.59	0.49	0.37
5. Expected Number of Screenings	CN	1,410,739	211,285	338,248	293,950	177,235	228,556	133,183	28,282
	MN	4,729	52	688	1,036	918	1,308	683	44
	Total	1,415,468	211,337	338,936	294,986	178,153	229,864	133,866	28,326
6. Total Screens Received	CN	1,504,032	220,694	374,633	312,331	180,138	264,938	131,568	19,730
	MN	3,222	25	496	697	574	984	433	13
	Total	1,507,254	220,719	375,129	313,028	180,712	265,922	132,001	19,743
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	0.99	0.70
	MN	0.68	0.48	0.72	0.67	0.63	0.75	0.63	0.30
	Total	1.00	1.00	1.00	1.00	1.00	1.00	0.99	0.70



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,094,174	56,797	176,171	293,950	177,235	228,556	133,183	28,282
	MN	4,457	21	447	1,036	918	1,308	683	44
	Total	1,098,631	56,818	176,618	294,986	178,153	229,864	133,866	28,326
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	808,286	49,982	139,040	193,113	132,916	180,422	93,083	19,730
	MN	2,327	9	237	501	465	750	352	13
	Total	810,613	49,991	139,277	193,614	133,381	181,172	93,435	19,743
10. PARTICIPANT RATIO	CN	0.74	0.88	0.79	0.66	0.75	0.79	0.70	0.70
	MN	0.52	0.43	0.53	0.48	0.51	0.57	0.52	0.30
	Total	0.74	0.88	0.79	0.66	0.75	0.79	0.70	0.70
11. Total Eligibles Referred for Corrective Treatment	CN	316,609	24,912	36,482	67,264	64,422	88,118	32,375	3,036
	MN	731	16	71	156	141	270	77	0
	Total	317,340	24,928	36,553	67,420	64,563	88,388	32,452	3,036
12a. Total Eligibles Receiving Any Dental Services	CN	850,147	1,822	55,293	196,080	248,329	227,602	113,091	7,930
	MN	3,256	0	77	552	1,073	1,086	467	1
	Total	853,403	1,822	55,370	196,632	249,402	228,688	113,558	7,931
12b. Total Eligibles Receiving Preventive Dental Services	CN	796,592	1,371	50,346	185,913	238,200	215,944	99,472	5,346
	MN	3,048	0	67	523	1,033	1,013	411	1
	Total	799,640	1,371	50,413	186,436	239,233	216,957	99,883	5,347
12c. Total Eligibles Receiving Dental Treatment Services	CN	319,658	36	4,741	58,119	104,407	91,368	56,495	4,492
	MN	1,196	0	6	131	405	430	224	0
	Total	320,854	36	4,747	58,250	104,812	91,798	56,719	4,492
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	158,542				86,031	72,511		
	MN	673				347	326		
	Total	159,215				86,378	72,837		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	807,683	1,785	54,077	189,262	236,729	215,120	103,934	6,776
	MN	3,064	0	77	530	1,020	1,006	430	1
	Total	810,747	1,785	54,154	189,792	237,749	216,126	104,364	6,777
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,746	2,927	14,468	350	0	1	0	0
	MN	29	2	27	0	0	0	0	0
	Total	17,775	2,929	14,495	350	0	1	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	864,008	4,678	66,130	196,248	248,329	227,602	113,091	7,930
	MN	3,284	2	103	552	1,073	1,086	467	1
	Total	867,292	4,680	66,233	196,800	249,402	228,688	113,558	7,931
13. Total Eligibles Enrolled in Managed Care	CN	204,640	7,883	25,306	40,556	44,962	45,057	30,122	10,754
	MN	154	0	9	19	45	51	28	2
	Total	204,794	7,883	25,315	40,575	45,007	45,108	30,150	10,756
14. Total Number of Screening Blood Lead Tests	CN	441,644	51,836	187,141	202,667				
	MN	737	29	336	372				
	Total	442,381	51,865	187,477	203,039				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	787,383	49,260	99,326	138,563	163,263	177,542	121,761	37,668
	MN	0	0	0	0	0	0	0	0
	Total	787,383	49,260	99,326	138,563	163,263	177,542	121,761	37,668
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	742,971	36,048	95,506	133,935	157,931	171,457	115,816	32,278
	MN	0	0	0	0	0	0	0	0
	Total	742,971	36,048	95,506	133,935	157,931	171,457	115,816	32,278
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	32,609	52	3,650	5,721	7,409	9,660	6,029	88
	MN	0	0	0	0	0	0	0	0
	Total	32,609	52	3,650	5,721	7,409	9,660	6,029	88
2a. State Periodicity Schedule			7	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	7,982,229	281,770	1,039,900	1,471,533	1,750,224	1,896,423	1,248,121	294,258
	MN	0	0	0	0	0	0	0	0
	Total	7,982,229	281,770	1,039,900	1,471,533	1,750,224	1,896,423	1,248,121	294,258
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.92	0.92	0.92	0.90	0.76
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.91	0.92	0.92	0.92	0.90	0.76
4. Expected Number of Screenings per Eligible	CN		4.55	1.82	0.92	0.46	0.55	0.45	0.38
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	1.82	0.92	0.46	0.55	0.45	0.38
5. Expected Number of Screenings	CN	692,391	164,018	173,821	123,220	72,648	94,301	52,117	12,266
	MN	0	0	0	0	0	0	0	0
	Total	692,391	164,018	173,821	123,220	72,648	94,301	52,117	12,266
6. Total Screens Received	CN	547,174	113,862	171,249	85,951	61,685	74,947	36,133	3,347
	MN	0	0	0	0	0	0	0	0
	Total	547,174	113,862	171,249	85,951	61,685	74,947	36,133	3,347
7. SCREENING RATIO	CN	0.79	0.69	0.99	0.70	0.85	0.79	0.69	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	0.69	0.99	0.70	0.85	0.79	0.69	0.27

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	486,106	36,048	95,506	123,220	72,648	94,301	52,117	12,266
	MN	0	0	0	0	0	0	0	0
	Total	486,106	36,048	95,506	123,220	72,648	94,301	52,117	12,266
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	334,705	32,211	71,678	72,929	55,984	66,456	32,349	3,098
	MN	0	0	0	0	0	0	0	0
	Total	334,705	32,211	71,678	72,929	55,984	66,456	32,349	3,098
10. PARTICIPANT RATIO	CN	0.69	0.89	0.75	0.59	0.77	0.70	0.62	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.89	0.75	0.59	0.77	0.70	0.62	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	231,546	28,064	48,034	44,975	38,419	45,875	23,806	2,373
	MN	0	0	0	0	0	0	0	0
	Total	231,546	28,064	48,034	44,975	38,419	45,875	23,806	2,373
12a. Total Eligibles Receiving Any Dental Services	CN	220,219	76	8,613	39,399	61,027	63,655	39,728	7,721
	MN	0	0	0	0	0	0	0	0
	Total	220,219	76	8,613	39,399	61,027	63,655	39,728	7,721
12b. Total Eligibles Receiving Preventive Dental Services	CN	195,031	0	6,578	34,588	56,422	58,865	33,179	5,399
	MN	0	0	0	0	0	0	0	0
	Total	195,031	0	6,578	34,588	56,422	58,865	33,179	5,399
12c. Total Eligibles Receiving Dental Treatment Services	CN	90,667	13	1,205	12,774	25,774	25,771	20,495	4,635
	MN	0	0	0	0	0	0	0	0
	Total	90,667	13	1,205	12,774	25,774	25,771	20,495	4,635
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	32,981				14,699	18,282		
	MN	0				0	0		
	Total	32,981				14,699	18,282		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	206,280	69	8,421	37,316	57,188	59,688	36,708	6,890
	MN	0	0	0	0	0	0	0	0
	Total	206,280	69	8,421	37,316	57,188	59,688	36,708	6,890
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	356	0	12	50	101	122	63	8
	MN	0	0	0	0	0	0	0	0
	Total	356	0	12	50	101	122	63	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	220,541	76	8,625	39,441	61,118	63,770	39,785	7,726
	MN	0	0	0	0	0	0	0	0
	Total	220,541	76	8,625	39,441	61,118	63,770	39,785	7,726
13. Total Eligibles Enrolled in Managed Care	CN	745,426	46,602	96,458	132,362	155,876	168,328	113,289	32,511
	MN	0	0	0	0	0	0	0	0
	Total	745,426	46,602	96,458	132,362	155,876	168,328	113,289	32,511
14. Total Number of Screening Blood Lead Tests	CN	11,706	229	7,618	3,859				
	MN	0	0	0	0				
	Total	11,706	229	7,618	3,859				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	322,690	20,759	41,355	58,419	66,348	68,605	46,868	20,336
	MN	643	1	5	18	23	33	50	513
	Total	323,333	20,760	41,360	58,437	66,371	68,638	46,918	20,849
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	297,953	15,957	38,622	54,900	62,521	64,585	43,598	17,770
	MN	393	1	1	5	8	9	18	351
	Total	298,346	15,958	38,623	54,905	62,529	64,594	43,616	18,121
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,748	254	43	2	5,536	5,984	3,876	53
	MN	0	0	0	0	0	0	0	0
	Total	15,748	254	43	2	5,536	5,984	3,876	53
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,871,125	106,824	366,370	540,091	624,888	651,231	429,303	152,418
	MN	3,044	6	8	29	61	45	101	2,794
	Total	2,874,169	106,830	366,378	540,120	624,949	651,276	429,404	155,212
3b. Average Period of Eligibility	CN	0.80	0.56	0.79	0.82	0.83	0.84	0.82	0.71
	MN	0.65	0.50	0.67	0.48	0.64	0.42	0.47	0.66
	Total	0.80	0.56	0.79	0.82	0.83	0.84	0.82	0.71
4. Expected Number of Screenings per Eligible	CN		3.36	1.58	0.82	0.42	0.50	0.41	0.36
	MN		3.00	1.34	0.48	0.32	0.25	0.24	0.33
	Total		3.36	1.58	0.82	0.42	0.50	0.41	0.36
5. Expected Number of Screenings	CN	242,481	53,616	61,023	45,018	26,259	32,293	17,875	6,397
	MN	131	3	1	2	3	2	4	116
	Total	242,612	53,619	61,024	45,020	26,262	32,295	17,879	6,513
6. Total Screens Received	CN	282,278	59,869	85,612	47,752	24,212	28,222	24,927	11,684
	MN	242	0	0	1	2	0	2	237
	Total	282,520	59,869	85,612	47,753	24,214	28,222	24,929	11,921
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.92	0.87	1.00	1.00
	MN	1.00	0.00	0.00	0.50	0.67	0.00	0.50	1.00
	Total	1.00	1.00	1.00	1.00	0.92	0.87	1.00	1.00

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	182,421	15,957	38,622	45,018	26,259	32,293	17,875	6,397
	MN	129	1	1	2	3	2	4	116
	Total	182,550	15,958	38,623	45,020	26,262	32,295	17,879	6,513
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	147,259	14,792	31,691	35,386	19,863	22,805	16,686	6,036
	MN	139	0	0	1	2	0	2	134
	Total	147,398	14,792	31,691	35,387	19,865	22,805	16,688	6,170
10. PARTICIPANT RATIO	CN	0.81	0.93	0.82	0.79	0.76	0.71	0.93	0.94
	MN	1.00	0.00	0.00	0.50	0.67	0.00	0.50	1.00
	Total	0.81	0.93	0.82	0.79	0.76	0.71	0.93	0.95
11. Total Eligibles Referred for Corrective Treatment	CN	1,047	921	125	0	0	1	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,047	921	125	0	0	1	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	142,143	166	9,574	30,659	38,102	36,896	21,267	5,479
	MN	133	0	0	0	4	3	2	124
	Total	142,276	166	9,574	30,659	38,106	36,899	21,269	5,603
12b. Total Eligibles Receiving Preventive Dental Services	CN	128,406	84	7,723	28,136	35,992	34,050	18,414	4,007
	MN	95	0	0	0	4	3	1	87
	Total	128,501	84	7,723	28,136	35,996	34,053	18,415	4,094
12c. Total Eligibles Receiving Dental Treatment Services	CN	55,270	35	575	8,155	16,483	15,743	11,035	3,244
	MN	82	0	0	0	3	0	1	78
	Total	55,352	35	575	8,155	16,486	15,743	11,036	3,322
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	18,910				11,165	7,745		
	MN	3				2	1		
	Total	18,913				11,167	7,746		

Annual EPSDT Participation Report  
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State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	133,538	127	9,012	29,447	36,013	34,570	19,428	4,941
	MN	117	0	0	0	3	2	2	110
	Total	133,655	127	9,012	29,447	36,016	34,572	19,430	5,051
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	62,931	3,483	13,601	20,523	10,795	7,193	4,473	2,863
	MN	47	0	0	0	2	1	1	43
	Total	62,978	3,483	13,601	20,523	10,797	7,194	4,474	2,906
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	165,186	3,542	17,875	35,863	40,234	38,241	22,495	6,936
	MN	150	0	0	0	4	3	3	140
	Total	165,336	3,542	17,875	35,863	40,238	38,244	22,498	7,076
13. Total Eligibles Enrolled in Managed Care	CN	228,664	12,919	31,770	43,849	48,293	47,710	31,172	12,951
	MN	211	0	2	1	3	4	7	194
	Total	228,875	12,919	31,772	43,850	48,296	47,714	31,179	13,145
14. Total Number of Screening Blood Lead Tests	CN	29,133	116	16,614	12,403				
	MN	1	0	1	0				
	Total	29,134	116	16,615	12,403				



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	272,926	19,165	40,387	55,386	56,989	54,352	34,485	12,162
	MN	317	91	29	37	42	47	27	44
	Total	273,243	19,256	40,416	55,423	57,031	54,399	34,512	12,206
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	255,499	15,281	38,652	52,831	54,131	51,618	32,505	10,481
	MN	161	16	19	22	28	29	14	33
	Total	255,660	15,297	38,671	52,853	54,159	51,647	32,519	10,514
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,701,230	117,936	419,860	575,803	584,615	563,402	347,413	92,201
	MN	1,096	162	110	120	145	177	103	279
	Total	2,702,326	118,098	419,970	575,923	584,760	563,579	347,516	92,480
3b. Average Period of Eligibility	CN	0.88	0.64	0.91	0.91	0.90	0.91	0.89	0.73
	MN	0.57	0.84	0.48	0.45	0.43	0.51	0.61	0.70
	Total	0.88	0.64	0.91	0.91	0.90	0.91	0.89	0.73
4. Expected Number of Screenings per Eligible	CN		3.84	2.28	0.91	0.90	0.91	0.89	0.73
	MN		5.04	1.20	0.45	0.43	0.51	0.61	0.70
	Total		3.84	2.28	0.91	0.90	0.91	0.89	0.73
5. Expected Number of Screenings	CN	327,152	58,679	88,127	48,076	48,718	46,972	28,929	7,651
	MN	173	81	23	10	12	15	9	23
	Total	327,325	58,760	88,150	48,086	48,730	46,987	28,938	7,674
6. Total Screens Received	CN	247,560	66,015	68,300	38,351	24,081	25,417	17,448	7,948
	MN	123	55	18	5	16	6	16	7
	Total	247,683	66,070	68,318	38,356	24,097	25,423	17,464	7,955
7. SCREENING RATIO	CN	0.76	1.00	0.78	0.80	0.49	0.54	0.60	1.00
	MN	0.71	0.68	0.78	0.50	1.00	0.40	1.00	0.30
	Total	0.76	1.00	0.78	0.80	0.49	0.54	0.60	1.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	234,279	15,281	38,652	48,076	48,718	46,972	28,929	7,651
	MN	104	16	19	10	12	15	9	23
	Total	234,383	15,297	38,671	48,086	48,730	46,987	28,938	7,674
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	130,711	14,298	27,752	30,911	20,826	20,940	12,280	3,704
	MN	47	13	6	5	9	4	3	7
	Total	130,758	14,311	27,758	30,916	20,835	20,944	12,283	3,711
10. PARTICIPANT RATIO	CN	0.56	0.94	0.72	0.64	0.43	0.45	0.42	0.48
	MN	0.45	0.81	0.32	0.50	0.75	0.27	0.33	0.30
	Total	0.56	0.94	0.72	0.64	0.43	0.45	0.42	0.48
11. Total Eligibles Referred for Corrective Treatment	CN	303	26	57	50	47	66	54	3
	MN	0	0	0	0	0	0	0	0
	Total	303	26	57	50	47	66	54	3
12a. Total Eligibles Receiving Any Dental Services	CN	108,238	132	6,490	25,562	31,185	27,710	14,811	2,348
	MN	17	0	0	1	4	4	2	6
	Total	108,255	132	6,490	25,563	31,189	27,714	14,813	2,354
12b. Total Eligibles Receiving Preventive Dental Services	CN	101,114	62	5,212	23,788	29,965	26,690	13,542	1,855
	MN	13	0	0	1	4	4	2	2
	Total	101,127	62	5,212	23,789	29,969	26,694	13,544	1,857
12c. Total Eligibles Receiving Dental Treatment Services	CN	47,181	62	841	8,915	15,284	12,578	8,110	1,391
	MN	10	0	0	1	2	1	0	6
	Total	47,191	62	841	8,916	15,286	12,579	8,110	1,397
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,848				11,432	13,416		
	MN	7				3	4		
	Total	24,855				11,435	13,420		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	102,869	50	5,893	24,238	29,917	26,515	14,079	2,177
	MN	15	0	0	1	4	3	2	5
	Total	102,884	50	5,893	24,239	29,921	26,518	14,081	2,182
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	16,764	42	1,191	4,490	5,860	3,534	1,419	228
	MN	2	0	0	1	1	0	0	0
	Total	16,766	42	1,191	4,491	5,861	3,534	1,419	228
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	118,647	173	7,530	27,958	34,526	30,095	15,848	2,517
	MN	19	0	0	2	5	4	2	6
	Total	118,666	173	7,530	27,960	34,531	30,099	15,850	2,523
13. Total Eligibles Enrolled in Managed Care	CN	223,539	16,102	36,881	48,709	47,712	42,233	23,963	7,939
	MN	1	0	0	0	0	0	0	1
	Total	223,540	16,102	36,881	48,709	47,712	42,233	23,963	7,940
14. Total Number of Screening Blood Lead Tests	CN	24,594	332	15,368	8,894				
	MN	7	2	3	2				
	Total	24,601	334	15,371	8,896				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	508,236	32,062	61,785	89,414	104,484	115,744	80,040	24,707
	MN	40,959	1,621	5,201	8,752	8,843	8,701	6,368	1,473
	Total	549,195	33,683	66,986	98,166	113,327	124,445	86,408	26,180
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	471,103	25,414	57,873	84,277	98,693	109,840	75,544	19,462
	MN	41,974	1,277	5,691	9,189	9,322	8,955	6,213	1,327
	Total	513,077	26,691	63,564	93,466	108,015	118,795	81,757	20,789
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	30,592	35	1,031	2,036	7,901	10,515	7,964	1,110
	MN	128	0	4	13	17	42	43	9
	Total	30,720	35	1,035	2,049	7,918	10,557	8,007	1,119
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,928,589	189,850	630,937	909,776	1,068,988	1,181,581	787,747	159,710
	MN	429,010	10,467	58,082	95,697	96,039	93,554	64,380	10,791
	Total	5,357,599	200,317	689,019	1,005,473	1,165,027	1,275,135	852,127	170,501
3b. Average Period of Eligibility	CN	0.87	0.62	0.91	0.90	0.90	0.90	0.87	0.68
	MN	0.85	0.68	0.85	0.87	0.86	0.87	0.86	0.68
	Total	0.87	0.63	0.90	0.90	0.90	0.89	0.87	0.68
4. Expected Number of Screenings per Eligible	CN		3.10	1.82	0.90	0.45	0.90	0.87	0.68
	MN		3.40	1.70	0.87	0.43	0.87	0.86	0.68
	Total		3.15	1.80	0.90	0.45	0.89	0.87	0.68
5. Expected Number of Screenings	CN	482,186	78,783	105,329	75,849	44,412	98,856	65,723	13,234
	MN	40,055	4,342	9,675	7,994	4,008	7,791	5,343	902
	Total	522,241	83,125	115,004	83,843	48,420	106,647	71,066	14,136
6. Total Screens Received	CN	376,185	76,158	113,386	61,750	36,459	57,571	27,624	3,237
	MN	34,547	4,123	11,216	6,964	3,858	4,921	3,147	318
	Total	410,732	80,281	124,602	68,714	40,317	62,492	30,771	3,555
7. SCREENING RATIO	CN	0.78	0.97	1.00	0.81	0.82	0.58	0.42	0.24
	MN	0.86	0.95	1.00	0.87	0.96	0.63	0.59	0.35
	Total	0.79	0.97	1.00	0.82	0.83	0.59	0.43	0.25

