

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	605,305	41,190	76,817	111,438	127,675	134,118	91,194	22,873
	MN	0	0	0	0	0	0	0	0
	Total	605,305	41,190	76,817	111,438	127,675	134,118	91,194	22,873
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	576,754	38,457	73,869	107,262	122,444	128,441	86,963	19,318
	MN	0	0	0	0	0	0	0	0
	Total	576,754	38,457	73,869	107,262	122,444	128,441	86,963	19,318
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	6,289,785	381,807	814,660	1,188,776	1,357,445	1,427,234	959,487	160,376
	MN	0	0	0	0	0	0	0	0
	Total	6,289,785	381,807	814,660	1,188,776	1,357,445	1,427,234	959,487	160,376
3b. Average Period of Eligibility	CN	0.91	0.83	0.92	0.92	0.92	0.93	0.92	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.83	0.92	0.92	0.92	0.93	0.92	0.69
4. Expected Number of Screenings per Eligible	CN		4.15	1.84	0.92	0.92	0.93	0.92	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.15	1.84	0.92	0.92	0.93	0.92	0.69
5. Expected Number of Screenings	CN	719,630	159,597	135,919	98,681	112,648	119,450	80,006	13,329
	MN	0	0	0	0	0	0	0	0
	Total	719,630	159,597	135,919	98,681	112,648	119,450	80,006	13,329
6. Total Screens Received	CN	444,482	97,006	146,226	65,836	48,592	56,296	28,506	2,020
	MN	0	0	0	0	0	0	0	0
	Total	444,482	97,006	146,226	65,836	48,592	56,296	28,506	2,020
7. SCREENING RATIO	CN	0.62	0.61	1.00	0.67	0.43	0.47	0.36	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.61	1.00	0.67	0.43	0.47	0.36	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	536,440	38,457	73,869	98,681	112,648	119,450	80,006	13,329
	MN	0	0	0	0	0	0	0	0
	Total	536,440	38,457	73,869	98,681	112,648	119,450	80,006	13,329
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	287,057	31,736	60,393	63,118	47,381	54,716	27,716	1,997
	MN	0	0	0	0	0	0	0	0
	Total	287,057	31,736	60,393	63,118	47,381	54,716	27,716	1,997
10. PARTICIPANT RATIO	CN	0.54	0.83	0.82	0.64	0.42	0.46	0.35	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.83	0.82	0.64	0.42	0.46	0.35	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	146,555	12,958	26,657	28,374	28,537	30,053	17,948	2,028
	MN	0	0	0	0	0	0	0	0
	Total	146,555	12,958	26,657	28,374	28,537	30,053	17,948	2,028
12a. Total Eligibles Receiving Any Dental Services	CN	293,440	147	17,926	64,491	80,903	78,235	45,211	6,527
	MN	0	0	0	0	0	0	0	0
	Total	293,440	147	17,926	64,491	80,903	78,235	45,211	6,527
12b. Total Eligibles Receiving Preventive Dental Services	CN	278,533	78	15,700	61,601	78,402	75,541	41,663	5,548
	MN	0	0	0	0	0	0	0	0
	Total	278,533	78	15,700	61,601	78,402	75,541	41,663	5,548
12c. Total Eligibles Receiving Dental Treatment Services	CN	115,084	5	2,073	23,647	36,241	29,439	20,801	2,878
	MN	0	0	0	0	0	0	0	0
	Total	115,084	5	2,073	23,647	36,241	29,439	20,801	2,878
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,601				16,522	8,079		
	MN	0				0	0		
	Total	24,601				16,522	8,079		

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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	286,069	139	17,725	63,257	78,949	76,467	43,478	6,054
	MN	0	0	0	0	0	0	0	0
	Total	286,069	139	17,725	63,257	78,949	76,467	43,478	6,054
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,664	591	4,848	225	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	5,664	591	4,848	225	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	298,205	734	21,955	64,640	80,903	78,235	45,211	6,527
	MN	0	0	0	0	0	0	0	0
	Total	298,205	734	21,955	64,640	80,903	78,235	45,211	6,527
13. Total Eligibles Enrolled in Managed Care	CN	560,163	25,376	73,799	107,003	121,877	126,669	84,345	21,094
	MN	0	0	0	0	0	0	0	0
	Total	560,163	25,376	73,799	107,003	121,877	126,669	84,345	21,094
14. Total Number of Screening Blood Lead Tests	CN	43,365	1,290	29,371	12,704				
	MN	0	0	0	0				
	Total	43,365	1,290	29,371	12,704				

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Fiscal Year: 2013

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	94,982	5,895	11,861	16,408	19,188	20,926	15,324	5,380
	MN	0	0	0	0	0	0	0	0
	Total	94,982	5,895	11,861	16,408	19,188	20,926	15,324	5,380
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	94,190	5,646	11,784	16,326	19,101	20,841	15,252	5,240
	MN	0	0	0	0	0	0	0	0
	Total	94,190	5,646	11,784	16,326	19,101	20,841	15,252	5,240
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	13,361	63	1,040	1,731	3,499	4,046	2,638	344
	MN	0	0	0	0	0	0	0	0
	Total	13,361	63	1,040	1,731	3,499	4,046	2,638	344
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	943,306	36,854	119,068	168,112	199,983	219,448	158,286	41,555
	MN	0	0	0	0	0	0	0	0
	Total	943,306	36,854	119,068	168,112	199,983	219,448	158,286	41,555
3b. Average Period of Eligibility	CN	0.83	0.54	0.84	0.86	0.87	0.88	0.86	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.54	0.84	0.86	0.87	0.88	0.86	0.66
4. Expected Number of Screenings per Eligible	CN		3.24	2.10	0.86	0.87	0.88	0.86	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.24	2.10	0.86	0.87	0.88	0.86	0.66
5. Expected Number of Screenings	CN	108,612	18,293	24,746	14,040	16,618	18,340	13,117	3,458
	MN	0	0	0	0	0	0	0	0
	Total	108,612	18,293	24,746	14,040	16,618	18,340	13,117	3,458
6. Total Screens Received	CN	53,870	18,490	15,428	7,928	4,060	4,752	2,980	232
	MN	0	0	0	0	0	0	0	0
	Total	53,870	18,490	15,428	7,928	4,060	4,752	2,980	232
7. SCREENING RATIO	CN	0.50	1.00	0.62	0.56	0.24	0.26	0.23	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	1.00	0.62	0.56	0.24	0.26	0.23	0.07

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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	83,003	5,646	11,784	14,040	16,618	18,340	13,117	3,458
	MN	0	0	0	0	0	0	0	0
	Total	83,003	5,646	11,784	14,040	16,618	18,340	13,117	3,458
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,913	5,050	7,252	6,780	3,735	4,224	2,651	221
	MN	0	0	0	0	0	0	0	0
	Total	29,913	5,050	7,252	6,780	3,735	4,224	2,651	221
10. PARTICIPANT RATIO	CN	0.36	0.89	0.62	0.48	0.22	0.23	0.20	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.36	0.89	0.62	0.48	0.22	0.23	0.20	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	6,053	2,361	1,090	780	539	698	546	39
	MN	0	0	0	0	0	0	0	0
	Total	6,053	2,361	1,090	780	539	698	546	39
12a. Total Eligibles Receiving Any Dental Services	CN	42,672	58	2,411	8,154	10,968	11,550	7,841	1,690
	MN	0	0	0	0	0	0	0	0
	Total	42,672	58	2,411	8,154	10,968	11,550	7,841	1,690
12b. Total Eligibles Receiving Preventive Dental Services	CN	37,275	35	1,835	7,227	9,993	10,401	6,590	1,194
	MN	0	0	0	0	0	0	0	0
	Total	37,275	35	1,835	7,227	9,993	10,401	6,590	1,194
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,726	5	724	3,838	5,853	6,219	4,874	1,213
	MN	0	0	0	0	0	0	0	0
	Total	22,726	5	724	3,838	5,853	6,219	4,874	1,213
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,626				3,939	4,687		
	MN	0				0	0		
	Total	8,626				3,939	4,687		

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Fiscal Year: 2013

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	33,642	47	2,048	6,638	8,740	8,943	5,931	1,295
	MN	0	0	0	0	0	0	0	0
	Total	33,642	47	2,048	6,638	8,740	8,943	5,931	1,295
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	42,672	58	2,411	8,154	10,968	11,550	7,841	1,690
	MN	0	0	0	0	0	0	0	0
	Total	42,672	58	2,411	8,154	10,968	11,550	7,841	1,690
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	51	0	8	43				
	MN	0	0	0	0				
	Total	51	0	8	43				

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Fiscal Year: 2013

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	799,122	50,513	97,246	140,927	174,102	179,984	119,057	37,293
	MN	0	0	0	0	0	0	0	0
	Total	799,122	50,513	97,246	140,927	174,102	179,984	119,057	37,293
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	766,010	37,295	95,068	137,278	169,664	175,136	115,278	36,291
	MN	0	0	0	0	0	0	0	0
	Total	766,010	37,295	95,068	137,278	169,664	175,136	115,278	36,291
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	7,564,334	287,274	932,380	1,398,545	1,736,030	1,796,602	1,148,465	265,038
	MN	0	0	0	0	0	0	0	0
	Total	7,564,334	287,274	932,380	1,398,545	1,736,030	1,796,602	1,148,465	265,038
3b. Average Period of Eligibility	CN	0.82	0.64	0.82	0.85	0.85	0.85	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	0.85	0.83	0.61
4. Expected Number of Screenings per Eligible	CN		3.84	1.64	0.85	0.43	0.85	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	0.85	0.83	0.61
5. Expected Number of Screenings	CN	755,452	143,213	155,912	116,686	72,956	148,866	95,681	22,138
	MN	0	0	0	0	0	0	0	0
	Total	755,452	143,213	155,912	116,686	72,956	148,866	95,681	22,138
6. Total Screens Received	CN	648,355	190,026	172,424	86,895	75,673	82,372	38,767	2,198
	MN	0	0	0	0	0	0	0	0
	Total	648,355	190,026	172,424	86,895	75,673	82,372	38,767	2,198
7. SCREENING RATIO	CN	0.86	1.00	1.00	0.74	1.00	0.55	0.41	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	1.00	1.00	0.74	1.00	0.55	0.41	0.10

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Fiscal Year: 2013

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	588,690	37,295	95,068	116,686	72,956	148,866	95,681	22,138
	MN	0	0	0	0	0	0	0	0
	Total	588,690	37,295	95,068	116,686	72,956	148,866	95,681	22,138
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	357,119	37,295	72,709	74,285	66,592	70,958	33,304	1,976
	MN	0	0	0	0	0	0	0	0
	Total	357,119	37,295	72,709	74,285	66,592	70,958	33,304	1,976
10. PARTICIPANT RATIO	CN	0.61	1.00	0.76	0.64	0.91	0.48	0.35	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	1.00	0.76	0.64	0.91	0.48	0.35	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	577,017	48,591	77,468	103,817	130,816	131,885	72,768	11,672
	MN	0	0	0	0	0	0	0	0
	Total	577,017	48,591	77,468	103,817	130,816	131,885	72,768	11,672
12a. Total Eligibles Receiving Any Dental Services	CN	367,454	430	23,337	75,249	108,866	101,134	50,702	7,736
	MN	0	0	0	0	0	0	0	0
	Total	367,454	430	23,337	75,249	108,866	101,134	50,702	7,736
12b. Total Eligibles Receiving Preventive Dental Services	CN	331,577	189	16,154	66,524	102,453	95,293	45,220	5,744
	MN	0	0	0	0	0	0	0	0
	Total	331,577	189	16,154	66,524	102,453	95,293	45,220	5,744
12c. Total Eligibles Receiving Dental Treatment Services	CN	166,456	33	2,799	31,704	56,080	45,900	25,778	4,162
	MN	0	0	0	0	0	0	0	0
	Total	166,456	33	2,799	31,704	56,080	45,900	25,778	4,162
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	41,998				24,589	17,409		
	MN	0				0	0		
	Total	41,998				24,589	17,409		

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State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	349,054	335	22,194	71,417	103,390	96,620	48,010	7,088
	MN	0	0	0	0	0	0	0	0
	Total	349,054	335	22,194	71,417	103,390	96,620	48,010	7,088
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	367,454	430	23,337	75,249	108,866	101,134	50,702	7,736
	MN	0	0	0	0	0	0	0	0
	Total	367,454	430	23,337	75,249	108,866	101,134	50,702	7,736
13. Total Eligibles Enrolled in Managed Care	CN	788,231	50,099	95,689	139,063	171,708	177,828	117,406	36,438
	MN	0	0	0	0	0	0	0	0
	Total	788,231	50,099	95,689	139,063	171,708	177,828	117,406	36,438
14. Total Number of Screening Blood Lead Tests	CN	41,675	711	22,665	18,299				
	MN	0	0	0	0				
	Total	41,675	711	22,665	18,299				

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Fiscal Year: 2013
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	426,130	26,316	54,023	80,275	92,326	94,025	63,652	15,513
	MN	319	0	17	35	53	93	103	18
	Total	426,449	26,316	54,040	80,310	92,379	94,118	63,755	15,531
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	390,237	19,050	50,888	76,154	86,231	87,599	58,386	11,929
	MN	228	0	16	27	42	69	61	13
	Total	390,465	19,050	50,904	76,181	86,273	87,668	58,447	11,942
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	4,152,742	142,065	554,362	841,979	939,282	952,900	622,874	99,280
	MN	2,202	0	150	259	423	686	583	101
	Total	4,154,944	142,065	554,512	842,238	939,705	953,586	623,457	99,381
3b. Average Period of Eligibility	CN	0.89	0.62	0.91	0.92	0.91	0.91	0.89	0.69
	MN	0.80	0.00	0.78	0.80	0.84	0.83	0.80	0.65
	Total	0.89	0.62	0.91	0.92	0.91	0.91	0.89	0.69
4. Expected Number of Screenings per Eligible	CN		3.72	1.37	0.92	0.46	0.91	0.89	0.69
	MN		0.00	1.17	0.80	0.42	0.83	0.80	0.65
	Total		3.72	1.37	0.92	0.46	0.91	0.89	0.69
5. Expected Number of Screenings	CN	390,221	70,866	69,717	70,062	39,666	79,715	51,964	8,231
	MN	173	0	19	22	18	57	49	8
	Total	390,394	70,866	69,736	70,084	39,684	79,772	52,013	8,239
6. Total Screens Received	CN	249,379	67,756	75,541	43,442	22,403	26,741	12,861	635
	MN	70	0	13	18	10	19	10	0
	Total	249,449	67,756	75,554	43,460	22,413	26,760	12,871	635
7. SCREENING RATIO	CN	0.64	0.96	1.00	0.62	0.56	0.34	0.25	0.08
	MN	0.40	0.00	0.68	0.82	0.56	0.33	0.20	0.00
	Total	0.64	0.96	1.00	0.62	0.56	0.34	0.25	0.08

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	319,576	19,050	50,888	70,062	39,666	79,715	51,964	8,231
	MN	170	0	16	22	18	57	49	8
	Total	319,746	19,050	50,904	70,084	39,684	79,772	52,013	8,239
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	154,751	17,974	34,936	41,145	21,735	25,897	12,438	626
	MN	65	0	9	18	10	18	10	0
	Total	154,816	17,974	34,945	41,163	21,745	25,915	12,448	626
10. PARTICIPANT RATIO	CN	0.48	0.94	0.69	0.59	0.55	0.32	0.24	0.08
	MN	0.38	0.00	0.56	0.82	0.56	0.32	0.20	0.00
	Total	0.48	0.94	0.69	0.59	0.55	0.32	0.24	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	114,446	13,917	26,690	30,173	15,736	18,631	8,860	439
	MN	39	0	6	13	4	9	7	0
	Total	114,485	13,917	26,696	30,186	15,740	18,640	8,867	439
12a. Total Eligibles Receiving Any Dental Services	CN	199,984	87	9,824	42,518	57,372	54,961	31,456	3,766
	MN	132	0	3	19	36	46	22	6
	Total	200,116	87	9,827	42,537	57,408	55,007	31,478	3,772
12b. Total Eligibles Receiving Preventive Dental Services	CN	186,340	42	7,988	39,501	54,921	52,325	28,546	3,017
	MN	120	0	3	16	36	42	20	3
	Total	186,460	42	7,991	39,517	54,957	52,367	28,566	3,020
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,945	9	1,149	15,702	31,234	30,022	19,420	2,409
	MN	72	0	0	9	17	31	12	3
	Total	100,017	9	1,149	15,711	31,251	30,053	19,432	2,412
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,010				11,750	8,260		
	MN	12				7	5		
	Total	20,022				11,757	8,265		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	192,805	80	9,719	41,423	55,399	52,932	29,834	3,418
	MN	125	0	3	18	34	42	22	6
	Total	192,930	80	9,722	41,441	55,433	52,974	29,856	3,424
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	199,984	87	9,824	42,518	57,372	54,961	31,456	3,766
	MN	132	0	3	19	36	46	22	6
	Total	200,116	87	9,827	42,537	57,408	55,007	31,478	3,772
13. Total Eligibles Enrolled in Managed Care	CN	382,611	21,293	50,129	74,618	84,500	84,406	55,779	11,886
	MN	245	0	14	26	43	77	75	10
	Total	382,856	21,293	50,143	74,644	84,543	84,483	55,854	11,896
14. Total Number of Screening Blood Lead Tests	CN	15,241	294	8,491	6,456				
	MN	3	0	2	1				
	Total	15,244	294	8,493	6,457				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	4,933,468	299,372	574,015	837,082	1,062,030	1,159,353	856,364	145,252
	MN	605,853	4,189	40,568	82,493	83,073	83,855	87,807	223,868
	Total	5,539,321	303,561	614,583	919,575	1,145,103	1,243,208	944,171	369,120
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	4,542,529	222,812	537,590	784,757	1,006,482	1,081,395	780,350	129,143
	MN	570,876	3,362	38,949	78,917	78,909	79,414	82,726	208,599
	Total	5,113,405	226,174	576,539	863,674	1,085,391	1,160,809	863,076	337,742
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	247,437	5	29,741	62,166	55,679	53,321	38,146	8,379
	Total	247,437	5	29,741	62,166	55,679	53,321	38,146	8,379
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	40,182,102	1,167,090	4,767,693	7,094,962	9,174,627	9,874,078	7,052,014	1,051,638
	MN	4,610,048	17,162	322,840	645,684	644,894	646,765	673,153	1,659,550
	Total	44,792,150	1,184,252	5,090,533	7,740,646	9,819,521	10,520,843	7,725,167	2,711,188
3b. Average Period of Eligibility	CN	0.74	0.44	0.74	0.75	0.76	0.76	0.75	0.68
	MN	0.67	0.43	0.69	0.68	0.68	0.68	0.68	0.66
	Total	0.73	0.44	0.74	0.75	0.75	0.76	0.75	0.67
4. Expected Number of Screenings per Eligible	CN		2.20	1.48	0.50	0.19	0.15	0.19	0.34
	MN		2.15	1.38	0.46	0.17	0.14	0.17	0.33
	Total		2.20	1.48	0.50	0.19	0.15	0.19	0.34
5. Expected Number of Screenings	CN	2,223,815	490,186	795,633	392,379	191,232	162,209	148,267	43,909
	MN	204,714	7,228	53,750	36,302	13,415	11,118	14,063	68,838
	Total	2,428,529	497,414	849,383	428,681	204,647	173,327	162,330	112,747
6. Total Screens Received	CN	2,760,699	473,063	830,679	473,273	356,192	377,612	223,210	26,670
	MN	191,839	6,590	46,130	44,468	25,587	24,617	19,802	24,645
	Total	2,952,538	479,653	876,809	517,741	381,779	402,229	243,012	51,315
7. SCREENING RATIO	CN	1.00	0.97	1.00	1.00	1.00	1.00	1.00	0.61
	MN	0.94	0.91	0.86	1.00	1.00	1.00	1.00	0.36
	Total	1.00	0.96	1.00	1.00	1.00	1.00	1.00	0.46

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
State: California

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	1,698,398	222,812	537,590	392,379	191,232	162,209	148,267	43,909
	MN	186,047	3,362	38,949	36,302	13,415	11,118	14,063	68,838
	Total	1,884,445	226,174	576,539	428,681	204,647	173,327	162,330	112,747
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,739,023	178,945	371,671	379,550	299,947	310,320	180,327	18,263
	MN	140,550	2,519	24,590	36,226	21,750	20,358	15,936	19,171
	Total	1,879,573	181,464	396,261	415,776	321,697	330,678	196,263	37,434
10. PARTICIPANT RATIO	CN	1.00	0.80	0.69	0.97	1.00	1.00	1.00	0.42
	MN	0.76	0.75	0.63	1.00	1.00	1.00	1.00	0.28
	Total	1.00	0.80	0.69	0.97	1.00	1.00	1.00	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	130,095	9,264	20,069	28,170	28,393	27,980	15,629	590
	MN	11,164	112	1,372	2,947	2,215	2,102	1,388	1,028
	Total	141,259	9,376	21,441	31,117	30,608	30,082	17,017	1,618
12a. Total Eligibles Receiving Any Dental Services	CN	1,996,907	3,525	116,661	420,177	570,924	532,479	320,953	32,188
	MN	212,124	62	10,086	39,535	41,347	35,617	30,312	55,165
	Total	2,209,031	3,587	126,747	459,712	612,271	568,096	351,265	87,353
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,624,183	814	75,653	339,083	480,919	447,856	256,976	22,882
	MN	166,813	15	6,445	31,067	34,289	29,722	23,829	41,446
	Total	1,790,996	829	82,098	370,150	515,208	477,578	280,805	64,328
12c. Total Eligibles Receiving Dental Treatment Services	CN	926,618	134	17,751	174,515	303,383	252,372	161,298	17,165
	MN	100,429	2	1,442	15,759	21,488	16,636	15,080	30,022
	Total	1,027,047	136	19,193	190,274	324,871	269,008	176,378	47,187
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	318,395				169,263	149,132		
	MN	22,079				11,954	10,125		
	Total	340,474				181,217	159,257		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,681,898	1,067	85,195	352,407	486,559	458,928	271,586	26,156
	MN	174,960	19	7,094	32,122	34,512	30,268	25,268	45,677
	Total	1,856,858	1,086	92,289	384,529	521,071	489,196	296,854	71,833
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	52,378	1,370	24,475	23,173	3,226	100	34	0
	MN	4,282	18	1,797	2,218	238	4	3	4
	Total	56,660	1,388	26,272	25,391	3,464	104	37	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,028,362	4,873	135,994	429,831	571,986	532,521	320,969	32,188
	MN	214,534	80	11,450	40,484	41,418	35,620	30,314	55,168
	Total	2,242,896	4,953	147,444	470,315	613,404	568,141	351,283	87,356
13. Total Eligibles Enrolled in Managed Care	CN	4,211,961	190,964	502,190	739,880	944,940	1,009,322	718,481	106,184
	MN	514,673	2,865	36,633	73,791	72,071	70,823	74,447	184,043
	Total	4,726,634	193,829	538,823	813,671	1,017,011	1,080,145	792,928	290,227
14. Total Number of Screening Blood Lead Tests	CN	310,643	2,535	193,350	114,758				
	MN	23,579	32	13,427	10,120				
	Total	334,222	2,567	206,777	124,878				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	518,128	29,898	62,198	96,325	117,820	119,981	72,208	19,698
	MN	0	0	0	0	0	0	0	0
	Total	518,128	29,898	62,198	96,325	117,820	119,981	72,208	19,698
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	481,579	21,811	58,740	91,824	111,886	113,441	66,786	17,091
	MN	0	0	0	0	0	0	0	0
	Total	481,579	21,811	58,740	91,824	111,886	113,441	66,786	17,091
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	5,166,819	153,977	639,984	1,015,742	1,243,404	1,256,477	706,990	150,245
	MN	0	0	0	0	0	0	0	0
	Total	5,166,819	153,977	639,984	1,015,742	1,243,404	1,256,477	706,990	150,245
3b. Average Period of Eligibility	CN	0.89	0.59	0.91	0.92	0.93	0.92	0.88	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.59	0.91	0.92	0.93	0.92	0.88	0.73
4. Expected Number of Screenings per Eligible	CN		3.54	1.82	0.92	0.93	0.92	0.88	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.54	1.82	0.92	0.93	0.92	0.88	0.73
5. Expected Number of Screenings	CN	548,264	77,211	106,907	84,478	104,054	104,366	58,772	12,476
	MN	0	0	0	0	0	0	0	0
	Total	548,264	77,211	106,907	84,478	104,054	104,366	58,772	12,476
6. Total Screens Received	CN	350,966	83,331	103,476	55,811	41,073	44,986	19,622	2,667
	MN	0	0	0	0	0	0	0	0
	Total	350,966	83,331	103,476	55,811	41,073	44,986	19,622	2,667
7. SCREENING RATIO	CN	0.64	1.00	0.97	0.66	0.39	0.43	0.33	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	0.97	0.66	0.39	0.43	0.33	0.21

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	444,697	21,811	58,740	84,478	104,054	104,366	58,772	12,476
	MN	0	0	0	0	0	0	0	0
	Total	444,697	21,811	58,740	84,478	104,054	104,366	58,772	12,476
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	218,122	20,276	45,195	50,989	39,075	42,062	18,112	2,413
	MN	0	0	0	0	0	0	0	0
	Total	218,122	20,276	45,195	50,989	39,075	42,062	18,112	2,413
10. PARTICIPANT RATIO	CN	0.49	0.93	0.77	0.60	0.38	0.40	0.31	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.93	0.77	0.60	0.38	0.40	0.31	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	131,642	12,991	31,495	28,122	22,814	23,696	10,895	1,629
	MN	0	0	0	0	0	0	0	0
	Total	131,642	12,991	31,495	28,122	22,814	23,696	10,895	1,629
12a. Total Eligibles Receiving Any Dental Services	CN	252,374	1,851	21,489	53,165	70,891	67,577	32,474	4,927
	MN	0	0	0	0	0	0	0	0
	Total	252,374	1,851	21,489	53,165	70,891	67,577	32,474	4,927
12b. Total Eligibles Receiving Preventive Dental Services	CN	232,634	602	19,074	50,636	67,688	63,069	28,223	3,342
	MN	0	0	0	0	0	0	0	0
	Total	232,634	602	19,074	50,636	67,688	63,069	28,223	3,342
12c. Total Eligibles Receiving Dental Treatment Services	CN	124,531	42	2,235	21,665	39,916	37,761	19,663	3,249
	MN	0	0	0	0	0	0	0	0
	Total	124,531	42	2,235	21,665	39,916	37,761	19,663	3,249
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,784				21,745	17,039		
	MN	0				0	0		
	Total	38,784				21,745	17,039		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	238,587	1,561	19,887	50,650	67,653	63,987	30,372	4,477
	MN	0	0	0	0	0	0	0	0
	Total	238,587	1,561	19,887	50,650	67,653	63,987	30,372	4,477
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	23,392	777	8,693	6,096	4,343	2,109	1,153	221
	MN	0	0	0	0	0	0	0	0
	Total	23,392	777	8,693	6,096	4,343	2,109	1,153	221
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	264,201	2,588	28,078	55,505	72,169	68,177	32,723	4,961
	MN	0	0	0	0	0	0	0	0
	Total	264,201	2,588	28,078	55,505	72,169	68,177	32,723	4,961
13. Total Eligibles Enrolled in Managed Care	CN	516,565	29,176	62,120	96,210	117,669	119,783	72,042	19,565
	MN	0	0	0	0	0	0	0	0
	Total	516,565	29,176	62,120	96,210	117,669	119,783	72,042	19,565
14. Total Number of Screening Blood Lead Tests	CN	4,485	14	3,198	1,273				
	MN	0	0	0	0				
	Total	4,485	14	3,198	1,273				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	345,707	17,918	37,288	55,050	70,692	80,260	59,482	25,017
	MN	0	0	0	0	0	0	0	0
	Total	345,707	17,918	37,288	55,050	70,692	80,260	59,482	25,017
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	328,795	13,213	35,959	53,347	68,508	77,666	57,197	22,905
	MN	0	0	0	0	0	0	0	0
	Total	328,795	13,213	35,959	53,347	68,508	77,666	57,197	22,905
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	3,611,119	103,245	398,470	597,737	774,682	878,658	637,150	221,177
	MN	0	0	0	0	0	0	0	0
	Total	3,611,119	103,245	398,470	597,737	774,682	878,658	637,150	221,177
3b. Average Period of Eligibility	CN	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.80
4. Expected Number of Screenings per Eligible	CN		3.90	2.30	0.93	0.94	0.94	0.93	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	0.93	0.80
5. Expected Number of Screenings	CN	392,771	51,531	82,706	49,613	64,398	73,006	53,193	18,324
	MN	0	0	0	0	0	0	0	0
	Total	392,771	51,531	82,706	49,613	64,398	73,006	53,193	18,324
6. Total Screens Received	CN	307,566	59,483	84,133	42,941	38,719	45,849	30,165	6,276
	MN	0	0	0	0	0	0	0	0
	Total	307,566	59,483	84,133	42,941	38,719	45,849	30,165	6,276
7. SCREENING RATIO	CN	0.78	1.00	1.00	0.87	0.60	0.63	0.57	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	1.00	1.00	0.87	0.60	0.63	0.57	0.34

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	307,706	13,213	35,959	49,613	64,398	73,006	53,193	18,324
	MN	0	0	0	0	0	0	0	0
	Total	307,706	13,213	35,959	49,613	64,398	73,006	53,193	18,324
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	201,519	12,773	32,254	40,243	37,893	44,719	28,082	5,555
	MN	0	0	0	0	0	0	0	0
	Total	201,519	12,773	32,254	40,243	37,893	44,719	28,082	5,555
10. PARTICIPANT RATIO	CN	0.65	0.97	0.90	0.81	0.59	0.61	0.53	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.97	0.90	0.81	0.59	0.61	0.53	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	203,266	238	15,100	37,127	50,793	55,269	34,847	9,892
	MN	0	0	0	0	0	0	0	0
	Total	203,266	238	15,100	37,127	50,793	55,269	34,847	9,892
12b. Total Eligibles Receiving Preventive Dental Services	CN	188,004	105	13,547	35,695	48,691	51,625	30,440	7,901
	MN	0	0	0	0	0	0	0	0
	Total	188,004	105	13,547	35,695	48,691	51,625	30,440	7,901
12c. Total Eligibles Receiving Dental Treatment Services	CN	91,631	22	644	10,194	23,996	29,496	21,121	6,158
	MN	0	0	0	0	0	0	0	0
	Total	91,631	22	644	10,194	23,996	29,496	21,121	6,158
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,261				14,941	14,320		
	MN	0				0	0		
	Total	29,261				14,941	14,320		

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Form CMS-416

Fiscal Year: 2013

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	187,025	205	14,418	35,642	47,554	49,937	30,548	8,721
	MN	0	0	0	0	0	0	0	0
	Total	187,025	205	14,418	35,642	47,554	49,937	30,548	8,721
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,173	488	3,783	883	12	3	2	2
	MN	0	0	0	0	0	0	0	0
	Total	5,173	488	3,783	883	12	3	2	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	206,299	711	17,373	37,414	50,793	55,269	34,847	9,892
	MN	0	0	0	0	0	0	0	0
	Total	206,299	711	17,373	37,414	50,793	55,269	34,847	9,892
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	1,177	16	764	397				
	MN	0	0	0	0				
	Total	1,177	16	764	397				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	111,655	6,438	13,860	20,295	23,629	24,322	16,853	6,258
	MN	0	0	0	0	0	0	0	0
	Total	111,655	6,438	13,860	20,295	23,629	24,322	16,853	6,258
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	104,586	4,911	13,285	19,398	22,539	23,165	15,861	5,427
	MN	0	0	0	0	0	0	0	0
	Total	104,586	4,911	13,285	19,398	22,539	23,165	15,861	5,427
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	1,098,817	34,855	144,414	210,719	244,979	250,930	167,887	45,033
	MN	0	0	0	0	0	0	0	0
	Total	1,098,817	34,855	144,414	210,719	244,979	250,930	167,887	45,033
3b. Average Period of Eligibility	CN	0.88	0.59	0.91	0.91	0.91	0.90	0.88	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.59	0.91	0.91	0.91	0.90	0.88	0.69
4. Expected Number of Screenings per Eligible	CN		4.13	1.82	0.91	0.91	0.90	0.88	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.82	0.91	0.91	0.90	0.88	0.69
5. Expected Number of Screenings	CN	121,175	20,282	24,179	17,652	20,510	20,849	13,958	3,745
	MN	0	0	0	0	0	0	0	0
	Total	121,175	20,282	24,179	17,652	20,510	20,849	13,958	3,745
6. Total Screens Received	CN	97,089	20,282	24,179	16,230	13,859	14,305	7,256	978
	MN	0	0	0	0	0	0	0	0
	Total	97,089	20,282	24,179	16,230	13,859	14,305	7,256	978
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.92	0.68	0.69	0.52	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.92	0.68	0.69	0.52	0.26

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Form CMS-416

Fiscal Year: 2013

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	94,910	4,911	13,285	17,652	20,510	20,849	13,958	3,745
	MN	0	0	0	0	0	0	0	0
	Total	94,910	4,911	13,285	17,652	20,510	20,849	13,958	3,745
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	57,001	4,588	10,809	12,369	11,527	11,264	5,626	818
	MN	0	0	0	0	0	0	0	0
	Total	57,001	4,588	10,809	12,369	11,527	11,264	5,626	818
10. PARTICIPANT RATIO	CN	0.60	0.93	0.81	0.70	0.56	0.54	0.40	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.93	0.81	0.70	0.56	0.54	0.40	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	3,314	3,093	126	60	3	16	9	7
	MN	0	0	0	0	0	0	0	0
	Total	3,314	3,093	126	60	3	16	9	7
12a. Total Eligibles Receiving Any Dental Services	CN	48,665	10	1,937	10,062	14,081	13,349	7,635	1,591
	MN	0	0	0	0	0	0	0	0
	Total	48,665	10	1,937	10,062	14,081	13,349	7,635	1,591
12b. Total Eligibles Receiving Preventive Dental Services	CN	46,197	4	1,655	9,672	13,616	12,896	7,026	1,328
	MN	0	0	0	0	0	0	0	0
	Total	46,197	4	1,655	9,672	13,616	12,896	7,026	1,328
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,296	1	162	3,101	6,223	5,482	3,513	814
	MN	0	0	0	0	0	0	0	0
	Total	19,296	1	162	3,101	6,223	5,482	3,513	814
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,145				4,408	4,737		
	MN	0				0	0		
	Total	9,145				4,408	4,737		

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Fiscal Year: 2013

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	45,450	7	1,755	9,498	13,262	12,543	7,009	1,376
	MN	0	0	0	0	0	0	0	0
	Total	45,450	7	1,755	9,498	13,262	12,543	7,009	1,376
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	48,665	10	1,937	10,062	14,081	13,349	7,635	1,591
	MN	0	0	0	0	0	0	0	0
	Total	48,665	10	1,937	10,062	14,081	13,349	7,635	1,591
13. Total Eligibles Enrolled in Managed Care	CN	108,660	5,947	13,579	19,849	23,164	23,788	16,263	6,070
	MN	0	0	0	0	0	0	0	0
	Total	108,660	5,947	13,579	19,849	23,164	23,788	16,263	6,070
14. Total Number of Screening Blood Lead Tests	CN	607	4	343	260				
	MN	0	0	0	0				
	Total	607	4	343	260				

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Fiscal Year: 2013

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	96,398	5,671	11,827	16,965	18,557	18,983	15,110	9,285
	MN	47	4	13	13	7	6	3	1
	Total	96,445	5,675	11,840	16,978	18,564	18,989	15,113	9,286
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	93,159	4,585	11,492	16,556	18,122	18,629	14,789	8,986
	MN	46	3	13	13	7	6	3	1
	Total	93,205	4,588	11,505	16,569	18,129	18,635	14,792	8,987
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,601	81	391	876	2,136	2,856	2,483	778
	MN	0	0	0	0	0	0	0	0
	Total	9,601	81	391	876	2,136	2,856	2,483	778
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	1,035,959	33,433	128,238	186,786	206,228	213,070	168,735	99,469
	MN	477	13	154	133	84	55	26	12
	Total	1,036,436	33,446	128,392	186,919	206,312	213,125	168,761	99,481
3b. Average Period of Eligibility	CN	0.93	0.61	0.93	0.94	0.95	0.95	0.95	0.92
	MN	0.86	0.36	0.99	0.85	1.00	0.76	0.72	1.00
	Total	0.93	0.61	0.93	0.94	0.95	0.95	0.95	0.92
4. Expected Number of Screenings per Eligible	CN		4.27	1.86	0.94	0.95	0.95	0.95	0.92
	MN		2.52	1.98	0.85	1.00	0.76	0.72	1.00
	Total		4.27	1.86	0.94	0.95	0.95	0.95	0.92
5. Expected Number of Screenings	CN	113,747	19,578	21,375	15,563	17,216	17,698	14,050	8,267
	MN	60	8	26	11	7	5	2	1
	Total	113,807	19,586	21,401	15,574	17,223	17,703	14,052	8,268
6. Total Screens Received	CN	107,632	17,044	29,831	16,712	15,486	15,233	9,929	3,397
	MN	5	0	0	0	0	0	5	0
	Total	107,637	17,044	29,831	16,712	15,486	15,233	9,934	3,397
7. SCREENING RATIO	CN	0.95	0.87	1.00	1.00	0.90	0.86	0.71	0.41
	MN	0.08	0.00	0.00	0.00	0.00	0.00	1.00	0.00
	Total	0.95	0.87	1.00	1.00	0.90	0.86	0.71	0.41

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Fiscal Year: 2013

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	88,871	4,585	11,492	15,563	17,216	17,698	14,050	8,267
	MN	42	3	13	11	7	5	2	1
	Total	88,913	4,588	11,505	15,574	17,223	17,703	14,052	8,268
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	56,358	4,132	9,653	11,405	11,072	10,824	6,969	2,303
	MN	1	0	0	0	0	0	1	0
	Total	56,359	4,132	9,653	11,405	11,072	10,824	6,970	2,303
10. PARTICIPANT RATIO	CN	0.63	0.90	0.84	0.73	0.64	0.61	0.50	0.28
	MN	0.02	0.00	0.00	0.00	0.00	0.00	0.50	0.00
	Total	0.63	0.90	0.84	0.73	0.64	0.61	0.50	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	22,353	2,771	4,262	3,594	3,696	4,176	2,867	987
	MN	0	0	0	0	0	0	0	0
	Total	22,353	2,771	4,262	3,594	3,696	4,176	2,867	987
12a. Total Eligibles Receiving Any Dental Services	CN	47,997	15	3,186	10,482	12,118	11,526	7,514	3,156
	MN	9	0	2	3	2	1	1	0
	Total	48,006	15	3,188	10,485	12,120	11,527	7,515	3,156
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,912	8	2,920	9,807	11,426	10,743	6,509	2,499
	MN	7	0	1	2	2	1	1	0
	Total	43,919	8	2,921	9,809	11,428	10,744	6,510	2,499
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,385	1	166	2,639	4,680	4,482	3,637	1,780
	MN	3	0	1	1	0	0	1	0
	Total	17,388	1	167	2,640	4,680	4,482	3,638	1,780
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,784				3,100	3,684		
	MN	0				0	0		
	Total	6,784				3,100	3,684		

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Fiscal Year: 2013

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	45,299	15	3,084	10,085	11,514	10,854	6,906	2,841
	MN	6	0	0	2	2	1	1	0
	Total	45,305	15	3,084	10,087	11,516	10,855	6,907	2,841
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	47,997	15	3,186	10,482	12,118	11,526	7,514	3,156
	MN	9	0	2	3	2	1	1	0
	Total	48,006	15	3,188	10,485	12,120	11,527	7,515	3,156
13. Total Eligibles Enrolled in Managed Care	CN	86,211	5,552	11,456	16,131	17,036	16,362	12,197	7,477
	MN	0	0	0	0	0	0	0	0
	Total	86,211	5,552	11,456	16,131	17,036	16,362	12,197	7,477
14. Total Number of Screening Blood Lead Tests	CN	6,321	246	3,160	2,915				
	MN	0	0	0	0				
	Total	6,321	246	3,160	2,915				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	2,253,851	143,696	287,683	408,166	477,434	491,599	336,915	108,358
	MN	33,816	447	847	1,742	5,166	8,335	8,152	9,127
	Total	2,287,667	144,143	288,530	409,908	482,600	499,934	345,067	117,485
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	2,108,061	115,252	276,155	391,184	452,500	462,976	315,469	94,525
	MN	2,427	266	201	65	158	289	283	1,165
	Total	2,110,488	115,518	276,356	391,249	452,658	463,265	315,752	95,690
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	2,133	851	1,278	4	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	2,133	851	1,278	4	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	21,906,261	849,376	2,986,235	4,243,956	4,810,972	4,893,700	3,270,002	852,020
	MN	22,464	2,257	2,159	616	1,574	2,640	2,432	10,786
	Total	21,928,725	851,633	2,988,394	4,244,572	4,812,546	4,896,340	3,272,434	862,806
3b. Average Period of Eligibility	CN	0.87	0.61	0.90	0.90	0.89	0.88	0.86	0.75
	MN	0.77	0.71	0.90	0.79	0.83	0.76	0.72	0.77
	Total	0.87	0.61	0.90	0.90	0.89	0.88	0.86	0.75
4. Expected Number of Screenings per Eligible	CN		3.66	1.80	0.90	0.45	0.88	0.86	0.75
	MN		4.26	1.80	0.79	0.42	0.76	0.72	0.77
	Total		3.66	1.80	0.90	0.45	0.88	0.86	0.75
5. Expected Number of Screenings	CN	2,224,208	421,822	497,079	352,066	203,625	407,419	271,303	70,894
	MN	2,933	1,133	362	51	66	220	204	897
	Total	2,227,141	422,955	497,441	352,117	203,691	407,639	271,507	71,791
6. Total Screens Received	CN	1,875,167	470,891	562,634	292,520	222,899	213,563	105,071	7,589
	MN	3,857	2,028	1,450	60	63	117	48	91
	Total	1,879,024	472,919	564,084	292,580	222,962	213,680	105,119	7,680
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.83	1.00	0.52	0.39	0.11
	MN	1.00	1.00	1.00	1.00	0.95	0.53	0.24	0.10
	Total	0.84	1.00	1.00	0.83	1.00	0.52	0.39	0.11

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Form CMS-416

Fiscal Year: 2013

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	1,696,714	115,252	276,155	352,066	203,625	407,419	271,303	70,894
	MN	1,905	266	201	51	66	220	204	897
	Total	1,698,619	115,518	276,356	352,117	203,691	407,639	271,507	71,791
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	970,497	107,244	209,207	223,498	171,276	169,031	84,100	6,141
	MN	567	225	134	22	38	56	28	64
	Total	971,064	107,469	209,341	223,520	171,314	169,087	84,128	6,205
10. PARTICIPANT RATIO	CN	0.57	0.93	0.76	0.63	0.84	0.41	0.31	0.09
	MN	0.30	0.85	0.67	0.43	0.58	0.25	0.14	0.07
	Total	0.57	0.93	0.76	0.63	0.84	0.41	0.31	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	58,669	8,736	11,944	12,183	10,704	9,992	4,769	341
	MN	38	18	9	2	1	3	3	2
	Total	58,707	8,754	11,953	12,185	10,705	9,995	4,772	343
12a. Total Eligibles Receiving Any Dental Services	CN	604,040	308	22,701	125,827	182,720	164,969	91,516	15,999
	MN	199	0	2	9	30	29	34	95
	Total	604,239	308	22,703	125,836	182,750	164,998	91,550	16,094
12b. Total Eligibles Receiving Preventive Dental Services	CN	497,019	151	18,216	105,621	154,516	138,832	69,450	10,233
	MN	122	0	2	9	23	20	15	53
	Total	497,141	151	18,218	105,630	154,539	138,852	69,465	10,286
12c. Total Eligibles Receiving Dental Treatment Services	CN	240,882	20	3,242	39,888	77,822	67,589	44,103	8,218
	MN	86	0	0	3	6	8	15	54
	Total	240,968	20	3,242	39,891	77,828	67,597	44,118	8,272
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	89,739				48,148	41,591		
	MN	18				13	5		
	Total	89,757				48,161	41,596		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	564,633	291	21,634	119,086	171,560	154,429	83,244	14,389
	MN	183	0	2	9	28	28	30	86
	Total	564,816	291	21,636	119,095	171,588	154,457	83,274	14,475
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	70,974	3,252	53,179	14,290	163	66	23	1
	MN	32	5	26	1	0	0	0	0
	Total	71,006	3,257	53,205	14,291	163	66	23	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	665,848	3,546	71,100	135,870	182,798	165,001	91,533	16,000
	MN	229	5	27	9	30	29	34	95
	Total	666,077	3,551	71,127	135,879	182,828	165,030	91,567	16,095
13. Total Eligibles Enrolled in Managed Care	CN	1,925,318	96,377	259,000	365,139	417,140	421,348	280,502	85,812
	MN	918	0	268	610	2	1	14	23
	Total	1,926,236	96,377	259,268	365,749	417,142	421,349	280,516	85,835
14. Total Number of Screening Blood Lead Tests	CN	183,084	2,073	117,404	63,607				
	MN	303	7	283	13				
	Total	183,387	2,080	117,687	63,620				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,225,077	85,967	166,636	229,055	262,429	263,635	168,849	48,506
	MN	68	4	2	4	14	22	16	6
	Total	1,225,145	85,971	166,638	229,059	262,443	263,657	168,865	48,512
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,147,228	63,129	158,955	219,968	251,470	252,595	160,054	41,057
	MN	31	2	2	0	8	7	8	4
	Total	1,147,259	63,131	158,957	219,968	251,478	252,602	160,062	41,061
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	11,862,194	497,076	1,648,274	2,335,073	2,672,803	2,703,301	1,670,721	334,946
	MN	304	16	24	0	62	74	89	39
	Total	11,862,498	497,092	1,648,298	2,335,073	2,672,865	2,703,375	1,670,810	334,985
3b. Average Period of Eligibility	CN	0.86	0.66	0.86	0.88	0.89	0.89	0.87	0.68
	MN	0.82	0.67	1.00	0.00	0.65	0.88	0.93	0.81
	Total	0.86	0.66	0.86	0.88	0.89	0.89	0.87	0.68
4. Expected Number of Screenings per Eligible	CN		4.62	2.15	0.88	0.89	0.89	0.87	0.68
	MN		4.69	2.50	0.00	0.65	0.88	0.93	0.81
	Total		4.62	2.15	0.88	0.89	0.89	0.87	0.68
5. Expected Number of Screenings	CN	1,442,765	291,656	341,753	193,572	223,808	224,810	139,247	27,919
	MN	35	9	5	0	5	6	7	3
	Total	1,442,800	291,665	341,758	193,572	223,813	224,816	139,254	27,922
6. Total Screens Received	CN	971,299	258,526	310,838	147,839	103,412	102,130	46,013	2,541
	MN	11	2	3	0	3	1	2	0
	Total	971,310	258,528	310,841	147,839	103,415	102,131	46,015	2,541
7. SCREENING RATIO	CN	0.67	0.89	0.91	0.76	0.46	0.45	0.33	0.09
	MN	0.31	0.22	0.60	0.00	0.60	0.17	0.29	0.00
	Total	0.67	0.89	0.91	0.76	0.46	0.45	0.33	0.09