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	381,361	25,414	57,873	75,849	44,412	98,856	65,723	13,234
	MN	33,006	1,277	5,691	7,994	4,008	7,791	5,343	902
	Total	414,367	26,691	63,564	83,843	48,420	106,647	71,066	14,136
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	214,745	22,713	44,432	48,571	29,427	45,435	21,588	2,579
	MN	20,175	1,154	4,372	5,277	3,059	3,749	2,302	262
	Total	234,920	23,867	48,804	53,848	32,486	49,184	23,890	2,841
10. PARTICIPANT RATIO	CN	0.56	0.89	0.77	0.64	0.66	0.46	0.33	0.19
	MN	0.61	0.90	0.77	0.66	0.76	0.48	0.43	0.29
	Total	0.57	0.89	0.77	0.64	0.67	0.46	0.34	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	65,811	11,176	17,091	13,108	6,512	11,229	5,921	774
	MN	6,651	627	1,821	1,464	708	1,104	841	86
	Total	72,462	11,803	18,912	14,572	7,220	12,333	6,762	860
12a. Total Eligibles Receiving Any Dental Services	CN	195,155	114	8,087	40,559	53,375	55,211	32,228	5,581
	MN	18,428	9	899	4,474	4,992	4,468	3,156	430
	Total	213,583	123	8,986	45,033	58,367	59,679	35,384	6,011
12b. Total Eligibles Receiving Preventive Dental Services	CN	167,105	36	6,216	35,814	47,922	48,184	25,304	3,629
	MN	15,761	4	678	3,924	4,460	3,876	2,554	265
	Total	182,866	40	6,894	39,738	52,382	52,060	27,858	3,894
12c. Total Eligibles Receiving Dental Treatment Services	CN	87,034	41	988	12,082	23,900	26,947	19,428	3,648
	MN	7,813	1	90	1,238	2,194	2,150	1,849	291
	Total	94,847	42	1,078	13,320	26,094	29,097	21,277	3,939
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,974				11,050	8,924		
	MN	1,783				1,025	758		
	Total	21,757				12,075	9,682		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	175,595	83	7,817	38,178	48,603	49,192	27,235	4,487
	MN	16,584	8	874	4,181	4,527	3,965	2,691	338
	Total	192,179	91	8,691	42,359	53,130	53,157	29,926	4,825
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,443	2	117	612	1,013	1,085	525	89
	MN	293	0	9	63	103	72	38	8
	Total	3,736	2	126	675	1,116	1,157	563	97
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	195,155	114	8,087	40,559	53,375	55,211	32,228	5,581
	MN	18,428	9	899	4,474	4,992	4,468	3,156	430
	Total	213,583	123	8,986	45,033	58,367	59,679	35,384	6,011
13. Total Eligibles Enrolled in Managed Care	CN	471,058	25,397	57,871	84,276	98,687	109,839	75,541	19,447
	MN	41,972	1,277	5,691	9,188	9,322	8,954	6,213	1,327
	Total	513,030	26,674	63,562	93,464	108,009	118,793	81,754	20,774
14. Total Number of Screening Blood Lead Tests	CN	50,080	544	32,756	16,780				
	MN	4,618	32	2,797	1,789				
	Total	54,698	576	35,553	18,569				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	822,285	45,234	91,956	143,257	167,186	191,086	136,087	47,479
	MN	515	15	53	78	80	97	92	100
	Total	822,800	45,249	92,009	143,335	167,266	191,183	136,179	47,579
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	796,641	36,794	90,203	140,933	164,278	187,924	133,755	42,754
	MN	463	10	47	73	78	82	78	95
	Total	797,104	36,804	90,250	141,006	164,356	188,006	133,833	42,849
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	147,720	231	7,801	16,534	34,028	45,428	36,117	7,581
	MN	16	0	0	1	1	3	3	8
	Total	147,736	231	7,801	16,535	34,029	45,431	36,120	7,589
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	8,965,382	274,312	1,035,832	1,629,467	1,901,305	2,183,466	1,546,475	394,525
	MN	4,323	44	503	801	803	773	529	870
	Total	8,969,705	274,356	1,036,335	1,630,268	1,902,108	2,184,239	1,547,004	395,395
3b. Average Period of Eligibility	CN	0.94	0.62	0.96	0.96	0.96	0.97	0.96	0.77
	MN	0.78	0.37	0.89	0.91	0.86	0.79	0.57	0.76
	Total	0.94	0.62	0.96	0.96	0.96	0.97	0.96	0.77
4. Expected Number of Screenings per Eligible	CN		3.72	1.92	0.96	0.48	0.58	0.48	0.39
	MN		2.22	1.78	0.91	0.43	0.47	0.29	0.38
	Total		3.72	1.92	0.96	0.48	0.58	0.48	0.39
5. Expected Number of Screenings	CN	714,085	136,874	173,190	135,296	78,853	108,996	64,202	16,674
	MN	304	22	84	66	34	39	23	36
	Total	714,389	136,896	173,274	135,362	78,887	109,035	64,225	16,710
6. Total Screens Received	CN	623,831	137,676	180,427	103,474	58,903	86,407	51,145	5,799
	MN	119	5	25	22	20	16	8	23
	Total	623,950	137,681	180,452	103,496	58,923	86,423	51,153	5,822
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.76	0.75	0.79	0.80	0.35
	MN	0.39	0.23	0.30	0.33	0.59	0.41	0.35	0.64
	Total	0.87	1.00	1.00	0.76	0.75	0.79	0.80	0.35

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	531,018	36,794	90,203	135,296	78,853	108,996	64,202	16,674
	MN	255	10	47	66	34	39	23	36
	Total	531,273	36,804	90,250	135,362	78,887	109,035	64,225	16,710
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	350,327	34,675	72,186	79,856	49,990	68,539	40,248	4,833
	MN	94	3	12	19	16	16	7	21
	Total	350,421	34,678	72,198	79,875	50,006	68,555	40,255	4,854
10. PARTICIPANT RATIO	CN	0.66	0.94	0.80	0.59	0.63	0.63	0.63	0.29
	MN	0.37	0.30	0.26	0.29	0.47	0.41	0.30	0.58
	Total	0.66	0.94	0.80	0.59	0.63	0.63	0.63	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	54,615	4,214	16,624	9,924	9,042	8,890	5,094	827
	MN	10	0	2	5	1	2	0	0
	Total	54,625	4,214	16,626	9,929	9,043	8,892	5,094	827
12a. Total Eligibles Receiving Any Dental Services	CN	390,993	274	23,094	81,714	103,397	106,588	64,143	11,783
	MN	159	0	6	24	27	31	22	49
	Total	391,152	274	23,100	81,738	103,424	106,619	64,165	11,832
12b. Total Eligibles Receiving Preventive Dental Services	CN	365,790	159	21,734	78,131	98,853	100,666	57,037	9,210
	MN	136	0	5	23	24	30	18	36
	Total	365,926	159	21,739	78,154	98,877	100,696	57,055	9,246
12c. Total Eligibles Receiving Dental Treatment Services	CN	195,639	20	3,126	30,836	57,600	56,367	39,886	7,804
	MN	93	0	0	10	18	15	13	37
	Total	195,732	20	3,126	30,846	57,618	56,382	39,899	7,841
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,314				23,647	12,667		
	MN	10				6	4		
	Total	36,324				23,653	12,671		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	369,205	260	22,482	78,558	98,210	101,216	58,648	9,831
	MN	136	0	6	23	23	30	19	35
	Total	369,341	260	22,488	78,581	98,233	101,246	58,667	9,866
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	27	0	20	7	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	27	0	20	7	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	390,993	274	23,094	81,714	103,397	106,588	64,143	11,783
	MN	159	0	6	24	27	31	22	49
	Total	391,152	274	23,100	81,738	103,424	106,619	64,165	11,832
13. Total Eligibles Enrolled in Managed Care	CN	773,768	36,213	86,877	137,920	160,800	183,853	130,487	37,618
	MN	273	1	13	33	38	48	30	110
	Total	774,041	36,214	86,890	137,953	160,838	183,901	130,517	37,728
14. Total Number of Screening Blood Lead Tests	CN	62,620	373	42,039	20,208				
	MN	4	0	3	1				
	Total	62,624	373	42,042	20,209				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	132,316	7,013	13,824	21,196	26,422	30,853	22,563	10,445
	MN	0	0	0	0	0	0	0	0
	Total	132,316	7,013	13,824	21,196	26,422	30,853	22,563	10,445
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	128,944	5,694	13,625	20,881	26,031	30,394	22,155	10,164
	MN	0	0	0	0	0	0	0	0
	Total	128,944	5,694	13,625	20,881	26,031	30,394	22,155	10,164
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	19,310	10	1,289	2,577	4,689	5,862	4,418	465
	MN	0	0	0	0	0	0	0	0
	Total	19,310	10	1,289	2,577	4,689	5,862	4,418	465
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,442,835	41,749	155,773	238,094	298,028	347,478	249,519	112,194
	MN	0	0	0	0	0	0	0	0
	Total	1,442,835	41,749	155,773	238,094	298,028	347,478	249,519	112,194
3b. Average Period of Eligibility	CN	0.93	0.61	0.95	0.95	0.95	0.95	0.94	0.92
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.61	0.95	0.95	0.95	0.95	0.94	0.92
4. Expected Number of Screenings per Eligible	CN		3.66	1.90	0.95	0.95	0.95	0.94	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.90	0.95	0.95	0.95	0.94	0.92
5. Expected Number of Screenings	CN	150,345	20,840	25,888	19,837	24,729	28,874	20,826	9,351
	MN	0	0	0	0	0	0	0	0
	Total	150,345	20,840	25,888	19,837	24,729	28,874	20,826	9,351
6. Total Screens Received	CN	140,375	29,819	41,944	18,630	16,977	19,390	10,959	2,656
	MN	0	0	0	0	0	0	0	0
	Total	140,375	29,819	41,944	18,630	16,977	19,390	10,959	2,656
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.94	0.69	0.67	0.53	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	1.00	1.00	0.94	0.69	0.67	0.53	0.28

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	122,936	5,694	13,625	19,837	24,729	28,874	20,826	9,351
	MN	0	0	0	0	0	0	0	0
	Total	122,936	5,694	13,625	19,837	24,729	28,874	20,826	9,351
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	65,527	5,333	11,740	12,984	11,953	13,767	7,781	1,969
	MN	0	0	0	0	0	0	0	0
	Total	65,527	5,333	11,740	12,984	11,953	13,767	7,781	1,969
10. PARTICIPANT RATIO	CN	0.53	0.94	0.86	0.65	0.48	0.48	0.37	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.94	0.86	0.65	0.48	0.48	0.37	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	88,804	4,560	10,997	14,583	17,634	19,443	15,046	6,541
	MN	0	0	0	0	0	0	0	0
	Total	88,804	4,560	10,997	14,583	17,634	19,443	15,046	6,541
12a. Total Eligibles Receiving Any Dental Services	CN	46,961	28	1,463	7,808	11,810	13,937	9,131	2,784
	MN	0	0	0	0	0	0	0	0
	Total	46,961	28	1,463	7,808	11,810	13,937	9,131	2,784
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,434	12	1,285	7,341	10,801	12,252	7,633	2,110
	MN	0	0	0	0	0	0	0	0
	Total	41,434	12	1,285	7,341	10,801	12,252	7,633	2,110
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,544	7	201	2,374	5,556	7,290	5,368	1,748
	MN	0	0	0	0	0	0	0	0
	Total	22,544	7	201	2,374	5,556	7,290	5,368	1,748
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,197				5,946	6,251		
	MN	0				0	0		
	Total	12,197				5,946	6,251		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	40,906	19	1,363	7,174	10,572	11,776	7,663	2,339
	MN	0	0	0	0	0	0	0	0
	Total	40,906	19	1,363	7,174	10,572	11,776	7,663	2,339
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	26,983	281	3,477	4,954	7,568	6,577	3,209	917
	MN	0	0	0	0	0	0	0	0
	Total	26,983	281	3,477	4,954	7,568	6,577	3,209	917
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	68,006	307	4,606	11,578	17,527	18,933	11,567	3,488
	MN	0	0	0	0	0	0	0	0
	Total	68,006	307	4,606	11,578	17,527	18,933	11,567	3,488
13. Total Eligibles Enrolled in Managed Care	CN	101,701	4,964	12,273	17,616	20,746	22,847	15,920	7,335
	MN	0	0	0	0	0	0	0	0
	Total	101,701	4,964	12,273	17,616	20,746	22,847	15,920	7,335
14. Total Number of Screening Blood Lead Tests	CN	2,586	19	2,146	421				
	MN	0	0	0	0				
	Total	2,586	19	2,146	421				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	642,182	37,763	78,570	115,791	129,147	139,347	98,338	43,226
	MN	1,387	51	84	124	174	246	228	480
	Total	643,569	37,814	78,654	115,915	129,321	139,593	98,566	43,706
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	613,442	30,497	76,036	112,163	125,007	134,859	94,801	40,079
	MN	1,033	22	58	99	128	193	170	363
	Total	614,475	30,519	76,094	112,262	125,135	135,052	94,971	40,442
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	127,549	349	9,566	18,117	32,126	37,176	26,204	4,011
	MN	0	0	0	0	0	0	0	0
	Total	127,549	349	9,566	18,117	32,126	37,176	26,204	4,011
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,682,862	224,230	842,188	1,251,364	1,401,722	1,509,876	1,048,237	405,245
	MN	7,865	150	477	782	931	1,488	1,311	2,726
	Total	6,690,727	224,380	842,665	1,252,146	1,402,653	1,511,364	1,049,548	407,971
3b. Average Period of Eligibility	CN	0.91	0.61	0.92	0.93	0.93	0.93	0.92	0.84
	MN	0.63	0.57	0.69	0.66	0.61	0.64	0.64	0.63
	Total	0.91	0.61	0.92	0.93	0.93	0.93	0.92	0.84
4. Expected Number of Screenings per Eligible	CN		3.66	1.84	0.93	0.93	0.93	0.92	0.84
	MN		3.42	1.38	0.66	0.61	0.64	0.64	0.63
	Total		3.66	1.84	0.93	0.93	0.93	0.92	0.84
5. Expected Number of Screenings	CN	718,396	111,619	139,906	104,312	116,257	125,419	87,217	33,666
	MN	760	75	80	65	78	124	109	229
	Total	719,156	111,694	139,986	104,377	116,335	125,543	87,326	33,895
6. Total Screens Received	CN	675,657	148,459	185,152	99,070	82,925	87,848	57,909	14,294
	MN	398	39	67	62	34	65	49	82
	Total	676,055	148,498	185,219	99,132	82,959	87,913	57,958	14,376
7. SCREENING RATIO	CN	0.94	1.00	1.00	0.95	0.71	0.70	0.66	0.42
	MN	0.52	0.52	0.84	0.95	0.44	0.52	0.45	0.36
	Total	0.94	1.00	1.00	0.95	0.71	0.70	0.66	0.42

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	573,404	30,497	76,036	104,312	116,257	125,419	87,217	33,666
	MN	685	22	58	65	78	124	109	229
	Total	574,089	30,519	76,094	104,377	116,335	125,543	87,326	33,895
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	366,327	28,638	64,822	78,825	67,801	70,603	44,618	11,020
	MN	278	9	35	45	29	52	39	69
	Total	366,605	28,647	64,857	78,870	67,830	70,655	44,657	11,089
10. PARTICIPANT RATIO	CN	0.64	0.94	0.85	0.76	0.58	0.56	0.51	0.33
	MN	0.41	0.41	0.60	0.69	0.37	0.42	0.36	0.30
	Total	0.64	0.94	0.85	0.76	0.58	0.56	0.51	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	358,976	27,605	64,469	77,802	66,801	69,058	42,962	10,279
	MN	266	8	34	45	28	51	38	62
	Total	359,242	27,613	64,503	77,847	66,829	69,109	43,000	10,341
12a. Total Eligibles Receiving Any Dental Services	CN	332,125	213	21,040	70,021	87,051	87,322	51,634	14,844
	MN	354	1	6	37	51	80	67	112
	Total	332,479	214	21,046	70,058	87,102	87,402	51,701	14,956
12b. Total Eligibles Receiving Preventive Dental Services	CN	305,092	118	18,631	65,673	82,348	81,483	45,031	11,808
	MN	302	1	5	34	47	74	55	86
	Total	305,394	119	18,636	65,707	82,395	81,557	45,086	11,894
12c. Total Eligibles Receiving Dental Treatment Services	CN	148,066	11	1,450	21,155	40,999	43,987	31,066	9,398
	MN	185	0	0	10	25	35	37	78
	Total	148,251	11	1,450	21,165	41,024	44,022	31,103	9,476
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,336				25,209	31,127		
	MN	47				17	30		
	Total	56,383				25,226	31,157		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	310,097	175	20,103	66,540	82,559	81,444	46,250	13,026
	MN	322	1	6	35	48	71	62	99
	Total	310,419	176	20,109	66,575	82,607	81,515	46,312	13,125
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	14,723	674	12,415	1,634	0	0	0	0
	MN	7	0	7	0	0	0	0	0
	Total	14,730	674	12,422	1,634	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	342,492	870	29,964	70,807	87,051	87,322	51,634	14,844
	MN	361	1	13	37	51	80	67	112
	Total	342,853	871	29,977	70,844	87,102	87,402	51,701	14,956
13. Total Eligibles Enrolled in Managed Care	CN	625,657	35,663	77,425	113,727	126,499	135,830	95,221	41,292
	MN	718	12	45	68	99	122	128	244
	Total	626,375	35,675	77,470	113,795	126,598	135,952	95,349	41,536
14. Total Number of Screening Blood Lead Tests	CN	64,681	835	38,966	24,880				
	MN	35	1	19	15				
	Total	64,716	836	38,985	24,895				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	623,561	36,997	74,025	104,779	118,651	134,027	106,324	48,758
	MN	0	0	0	0	0	0	0	0
	Total	623,561	36,997	74,025	104,779	118,651	134,027	106,324	48,758
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	557,441	24,900	67,230	96,075	108,934	122,422	95,776	42,104
	MN	0	0	0	0	0	0	0	0
	Total	557,441	24,900	67,230	96,075	108,934	122,422	95,776	42,104
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	231,948	9,393	24,627	35,594	47,362	55,247	45,851	13,874
	MN	0	0	0	0	0	0	0	0
	Total	231,948	9,393	24,627	35,594	47,362	55,247	45,851	13,874
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,777,727	170,541	702,142	1,016,052	1,159,551	1,304,805	1,014,277	410,359
	MN	0	0	0	0	0	0	0	0
	Total	5,777,727	170,541	702,142	1,016,052	1,159,551	1,304,805	1,014,277	410,359
3b. Average Period of Eligibility	CN	0.86	0.57	0.87	0.88	0.89	0.89	0.88	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.57	0.87	0.88	0.89	0.89	0.88	0.81
4. Expected Number of Screenings per Eligible	CN		3.42	1.74	0.88	0.89	0.89	0.88	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.42	1.74	0.88	0.89	0.89	0.88	0.81
5. Expected Number of Screenings	CN	610,978	85,158	116,980	84,546	96,951	108,956	84,283	34,104
	MN	0	0	0	0	0	0	0	0
	Total	610,978	85,158	116,980	84,546	96,951	108,956	84,283	34,104
6. Total Screens Received	CN	611,470	95,906	141,368	93,628	88,512	97,473	73,664	20,919
	MN	0	0	0	0	0	0	0	0
	Total	611,470	95,906	141,368	93,628	88,512	97,473	73,664	20,919
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.91	0.89	0.87	0.61
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	0.91	0.89	0.87	0.61



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	500,970	24,900	67,230	84,546	96,951	108,956	84,283	34,104
	MN	0	0	0	0	0	0	0	0
	Total	500,970	24,900	67,230	84,546	96,951	108,956	84,283	34,104
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	356,525	22,047	56,388	69,171	68,864	74,710	51,397	13,948
	MN	0	0	0	0	0	0	0	0
	Total	356,525	22,047	56,388	69,171	68,864	74,710	51,397	13,948
10. PARTICIPANT RATIO	CN	0.71	0.89	0.84	0.82	0.71	0.69	0.61	0.41
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.89	0.84	0.82	0.71	0.69	0.61	0.41
11. Total Eligibles Referred for Corrective Treatment	CN	314,352	12,971	41,191	61,580	63,743	66,372	48,581	19,914
	MN	0	0	0	0	0	0	0	0
	Total	314,352	12,971	41,191	61,580	63,743	66,372	48,581	19,914
12a. Total Eligibles Receiving Any Dental Services	CN	301,773	153	14,222	56,389	76,731	83,025	56,051	15,202
	MN	0	0	0	0	0	0	0	0
	Total	301,773	153	14,222	56,389	76,731	83,025	56,051	15,202
12b. Total Eligibles Receiving Preventive Dental Services	CN	280,983	93	12,917	54,744	74,379	77,283	49,066	12,501
	MN	0	0	0	0	0	0	0	0
	Total	280,983	93	12,917	54,744	74,379	77,283	49,066	12,501
12c. Total Eligibles Receiving Dental Treatment Services	CN	163,701	29	2,015	19,201	41,691	52,126	38,592	10,047
	MN	0	0	0	0	0	0	0	0
	Total	163,701	29	2,015	19,201	41,691	52,126	38,592	10,047
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	55,314				30,289	25,025		
	MN	0				0	0		
	Total	55,314				30,289	25,025		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	278,738	129	13,778	54,436	72,559	75,428	49,186	13,222
	MN	0	0	0	0	0	0	0	0
	Total	278,738	129	13,778	54,436	72,559	75,428	49,186	13,222
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	13,967	217	4,370	3,829	2,828	1,963	669	91
	MN	0	0	0	0	0	0	0	0
	Total	13,967	217	4,370	3,829	2,828	1,963	669	91
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	308,800	359	17,543	58,083	77,607	83,682	56,279	15,247
	MN	0	0	0	0	0	0	0	0
	Total	308,800	359	17,543	58,083	77,607	83,682	56,279	15,247
13. Total Eligibles Enrolled in Managed Care	CN	480,452	17,852	61,577	87,218	96,180	104,735	79,241	33,649
	MN	0	0	0	0	0	0	0	0
	Total	480,452	17,852	61,577	87,218	96,180	104,735	79,241	33,649
14. Total Number of Screening Blood Lead Tests	CN	83,084	2,435	40,584	40,065				
	MN	0	0	0	0				
	Total	83,084	2,435	40,584	40,065				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,219,563	70,204	140,456	199,772	243,570	281,528	210,114	73,919
	MN	23,918	21	42	45	54	110	159	23,487
	Total	1,243,481	70,225	140,498	199,817	243,624	281,638	210,273	97,406
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,158,882	56,959	135,283	193,110	235,611	272,020	198,352	67,547
	MN	20,121	10	19	11	10	21	39	20,011
	Total	1,179,003	56,969	135,302	193,121	235,621	272,041	198,391	87,558
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,976	0	0	0	0	0	9,233	743
	MN	0	0	0	0	0	0	0	0
	Total	9,976	0	0	0	0	0	9,233	743
2a. State Periodicity Schedule			7	4	4	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	2.00	1.33	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	12,412,205	413,338	1,468,183	2,119,456	2,599,769	2,998,540	2,149,450	663,469
	MN	178,845	58	128	44	77	115	271	178,152
	Total	12,591,050	413,396	1,468,311	2,119,500	2,599,846	2,998,655	2,149,721	841,621
3b. Average Period of Eligibility	CN	0.89	0.60	0.90	0.91	0.92	0.92	0.90	0.82
	MN	0.74	0.48	0.56	0.33	0.64	0.46	0.58	0.74
	Total	0.89	0.60	0.90	0.91	0.92	0.92	0.90	0.80
4. Expected Number of Screenings per Eligible	CN		4.20	1.80	1.21	0.92	0.92	0.90	0.82
	MN		3.36	1.12	0.44	0.64	0.46	0.58	0.74
	Total		4.20	1.80	1.21	0.92	0.92	0.90	0.80
5. Expected Number of Screenings	CN	1,417,326	239,228	243,509	233,663	216,762	250,258	178,517	55,389
	MN	14,907	34	21	5	6	10	23	14,808
	Total	1,432,233	239,262	243,530	233,668	216,768	250,268	178,540	70,197
6. Total Screens Received	CN	1,057,420	239,387	289,978	153,779	119,134	148,021	89,420	17,701
	MN	4,519	7	4	2	1	4	6	4,495
	Total	1,061,939	239,394	289,982	153,781	119,135	148,025	89,426	22,196
7. SCREENING RATIO	CN	0.75	1.00	1.00	0.66	0.55	0.59	0.50	0.32
	MN	0.30	0.21	0.19	0.40	0.17	0.40	0.26	0.30
	Total	0.74	1.00	1.00	0.66	0.55	0.59	0.50	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,086,278	56,959	135,283	193,110	216,762	250,258	178,517	55,389
	MN	14,881	10	19	5	6	10	23	14,808
	Total	1,101,159	56,969	135,302	193,115	216,768	250,268	178,540	70,197
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	548,907	51,727	102,827	111,781	91,794	111,170	66,388	13,220
	MN	3,398	5	2	2	1	3	3	3,382
	Total	552,305	51,732	102,829	111,783	91,795	111,173	66,391	16,602
10. PARTICIPANT RATIO	CN	0.51	0.91	0.76	0.58	0.42	0.44	0.37	0.24
	MN	0.23	0.50	0.11	0.40	0.17	0.30	0.13	0.23
	Total	0.50	0.91	0.76	0.58	0.42	0.44	0.37	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	424,393	285	11,596	80,001	121,785	122,343	72,607	15,776
	MN	4,031	0	0	2	0	1	5	4,023
	Total	428,424	285	11,596	80,003	121,785	122,344	72,612	19,799
12b. Total Eligibles Receiving Preventive Dental Services	CN	416,424	277	11,556	79,099	119,881	120,117	70,353	15,141
	MN	3,886	0	0	2	0	1	5	3,878
	Total	420,310	277	11,556	79,101	119,881	120,118	70,358	19,019
12c. Total Eligibles Receiving Dental Treatment Services	CN	174,106	19	1,109	22,842	52,261	50,409	38,388	9,078
	MN	2,499	0	0	0	0	0	1	2,498
	Total	176,605	19	1,109	22,842	52,261	50,409	38,389	11,576
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	47,237				28,305	18,932		
	MN	0				0	0		
	Total	47,237				28,305	18,932		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	395,229	170	10,076	74,463	114,620	114,683	66,949	14,268
	MN	3,625	0	0	2	0	1	5	3,617
	Total	398,854	170	10,076	74,465	114,620	114,684	66,954	17,885
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	63,584	118	3,664	12,789	20,245	17,358	7,769	1,641
	MN	383	0	0	0	1	0	0	382
	Total	63,967	118	3,664	12,789	20,246	17,358	7,769	2,023
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	474,782	399	14,836	89,502	137,357	136,780	78,817	17,091
	MN	4,339	0	0	2	1	1	5	4,330
	Total	479,121	399	14,836	89,504	137,358	136,781	78,822	21,421
13. Total Eligibles Enrolled in Managed Care	CN	1,055,736	50,239	128,203	179,714	216,813	245,614	176,421	58,732
	MN	18,487	8	14	5	6	11	19	18,424
	Total	1,074,223	50,247	128,217	179,719	216,819	245,625	176,440	77,156
14. Total Number of Screening Blood Lead Tests	CN	128,298	2,458	76,501	49,339				
	MN	7	0	5	2				
	Total	128,305	2,458	76,506	49,341				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	420,746	29,896	58,536	73,662	85,090	87,923	58,925	26,714
	MN	66,324	1,506	4,459	10,475	12,793	15,131	13,155	8,805
	Total	487,070	31,402	62,995	84,137	97,883	103,054	72,080	35,519
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	394,781	24,052	55,437	69,906	81,111	83,737	56,029	24,509
	MN	61,954	1,214	4,279	9,789	12,016	14,285	12,333	8,038
	Total	456,735	25,266	59,716	79,695	93,127	98,022	68,362	32,547
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9	0	9	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	9	0	9	0	0	0	0	0
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	4,104,112	175,054	580,509	737,006	873,290	907,129	598,661	232,463
	MN	628,257	8,853	44,358	98,142	123,614	149,349	127,088	76,853
	Total	4,732,369	183,907	624,867	835,148	996,904	1,056,478	725,749	309,316
3b. Average Period of Eligibility	CN	0.87	0.61	0.87	0.88	0.90	0.90	0.89	0.79
	MN	0.85	0.61	0.86	0.84	0.86	0.87	0.86	0.80
	Total	0.86	0.61	0.87	0.87	0.89	0.90	0.88	0.79
4. Expected Number of Screenings per Eligible	CN		3.05	1.74	0.88	0.45	0.54	0.45	0.40
	MN		3.05	1.72	0.84	0.43	0.52	0.43	0.40
	Total		3.05	1.74	0.87	0.45	0.54	0.44	0.40
5. Expected Number of Screenings	CN	348,071	73,359	96,460	61,517	36,500	45,218	25,213	9,804
	MN	40,399	3,703	7,360	8,223	5,167	7,428	5,303	3,215
	Total	388,470	77,062	103,820	69,740	41,667	52,646	30,516	13,019
6. Total Screens Received	CN	300,265	83,619	98,281	43,763	26,284	29,208	15,069	4,041
	MN	33,261	4,703	7,616	6,370	4,174	5,296	3,524	1,578
	Total	333,526	88,322	105,897	50,133	30,458	34,504	18,593	5,619
7. SCREENING RATIO	CN	0.86	1.00	1.00	0.71	0.72	0.65	0.60	0.41
	MN	0.82	1.00	1.00	0.77	0.81	0.71	0.66	0.49
	Total	0.86	1.00	1.00	0.72	0.73	0.66	0.61	0.43