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,031,440	63,129	158,955	193,572	223,808	224,810	139,247	27,919
	MN	25	2	2	0	5	6	7	3
	Total	1,031,465	63,131	158,957	193,572	223,813	224,816	139,254	27,922
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	560,204	60,563	128,401	131,860	98,033	95,983	42,993	2,371
	MN	9	1	2	0	3	1	2	0
	Total	560,213	60,564	128,403	131,860	98,036	95,984	42,995	2,371
10. PARTICIPANT RATIO	CN	0.54	0.96	0.81	0.68	0.44	0.43	0.31	0.08
	MN	0.36	0.50	1.00	0.00	0.60	0.17	0.29	0.00
	Total	0.54	0.96	0.81	0.68	0.44	0.43	0.31	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	73,960	8,692	17,033	17,286	12,653	12,348	5,615	333
	MN	0	0	0	0	0	0	0	0
	Total	73,960	8,692	17,033	17,286	12,653	12,348	5,615	333
12a. Total Eligibles Receiving Any Dental Services	CN	574,459	161	29,504	131,247	171,620	155,169	76,835	9,923
	MN	18	0	0	0	7	5	4	2
	Total	574,477	161	29,504	131,247	171,627	155,174	76,839	9,925
12b. Total Eligibles Receiving Preventive Dental Services	CN	542,889	53	24,238	125,381	166,187	149,560	69,948	7,522
	MN	17	0	0	0	7	4	4	2
	Total	542,906	53	24,238	125,381	166,194	149,564	69,952	7,524
12c. Total Eligibles Receiving Dental Treatment Services	CN	246,541	40	5,620	47,847	83,545	66,736	37,672	5,081
	MN	12	0	0	0	4	3	4	1
	Total	246,553	40	5,620	47,847	83,549	66,739	37,676	5,082
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,561				32,748	23,813		
	MN	3				1	2		
	Total	56,564				32,749	23,815		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	557,222	147	28,922	128,300	166,838	150,571	73,330	9,114
	MN	16	0	0	0	6	4	4	2
	Total	557,238	147	28,922	128,300	166,844	150,575	73,334	9,116
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	47,193	24	5,992	15,082	13,824	10,403	1,715	153
	MN	1	0	0	0	0	1	0	0
	Total	47,194	24	5,992	15,082	13,824	10,404	1,715	153
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	574,459	161	29,504	131,247	171,620	155,169	76,835	9,923
	MN	18	0	0	0	7	5	4	2
	Total	574,477	161	29,504	131,247	171,627	155,174	76,839	9,925
13. Total Eligibles Enrolled in Managed Care	CN	1,095,765	79,463	158,355	211,881	236,534	230,125	142,663	36,744
	MN	28	2	2	1	7	8	7	1
	Total	1,095,793	79,465	158,357	211,882	236,541	230,133	142,670	36,745
14. Total Number of Screening Blood Lead Tests	CN	94,701	4,394	75,982	14,325				
	MN	0	0	0	0				
	Total	94,701	4,394	75,982	14,325				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	180,051	10,679	21,077	30,527	37,055	39,917	28,455	12,341
	MN	0	0	0	0	0	0	0	0
	Total	180,051	10,679	21,077	30,527	37,055	39,917	28,455	12,341
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	152,427	6,271	17,902	26,566	32,491	35,247	25,090	8,860
	MN	0	0	0	0	0	0	0	0
	Total	152,427	6,271	17,902	26,566	32,491	35,247	25,090	8,860
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	27,431	192	1,838	3,116	6,771	8,523	6,479	512
	MN	0	0	0	0	0	0	0	0
	Total	27,431	192	1,838	3,116	6,771	8,523	6,479	512
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	1,675,318	46,654	197,352	297,624	367,360	401,274	285,016	80,039
	MN	39,824	9,435	11,439	6,712	4,299	4,942	2,801	196
	Total	1,715,142	56,089	208,791	304,336	371,659	406,216	287,817	80,235
3b. Average Period of Eligibility	CN	0.92	0.62	0.92	0.93	0.94	0.95	0.95	0.75
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.75	0.97	0.95	0.95	0.96	0.96	0.75
4. Expected Number of Screenings per Eligible	CN		3.72	1.84	0.93	0.47	0.57	0.48	0.38
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.50	1.94	0.95	0.48	0.58	0.48	0.38
5. Expected Number of Screenings	CN	131,746	23,328	32,940	24,706	15,271	20,091	12,043	3,367
	MN	0	0	0	0	0	0	0	0
	Total	131,746	23,328	32,940	24,706	15,271	20,091	12,043	3,367
6. Total Screens Received	CN	132,857	27,900	40,631	21,439	14,718	16,520	10,634	1,015
	MN	0	0	0	0	0	0	0	0
	Total	132,857	27,900	40,631	21,439	14,718	16,520	10,634	1,015
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.87	0.96	0.82	0.88	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	0.87	0.96	0.82	0.88	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	99,651	6,271	17,902	24,706	15,271	20,091	12,043	3,367
	MN	0	0	0	0	0	0	0	0
	Total	99,651	6,271	17,902	24,706	15,271	20,091	12,043	3,367
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	77,791	6,118	15,438	18,222	13,161	14,445	9,469	938
	MN	0	0	0	0	0	0	0	0
	Total	77,791	6,118	15,438	18,222	13,161	14,445	9,469	938
10. PARTICIPANT RATIO	CN	0.78	0.98	0.86	0.74	0.86	0.72	0.79	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.98	0.86	0.74	0.86	0.72	0.79	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	46,644	4,309	11,339	9,646	6,928	7,877	5,718	827
	MN	0	0	0	0	0	0	0	0
	Total	46,644	4,309	11,339	9,646	6,928	7,877	5,718	827
12a. Total Eligibles Receiving Any Dental Services	CN	83,659	105	6,294	17,617	22,195	21,466	12,950	3,032
	MN	0	0	0	0	0	0	0	0
	Total	83,659	105	6,294	17,617	22,195	21,466	12,950	3,032
12b. Total Eligibles Receiving Preventive Dental Services	CN	64,198	24	3,811	13,240	17,585	17,439	10,006	2,093
	MN	0	0	0	0	0	0	0	0
	Total	64,198	24	3,811	13,240	17,585	17,439	10,006	2,093
12c. Total Eligibles Receiving Dental Treatment Services	CN	50,072	71	2,532	10,681	14,571	12,106	8,069	2,042
	MN	0	0	0	0	0	0	0	0
	Total	50,072	71	2,532	10,681	14,571	12,106	8,069	2,042
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,540				3,718	2,822		
	MN	0				0	0		
	Total	6,540				3,718	2,822		

Annual EPSDT Participation Report

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Fiscal Year: 2013

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	66,698	34	4,536	13,753	17,749	17,611	10,548	2,467
	MN	0	0	0	0	0	0	0	0
	Total	66,698	34	4,536	13,753	17,749	17,611	10,548	2,467
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	83,659	105	6,294	17,617	22,195	21,466	12,950	3,032
	MN	0	0	0	0	0	0	0	0
	Total	83,659	105	6,294	17,617	22,195	21,466	12,950	3,032
13. Total Eligibles Enrolled in Managed Care	CN	180,051	10,679	21,077	30,527	37,055	39,917	28,455	12,341
	MN	0	0	0	0	0	0	0	0
	Total	180,051	10,679	21,077	30,527	37,055	39,917	28,455	12,341
14. Total Number of Screening Blood Lead Tests	CN	9,444	601	7,322	1,521				
	MN	0	0	0	0				
	Total	9,444	601	7,322	1,521				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	198,551	12,125	24,768	35,541	43,794	44,744	29,302	8,277
	MN	0	0	0	0	0	0	0	0
	Total	198,551	12,125	24,768	35,541	43,794	44,744	29,302	8,277
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	193,149	12,106	24,037	34,641	42,807	43,732	28,657	7,169
	MN	0	0	0	0	0	0	0	0
	Total	193,149	12,106	24,037	34,641	42,807	43,732	28,657	7,169
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	19,275	0	1	1	6,048	7,734	4,849	642
	MN	0	0	0	0	0	0	0	0
	Total	19,275	0	1	1	6,048	7,734	4,849	642
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	1,944,401	131,052	237,199	362,497	439,989	450,846	286,098	36,720
	MN	0	0	0	0	0	0	0	0
	Total	1,944,401	131,052	237,199	362,497	439,989	450,846	286,098	36,720
3b. Average Period of Eligibility	CN	0.84	0.90	0.82	0.87	0.86	0.86	0.83	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.90	0.82	0.87	0.86	0.86	0.83	0.43
4. Expected Number of Screenings per Eligible	CN		5.40	2.05	0.87	0.86	0.86	0.83	0.43
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.40	2.05	0.87	0.86	0.86	0.83	0.43
5. Expected Number of Screenings	CN	246,078	65,372	49,276	30,138	36,814	37,610	23,785	3,083
	MN	0	0	0	0	0	0	0	0
	Total	246,078	65,372	49,276	30,138	36,814	37,610	23,785	3,083
6. Total Screens Received	CN	137,332	33,951	41,077	19,403	16,275	17,364	8,262	1,000
	MN	0	0	0	0	0	0	0	0
	Total	137,332	33,951	41,077	19,403	16,275	17,364	8,262	1,000
7. SCREENING RATIO	CN	0.56	0.52	0.83	0.64	0.44	0.46	0.35	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.52	0.83	0.64	0.44	0.46	0.35	0.32

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
State: Idaho

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	167,573	12,106	24,037	30,138	36,814	37,610	23,785	3,083
	MN	0	0	0	0	0	0	0	0
	Total	167,573	12,106	24,037	30,138	36,814	37,610	23,785	3,083
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	86,368	10,590	18,181	17,541	15,395	16,084	7,644	933
	MN	0	0	0	0	0	0	0	0
	Total	86,368	10,590	18,181	17,541	15,395	16,084	7,644	933
10. PARTICIPANT RATIO	CN	0.52	0.87	0.76	0.58	0.42	0.43	0.32	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.87	0.76	0.58	0.42	0.43	0.32	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	108,613	257	6,885	21,572	30,558	29,558	16,640	3,143
	MN	0	0	0	0	0	0	0	0
	Total	108,613	257	6,885	21,572	30,558	29,558	16,640	3,143
12b. Total Eligibles Receiving Preventive Dental Services	CN	100,789	205	5,724	20,113	29,246	28,084	14,995	2,422
	MN	0	0	0	0	0	0	0	0
	Total	100,789	205	5,724	20,113	29,246	28,084	14,995	2,422
12c. Total Eligibles Receiving Dental Treatment Services	CN	52,717	25	1,612	8,995	16,421	14,690	9,168	1,806
	MN	0	0	0	0	0	0	0	0
	Total	52,717	25	1,612	8,995	16,421	14,690	9,168	1,806
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,116				8,234	8,882		
	MN	0				0	0		
	Total	17,116				8,234	8,882		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	104,397	235	6,141	20,837	29,684	28,608	15,951	2,941
	MN	0	0	0	0	0	0	0	0
	Total	104,397	235	6,141	20,837	29,684	28,608	15,951	2,941
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	32	0	9	13	10	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	32	0	9	13	10	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	108,645	257	6,894	21,585	30,568	29,558	16,640	3,143
	MN	0	0	0	0	0	0	0	0
	Total	108,645	257	6,894	21,585	30,568	29,558	16,640	3,143
13. Total Eligibles Enrolled in Managed Care	CN	189,374	9,261	24,077	34,454	42,510	43,226	28,085	7,761
	MN	0	0	0	0	0	0	0	0
	Total	189,374	9,261	24,077	34,454	42,510	43,226	28,085	7,761
14. Total Number of Screening Blood Lead Tests	CN	5,342	49	3,616	1,677				
	MN	0	0	0	0				
	Total	5,342	49	3,616	1,677				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,679,803	69,905	171,414	291,921	376,024	403,587	280,969	85,983
	MN	7,093	23	380	1,049	1,811	2,279	1,433	118
	Total	1,686,896	69,928	171,794	292,970	377,835	405,866	282,402	86,101
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,617,909	55,931	166,180	285,721	367,297	394,247	273,581	74,952
	MN	6,128	19	341	929	1,559	1,962	1,225	93
	Total	1,624,037	55,950	166,521	286,650	368,856	396,209	274,806	75,045
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	14,530	0	0	482	3,395	3,809	2,878	3,966
	MN	0	0	0	0	0	0	0	0
	Total	14,530	0	0	482	3,395	3,809	2,878	3,966
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	18,258,376	414,180	1,883,207	3,311,420	4,265,007	4,579,132	3,150,428	655,002
	MN	62,194	102	3,176	9,415	15,925	20,001	12,840	735
	Total	18,320,570	414,282	1,886,383	3,320,835	4,280,932	4,599,133	3,163,268	655,737
3b. Average Period of Eligibility	CN	0.94	0.62	0.94	0.97	0.97	0.97	0.96	0.73
	MN	0.85	0.45	0.78	0.84	0.85	0.85	0.87	0.66
	Total	0.94	0.62	0.94	0.97	0.97	0.97	0.96	0.73
4. Expected Number of Screenings per Eligible	CN		3.72	1.88	0.97	0.49	0.58	0.48	0.37
	MN		2.70	1.56	0.84	0.43	0.51	0.44	0.33
	Total		3.72	1.88	0.97	0.49	0.58	0.48	0.37
5. Expected Number of Screenings	CN	1,365,320	208,063	312,418	277,149	179,976	228,663	131,319	27,732
	MN	3,604	51	532	780	670	1,001	539	31
	Total	1,368,924	208,114	312,950	277,929	180,646	229,664	131,858	27,763
6. Total Screens Received	CN	1,443,460	210,515	343,039	286,491	180,794	270,852	133,776	17,993
	MN	2,062	19	316	444	326	668	282	7
	Total	1,445,522	210,534	343,355	286,935	181,120	271,520	134,058	18,000
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.65
	MN	0.57	0.37	0.59	0.57	0.49	0.67	0.52	0.23
	Total	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.65

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,066,950	55,931	166,180	277,149	179,976	228,663	131,319	27,732
	MN	3,381	19	341	780	670	1,001	539	31
	Total	1,070,331	55,950	166,521	277,929	180,646	229,664	131,858	27,763
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	779,638	47,958	125,428	177,606	132,756	183,399	94,498	17,993
	MN	1,503	9	155	319	275	515	223	7
	Total	781,141	47,967	125,583	177,925	133,031	183,914	94,721	18,000
10. PARTICIPANT RATIO	CN	0.73	0.86	0.75	0.64	0.74	0.80	0.72	0.65
	MN	0.44	0.47	0.45	0.41	0.41	0.51	0.41	0.23
	Total	0.73	0.86	0.75	0.64	0.74	0.80	0.72	0.65
11. Total Eligibles Referred for Corrective Treatment	CN	315,409	23,654	33,545	65,709	65,637	89,206	34,965	2,693
	MN	447	12	46	87	77	167	58	0
	Total	315,856	23,666	33,591	65,796	65,714	89,373	35,023	2,693
12a. Total Eligibles Receiving Any Dental Services	CN	865,802	2,173	53,998	191,869	255,327	237,325	118,329	6,781
	MN	2,460	1	68	402	747	859	380	3
	Total	868,262	2,174	54,066	192,271	256,074	238,184	118,709	6,784
12b. Total Eligibles Receiving Preventive Dental Services	CN	816,633	1,697	49,566	183,209	246,126	225,673	105,427	4,935
	MN	2,265	1	61	375	703	786	337	2
	Total	818,898	1,698	49,627	183,584	246,829	226,459	105,764	4,937
12c. Total Eligibles Receiving Dental Treatment Services	CN	332,199	52	4,217	57,726	108,538	98,229	59,494	3,943
	MN	921	0	3	93	310	345	169	1
	Total	333,120	52	4,220	57,819	108,848	98,574	59,663	3,944
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	152,070				82,391	69,679		
	MN	464				230	234		
	Total	152,534				82,621	69,913		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	820,233	2,127	52,665	184,711	243,138	223,519	108,328	5,745
	MN	2,262	1	67	385	685	777	345	2
	Total	822,495	2,128	52,732	185,096	243,823	224,296	108,673	5,747
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,558	3,769	17,499	289	1	0	0	0
	MN	34	7	26	1	0	0	0	0
	Total	21,592	3,776	17,525	290	1	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	882,977	5,859	67,319	192,037	255,327	237,325	118,329	6,781
	MN	2,491	8	91	403	747	859	380	3
	Total	885,468	5,867	67,410	192,440	256,074	238,184	118,709	6,784
13. Total Eligibles Enrolled in Managed Care	CN	223,068	9,278	26,587	42,762	50,302	49,348	32,133	12,658
	MN	93	0	8	13	20	36	13	3
	Total	223,161	9,278	26,595	42,775	50,322	49,384	32,146	12,661
14. Total Number of Screening Blood Lead Tests	CN	435,710	53,516	179,289	202,905				
	MN	530	69	201	260				
	Total	436,240	53,585	179,490	203,165				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	765,985	48,425	94,943	132,005	162,642	173,173	116,094	38,703
	MN	0	0	0	0	0	0	0	0
	Total	765,985	48,425	94,943	132,005	162,642	173,173	116,094	38,703
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	629,057	38,825	76,621	112,406	140,137	148,647	94,996	17,425
	MN	0	0	0	0	0	0	0	0
	Total	629,057	38,825	76,621	112,406	140,137	148,647	94,996	17,425
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	52,292	2	2,240	3,278	16,546	18,932	11,201	93
	MN	0	0	0	0	0	0	0	0
	Total	52,292	2	2,240	3,278	16,546	18,932	11,201	93
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	7,047,908	287,109	884,430	1,281,267	1,609,490	1,708,234	1,084,265	193,113
	MN	0	0	0	0	0	0	0	0
	Total	7,047,908	287,109	884,430	1,281,267	1,609,490	1,708,234	1,084,265	193,113
3b. Average Period of Eligibility	CN	0.93	0.62	0.96	0.95	0.96	0.96	0.95	0.92
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.62	0.96	0.95	0.96	0.96	0.95	0.92
4. Expected Number of Screenings per Eligible	CN		4.34	1.92	0.95	0.48	0.58	0.48	0.46
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	1.92	0.95	0.48	0.58	0.48	0.46
5. Expected Number of Screenings	CN	629,494	168,501	147,112	106,786	67,266	86,215	45,598	8,016
	MN	0	0	0	0	0	0	0	0
	Total	629,494	168,501	147,112	106,786	67,266	86,215	45,598	8,016
6. Total Screens Received	CN	651,294	162,946	178,180	93,054	76,964	89,911	46,249	3,990
	MN	0	0	0	0	0	0	0	0
	Total	651,294	162,946	178,180	93,054	76,964	89,911	46,249	3,990
7. SCREENING RATIO	CN	1.00	0.97	1.00	0.87	1.00	1.00	1.00	0.50
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	0.97	1.00	0.87	1.00	1.00	1.00	0.50

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	429,327	38,825	76,621	106,786	67,266	86,215	45,598	8,016
	MN	0	0	0	0	0	0	0	0
	Total	429,327	38,825	76,621	106,786	67,266	86,215	45,598	8,016
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	329,999	36,349	62,207	68,512	59,028	66,739	34,072	3,092
	MN	0	0	0	0	0	0	0	0
	Total	329,999	36,349	62,207	68,512	59,028	66,739	34,072	3,092
10. PARTICIPANT RATIO	CN	0.77	0.94	0.81	0.64	0.88	0.77	0.75	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.94	0.81	0.64	0.88	0.77	0.75	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	320,020	35,916	60,396	65,637	57,375	64,571	33,089	3,036
	MN	0	0	0	0	0	0	0	0
	Total	320,020	35,916	60,396	65,637	57,375	64,571	33,089	3,036
12a. Total Eligibles Receiving Any Dental Services	CN	259,465	200	10,773	44,537	78,319	78,648	41,598	5,390
	MN	0	0	0	0	0	0	0	0
	Total	259,465	200	10,773	44,537	78,319	78,648	41,598	5,390
12b. Total Eligibles Receiving Preventive Dental Services	CN	225,918	39	8,515	40,915	68,073	67,920	36,595	3,861
	MN	0	0	0	0	0	0	0	0
	Total	225,918	39	8,515	40,915	68,073	67,920	36,595	3,861
12c. Total Eligibles Receiving Dental Treatment Services	CN	106,960	67	1,513	15,733	32,395	30,968	22,854	3,430
	MN	0	0	0	0	0	0	0	0
	Total	106,960	67	1,513	15,733	32,395	30,968	22,854	3,430
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	60,707				28,412	32,295		
	MN	0				0	0		
	Total	60,707				28,412	32,295		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	238,328	159	10,722	43,788	69,432	69,276	39,886	5,065
	MN	0	0	0	0	0	0	0	0
	Total	238,328	159	10,722	43,788	69,432	69,276	39,886	5,065
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	399	0	12	72	114	121	71	9
	MN	0	0	0	0	0	0	0	0
	Total	399	0	12	72	114	121	71	9
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	259,697	200	10,778	44,587	78,368	78,716	41,651	5,397
	MN	0	0	0	0	0	0	0	0
	Total	259,697	200	10,778	44,587	78,368	78,716	41,651	5,397
13. Total Eligibles Enrolled in Managed Care	CN	263,401	44,195	33,036	43,769	49,678	48,937	33,308	10,478
	MN	0	0	0	0	0	0	0	0
	Total	263,401	44,195	33,036	43,769	49,678	48,937	33,308	10,478
14. Total Number of Screening Blood Lead Tests	CN	39,851	910	25,794	13,147				
	MN	0	0	0	0				
	Total	39,851	910	25,794	13,147				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	326,544	21,271	40,748	57,050	69,462	70,233	47,924	19,856
	MN	563	0	7	9	16	30	50	451
	Total	327,107	21,271	40,755	57,059	69,478	70,263	47,974	20,307
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	301,963	16,396	38,118	53,565	65,553	66,267	44,737	17,327
	MN	349	0	2	5	3	8	14	317
	Total	302,312	16,396	38,120	53,570	65,556	66,275	44,751	17,644
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	16,531	272	38	2	6,071	6,165	3,924	59
	MN	0	0	0	0	0	0	0	0
	Total	16,531	272	38	2	6,071	6,165	3,924	59
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	2,933,124	110,859	364,094	531,332	659,861	673,671	444,546	148,761
	MN	2,852	0	21	42	20	58	90	2,621
	Total	2,935,976	110,859	364,115	531,374	659,881	673,729	444,636	151,382
3b. Average Period of Eligibility	CN	0.81	0.56	0.80	0.83	0.84	0.85	0.83	0.72
	MN	0.68	0.00	0.88	0.70	0.56	0.60	0.54	0.69
	Total	0.81	0.56	0.80	0.83	0.84	0.85	0.83	0.71
4. Expected Number of Screenings per Eligible	CN		3.36	1.60	0.83	0.42	0.51	0.42	0.36
	MN		0.00	1.76	0.70	0.28	0.36	0.27	0.35
	Total		3.36	1.60	0.83	0.42	0.51	0.42	0.36
5. Expected Number of Screenings	CN	246,895	55,091	60,989	44,459	27,532	33,796	18,790	6,238
	MN	127	0	4	4	1	3	4	111
	Total	247,022	55,091	60,993	44,463	27,533	33,799	18,794	6,349
6. Total Screens Received	CN	295,341	65,660	88,055	47,911	27,217	30,712	25,323	10,463
	MN	204	0	8	3	0	5	8	180
	Total	295,545	65,660	88,063	47,914	27,217	30,717	25,331	10,643
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.99	0.91	1.00	1.00
	MN	1.00	0.00	1.00	0.75	0.00	1.00	1.00	1.00
	Total	1.00	1.00	1.00	1.00	0.99	0.91	1.00	1.00

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	185,329	16,396	38,118	44,459	27,532	33,796	18,790	6,238
	MN	125	0	2	4	1	3	4	111
	Total	185,454	16,396	38,120	44,463	27,533	33,799	18,794	6,349
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	149,660	15,173	31,390	34,569	21,626	24,351	16,965	5,586
	MN	116	0	2	2	0	2	4	106
	Total	149,776	15,173	31,392	34,571	21,626	24,353	16,969	5,692
10. PARTICIPANT RATIO	CN	0.81	0.93	0.82	0.78	0.79	0.72	0.90	0.90
	MN	0.93	0.00	1.00	0.50	0.00	0.67	1.00	0.95
	Total	0.81	0.93	0.82	0.78	0.79	0.72	0.90	0.90
11. Total Eligibles Referred for Corrective Treatment	CN	4,738	4,613	125	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	4,738	4,613	125	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	156,317	3,126	15,441	33,047	40,281	37,731	21,374	5,317
	MN	128	0	2	3	1	2	4	116
	Total	156,445	3,126	15,443	33,050	40,282	37,733	21,378	5,433
12b. Total Eligibles Receiving Preventive Dental Services	CN	143,562	2,191	13,791	31,458	38,261	35,237	18,650	3,974
	MN	105	0	2	3	1	2	4	93
	Total	143,667	2,191	13,793	31,461	38,262	35,239	18,654	4,067
12c. Total Eligibles Receiving Dental Treatment Services	CN	57,841	83	1,326	9,139	17,566	15,781	10,948	2,998
	MN	72	0	0	1	1	1	2	67
	Total	57,913	83	1,326	9,140	17,567	15,782	10,950	3,065
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	18,635				11,163	7,472		
	MN	0				0	0		
	Total	18,635				11,163	7,472		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	132,084	105	8,721	27,923	36,750	34,638	19,436	4,511
	MN	114	0	1	2	1	2	4	104
	Total	132,198	105	8,722	27,925	36,751	34,640	19,440	4,615
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,874	13	246	1,403	188	22	2	0
	MN	0	0	0	0	0	0	0	0
	Total	1,874	13	246	1,403	188	22	2	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	156,847	3,137	15,593	33,395	40,296	37,734	21,375	5,317
	MN	128	0	2	3	1	2	4	116
	Total	156,975	3,137	15,595	33,398	40,297	37,736	21,379	5,433
13. Total Eligibles Enrolled in Managed Care	CN	258,093	14,893	34,118	46,491	56,230	55,389	36,678	14,294
	MN	224	0	2	1	2	5	9	205
	Total	258,317	14,893	34,120	46,492	56,232	55,394	36,687	14,499
14. Total Number of Screening Blood Lead Tests	CN	27,113	133	15,775	11,205				
	MN	2	0	1	1				
	Total	27,115	133	15,776	11,206				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	280,343	18,472	38,990	56,336	60,407	57,814	36,530	11,794
	MN	167	55	9	15	18	18	20	32
	Total	280,510	18,527	38,999	56,351	60,425	57,832	36,550	11,826
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	260,799	14,880	37,099	53,449	56,913	54,319	34,117	10,022
	MN	83	7	2	8	12	14	15	25
	Total	260,882	14,887	37,101	53,457	56,925	54,333	34,132	10,047
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	2,671,681	109,128	394,068	564,994	594,370	572,277	352,907	83,937
	MN	402	29	15	37	51	63	52	155
	Total	2,672,083	109,157	394,083	565,031	594,421	572,340	352,959	84,092
3b. Average Period of Eligibility	CN	0.85	0.61	0.89	0.88	0.87	0.88	0.86	0.70
	MN	0.40	0.35	0.63	0.39	0.35	0.38	0.29	0.52
	Total	0.85	0.61	0.89	0.88	0.87	0.88	0.86	0.70
4. Expected Number of Screenings per Eligible	CN		3.66	2.23	0.88	0.87	0.88	0.86	0.70
	MN		2.10	1.58	0.39	0.35	0.38	0.29	0.52
	Total		3.66	2.23	0.88	0.87	0.88	0.86	0.70
5. Expected Number of Screenings	CN	317,898	54,461	82,731	47,035	49,514	47,801	29,341	7,015
	MN	47	15	3	3	4	5	4	13
	Total	317,945	54,476	82,734	47,038	49,518	47,806	29,345	7,028
6. Total Screens Received	CN	261,996	65,523	70,937	40,772	27,484	28,783	20,054	8,443
	MN	88	29	10	5	24	2	9	9
	Total	262,084	65,552	70,947	40,777	27,508	28,785	20,063	8,452
7. SCREENING RATIO	CN	0.82	1.00	0.86	0.87	0.56	0.60	0.68	1.00
	MN	1.00	1.00	1.00	1.00	1.00	0.40	1.00	0.69
	Total	0.82	1.00	0.86	0.87	0.56	0.60	0.68	1.00

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	232,685	14,880	37,099	47,035	49,514	47,801	29,341	7,015
	MN	38	7	2	3	4	5	4	13
	Total	232,723	14,887	37,101	47,038	49,518	47,806	29,345	7,028
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	135,187	13,838	27,530	31,670	23,009	22,792	13,059	3,289
	MN	26	6	2	4	5	0	4	5
	Total	135,213	13,844	27,532	31,674	23,014	22,792	13,063	3,294
10. PARTICIPANT RATIO	CN	0.58	0.93	0.74	0.67	0.46	0.48	0.45	0.47
	MN	0.68	0.86	1.00	1.00	1.00	0.00	1.00	0.38
	Total	0.58	0.93	0.74	0.67	0.46	0.48	0.45	0.47
11. Total Eligibles Referred for Corrective Treatment	CN	517	64	101	102	113	102	29	6
	MN	0	0	0	0	0	0	0	0
	Total	517	64	101	102	113	102	29	6
12a. Total Eligibles Receiving Any Dental Services	CN	119,617	189	7,719	27,808	34,742	30,607	16,169	2,383
	MN	9	1	0	0	1	1	2	4
	Total	119,626	190	7,719	27,808	34,743	30,608	16,171	2,387
12b. Total Eligibles Receiving Preventive Dental Services	CN	112,350	114	6,583	26,142	33,438	29,437	14,751	1,885
	MN	8	1	0	0	1	1	2	3
	Total	112,358	115	6,583	26,142	33,439	29,438	14,753	1,888
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,131	61	744	9,109	16,212	13,319	8,379	1,307
	MN	6	1	0	0	0	0	1	4
	Total	49,137	62	744	9,109	16,212	13,319	8,380	1,311
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,892				11,677	14,215		
	MN	1				0	1		
	Total	25,893				11,677	14,216		

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Form CMS-416
Fiscal Year: 2013
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	110,382	73	6,365	25,816	32,098	28,728	15,104	2,198
	MN	8	0	0	0	1	1	2	4
	Total	110,390	73	6,365	25,816	32,099	28,729	15,106	2,202
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,492	17	672	2,628	4,337	2,767	925	146
	MN	2	0	0	0	1	0	0	1
	Total	11,494	17	672	2,628	4,338	2,767	925	147
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	122,608	190	7,819	28,220	35,950	31,505	16,471	2,453
	MN	10	1	0	0	2	1	2	4
	Total	122,618	191	7,819	28,220	35,952	31,506	16,473	2,457
13. Total Eligibles Enrolled in Managed Care	CN	186,588	2,471	31,458	43,004	44,023	38,539	21,302	5,791
	MN	0	0	0	0	0	0	0	0
	Total	186,588	2,471	31,458	43,004	44,023	38,539	21,302	5,791
14. Total Number of Screening Blood Lead Tests	CN	30,554	462	18,897	11,195				
	MN	4	1	0	3				
	Total	30,558	463	18,897	11,198				

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Form CMS-416

Fiscal Year: 2013

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	514,298	32,729	61,832	87,955	108,712	118,011	81,071	23,988
	MN	37,865	1,206	4,714	7,729	8,553	8,326	6,172	1,165
	Total	552,163	33,935	66,546	95,684	117,265	126,337	87,243	25,153
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	480,980	26,119	58,982	84,090	103,706	112,366	76,429	19,288
	MN	36,310	937	4,563	7,430	8,368	8,133	5,890	989
	Total	517,290	27,056	63,545	91,520	112,074	120,499	82,319	20,277
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	57,863	221	2,317	4,120	15,715	19,525	14,221	1,744
	MN	712	0	22	44	238	221	182	5
	Total	58,575	221	2,339	4,164	15,953	19,746	14,403	1,749
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	4,881,703	184,176	601,050	875,557	1,086,423	1,192,826	788,033	153,638
	MN	369,849	7,110	46,975	76,904	86,029	84,786	60,105	7,940
	Total	5,251,552	191,286	648,025	952,461	1,172,452	1,277,612	848,138	161,578
3b. Average Period of Eligibility	CN	0.85	0.59	0.85	0.87	0.87	0.88	0.86	0.66
	MN	0.85	0.63	0.86	0.86	0.86	0.87	0.85	0.67
	Total	0.85	0.59	0.85	0.87	0.87	0.88	0.86	0.66
4. Expected Number of Screenings per Eligible	CN		2.95	1.70	0.87	0.44	0.88	0.86	0.66
	MN		3.15	1.72	0.86	0.43	0.87	0.85	0.67
	Total		2.95	1.70	0.87	0.44	0.88	0.86	0.66
5. Expected Number of Screenings	CN	473,450	77,051	100,269	73,158	45,631	98,882	65,729	12,730
	MN	33,534	2,952	7,848	6,390	3,598	7,076	5,007	663
	Total	506,984	80,003	108,117	79,548	49,229	105,958	70,736	13,393
6. Total Screens Received	CN	391,079	80,226	119,915	63,047	38,954	57,901	28,019	3,017
	MN	29,335	3,112	9,228	5,709	3,491	4,463	3,070	262
	Total	420,414	83,338	129,143	68,756	42,445	62,364	31,089	3,279
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.86	0.85	0.59	0.43	0.24
	MN	0.87	1.00	1.00	0.89	0.97	0.63	0.61	0.40
	Total	0.83	1.00	1.00	0.86	0.86	0.59	0.44	0.24

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Fiscal Year: 2013

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	381,231	26,119	58,982	73,158	45,631	98,882	65,729	12,730
	MN	28,234	937	4,563	6,390	3,598	7,076	5,007	663
	Total	409,465	27,056	63,545	79,548	49,229	105,958	70,736	13,393
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	216,644	22,874	45,487	48,410	30,945	45,127	21,421	2,380
	MN	17,071	845	3,573	4,272	2,683	3,350	2,146	202
	Total	233,715	23,719	49,060	52,682	33,628	48,477	23,567	2,582
10. PARTICIPANT RATIO	CN	0.57	0.88	0.77	0.66	0.68	0.46	0.33	0.19
	MN	0.60	0.90	0.78	0.67	0.75	0.47	0.43	0.30
	Total	0.57	0.88	0.77	0.66	0.68	0.46	0.33	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	63,752	9,729	19,048	12,306	6,559	9,945	5,408	757
	MN	5,614	391	1,688	1,242	667	826	729	71
	Total	69,366	10,120	20,736	13,548	7,226	10,771	6,137	828
12a. Total Eligibles Receiving Any Dental Services	CN	218,788	140	9,617	44,478	61,139	61,683	36,046	5,685
	MN	18,042	12	947	4,047	4,913	4,516	3,262	345
	Total	236,830	152	10,564	48,525	66,052	66,199	39,308	6,030
12b. Total Eligibles Receiving Preventive Dental Services	CN	192,742	64	7,592	39,783	56,081	55,514	29,725	3,983
	MN	16,041	4	763	3,649	4,490	4,099	2,799	237
	Total	208,783	68	8,355	43,432	60,571	59,613	32,524	4,220
12c. Total Eligibles Receiving Dental Treatment Services	CN	95,954	28	1,072	13,626	27,244	29,438	21,066	3,480
	MN	7,661	1	95	1,166	2,203	2,105	1,878	213
	Total	103,615	29	1,167	14,792	29,447	31,543	22,944	3,693
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,094				13,309	10,785		
	MN	1,887				1,092	795		
	Total	25,981				14,401	11,580		

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Form CMS-416

Fiscal Year: 2013

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	201,321	119	9,394	42,261	56,667	56,283	31,755	4,842
	MN	16,654	11	932	3,844	4,540	4,121	2,910	296
	Total	217,975	130	10,326	46,105	61,207	60,404	34,665	5,138
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	239	0	21	47	86	54	18	13
	MN	21	0	4	6	5	4	2	0
	Total	260	0	25	53	91	58	20	13
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	218,788	140	9,617	44,478	61,139	61,683	36,046	5,685
	MN	18,042	12	947	4,047	4,913	4,516	3,262	345
	Total	236,830	152	10,564	48,525	66,052	66,199	39,308	6,030
13. Total Eligibles Enrolled in Managed Care	CN	480,913	26,096	58,975	84,082	103,698	112,361	76,422	19,279
	MN	36,303	936	4,562	7,429	8,367	8,132	5,888	989
	Total	517,216	27,032	63,537	91,511	112,065	120,493	82,310	20,268
14. Total Number of Screening Blood Lead Tests	CN	42,249	396	28,352	13,501				
	MN	3,643	18	2,340	1,285				
	Total	45,892	414	30,692	14,786				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	822,015	44,951	90,774	137,895	172,422	192,220	136,683	47,070
	MN	396	21	32	44	82	72	69	76
	Total	822,411	44,972	90,806	137,939	172,504	192,292	136,752	47,146
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	793,697	36,364	88,756	135,184	168,971	188,617	133,938	41,867
	MN	350	13	25	37	77	68	56	74
	Total	794,047	36,377	88,781	135,221	169,048	188,685	133,994	41,941
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	147,652	229	7,637	15,634	34,811	45,543	36,143	7,655
	MN	18	0	0	0	1	2	5	10
	Total	147,670	229	7,637	15,634	34,812	45,545	36,148	7,665
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	8,938,302	272,434	1,018,847	1,564,910	1,957,681	2,195,087	1,551,153	378,190
	MN	3,009	44	245	358	737	574	389	662
	Total	8,941,311	272,478	1,019,092	1,565,268	1,958,418	2,195,661	1,551,542	378,852
3b. Average Period of Eligibility	CN	0.94	0.62	0.96	0.96	0.97	0.97	0.97	0.75
	MN	0.72	0.28	0.82	0.81	0.80	0.70	0.58	0.75
	Total	0.94	0.62	0.96	0.96	0.97	0.97	0.96	0.75
4. Expected Number of Screenings per Eligible	CN		3.72	1.92	0.96	0.49	0.58	0.49	0.38
	MN		1.68	1.64	0.81	0.40	0.42	0.29	0.38
	Total		3.72	1.92	0.96	0.49	0.58	0.48	0.38
5. Expected Number of Screenings	CN	709,196	135,274	170,412	129,777	82,796	109,398	65,630	15,909
	MN	197	22	41	30	31	29	16	28
	Total	709,393	135,296	170,453	129,807	82,827	109,427	65,646	15,937
6. Total Screens Received	CN	666,286	144,606	189,138	107,298	66,930	96,832	56,080	5,402
	MN	179	18	30	45	33	22	8	23
	Total	666,465	144,624	189,168	107,343	66,963	96,854	56,088	5,425
7. SCREENING RATIO	CN	0.94	1.00	1.00	0.83	0.81	0.89	0.85	0.34
	MN	0.91	0.82	0.73	1.00	1.00	0.76	0.50	0.82
	Total	0.94	1.00	1.00	0.83	0.81	0.89	0.85	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	528,630	36,364	88,756	129,777	82,796	109,398	65,630	15,909
	MN	172	13	25	30	31	29	16	28
	Total	528,802	36,377	88,781	129,807	82,827	109,427	65,646	15,937
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	354,715	34,460	70,302	78,156	53,818	72,535	41,280	4,164
	MN	110	8	15	29	22	14	5	17
	Total	354,825	34,468	70,317	78,185	53,840	72,549	41,285	4,181
10. PARTICIPANT RATIO	CN	0.67	0.95	0.79	0.60	0.65	0.66	0.63	0.26
	MN	0.64	0.62	0.60	0.97	0.71	0.48	0.31	0.61
	Total	0.67	0.95	0.79	0.60	0.65	0.66	0.63	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	18	2	5	3	4	4	0	0
	MN	0	0	0	0	0	0	0	0
	Total	18	2	5	3	4	4	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	386,065	265	23,082	77,966	105,055	105,517	63,596	10,584
	MN	186	0	9	33	38	41	20	45
	Total	386,251	265	23,091	77,999	105,093	105,558	63,616	10,629
12b. Total Eligibles Receiving Preventive Dental Services	CN	364,090	158	21,687	74,868	100,917	100,572	57,362	8,526
	MN	167	0	8	31	35	41	18	34
	Total	364,257	158	21,695	74,899	100,952	100,613	57,380	8,560
12c. Total Eligibles Receiving Dental Treatment Services	CN	186,076	38	2,967	28,869	56,309	53,403	37,775	6,715
	MN	105	0	1	14	19	24	11	36
	Total	186,181	38	2,968	28,883	56,328	53,427	37,786	6,751
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,801				24,014	12,787		
	MN	13				8	5		
	Total	36,814				24,022	12,792		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	366,877	240	22,428	75,127	100,438	100,860	58,743	9,041
	MN	168	0	8	31	34	40	19	36
	Total	367,045	240	22,436	75,158	100,472	100,900	58,762	9,077
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	260	2	87	153	18	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	260	2	87	153	18	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	386,065	265	23,082	77,966	105,055	105,517	63,596	10,584
	MN	186	0	9	33	38	41	20	45
	Total	386,251	265	23,091	77,999	105,093	105,558	63,616	10,629
13. Total Eligibles Enrolled in Managed Care	CN	781,600	36,034	88,170	133,949	166,947	185,340	131,292	39,868
	MN	365	6	21	63	64	67	55	89
	Total	781,965	36,040	88,191	134,012	167,011	185,407	131,347	39,957
14. Total Number of Screening Blood Lead Tests	CN	61,296	403	40,303	20,590				
	MN	11	0	8	3				
	Total	61,307	403	40,311	20,593				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	140,505	7,206	14,813	22,147	28,449	32,085	24,168	11,637
	MN	2,725	25	63	120	176	223	312	1,806
	Total	143,230	7,231	14,876	22,267	28,625	32,308	24,480	13,443
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	136,223	5,877	14,463	21,687	27,879	31,447	23,667	11,203
	MN	2,678	23	63	120	175	221	308	1,768
	Total	138,901	5,900	14,526	21,807	28,054	31,668	23,975	12,971
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,667	29	918	2,108	4,307	5,392	4,203	710
	MN	0	0	0	0	0	0	0	0
	Total	17,667	29	918	2,108	4,307	5,392	4,203	710
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	1,477,931	43,315	158,717	240,043	311,403	350,602	259,222	114,629
	MN	17,001	106	383	800	1,047	1,389	1,551	11,725
	Total	1,494,932	43,421	159,100	240,843	312,450	351,991	260,773	126,354
3b. Average Period of Eligibility	CN	0.90	0.61	0.91	0.92	0.93	0.93	0.91	0.85
	MN	0.53	0.38	0.51	0.56	0.50	0.52	0.42	0.55
	Total	0.90	0.61	0.91	0.92	0.93	0.93	0.91	0.81
4. Expected Number of Screenings per Eligible	CN		3.66	1.82	0.92	0.93	0.93	0.91	0.85
	MN		2.28	1.02	0.56	0.50	0.52	0.42	0.55
	Total		3.66	1.82	0.92	0.93	0.93	0.91	0.81
5. Expected Number of Screenings	CN	154,018	21,510	26,323	19,952	25,927	29,246	21,537	9,523
	MN	1,487	52	64	67	88	115	129	972
	Total	155,505	21,562	26,387	20,019	26,015	29,361	21,666	10,495
6. Total Screens Received	CN	146,937	32,296	43,191	19,184	18,190	19,824	11,593	2,659
	MN	833	73	111	59	64	78	159	289
	Total	147,770	32,369	43,302	19,243	18,254	19,902	11,752	2,948
7. SCREENING RATIO	CN	0.95	1.00	1.00	0.96	0.70	0.68	0.54	0.28
	MN	0.56	1.00	1.00	0.88	0.73	0.68	1.00	0.30
	Total	0.95	1.00	1.00	0.96	0.70	0.68	0.54	0.28

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	126,525	5,877	14,463	19,952	25,927	29,246	21,537	9,523
	MN	1,457	23	63	67	88	115	129	972
	Total	127,982	5,900	14,526	20,019	26,015	29,361	21,666	10,495
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	68,895	5,609	12,268	13,326	13,056	14,282	8,385	1,969
	MN	538	17	45	37	45	59	111	224
	Total	69,433	5,626	12,313	13,363	13,101	14,341	8,496	2,193
10. PARTICIPANT RATIO	CN	0.54	0.95	0.85	0.67	0.50	0.49	0.39	0.21
	MN	0.37	0.74	0.71	0.55	0.51	0.51	0.86	0.23
	Total	0.54	0.95	0.85	0.67	0.50	0.49	0.39	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	93,422	4,790	11,502	15,005	18,701	20,166	16,263	6,995
	MN	1,931	13	37	65	79	92	400	1,245
	Total	95,353	4,803	11,539	15,070	18,780	20,258	16,663	8,240
12a. Total Eligibles Receiving Any Dental Services	CN	57,020	195	2,613	9,285	15,157	16,485	10,293	2,992
	MN	784	0	3	43	70	67	185	416
	Total	57,804	195	2,616	9,328	15,227	16,552	10,478	3,408
12b. Total Eligibles Receiving Preventive Dental Services	CN	52,367	174	2,414	8,871	14,393	15,225	8,990	2,300
	MN	593	0	2	43	64	62	139	283
	Total	52,960	174	2,416	8,914	14,457	15,287	9,129	2,583
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,136	15	216	2,572	5,908	7,391	5,282	1,752
	MN	391	0	0	7	24	23	85	252
	Total	23,527	15	216	2,579	5,932	7,414	5,367	2,004
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,179				5,955	6,224		
	MN	56				26	30		
	Total	12,235				5,981	6,254		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	42,642	28	1,634	7,632	11,130	11,894	7,897	2,427
	MN	579	0	1	34	46	49	127	322
	Total	43,221	28	1,635	7,666	11,176	11,943	8,024	2,749
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	19,717	236	3,303	3,629	4,476	4,559	2,710	804
	MN	244	0	9	7	21	33	63	111
	Total	19,961	236	3,312	3,636	4,497	4,592	2,773	915
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	76,737	431	5,916	12,914	19,633	21,044	13,003	3,796
	MN	1,028	0	12	50	91	100	248	527
	Total	77,765	431	5,928	12,964	19,724	21,144	13,251	4,323
13. Total Eligibles Enrolled in Managed Care	CN	108,734	5,225	13,074	18,254	22,440	24,177	17,403	8,161
	MN	1,876	14	52	91	131	155	231	1,202
	Total	110,610	5,239	13,126	18,345	22,571	24,332	17,634	9,363
14. Total Number of Screening Blood Lead Tests	CN	2,893	17	2,503	373				
	MN	8	0	7	1				
	Total	2,901	17	2,510	374				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	660,249	38,048	78,684	116,180	138,102	144,851	100,822	43,562
	MN	1,195	21	58	101	156	198	196	465
	Total	661,444	38,069	78,742	116,281	138,258	145,049	101,018	44,027
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	631,945	30,873	76,148	112,608	133,976	140,464	97,259	40,617
	MN	888	9	47	79	120	152	146	335
	Total	632,833	30,882	76,195	112,687	134,096	140,616	97,405	40,952
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	126,261	248	9,193	17,070	32,189	37,316	26,002	4,243
	MN	0	0	0	0	0	0	0	0
	Total	126,261	248	9,193	17,070	32,189	37,316	26,002	4,243
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	6,907,078	227,437	844,402	1,257,989	1,507,481	1,576,623	1,080,014	413,132
	MN	7,088	58	356	659	977	1,309	1,198	2,531
	Total	6,914,166	227,495	844,758	1,258,648	1,508,458	1,577,932	1,081,212	415,663
3b. Average Period of Eligibility	CN	0.91	0.61	0.92	0.93	0.94	0.94	0.93	0.85
	MN	0.67	0.54	0.63	0.70	0.68	0.72	0.68	0.63
	Total	0.91	0.61	0.92	0.93	0.94	0.94	0.93	0.85
4. Expected Number of Screenings per Eligible	CN		3.66	1.84	0.93	0.94	0.94	0.93	0.85
	MN		3.24	1.26	0.70	0.68	0.72	0.68	0.63
	Total		3.66	1.84	0.93	0.94	0.94	0.93	0.85
5. Expected Number of Screenings	CN	740,780	112,995	140,112	104,725	125,937	132,036	90,451	34,524
	MN	644	29	59	55	82	109	99	211
	Total	741,424	113,024	140,171	104,780	126,019	132,145	90,550	34,735
6. Total Screens Received	CN	738,695	158,825	199,637	106,689	96,390	98,702	62,959	15,493
	MN	363	14	72	44	57	60	42	74
	Total	739,058	158,839	199,709	106,733	96,447	98,762	63,001	15,567
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.77	0.75	0.70	0.45
	MN	0.56	0.48	1.00	0.80	0.70	0.55	0.42	0.35
	Total	1.00	1.00	1.00	1.00	0.77	0.75	0.70	0.45

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	594,694	30,873	76,148	104,725	125,937	132,036	90,451	34,524
	MN	612	9	47	55	82	109	99	211
	Total	595,306	30,882	76,195	104,780	126,019	132,145	90,550	34,735
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	380,879	29,044	65,016	80,027	74,464	74,738	46,095	11,495
	MN	241	3	26	35	42	42	34	59
	Total	381,120	29,047	65,042	80,062	74,506	74,780	46,129	11,554
10. PARTICIPANT RATIO	CN	0.64	0.94	0.85	0.76	0.59	0.57	0.51	0.33
	MN	0.39	0.33	0.55	0.64	0.51	0.39	0.34	0.28
	Total	0.64	0.94	0.85	0.76	0.59	0.57	0.51	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	373,616	28,113	64,642	79,103	73,387	73,206	44,465	10,700
	MN	227	3	26	35	39	40	34	50
	Total	373,843	28,116	64,668	79,138	73,426	73,246	44,499	10,750
12a. Total Eligibles Receiving Any Dental Services	CN	351,614	344	23,729	71,880	94,281	91,507	54,157	15,716
	MN	346	0	9	36	58	72	68	103
	Total	351,960	344	23,738	71,916	94,339	91,579	54,225	15,819
12b. Total Eligibles Receiving Preventive Dental Services	CN	318,055	123	20,416	66,886	87,964	84,181	46,387	12,098
	MN	291	0	8	34	53	67	53	76
	Total	318,346	123	20,424	66,920	88,017	84,248	46,440	12,174
12c. Total Eligibles Receiving Dental Treatment Services	CN	148,458	13	1,383	21,237	42,764	43,736	29,986	9,339
	MN	166	0	0	9	27	34	38	58
	Total	148,624	13	1,383	21,246	42,791	43,770	30,024	9,397
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	58,045				26,079	31,966		
	MN	47				15	32		
	Total	58,092				26,094	31,998		

Annual EPSDT Participation Report

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Fiscal Year: 2013

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	322,487	196	22,103	67,629	87,993	84,035	47,359	13,172
	MN	299	0	9	33	50	65	58	84
	Total	322,786	196	22,112	67,662	88,043	84,100	47,417	13,256
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,534	834	14,293	2,402	2	2	1	0
	MN	11	0	11	0	0	0	0	0
	Total	17,545	834	14,304	2,402	2	2	1	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	363,158	1,153	33,433	72,909	94,282	91,508	54,157	15,716
	MN	355	0	18	36	58	72	68	103
	Total	363,513	1,153	33,451	72,945	94,340	91,580	54,225	15,819
13. Total Eligibles Enrolled in Managed Care	CN	644,972	36,058	77,556	114,280	135,676	141,648	97,898	41,856
	MN	659	4	31	69	89	114	108	244
	Total	645,631	36,062	77,587	114,349	135,765	141,762	98,006	42,100
14. Total Number of Screening Blood Lead Tests	CN	66,289	897	40,630	24,762				
	MN	29	0	15	14				
	Total	66,318	897	40,645	24,776				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	632,680	36,807	73,743	103,465	125,012	137,505	107,160	48,988
	MN	0	0	0	0	0	0	0	0
	Total	632,680	36,807	73,743	103,465	125,012	137,505	107,160	48,988
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	564,023	24,629	66,730	94,353	114,652	125,384	96,440	41,835
	MN	0	0	0	0	0	0	0	0
	Total	564,023	24,629	66,730	94,353	114,652	125,384	96,440	41,835
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	256,945	10,859	27,421	39,678	54,540	61,531	48,639	14,277
	MN	0	0	0	0	0	0	0	0
	Total	256,945	10,859	27,421	39,678	54,540	61,531	48,639	14,277
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	5,836,419	170,497	692,894	993,036	1,218,819	1,336,156	1,020,402	404,615
	MN	0	0	0	0	0	0	0	0
	Total	5,836,419	170,497	692,894	993,036	1,218,819	1,336,156	1,020,402	404,615
3b. Average Period of Eligibility	CN	0.86	0.58	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	0.58	0.87	0.88	0.89	0.89	0.88	0.81
4. Expected Number of Screenings per Eligible	CN		3.48	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		3.48	1.74	0.88	0.89	0.89	0.88	0.81
5. Expected Number of Screenings	CN	617,235	85,709	116,110	83,031	102,040	111,592	84,867	33,886
	MN	0	0	0	0	0	0	0	0
	Total	617,235	85,709	116,110	83,031	102,040	111,592	84,867	33,886
6. Total Screens Received	CN	823,268	123,499	227,474	121,750	114,912	120,801	90,043	24,789
	MN	0	0	0	0	0	0	0	0
	Total	823,268	123,499	227,474	121,750	114,912	120,801	90,043	24,789
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.73
	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	1.00	1.00	0.73