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Form CMS-416  
Fiscal Year: 2012  
State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	257,741	24,052	55,437	61,517	36,500	45,218	25,213	9,804
	MN	34,829	1,214	4,279	8,223	5,167	7,428	5,303	3,215
	Total	292,570	25,266	59,716	69,740	41,667	52,646	30,516	13,019
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	175,238	21,918	42,865	40,156	25,062	27,457	13,994	3,786
	MN	24,748	1,154	3,511	6,047	4,068	5,101	3,360	1,507
	Total	199,986	23,072	46,376	46,203	29,130	32,558	17,354	5,293
10. PARTICIPANT RATIO	CN	0.68	0.91	0.77	0.65	0.69	0.61	0.56	0.39
	MN	0.71	0.95	0.82	0.74	0.79	0.69	0.63	0.47
	Total	0.68	0.91	0.78	0.66	0.70	0.62	0.57	0.41
11. Total Eligibles Referred for Corrective Treatment	CN	9,952	644	4,135	1,812	1,319	1,287	649	106
	MN	1,463	42	519	319	233	196	136	18
	Total	11,415	686	4,654	2,131	1,552	1,483	785	124
12a. Total Eligibles Receiving Any Dental Services	CN	126,423	134	5,136	25,021	35,444	34,582	20,128	5,978
	MN	23,424	2	367	3,553	5,834	6,658	4,789	2,221
	Total	149,847	136	5,503	28,574	41,278	41,240	24,917	8,199
12b. Total Eligibles Receiving Preventive Dental Services	CN	109,405	102	4,061	22,467	31,931	30,641	16,203	4,000
	MN	20,599	2	274	3,219	5,361	6,030	4,043	1,670
	Total	130,004	104	4,335	25,686	37,292	36,671	20,246	5,670
12c. Total Eligibles Receiving Dental Treatment Services	CN	53,144	4	591	8,098	16,074	14,886	10,029	3,462
	MN	8,838	0	31	931	2,288	2,446	1,995	1,147
	Total	61,982	4	622	9,029	18,362	17,332	12,024	4,609
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	16,401				9,071	7,330		
	MN	2,525				1,311	1,214		
	Total	18,926				10,382	8,544		

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	112,177	53	4,238	22,596	31,697	30,813	17,536	5,244
	MN	21,205	1	319	3,323	5,324	6,029	4,264	1,945
	Total	133,382	54	4,557	25,919	37,021	36,842	21,800	7,189
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	19,525	350	7,591	7,021	2,292	1,555	584	132
	MN	1,743	9	523	803	169	124	83	32
	Total	21,268	359	8,114	7,824	2,461	1,679	667	164
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	137,575	419	11,303	28,319	36,115	35,037	20,349	6,033
	MN	24,445	10	804	3,924	5,905	6,719	4,839	2,244
	Total	162,020	429	12,107	32,243	42,020	41,756	25,188	8,277
13. Total Eligibles Enrolled in Managed Care	CN	343,995	24,202	51,226	63,033	69,869	69,178	45,520	20,967
	MN	61,758	1,409	4,215	9,701	11,982	14,348	12,120	7,983
	Total	405,753	25,611	55,441	72,734	81,851	83,526	57,640	28,950
14. Total Number of Screening Blood Lead Tests	CN	41,536	1,647	31,428	8,461				
	MN	3,036	83	2,319	634				
	Total	44,572	1,730	33,747	9,095				



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	429,897	28,322	56,868	85,688	90,876	94,649	58,970	14,524
	MN	0	0	0	0	0	0	0	0
	Total	429,897	28,322	56,868	85,688	90,876	94,649	58,970	14,524
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	399,355	22,911	53,563	81,405	85,459	89,183	55,404	11,430
	MN	0	0	0	0	0	0	0	0
	Total	399,355	22,911	53,563	81,405	85,459	89,183	55,404	11,430
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	3	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,315,004	176,399	594,631	901,646	938,486	987,823	610,754	105,265
	MN	0	0	0	0	0	0	0	0
	Total	4,315,004	176,399	594,631	901,646	938,486	987,823	610,754	105,265
3b. Average Period of Eligibility	CN	0.90	0.64	0.93	0.92	0.92	0.92	0.92	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.64	0.93	0.92	0.92	0.92	0.92	0.77
4. Expected Number of Screenings per Eligible	CN		3.20	1.40	0.92	0.92	0.92	0.92	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.20	1.40	0.92	0.92	0.92	0.92	0.77
5. Expected Number of Screenings	CN	443,639	73,315	74,988	74,893	78,622	82,048	50,972	8,801
	MN	0	0	0	0	0	0	0	0
	Total	443,639	73,315	74,988	74,893	78,622	82,048	50,972	8,801
6. Total Screens Received	CN	287,516	84,051	92,652	47,596	22,429	27,184	12,608	996
	MN	0	0	0	0	0	0	0	0
	Total	287,516	84,051	92,652	47,596	22,429	27,184	12,608	996
7. SCREENING RATIO	CN	0.65	1.00	1.00	0.64	0.29	0.33	0.25	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	1.00	0.64	0.29	0.33	0.25	0.11

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	371,810	22,911	53,563	74,893	78,622	82,048	50,972	8,801
	MN	0	0	0	0	0	0	0	0
	Total	371,810	22,911	53,563	74,893	78,622	82,048	50,972	8,801
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	154,433	21,813	38,079	39,725	19,741	23,291	10,886	898
	MN	0	0	0	0	0	0	0	0
	Total	154,433	21,813	38,079	39,725	19,741	23,291	10,886	898
10. PARTICIPANT RATIO	CN	0.42	0.95	0.71	0.53	0.25	0.28	0.21	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.95	0.71	0.53	0.25	0.28	0.21	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	87,800	20,267	23,325	16,650	9,884	11,624	5,527	523
	MN	0	0	0	0	0	0	0	0
	Total	87,800	20,267	23,325	16,650	9,884	11,624	5,527	523
12a. Total Eligibles Receiving Any Dental Services	CN	193,415	124	10,485	49,954	52,167	50,602	26,532	3,551
	MN	0	0	0	0	0	0	0	0
	Total	193,415	124	10,485	49,954	52,167	50,602	26,532	3,551
12b. Total Eligibles Receiving Preventive Dental Services	CN	176,016	41	9,064	46,252	49,106	46,501	22,396	2,656
	MN	0	0	0	0	0	0	0	0
	Total	176,016	41	9,064	46,252	49,106	46,501	22,396	2,656
12c. Total Eligibles Receiving Dental Treatment Services	CN	87,066	6	1,214	15,594	24,913	26,453	16,594	2,292
	MN	0	0	0	0	0	0	0	0
	Total	87,066	6	1,214	15,594	24,913	26,453	16,594	2,292
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,847				13,640	16,207		
	MN	0				0	0		
	Total	29,847				13,640	16,207		

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	185,223	110	10,165	47,710	50,652	48,470	24,808	3,308
	MN	0	0	0	0	0	0	0	0
	Total	185,223	110	10,165	47,710	50,652	48,470	24,808	3,308
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,975	1,173	5,810	1,305	307	159	206	15
	MN	0	0	0	0	0	0	0	0
	Total	8,975	1,173	5,810	1,305	307	159	206	15
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	199,672	1,288	15,019	50,324	52,229	50,643	26,611	3,558
	MN	0	0	0	0	0	0	0	0
	Total	199,672	1,288	15,019	50,324	52,229	50,643	26,611	3,558
13. Total Eligibles Enrolled in Managed Care	CN	24,014	241	1,165	2,614	4,859	7,186	5,447	2,502
	MN	0	0	0	0	0	0	0	0
	Total	24,014	241	1,165	2,614	4,859	7,186	5,447	2,502
14. Total Number of Screening Blood Lead Tests	CN	54,309	1,099	27,121	26,089				
	MN	0	0	0	0				
	Total	54,309	1,099	27,121	26,089				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	693,684	42,575	86,369	124,297	143,608	154,031	107,568	35,236
	MN	0	0	0	0	0	0	0	0
	Total	693,684	42,575	86,369	124,297	143,608	154,031	107,568	35,236
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	640,357	30,583	81,371	117,827	136,209	145,499	100,563	28,305
	MN	0	0	0	0	0	0	0	0
	Total	640,357	30,583	81,371	117,827	136,209	145,499	100,563	28,305
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	91,382	1	2,501	4,518	26,294	32,263	22,853	2,952
	MN	0	0	0	0	0	0	0	0
	Total	91,382	1	2,501	4,518	26,294	32,263	22,853	2,952
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,832,569	238,884	877,669	1,287,356	1,497,986	1,600,578	1,083,820	246,276
	MN	0	0	0	0	0	0	0	0
	Total	6,832,569	238,884	877,669	1,287,356	1,497,986	1,600,578	1,083,820	246,276
3b. Average Period of Eligibility	CN	0.89	0.65	0.90	0.91	0.92	0.92	0.90	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.90	0.91	0.92	0.92	0.90	0.73
4. Expected Number of Screenings per Eligible	CN		3.25	1.80	0.91	0.46	0.55	0.45	0.37
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.80	0.91	0.46	0.55	0.45	0.37
5. Expected Number of Screenings	CN	551,492	99,395	146,468	107,223	62,656	80,024	45,253	10,473
	MN	0	0	0	0	0	0	0	0
	Total	551,492	99,395	146,468	107,223	62,656	80,024	45,253	10,473
6. Total Screens Received	CN	664,504	145,822	199,111	119,849	64,382	73,906	48,249	13,185
	MN	0	0	0	0	0	0	0	0
	Total	664,504	145,822	199,111	119,849	64,382	73,906	48,249	13,185
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.92	1.00	1.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	1.00	0.92	1.00	1.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	417,583	30,583	81,371	107,223	62,656	80,024	45,253	10,473
	MN	0	0	0	0	0	0	0	0
	Total	417,583	30,583	81,371	107,223	62,656	80,024	45,253	10,473
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	307,185	29,128	65,996	72,058	46,732	53,419	32,437	7,415
	MN	0	0	0	0	0	0	0	0
	Total	307,185	29,128	65,996	72,058	46,732	53,419	32,437	7,415
10. PARTICIPANT RATIO	CN	0.74	0.95	0.81	0.67	0.75	0.67	0.72	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.95	0.81	0.67	0.75	0.67	0.72	0.71
11. Total Eligibles Referred for Corrective Treatment	CN	57,458	6,927	9,666	9,745	7,512	8,705	9,252	5,651
	MN	0	0	0	0	0	0	0	0
	Total	57,458	6,927	9,666	9,745	7,512	8,705	9,252	5,651
12a. Total Eligibles Receiving Any Dental Services	CN	229,450	174	8,329	44,693	67,946	65,510	37,334	5,464
	MN	0	0	0	0	0	0	0	0
	Total	229,450	174	8,329	44,693	67,946	65,510	37,334	5,464
12b. Total Eligibles Receiving Preventive Dental Services	CN	205,884	85	6,091	40,217	63,440	60,495	31,665	3,891
	MN	0	0	0	0	0	0	0	0
	Total	205,884	85	6,091	40,217	63,440	60,495	31,665	3,891
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,507	13	747	14,115	32,918	30,748	21,480	3,486
	MN	0	0	0	0	0	0	0	0
	Total	103,507	13	747	14,115	32,918	30,748	21,480	3,486
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,801				18,359	15,442		
	MN	0				0	0		
	Total	33,801				18,359	15,442		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	208,439	132	7,795	41,765	62,033	59,280	32,805	4,629
	MN	0	0	0	0	0	0	0	0
	Total	208,439	132	7,795	41,765	62,033	59,280	32,805	4,629
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,664	98	1,489	1,608	338	47	73	11
	MN	0	0	0	0	0	0	0	0
	Total	3,664	98	1,489	1,608	338	47	73	11
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	231,291	271	9,567	45,151	67,982	65,513	37,340	5,467
	MN	0	0	0	0	0	0	0	0
	Total	231,291	271	9,567	45,151	67,982	65,513	37,340	5,467
13. Total Eligibles Enrolled in Managed Care	CN	470,112	27,637	59,631	86,080	98,575	104,636	72,435	21,118
	MN	0	0	0	0	0	0	0	0
	Total	470,112	27,637	59,631	86,080	98,575	104,636	72,435	21,118
14. Total Number of Screening Blood Lead Tests	CN	66,424	1,120	37,305	27,999				
	MN	0	0	0	0				
	Total	66,424	1,120	37,305	27,999				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	89,485	5,642	11,768	16,660	19,341	19,301	12,818	3,955
	MN	73	0	0	3	13	12	39	6
	Total	89,558	5,642	11,768	16,663	19,354	19,313	12,857	3,961
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	82,601	4,504	11,012	15,626	18,253	18,109	11,871	3,226
	MN	60	2	0	2	11	12	29	4
	Total	82,661	4,506	11,012	15,628	18,264	18,121	11,900	3,230
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	5,206	76	360	360	1,852	1,630	820	108
	MN	0	0	0	0	0	0	0	0
	Total	5,206	76	360	360	1,852	1,630	820	108
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	857,432	31,971	116,286	166,522	196,579	195,309	125,216	25,549
	MN	529	0	0	23	109	116	246	35
	Total	857,961	31,971	116,286	166,545	196,688	195,425	125,462	25,584
3b. Average Period of Eligibility	CN	0.87	0.59	0.88	0.89	0.90	0.90	0.88	0.66
	MN	0.73	0.00	0.00	0.96	0.83	0.81	0.71	0.73
	Total	0.86	0.59	0.88	0.89	0.90	0.90	0.88	0.66
4. Expected Number of Screenings per Eligible	CN		2.95	1.76	0.89	0.45	0.54	0.44	0.33
	MN		0.00	0.00	0.96	0.42	0.49	0.36	0.37
	Total		2.95	1.76	0.89	0.45	0.54	0.44	0.33
5. Expected Number of Screenings	CN	70,856	13,287	19,381	13,907	8,214	9,779	5,223	1,065
	MN	24	0	0	2	5	6	10	1
	Total	70,880	13,287	19,381	13,909	8,219	9,785	5,233	1,066
6. Total Screens Received	CN	73,262	20,712	24,119	12,001	5,562	7,083	3,454	331
	MN	63	4	0	4	7	14	33	1
	Total	73,325	20,716	24,119	12,005	5,569	7,097	3,487	332
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.86	0.68	0.72	0.66	0.31
	MN	1.00	0.00	0.00	1.00	1.00	1.00	1.00	1.00
	Total	1.00	1.00	1.00	0.86	0.68	0.73	0.67	0.31

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	53,704	4,504	11,012	13,907	8,214	9,779	5,223	1,065
	MN	24	0	0	2	5	6	10	1
	Total	53,728	4,504	11,012	13,909	8,219	9,785	5,233	1,066
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	31,651	4,321	7,973	7,862	3,856	4,921	2,465	253
	MN	36	2	0	2	4	7	20	1
	Total	31,687	4,323	7,973	7,864	3,860	4,928	2,485	254
10. PARTICIPANT RATIO	CN	0.59	0.96	0.72	0.57	0.47	0.50	0.47	0.24
	MN	1.00	0.00	0.00	1.00	0.80	1.00	1.00	1.00
	Total	0.59	0.96	0.72	0.57	0.47	0.50	0.47	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	25,673	3,923	6,982	6,019	3,138	3,629	1,788	194
	MN	34	2	0	1	3	8	19	1
	Total	25,707	3,925	6,982	6,020	3,141	3,637	1,807	195
12a. Total Eligibles Receiving Any Dental Services	CN	35,879	64	2,524	8,851	9,998	8,709	4,765	968
	MN	40	0	0	0	7	10	21	2
	Total	35,919	64	2,524	8,851	10,005	8,719	4,786	970
12b. Total Eligibles Receiving Preventive Dental Services	CN	31,788	46	2,231	8,178	9,184	7,763	3,801	585
	MN	36	0	0	0	6	9	19	2
	Total	31,824	46	2,231	8,178	9,190	7,772	3,820	587
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,396	8	481	3,816	5,443	4,780	3,181	687
	MN	27	0	0	0	4	7	15	1
	Total	18,423	8	481	3,816	5,447	4,787	3,196	688
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,401				3,139	2,262		
	MN	3				1	2		
	Total	5,404				3,140	2,264		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	30,676	34	2,212	7,695	8,351	7,403	4,156	825
	MN	36	0	0	0	6	10	19	1
	Total	30,712	34	2,212	7,695	8,357	7,413	4,175	826
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,364	119	828	1,596	1,287	962	971	601
	MN	14	0	0	1	3	4	6	0
	Total	6,378	119	828	1,597	1,290	966	977	601
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	39,145	182	3,048	9,435	10,614	9,249	5,269	1,348
	MN	48	0	0	1	7	12	26	2
	Total	39,193	182	3,048	9,436	10,621	9,261	5,295	1,350
13. Total Eligibles Enrolled in Managed Care	CN	80,269	3,812	11,168	15,590	17,765	17,281	11,235	3,418
	MN	21	0	0	3	5	5	8	0
	Total	80,290	3,812	11,168	15,593	17,770	17,286	11,243	3,418
14. Total Number of Screening Blood Lead Tests	CN	1,111	2	465	644				
	MN	1	0	0	1				
	Total	1,112	2	465	645				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	172,590	11,344	24,309	34,510	37,598	36,397	22,640	5,792
	MN	2,563	52	57	71	89	103	296	1,895
	Total	175,153	11,396	24,366	34,581	37,687	36,500	22,936	7,687
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	162,134	9,303	23,226	32,924	35,885	34,594	21,382	4,820
	MN	2,212	40	50	49	70	83	246	1,674
	Total	164,346	9,343	23,276	32,973	35,955	34,677	21,628	6,494
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	52,815	666	4,558	7,184	13,833	15,382	9,811	1,381
	MN	15	0	0	1	0	2	7	5
	Total	52,830	666	4,558	7,185	13,833	15,384	9,818	1,386
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,552,841	60,935	224,889	322,945	358,742	349,055	206,717	29,558
	MN	11,078	82	166	160	231	252	1,073	9,114
	Total	1,563,919	61,017	225,055	323,105	358,973	349,307	207,790	38,672
3b. Average Period of Eligibility	CN	0.80	0.55	0.81	0.82	0.83	0.84	0.81	0.51
	MN	0.42	0.17	0.28	0.27	0.28	0.25	0.36	0.45
	Total	0.79	0.54	0.81	0.82	0.83	0.84	0.80	0.50
4. Expected Number of Screenings per Eligible	CN		3.30	2.03	0.82	0.83	0.84	0.81	0.51
	MN		1.02	0.70	0.27	0.28	0.25	0.36	0.45
	Total		3.24	2.03	0.82	0.83	0.84	0.80	0.50
5. Expected Number of Screenings	CN	183,468	30,700	47,149	26,998	29,785	29,059	17,319	2,458
	MN	972	41	35	13	20	21	89	753
	Total	184,440	30,741	47,184	27,011	29,805	29,080	17,408	3,211
6. Total Screens Received	CN	125,207	34,968	40,817	19,145	8,439	13,948	7,308	582
	MN	273	52	19	4	1	6	26	165
	Total	125,480	35,020	40,836	19,149	8,440	13,954	7,334	747
7. SCREENING RATIO	CN	0.68	1.00	0.87	0.71	0.28	0.48	0.42	0.24
	MN	0.28	1.00	0.54	0.31	0.05	0.29	0.29	0.22
	Total	0.68	1.00	0.87	0.71	0.28	0.48	0.42	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	138,148	9,303	23,226	26,998	29,785	29,059	17,319	2,458
	MN	971	40	35	13	20	21	89	753
	Total	139,119	9,343	23,261	27,011	29,805	29,080	17,408	3,211
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	65,553	8,448	16,785	15,753	7,180	11,232	5,707	448
	MN	186	23	13	4	1	5	20	120
	Total	65,739	8,471	16,798	15,757	7,181	11,237	5,727	568
10. PARTICIPANT RATIO	CN	0.47	0.91	0.72	0.58	0.24	0.39	0.33	0.18
	MN	0.19	0.58	0.37	0.31	0.05	0.24	0.22	0.16
	Total	0.47	0.91	0.72	0.58	0.24	0.39	0.33	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	4,960	912	1,669	1,064	370	520	403	22
	MN	7	1	2	0	0	0	1	3
	Total	4,967	913	1,671	1,064	370	520	404	25
12a. Total Eligibles Receiving Any Dental Services	CN	79,612	43	4,860	17,859	23,238	21,355	10,802	1,455
	MN	441	0	3	11	20	15	39	353
	Total	80,053	43	4,863	17,870	23,258	21,370	10,841	1,808
12b. Total Eligibles Receiving Preventive Dental Services	CN	74,415	28	4,208	17,001	22,283	20,152	9,597	1,146
	MN	307	0	1	11	16	12	27	240
	Total	74,722	28	4,209	17,012	22,299	20,164	9,624	1,386
12c. Total Eligibles Receiving Dental Treatment Services	CN	33,742	5	438	5,726	11,348	9,587	5,745	893
	MN	257	0	2	4	9	6	22	214
	Total	33,999	5	440	5,730	11,357	9,593	5,767	1,107
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,616				7,421	6,195		
	MN	5				5	0		
	Total	13,621				7,426	6,195		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	75,979	42	4,807	17,387	22,042	20,317	10,091	1,293
	MN	376	0	2	11	15	12	36	300
	Total	76,355	42	4,809	17,398	22,057	20,329	10,127	1,593
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,750	64	1,215	837	451	178	5	0
	MN	0	0	0	0	0	0	0	0
	Total	2,750	64	1,215	837	451	178	5	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	80,938	106	5,692	18,170	23,328	21,384	10,803	1,455
	MN	441	0	3	11	20	15	39	353
	Total	81,379	106	5,695	18,181	23,348	21,399	10,842	1,808
13. Total Eligibles Enrolled in Managed Care	CN	143,696	8,429	20,459	29,337	32,154	31,024	18,663	3,630
	MN	1,367	12	19	15	19	26	136	1,140
	Total	145,063	8,441	20,478	29,352	32,173	31,050	18,799	4,770
14. Total Number of Screening Blood Lead Tests	CN	8,751	72	5,077	3,602				
	MN	2	0	1	1				
	Total	8,753	72	5,078	3,603				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	258,261	18,753	37,331	50,907	54,315	52,255	33,853	10,847
	MN	0	0	0	0	0	0	0	0
	Total	258,261	18,753	37,331	50,907	54,315	52,255	33,853	10,847
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	236,429	14,644	34,863	47,520	50,565	48,526	31,113	9,198
	MN	0	0	0	0	0	0	0	0
	Total	236,429	14,644	34,863	47,520	50,565	48,526	31,113	9,198
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	5,653	381	931	1,191	1,206	1,150	700	94
	MN	0	0	0	0	0	0	0	0
	Total	5,653	381	931	1,191	1,206	1,150	700	94
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	2,360,304	104,732	354,257	489,397	518,177	501,125	315,189	77,427
	MN	0	0	0	0	0	0	0	0
	Total	2,360,304	104,732	354,257	489,397	518,177	501,125	315,189	77,427
3b. Average Period of Eligibility	CN	0.83	0.60	0.85	0.86	0.85	0.86	0.84	0.70
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.60	0.85	0.86	0.85	0.86	0.84	0.70
4. Expected Number of Screenings per Eligible	CN		3.00	1.70	0.86	0.43	0.52	0.42	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.00	1.70	0.86	0.43	0.52	0.42	0.35
5. Expected Number of Screenings	CN	207,329	43,932	59,267	40,867	21,743	25,234	13,067	3,219
	MN	0	0	0	0	0	0	0	0
	Total	207,329	43,932	59,267	40,867	21,743	25,234	13,067	3,219
6. Total Screens Received	CN	185,938	50,750	58,913	31,381	18,529	17,982	7,669	714
	MN	0	0	0	0	0	0	0	0
	Total	185,938	50,750	58,913	31,381	18,529	17,982	7,669	714
7. SCREENING RATIO	CN	0.90	1.00	0.99	0.77	0.85	0.71	0.59	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	1.00	0.99	0.77	0.85	0.71	0.59	0.22

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	153,637	14,644	34,863	40,867	21,743	25,234	13,067	3,219
	MN	0	0	0	0	0	0	0	0
	Total	153,637	14,644	34,863	40,867	21,743	25,234	13,067	3,219
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	102,284	12,940	25,588	25,113	16,150	15,257	6,597	639
	MN	0	0	0	0	0	0	0	0
	Total	102,284	12,940	25,588	25,113	16,150	15,257	6,597	639
10. PARTICIPANT RATIO	CN	0.67	0.88	0.73	0.61	0.74	0.60	0.50	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.88	0.73	0.61	0.74	0.60	0.50	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	74,256	11,081	21,133	17,157	10,384	9,770	4,340	391
	MN	0	0	0	0	0	0	0	0
	Total	74,256	11,081	21,133	17,157	10,384	9,770	4,340	391
12a. Total Eligibles Receiving Any Dental Services	CN	93,765	88	6,228	21,263	27,870	24,014	12,178	2,124
	MN	0	0	0	0	0	0	0	0
	Total	93,765	88	6,228	21,263	27,870	24,014	12,178	2,124
12b. Total Eligibles Receiving Preventive Dental Services	CN	85,244	52	4,983	19,561	26,480	22,527	10,289	1,352
	MN	0	0	0	0	0	0	0	0
	Total	85,244	52	4,983	19,561	26,480	22,527	10,289	1,352
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,392	7	987	9,351	15,682	13,276	7,677	1,412
	MN	0	0	0	0	0	0	0	0
	Total	48,392	7	987	9,351	15,682	13,276	7,677	1,412
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	18,688				9,088	9,600		
	MN	0				0	0		
	Total	18,688				9,088	9,600		

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	87,517	88	6,082	20,151	25,974	22,233	11,088	1,901
	MN	0	0	0	0	0	0	0	0
	Total	87,517	88	6,082	20,151	25,974	22,233	11,088	1,901
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,487	201	3,194	2,951	1,718	1,049	356	18
	MN	0	0	0	0	0	0	0	0
	Total	9,487	201	3,194	2,951	1,718	1,049	356	18
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	103,252	289	9,422	24,214	29,588	25,063	12,534	2,142
	MN	0	0	0	0	0	0	0	0
	Total	103,252	289	9,422	24,214	29,588	25,063	12,534	2,142
13. Total Eligibles Enrolled in Managed Care	CN	218,897	13,875	32,132	43,823	48,127	45,716	27,535	7,689
	MN	0	0	0	0	0	0	0	0
	Total	218,897	13,875	32,132	43,823	48,127	45,716	27,535	7,689
14. Total Number of Screening Blood Lead Tests	CN	8,645	122	4,834	3,689				
	MN	0	0	0	0				
	Total	8,645	122	4,834	3,689				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	107,058	5,623	12,060	18,002	22,069	25,670	18,938	4,696
	MN	1,669	42	135	279	349	426	312	126
	Total	108,727	5,665	12,195	18,281	22,418	26,096	19,250	4,822
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	97,729	3,962	11,265	16,724	20,662	24,085	17,565	3,466
	MN	1,511	25	126	253	327	407	294	79
	Total	99,240	3,987	11,391	16,977	20,989	24,492	17,859	3,545
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,198	207	1,157	1,582	2,109	2,869	2,270	4
	MN	0	0	0	0	0	0	0	0
	Total	10,198	207	1,157	1,582	2,109	2,869	2,270	4
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	998,050	31,112	119,360	174,122	216,369	249,469	178,062	29,556
	MN	16,765	198	1,413	2,790	3,684	4,596	3,315	769
	Total	1,014,815	31,310	120,773	176,912	220,053	254,065	181,377	30,325
3b. Average Period of Eligibility	CN	0.85	0.65	0.88	0.87	0.87	0.86	0.84	0.71
	MN	0.92	0.66	0.93	0.92	0.94	0.94	0.94	0.81
	Total	0.85	0.65	0.88	0.87	0.87	0.86	0.85	0.71
4. Expected Number of Screenings per Eligible	CN		3.90	1.76	0.87	0.44	0.86	0.84	0.71
	MN		3.96	1.86	0.92	0.47	0.94	0.94	0.81
	Total		3.90	1.76	0.87	0.44	0.86	0.85	0.71
5. Expected Number of Screenings	CN	96,848	15,452	19,826	14,550	9,091	20,713	14,755	2,461
	MN	1,443	99	234	233	154	383	276	64
	Total	98,291	15,551	20,060	14,783	9,245	21,096	15,031	2,525
6. Total Screens Received	CN	69,267	11,876	19,902	9,992	9,530	11,041	6,312	614
	MN	894	81	198	148	150	193	112	12
	Total	70,161	11,957	20,100	10,140	9,680	11,234	6,424	626
7. SCREENING RATIO	CN	0.72	0.77	1.00	0.69	1.00	0.53	0.43	0.25
	MN	0.62	0.82	0.85	0.64	0.97	0.50	0.41	0.19
	Total	0.71	0.77	1.00	0.69	1.00	0.53	0.43	0.25



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	76,797	3,962	11,265	14,550	9,091	20,713	14,755	2,461
	MN	1,261	25	126	233	154	383	276	64
	Total	78,058	3,987	11,391	14,783	9,245	21,096	15,031	2,525
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	47,334	3,140	7,977	9,388	9,357	10,832	6,061	579
	MN	698	18	84	140	146	190	110	10
	Total	48,032	3,158	8,061	9,528	9,503	11,022	6,171	589
10. PARTICIPANT RATIO	CN	0.62	0.79	0.71	0.65	1.00	0.52	0.41	0.24
	MN	0.55	0.72	0.67	0.60	0.95	0.50	0.40	0.16
	Total	0.62	0.79	0.71	0.64	1.00	0.52	0.41	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	55,384	54	3,301	9,908	14,383	16,076	10,324	1,338
	MN	912	1	42	146	242	277	183	21
	Total	56,296	55	3,343	10,054	14,625	16,353	10,507	1,359
12b. Total Eligibles Receiving Preventive Dental Services	CN	51,550	37	2,574	9,401	13,865	15,301	9,296	1,076
	MN	860	0	34	139	237	262	168	20
	Total	52,410	37	2,608	9,540	14,102	15,563	9,464	1,096
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,387	2	141	2,599	6,216	7,146	5,527	756
	MN	396	0	3	35	108	140	101	9
	Total	22,783	2	144	2,634	6,324	7,286	5,628	765
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,087				4,441	3,646		
	MN	137				71	66		
	Total	8,224				4,512	3,712		

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Fiscal Year: 2012

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	51,178	47	3,128	9,426	13,295	14,850	9,273	1,159
	MN	862	1	40	142	228	263	168	20
	Total	52,040	48	3,168	9,568	13,523	15,113	9,441	1,179
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	55,384	54	3,301	9,908	14,383	16,076	10,324	1,338
	MN	912	1	42	146	242	277	183	21
	Total	56,296	55	3,343	10,054	14,625	16,353	10,507	1,359
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	5,636	71	4,436	1,129				
	MN	67	0	51	16				
	Total	5,703	71	4,487	1,145				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	762,688	44,438	95,037	139,059	159,246	167,377	116,183	41,348
	MN	0	0	0	0	0	0	0	0
	Total	762,688	44,438	95,037	139,059	159,246	167,377	116,183	41,348
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	714,381	30,126	90,526	133,392	152,894	160,166	110,273	37,004
	MN	0	0	0	0	0	0	0	0
	Total	714,381	30,126	90,526	133,392	152,894	160,166	110,273	37,004
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	84,045	3	156	1,041	22,961	33,148	26,319	417
	MN	0	0	0	0	0	0	0	0
	Total	84,045	3	156	1,041	22,961	33,148	26,319	417
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,961,615	220,482	1,021,292	1,523,648	1,751,345	1,832,388	1,248,294	364,166
	MN	0	0	0	0	0	0	0	0
	Total	7,961,615	220,482	1,021,292	1,523,648	1,751,345	1,832,388	1,248,294	364,166
3b. Average Period of Eligibility	CN	0.93	0.61	0.94	0.95	0.95	0.95	0.94	0.82
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.61	0.94	0.95	0.95	0.95	0.94	0.82
4. Expected Number of Screenings per Eligible	CN		3.66	1.88	0.95	0.95	0.95	0.94	0.82
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.88	0.95	0.95	0.95	0.94	0.82
5. Expected Number of Screenings	CN	838,579	110,261	170,189	126,722	145,249	152,158	103,657	30,343
	MN	0	0	0	0	0	0	0	0
	Total	838,579	110,261	170,189	126,722	145,249	152,158	103,657	30,343
6. Total Screens Received	CN	761,116	133,971	213,672	128,071	100,972	108,663	64,065	11,702
	MN	0	0	0	0	0	0	0	0
	Total	761,116	133,971	213,672	128,071	100,972	108,663	64,065	11,702
7. SCREENING RATIO	CN	0.91	1.00	1.00	1.00	0.70	0.71	0.62	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	1.00	1.00	1.00	0.70	0.71	0.62	0.39

## Annual EPSDT Participation Report

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Fiscal Year: 2012

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	678,781	30,126	90,526	126,722	145,249	152,158	103,657	30,343
	MN	0	0	0	0	0	0	0	0
	Total	678,781	30,126	90,526	126,722	145,249	152,158	103,657	30,343
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	430,521	29,185	77,891	93,724	82,765	87,388	50,663	8,905
	MN	0	0	0	0	0	0	0	0
	Total	430,521	29,185	77,891	93,724	82,765	87,388	50,663	8,905
10. PARTICIPANT RATIO	CN	0.63	0.97	0.86	0.74	0.57	0.57	0.49	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.97	0.86	0.74	0.57	0.57	0.49	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	97,722	145	9,216	27,488	23,856	20,404	13,163	3,450
	MN	0	0	0	0	0	0	0	0
	Total	97,722	145	9,216	27,488	23,856	20,404	13,163	3,450
12a. Total Eligibles Receiving Any Dental Services	CN	329,692	181	16,814	69,665	92,487	87,612	50,919	12,014
	MN	0	0	0	0	0	0	0	0
	Total	329,692	181	16,814	69,665	92,487	87,612	50,919	12,014
12b. Total Eligibles Receiving Preventive Dental Services	CN	303,044	107	15,985	66,599	87,517	81,141	42,859	8,836
	MN	0	0	0	0	0	0	0	0
	Total	303,044	107	15,985	66,599	87,517	81,141	42,859	8,836
12c. Total Eligibles Receiving Dental Treatment Services	CN	167,598	19	3,263	28,807	51,354	46,241	30,376	7,538
	MN	0	0	0	0	0	0	0	0
	Total	167,598	19	3,263	28,807	51,354	46,241	30,376	7,538
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,821				19,860	15,961		
	MN	0				0	0		
	Total	35,821				19,860	15,961		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	243,611	100	9,518	48,382	73,062	67,980	36,426	8,143
	MN	0	0	0	0	0	0	0	0
	Total	243,611	100	9,518	48,382	73,062	67,980	36,426	8,143
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	329,692	181	16,814	69,665	92,487	87,612	50,919	12,014
	MN	0	0	0	0	0	0	0	0
	Total	329,692	181	16,814	69,665	92,487	87,612	50,919	12,014
13. Total Eligibles Enrolled in Managed Care	CN	710,470	29,797	90,335	133,071	152,326	159,176	109,214	36,551
	MN	0	0	0	0	0	0	0	0
	Total	710,470	29,797	90,335	133,071	152,326	159,176	109,214	36,551
14. Total Number of Screening Blood Lead Tests	CN	94,519	1,942	47,137	45,440				
	MN	0	0	0	0				
	Total	94,519	1,942	47,137	45,440				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	380,612	20,333	42,606	68,188	81,485	89,130	61,868	17,002
	MN	0	0	0	0	0	0	0	0
	Total	380,612	20,333	42,606	68,188	81,485	89,130	61,868	17,002
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	362,135	16,373	40,953	65,950	78,801	86,241	59,597	14,220
	MN	0	0	0	0	0	0	0	0
	Total	362,135	16,373	40,953	65,950	78,801	86,241	59,597	14,220
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,809	40	283	369	1,918	2,810	2,349	40
	MN	0	0	0	0	0	0	0	0
	Total	7,809	40	283	369	1,918	2,810	2,349	40
2a. State Periodicity Schedule			6	4	3	2	4	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.80	1.00	1.00
3a. Total Months of Eligibility	CN	3,477,207	125,308	439,678	653,317	766,127	849,697	576,315	66,765
	MN	0	0	0	0	0	0	0	0
	Total	3,477,207	125,308	439,678	653,317	766,127	849,697	576,315	66,765
3b. Average Period of Eligibility	CN	0.80	0.64	0.89	0.83	0.81	0.82	0.81	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.64	0.89	0.83	0.81	0.82	0.81	0.39
4. Expected Number of Screenings per Eligible	CN		3.84	1.78	0.83	0.41	0.66	0.81	0.39
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.78	0.83	0.41	0.66	0.81	0.39
5. Expected Number of Screenings	CN	333,554	62,872	72,896	54,739	32,308	56,919	48,274	5,546
	MN	0	0	0	0	0	0	0	0
	Total	333,554	62,872	72,896	54,739	32,308	56,919	48,274	5,546
6. Total Screens Received	CN	262,186	52,437	74,555	42,007	31,762	39,203	20,599	1,623
	MN	0	0	0	0	0	0	0	0
	Total	262,186	52,437	74,555	42,007	31,762	39,203	20,599	1,623
7. SCREENING RATIO	CN	0.79	0.83	1.00	0.77	0.98	0.69	0.43	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	0.83	1.00	0.77	0.98	0.69	0.43	0.29

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	255,112	16,373	40,953	54,739	32,308	56,919	48,274	5,546
	MN	0	0	0	0	0	0	0	0
	Total	255,112	16,373	40,953	54,739	32,308	56,919	48,274	5,546
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	153,082	14,289	30,730	33,674	25,810	31,091	16,124	1,364
	MN	0	0	0	0	0	0	0	0
	Total	153,082	14,289	30,730	33,674	25,810	31,091	16,124	1,364
10. PARTICIPANT RATIO	CN	0.60	0.87	0.75	0.62	0.80	0.55	0.33	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.87	0.75	0.62	0.80	0.55	0.33	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	432	239	20	17	11	33	72	40
	MN	0	0	0	0	0	0	0	0
	Total	432	239	20	17	11	33	72	40
12a. Total Eligibles Receiving Any Dental Services	CN	189,863	217	11,138	38,138	52,368	53,582	30,073	4,347
	MN	0	0	0	0	0	0	0	0
	Total	189,863	217	11,138	38,138	52,368	53,582	30,073	4,347
12b. Total Eligibles Receiving Preventive Dental Services	CN	176,185	152	10,150	35,708	49,659	50,147	26,883	3,486
	MN	0	0	0	0	0	0	0	0
	Total	176,185	152	10,150	35,708	49,659	50,147	26,883	3,486
12c. Total Eligibles Receiving Dental Treatment Services	CN	187,805	210	10,953	37,790	51,945	52,994	29,648	4,265
	MN	0	0	0	0	0	0	0	0
	Total	187,805	210	10,953	37,790	51,945	52,994	29,648	4,265
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,003				13,554	11,449		
	MN	0				0	0		
	Total	25,003				13,554	11,449		