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	506,775	24,629	66,730	83,031	102,040	111,592	84,867	33,886
	MN	0	0	0	0	0	0	0	0
	Total	506,775	24,629	66,730	83,031	102,040	111,592	84,867	33,886
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	361,234	18,162	56,236	68,509	73,619	78,092	53,121	13,495
	MN	0	0	0	0	0	0	0	0
	Total	361,234	18,162	56,236	68,509	73,619	78,092	53,121	13,495
10. PARTICIPANT RATIO	CN	0.71	0.74	0.84	0.83	0.72	0.70	0.63	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.71	0.74	0.84	0.83	0.72	0.70	0.63	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	311,120	9,384	41,774	58,101	66,682	67,780	48,349	19,050
	MN	0	0	0	0	0	0	0	0
	Total	311,120	9,384	41,774	58,101	66,682	67,780	48,349	19,050
12a. Total Eligibles Receiving Any Dental Services	CN	311,935	164	16,963	56,609	81,351	85,360	56,601	14,887
	MN	0	0	0	0	0	0	0	0
	Total	311,935	164	16,963	56,609	81,351	85,360	56,601	14,887
12b. Total Eligibles Receiving Preventive Dental Services	CN	290,475	109	15,446	55,076	78,706	79,576	49,420	12,142
	MN	0	0	0	0	0	0	0	0
	Total	290,475	109	15,446	55,076	78,706	79,576	49,420	12,142
12c. Total Eligibles Receiving Dental Treatment Services	CN	165,158	31	2,194	18,704	43,766	52,553	38,228	9,682
	MN	0	0	0	0	0	0	0	0
	Total	165,158	31	2,194	18,704	43,766	52,553	38,228	9,682
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	57,458				31,375	26,083		
	MN	0				0	0		
	Total	57,458				31,375	26,083		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	288,136	148	16,345	54,521	76,920	77,766	49,680	12,756
	MN	0	0	0	0	0	0	0	0
	Total	288,136	148	16,345	54,521	76,920	77,766	49,680	12,756
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	22,159	390	6,243	5,586	4,866	3,658	1,289	127
	MN	0	0	0	0	0	0	0	0
	Total	22,159	390	6,243	5,586	4,866	3,658	1,289	127
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	322,105	543	21,422	58,842	82,748	86,521	57,082	14,947
	MN	0	0	0	0	0	0	0	0
	Total	322,105	543	21,422	58,842	82,748	86,521	57,082	14,947
13. Total Eligibles Enrolled in Managed Care	CN	461,882	11,443	58,810	81,916	97,947	103,584	76,534	31,648
	MN	0	0	0	0	0	0	0	0
	Total	461,882	11,443	58,810	81,916	97,947	103,584	76,534	31,648
14. Total Number of Screening Blood Lead Tests	CN	77,889	2,238	38,840	36,811				
	MN	0	0	0	0				
	Total	77,889	2,238	38,840	36,811				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	1,209,752	70,684	138,749	196,392	246,409	279,888	207,175	70,455
	MN	22,989	28	46	49	70	126	173	22,497
	Total	1,232,741	70,712	138,795	196,441	246,479	280,014	207,348	92,952
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,153,451	57,141	134,392	190,770	239,514	271,963	194,508	65,163
	MN	19,572	10	22	14	18	24	44	19,440
	Total	1,173,023	57,151	134,414	190,784	239,532	271,987	194,552	84,603
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	11,504	0	0	0	0	1	11,099	404
	MN	0	0	0	0	0	0	0	0
	Total	11,504	0	0	0	0	1	11,099	404
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	12,335,038	415,926	1,450,576	2,091,818	2,643,060	2,996,538	2,109,248	627,872
	MN	174,441	63	132	64	91	154	268	173,669
	Total	12,509,479	415,989	1,450,708	2,091,882	2,643,151	2,996,692	2,109,516	801,541
3b. Average Period of Eligibility	CN	0.89	0.61	0.90	0.91	0.92	0.92	0.90	0.80
	MN	0.74	0.53	0.50	0.38	0.42	0.53	0.51	0.74
	Total	0.89	0.61	0.90	0.91	0.92	0.92	0.90	0.79
4. Expected Number of Screenings per Eligible	CN		4.27	1.80	1.21	0.92	0.92	0.90	0.80
	MN		3.71	1.00	0.51	0.42	0.53	0.51	0.74
	Total		4.27	1.80	1.21	0.92	0.92	0.90	0.79
5. Expected Number of Screenings	CN	1,414,476	243,992	241,906	230,832	220,353	250,206	175,057	52,130
	MN	14,495	37	22	7	8	13	22	14,386
	Total	1,428,971	244,029	241,928	230,839	220,361	250,219	175,079	66,516
6. Total Screens Received	CN	1,234,938	303,592	326,955	173,682	141,224	170,260	101,078	18,147
	MN	5,080	13	1	1	3	5	4	5,053
	Total	1,240,018	303,605	326,956	173,683	141,227	170,265	101,082	23,200
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.75	0.64	0.68	0.58	0.35
	MN	0.35	0.35	0.05	0.14	0.38	0.38	0.18	0.35
	Total	0.87	1.00	1.00	0.75	0.64	0.68	0.58	0.35

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,080,049	57,141	134,392	190,770	220,353	250,206	175,057	52,130
	MN	14,468	10	22	7	8	13	22	14,386
	Total	1,094,517	57,151	134,414	190,777	220,361	250,219	175,079	66,516
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	559,051	52,635	102,579	112,746	96,646	114,912	67,284	12,249
	MN	3,368	4	1	1	2	3	4	3,353
	Total	562,419	52,639	102,580	112,747	96,648	114,915	67,288	15,602
10. PARTICIPANT RATIO	CN	0.52	0.92	0.76	0.59	0.44	0.46	0.38	0.23
	MN	0.23	0.40	0.05	0.14	0.25	0.23	0.18	0.23
	Total	0.51	0.92	0.76	0.59	0.44	0.46	0.38	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	452,109	301	13,136	83,947	132,152	130,533	75,977	16,063
	MN	4,177	0	1	0	5	6	2	4,163
	Total	456,286	301	13,137	83,947	132,157	130,539	75,979	20,226
12b. Total Eligibles Receiving Preventive Dental Services	CN	443,984	298	13,090	83,103	130,100	128,304	73,689	15,400
	MN	4,025	0	1	0	5	6	2	4,011
	Total	448,009	298	13,091	83,103	130,105	128,310	73,691	19,411
12c. Total Eligibles Receiving Dental Treatment Services	CN	241,859	117	3,177	36,603	74,274	74,709	43,743	9,236
	MN	2,592	0	0	0	2	2	1	2,587
	Total	244,451	117	3,177	36,603	74,276	74,711	43,744	11,823
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	49,051				30,265	18,786		
	MN	3				1	2		
	Total	49,054				30,266	18,788		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	420,836	184	11,299	78,143	123,900	122,354	70,452	14,504
	MN	3,807	0	1	0	4	6	2	3,794
	Total	424,643	184	11,300	78,143	123,904	122,360	70,454	18,298
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	43,055	133	3,293	8,158	13,765	11,911	4,905	890
	MN	211	0	0	0	0	0	0	211
	Total	43,266	133	3,293	8,158	13,765	11,911	4,905	1,101
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	485,378	429	16,053	89,685	142,275	140,332	79,890	16,714
	MN	4,324	0	1	0	5	6	2	4,310
	Total	489,702	429	16,054	89,685	142,280	140,338	79,892	21,024
13. Total Eligibles Enrolled in Managed Care	CN	1,059,104	51,354	128,404	178,844	222,141	247,542	174,251	56,568
	MN	18,070	10	17	2	8	7	13	18,013
	Total	1,077,174	51,364	128,421	178,846	222,149	247,549	174,264	74,581
14. Total Number of Screening Blood Lead Tests	CN	125,635	2,404	75,746	47,485				
	MN	5	0	4	1				
	Total	125,640	2,404	75,750	47,486				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	420,030	30,050	57,380	71,116	87,378	90,100	59,081	24,925
	MN	73,351	1,496	4,758	11,555	14,758	16,713	14,278	9,793
	Total	493,381	31,546	62,138	82,671	102,136	106,813	73,359	34,718
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	395,193	24,313	54,654	67,511	83,471	86,186	56,261	22,797
	MN	69,154	1,248	4,536	10,912	14,011	15,928	13,437	9,082
	Total	464,347	25,561	59,190	78,423	97,482	102,114	69,698	31,879
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	11	3	8	0	0	0	0	0
	MN	3	1	2	0	0	0	0	0
	Total	14	4	10	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	4,125,714	177,798	574,146	714,576	899,505	937,468	604,974	217,247
	MN	706,701	9,145	47,657	111,084	145,733	167,121	138,660	87,301
	Total	4,832,415	186,943	621,803	825,660	1,045,238	1,104,589	743,634	304,548
3b. Average Period of Eligibility	CN	0.87	0.61	0.88	0.88	0.90	0.91	0.90	0.79
	MN	0.85	0.61	0.88	0.85	0.87	0.87	0.86	0.80
	Total	0.87	0.61	0.88	0.88	0.89	0.90	0.89	0.80
4. Expected Number of Screenings per Eligible	CN		3.05	1.76	0.88	0.45	0.55	0.45	0.40
	MN		3.05	1.76	0.85	0.44	0.52	0.43	0.40
	Total		3.05	1.76	0.88	0.45	0.54	0.45	0.40
5. Expected Number of Screenings	CN	349,156	74,155	96,191	59,410	37,562	47,402	25,317	9,119
	MN	44,923	3,806	7,983	9,275	6,165	8,283	5,778	3,633
	Total	394,079	77,961	104,174	68,685	43,727	55,685	31,095	12,752
6. Total Screens Received	CN	312,889	87,202	101,024	43,563	29,313	32,324	15,756	3,707
	MN	38,047	5,057	7,902	7,495	5,242	6,367	4,010	1,974
	Total	350,936	92,259	108,926	51,058	34,555	38,691	19,766	5,681
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.73	0.78	0.68	0.62	0.41
	MN	0.85	1.00	0.99	0.81	0.85	0.77	0.69	0.54
	Total	0.89	1.00	1.00	0.74	0.79	0.69	0.64	0.45

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	257,777	24,313	54,654	59,410	37,562	47,402	25,317	9,119
	MN	38,918	1,248	4,536	9,275	6,165	8,283	5,778	3,633
	Total	296,695	25,561	59,190	68,685	43,727	55,685	31,095	12,752
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	180,749	22,308	42,577	39,827	27,754	30,294	14,501	3,488
	MN	28,831	1,179	3,698	7,081	5,089	6,098	3,823	1,863
	Total	209,580	23,487	46,275	46,908	32,843	36,392	18,324	5,351
10. PARTICIPANT RATIO	CN	0.70	0.92	0.78	0.67	0.74	0.64	0.57	0.38
	MN	0.74	0.94	0.82	0.76	0.83	0.74	0.66	0.51
	Total	0.71	0.92	0.78	0.68	0.75	0.65	0.59	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	5,630	546	987	1,186	1,113	1,134	591	73
	MN	425	27	54	91	78	98	63	14
	Total	6,055	573	1,041	1,277	1,191	1,232	654	87
12a. Total Eligibles Receiving Any Dental Services	CN	151,158	126	6,818	29,461	43,264	42,134	23,121	6,234
	MN	35,785	8	705	5,620	8,963	10,056	7,088	3,345
	Total	186,943	134	7,523	35,081	52,227	52,190	30,209	9,579
12b. Total Eligibles Receiving Preventive Dental Services	CN	134,699	82	5,350	27,114	39,983	38,376	19,432	4,362
	MN	32,800	4	501	5,210	8,539	9,497	6,383	2,666
	Total	167,499	86	5,851	32,324	48,522	47,873	25,815	7,028
12c. Total Eligibles Receiving Dental Treatment Services	CN	64,003	11	772	9,777	19,950	18,178	11,802	3,513
	MN	14,463	1	77	1,587	3,831	3,996	3,215	1,756
	Total	78,466	12	849	11,364	23,781	22,174	15,017	5,269
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,041				11,731	9,310		
	MN	4,336				2,349	1,987		
	Total	25,377				14,080	11,297		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	138,237	73	5,881	27,323	39,859	38,512	20,966	5,623
	MN	33,949	4	659	5,374	8,553	9,551	6,702	3,106
	Total	172,186	77	6,540	32,697	48,412	48,063	27,668	8,729
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	22,795	481	9,597	7,853	2,383	1,627	704	150
	MN	2,799	23	740	1,188	333	294	141	80
	Total	25,594	504	10,337	9,041	2,716	1,921	845	230
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	165,320	600	14,942	33,266	44,144	42,671	23,417	6,280
	MN	37,191	31	1,297	6,113	9,076	10,156	7,136	3,382
	Total	202,511	631	16,239	39,379	53,220	52,827	30,553	9,662
13. Total Eligibles Enrolled in Managed Care	CN	344,250	24,211	50,314	60,718	72,165	71,393	45,770	19,679
	MN	69,360	1,437	4,565	10,924	14,063	15,965	13,300	9,106
	Total	413,610	25,648	54,879	71,642	86,228	87,358	59,070	28,785
14. Total Number of Screening Blood Lead Tests	CN	37,126	1,596	27,921	7,609				
	MN	3,234	103	2,368	763				
	Total	40,360	1,699	30,289	8,372				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	429,722	28,406	55,883	81,559	95,079	95,051	59,757	13,987
	MN	0	0	0	0	0	0	0	0
	Total	429,722	28,406	55,883	81,559	95,079	95,051	59,757	13,987
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	399,242	22,829	52,564	77,450	89,415	89,662	56,195	11,127
	MN	0	0	0	0	0	0	0	0
	Total	399,242	22,829	52,564	77,450	89,415	89,662	56,195	11,127
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	4,306,305	174,600	579,909	854,568	981,357	993,025	619,851	102,995
	MN	0	0	0	0	0	0	0	0
	Total	4,306,305	174,600	579,909	854,568	981,357	993,025	619,851	102,995
3b. Average Period of Eligibility	CN	0.90	0.64	0.92	0.92	0.91	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	0.92	0.92	0.91	0.92	0.92	0.77
4. Expected Number of Screenings per Eligible	CN		3.20	1.38	0.92	0.91	0.92	0.92	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.20	1.38	0.92	0.91	0.92	0.92	0.77
5. Expected Number of Screenings	CN	440,969	73,053	72,538	71,254	81,368	82,489	51,699	8,568
	MN	0	0	0	0	0	0	0	0
	Total	440,969	73,053	72,538	71,254	81,368	82,489	51,699	8,568
6. Total Screens Received	CN	272,029	72,564	87,263	44,610	24,631	28,770	13,244	947
	MN	0	0	0	0	0	0	0	0
	Total	272,029	72,564	87,263	44,610	24,631	28,770	13,244	947
7. SCREENING RATIO	CN	0.62	0.99	1.00	0.63	0.30	0.35	0.26	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.99	1.00	0.63	0.30	0.35	0.26	0.11

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	370,771	22,829	52,564	71,254	81,368	82,489	51,699	8,568
	MN	0	0	0	0	0	0	0	0
	Total	370,771	22,829	52,564	71,254	81,368	82,489	51,699	8,568
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	153,305	21,256	36,805	37,375	21,528	24,223	11,287	831
	MN	0	0	0	0	0	0	0	0
	Total	153,305	21,256	36,805	37,375	21,528	24,223	11,287	831
10. PARTICIPANT RATIO	CN	0.41	0.93	0.70	0.52	0.26	0.29	0.22	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.93	0.70	0.52	0.26	0.29	0.22	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	88,362	19,705	22,053	16,540	11,083	12,521	5,974	486
	MN	0	0	0	0	0	0	0	0
	Total	88,362	19,705	22,053	16,540	11,083	12,521	5,974	486
12a. Total Eligibles Receiving Any Dental Services	CN	196,596	92	10,910	47,792	55,031	51,759	27,557	3,455
	MN	0	0	0	0	0	0	0	0
	Total	196,596	92	10,910	47,792	55,031	51,759	27,557	3,455
12b. Total Eligibles Receiving Preventive Dental Services	CN	179,378	23	9,404	44,730	51,819	47,493	23,315	2,594
	MN	0	0	0	0	0	0	0	0
	Total	179,378	23	9,404	44,730	51,819	47,493	23,315	2,594
12c. Total Eligibles Receiving Dental Treatment Services	CN	89,779	5	1,226	15,537	26,316	27,258	17,274	2,163
	MN	0	0	0	0	0	0	0	0
	Total	89,779	5	1,226	15,537	26,316	27,258	17,274	2,163
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,919				14,079	15,840		
	MN	0				0	0		
	Total	29,919				14,079	15,840		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	188,113	84	10,656	45,560	53,510	49,496	25,611	3,196
	MN	0	0	0	0	0	0	0	0
	Total	188,113	84	10,656	45,560	53,510	49,496	25,611	3,196
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,465	1,178	6,442	5,771	2,500	806	652	116
	MN	0	0	0	0	0	0	0	0
	Total	17,465	1,178	6,442	5,771	2,500	806	652	116
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	203,063	1,259	15,370	48,254	55,147	51,906	27,646	3,481
	MN	0	0	0	0	0	0	0	0
	Total	203,063	1,259	15,370	48,254	55,147	51,906	27,646	3,481
13. Total Eligibles Enrolled in Managed Care	CN	66,185	22,059	18,914	2,738	5,167	7,447	5,621	4,239
	MN	0	0	0	0	0	0	0	0
	Total	66,185	22,059	18,914	2,738	5,167	7,447	5,621	4,239
14. Total Number of Screening Blood Lead Tests	CN	49,895	865	25,258	23,772				
	MN	0	0	0	0				
	Total	49,895	865	25,258	23,772				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	685,367	41,657	84,351	119,378	146,519	153,624	106,547	33,291
	MN	0	0	0	0	0	0	0	0
	Total	685,367	41,657	84,351	119,378	146,519	153,624	106,547	33,291
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	633,153	30,073	79,343	112,913	138,930	145,403	99,726	26,765
	MN	0	0	0	0	0	0	0	0
	Total	633,153	30,073	79,343	112,913	138,930	145,403	99,726	26,765
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	89,056	4	2,237	4,221	26,227	31,221	22,392	2,754
	MN	0	0	0	0	0	0	0	0
	Total	89,056	4	2,237	4,221	26,227	31,221	22,392	2,754
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	6,726,032	234,464	848,294	1,225,583	1,520,590	1,593,548	1,070,543	233,010
	MN	0	0	0	0	0	0	0	0
	Total	6,726,032	234,464	848,294	1,225,583	1,520,590	1,593,548	1,070,543	233,010
3b. Average Period of Eligibility	CN	0.89	0.65	0.89	0.90	0.91	0.91	0.89	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.65	0.89	0.90	0.91	0.91	0.89	0.73
4. Expected Number of Screenings per Eligible	CN		3.25	1.78	0.90	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	1.78	0.90	0.46	0.55	0.45	0.37
5. Expected Number of Screenings	CN	539,250	97,737	141,231	101,622	63,908	79,972	44,877	9,903
	MN	0	0	0	0	0	0	0	0
	Total	539,250	97,737	141,231	101,622	63,908	79,972	44,877	9,903
6. Total Screens Received	CN	799,083	184,601	239,281	139,505	80,974	88,788	53,560	12,374
	MN	0	0	0	0	0	0	0	0
	Total	799,083	184,601	239,281	139,505	80,974	88,788	53,560	12,374
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	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	1.00	1.00	1.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	409,698	30,073	79,343	101,622	63,908	79,972	44,877	9,903
	MN	0	0	0	0	0	0	0	0
	Total	409,698	30,073	79,343	101,622	63,908	79,972	44,877	9,903
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	304,131	28,708	64,535	70,107	48,456	53,941	31,679	6,705
	MN	0	0	0	0	0	0	0	0
	Total	304,131	28,708	64,535	70,107	48,456	53,941	31,679	6,705
10. PARTICIPANT RATIO	CN	0.74	0.95	0.81	0.69	0.76	0.67	0.71	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.95	0.81	0.69	0.76	0.67	0.71	0.68
11. Total Eligibles Referred for Corrective Treatment	CN	42,855	5,106	7,133	7,765	6,011	6,456	6,646	3,738
	MN	0	0	0	0	0	0	0	0
	Total	42,855	5,106	7,133	7,765	6,011	6,456	6,646	3,738
12a. Total Eligibles Receiving Any Dental Services	CN	235,028	183	8,846	44,779	70,254	67,012	38,410	5,544
	MN	0	0	0	0	0	0	0	0
	Total	235,028	183	8,846	44,779	70,254	67,012	38,410	5,544
12b. Total Eligibles Receiving Preventive Dental Services	CN	213,659	98	6,597	40,923	66,070	62,620	33,264	4,087
	MN	0	0	0	0	0	0	0	0
	Total	213,659	98	6,597	40,923	66,070	62,620	33,264	4,087
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,775	8	719	13,988	33,218	30,736	21,646	3,460
	MN	0	0	0	0	0	0	0	0
	Total	103,775	8	719	13,988	33,218	30,736	21,646	3,460
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	34,213				18,679	15,534		
	MN	0				0	0		
	Total	34,213				18,679	15,534		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	216,358	133	8,263	42,071	64,949	61,729	34,443	4,770
	MN	0	0	0	0	0	0	0	0
	Total	216,358	133	8,263	42,071	64,949	61,729	34,443	4,770
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,816	77	1,837	2,297	470	69	48	18
	MN	0	0	0	0	0	0	0	0
	Total	4,816	77	1,837	2,297	470	69	48	18
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	237,377	259	10,361	45,479	70,303	67,015	38,411	5,549
	MN	0	0	0	0	0	0	0	0
	Total	237,377	259	10,361	45,479	70,303	67,015	38,411	5,549
13. Total Eligibles Enrolled in Managed Care	CN	464,979	26,959	58,222	82,581	100,766	104,740	71,812	19,899
	MN	0	0	0	0	0	0	0	0
	Total	464,979	26,959	58,222	82,581	100,766	104,740	71,812	19,899
14. Total Number of Screening Blood Lead Tests	CN	74,203	1,045	42,719	30,439				
	MN	0	0	0	0				
	Total	74,203	1,045	42,719	30,439				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	94,826	5,977	12,086	17,189	20,871	20,922	13,751	4,030
	MN	119	7	6	6	18	27	46	9
	Total	94,945	5,984	12,092	17,195	20,889	20,949	13,797	4,039
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	88,493	4,723	11,423	16,268	19,859	19,848	12,932	3,440
	MN	109	5	6	6	18	25	42	7
	Total	88,602	4,728	11,429	16,274	19,877	19,873	12,974	3,447
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	6,289	93	331	546	2,156	2,093	956	114
	MN	0	0	0	0	0	0	0	0
	Total	6,289	93	331	546	2,156	2,093	956	114
2a. State Periodicity Schedule			5	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			5.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	932,838	33,196	122,355	176,149	217,136	217,113	138,922	27,967
	MN	1,134	43	70	61	206	282	406	66
	Total	933,972	33,239	122,425	176,210	217,342	217,395	139,328	28,033
3b. Average Period of Eligibility	CN	0.88	0.59	0.89	0.90	0.91	0.91	0.90	0.68
	MN	0.87	0.72	0.97	0.85	0.95	0.94	0.81	0.79
	Total	0.88	0.59	0.89	0.90	0.91	0.91	0.89	0.68
4. Expected Number of Screenings per Eligible	CN		2.95	2.23	0.90	0.91	0.91	0.90	0.68
	MN		3.60	2.43	0.85	0.95	0.94	0.81	0.79
	Total		2.95	2.23	0.90	0.91	0.91	0.89	0.68
5. Expected Number of Screenings	CN	104,159	13,933	25,473	14,641	18,072	18,062	11,639	2,339
	MN	119	18	15	5	17	24	34	6
	Total	104,278	13,951	25,488	14,646	18,089	18,086	11,673	2,345
6. Total Screens Received	CN	88,465	22,422	28,040	13,909	8,209	10,718	4,803	364
	MN	40	2	5	1	5	6	21	0
	Total	88,505	22,424	28,045	13,910	8,214	10,724	4,824	364
7. SCREENING RATIO	CN	0.85	1.00	1.00	0.95	0.45	0.59	0.41	0.16
	MN	0.34	0.11	0.33	0.20	0.29	0.25	0.62	0.00
	Total	0.85	1.00	1.00	0.95	0.45	0.59	0.41	0.16