Annual EPSDT Participation Report  
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Fiscal Year: 2012  
State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	178,552	204	10,813	36,561	49,659	50,047	27,451	3,817
	MN	0	0	0	0	0	0	0	0
	Total	178,552	204	10,813	36,561	49,659	50,047	27,451	3,817
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,933	84	1,416	1,297	1,460	1,544	996	136
	MN	0	0	0	0	0	0	0	0
	Total	6,933	84	1,416	1,297	1,460	1,544	996	136
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	194,015	297	12,274	38,897	53,119	54,420	30,578	4,430
	MN	0	0	0	0	0	0	0	0
	Total	194,015	297	12,274	38,897	53,119	54,420	30,578	4,430
13. Total Eligibles Enrolled in Managed Care	CN	317,873	16,543	36,454	57,731	68,377	74,304	50,778	13,686
	MN	0	0	0	0	0	0	0	0
	Total	317,873	16,543	36,454	57,731	68,377	74,304	50,778	13,686
14. Total Number of Screening Blood Lead Tests	CN	11,841	189	6,337	5,315				
	MN	0	0	0	0				
	Total	11,841	189	6,337	5,315				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	696,730	21,812	102,237	188,834	127,413	126,020	96,272	34,142
	MN	1,583,550	124,437	190,595	196,756	303,604	339,722	263,224	165,212
	Total	2,280,280	146,249	292,832	385,590	431,017	465,742	359,496	199,354
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	673,588	19,650	99,063	182,109	123,516	122,993	93,703	32,554
	MN	1,497,810	115,229	180,850	188,474	289,747	321,551	247,687	154,272
	Total	2,171,398	134,879	279,913	370,583	413,263	444,544	341,390	186,826
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,457,206	166,065	1,095,639	2,007,102	1,385,436	1,401,100	1,055,581	346,283
	MN	15,809,285	1,061,466	1,915,833	2,062,256	3,148,345	3,447,995	2,618,435	1,554,955
	Total	23,266,491	1,227,531	3,011,472	4,069,358	4,533,781	4,849,095	3,674,016	1,901,238
3b. Average Period of Eligibility	CN	0.92	0.70	0.92	0.92	0.93	0.95	0.94	0.89
	MN	0.88	0.77	0.88	0.91	0.91	0.89	0.88	0.84
	Total	0.89	0.76	0.90	0.92	0.91	0.91	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		4.20	1.38	0.92	0.47	0.95	0.94	0.89
	MN		4.62	1.32	0.91	0.46	0.89	0.88	0.84
	Total		4.56	1.35	0.92	0.46	0.91	0.90	0.85
5. Expected Number of Screenings	CN	678,727	82,530	136,707	167,540	58,053	116,843	88,081	28,973
	MN	1,709,608	532,358	238,722	171,511	133,284	286,180	217,965	129,588
	Total	2,388,335	614,888	375,429	339,051	191,337	403,023	306,046	158,561
6. Total Screens Received	CN	673,389	58,592	213,451	178,264	90,529	83,141	44,554	4,858
	MN	1,533,138	388,947	434,792	191,180	199,892	200,729	104,639	12,959
	Total	2,206,527	447,539	648,243	369,444	290,421	283,870	149,193	17,817
7. SCREENING RATIO	CN	0.99	0.71	1.00	1.00	1.00	0.71	0.51	0.17
	MN	0.90	0.73	1.00	1.00	1.00	0.70	0.48	0.10
	Total	0.92	0.73	1.00	1.00	1.00	0.70	0.49	0.11

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	578,203	19,650	99,063	167,540	58,053	116,843	88,081	28,973
	MN	1,234,607	115,229	180,850	171,511	133,284	286,180	217,965	129,588
	Total	1,812,810	134,879	279,913	339,051	191,337	403,023	306,046	158,561
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	357,520	14,948	76,726	115,031	61,585	55,397	29,919	3,914
	MN	746,764	96,571	140,926	121,478	148,136	148,902	79,510	11,241
	Total	1,104,284	111,519	217,652	236,509	209,721	204,299	109,429	15,155
10. PARTICIPANT RATIO	CN	0.62	0.76	0.77	0.69	1.00	0.47	0.34	0.14
	MN	0.60	0.84	0.78	0.71	1.00	0.52	0.36	0.09
	Total	0.61	0.83	0.78	0.70	1.00	0.51	0.36	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	253,658	65	15,161	79,706	58,543	54,693	35,719	9,771
	MN	598,374	629	21,224	85,227	162,027	170,041	109,195	50,031
	Total	852,032	694	36,385	164,933	220,570	224,734	144,914	59,802
12b. Total Eligibles Receiving Preventive Dental Services	CN	237,805	54	14,501	76,871	56,028	50,631	31,147	8,573
	MN	559,898	539	20,377	82,433	156,322	158,407	96,431	45,389
	Total	797,703	593	34,878	159,304	212,350	209,038	127,578	53,962
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,219	7	1,414	21,629	24,512	25,875	20,353	5,429
	MN	291,878	53	2,118	25,830	78,923	91,048	64,886	29,020
	Total	391,097	60	3,532	47,459	103,435	116,923	85,239	34,449
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,083				12,077	11,006		
	MN	69,876				37,233	32,643		
	Total	92,959				49,310	43,649		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	198,965	22	11,699	66,902	46,759	41,186	25,514	6,883
	MN	490,840	260	15,792	72,526	138,733	138,429	84,310	40,790
	Total	689,805	282	27,491	139,428	185,492	179,615	109,824	47,673
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	81,792	45	5,425	22,710	18,364	19,628	12,064	3,556
	MN	162,499	327	7,753	24,219	40,011	51,303	28,714	10,172
	Total	244,291	372	13,178	46,929	58,375	70,931	40,778	13,728
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	258,585	68	15,429	80,826	59,869	55,917	36,430	10,046
	MN	605,881	651	21,619	86,590	164,491	172,242	109,910	50,378
	Total	864,466	719	37,048	167,416	224,360	228,159	146,340	60,424
13. Total Eligibles Enrolled in Managed Care	CN	663,028	19,510	97,125	178,527	121,506	121,302	92,736	32,322
	MN	1,470,508	114,122	177,012	184,458	283,629	315,134	243,859	152,294
	Total	2,133,536	133,632	274,137	362,985	405,135	436,436	336,595	184,616
14. Total Number of Screening Blood Lead Tests	CN	5,915	32	3,334	2,549				
	MN	7,840	265	4,994	2,581				
	Total	13,755	297	8,328	5,130				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,154,783	73,205	151,497	230,454	233,364	238,291	158,364	69,608
	MN	3,409	67	100	186	408	648	782	1,218
	Total	1,158,192	73,272	151,597	230,640	233,772	238,939	159,146	70,826
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,093,011	59,598	147,649	224,499	222,190	226,981	149,865	62,229
	MN	2,355	39	72	156	274	450	503	861
	Total	1,095,366	59,637	147,721	224,655	222,464	227,431	150,368	63,090
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	42,046	144	14,776	25,549	1,575	1	1	0
	MN	30	1	8	21	0	0	0	0
	Total	42,076	145	14,784	25,570	1,575	1	1	0
2a. State Periodicity Schedule			4	3	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			4.00	1.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	11,738,666	440,800	1,671,532	2,542,958	2,411,347	2,482,447	1,623,763	565,819
	MN	17,157	265	565	1,362	2,096	3,387	3,612	5,870
	Total	11,755,823	441,065	1,672,097	2,544,320	2,413,443	2,485,834	1,627,375	571,689
3b. Average Period of Eligibility	CN	0.89	0.62	0.94	0.94	0.90	0.91	0.90	0.76
	MN	0.61	0.57	0.65	0.73	0.64	0.63	0.60	0.57
	Total	0.89	0.62	0.94	0.94	0.90	0.91	0.90	0.76
4. Expected Number of Screenings per Eligible	CN		2.48	1.41	0.94	0.90	0.91	0.90	0.76
	MN		2.28	0.98	0.73	0.64	0.63	0.60	0.57
	Total		2.48	1.41	0.94	0.90	0.91	0.90	0.76
5. Expected Number of Screenings	CN	1,155,714	147,803	208,185	211,029	199,971	206,553	134,879	47,294
	MN	1,526	89	71	114	175	284	302	491
	Total	1,157,240	147,892	208,256	211,143	200,146	206,837	135,181	47,785
6. Total Screens Received	CN	944,654	240,778	293,438	167,263	91,770	99,356	46,490	5,559
	MN	371	58	31	44	32	86	56	64
	Total	945,025	240,836	293,469	167,307	91,802	99,442	46,546	5,623
7. SCREENING RATIO	CN	0.82	1.00	1.00	0.79	0.46	0.48	0.34	0.12
	MN	0.24	0.65	0.44	0.39	0.18	0.30	0.19	0.13
	Total	0.82	1.00	1.00	0.79	0.46	0.48	0.34	0.12

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,006,973	59,598	147,649	211,029	199,971	206,553	134,879	47,294
	MN	1,476	39	71	114	175	284	302	491
	Total	1,008,449	59,637	147,720	211,143	200,146	206,837	135,181	47,785
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	575,228	57,596	126,412	156,215	89,060	95,942	44,630	5,373
	MN	322	24	20	43	32	85	56	62
	Total	575,550	57,620	126,432	156,258	89,092	96,027	44,686	5,435
10. PARTICIPANT RATIO	CN	0.57	0.97	0.86	0.74	0.45	0.46	0.33	0.11
	MN	0.22	0.62	0.28	0.38	0.18	0.30	0.19	0.13
	Total	0.57	0.97	0.86	0.74	0.45	0.46	0.33	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	447	21	172	103	62	62	27	0
	MN	0	0	0	0	0	0	0	0
	Total	447	21	172	103	62	62	27	0
12a. Total Eligibles Receiving Any Dental Services	CN	546,586	587	33,739	123,063	145,704	143,104	80,812	19,577
	MN	713	0	9	47	84	141	162	270
	Total	547,299	587	33,748	123,110	145,788	143,245	80,974	19,847
12b. Total Eligibles Receiving Preventive Dental Services	CN	504,381	374	31,962	118,460	139,778	132,682	67,344	13,781
	MN	547	0	8	41	76	122	120	180
	Total	504,928	374	31,970	118,501	139,854	132,804	67,464	13,961
12c. Total Eligibles Receiving Dental Treatment Services	CN	259,356	25	3,557	43,599	72,759	74,380	51,654	13,382
	MN	446	0	1	21	47	74	114	189
	Total	259,802	25	3,558	43,620	72,806	74,454	51,768	13,571
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	64,815				38,493	26,322		
	MN	62				29	33		
	Total	64,877				38,522	26,355		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	524,993	577	33,481	121,031	141,656	136,736	73,766	17,746
	MN	662	0	8	42	76	133	152	251
	Total	525,655	577	33,489	121,073	141,732	136,869	73,918	17,997
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	89,638	6,052	68,729	14,857	0	0	0	0
	MN	13	0	9	4	0	0	0	0
	Total	89,651	6,052	68,738	14,861	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	613,491	6,486	86,791	131,017	145,704	143,104	80,812	19,577
	MN	721	0	17	47	84	141	162	270
	Total	614,212	6,486	86,808	131,064	145,788	143,245	80,974	19,847
13. Total Eligibles Enrolled in Managed Care	CN	1,101,516	60,300	148,689	225,832	227,920	231,680	151,227	55,868
	MN	2,291	34	75	158	279	461	518	766
	Total	1,103,807	60,334	148,764	225,990	228,199	232,141	151,745	56,634
14. Total Number of Screening Blood Lead Tests	CN	91,645	357	71,594	19,694				
	MN	13	0	7	6				
	Total	91,658	357	71,601	19,700				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	51,105	3,800	7,744	10,503	10,436	9,555	6,344	2,723
	MN	2,453	12	51	94	395	441	377	1,083
	Total	53,558	3,812	7,795	10,597	10,831	9,996	6,721	3,806
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	46,222	2,968	7,155	9,736	9,577	8,752	5,778	2,256
	MN	983	2	14	16	90	98	124	639
	Total	47,205	2,970	7,169	9,752	9,667	8,850	5,902	2,895
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	465,526	22,214	73,008	100,836	99,340	91,556	59,478	19,094
	MN	7,441	19	124	171	789	922	1,000	4,416
	Total	472,967	22,233	73,132	101,007	100,129	92,478	60,478	23,510
3b. Average Period of Eligibility	CN	0.84	0.62	0.85	0.86	0.86	0.87	0.86	0.71
	MN	0.63	0.79	0.74	0.89	0.73	0.78	0.67	0.58
	Total	0.83	0.62	0.85	0.86	0.86	0.87	0.85	0.68
4. Expected Number of Screenings per Eligible	CN		4.34	1.70	0.86	0.86	0.87	0.86	0.71
	MN		5.53	1.48	0.89	0.73	0.78	0.67	0.58
	Total		4.34	1.70	0.86	0.86	0.87	0.85	0.68
5. Expected Number of Screenings	CN	55,839	12,881	12,164	8,373	8,236	7,614	4,969	1,602
	MN	642	11	21	14	66	76	83	371
	Total	56,481	12,892	12,185	8,387	8,302	7,690	5,052	1,973
6. Total Screens Received	CN	32,070	9,519	9,391	4,806	2,399	3,568	2,076	311
	MN	138	3	8	3	11	22	21	70
	Total	32,208	9,522	9,399	4,809	2,410	3,590	2,097	381
7. SCREENING RATIO	CN	0.57	0.74	0.77	0.57	0.29	0.47	0.42	0.19
	MN	0.21	0.27	0.38	0.21	0.17	0.29	0.25	0.19
	Total	0.57	0.74	0.77	0.57	0.29	0.47	0.42	0.19

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	40,917	2,968	7,155	8,373	8,236	7,614	4,969	1,602
	MN	626	2	14	14	66	76	83	371
	Total	41,543	2,970	7,169	8,387	8,302	7,690	5,052	1,973
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,358	2,661	4,522	4,062	2,150	2,982	1,702	279
	MN	110	2	8	3	7	14	17	59
	Total	18,468	2,663	4,530	4,065	2,157	2,996	1,719	338
10. PARTICIPANT RATIO	CN	0.45	0.90	0.63	0.49	0.26	0.39	0.34	0.17
	MN	0.18	1.00	0.57	0.21	0.11	0.18	0.20	0.16
	Total	0.44	0.90	0.63	0.48	0.26	0.39	0.34	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	14,433	368	479	3,763	3,720	3,621	2,060	422
	MN	172	0	0	5	14	22	23	108
	Total	14,605	368	479	3,768	3,734	3,643	2,083	530
12a. Total Eligibles Receiving Any Dental Services	CN	14,548	11	608	3,482	4,085	3,724	2,136	502
	MN	199	0	1	4	27	27	25	115
	Total	14,747	11	609	3,486	4,112	3,751	2,161	617
12b. Total Eligibles Receiving Preventive Dental Services	CN	12,852	3	402	3,051	3,804	3,430	1,806	356
	MN	155	0	0	3	24	26	20	82
	Total	13,007	3	402	3,054	3,828	3,456	1,826	438
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,416	1	90	1,156	1,932	1,709	1,213	315
	MN	115	0	1	1	10	14	14	75
	Total	6,531	1	91	1,157	1,942	1,723	1,227	390
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,122				1,138	984		
	MN	11				5	6		
	Total	2,133				1,143	990		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	13,638	11	599	3,328	3,848	3,436	1,961	455
	MN	180	0	0	4	24	25	22	105
	Total	13,818	11	599	3,332	3,872	3,461	1,983	560
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,072	13	386	1,427	1,267	1,202	609	168
	MN	51	0	0	2	3	4	5	37
	Total	5,123	13	386	1,429	1,270	1,206	614	205
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	18,078	24	917	4,339	4,974	4,603	2,584	637
	MN	234	0	1	6	30	29	29	139
	Total	18,312	24	918	4,345	5,004	4,632	2,613	776
13. Total Eligibles Enrolled in Managed Care	CN	43,101	3,015	6,620	9,310	9,037	7,926	5,044	2,149
	MN	1,587	3	22	52	230	221	197	862
	Total	44,688	3,018	6,642	9,362	9,267	8,147	5,241	3,011
14. Total Number of Screening Blood Lead Tests	CN	1,937	35	951	951				
	MN	0	0	0	0				
	Total	1,937	35	951	951				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,418,918	78,127	162,219	242,448	285,713	323,735	229,161	97,515
	MN	0	0	0	0	0	0	0	0
	Total	1,418,918	78,127	162,219	242,448	285,713	323,735	229,161	97,515
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,342,238	56,510	156,180	234,054	276,019	312,259	219,254	87,962
	MN	0	0	0	0	0	0	0	0
	Total	1,342,238	56,510	156,180	234,054	276,019	312,259	219,254	87,962
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	108,712	3,581	12,681	17,779	21,787	27,885	22,530	2,469
	MN	0	0	0	0	0	0	0	0
	Total	108,712	3,581	12,681	17,779	21,787	27,885	22,530	2,469
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	14,910,210	439,854	1,764,702	2,653,833	3,143,846	3,553,362	2,455,804	898,809
	MN	0	0	0	0	0	0	0	0
	Total	14,910,210	439,854	1,764,702	2,653,833	3,143,846	3,553,362	2,455,804	898,809
3b. Average Period of Eligibility	CN	0.93	0.65	0.94	0.94	0.95	0.95	0.93	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.65	0.94	0.94	0.95	0.95	0.93	0.85
4. Expected Number of Screenings per Eligible	CN		4.55	2.35	0.94	0.95	0.95	0.93	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.35	0.94	0.95	0.95	0.93	0.85
5. Expected Number of Screenings	CN	1,681,693	257,121	367,023	220,011	262,218	296,646	203,906	74,768
	MN	0	0	0	0	0	0	0	0
	Total	1,681,693	257,121	367,023	220,011	262,218	296,646	203,906	74,768
6. Total Screens Received	CN	893,748	205,495	259,227	146,380	94,335	110,657	67,036	10,618
	MN	0	0	0	0	0	0	0	0
	Total	893,748	205,495	259,227	146,380	94,335	110,657	67,036	10,618
7. SCREENING RATIO	CN	0.53	0.80	0.71	0.67	0.36	0.37	0.33	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.80	0.71	0.67	0.36	0.37	0.33	0.14

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,270,239	56,510	156,180	220,011	262,218	296,646	203,906	74,768
	MN	0	0	0	0	0	0	0	0
	Total	1,270,239	56,510	156,180	220,011	262,218	296,646	203,906	74,768
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	557,845	51,792	114,772	131,149	88,416	102,205	60,272	9,239
	MN	0	0	0	0	0	0	0	0
	Total	557,845	51,792	114,772	131,149	88,416	102,205	60,272	9,239
10. PARTICIPANT RATIO	CN	0.44	0.92	0.73	0.60	0.34	0.34	0.30	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.44	0.92	0.73	0.60	0.34	0.34	0.30	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	12,249	2,097	2,393	2,339	1,743	2,109	1,472	96
	MN	0	0	0	0	0	0	0	0
	Total	12,249	2,097	2,393	2,339	1,743	2,109	1,472	96
12a. Total Eligibles Receiving Any Dental Services	CN	535,449	182	16,614	104,660	146,103	153,348	90,569	23,973
	MN	0	0	0	0	0	0	0	0
	Total	535,449	182	16,614	104,660	146,103	153,348	90,569	23,973
12b. Total Eligibles Receiving Preventive Dental Services	CN	478,275	79	13,675	96,118	136,775	138,919	75,557	17,152
	MN	0	0	0	0	0	0	0	0
	Total	478,275	79	13,675	96,118	136,775	138,919	75,557	17,152
12c. Total Eligibles Receiving Dental Treatment Services	CN	215,128	29	1,376	26,392	57,827	66,401	48,910	14,193
	MN	0	0	0	0	0	0	0	0
	Total	215,128	29	1,376	26,392	57,827	66,401	48,910	14,193
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	72,841				40,088	32,753		
	MN	0				0	0		
	Total	72,841				40,088	32,753		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	507,227	164	16,051	102,675	138,492	143,614	84,084	22,147
	MN	0	0	0	0	0	0	0	0
	Total	507,227	164	16,051	102,675	138,492	143,614	84,084	22,147
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25,108	372	8,201	5,908	4,354	4,212	1,841	220
	MN	0	0	0	0	0	0	0	0
	Total	25,108	372	8,201	5,908	4,354	4,212	1,841	220
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	544,737	547	23,276	105,844	146,497	153,775	90,799	23,999
	MN	0	0	0	0	0	0	0	0
	Total	544,737	547	23,276	105,844	146,497	153,775	90,799	23,999
13. Total Eligibles Enrolled in Managed Care	CN	1,261,979	53,453	150,715	225,162	262,608	291,735	199,653	78,653
	MN	0	0	0	0	0	0	0	0
	Total	1,261,979	53,453	150,715	225,162	262,608	291,735	199,653	78,653
14. Total Number of Screening Blood Lead Tests	CN	106,037	1,129	66,017	38,891				
	MN	0	0	0	0				
	Total	106,037	1,129	66,017	38,891				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	603,303	39,111	79,415	109,151	126,161	133,274	88,152	28,039
	MN	0	0	0	0	0	0	0	0
	Total	603,303	39,111	79,415	109,151	126,161	133,274	88,152	28,039
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	552,995	27,638	73,746	102,567	118,894	125,364	81,758	23,028
	MN	0	0	0	0	0	0	0	0
	Total	552,995	27,638	73,746	102,567	118,894	125,364	81,758	23,028
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	63,563	1,070	4,262	6,528	17,523	20,817	13,243	120
	MN	0	0	0	0	0	0	0	0
	Total	63,563	1,070	4,262	6,528	17,523	20,817	13,243	120
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,722,527	214,165	760,292	1,083,551	1,270,305	1,343,956	858,813	191,445
	MN	0	0	0	0	0	0	0	0
	Total	5,722,527	214,165	760,292	1,083,551	1,270,305	1,343,956	858,813	191,445
3b. Average Period of Eligibility	CN	0.86	0.65	0.86	0.88	0.89	0.89	0.88	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.65	0.86	0.88	0.89	0.89	0.88	0.69
4. Expected Number of Screenings per Eligible	CN		3.90	1.29	0.88	0.45	0.53	0.44	0.35
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.29	0.88	0.45	0.53	0.44	0.35
5. Expected Number of Screenings	CN	457,158	107,788	95,132	90,259	53,502	66,443	35,974	8,060
	MN	0	0	0	0	0	0	0	0
	Total	457,158	107,788	95,132	90,259	53,502	66,443	35,974	8,060
6. Total Screens Received	CN	345,780	98,037	107,661	51,919	33,104	37,311	16,458	1,290
	MN	0	0	0	0	0	0	0	0
	Total	345,780	98,037	107,661	51,919	33,104	37,311	16,458	1,290
7. SCREENING RATIO	CN	0.76	0.91	1.00	0.58	0.62	0.56	0.46	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.91	1.00	0.58	0.62	0.56	0.46	0.16

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	355,622	27,638	73,746	90,259	53,502	66,443	35,974	8,060
	MN	0	0	0	0	0	0	0	0
	Total	355,622	27,638	73,746	90,259	53,502	66,443	35,974	8,060
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	199,062	24,851	48,458	45,428	30,438	33,729	14,932	1,226
	MN	0	0	0	0	0	0	0	0
	Total	199,062	24,851	48,458	45,428	30,438	33,729	14,932	1,226
10. PARTICIPANT RATIO	CN	0.56	0.90	0.66	0.50	0.57	0.51	0.42	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.90	0.66	0.50	0.57	0.51	0.42	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	208,753	6,646	13,750	31,062	52,907	58,478	38,098	7,812
	MN	0	0	0	0	0	0	0	0
	Total	208,753	6,646	13,750	31,062	52,907	58,478	38,098	7,812
12a. Total Eligibles Receiving Any Dental Services	CN	266,639	195	12,374	53,161	73,738	76,430	43,205	7,536
	MN	0	0	0	0	0	0	0	0
	Total	266,639	195	12,374	53,161	73,738	76,430	43,205	7,536
12b. Total Eligibles Receiving Preventive Dental Services	CN	242,692	96	9,498	48,457	70,297	71,005	37,537	5,802
	MN	0	0	0	0	0	0	0	0
	Total	242,692	96	9,498	48,457	70,297	71,005	37,537	5,802
12c. Total Eligibles Receiving Dental Treatment Services	CN	136,716	25	1,688	19,546	39,416	43,214	27,972	4,855
	MN	0	0	0	0	0	0	0	0
	Total	136,716	25	1,688	19,546	39,416	43,214	27,972	4,855
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,246				12,633	8,613		
	MN	0				0	0		
	Total	21,246				12,633	8,613		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	252,082	179	11,945	50,955	70,879	72,277	39,131	6,716
	MN	0	0	0	0	0	0	0	0
	Total	252,082	179	11,945	50,955	70,879	72,277	39,131	6,716
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,434	1	1,125	308	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,434	1	1,125	308	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	268,073	196	13,499	53,469	73,738	76,430	43,205	7,536
	MN	0	0	0	0	0	0	0	0
	Total	268,073	196	13,499	53,469	73,738	76,430	43,205	7,536
13. Total Eligibles Enrolled in Managed Care	CN	529,987	34,488	72,914	97,904	111,030	115,969	74,776	22,906
	MN	0	0	0	0	0	0	0	0
	Total	529,987	34,488	72,914	97,904	111,030	115,969	74,776	22,906
14. Total Number of Screening Blood Lead Tests	CN	6,411	54	4,228	2,129				
	MN	0	0	0	0				
	Total	6,411	54	4,228	2,129				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	385,795	26,029	51,206	73,597	77,550	79,619	57,324	20,470
	MN	0	0	0	0	0	0	0	0
	Total	385,795	26,029	51,206	73,597	77,550	79,619	57,324	20,470
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	358,855	18,725	48,698	70,063	73,944	75,726	53,705	17,994
	MN	0	0	0	0	0	0	0	0
	Total	358,855	18,725	48,698	70,063	73,944	75,726	53,705	17,994
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	3,885,045	145,319	533,428	775,187	822,565	844,844	588,512	175,190
	MN	0	0	0	0	0	0	0	0
	Total	3,885,045	145,319	533,428	775,187	822,565	844,844	588,512	175,190
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.92	0.93	0.93	0.91	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.91	0.92	0.93	0.93	0.91	0.81
4. Expected Number of Screenings per Eligible	CN		3.90	2.28	0.92	0.93	0.93	0.91	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.28	0.92	0.93	0.93	0.91	0.81
5. Expected Number of Screenings	CN	451,157	73,028	111,031	64,458	68,768	70,425	48,872	14,575
	MN	0	0	0	0	0	0	0	0
	Total	451,157	73,028	111,031	64,458	68,768	70,425	48,872	14,575
6. Total Screens Received	CN	256,562	73,309	86,453	40,152	21,657	22,039	11,187	1,765
	MN	0	0	0	0	0	0	0	0
	Total	256,562	73,309	86,453	40,152	21,657	22,039	11,187	1,765
7. SCREENING RATIO	CN	0.57	1.00	0.78	0.62	0.31	0.31	0.23	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	1.00	0.78	0.62	0.31	0.31	0.23	0.12



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	334,521	18,725	48,698	64,458	68,768	70,425	48,872	14,575
	MN	0	0	0	0	0	0	0	0
	Total	334,521	18,725	48,698	64,458	68,768	70,425	48,872	14,575
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	144,802	17,751	38,250	36,572	20,158	20,325	10,129	1,617
	MN	0	0	0	0	0	0	0	0
	Total	144,802	17,751	38,250	36,572	20,158	20,325	10,129	1,617
10. PARTICIPANT RATIO	CN	0.43	0.95	0.79	0.57	0.29	0.29	0.21	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.95	0.79	0.57	0.29	0.29	0.21	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	153,184	171	9,740	34,096	42,354	37,986	23,586	5,251
	MN	0	0	0	0	0	0	0	0
	Total	153,184	171	9,740	34,096	42,354	37,986	23,586	5,251
12b. Total Eligibles Receiving Preventive Dental Services	CN	136,323	123	8,117	31,258	39,127	34,731	19,499	3,468
	MN	0	0	0	0	0	0	0	0
	Total	136,323	123	8,117	31,258	39,127	34,731	19,499	3,468
12c. Total Eligibles Receiving Dental Treatment Services	CN	66,887	5	773	12,086	21,468	17,080	12,434	3,041
	MN	0	0	0	0	0	0	0	0
	Total	66,887	5	773	12,086	21,468	17,080	12,434	3,041
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,618				10,907	8,711		
	MN	0				0	0		
	Total	19,618				10,907	8,711		

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	139,228	149	9,011	31,800	38,214	34,429	21,036	4,589
	MN	0	0	0	0	0	0	0	0
	Total	139,228	149	9,011	31,800	38,214	34,429	21,036	4,589
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,880	100	2,258	2,010	1,807	659	36	10
	MN	0	0	0	0	0	0	0	0
	Total	6,880	100	2,258	2,010	1,807	659	36	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	156,856	270	11,504	35,086	42,901	38,230	23,609	5,256
	MN	0	0	0	0	0	0	0	0
	Total	156,856	270	11,504	35,086	42,901	38,230	23,609	5,256
13. Total Eligibles Enrolled in Managed Care	CN	346,177	24,027	47,732	67,263	69,619	70,410	49,415	17,711
	MN	0	0	0	0	0	0	0	0
	Total	346,177	24,027	47,732	67,263	69,619	70,410	49,415	17,711
14. Total Number of Screening Blood Lead Tests	CN	9,461	139	5,498	3,824				
	MN	0	0	0	0				
	Total	9,461	139	5,498	3,824				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	1,231,666	70,137	151,874	216,539	246,272	267,982	198,354	80,508
	MN	34,585	42	129	230	647	1,074	2,510	29,953
	Total	1,266,251	70,179	152,003	216,769	246,919	269,056	200,864	110,461
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,140,890	52,757	142,856	204,270	231,719	252,152	184,829	72,307
	MN	31,375	27	107	198	529	898	2,090	27,526
	Total	1,172,265	52,784	142,963	204,468	232,248	253,050	186,919	99,833
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	11,370,451	391,081	1,434,895	2,073,411	2,353,827	2,571,466	1,861,172	684,599
	MN	290,989	168	880	1,632	4,364	7,368	18,323	258,254
	Total	11,661,440	391,249	1,435,775	2,075,043	2,358,191	2,578,834	1,879,495	942,853
3b. Average Period of Eligibility	CN	0.83	0.62	0.84	0.85	0.85	0.85	0.84	0.79
	MN	0.77	0.52	0.69	0.69	0.69	0.68	0.73	0.78
	Total	0.83	0.62	0.84	0.85	0.85	0.85	0.84	0.79
4. Expected Number of Screenings per Eligible	CN		3.72	1.68	0.85	0.43	0.85	0.84	0.79
	MN		3.12	1.38	0.69	0.35	0.68	0.73	0.78
	Total		3.72	1.68	0.85	0.43	0.85	0.84	0.79
5. Expected Number of Screenings	CN	1,136,231	196,256	239,998	173,630	99,639	214,329	155,256	57,123
	MN	24,161	84	148	137	185	611	1,526	21,470
	Total	1,160,392	196,340	240,146	173,767	99,824	214,940	156,782	78,593
6. Total Screens Received	CN	886,620	184,968	264,288	129,484	105,721	112,792	74,701	14,666
	MN	6,861	144	156	85	180	256	568	5,472
	Total	893,481	185,112	264,444	129,569	105,901	113,048	75,269	20,138
7. SCREENING RATIO	CN	0.78	0.94	1.00	0.75	1.00	0.53	0.48	0.26
	MN	0.28	1.00	1.00	0.62	0.97	0.42	0.37	0.25
	Total	0.77	0.94	1.00	0.75	1.00	0.53	0.48	0.26

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	895,590	52,757	142,856	173,630	99,639	214,329	155,256	57,123
	MN	24,063	27	107	137	185	611	1,526	21,470
	Total	919,653	52,784	142,963	173,767	99,824	214,940	156,782	78,593
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	570,121	48,537	112,057	117,546	102,325	108,504	68,290	12,862
	MN	5,956	21	72	81	176	248	526	4,832
	Total	576,077	48,558	112,129	117,627	102,501	108,752	68,816	17,694
10. PARTICIPANT RATIO	CN	0.64	0.92	0.78	0.68	1.00	0.51	0.44	0.23
	MN	0.25	0.78	0.67	0.59	0.95	0.41	0.34	0.23
	Total	0.63	0.92	0.78	0.68	1.00	0.51	0.44	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	428,405	3,015	15,863	117,546	102,325	108,504	68,290	12,862
	MN	5,873	3	7	81	176	248	526	4,832
	Total	434,278	3,018	15,870	117,627	102,501	108,752	68,816	17,694
12a. Total Eligibles Receiving Any Dental Services	CN	467,275	162	17,555	94,803	125,601	127,359	80,788	21,007
	MN	8,968	0	9	55	227	375	658	7,644
	Total	476,243	162	17,564	94,858	125,828	127,734	81,446	28,651
12b. Total Eligibles Receiving Preventive Dental Services	CN	407,122	63	14,736	85,051	114,405	112,352	65,226	15,289
	MN	6,817	0	5	46	207	316	511	5,732
	Total	413,939	63	14,741	85,097	114,612	112,668	65,737	21,021
12c. Total Eligibles Receiving Dental Treatment Services	CN	212,735	22	2,544	30,240	57,847	62,287	46,669	13,126
	MN	5,295	0	2	17	99	171	372	4,634
	Total	218,030	22	2,546	30,257	57,946	62,458	47,041	17,760
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	61,131				32,259	28,872		
	MN	130				59	71		
	Total	61,261				32,318	28,943		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	414,099	140	16,349	87,861	113,832	111,563	67,353	17,001
	MN	7,344	0	7	50	202	311	526	6,248
	Total	421,443	140	16,356	87,911	114,034	111,874	67,879	23,249
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,683	334	5,833	3,015	651	611	238	1
	MN	6	0	3	1	0	1	1	0
	Total	10,689	334	5,836	3,016	651	612	239	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	474,716	492	22,463	96,410	125,786	127,610	80,947	21,008
	MN	8,972	0	12	55	227	375	659	7,644
	Total	483,688	492	22,475	96,465	126,013	127,985	81,606	28,652
13. Total Eligibles Enrolled in Managed Care	CN	1,193,105	66,868	148,515	210,778	238,726	259,116	191,087	78,015
	MN	33,018	37	119	209	578	988	2,223	28,864
	Total	1,226,123	66,905	148,634	210,987	239,304	260,104	193,310	106,879
14. Total Number of Screening Blood Lead Tests	CN	92,645	4,740	62,436	25,469				
	MN	47	3	33	11				
	Total	92,692	4,743	62,469	25,480				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	116,122	6,301	12,796	19,463	23,748	26,851	20,350	6,613
	MN	134	0	0	0	0	1	38	95
	Total	116,256	6,301	12,796	19,463	23,748	26,852	20,388	6,708
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	108,629	4,384	12,175	18,546	22,735	25,655	19,446	5,688
	MN	115	0	0	0	0	0	29	86
	Total	108,744	4,384	12,175	18,546	22,735	25,655	19,475	5,774
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	30,463	242	730	3,690	6,427	9,345	7,039	2,990
	MN	0	0	0	0	0	0	0	0
	Total	30,463	242	730	3,690	6,427	9,345	7,039	2,990
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	1,122,168	32,533	127,708	193,690	240,407	273,475	204,999	49,356
	MN	604	0	0	0	0	0	156	448
	Total	1,122,772	32,533	127,708	193,690	240,407	273,475	205,155	49,804
3b. Average Period of Eligibility	CN	0.86	0.62	0.87	0.87	0.88	0.89	0.88	0.72
	MN	0.44	0.00	0.00	0.00	0.00	0.00	0.45	0.43
	Total	0.86	0.62	0.87	0.87	0.88	0.89	0.88	0.72
4. Expected Number of Screenings per Eligible	CN		3.72	1.74	0.87	0.88	0.89	0.88	0.72
	MN		0.00	0.00	0.00	0.00	0.00	0.45	0.43
	Total		3.72	1.74	0.87	0.88	0.89	0.88	0.72
5. Expected Number of Screenings	CN	117,675	16,308	21,185	16,135	20,007	22,833	17,112	4,095
	MN	50	0	0	0	0	0	13	37
	Total	117,725	16,308	21,185	16,135	20,007	22,833	17,125	4,132
6. Total Screens Received	CN	81,906	16,462	22,225	11,016	10,645	12,365	7,977	1,216
	MN	2	0	0	0	0	0	0	2
	Total	81,908	16,462	22,225	11,016	10,645	12,365	7,977	1,218
7. SCREENING RATIO	CN	0.70	1.00	1.00	0.68	0.53	0.54	0.47	0.30
	MN	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.05
	Total	0.70	1.00	1.00	0.68	0.53	0.54	0.47	0.29

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	96,741	4,384	12,175	16,135	20,007	22,833	17,112	4,095
	MN	50	0	0	0	0	0	13	37
	Total	96,791	4,384	12,175	16,135	20,007	22,833	17,125	4,132
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	54,985	3,985	9,455	10,160	10,468	12,145	7,646	1,126
	MN	2	0	0	0	0	0	0	2
	Total	54,987	3,985	9,455	10,160	10,468	12,145	7,646	1,128
10. PARTICIPANT RATIO	CN	0.57	0.91	0.78	0.63	0.52	0.53	0.45	0.27
	MN	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.05
	Total	0.57	0.91	0.78	0.63	0.52	0.53	0.45	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	89,021	4,118	10,759	14,880	17,998	20,992	15,942	4,332
	MN	83	0	0	0	0	0	26	57
	Total	89,104	4,118	10,759	14,880	17,998	20,992	15,968	4,389
12a. Total Eligibles Receiving Any Dental Services	CN	51,369	20	2,085	8,897	14,107	15,121	9,462	1,677
	MN	34	0	0	0	0	0	10	24
	Total	51,403	20	2,085	8,897	14,107	15,121	9,472	1,701
12b. Total Eligibles Receiving Preventive Dental Services	CN	45,190	11	1,538	8,001	12,986	13,482	7,923	1,249
	MN	24	0	0	0	0	0	7	17
	Total	45,214	11	1,538	8,001	12,986	13,482	7,930	1,266
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,089	1	125	1,874	5,808	7,245	5,128	908
	MN	23	0	0	0	0	0	7	16
	Total	21,112	1	125	1,874	5,808	7,245	5,135	924
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,923				3,275	2,648		
	MN	0				0	0		
	Total	5,923				3,275	2,648		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	44,642	20	1,970	8,074	12,491	12,840	7,857	1,390
	MN	32	0	0	0	0	0	9	23
	Total	44,674	20	1,970	8,074	12,491	12,840	7,866	1,413
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	831	120	550	156	1	0	4	0
	MN	0	0	0	0	0	0	0	0
	Total	831	120	550	156	1	0	4	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	51,973	120	2,585	8,901	14,107	15,121	9,462	1,677
	MN	34	0	0	0	0	0	10	24
	Total	52,007	120	2,585	8,901	14,107	15,121	9,472	1,701
13. Total Eligibles Enrolled in Managed Care	CN	105,149	5,946	12,207	18,064	21,479	23,827	17,908	5,718
	MN	120	0	0	0	0	0	34	86
	Total	105,269	5,946	12,207	18,064	21,479	23,827	17,942	5,804
14. Total Number of Screening Blood Lead Tests	CN	11,637	270	5,986	5,381				
	MN	0	0	0	0				
	Total	11,637	270	5,986	5,381				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	664,659	44,212	80,834	120,554	136,161	148,180	101,930	32,788
	MN	0	0	0	0	0	0	0	0
	Total	664,659	44,212	80,834	120,554	136,161	148,180	101,930	32,788
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	586,058	31,157	73,506	110,005	123,152	132,158	89,384	26,696
	MN	0	0	0	0	0	0	0	0
	Total	586,058	31,157	73,506	110,005	123,152	132,158	89,384	26,696
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	66,653	48	4,002	7,292	16,947	22,076	15,802	486
	MN	0	0	0	0	0	0	0	0
	Total	66,653	48	4,002	7,292	16,947	22,076	15,802	486
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,339,265	231,422	801,664	1,220,001	1,378,315	1,483,918	995,644	228,302
	MN	0	0	0	0	0	0	0	0
	Total	6,339,265	231,422	801,664	1,220,001	1,378,315	1,483,918	995,644	228,302
3b. Average Period of Eligibility	CN	0.90	0.62	0.91	0.92	0.93	0.94	0.93	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.62	0.91	0.92	0.93	0.94	0.93	0.71
4. Expected Number of Screenings per Eligible	CN		3.72	1.37	0.92	0.47	0.56	0.47	0.36
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	1.37	0.92	0.47	0.56	0.47	0.36
5. Expected Number of Screenings	CN	501,322	115,904	100,703	101,205	57,881	74,008	42,010	9,611
	MN	0	0	0	0	0	0	0	0
	Total	501,322	115,904	100,703	101,205	57,881	74,008	42,010	9,611
6. Total Screens Received	CN	423,903	115,964	139,541	62,676	39,857	42,978	21,054	1,833
	MN	0	0	0	0	0	0	0	0
	Total	423,903	115,964	139,541	62,676	39,857	42,978	21,054	1,833
7. SCREENING RATIO	CN	0.85	1.00	1.00	0.62	0.69	0.58	0.50	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	1.00	1.00	0.62	0.69	0.58	0.50	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	389,378	31,157	73,506	101,205	57,881	74,008	42,010	9,611
	MN	0	0	0	0	0	0	0	0
	Total	389,378	31,157	73,506	101,205	57,881	74,008	42,010	9,611
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	246,917	29,447	58,365	58,303	38,335	40,801	19,900	1,766
	MN	0	0	0	0	0	0	0	0
	Total	246,917	29,447	58,365	58,303	38,335	40,801	19,900	1,766
10. PARTICIPANT RATIO	CN	0.63	0.95	0.79	0.58	0.66	0.55	0.47	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.95	0.79	0.58	0.66	0.55	0.47	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	48,799	4,122	8,917	9,999	8,395	8,864	6,407	2,095
	MN	0	0	0	0	0	0	0	0
	Total	48,799	4,122	8,917	9,999	8,395	8,864	6,407	2,095
12a. Total Eligibles Receiving Any Dental Services	CN	315,034	159	18,748	65,872	87,620	87,068	47,396	8,171
	MN	0	0	0	0	0	0	0	0
	Total	315,034	159	18,748	65,872	87,620	87,068	47,396	8,171
12b. Total Eligibles Receiving Preventive Dental Services	CN	301,392	85	17,577	63,507	84,943	84,525	43,969	6,786
	MN	0	0	0	0	0	0	0	0
	Total	301,392	85	17,577	63,507	84,943	84,525	43,969	6,786
12c. Total Eligibles Receiving Dental Treatment Services	CN	133,446	8	1,981	23,496	41,962	36,842	24,564	4,593
	MN	0	0	0	0	0	0	0	0
	Total	133,446	8	1,981	23,496	41,962	36,842	24,564	4,593
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,986				21,708	17,278		
	MN	0				0	0		
	Total	38,986				21,708	17,278		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	296,107	156	18,387	63,506	81,378	80,576	44,565	7,539
	MN	0	0	0	0	0	0	0	0
	Total	296,107	156	18,387	63,506	81,378	80,576	44,565	7,539
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,469	129	3,238	1,546	375	90	70	21
	MN	0	0	0	0	0	0	0	0
	Total	5,469	129	3,238	1,546	375	90	70	21
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	317,409	287	20,831	66,022	87,625	87,070	47,400	8,174
	MN	0	0	0	0	0	0	0	0
	Total	317,409	287	20,831	66,022	87,625	87,070	47,400	8,174
13. Total Eligibles Enrolled in Managed Care	CN	569,589	29,273	70,016	108,250	120,334	128,380	85,490	27,846
	MN	0	0	0	0	0	0	0	0
	Total	569,589	29,273	70,016	108,250	120,334	128,380	85,490	27,846
14. Total Number of Screening Blood Lead Tests	CN	11,086	133	8,276	2,677				
	MN	0	0	0	0				
	Total	11,086	133	8,276	2,677				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	94,471	5,810	12,214	17,519	20,078	20,430	13,890	4,530
	MN	0	0	0	0	0	0	0	0
	Total	94,471	5,810	12,214	17,519	20,078	20,430	13,890	4,530
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	86,794	4,555	11,287	16,329	18,796	19,119	12,964	3,744
	MN	0	0	0	0	0	0	0	0
	Total	86,794	4,555	11,287	16,329	18,796	19,119	12,964	3,744
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	13,703	371	1,017	1,831	3,678	3,945	2,476	385
	MN	0	0	0	0	0	0	0	0
	Total	13,703	371	1,017	1,831	3,678	3,945	2,476	385
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	883,555	33,910	115,031	170,276	197,199	202,270	134,213	30,656
	MN	0	0	0	0	0	0	0	0
	Total	883,555	33,910	115,031	170,276	197,199	202,270	134,213	30,656
3b. Average Period of Eligibility	CN	0.85	0.62	0.85	0.87	0.87	0.88	0.86	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.62	0.85	0.87	0.87	0.88	0.86	0.68
4. Expected Number of Screenings per Eligible	CN		4.34	1.70	0.87	0.87	0.88	0.86	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	1.70	0.87	0.87	0.88	0.86	0.68
5. Expected Number of Screenings	CN	100,036	19,769	19,188	14,206	16,353	16,825	11,149	2,546
	MN	0	0	0	0	0	0	0	0
	Total	100,036	19,769	19,188	14,206	16,353	16,825	11,149	2,546
6. Total Screens Received	CN	61,608	12,556	18,981	9,969	6,272	7,574	5,106	1,150
	MN	0	0	0	0	0	0	0	0
	Total	61,608	12,556	18,981	9,969	6,272	7,574	5,106	1,150
7. SCREENING RATIO	CN	0.62	0.64	0.99	0.70	0.38	0.45	0.46	0.45
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.64	0.99	0.70	0.38	0.45	0.46	0.45