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	80,899	4,723	11,423	14,641	18,072	18,062	11,639	2,339
	MN	97	5	6	5	17	24	34	6
	Total	80,996	4,728	11,429	14,646	18,089	18,086	11,673	2,345
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	35,850	4,475	8,126	8,113	5,000	6,696	3,150	290
	MN	23	1	1	1	2	5	13	0
	Total	35,873	4,476	8,127	8,114	5,002	6,701	3,163	290
10. PARTICIPANT RATIO	CN	0.44	0.95	0.71	0.55	0.28	0.37	0.27	0.12
	MN	0.24	0.20	0.17	0.20	0.12	0.21	0.38	0.00
	Total	0.44	0.95	0.71	0.55	0.28	0.37	0.27	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	29,118	3,997	7,130	6,219	4,093	5,019	2,417	243
	MN	25	1	1	1	2	4	15	1
	Total	29,143	3,998	7,131	6,220	4,095	5,023	2,432	244
12a. Total Eligibles Receiving Any Dental Services	CN	44,642	66	2,958	9,378	12,844	11,881	6,419	1,096
	MN	42	0	2	2	7	10	20	1
	Total	44,684	66	2,960	9,380	12,851	11,891	6,439	1,097
12b. Total Eligibles Receiving Preventive Dental Services	CN	39,818	56	2,629	8,636	11,961	10,680	5,160	696
	MN	38	0	2	2	7	9	17	1
	Total	39,856	56	2,631	8,638	11,968	10,689	5,177	697
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,165	12	590	4,047	6,966	6,466	4,276	808
	MN	19	0	0	0	4	4	11	0
	Total	23,184	12	590	4,047	6,970	6,470	4,287	808
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,393				3,715	2,678		
	MN	8				4	4		
	Total	6,401				3,719	2,682		

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Form CMS-416

Fiscal Year: 2013

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	39,175	47	2,695	8,323	11,277	10,257	5,651	925
	MN	35	0	2	2	7	9	14	1
	Total	39,210	47	2,697	8,325	11,284	10,266	5,665	926
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	29	0	8	3	1	5	7	5
	MN	0	0	0	0	0	0	0	0
	Total	29	0	8	3	1	5	7	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	44,649	66	2,964	9,378	12,844	11,882	6,419	1,096
	MN	42	0	2	2	7	10	20	1
	Total	44,691	66	2,966	9,380	12,851	11,892	6,439	1,097
13. Total Eligibles Enrolled in Managed Care	CN	83,721	3,901	11,318	15,738	18,904	18,550	11,891	3,419
	MN	32	1	2	2	6	12	8	1
	Total	83,753	3,902	11,320	15,740	18,910	18,562	11,899	3,420
14. Total Number of Screening Blood Lead Tests	CN	1,375	4	643	728				
	MN	1	0	1	0				
	Total	1,376	4	644	728				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	195,614	12,568	25,146	36,619	43,610	42,458	27,587	7,626
	MN	1,268	8	4	12	16	37	137	1,054
	Total	196,882	12,576	25,150	36,631	43,626	42,495	27,724	8,680
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	185,225	10,211	24,225	35,197	41,943	40,725	26,273	6,651
	MN	1,142	4	4	11	12	25	122	964
	Total	186,367	10,215	24,229	35,208	41,955	40,750	26,395	7,615
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	51,704	599	4,072	6,732	14,117	15,253	9,575	1,356
	MN	4	0	0	0	0	0	0	4
	Total	51,708	599	4,072	6,732	14,117	15,253	9,575	1,360
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	1,955,841	73,950	261,567	381,957	458,840	445,607	280,773	53,147
	MN	5,459	16	22	52	22	90	490	4,767
	Total	1,961,300	73,966	261,589	382,009	458,862	445,697	281,263	57,914
3b. Average Period of Eligibility	CN	0.88	0.60	0.90	0.90	0.91	0.91	0.89	0.67
	MN	0.40	0.33	0.46	0.39	0.15	0.30	0.33	0.41
	Total	0.88	0.60	0.90	0.90	0.91	0.91	0.89	0.63
4. Expected Number of Screenings per Eligible	CN		3.60	2.25	0.90	0.91	0.91	0.89	0.67
	MN		1.98	1.15	0.39	0.15	0.30	0.33	0.41
	Total		3.60	2.25	0.90	0.91	0.91	0.89	0.63
5. Expected Number of Screenings	CN	226,010	36,760	54,506	31,677	38,168	37,060	23,383	4,456
	MN	462	8	5	4	2	8	40	395
	Total	226,472	36,768	54,511	31,681	38,170	37,068	23,423	4,851
6. Total Screens Received	CN	160,863	43,510	50,973	24,255	12,136	18,457	10,593	939
	MN	106	3	4	1	2	3	17	76
	Total	160,969	43,513	50,977	24,256	12,138	18,460	10,610	1,015
7. SCREENING RATIO	CN	0.71	1.00	0.94	0.77	0.32	0.50	0.45	0.21
	MN	0.23	0.38	0.80	0.25	1.00	0.38	0.43	0.19
	Total	0.71	1.00	0.94	0.77	0.32	0.50	0.45	0.21

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	169,180	10,211	24,225	31,677	38,168	37,060	23,383	4,456
	MN	457	4	4	4	2	8	40	395
	Total	169,637	10,215	24,229	31,681	38,170	37,068	23,423	4,851
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	77,961	9,608	17,779	18,330	9,594	14,364	7,587	699
	MN	83	2	2	1	1	3	13	61
	Total	78,044	9,610	17,781	18,331	9,595	14,367	7,600	760
10. PARTICIPANT RATIO	CN	0.46	0.94	0.73	0.58	0.25	0.39	0.32	0.16
	MN	0.18	0.50	0.50	0.25	0.50	0.38	0.33	0.15
	Total	0.46	0.94	0.73	0.58	0.25	0.39	0.32	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	2,956	1,052	559	458	207	359	308	13
	MN	3	0	0	0	0	0	1	2
	Total	2,959	1,052	559	458	207	359	309	15
12a. Total Eligibles Receiving Any Dental Services	CN	97,695	40	5,730	20,453	28,862	26,265	14,074	2,271
	MN	193	0	0	5	3	5	21	159
	Total	97,888	40	5,730	20,458	28,865	26,270	14,095	2,430
12b. Total Eligibles Receiving Preventive Dental Services	CN	91,818	24	5,008	19,573	27,866	24,988	12,575	1,784
	MN	124	0	0	4	2	5	14	99
	Total	91,942	24	5,008	19,577	27,868	24,993	12,589	1,883
12c. Total Eligibles Receiving Dental Treatment Services	CN	41,441	2	491	6,630	13,828	11,710	7,439	1,341
	MN	128	0	0	2	1	1	13	111
	Total	41,569	2	491	6,632	13,829	11,711	7,452	1,452
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,149				9,285	7,864		
	MN	2				1	1		
	Total	17,151				9,286	7,865		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	93,488	39	5,681	19,992	27,407	25,075	13,230	2,064
	MN	159	0	0	3	1	5	18	132
	Total	93,647	39	5,681	19,995	27,408	25,080	13,248	2,196
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,897	67	1,230	895	476	224	4	1
	MN	0	0	0	0	0	0	0	0
	Total	2,897	67	1,230	895	476	224	4	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	99,029	107	6,570	20,740	28,960	26,306	14,075	2,271
	MN	193	0	0	5	3	5	21	159
	Total	99,222	107	6,570	20,745	28,963	26,311	14,096	2,430
13. Total Eligibles Enrolled in Managed Care	CN	181,402	10,020	24,317	34,811	41,042	39,400	25,189	6,623
	MN	1,008	1	1	7	9	15	91	884
	Total	182,410	10,021	24,318	34,818	41,051	39,415	25,280	7,507
14. Total Number of Screening Blood Lead Tests	CN	14,649	85	8,102	6,462				
	MN	1	0	1	0				
	Total	14,650	85	8,103	6,462				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	267,064	19,265	36,885	50,752	57,819	55,601	35,640	11,102
	MN	0	0	0	0	0	0	0	0
	Total	267,064	19,265	36,885	50,752	57,819	55,601	35,640	11,102
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	243,331	15,009	34,341	47,215	53,503	51,327	32,616	9,320
	MN	0	0	0	0	0	0	0	0
	Total	243,331	15,009	34,341	47,215	53,503	51,327	32,616	9,320
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,893	383	1,284	1,627	1,804	1,589	983	223
	MN	0	0	0	0	0	0	0	0
	Total	7,893	383	1,284	1,627	1,804	1,589	983	223
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	2,435,004	107,091	349,789	486,372	550,776	530,660	331,360	78,956
	MN	0	0	0	0	0	0	0	0
	Total	2,435,004	107,091	349,789	486,372	550,776	530,660	331,360	78,956
3b. Average Period of Eligibility	CN	0.83	0.59	0.85	0.86	0.86	0.86	0.85	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.59	0.85	0.86	0.86	0.86	0.85	0.71
4. Expected Number of Screenings per Eligible	CN		2.95	1.70	0.86	0.43	0.52	0.43	0.36
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.95	1.70	0.86	0.43	0.52	0.43	0.36
5. Expected Number of Screenings	CN	210,338	44,277	58,380	40,605	23,006	26,690	14,025	3,355
	MN	0	0	0	0	0	0	0	0
	Total	210,338	44,277	58,380	40,605	23,006	26,690	14,025	3,355
6. Total Screens Received	CN	201,300	55,400	62,647	32,074	20,921	20,528	8,944	786
	MN	0	0	0	0	0	0	0	0
	Total	201,300	55,400	62,647	32,074	20,921	20,528	8,944	786
7. SCREENING RATIO	CN	0.96	1.00	1.00	0.79	0.91	0.77	0.64	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	0.79	0.91	0.77	0.64	0.23

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	157,031	15,009	34,341	40,605	23,006	26,690	14,025	3,355
	MN	0	0	0	0	0	0	0	0
	Total	157,031	15,009	34,341	40,605	23,006	26,690	14,025	3,355
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	103,241	13,058	24,814	23,958	17,186	16,415	7,145	665
	MN	0	0	0	0	0	0	0	0
	Total	103,241	13,058	24,814	23,958	17,186	16,415	7,145	665
10. PARTICIPANT RATIO	CN	0.66	0.87	0.72	0.59	0.75	0.62	0.51	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.87	0.72	0.59	0.75	0.62	0.51	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	71,786	12,919	20,368	15,150	9,624	9,170	4,145	410
	MN	0	0	0	0	0	0	0	0
	Total	71,786	12,919	20,368	15,150	9,624	9,170	4,145	410
12a. Total Eligibles Receiving Any Dental Services	CN	104,574	102	6,205	21,326	30,889	28,625	15,100	2,327
	MN	0	0	0	0	0	0	0	0
	Total	104,574	102	6,205	21,326	30,889	28,625	15,100	2,327
12b. Total Eligibles Receiving Preventive Dental Services	CN	102,687	100	6,187	20,979	30,422	28,117	14,671	2,211
	MN	0	0	0	0	0	0	0	0
	Total	102,687	100	6,187	20,979	30,422	28,117	14,671	2,211
12c. Total Eligibles Receiving Dental Treatment Services	CN	51,125	8	863	8,770	16,364	14,782	8,848	1,490
	MN	0	0	0	0	0	0	0	0
	Total	51,125	8	863	8,770	16,364	14,782	8,848	1,490
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,037				9,815	11,222		
	MN	0				0	0		
	Total	21,037				9,815	11,222		

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Form CMS-416
Fiscal Year: 2013
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	97,121	94	6,052	20,019	28,701	26,479	13,704	2,072
	MN	0	0	0	0	0	0	0	0
	Total	97,121	94	6,052	20,019	28,701	26,479	13,704	2,072
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,988	214	3,198	3,144	1,732	1,250	435	15
	MN	0	0	0	0	0	0	0	0
	Total	9,988	214	3,198	3,144	1,732	1,250	435	15
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	111,046	311	8,834	23,267	31,759	29,229	15,311	2,335
	MN	0	0	0	0	0	0	0	0
	Total	111,046	311	8,834	23,267	31,759	29,229	15,311	2,335
13. Total Eligibles Enrolled in Managed Care	CN	223,408	14,397	31,397	42,909	50,338	47,853	28,713	7,801
	MN	0	0	0	0	0	0	0	0
	Total	223,408	14,397	31,397	42,909	50,338	47,853	28,713	7,801
14. Total Number of Screening Blood Lead Tests	CN	11,824	133	7,111	4,580				
	MN	0	0	0	0				
	Total	11,824	133	7,111	4,580				

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Fiscal Year: 2013

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	108,029	5,478	11,943	17,691	22,757	26,035	19,189	4,936
	MN	1,604	45	132	235	342	415	305	130
	Total	109,633	5,523	12,075	17,926	23,099	26,450	19,494	5,066
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	102,152	3,886	11,484	17,001	21,863	25,088	18,442	4,388
	MN	1,501	34	122	223	328	393	285	116
	Total	103,653	3,920	11,606	17,224	22,191	25,481	18,727	4,504
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	11,767	147	1,265	1,862	2,547	3,388	2,525	33
	MN	0	0	0	0	0	0	0	0
	Total	11,767	147	1,265	1,862	2,547	3,388	2,525	33
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	1,095,317	30,381	124,613	185,434	241,397	278,040	201,293	34,159
	MN	16,199	289	1,290	2,550	3,461	4,563	3,302	744
	Total	1,111,516	30,670	125,903	187,984	244,858	282,603	204,595	34,903
3b. Average Period of Eligibility	CN	0.89	0.65	0.90	0.91	0.92	0.92	0.91	0.65
	MN	0.90	0.71	0.88	0.95	0.88	0.97	0.97	0.53
	Total	0.89	0.65	0.90	0.91	0.92	0.92	0.91	0.65
4. Expected Number of Screenings per Eligible	CN		3.90	1.80	0.91	0.46	0.92	0.91	0.65
	MN		4.26	1.76	0.95	0.44	0.97	0.97	0.53
	Total		3.90	1.80	0.91	0.46	0.92	0.91	0.65
5. Expected Number of Screenings	CN	104,069	15,155	20,671	15,471	10,057	23,081	16,782	2,852
	MN	1,434	145	215	212	144	381	276	61
	Total	105,503	15,300	20,886	15,683	10,201	23,462	17,058	2,913
6. Total Screens Received	CN	85,350	15,927	23,772	11,734	11,951	13,450	7,842	674
	MN	973	142	213	128	161	208	102	19
	Total	86,323	16,069	23,985	11,862	12,112	13,658	7,944	693
7. SCREENING RATIO	CN	0.82	1.00	1.00	0.76	1.00	0.58	0.47	0.24
	MN	0.68	0.98	0.99	0.60	1.00	0.55	0.37	0.31
	Total	0.82	1.00	1.00	0.76	1.00	0.58	0.47	0.24

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Form CMS-416

Fiscal Year: 2013

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	83,613	3,886	11,484	15,471	10,057	23,081	16,782	2,852
	MN	1,230	34	122	212	144	381	276	61
	Total	84,843	3,920	11,606	15,683	10,201	23,462	17,058	2,913
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	56,542	3,669	9,429	10,732	11,547	13,058	7,477	630
	MN	725	33	94	122	156	202	99	19
	Total	57,267	3,702	9,523	10,854	11,703	13,260	7,576	649
10. PARTICIPANT RATIO	CN	0.68	0.94	0.82	0.69	1.00	0.57	0.45	0.22
	MN	0.59	0.97	0.77	0.58	1.00	0.53	0.36	0.31
	Total	0.67	0.94	0.82	0.69	1.00	0.57	0.44	0.22
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	59,459	74	3,617	10,329	15,480	17,205	11,248	1,506
	MN	863	1	47	131	230	256	168	30
	Total	60,322	75	3,664	10,460	15,710	17,461	11,416	1,536
12b. Total Eligibles Receiving Preventive Dental Services	CN	54,987	37	2,839	9,773	14,641	16,157	10,285	1,255
	MN	801	0	39	125	222	231	159	25
	Total	55,788	37	2,878	9,898	14,863	16,388	10,444	1,280
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,104	3	133	2,732	6,629	7,281	5,582	744
	MN	354	0	4	30	102	117	88	13
	Total	23,458	3	137	2,762	6,731	7,398	5,670	757
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,379				4,710	3,669		
	MN	121				72	49		
	Total	8,500				4,782	3,718		

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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	55,741	68	3,506	9,864	14,615	16,079	10,301	1,308
	MN	820	1	47	128	222	241	155	26
	Total	56,561	69	3,553	9,992	14,837	16,320	10,456	1,334
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,421	6	135	198	601	373	97	11
	MN	21	0	1	4	7	7	1	1
	Total	1,442	6	136	202	608	380	98	12
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	59,949	80	3,708	10,383	15,679	17,314	11,274	1,511
	MN	869	1	47	131	233	259	168	30
	Total	60,818	81	3,755	10,514	15,912	17,573	11,442	1,541
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	6,055	59	4,845	1,151				
	MN	63	1	45	17				
	Total	6,118	60	4,890	1,168				

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Fiscal Year: 2013

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	782,311	47,950	94,987	138,093	166,697	173,795	119,308	41,481
	MN	0	0	0	0	0	0	0	0
	Total	782,311	47,950	94,987	138,093	166,697	173,795	119,308	41,481
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	732,301	30,591	90,736	132,622	160,455	166,958	113,742	37,197
	MN	0	0	0	0	0	0	0	0
	Total	732,301	30,591	90,736	132,622	160,455	166,958	113,742	37,197
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	87,915	14	191	1,085	25,285	34,202	26,736	402
	MN	0	0	0	0	0	0	0	0
	Total	87,915	14	191	1,085	25,285	34,202	26,736	402
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	8,128,136	222,054	1,018,448	1,506,058	1,830,025	1,903,388	1,282,329	365,834
	MN	0	0	0	0	0	0	0	0
	Total	8,128,136	222,054	1,018,448	1,506,058	1,830,025	1,903,388	1,282,329	365,834
3b. Average Period of Eligibility	CN	0.92	0.60	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	0.92	0.60	0.94	0.95	0.95	0.95	0.94	0.82
4. Expected Number of Screenings per Eligible	CN		3.60	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		3.60	1.88	0.95	0.95	0.95	0.94	0.82
5. Expected Number of Screenings	CN	855,164	110,128	170,584	125,991	152,432	158,610	106,917	30,502
	MN	0	0	0	0	0	0	0	0
	Total	855,164	110,128	170,584	125,991	152,432	158,610	106,917	30,502
6. Total Screens Received	CN	773,775	134,557	214,348	125,877	107,123	113,108	66,971	11,791
	MN	0	0	0	0	0	0	0	0
	Total	773,775	134,557	214,348	125,877	107,123	113,108	66,971	11,791
7. SCREENING RATIO	CN	0.90	1.00	1.00	1.00	0.70	0.71	0.63	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	1.00	1.00	1.00	0.70	0.71	0.63	0.39

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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	695,779	30,591	90,736	125,991	152,432	158,610	106,917	30,502
	MN	0	0	0	0	0	0	0	0
	Total	695,779	30,591	90,736	125,991	152,432	158,610	106,917	30,502
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	444,285	29,630	78,063	93,461	88,386	92,122	53,407	9,216
	MN	0	0	0	0	0	0	0	0
	Total	444,285	29,630	78,063	93,461	88,386	92,122	53,407	9,216
10. PARTICIPANT RATIO	CN	0.64	0.97	0.86	0.74	0.58	0.58	0.50	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.97	0.86	0.74	0.58	0.58	0.50	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	106,332	175	10,580	28,543	26,358	22,374	14,595	3,707
	MN	0	0	0	0	0	0	0	0
	Total	106,332	175	10,580	28,543	26,358	22,374	14,595	3,707
12a. Total Eligibles Receiving Any Dental Services	CN	353,364	191	18,396	72,533	101,236	94,788	53,876	12,344
	MN	0	0	0	0	0	0	0	0
	Total	353,364	191	18,396	72,533	101,236	94,788	53,876	12,344
12b. Total Eligibles Receiving Preventive Dental Services	CN	329,795	110	17,567	69,828	96,704	89,193	46,943	9,450
	MN	0	0	0	0	0	0	0	0
	Total	329,795	110	17,567	69,828	96,704	89,193	46,943	9,450
12c. Total Eligibles Receiving Dental Treatment Services	CN	177,183	15	3,111	29,400	55,995	49,956	31,124	7,582
	MN	0	0	0	0	0	0	0	0
	Total	177,183	15	3,111	29,400	55,995	49,956	31,124	7,582
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	41,353				23,267	18,086		
	MN	0				0	0		
	Total	41,353				23,267	18,086		

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Fiscal Year: 2013

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	266,110	110	10,171	51,397	81,303	75,069	39,486	8,574
	MN	0	0	0	0	0	0	0	0
	Total	266,110	110	10,171	51,397	81,303	75,069	39,486	8,574
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	353,364	191	18,396	72,533	101,236	94,788	53,876	12,344
	MN	0	0	0	0	0	0	0	0
	Total	353,364	191	18,396	72,533	101,236	94,788	53,876	12,344
13. Total Eligibles Enrolled in Managed Care	CN	729,196	30,313	90,625	132,370	159,979	166,165	112,878	36,866
	MN	0	0	0	0	0	0	0	0
	Total	729,196	30,313	90,625	132,370	159,979	166,165	112,878	36,866
14. Total Number of Screening Blood Lead Tests	CN	94,299	1,959	47,499	44,841				
	MN	0	0	0	0				
	Total	94,299	1,959	47,499	44,841				

Annual EPSDT Participation Report
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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	379,658	19,809	41,634	65,232	83,523	90,821	62,223	16,416
	MN	0	0	0	0	0	0	0	0
	Total	379,658	19,809	41,634	65,232	83,523	90,821	62,223	16,416
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	362,328	16,099	40,051	63,147	81,077	88,050	60,137	13,767
	MN	0	0	0	0	0	0	0	0
	Total	362,328	16,099	40,051	63,147	81,077	88,050	60,137	13,767
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,579	44	235	401	1,871	2,788	2,194	46
	MN	0	0	0	0	0	0	0	0
	Total	7,579	44	235	401	1,871	2,788	2,194	46
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	3,533,207	124,504	434,007	639,556	803,056	883,980	587,522	60,582
	MN	0	0	0	0	0	0	0	0
	Total	3,533,207	124,504	434,007	639,556	803,056	883,980	587,522	60,582
3b. Average Period of Eligibility	CN	0.81	0.64	0.90	0.84	0.83	0.84	0.81	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.64	0.90	0.84	0.83	0.84	0.81	0.37
4. Expected Number of Screenings per Eligible	CN		3.84	1.80	0.84	0.42	0.67	0.81	0.37
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.80	0.84	0.42	0.67	0.81	0.37
5. Expected Number of Screenings	CN	333,806	61,820	72,092	53,043	34,052	58,994	48,711	5,094
	MN	0	0	0	0	0	0	0	0
	Total	333,806	61,820	72,092	53,043	34,052	58,994	48,711	5,094
6. Total Screens Received	CN	273,390	54,619	75,855	42,550	34,280	42,353	21,953	1,780
	MN	0	0	0	0	0	0	0	0
	Total	273,390	54,619	75,855	42,550	34,280	42,353	21,953	1,780
7. SCREENING RATIO	CN	0.82	0.88	1.00	0.80	1.00	0.72	0.45	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.88	1.00	0.80	1.00	0.72	0.45	0.35

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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	256,044	16,099	40,051	53,043	34,052	58,994	48,711	5,094
	MN	0	0	0	0	0	0	0	0
	Total	256,044	16,099	40,051	53,043	34,052	58,994	48,711	5,094
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	159,079	14,255	30,580	34,075	27,732	33,801	17,212	1,424
	MN	0	0	0	0	0	0	0	0
	Total	159,079	14,255	30,580	34,075	27,732	33,801	17,212	1,424
10. PARTICIPANT RATIO	CN	0.62	0.89	0.76	0.64	0.81	0.57	0.35	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.89	0.76	0.64	0.81	0.57	0.35	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	657	342	32	26	27	62	106	62
	MN	0	0	0	0	0	0	0	0
	Total	657	342	32	26	27	62	106	62
12a. Total Eligibles Receiving Any Dental Services	CN	191,291	169	11,211	36,842	53,947	54,327	30,570	4,225
	MN	0	0	0	0	0	0	0	0
	Total	191,291	169	11,211	36,842	53,947	54,327	30,570	4,225
12b. Total Eligibles Receiving Preventive Dental Services	CN	177,987	119	10,309	34,676	51,097	50,897	27,500	3,389
	MN	0	0	0	0	0	0	0	0
	Total	177,987	119	10,309	34,676	51,097	50,897	27,500	3,389
12c. Total Eligibles Receiving Dental Treatment Services	CN	188,402	165	11,009	36,414	53,256	53,505	29,932	4,121
	MN	0	0	0	0	0	0	0	0
	Total	188,402	165	11,009	36,414	53,256	53,505	29,932	4,121
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,125				14,068	11,057		
	MN	0				0	0		
	Total	25,125				14,068	11,057		