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	76,921	4,555	11,287	14,206	16,353	16,825	11,149	2,546
	MN	0	0	0	0	0	0	0	0
	Total	76,921	4,555	11,287	14,206	16,353	16,825	11,149	2,546
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	36,841	3,927	8,338	7,933	5,240	6,244	4,217	942
	MN	0	0	0	0	0	0	0	0
	Total	36,841	3,927	8,338	7,933	5,240	6,244	4,217	942
10. PARTICIPANT RATIO	CN	0.48	0.86	0.74	0.56	0.32	0.37	0.38	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.86	0.74	0.56	0.32	0.37	0.38	0.37
11. Total Eligibles Referred for Corrective Treatment	CN	33,368	4,576	7,789	7,180	4,331	5,101	3,559	832
	MN	0	0	0	0	0	0	0	0
	Total	33,368	4,576	7,789	7,180	4,331	5,101	3,559	832
12a. Total Eligibles Receiving Any Dental Services	CN	40,990	37	2,479	8,868	11,465	10,951	6,083	1,107
	MN	0	0	0	0	0	0	0	0
	Total	40,990	37	2,479	8,868	11,465	10,951	6,083	1,107
12b. Total Eligibles Receiving Preventive Dental Services	CN	37,012	27	2,125	8,215	10,669	9,984	5,159	833
	MN	0	0	0	0	0	0	0	0
	Total	37,012	27	2,125	8,215	10,669	9,984	5,159	833
12c. Total Eligibles Receiving Dental Treatment Services	CN	16,298	5	289	2,823	5,126	4,506	2,988	561
	MN	0	0	0	0	0	0	0	0
	Total	16,298	5	289	2,823	5,126	4,506	2,988	561
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,778				2,751	2,027		
	MN	0				0	0		
	Total	4,778				2,751	2,027		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	33,824	18	2,193	7,653	9,620	8,877	4,697	766
	MN	0	0	0	0	0	0	0	0
	Total	33,824	18	2,193	7,653	9,620	8,877	4,697	766
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	305	7	201	96	1	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	305	7	201	96	1	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	41,217	44	2,644	8,923	11,465	10,951	6,083	1,107
	MN	0	0	0	0	0	0	0	0
	Total	41,217	44	2,644	8,923	11,465	10,951	6,083	1,107
13. Total Eligibles Enrolled in Managed Care	CN	54,159	3,715	7,835	11,460	12,661	12,264	5,509	715
	MN	0	0	0	0	0	0	0	0
	Total	54,159	3,715	7,835	11,460	12,661	12,264	5,509	715
14. Total Number of Screening Blood Lead Tests	CN	2,820	18	1,652	1,150				
	MN	0	0	0	0				
	Total	2,820	18	1,652	1,150				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	800,498	56,552	99,692	147,584	161,129	170,172	116,850	48,519
	MN	87,005	144	1,659	3,972	9,671	13,889	12,088	45,582
	Total	887,503	56,696	101,351	151,556	170,800	184,061	128,938	94,101
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	730,285	41,103	93,408	138,931	150,931	159,293	107,848	38,771
	MN	70,843	99	1,304	2,970	7,818	11,488	9,976	37,188
	Total	801,128	41,202	94,712	141,901	158,749	170,781	117,824	75,959
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	153	0	17	10	25	50	49	2
	MN	13,625	0	79	1,126	3,269	4,861	4,197	93
	Total	13,778	0	96	1,136	3,294	4,911	4,246	95
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	8,179,696	322,222	1,053,970	1,582,277	1,728,530	1,827,485	1,226,672	438,540
	MN	605,000	707	9,484	26,240	69,836	107,064	91,687	299,982
	Total	8,784,696	322,929	1,063,454	1,608,517	1,798,366	1,934,549	1,318,359	738,522
3b. Average Period of Eligibility	CN	0.93	0.65	0.94	0.95	0.95	0.96	0.95	0.94
	MN	0.71	0.60	0.61	0.74	0.74	0.78	0.77	0.67
	Total	0.91	0.65	0.94	0.94	0.94	0.94	0.93	0.81
4. Expected Number of Screenings per Eligible	CN		4.55	2.35	0.95	0.95	0.96	0.95	0.94
	MN		4.20	1.53	0.74	0.74	0.78	0.77	0.67
	Total		4.55	2.35	0.94	0.94	0.94	0.93	0.81
5. Expected Number of Screenings	CN	973,718	187,019	219,509	131,984	143,384	152,921	102,456	36,445
	MN	51,953	416	1,995	2,198	5,785	8,961	7,682	24,916
	Total	1,025,671	187,435	221,504	134,182	149,169	161,882	110,138	61,361
6. Total Screens Received	CN	764,541	143,587	216,576	133,776	89,219	103,830	59,071	18,482
	MN	30,383	201	2,554	2,389	3,925	6,369	4,720	10,225
	Total	794,924	143,788	219,130	136,165	93,144	110,199	63,791	28,707
7. SCREENING RATIO	CN	0.79	0.77	0.99	1.00	0.62	0.68	0.58	0.51
	MN	0.58	0.48	1.00	1.00	0.68	0.71	0.61	0.41
	Total	0.78	0.77	0.99	1.00	0.62	0.68	0.58	0.47

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	701,701	41,103	93,408	131,984	143,384	152,921	102,456	36,445
	MN	50,945	99	1,304	2,198	5,785	8,961	7,682	24,916
	Total	752,646	41,202	94,712	134,182	149,169	161,882	110,138	61,361
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	411,358	38,686	77,539	95,305	69,787	77,490	41,388	11,163
	MN	21,839	87	1,076	1,856	3,238	5,074	3,539	6,969
	Total	433,197	38,773	78,615	97,161	73,025	82,564	44,927	18,132
10. PARTICIPANT RATIO	CN	0.59	0.94	0.83	0.72	0.49	0.51	0.40	0.31
	MN	0.43	0.88	0.83	0.84	0.56	0.57	0.46	0.28
	Total	0.58	0.94	0.83	0.72	0.49	0.51	0.41	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	332,346	28,236	59,534	58,282	57,731	70,659	44,777	13,127
	MN	24,440	23	825	1,199	3,093	5,099	4,155	10,046
	Total	356,786	28,259	60,359	59,481	60,824	75,758	48,932	23,173
12a. Total Eligibles Receiving Any Dental Services	CN	367,964	345	19,252	74,263	100,999	101,593	58,277	13,235
	MN	33,184	1	297	1,571	5,368	7,659	5,732	12,556
	Total	401,148	346	19,549	75,834	106,367	109,252	64,009	25,791
12b. Total Eligibles Receiving Preventive Dental Services	CN	337,263	124	15,096	68,908	95,690	95,969	51,281	10,195
	MN	28,836	1	220	1,466	5,136	7,212	5,080	9,721
	Total	366,099	125	15,316	70,374	100,826	103,181	56,361	19,916
12c. Total Eligibles Receiving Dental Treatment Services	CN	172,603	14	2,067	24,151	47,465	52,252	37,548	9,106
	MN	19,311	0	32	468	2,390	3,902	3,590	8,929
	Total	191,914	14	2,099	24,619	49,855	56,154	41,138	18,035
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	48,049				27,611	20,438		
	MN	2,715				1,403	1,312		
	Total	50,764				29,014	21,750		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	351,215	342	18,970	72,283	97,713	96,715	53,499	11,693
	MN	30,602	1	292	1,531	5,204	7,246	5,230	11,098
	Total	381,817	343	19,262	73,814	102,917	103,961	58,729	22,791
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	367,964	345	19,252	74,263	100,999	101,593	58,277	13,235
	MN	33,184	1	297	1,571	5,368	7,659	5,732	12,556
	Total	401,148	346	19,549	75,834	106,367	109,252	64,009	25,791
13. Total Eligibles Enrolled in Managed Care	CN	800,498	56,552	99,692	147,584	161,129	170,172	116,850	48,519
	MN	87,005	144	1,659	3,972	9,671	13,889	12,088	45,582
	Total	887,503	56,696	101,351	151,556	170,800	184,061	128,938	94,101
14. Total Number of Screening Blood Lead Tests	CN	53,385	967	52,042	376				
	MN	1,265	2	887	376				
	Total	54,650	969	52,929	752				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	3,589,690	252,064	491,177	691,836	761,348	752,072	472,887	168,306
	MN	3,759	221	221	327	629	889	820	652
	Total	3,593,449	252,285	491,398	692,163	761,977	752,961	473,707	168,958
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,326,938	180,969	468,233	660,896	720,801	708,613	440,703	146,723
	MN	1,395	54	118	116	191	222	183	511
	Total	3,328,333	181,023	468,351	661,012	720,992	708,835	440,886	147,234
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
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	33,751,652	1,424,979	4,915,779	6,983,382	7,493,930	7,336,753	4,426,365	1,170,464
	MN	9,657	361	899	851	1,342	1,578	1,383	3,243
	Total	33,761,309	1,425,340	4,916,678	6,984,233	7,495,272	7,338,331	4,427,748	1,173,707
3b. Average Period of Eligibility	CN	0.85	0.66	0.87	0.88	0.87	0.86	0.84	0.66
	MN	0.58	0.56	0.63	0.61	0.59	0.59	0.63	0.53
	Total	0.85	0.66	0.87	0.88	0.87	0.86	0.84	0.66
4. Expected Number of Screenings per Eligible	CN		4.62	2.18	0.88	0.87	0.86	0.84	0.66
	MN		3.92	1.58	0.61	0.59	0.59	0.63	0.53
	Total		4.62	2.18	0.88	0.87	0.86	0.84	0.66
5. Expected Number of Screenings	CN	4,141,945	836,077	1,020,748	581,588	627,097	609,407	370,191	96,837
	MN	1,099	212	186	71	113	131	115	271
	Total	4,143,044	836,289	1,020,934	581,659	627,210	609,538	370,306	97,108
6. Total Screens Received	CN	3,078,522	696,954	905,866	504,897	395,792	386,870	175,262	12,881
	MN	547	115	124	65	68	86	50	39
	Total	3,079,069	697,069	905,990	504,962	395,860	386,956	175,312	12,920
7. SCREENING RATIO	CN	0.74	0.83	0.89	0.87	0.63	0.63	0.47	0.13
	MN	0.50	0.54	0.67	0.92	0.60	0.66	0.43	0.14
	Total	0.74	0.83	0.89	0.87	0.63	0.63	0.47	0.13

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,934,322	180,969	468,233	581,588	627,097	609,407	370,191	96,837
	MN	873	54	118	71	113	131	115	271
	Total	2,935,195	181,023	468,351	581,659	627,210	609,538	370,306	97,108
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,832,466	171,283	380,638	417,340	353,258	342,292	155,714	11,941
	MN	407	44	78	55	65	83	45	37
	Total	1,832,873	171,327	380,716	417,395	353,323	342,375	155,759	11,978
10. PARTICIPANT RATIO	CN	0.62	0.95	0.81	0.72	0.56	0.56	0.42	0.12
	MN	0.47	0.81	0.66	0.77	0.58	0.63	0.39	0.14
	Total	0.62	0.95	0.81	0.72	0.56	0.56	0.42	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	66,453	6,473	23,163	12,470	9,801	9,293	4,723	530
	MN	18	1	1	1	5	4	1	5
	Total	66,471	6,474	23,164	12,471	9,806	9,297	4,724	535
12a. Total Eligibles Receiving Any Dental Services	CN	2,119,490	29,501	267,472	462,319	523,538	505,528	278,872	52,260
	MN	626	9	42	54	101	128	98	194
	Total	2,120,116	29,510	267,514	462,373	523,639	505,656	278,970	52,454
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,686,478	822	39,054	403,150	503,782	469,910	232,050	37,710
	MN	468	1	0	45	98	113	74	137
	Total	1,686,946	823	39,054	403,195	503,880	470,023	232,124	37,847
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,084,642	77	17,705	185,843	312,915	326,794	204,276	37,032
	MN	414	0	2	21	56	82	77	176
	Total	1,085,056	77	17,707	185,864	312,971	326,876	204,353	37,208
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	448,925				202,838	246,087		
	MN	109				42	67		
	Total	449,034				202,880	246,154		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	2,028,063	29,399	266,608	453,431	509,364	476,307	248,002	44,952
	MN	583	8	42	53	97	116	86	181
	Total	2,028,646	29,407	266,650	453,484	509,461	476,423	248,088	45,133
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	134,170	16,991	101,294	15,880	2	3	0	0
	MN	21	2	18	1	0	0	0	0
	Total	134,191	16,993	101,312	15,881	2	3	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,170,124	40,888	302,924	466,111	523,539	505,530	278,872	52,260
	MN	643	11	56	55	101	128	98	194
	Total	2,170,767	40,899	302,980	466,166	523,640	505,658	278,970	52,454
13. Total Eligibles Enrolled in Managed Care	CN	3,446,829	228,438	481,153	672,989	737,583	724,105	451,696	150,865
	MN	0	0	0	0	0	0	0	0
	Total	3,446,829	228,438	481,153	672,989	737,583	724,105	451,696	150,865
14. Total Number of Screening Blood Lead Tests	CN	302,833	5,567	201,848	95,418				
	MN	0	0	0	0				
	Total	302,833	5,567	201,848	95,418				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	232,463	19,779	38,727	51,704	46,843	42,746	25,759	6,905
	MN	110	2	4	16	18	23	29	18
	Total	232,573	19,781	38,731	51,720	46,861	42,769	25,788	6,923
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	206,992	16,644	35,258	46,968	41,749	38,138	22,775	5,460
	MN	73	0	3	7	11	17	21	14
	Total	207,065	16,644	35,261	46,975	41,760	38,155	22,796	5,474
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,068,203	162,176	353,741	480,151	416,677	389,228	224,858	41,372
	MN	689	0	28	49	97	154	200	161
	Total	2,068,892	162,176	353,769	480,200	416,774	389,382	225,058	41,533
3b. Average Period of Eligibility	CN	0.83	0.81	0.84	0.85	0.83	0.85	0.82	0.63
	MN	0.79	0.00	0.78	0.58	0.73	0.75	0.79	0.96
	Total	0.83	0.81	0.84	0.85	0.83	0.85	0.82	0.63
4. Expected Number of Screenings per Eligible	CN		4.86	1.68	0.85	0.42	0.85	0.82	0.63
	MN		0.00	1.56	0.58	0.37	0.75	0.79	0.96
	Total		4.86	1.68	0.85	0.42	0.85	0.82	0.63
5. Expected Number of Screenings	CN	252,114	80,890	59,233	39,923	17,535	32,417	18,676	3,440
	MN	56	0	5	4	4	13	17	13
	Total	252,170	80,890	59,238	39,927	17,539	32,430	18,693	3,453
6. Total Screens Received	CN	186,112	61,929	63,581	28,208	12,774	13,239	6,058	323
	MN	20	0	5	1	2	1	6	5
	Total	186,132	61,929	63,586	28,209	12,776	13,240	6,064	328
7. SCREENING RATIO	CN	0.74	0.77	1.00	0.71	0.73	0.41	0.32	0.09
	MN	0.36	0.00	1.00	0.25	0.50	0.08	0.35	0.38
	Total	0.74	0.77	1.00	0.71	0.73	0.41	0.32	0.09

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	163,893	16,644	35,258	39,923	17,535	32,417	18,676	3,440
	MN	54	0	3	4	4	13	17	13
	Total	163,947	16,644	35,261	39,927	17,539	32,430	18,693	3,453
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	93,338	14,719	27,009	23,640	11,342	11,240	5,087	301
	MN	16	0	2	1	2	1	5	5
	Total	93,354	14,719	27,011	23,641	11,344	11,241	5,092	306
10. PARTICIPANT RATIO	CN	0.57	0.88	0.77	0.59	0.65	0.35	0.27	0.09
	MN	0.30	0.00	0.67	0.25	0.50	0.08	0.29	0.38
	Total	0.57	0.88	0.77	0.59	0.65	0.35	0.27	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	97,996	111	8,380	27,011	26,682	22,438	11,690	1,684
	MN	48	0	2	3	11	8	15	9
	Total	98,044	111	8,382	27,014	26,693	22,446	11,705	1,693
12b. Total Eligibles Receiving Preventive Dental Services	CN	94,974	101	8,337	26,216	25,978	21,740	11,042	1,560
	MN	43	0	1	3	11	7	13	8
	Total	95,017	101	8,338	26,219	25,989	21,747	11,055	1,568
12c. Total Eligibles Receiving Dental Treatment Services	CN	47,867	17	1,325	11,261	14,579	11,945	7,574	1,166
	MN	33	0	1	1	9	5	11	6
	Total	47,900	17	1,326	11,262	14,588	11,950	7,585	1,172
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,613				7,417	7,196		
	MN	8				5	3		
	Total	14,621				7,422	7,199		

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	93,525	82	7,969	26,259	25,450	21,332	10,895	1,538
	MN	42	0	1	3	10	7	13	8
	Total	93,567	82	7,970	26,262	25,460	21,339	10,908	1,546
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	935	51	699	184	1	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	935	51	699	184	1	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	98,931	162	9,079	27,195	26,683	22,438	11,690	1,684
	MN	48	0	2	3	11	8	15	9
	Total	98,979	162	9,081	27,198	26,694	22,446	11,705	1,693
13. Total Eligibles Enrolled in Managed Care	CN	199,370	17,531	34,002	45,567	39,115	36,286	21,280	5,589
	MN	81	0	2	12	11	18	24	14
	Total	199,451	17,531	34,004	45,579	39,126	36,304	21,304	5,603
14. Total Number of Screening Blood Lead Tests	CN	13,665	6,221	5,291	2,153				
	MN	1	0	1	0				
	Total	13,666	6,221	5,292	2,153				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	61,168	3,454	6,796	10,593	13,214	15,522	9,748	1,841
	MN	1,847	55	51	47	63	140	538	953
	Total	63,015	3,509	6,847	10,640	13,277	15,662	10,286	2,794
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	59,148	2,555	6,674	10,411	12,969	15,235	9,561	1,743
	MN	1,692	30	47	46	62	136	506	865
	Total	60,840	2,585	6,721	10,457	13,031	15,371	10,067	2,608
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	677,651	19,957	77,459	120,668	151,344	177,786	111,316	19,121
	MN	17,606	240	518	516	694	1,569	5,415	8,654
	Total	695,257	20,197	77,977	121,184	152,038	179,355	116,731	27,775
3b. Average Period of Eligibility	CN	0.95	0.65	0.97	0.97	0.97	0.97	0.97	0.91
	MN	0.87	0.67	0.92	0.93	0.93	0.96	0.89	0.83
	Total	0.95	0.65	0.97	0.97	0.97	0.97	0.97	0.89
4. Expected Number of Screenings per Eligible	CN		4.55	1.94	0.97	0.49	0.97	0.97	0.91
	MN		4.69	1.84	0.93	0.47	0.96	0.89	0.83
	Total		4.55	1.94	0.97	0.49	0.97	0.97	0.89
5. Expected Number of Screenings	CN	66,665	11,625	12,948	10,099	6,355	14,778	9,274	1,586
	MN	1,598	141	86	43	29	131	450	718
	Total	68,263	11,766	13,034	10,142	6,384	14,909	9,724	2,304
6. Total Screens Received	CN	46,106	10,333	13,282	6,658	5,680	6,409	3,513	231
	MN	631	196	83	27	20	63	145	97
	Total	46,737	10,529	13,365	6,685	5,700	6,472	3,658	328
7. SCREENING RATIO	CN	0.69	0.89	1.00	0.66	0.89	0.43	0.38	0.15
	MN	0.39	1.00	0.97	0.63	0.69	0.48	0.32	0.14
	Total	0.68	0.89	1.00	0.66	0.89	0.43	0.38	0.14



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	51,321	2,555	6,674	10,099	6,355	14,778	9,274	1,586
	MN	1,448	30	47	43	29	131	450	718
	Total	52,769	2,585	6,721	10,142	6,384	14,909	9,724	2,304
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,818	2,541	5,561	6,188	5,584	6,310	3,416	218
	MN	401	30	34	27	20	63	136	91
	Total	30,219	2,571	5,595	6,215	5,604	6,373	3,552	309
10. PARTICIPANT RATIO	CN	0.58	0.99	0.83	0.61	0.88	0.43	0.37	0.14
	MN	0.28	1.00	0.72	0.63	0.69	0.48	0.30	0.13
	Total	0.57	0.99	0.83	0.61	0.88	0.43	0.37	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	34,262	19	1,637	6,352	9,404	10,399	5,742	709
	MN	760	0	15	23	45	101	261	315
	Total	35,022	19	1,652	6,375	9,449	10,500	6,003	1,024
12b. Total Eligibles Receiving Preventive Dental Services	CN	33,682	18	1,635	6,295	9,256	10,226	5,579	673
	MN	736	0	15	22	43	101	257	298
	Total	34,418	18	1,650	6,317	9,299	10,327	5,836	971
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,103	7	237	1,759	3,857	4,083	2,726	434
	MN	411	0	4	6	22	36	153	190
	Total	13,514	7	241	1,765	3,879	4,119	2,879	624
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,175				2,060	2,115		
	MN	40				12	28		
	Total	4,215				2,072	2,143		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	30,829	18	1,428	5,808	8,548	9,319	5,101	607
	MN	678	0	15	21	37	92	238	275
	Total	31,507	18	1,443	5,829	8,585	9,411	5,339	882
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,001	63	424	338	125	13	27	11
	MN	9	1	3	1	1	0	1	2
	Total	1,010	64	427	339	126	13	28	13
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	34,666	81	1,936	6,389	9,405	10,399	5,746	710
	MN	763	1	17	23	45	101	261	315
	Total	35,429	82	1,953	6,412	9,450	10,500	6,007	1,025
13. Total Eligibles Enrolled in Managed Care	CN	50,471	2,564	6,004	9,092	11,070	12,678	7,759	1,304
	MN	1,294	33	41	39	51	110	366	654
	Total	51,765	2,597	6,045	9,131	11,121	12,788	8,125	1,958
14. Total Number of Screening Blood Lead Tests	CN	5,597	31	4,510	1,056				
	MN	42	1	37	4				
	Total	5,639	32	4,547	1,060				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	691,555	42,842	87,442	127,742	144,635	152,796	102,375	33,723
	MN	394	78	51	18	21	31	55	140
	Total	691,949	42,920	87,493	127,760	144,656	152,827	102,430	33,863
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	642,713	30,327	83,026	121,307	137,258	145,231	96,824	28,740
	MN	258	40	33	11	16	23	34	101
	Total	642,971	30,367	83,059	121,318	137,274	145,254	96,858	28,841
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	89,552	1	2	2	28,246	34,128	23,270	3,903
	MN	0	0	0	0	0	0	0	0
	Total	89,552	1	2	2	28,246	34,128	23,270	3,903
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,648,518	223,783	858,533	1,282,507	1,449,414	1,560,547	1,030,466	243,268
	MN	2,051	283	247	100	171	202	313	735
	Total	6,650,569	224,066	858,780	1,282,607	1,449,585	1,560,749	1,030,779	244,003
3b. Average Period of Eligibility	CN	0.86	0.61	0.86	0.88	0.88	0.90	0.89	0.71
	MN	0.66	0.59	0.62	0.76	0.89	0.73	0.77	0.61
	Total	0.86	0.61	0.86	0.88	0.88	0.90	0.89	0.71
4. Expected Number of Screenings per Eligible	CN		3.66	1.72	0.88	0.88	0.90	0.89	0.71
	MN		3.54	1.24	0.76	0.89	0.73	0.77	0.61
	Total		3.66	1.72	0.88	0.88	0.90	0.89	0.71
5. Expected Number of Screenings	CN	718,625	110,997	142,805	106,750	120,787	130,708	86,173	20,405
	MN	310	142	41	8	14	17	26	62
	Total	718,935	111,139	142,846	106,758	120,801	130,725	86,199	20,467
6. Total Screens Received	CN	452,394	92,141	148,119	83,373	45,130	52,460	28,227	2,944
	MN	223	125	69	3	5	6	4	11
	Total	452,617	92,266	148,188	83,376	45,135	52,466	28,231	2,955
7. SCREENING RATIO	CN	0.63	0.83	1.00	0.78	0.37	0.40	0.33	0.14
	MN	0.72	0.88	1.00	0.38	0.36	0.35	0.15	0.18
	Total	0.63	0.83	1.00	0.78	0.37	0.40	0.33	0.14