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Fiscal Year: 2013

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	179,291	163	10,907	35,330	50,907	50,561	27,756	3,667
	MN	0	0	0	0	0	0	0	0
	Total	179,291	163	10,907	35,330	50,907	50,561	27,756	3,667
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,647	105	1,949	1,439	1,939	1,985	1,099	131
	MN	0	0	0	0	0	0	0	0
	Total	8,647	105	1,949	1,439	1,939	1,985	1,099	131
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	196,111	269	12,689	37,577	54,813	55,286	31,169	4,308
	MN	0	0	0	0	0	0	0	0
	Total	196,111	269	12,689	37,577	54,813	55,286	31,169	4,308
13. Total Eligibles Enrolled in Managed Care	CN	320,054	16,406	35,780	55,508	70,732	76,466	51,876	13,286
	MN	0	0	0	0	0	0	0	0
	Total	320,054	16,406	35,780	55,508	70,732	76,466	51,876	13,286
14. Total Number of Screening Blood Lead Tests	CN	12,006	236	6,550	5,220				
	MN	0	0	0	0				
	Total	12,006	236	6,550	5,220				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	683,618	21,133	98,002	183,908	129,454	124,848	93,272	33,001
	MN	1,676,100	123,537	192,833	201,940	329,230	371,805	284,970	171,785
	Total	2,359,718	144,670	290,835	385,848	458,684	496,653	378,242	204,786
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	662,304	19,144	95,072	177,688	125,782	122,074	91,117	31,427
	MN	1,601,504	114,272	183,480	194,376	317,763	357,938	271,954	161,721
	Total	2,263,808	133,416	278,552	372,064	443,545	480,012	363,071	193,148
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	7,382,375	163,489	1,058,245	1,968,991	1,421,775	1,399,814	1,033,050	337,011
	MN	17,207,738	1,055,581	1,962,172	2,140,832	3,511,966	3,936,022	2,944,883	1,656,282
	Total	24,590,113	1,219,070	3,020,417	4,109,823	4,933,741	5,335,836	3,977,933	1,993,293
3b. Average Period of Eligibility	CN	0.93	0.71	0.93	0.92	0.94	0.96	0.94	0.89
	MN	0.90	0.77	0.89	0.92	0.92	0.92	0.90	0.85
	Total	0.91	0.76	0.90	0.92	0.93	0.93	0.91	0.86
4. Expected Number of Screenings per Eligible	CN		4.26	1.40	0.92	0.47	0.96	0.94	0.89
	MN		4.62	1.34	0.92	0.46	0.92	0.90	0.85
	Total		4.56	1.35	0.92	0.47	0.93	0.91	0.86
5. Expected Number of Screenings	CN	668,056	81,553	133,101	163,473	59,118	117,191	85,650	27,970
	MN	1,810,322	527,937	245,863	178,826	146,171	329,303	244,759	137,463
	Total	2,478,378	609,490	378,964	342,299	205,289	446,494	330,409	165,433
6. Total Screens Received	CN	726,581	67,086	213,442	187,353	99,491	91,673	56,003	11,533
	MN	1,895,960	458,574	467,322	214,222	246,153	267,805	175,380	66,504
	Total	2,622,541	525,660	680,764	401,575	345,644	359,478	231,383	78,037
7. SCREENING RATIO	CN	1.00	0.82	1.00	1.00	1.00	0.78	0.65	0.41
	MN	1.00	0.87	1.00	1.00	1.00	0.81	0.72	0.48
	Total	1.00	0.86	1.00	1.00	1.00	0.81	0.70	0.47

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	567,618	19,144	95,072	163,473	59,118	117,191	85,650	27,970
	MN	1,334,274	114,272	183,480	178,826	146,171	329,303	244,759	137,463
	Total	1,901,892	133,416	278,552	342,299	205,289	446,494	330,409	165,433
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	405,574	15,890	77,491	124,718	71,830	66,487	40,732	8,426
	MN	966,130	103,481	148,839	137,953	187,062	204,284	133,666	50,845
	Total	1,371,704	119,371	226,330	262,671	258,892	270,771	174,398	59,271
10. PARTICIPANT RATIO	CN	0.71	0.83	0.82	0.76	1.00	0.57	0.48	0.30
	MN	0.72	0.91	0.81	0.77	1.00	0.62	0.55	0.37
	Total	0.72	0.89	0.81	0.77	1.00	0.61	0.53	0.36
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	250,401	55	15,485	79,776	59,061	52,953	33,999	9,072
	MN	660,823	353	22,148	89,947	180,461	193,995	121,536	52,383
	Total	911,224	408	37,633	169,723	239,522	246,948	155,535	61,455
12b. Total Eligibles Receiving Preventive Dental Services	CN	239,239	47	15,230	78,110	57,375	49,966	30,352	8,159
	MN	630,671	315	21,831	88,264	176,215	184,790	110,632	48,624
	Total	869,910	362	37,061	166,374	233,590	234,756	140,984	56,783
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,565	6	1,561	22,421	25,451	25,559	19,457	5,110
	MN	326,223	70	2,672	28,417	89,557	103,860	71,142	30,505
	Total	425,788	76	4,233	50,838	115,008	129,419	90,599	35,615
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,209				12,592	10,617		
	MN	82,823				44,332	38,491		
	Total	106,032				56,924	49,108		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	215,812	47	14,236	73,056	51,952	43,535	26,101	6,885
	MN	578,822	294	20,540	82,849	163,930	167,083	99,559	44,567
	Total	794,634	341	34,776	155,905	215,882	210,618	125,660	51,452
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	64,090	100	5,181	19,781	14,778	12,902	8,414	2,934
	MN	137,633	443	8,191	22,828	38,519	36,911	20,767	9,974
	Total	201,723	543	13,372	42,609	53,297	49,813	29,181	12,908
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	257,664	137	16,977	82,037	60,470	53,938	34,616	9,489
	MN	672,899	708	25,293	92,582	182,777	195,414	122,174	53,951
	Total	930,563	845	42,270	174,619	243,247	249,352	156,790	63,440
13. Total Eligibles Enrolled in Managed Care	CN	649,722	18,991	92,851	173,489	123,298	119,991	89,943	31,159
	MN	1,565,308	113,249	178,743	189,480	309,566	348,931	266,266	159,073
	Total	2,215,030	132,240	271,594	362,969	432,864	468,922	356,209	190,232
14. Total Number of Screening Blood Lead Tests	CN	5,547	26	3,011	2,510				
	MN	7,819	247	5,010	2,562				
	Total	13,366	273	8,021	5,072				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,174,133	72,779	150,821	229,267	248,009	247,885	165,727	59,645
	MN	3,096	52	65	130	322	559	603	1,365
	Total	1,177,229	72,831	150,886	229,397	248,331	248,444	166,330	61,010
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,112,449	59,349	147,027	223,803	236,108	236,077	157,122	52,963
	MN	1,615	11	35	80	156	261	263	809
	Total	1,114,064	59,360	147,062	223,883	236,264	236,338	157,385	53,772
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	42,672	297	14,952	25,527	1,876	13	7	0
	MN	0	0	0	0	0	0	0	0
	Total	42,672	297	14,952	25,527	1,876	13	7	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	11,999,524	441,874	1,666,107	2,544,892	2,570,790	2,590,350	1,708,984	476,527
	MN	11,339	58	280	586	1,036	1,714	1,764	5,901
	Total	12,010,863	441,932	1,666,387	2,545,478	2,571,826	2,592,064	1,710,748	482,428
3b. Average Period of Eligibility	CN	0.90	0.62	0.94	0.95	0.91	0.91	0.91	0.75
	MN	0.59	0.44	0.67	0.61	0.55	0.55	0.56	0.61
	Total	0.90	0.62	0.94	0.95	0.91	0.91	0.91	0.75
4. Expected Number of Screenings per Eligible	CN		2.48	1.41	0.95	0.91	0.91	0.91	0.75
	MN		1.76	1.01	0.61	0.55	0.55	0.56	0.61
	Total		2.48	1.41	0.95	0.91	0.91	0.91	0.75
5. Expected Number of Screenings	CN	1,179,498	147,186	207,308	212,613	214,858	214,830	142,981	39,722
	MN	973	19	35	49	86	144	147	493
	Total	1,180,471	147,205	207,343	212,662	214,944	214,974	143,128	40,215
6. Total Screens Received	CN	989,042	261,856	293,950	166,404	99,104	106,212	53,898	7,618
	MN	362	43	40	33	30	71	46	99
	Total	989,404	261,899	293,990	166,437	99,134	106,283	53,944	7,717
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.78	0.46	0.49	0.38	0.19
	MN	0.37	1.00	1.00	0.67	0.35	0.49	0.31	0.20
	Total	0.84	1.00	1.00	0.78	0.46	0.49	0.38	0.19

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,031,380	59,349	147,027	212,613	214,858	214,830	142,981	39,722
	MN	965	11	35	49	86	144	147	493
	Total	1,032,345	59,360	147,062	212,662	214,944	214,974	143,128	40,215
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	589,497	56,728	123,702	154,545	95,220	101,420	50,717	7,165
	MN	278	7	22	29	27	60	40	93
	Total	589,775	56,735	123,724	154,574	95,247	101,480	50,757	7,258
10. PARTICIPANT RATIO	CN	0.57	0.96	0.84	0.73	0.44	0.47	0.35	0.18
	MN	0.29	0.64	0.63	0.59	0.31	0.42	0.27	0.19
	Total	0.57	0.96	0.84	0.73	0.44	0.47	0.35	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	1,841	239	328	452	292	389	134	7
	MN	1	0	0	0	0	1	0	0
	Total	1,842	239	328	452	292	390	134	7
12a. Total Eligibles Receiving Any Dental Services	CN	552,385	511	35,520	122,913	150,816	144,154	80,924	17,547
	MN	604	0	7	24	71	108	100	294
	Total	552,989	511	35,527	122,937	150,887	144,262	81,024	17,841
12b. Total Eligibles Receiving Preventive Dental Services	CN	515,076	324	33,695	118,661	145,090	135,456	69,224	12,626
	MN	441	0	7	21	61	93	72	187
	Total	515,517	324	33,702	118,682	145,151	135,549	69,296	12,813
12c. Total Eligibles Receiving Dental Treatment Services	CN	255,836	37	3,387	43,533	74,295	72,512	50,328	11,744
	MN	380	0	1	8	31	56	68	216
	Total	256,216	37	3,388	43,541	74,326	72,568	50,396	11,960
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	76,629				47,315	29,314		
	MN	57				25	32		
	Total	76,686				47,340	29,346		

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Form CMS-416

Fiscal Year: 2013

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	534,085	505	35,407	121,007	147,097	138,987	75,007	16,075
	MN	548	0	7	24	63	102	90	262
	Total	534,633	505	35,414	121,031	147,160	139,089	75,097	16,337
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	93,705	6,685	71,071	15,824	62	47	15	1
	MN	10	0	8	2	0	0	0	0
	Total	93,715	6,685	71,079	15,826	62	47	15	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	620,901	7,061	89,186	131,171	150,840	144,167	80,929	17,547
	MN	612	0	13	26	71	108	100	294
	Total	621,513	7,061	89,199	131,197	150,911	144,275	81,029	17,841
13. Total Eligibles Enrolled in Managed Care	CN	1,131,007	60,622	148,423	225,377	242,842	241,635	159,263	52,845
	MN	1,678	10	37	86	159	272	271	843
	Total	1,132,685	60,632	148,460	225,463	243,001	241,907	159,534	53,688
14. Total Number of Screening Blood Lead Tests	CN	11,608	43	8,939	2,626				
	MN	1	0	1	0				
	Total	11,609	43	8,940	2,626				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	51,168	3,876	7,766	10,236	10,901	9,568	6,286	2,535
	MN	2,392	18	46	107	402	487	386	946
	Total	53,560	3,894	7,812	10,343	11,303	10,055	6,672	3,481
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	46,122	3,045	7,124	9,390	9,992	8,782	5,738	2,051
	MN	926	7	6	26	82	115	133	557
	Total	47,048	3,052	7,130	9,416	10,074	8,897	5,871	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	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	463,053	22,884	72,691	96,353	103,373	91,387	59,211	17,154
	MN	7,143	45	72	237	768	1,036	1,023	3,962
	Total	470,196	22,929	72,763	96,590	104,141	92,423	60,234	21,116
3b. Average Period of Eligibility	CN	0.84	0.63	0.85	0.86	0.86	0.87	0.86	0.70
	MN	0.64	0.54	1.00	0.76	0.78	0.75	0.64	0.59
	Total	0.83	0.63	0.85	0.85	0.86	0.87	0.85	0.67
4. Expected Number of Screenings per Eligible	CN		4.41	1.70	0.86	0.86	0.87	0.86	0.70
	MN		3.78	2.00	0.76	0.78	0.75	0.64	0.59
	Total		4.41	1.70	0.85	0.86	0.87	0.85	0.67
5. Expected Number of Screenings	CN	56,218	13,428	12,111	8,075	8,593	7,640	4,935	1,436
	MN	622	26	12	20	64	86	85	329
	Total	56,840	13,454	12,123	8,095	8,657	7,726	5,020	1,765
6. Total Screens Received	CN	32,858	10,042	9,597	4,669	2,748	3,537	1,988	277
	MN	121	8	5	6	13	21	18	50
	Total	32,979	10,050	9,602	4,675	2,761	3,558	2,006	327
7. SCREENING RATIO	CN	0.58	0.75	0.79	0.58	0.32	0.46	0.40	0.19
	MN	0.19	0.31	0.42	0.30	0.20	0.24	0.21	0.15
	Total	0.58	0.75	0.79	0.58	0.32	0.46	0.40	0.19

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	40,848	3,045	7,124	8,075	8,593	7,640	4,935	1,436
	MN	597	7	6	20	64	86	85	329
	Total	41,445	3,052	7,130	8,095	8,657	7,726	5,020	1,765
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,620	2,769	4,569	3,944	2,445	2,989	1,668	236
	MN	101	4	5	6	10	18	14	44
	Total	18,721	2,773	4,574	3,950	2,455	3,007	1,682	280
10. PARTICIPANT RATIO	CN	0.46	0.91	0.64	0.49	0.28	0.39	0.34	0.16
	MN	0.17	0.57	0.83	0.30	0.16	0.21	0.16	0.13
	Total	0.45	0.91	0.64	0.49	0.28	0.39	0.34	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	14,206	371	522	3,578	3,885	3,450	2,026	374
	MN	142	0	1	4	14	21	20	82
	Total	14,348	371	523	3,582	3,899	3,471	2,046	456
12a. Total Eligibles Receiving Any Dental Services	CN	14,141	9	611	3,290	4,224	3,478	2,096	433
	MN	169	0	1	6	19	26	22	95
	Total	14,310	9	612	3,296	4,243	3,504	2,118	528
12b. Total Eligibles Receiving Preventive Dental Services	CN	12,563	2	407	2,869	3,946	3,231	1,792	316
	MN	132	0	0	6	18	21	19	68
	Total	12,695	2	407	2,875	3,964	3,252	1,811	384
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,160	1	101	1,134	1,875	1,516	1,252	281
	MN	105	0	1	0	8	15	8	73
	Total	6,265	1	102	1,134	1,883	1,531	1,260	354
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,067				1,182	885		
	MN	10				6	4		
	Total	2,077				1,188	889		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	13,339	9	598	3,129	4,031	3,244	1,943	385
	MN	151	0	1	6	16	21	21	86
	Total	13,490	9	599	3,135	4,047	3,265	1,964	471
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,916	16	462	1,313	1,343	1,108	548	126
	MN	41	0	2	0	5	7	4	23
	Total	4,957	16	464	1,313	1,348	1,115	552	149
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	17,722	25	987	4,128	5,200	4,353	2,499	530
	MN	202	0	2	6	23	32	25	114
	Total	17,924	25	989	4,134	5,223	4,385	2,524	644
13. Total Eligibles Enrolled in Managed Care	CN	42,629	3,033	6,538	8,908	9,333	7,864	4,955	1,998
	MN	1,519	6	24	59	199	274	215	742
	Total	44,148	3,039	6,562	8,967	9,532	8,138	5,170	2,740
14. Total Number of Screening Blood Lead Tests	CN	1,889	6	989	894				
	MN	1	0	1	0				
	Total	1,890	6	990	894				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,449,772	80,198	163,598	242,119	298,514	330,430	235,789	99,124
	MN	0	0	0	0	0	0	0	0
	Total	1,449,772	80,198	163,598	242,119	298,514	330,430	235,789	99,124
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,333,376	58,291	154,019	227,818	281,656	310,451	219,155	81,986
	MN	0	0	0	0	0	0	0	0
	Total	1,333,376	58,291	154,019	227,818	281,656	310,451	219,155	81,986
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	121,129	3,802	13,084	19,676	24,457	30,327	24,983	4,800
	MN	0	0	0	0	0	0	0	0
	Total	121,129	3,802	13,084	19,676	24,457	30,327	24,983	4,800
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	14,672,795	454,813	1,722,359	2,562,513	3,183,598	3,502,690	2,427,088	819,734
	MN	0	0	0	0	0	0	0	0
	Total	14,672,795	454,813	1,722,359	2,562,513	3,183,598	3,502,690	2,427,088	819,734
3b. Average Period of Eligibility	CN	0.92	0.65	0.93	0.94	0.94	0.94	0.92	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.93	0.94	0.94	0.94	0.92	0.83
4. Expected Number of Screenings per Eligible	CN		4.55	2.33	0.94	0.94	0.94	0.92	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.33	0.94	0.94	0.94	0.92	0.83
5. Expected Number of Screenings	CN	1,664,489	265,224	358,864	214,149	264,757	291,824	201,623	68,048
	MN	0	0	0	0	0	0	0	0
	Total	1,664,489	265,224	358,864	214,149	264,757	291,824	201,623	68,048
6. Total Screens Received	CN	546,180	119,084	162,416	87,778	63,025	63,187	42,923	7,767
	MN	0	0	0	0	0	0	0	0
	Total	546,180	119,084	162,416	87,778	63,025	63,187	42,923	7,767
7. SCREENING RATIO	CN	0.33	0.45	0.45	0.41	0.24	0.22	0.21	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.33	0.45	0.45	0.41	0.24	0.22	0.21	0.11

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,252,711	58,291	154,019	214,149	264,757	291,824	201,623	68,048
	MN	0	0	0	0	0	0	0	0
	Total	1,252,711	58,291	154,019	214,149	264,757	291,824	201,623	68,048
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	380,643	42,551	91,212	80,624	59,963	59,629	39,554	7,110
	MN	0	0	0	0	0	0	0	0
	Total	380,643	42,551	91,212	80,624	59,963	59,629	39,554	7,110
10. PARTICIPANT RATIO	CN	0.30	0.73	0.59	0.38	0.23	0.20	0.20	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.30	0.73	0.59	0.38	0.23	0.20	0.20	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	13,538	2,203	2,667	2,636	1,969	2,316	1,647	100
	MN	0	0	0	0	0	0	0	0
	Total	13,538	2,203	2,667	2,636	1,969	2,316	1,647	100
12a. Total Eligibles Receiving Any Dental Services	CN	309,806	84	8,276	59,187	86,436	88,335	54,101	13,387
	MN	0	0	0	0	0	0	0	0
	Total	309,806	84	8,276	59,187	86,436	88,335	54,101	13,387
12b. Total Eligibles Receiving Preventive Dental Services	CN	263,717	36	6,827	52,251	77,697	76,150	41,912	8,844
	MN	0	0	0	0	0	0	0	0
	Total	263,717	36	6,827	52,251	77,697	76,150	41,912	8,844
12c. Total Eligibles Receiving Dental Treatment Services	CN	114,305	14	554	13,103	31,504	34,746	27,017	7,367
	MN	0	0	0	0	0	0	0	0
	Total	114,305	14	554	13,103	31,504	34,746	27,017	7,367
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,389				20,874	16,515		
	MN	0				0	0		
	Total	37,389				20,874	16,515		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	278,064	75	8,085	56,738	77,936	77,328	46,340	11,562
	MN	0	0	0	0	0	0	0	0
	Total	278,064	75	8,085	56,738	77,936	77,328	46,340	11,562
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,625	138	5,321	974	107	70	10	5
	MN	0	0	0	0	0	0	0	0
	Total	6,625	138	5,321	974	107	70	10	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	315,606	221	13,075	59,936	86,500	88,373	54,109	13,392
	MN	0	0	0	0	0	0	0	0
	Total	315,606	221	13,075	59,936	86,500	88,373	54,109	13,392
13. Total Eligibles Enrolled in Managed Care	CN	1,272,687	54,968	148,916	220,804	271,832	295,676	203,974	76,517
	MN	0	0	0	0	0	0	0	0
	Total	1,272,687	54,968	148,916	220,804	271,832	295,676	203,974	76,517
14. Total Number of Screening Blood Lead Tests	CN	101,098	1,134	63,904	36,060				
	MN	0	0	0	0				
	Total	101,098	1,134	63,904	36,060				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	612,081	38,329	77,039	107,936	131,457	137,900	91,534	27,886
	MN	0	0	0	0	0	0	0	0
	Total	612,081	38,329	77,039	107,936	131,457	137,900	91,534	27,886
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	566,691	27,798	72,394	102,172	124,944	130,575	85,802	23,006
	MN	0	0	0	0	0	0	0	0
	Total	566,691	27,798	72,394	102,172	124,944	130,575	85,802	23,006
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	67,590	1,028	4,567	7,015	18,678	21,912	14,232	158
	MN	0	0	0	0	0	0	0	0
	Total	67,590	1,028	4,567	7,015	18,678	21,912	14,232	158
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	5,885,040	214,501	759,723	1,081,717	1,336,592	1,402,408	901,795	188,304
	MN	0	0	0	0	0	0	0	0
	Total	5,885,040	214,501	759,723	1,081,717	1,336,592	1,402,408	901,795	188,304
3b. Average Period of Eligibility	CN	0.87	0.64	0.87	0.88	0.89	0.90	0.88	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.64	0.87	0.88	0.89	0.90	0.88	0.68
4. Expected Number of Screenings per Eligible	CN		3.84	1.31	0.88	0.45	0.54	0.44	0.34
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	1.31	0.88	0.45	0.54	0.44	0.34
5. Expected Number of Screenings	CN	463,802	106,744	94,836	89,911	56,225	70,511	37,753	7,822
	MN	0	0	0	0	0	0	0	0
	Total	463,802	106,744	94,836	89,911	56,225	70,511	37,753	7,822
6. Total Screens Received	CN	346,790	95,268	105,808	51,771	35,480	39,573	17,594	1,296
	MN	0	0	0	0	0	0	0	0
	Total	346,790	95,268	105,808	51,771	35,480	39,573	17,594	1,296
7. SCREENING RATIO	CN	0.75	0.89	1.00	0.58	0.63	0.56	0.47	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	0.89	1.00	0.58	0.63	0.56	0.47	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	362,414	27,798	72,394	89,911	56,225	70,511	37,753	7,822
	MN	0	0	0	0	0	0	0	0
	Total	362,414	27,798	72,394	89,911	56,225	70,511	37,753	7,822
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	203,845	24,705	47,760	45,346	32,857	35,997	15,954	1,226
	MN	0	0	0	0	0	0	0	0
	Total	203,845	24,705	47,760	45,346	32,857	35,997	15,954	1,226
10. PARTICIPANT RATIO	CN	0.56	0.89	0.66	0.50	0.58	0.51	0.42	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.89	0.66	0.50	0.58	0.51	0.42	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	216,018	7,537	14,875	30,369	55,763	60,646	39,471	7,357
	MN	0	0	0	0	0	0	0	0
	Total	216,018	7,537	14,875	30,369	55,763	60,646	39,471	7,357
12a. Total Eligibles Receiving Any Dental Services	CN	273,832	188	12,791	52,252	77,486	79,118	44,923	7,074
	MN	0	0	0	0	0	0	0	0
	Total	273,832	188	12,791	52,252	77,486	79,118	44,923	7,074
12b. Total Eligibles Receiving Preventive Dental Services	CN	250,817	86	9,929	47,898	73,737	74,185	39,481	5,501
	MN	0	0	0	0	0	0	0	0
	Total	250,817	86	9,929	47,898	73,737	74,185	39,481	5,501
12c. Total Eligibles Receiving Dental Treatment Services	CN	139,773	19	1,843	19,035	41,267	44,522	28,643	4,444
	MN	0	0	0	0	0	0	0	0
	Total	139,773	19	1,843	19,035	41,267	44,522	28,643	4,444
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,277				13,344	8,933		
	MN	0				0	0		
	Total	22,277				13,344	8,933		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	258,472	176	12,163	49,852	74,168	74,738	41,086	6,289
	MN	0	0	0	0	0	0	0	0
	Total	258,472	176	12,163	49,852	74,168	74,738	41,086	6,289
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,508	1	1,191	315	0	1	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,508	1	1,191	315	0	1	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	275,340	189	13,982	52,567	77,486	79,119	44,923	7,074
	MN	0	0	0	0	0	0	0	0
	Total	275,340	189	13,982	52,567	77,486	79,119	44,923	7,074
13. Total Eligibles Enrolled in Managed Care	CN	551,462	35,550	72,237	98,818	118,530	122,422	79,921	23,984
	MN	0	0	0	0	0	0	0	0
	Total	551,462	35,550	72,237	98,818	118,530	122,422	79,921	23,984
14. Total Number of Screening Blood Lead Tests	CN	6,465	85	4,273	2,107				
	MN	0	0	0	0				
	Total	6,465	85	4,273	2,107				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	388,230	25,614	50,728	72,316	80,085	80,939	58,442	20,106
	MN	0	0	0	0	0	0	0	0
	Total	388,230	25,614	50,728	72,316	80,085	80,939	58,442	20,106
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	360,685	18,423	48,142	68,682	76,113	76,881	54,895	17,549
	MN	0	0	0	0	0	0	0	0
	Total	360,685	18,423	48,142	68,682	76,113	76,881	54,895	17,549
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	3,921,092	142,947	528,942	762,276	849,789	860,956	605,194	170,988
	MN	0	0	0	0	0	0	0	0
	Total	3,921,092	142,947	528,942	762,276	849,789	860,956	605,194	170,988
3b. Average Period of Eligibility	CN	0.91	0.65	0.92	0.92	0.93	0.93	0.92	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.92	0.92	0.93	0.93	0.92	0.81
4. Expected Number of Screenings per Eligible	CN		3.90	2.30	0.92	0.93	0.93	0.92	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.30	0.92	0.93	0.93	0.92	0.81
5. Expected Number of Screenings	CN	452,766	71,850	110,727	63,187	70,785	71,499	50,503	14,215
	MN	0	0	0	0	0	0	0	0
	Total	452,766	71,850	110,727	63,187	70,785	71,499	50,503	14,215
6. Total Screens Received	CN	234,720	64,715	77,652	36,454	21,682	21,202	11,347	1,668
	MN	0	0	0	0	0	0	0	0
	Total	234,720	64,715	77,652	36,454	21,682	21,202	11,347	1,668
7. SCREENING RATIO	CN	0.52	0.90	0.70	0.58	0.31	0.30	0.22	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.90	0.70	0.58	0.31	0.30	0.22	0.12