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	578,176	30,327	83,026	106,750	120,787	130,708	86,173	20,405
	MN	200	40	33	8	14	17	26	62
	Total	578,376	30,367	83,059	106,758	120,801	130,725	86,199	20,467
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	289,056	24,774	65,882	75,738	43,564	50,176	26,158	2,764
	MN	92	36	28	3	5	6	3	11
	Total	289,148	24,810	65,910	75,741	43,569	50,182	26,161	2,775
10. PARTICIPANT RATIO	CN	0.50	0.82	0.79	0.71	0.36	0.38	0.30	0.14
	MN	0.46	0.90	0.85	0.38	0.36	0.35	0.12	0.18
	Total	0.50	0.82	0.79	0.71	0.36	0.38	0.30	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	227,305	40,943	55,996	49,024	28,904	32,239	18,319	1,880
	MN	18	2	0	4	1	5	2	4
	Total	227,323	40,945	55,996	49,028	28,905	32,244	18,321	1,884
12a. Total Eligibles Receiving Any Dental Services	CN	315,781	130	17,301	66,142	86,312	87,669	50,172	8,055
	MN	64	0	3	5	4	9	18	25
	Total	315,845	130	17,304	66,147	86,316	87,678	50,190	8,080
12b. Total Eligibles Receiving Preventive Dental Services	CN	293,870	73	15,793	62,838	82,993	81,672	44,162	6,339
	MN	54	0	3	4	4	9	15	19
	Total	293,924	73	15,796	62,842	82,997	81,681	44,177	6,358
12c. Total Eligibles Receiving Dental Treatment Services	CN	166,132	30	3,304	26,144	46,750	51,414	33,134	5,356
	MN	36	0	0	1	0	5	13	17
	Total	166,168	30	3,304	26,145	46,750	51,419	33,147	5,373
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,195				21,789	16,406		
	MN	5				2	3		
	Total	38,200				21,791	16,409		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	304,334	113	16,783	64,838	84,177	83,835	47,151	7,437
	MN	58	0	2	5	4	8	16	23
	Total	304,392	113	16,785	64,843	84,181	83,843	47,167	7,460
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,083	298	4,055	726	4	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	5,083	298	4,055	726	4	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	319,776	423	20,624	66,520	86,313	87,669	50,172	8,055
	MN	64	0	3	5	4	9	18	25
	Total	319,840	423	20,627	66,525	86,317	87,678	50,190	8,080
13. Total Eligibles Enrolled in Managed Care	CN	576,980	28,469	78,633	112,718	124,844	128,558	83,095	20,663
	MN	4	2	2	0	0	0	0	0
	Total	576,984	28,471	78,635	112,718	124,844	128,558	83,095	20,663
14. Total Number of Screening Blood Lead Tests	CN	51,726	450	29,461	21,815				
	MN	12	1	11	0				
	Total	51,738	451	29,472	21,815				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	832,873	46,072	99,150	151,044	174,678	189,367	132,267	40,295
	MN	475	11	48	58	62	128	131	37
	Total	833,348	46,083	99,198	151,102	174,740	189,495	132,398	40,332
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	786,551	36,558	95,135	145,076	167,879	181,842	126,157	33,904
	MN	317	7	29	40	41	93	82	25
	Total	786,868	36,565	95,164	145,116	167,920	181,935	126,239	33,929
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	8,522,291	283,393	1,055,561	1,614,086	1,873,278	2,026,336	1,381,803	287,834
	MN	1,870	33	164	240	274	535	477	147
	Total	8,524,161	283,426	1,055,725	1,614,326	1,873,552	2,026,871	1,382,280	287,981
3b. Average Period of Eligibility	CN	0.90	0.65	0.92	0.93	0.93	0.93	0.91	0.71
	MN	0.49	0.39	0.47	0.50	0.56	0.48	0.48	0.49
	Total	0.90	0.65	0.92	0.93	0.93	0.93	0.91	0.71
4. Expected Number of Screenings per Eligible	CN		3.25	1.38	0.93	0.47	0.56	0.46	0.36
	MN		1.95	0.71	0.50	0.28	0.29	0.24	0.25
	Total		3.25	1.38	0.93	0.47	0.56	0.46	0.36
5. Expected Number of Screenings	CN	635,993	118,814	131,286	134,921	78,903	101,832	58,032	12,205
	MN	119	14	21	20	11	27	20	6
	Total	636,112	118,828	131,307	134,941	78,914	101,859	58,052	12,211
6. Total Screens Received	CN	523,385	114,050	165,976	86,631	58,480	64,457	30,454	3,337
	MN	49	3	20	10	3	7	3	3
	Total	523,434	114,053	165,996	86,641	58,483	64,464	30,457	3,340
7. SCREENING RATIO	CN	0.82	0.96	1.00	0.64	0.74	0.63	0.52	0.27
	MN	0.41	0.21	0.95	0.50	0.27	0.26	0.15	0.50
	Total	0.82	0.96	1.00	0.64	0.74	0.63	0.52	0.27

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	517,586	36,558	95,135	134,921	78,903	101,832	58,032	12,205
	MN	112	7	21	20	11	27	20	6
	Total	517,698	36,565	95,156	134,941	78,914	101,859	58,052	12,211
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	335,010	32,693	74,012	80,508	55,751	60,920	28,460	2,666
	MN	39	2	11	10	3	7	3	3
	Total	335,049	32,695	74,023	80,518	55,754	60,927	28,463	2,669
10. PARTICIPANT RATIO	CN	0.65	0.89	0.78	0.60	0.71	0.60	0.49	0.22
	MN	0.35	0.29	0.52	0.50	0.27	0.26	0.15	0.50
	Total	0.65	0.89	0.78	0.60	0.71	0.60	0.49	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	2,285	187	507	354	421	524	263	29
	MN	0	0	0	0	0	0	0	0
	Total	2,285	187	507	354	421	524	263	29
12a. Total Eligibles Receiving Any Dental Services	CN	438,858	2,859	46,793	93,552	112,175	110,140	63,608	9,731
	MN	63	0	7	9	12	19	12	4
	Total	438,921	2,859	46,800	93,561	112,187	110,159	63,620	9,735
12b. Total Eligibles Receiving Preventive Dental Services	CN	408,321	1,755	43,540	89,949	107,324	103,035	55,509	7,209
	MN	46	0	6	9	7	15	6	3
	Total	408,367	1,755	43,546	89,958	107,331	103,050	55,515	7,212
12c. Total Eligibles Receiving Dental Treatment Services	CN	262,864	1,327	26,609	64,223	67,143	59,038	38,391	6,133
	MN	33	0	4	5	9	6	6	3
	Total	262,897	1,327	26,613	64,228	67,152	59,044	38,397	6,136
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	65,524				38,262	27,262		
	MN	8				4	4		
	Total	65,532				38,266	27,266		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	409,311	2,410	43,751	88,410	104,887	102,878	58,290	8,685
	MN	44	0	6	6	10	12	6	4
	Total	409,355	2,410	43,757	88,416	104,897	102,890	58,296	8,689
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	150,573	1,666	24,440	37,258	36,827	30,073	17,383	2,926
	MN	16	0	4	6	2	3	1	0
	Total	150,589	1,666	24,444	37,264	36,829	30,076	17,384	2,926
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	449,079	3,058	48,821	95,529	115,482	112,423	63,986	9,780
	MN	66	0	8	11	12	19	12	4
	Total	449,145	3,058	48,829	95,540	115,494	112,442	63,998	9,784
13. Total Eligibles Enrolled in Managed Care	CN	722,882	40,438	91,436	135,518	152,129	160,531	110,951	31,879
	MN	99	1	16	12	16	24	23	7
	Total	722,981	40,439	91,452	135,530	152,145	160,555	110,974	31,886
14. Total Number of Screening Blood Lead Tests	CN	14,449	196	8,283	5,970				
	MN	2	0	2	0				
	Total	14,451	196	8,285	5,970				



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	219,150	13,402	26,965	38,558	43,947	49,027	35,240	12,011
	MN	527	0	0	3	1	7	20	496
	Total	219,677	13,402	26,965	38,561	43,948	49,034	35,260	12,507
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	203,208	9,446	25,643	36,839	41,829	46,078	33,280	10,093
	MN	411	0	0	1	1	3	14	392
	Total	203,619	9,446	25,643	36,840	41,830	46,081	33,294	10,485
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,163,659	75,734	274,709	399,898	453,766	508,265	360,407	90,880
	MN	3,382	0	0	8	6	22	93	3,253
	Total	2,167,041	75,734	274,709	399,906	453,772	508,287	360,500	94,133
3b. Average Period of Eligibility	CN	0.89	0.67	0.89	0.90	0.90	0.92	0.90	0.75
	MN	0.69	0.00	0.00	0.67	0.50	0.61	0.55	0.69
	Total	0.89	0.67	0.89	0.90	0.90	0.92	0.90	0.75
4. Expected Number of Screenings per Eligible	CN		4.69	1.78	0.90	0.45	0.92	0.90	0.75
	MN		0.00	0.00	0.67	0.25	0.61	0.55	0.69
	Total		4.69	1.78	0.90	0.45	0.92	0.90	0.75
5. Expected Number of Screenings	CN	221,839	44,302	45,645	33,155	18,823	42,392	29,952	7,570
	MN	281	0	0	1	0	2	8	270
	Total	222,120	44,302	45,645	33,156	18,823	42,394	29,960	7,840
6. Total Screens Received	CN	208,661	46,239	46,914	41,062	27,850	30,588	15,404	604
	MN	43	0	0	0	0	1	2	40
	Total	208,704	46,239	46,914	41,062	27,850	30,589	15,406	644
7. SCREENING RATIO	CN	0.94	1.00	1.00	1.00	1.00	0.72	0.51	0.08
	MN	0.15	0.00	0.00	0.00	0.00	0.50	0.25	0.15
	Total	0.94	1.00	1.00	1.00	1.00	0.72	0.51	0.08

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	166,981	9,446	25,643	33,155	18,823	42,392	29,952	7,570
	MN	281	0	0	1	0	2	8	270
	Total	167,262	9,446	25,643	33,156	18,823	42,394	29,960	7,840
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	87,108	9,206	19,606	20,254	13,337	15,722	8,543	440
	MN	43	0	0	0	0	1	2	40
	Total	87,151	9,206	19,606	20,254	13,337	15,723	8,545	480
10. PARTICIPANT RATIO	CN	0.52	0.97	0.76	0.61	0.71	0.37	0.29	0.06
	MN	0.15	0.00	0.00	0.00	0.00	0.50	0.25	0.15
	Total	0.52	0.97	0.76	0.61	0.71	0.37	0.29	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	21,741	1,749	1,899	4,912	4,216	5,301	3,491	173
	MN	22	0	0	0	0	1	1	20
	Total	21,763	1,749	1,899	4,912	4,216	5,302	3,492	193
12a. Total Eligibles Receiving Any Dental Services	CN	100,105	196	5,400	21,479	26,312	27,568	17,343	1,807
	MN	124	0	0	0	0	2	14	108
	Total	100,229	196	5,400	21,479	26,312	27,570	17,357	1,915
12b. Total Eligibles Receiving Preventive Dental Services	CN	86,775	103	4,202	19,592	23,889	24,005	13,884	1,100
	MN	88	0	0	0	0	2	11	75
	Total	86,863	103	4,202	19,592	23,889	24,007	13,895	1,175
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,317	192	5,350	21,348	26,102	27,325	17,200	1,800
	MN	124	0	0	0	0	2	14	108
	Total	99,441	192	5,350	21,348	26,102	27,327	17,214	1,908
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,501				6,339	7,162		
	MN	2				0	2		
	Total	13,503				6,339	7,164		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	94,013	188	5,239	20,596	24,789	25,752	15,892	1,557
	MN	111	0	0	0	0	2	13	96
	Total	94,124	188	5,239	20,596	24,789	25,754	15,905	1,653
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	69	0	6	12	10	23	10	8
	MN	0	0	0	0	0	0	0	0
	Total	69	0	6	12	10	23	10	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	100,174	196	5,406	21,491	26,322	27,591	17,353	1,815
	MN	124	0	0	0	0	2	14	108
	Total	100,298	196	5,406	21,491	26,322	27,593	17,367	1,923
13. Total Eligibles Enrolled in Managed Care	CN	145,208	11,139	18,869	27,985	30,271	32,844	21,282	2,818
	MN	117	0	0	0	0	2	7	108
	Total	145,325	11,139	18,869	27,985	30,271	32,846	21,289	2,926
14. Total Number of Screening Blood Lead Tests	CN	11,619	1,047	7,337	3,235				
	MN	0	0	0	0				
	Total	11,619	1,047	7,337	3,235				

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	566,940	32,248	66,044	99,781	120,005	129,154	89,114	30,594
	MN	111	3	3	4	12	21	31	37
	Total	567,051	32,251	66,047	99,785	120,017	129,175	89,145	30,631
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	526,183	22,439	62,199	94,268	114,185	122,795	83,805	26,492
	MN	78	0	2	3	8	16	24	25
	Total	526,261	22,439	62,201	94,271	114,193	122,811	83,829	26,517
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	81,003	0	6	8	25,280	31,470	21,764	2,475
	MN	0	0	0	0	0	0	0	0
	Total	81,003	0	6	8	25,280	31,470	21,764	2,475
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,580,256	170,288	665,686	1,017,609	1,244,951	1,343,739	899,278	238,705
	MN	533	0	15	14	61	123	185	135
	Total	5,580,789	170,288	665,701	1,017,623	1,245,012	1,343,862	899,463	238,840
3b. Average Period of Eligibility	CN	0.88	0.63	0.89	0.90	0.91	0.91	0.89	0.75
	MN	0.57	0.00	0.63	0.39	0.64	0.64	0.64	0.45
	Total	0.88	0.63	0.89	0.90	0.91	0.91	0.89	0.75
4. Expected Number of Screenings per Eligible	CN		3.15	1.78	0.90	0.46	0.55	0.45	0.38
	MN		0.00	1.26	0.39	0.32	0.38	0.32	0.23
	Total		3.15	1.78	0.90	0.46	0.55	0.45	0.38
5. Expected Number of Screenings	CN	434,079	70,683	110,714	84,841	52,525	67,537	37,712	10,067
	MN	27	0	3	1	3	6	8	6
	Total	434,106	70,683	110,717	84,842	52,528	67,543	37,720	10,073
6. Total Screens Received	CN	411,718	92,193	126,330	63,455	47,441	50,651	27,401	4,247
	MN	12	0	0	0	2	4	4	2
	Total	411,730	92,193	126,330	63,455	47,443	50,655	27,405	4,249
7. SCREENING RATIO	CN	0.95	1.00	1.00	0.75	0.90	0.75	0.73	0.42
	MN	0.44	0.00	0.00	0.00	0.67	0.67	0.50	0.33
	Total	0.95	1.00	1.00	0.75	0.90	0.75	0.73	0.42

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	337,320	22,439	62,199	84,841	52,525	67,537	37,712	10,067
	MN	26	0	2	1	3	6	8	6
	Total	337,346	22,439	62,201	84,842	52,528	67,543	37,720	10,073
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	250,462	21,229	51,588	56,155	44,777	47,519	25,260	3,934
	MN	12	0	0	0	2	4	4	2
	Total	250,474	21,229	51,588	56,155	44,779	47,523	25,264	3,936
10. PARTICIPANT RATIO	CN	0.74	0.95	0.83	0.66	0.85	0.70	0.67	0.39
	MN	0.46	0.00	0.00	0.00	0.67	0.67	0.50	0.33
	Total	0.74	0.95	0.83	0.66	0.85	0.70	0.67	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	9,595	1,447	2,720	1,781	1,265	1,411	889	82
	MN	0	0	0	0	0	0	0	0
	Total	9,595	1,447	2,720	1,781	1,265	1,411	889	82
12a. Total Eligibles Receiving Any Dental Services	CN	142,690	36	3,204	25,943	45,761	42,109	21,718	3,919
	MN	2	0	0	0	1	1	0	0
	Total	142,692	36	3,204	25,943	45,762	42,110	21,718	3,919
12b. Total Eligibles Receiving Preventive Dental Services	CN	129,300	15	2,819	24,307	42,948	38,677	17,965	2,569
	MN	2	0	0	0	1	1	0	0
	Total	129,302	15	2,819	24,307	42,949	38,678	17,965	2,569
12c. Total Eligibles Receiving Dental Treatment Services	CN	60,240	6	457	8,273	19,238	17,710	12,142	2,414
	MN	1	0	0	0	0	1	0	0
	Total	60,241	6	457	8,273	19,238	17,711	12,142	2,414
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,353				14,627	11,726		
	MN	1				0	1		
	Total	26,354				14,627	11,727		

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	121,932	31	2,821	23,073	38,638	35,609	18,474	3,286
	MN	2	0	0	0	1	1	0	0
	Total	121,934	31	2,821	23,073	38,639	35,610	18,474	3,286
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	75,609	331	9,627	17,767	19,672	17,465	9,032	1,715
	MN	3	0	0	0	2	0	1	0
	Total	75,612	331	9,627	17,767	19,674	17,465	9,033	1,715
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	202,716	366	12,305	39,415	59,960	55,960	29,292	5,418
	MN	4	0	0	0	2	1	1	0
	Total	202,720	366	12,305	39,415	59,962	55,961	29,293	5,418
13. Total Eligibles Enrolled in Managed Care	CN	492,354	28,446	60,388	89,800	104,544	109,295	73,446	26,435
	MN	29	0	0	2	5	3	10	9
	Total	492,383	28,446	60,388	89,802	104,549	109,298	73,456	26,444
14. Total Number of Screening Blood Lead Tests	CN	64,869	1,164	41,840	21,865				
	MN	0	0	0	0				
	Total	64,869	1,164	41,840	21,865				

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	60,502	3,828	8,156	11,728	12,598	12,284	8,681	3,227
	MN	0	0	0	0	0	0	0	0
	Total	60,502	3,828	8,156	11,728	12,598	12,284	8,681	3,227
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	55,393	3,046	7,612	10,937	11,733	11,452	8,009	2,604
	MN	0	0	0	0	0	0	0	0
	Total	55,393	3,046	7,612	10,937	11,733	11,452	8,009	2,604
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	558,987	21,990	78,802	113,727	122,356	119,364	81,897	20,851
	MN	0	0	0	0	0	0	0	0
	Total	558,987	21,990	78,802	113,727	122,356	119,364	81,897	20,851
3b. Average Period of Eligibility	CN	0.84	0.60	0.86	0.87	0.87	0.87	0.85	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.60	0.86	0.87	0.87	0.87	0.85	0.67
4. Expected Number of Screenings per Eligible	CN		4.20	1.72	0.87	0.44	0.87	0.85	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.72	0.87	0.44	0.87	0.85	0.67
5. Expected Number of Screenings	CN	59,080	12,793	13,093	9,515	5,163	9,963	6,808	1,745
	MN	0	0	0	0	0	0	0	0
	Total	59,080	12,793	13,093	9,515	5,163	9,963	6,808	1,745
6. Total Screens Received	CN	36,643	11,805	12,438	5,167	2,093	3,219	1,761	160
	MN	0	0	0	0	0	0	0	0
	Total	36,643	11,805	12,438	5,167	2,093	3,219	1,761	160
7. SCREENING RATIO	CN	0.62	0.92	0.95	0.54	0.41	0.32	0.26	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.92	0.95	0.54	0.41	0.32	0.26	0.09

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2012  
State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	43,852	3,046	7,612	9,515	5,163	9,963	6,808	1,745
	MN	0	0	0	0	0	0	0	0
	Total	43,852	3,046	7,612	9,515	5,163	9,963	6,808	1,745
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	19,333	2,815	5,345	4,576	1,965	2,905	1,578	149
	MN	0	0	0	0	0	0	0	0
	Total	19,333	2,815	5,345	4,576	1,965	2,905	1,578	149
10. PARTICIPANT RATIO	CN	0.44	0.92	0.70	0.48	0.38	0.29	0.23	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.44	0.92	0.70	0.48	0.38	0.29	0.23	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	254	50	68	49	22	39	26	0
	MN	0	0	0	0	0	0	0	0
	Total	254	50	68	49	22	39	26	0
12a. Total Eligibles Receiving Any Dental Services	CN	23,494	19	1,209	5,072	6,595	6,135	3,762	702
	MN	0	0	0	0	0	0	0	0
	Total	23,494	19	1,209	5,072	6,595	6,135	3,762	702
12b. Total Eligibles Receiving Preventive Dental Services	CN	21,209	9	952	4,685	6,157	5,670	3,217	519
	MN	0	0	0	0	0	0	0	0
	Total	21,209	9	952	4,685	6,157	5,670	3,217	519
12c. Total Eligibles Receiving Dental Treatment Services	CN	11,955	2	198	2,147	3,627	3,158	2,332	491
	MN	0	0	0	0	0	0	0	0
	Total	11,955	2	198	2,147	3,627	3,158	2,332	491
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,197				1,818	1,379		
	MN	0				0	0		
	Total	3,197				1,818	1,379		



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2012

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	21,884	19	1,197	4,825	6,164	5,666	3,389	624
	MN	0	0	0	0	0	0	0	0
	Total	21,884	19	1,197	4,825	6,164	5,666	3,389	624
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,240	36	829	384	457	372	135	27
	MN	0	0	0	0	0	0	0	0
	Total	2,240	36	829	384	457	372	135	27
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	25,371	55	1,914	5,366	6,979	6,465	3,869	723
	MN	0	0	0	0	0	0	0	0
	Total	25,371	55	1,914	5,366	6,979	6,465	3,869	723
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	1,553	3	797	753				
	MN	0	0	0	0				
	Total	1,553	3	797	753				