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	336,754	18,423	48,142	63,187	70,785	71,499	50,503	14,215
	MN	0	0	0	0	0	0	0	0
	Total	336,754	18,423	48,142	63,187	70,785	71,499	50,503	14,215
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	138,559	17,193	36,349	33,346	20,227	19,625	10,278	1,541
	MN	0	0	0	0	0	0	0	0
	Total	138,559	17,193	36,349	33,346	20,227	19,625	10,278	1,541
10. PARTICIPANT RATIO	CN	0.41	0.93	0.76	0.53	0.29	0.27	0.20	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.93	0.76	0.53	0.29	0.27	0.20	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	152,516	188	10,093	33,042	42,309	38,025	23,810	5,049
	MN	0	0	0	0	0	0	0	0
	Total	152,516	188	10,093	33,042	42,309	38,025	23,810	5,049
12b. Total Eligibles Receiving Preventive Dental Services	CN	135,490	114	8,050	30,370	39,241	34,773	19,639	3,303
	MN	0	0	0	0	0	0	0	0
	Total	135,490	114	8,050	30,370	39,241	34,773	19,639	3,303
12c. Total Eligibles Receiving Dental Treatment Services	CN	65,089	5	769	11,614	21,301	16,549	12,026	2,825
	MN	0	0	0	0	0	0	0	0
	Total	65,089	5	769	11,614	21,301	16,549	12,026	2,825
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,157				10,702	8,455		
	MN	0				0	0		
	Total	19,157				10,702	8,455		

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	139,387	174	9,489	30,890	38,463	34,694	21,284	4,393
	MN	0	0	0	0	0	0	0	0
	Total	139,387	174	9,489	30,890	38,463	34,694	21,284	4,393
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,392	88	2,433	3,453	2,198	1,004	182	34
	MN	0	0	0	0	0	0	0	0
	Total	9,392	88	2,433	3,453	2,198	1,004	182	34
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	157,441	274	12,009	34,552	43,198	38,489	23,859	5,060
	MN	0	0	0	0	0	0	0	0
	Total	157,441	274	12,009	34,552	43,198	38,489	23,859	5,060
13. Total Eligibles Enrolled in Managed Care	CN	359,651	24,210	48,568	68,352	74,606	74,203	52,167	17,545
	MN	0	0	0	0	0	0	0	0
	Total	359,651	24,210	48,568	68,352	74,606	74,203	52,167	17,545
14. Total Number of Screening Blood Lead Tests	CN	8,770	141	5,180	3,449				
	MN	0	0	0	0				
	Total	8,770	141	5,180	3,449				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,229,012	69,460	149,266	211,866	252,380	270,791	197,008	78,241
	MN	34,417	53	136	192	711	1,192	2,516	29,617
	Total	1,263,429	69,513	149,402	212,058	253,091	271,983	199,524	107,858
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,143,857	52,704	141,004	200,793	238,535	255,881	184,449	70,491
	MN	31,392	26	123	170	612	1,034	2,150	27,277
	Total	1,175,249	52,730	141,127	200,963	239,147	256,915	186,599	97,768
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	12,418,689	412,395	1,544,446	2,217,050	2,641,508	2,846,439	2,027,730	729,121
	MN	318,661	170	1,158	1,632	5,737	9,522	20,734	279,708
	Total	12,737,350	412,565	1,545,604	2,218,682	2,647,245	2,855,961	2,048,464	1,008,829
3b. Average Period of Eligibility	CN	0.90	0.65	0.91	0.92	0.92	0.93	0.92	0.86
	MN	0.85	0.54	0.78	0.80	0.78	0.77	0.80	0.85
	Total	0.90	0.65	0.91	0.92	0.92	0.93	0.91	0.86
4. Expected Number of Screenings per Eligible	CN		3.90	1.82	0.92	0.46	0.93	0.92	0.86
	MN		3.24	1.56	0.80	0.39	0.77	0.80	0.85
	Total		3.90	1.82	0.92	0.46	0.93	0.91	0.86
5. Expected Number of Screenings	CN	1,224,913	205,546	256,627	184,730	109,726	237,969	169,693	60,622
	MN	26,352	84	192	136	239	796	1,720	23,185
	Total	1,251,265	205,630	256,819	184,866	109,965	238,765	171,413	83,807
6. Total Screens Received	CN	860,345	168,353	259,064	126,135	106,470	110,753	74,001	15,569
	MN	7,558	167	193	91	198	334	616	5,959
	Total	867,903	168,520	259,257	126,226	106,668	111,087	74,617	21,528
7. SCREENING RATIO	CN	0.70	0.82	1.00	0.68	0.97	0.47	0.44	0.26
	MN	0.29	1.00	1.00	0.67	0.83	0.42	0.36	0.26
	Total	0.69	0.82	1.00	0.68	0.97	0.47	0.44	0.26

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	956,448	52,704	141,004	184,730	109,726	237,969	169,693	60,622
	MN	26,225	26	123	136	239	796	1,720	23,185
	Total	982,673	52,730	141,127	184,866	109,965	238,765	171,413	83,807
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	559,700	47,641	107,583	114,003	102,990	106,415	67,430	13,638
	MN	6,508	22	83	79	194	320	574	5,236
	Total	566,208	47,663	107,666	114,082	103,184	106,735	68,004	18,874
10. PARTICIPANT RATIO	CN	0.59	0.90	0.76	0.62	0.94	0.45	0.40	0.22
	MN	0.25	0.85	0.67	0.58	0.81	0.40	0.33	0.23
	Total	0.58	0.90	0.76	0.62	0.94	0.45	0.40	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	418,503	951	13,076	114,003	102,990	106,415	67,430	13,638
	MN	6,411	0	8	79	194	320	574	5,236
	Total	424,914	951	13,084	114,082	103,184	106,735	68,004	18,874
12a. Total Eligibles Receiving Any Dental Services	CN	490,707	192	21,839	98,979	134,108	132,734	81,773	21,082
	MN	9,099	0	14	63	284	422	701	7,615
	Total	499,806	192	21,853	99,042	134,392	133,156	82,474	28,697
12b. Total Eligibles Receiving Preventive Dental Services	CN	442,411	114	19,379	92,116	125,617	120,951	68,224	16,010
	MN	7,172	0	14	57	262	378	568	5,893
	Total	449,583	114	19,393	92,173	125,879	121,329	68,792	21,903
12c. Total Eligibles Receiving Dental Treatment Services	CN	221,418	29	2,983	30,959	62,402	65,279	46,813	12,953
	MN	5,277	0	0	18	143	192	384	4,540
	Total	226,695	29	2,983	30,977	62,545	65,471	47,197	17,493
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	65,510				35,125	30,385		
	MN	182				80	102		
	Total	65,692				35,205	30,487		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	447,235	153	20,524	93,895	125,013	119,820	70,256	17,574
	MN	7,673	0	11	58	262	376	595	6,371
	Total	454,908	153	20,535	93,953	125,275	120,196	70,851	23,945
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	17,917	644	9,638	4,898	1,173	1,040	508	16
	MN	15	0	6	3	4	1	0	1
	Total	17,932	644	9,644	4,901	1,177	1,041	508	17
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	502,287	832	29,759	101,185	134,384	133,031	82,007	21,089
	MN	9,107	0	20	64	284	423	701	7,615
	Total	511,394	832	29,779	101,249	134,668	133,454	82,708	28,704
13. Total Eligibles Enrolled in Managed Care	CN	1,208,452	66,444	146,053	206,511	245,364	262,593	191,455	90,032
	MN	40,966	121	225	373	1,066	1,691	3,069	34,421
	Total	1,249,418	66,565	146,278	206,884	246,430	264,284	194,524	124,453
14. Total Number of Screening Blood Lead Tests	CN	89,713	4,522	61,308	23,883				
	MN	53	3	40	10				
	Total	89,766	4,525	61,348	23,893				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	115,995	6,235	12,654	18,971	24,265	27,372	20,282	6,216
	MN	123	0	0	0	0	1	31	91
	Total	116,118	6,235	12,654	18,971	24,265	27,373	20,313	6,307
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	108,901	4,356	12,101	18,180	23,261	26,230	19,419	5,354
	MN	111	0	0	0	0	1	26	84
	Total	109,012	4,356	12,101	18,180	23,261	26,231	19,445	5,438
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	13,797	0	0	0	2,847	6,771	4,179	0
	MN	0	0	0	0	0	0	0	0
	Total	13,797	0	0	0	2,847	6,771	4,179	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	1,132,155	32,247	127,439	190,874	247,730	280,774	206,552	46,539
	MN	537	0	0	0	0	5	130	402
	Total	1,132,692	32,247	127,439	190,874	247,730	280,779	206,682	46,941
3b. Average Period of Eligibility	CN	0.87	0.62	0.88	0.87	0.89	0.89	0.89	0.72
	MN	0.40	0.00	0.00	0.00	0.00	0.42	0.42	0.40
	Total	0.87	0.62	0.88	0.87	0.89	0.89	0.89	0.72
4. Expected Number of Screenings per Eligible	CN		3.72	1.76	0.87	0.89	0.89	0.89	0.72
	MN		0.00	0.00	0.00	0.00	0.42	0.42	0.40
	Total		3.72	1.76	0.87	0.89	0.89	0.89	0.72
5. Expected Number of Screenings	CN	118,504	16,204	21,298	15,817	20,702	23,345	17,283	3,855
	MN	45	0	0	0	0	0	11	34
	Total	118,549	16,204	21,298	15,817	20,702	23,345	17,294	3,889
6. Total Screens Received	CN	86,315	16,894	24,461	11,862	11,440	12,401	8,051	1,206
	MN	5	0	0	0	1	0	0	4
	Total	86,320	16,894	24,461	11,862	11,441	12,401	8,051	1,210
7. SCREENING RATIO	CN	0.73	1.00	1.00	0.75	0.55	0.53	0.47	0.31
	MN	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.12
	Total	0.73	1.00	1.00	0.75	0.55	0.53	0.47	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	97,459	4,356	12,101	15,817	20,702	23,345	17,283	3,855
	MN	45	0	0	0	0	0	11	34
	Total	97,504	4,356	12,101	15,817	20,702	23,345	17,294	3,889
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	55,661	3,926	9,793	10,460	10,967	11,860	7,548	1,107
	MN	4	0	0	0	0	0	0	4
	Total	55,665	3,926	9,793	10,460	10,967	11,860	7,548	1,111
10. PARTICIPANT RATIO	CN	0.57	0.90	0.81	0.66	0.53	0.51	0.44	0.29
	MN	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.12
	Total	0.57	0.90	0.81	0.66	0.53	0.51	0.44	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	89,823	4,042	10,711	14,920	18,925	21,306	15,893	4,026
	MN	89	0	0	0	2	1	23	63
	Total	89,912	4,042	10,711	14,920	18,927	21,307	15,916	4,089
12a. Total Eligibles Receiving Any Dental Services	CN	49,273	22	1,839	8,086	13,420	14,818	9,416	1,672
	MN	46	0	0	0	0	1	16	29
	Total	49,319	22	1,839	8,086	13,420	14,819	9,432	1,701
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,066	15	1,320	7,214	12,267	13,170	7,839	1,241
	MN	30	0	0	0	0	1	10	19
	Total	43,096	15	1,320	7,214	12,267	13,171	7,849	1,260
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,449	1	102	1,580	5,083	6,792	5,011	880
	MN	25	0	0	0	0	0	7	18
	Total	19,474	1	102	1,580	5,083	6,792	5,018	898
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,093				2,616	2,477		
	MN	0				0	0		
	Total	5,093				2,616	2,477		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	41,420	22	1,729	7,041	11,364	12,268	7,663	1,333
	MN	42	0	0	0	0	1	13	28
	Total	41,462	22	1,729	7,041	11,364	12,269	7,676	1,361
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	756	115	497	138	1	2	3	0
	MN	0	0	0	0	0	0	0	0
	Total	756	115	497	138	1	2	3	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	49,806	115	2,215	8,150	13,420	14,818	9,416	1,672
	MN	46	0	0	0	0	1	16	29
	Total	49,852	115	2,215	8,150	13,420	14,819	9,432	1,701
13. Total Eligibles Enrolled in Managed Care	CN	105,365	5,920	12,161	17,671	22,021	24,367	17,850	5,375
	MN	115	0	0	0	0	1	29	85
	Total	105,480	5,920	12,161	17,671	22,021	24,368	17,879	5,460
14. Total Number of Screening Blood Lead Tests	CN	11,269	203	5,884	5,182				
	MN	0	0	0	0				
	Total	11,269	203	5,884	5,182				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	695,485	37,834	88,576	121,187	147,828	157,117	108,208	34,735
	MN	0	0	0	0	0	0	0	0
	Total	695,485	37,834	88,576	121,187	147,828	157,117	108,208	34,735
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	658,317	30,592	82,930	116,937	142,724	151,515	104,103	29,516
	MN	0	0	0	0	0	0	0	0
	Total	658,317	30,592	82,930	116,937	142,724	151,515	104,103	29,516
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	67,969	46	3,718	7,523	17,550	22,410	15,766	956
	MN	0	0	0	0	0	0	0	0
	Total	67,969	46	3,718	7,523	17,550	22,410	15,766	956
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	7,141,497	226,084	884,428	1,302,329	1,602,255	1,701,479	1,158,409	266,513
	MN	0	0	0	0	0	0	0	0
	Total	7,141,497	226,084	884,428	1,302,329	1,602,255	1,701,479	1,158,409	266,513
3b. Average Period of Eligibility	CN	0.90	0.62	0.89	0.93	0.94	0.94	0.93	0.75
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.62	0.89	0.93	0.94	0.94	0.93	0.75
4. Expected Number of Screenings per Eligible	CN		3.72	1.34	0.93	0.47	0.56	0.47	0.38
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	1.34	0.93	0.47	0.56	0.47	0.38
5. Expected Number of Screenings	CN	545,751	113,802	111,126	108,751	67,080	84,848	48,928	11,216
	MN	0	0	0	0	0	0	0	0
	Total	545,751	113,802	111,126	108,751	67,080	84,848	48,928	11,216
6. Total Screens Received	CN	438,883	112,745	138,715	62,481	44,230	53,519	25,040	2,153
	MN	0	0	0	0	0	0	0	0
	Total	438,883	112,745	138,715	62,481	44,230	53,519	25,040	2,153
7. SCREENING RATIO	CN	0.80	0.99	1.00	0.57	0.66	0.63	0.51	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.99	1.00	0.57	0.66	0.63	0.51	0.19

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	434,345	30,592	82,930	108,751	67,080	84,848	48,928	11,216
	MN	0	0	0	0	0	0	0	0
	Total	434,345	30,592	82,930	108,751	67,080	84,848	48,928	11,216
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	265,862	28,811	59,902	58,474	42,535	50,583	23,501	2,056
	MN	0	0	0	0	0	0	0	0
	Total	265,862	28,811	59,902	58,474	42,535	50,583	23,501	2,056
10. PARTICIPANT RATIO	CN	0.61	0.94	0.72	0.54	0.63	0.60	0.48	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.94	0.72	0.54	0.63	0.60	0.48	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	45,724	2,485	6,847	9,182	8,544	9,610	6,689	2,367
	MN	0	0	0	0	0	0	0	0
	Total	45,724	2,485	6,847	9,182	8,544	9,610	6,689	2,367
12a. Total Eligibles Receiving Any Dental Services	CN	333,902	187	19,692	66,584	95,504	92,618	50,952	8,365
	MN	0	0	0	0	0	0	0	0
	Total	333,902	187	19,692	66,584	95,504	92,618	50,952	8,365
12b. Total Eligibles Receiving Preventive Dental Services	CN	319,129	104	18,434	64,186	92,565	89,726	47,131	6,983
	MN	0	0	0	0	0	0	0	0
	Total	319,129	104	18,434	64,186	92,565	89,726	47,131	6,983
12c. Total Eligibles Receiving Dental Treatment Services	CN	135,837	7	1,789	22,584	43,750	37,416	25,768	4,523
	MN	0	0	0	0	0	0	0	0
	Total	135,837	7	1,789	22,584	43,750	37,416	25,768	4,523
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	40,456				22,893	17,563		
	MN	0				0	0		
	Total	40,456				22,893	17,563		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	312,309	186	19,353	64,142	88,347	85,110	47,467	7,704
	MN	0	0	0	0	0	0	0	0
	Total	312,309	186	19,353	64,142	88,347	85,110	47,467	7,704
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,035	156	4,141	2,069	511	80	67	11
	MN	0	0	0	0	0	0	0	0
	Total	7,035	156	4,141	2,069	511	80	67	11
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	336,841	342	22,255	66,800	95,505	92,619	50,954	8,366
	MN	0	0	0	0	0	0	0	0
	Total	336,841	342	22,255	66,800	95,505	92,619	50,954	8,366
13. Total Eligibles Enrolled in Managed Care	CN	593,509	27,562	70,423	108,375	131,076	136,422	91,157	28,494
	MN	0	0	0	0	0	0	0	0
	Total	593,509	27,562	70,423	108,375	131,076	136,422	91,157	28,494
14. Total Number of Screening Blood Lead Tests	CN	7,763	87	5,657	2,019				
	MN	0	0	0	0				
	Total	7,763	87	5,657	2,019				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	97,746	6,155	12,448	17,532	21,501	21,448	14,324	4,338
	MN	0	0	0	0	0	0	0	0
	Total	97,746	6,155	12,448	17,532	21,501	21,448	14,324	4,338
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	91,090	4,931	11,700	16,623	20,308	20,329	13,517	3,682
	MN	0	0	0	0	0	0	0	0
	Total	91,090	4,931	11,700	16,623	20,308	20,329	13,517	3,682
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	11,891	122	785	1,259	3,324	3,620	2,350	431
	MN	0	0	0	0	0	0	0	0
	Total	11,891	122	785	1,259	3,324	3,620	2,350	431
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	938,860	36,854	120,756	175,561	216,718	217,270	141,440	30,261
	MN	0	0	0	0	0	0	0	0
	Total	938,860	36,854	120,756	175,561	216,718	217,270	141,440	30,261
3b. Average Period of Eligibility	CN	0.86	0.62	0.86	0.88	0.89	0.89	0.87	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.62	0.86	0.88	0.89	0.89	0.87	0.68
4. Expected Number of Screenings per Eligible	CN		4.34	1.72	0.88	0.89	0.89	0.87	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	1.72	0.88	0.89	0.89	0.87	0.68
5. Expected Number of Screenings	CN	106,584	21,401	20,124	14,628	18,074	18,093	11,760	2,504
	MN	0	0	0	0	0	0	0	0
	Total	106,584	21,401	20,124	14,628	18,074	18,093	11,760	2,504
6. Total Screens Received	CN	71,678	14,655	20,481	11,943	7,845	9,307	6,091	1,356
	MN	0	0	0	0	0	0	0	0
	Total	71,678	14,655	20,481	11,943	7,845	9,307	6,091	1,356
7. SCREENING RATIO	CN	0.67	0.68	1.00	0.82	0.43	0.51	0.52	0.54
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.68	1.00	0.82	0.43	0.51	0.52	0.54

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	81,690	4,931	11,700	14,628	18,074	18,093	11,760	2,504
	MN	0	0	0	0	0	0	0	0
	Total	81,690	4,931	11,700	14,628	18,074	18,093	11,760	2,504
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	44,008	4,378	8,834	9,693	6,865	7,918	5,202	1,118
	MN	0	0	0	0	0	0	0	0
	Total	44,008	4,378	8,834	9,693	6,865	7,918	5,202	1,118
10. PARTICIPANT RATIO	CN	0.54	0.89	0.76	0.66	0.38	0.44	0.44	0.45
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.89	0.76	0.66	0.38	0.44	0.44	0.45
11. Total Eligibles Referred for Corrective Treatment	CN	34,196	4,472	7,778	7,330	4,800	5,369	3,691	756
	MN	0	0	0	0	0	0	0	0
	Total	34,196	4,472	7,778	7,330	4,800	5,369	3,691	756
12a. Total Eligibles Receiving Any Dental Services	CN	39,194	41	2,269	8,183	11,448	10,531	5,681	1,041
	MN	0	0	0	0	0	0	0	0
	Total	39,194	41	2,269	8,183	11,448	10,531	5,681	1,041
12b. Total Eligibles Receiving Preventive Dental Services	CN	35,242	27	1,981	7,551	10,631	9,587	4,723	742
	MN	0	0	0	0	0	0	0	0
	Total	35,242	27	1,981	7,551	10,631	9,587	4,723	742
12c. Total Eligibles Receiving Dental Treatment Services	CN	15,505	2	288	2,676	5,020	4,197	2,764	558
	MN	0	0	0	0	0	0	0	0
	Total	15,505	2	288	2,676	5,020	4,197	2,764	558
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,600				2,754	1,846		
	MN	0				0	0		
	Total	4,600				2,754	1,846		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	32,169	25	1,995	7,086	9,698	8,475	4,190	700
	MN	0	0	0	0	0	0	0	0
	Total	32,169	25	1,995	7,086	9,698	8,475	4,190	700
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	423	4	330	86	3	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	423	4	330	86	3	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	39,516	45	2,531	8,237	11,450	10,531	5,681	1,041
	MN	0	0	0	0	0	0	0	0
	Total	39,516	45	2,531	8,237	11,450	10,531	5,681	1,041
13. Total Eligibles Enrolled in Managed Care	CN	64,084	4,929	8,617	12,614	15,078	14,399	7,663	784
	MN	0	0	0	0	0	0	0	0
	Total	64,084	4,929	8,617	12,614	15,078	14,399	7,663	784
14. Total Number of Screening Blood Lead Tests	CN	2,923	15	1,750	1,158				
	MN	0	0	0	0				
	Total	2,923	15	1,750	1,158				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	804,840	58,530	99,740	143,242	166,526	171,618	117,946	47,238
	MN	81,241	156	1,906	3,654	9,408	13,068	10,918	42,131
	Total	886,081	58,686	101,646	146,896	175,934	184,686	128,864	89,369
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	732,028	42,820	92,793	134,273	155,584	160,112	108,706	37,740
	MN	68,546	107	1,551	3,117	8,101	11,471	9,660	34,539
	Total	800,574	42,927	94,344	137,390	163,685	171,583	118,366	72,279
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	5,740	0	297	775	1,384	1,651	1,402	231
	MN	21,484	5	1,042	1,791	5,005	6,793	5,662	1,186
	Total	27,224	5	1,339	2,566	6,389	8,444	7,064	1,417
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	8,119,530	337,230	1,043,156	1,520,112	1,766,106	1,817,407	1,219,328	416,191
	MN	613,904	736	11,979	28,953	78,481	116,260	98,178	279,317
	Total	8,733,434	337,966	1,055,135	1,549,065	1,844,587	1,933,667	1,317,506	695,508
3b. Average Period of Eligibility	CN	0.92	0.66	0.94	0.94	0.95	0.95	0.93	0.92
	MN	0.75	0.57	0.64	0.77	0.81	0.84	0.85	0.67
	Total	0.91	0.66	0.93	0.94	0.94	0.94	0.93	0.80
4. Expected Number of Screenings per Eligible	CN		4.62	2.35	0.94	0.95	0.95	0.93	0.92
	MN		3.99	1.60	0.77	0.81	0.84	0.85	0.67
	Total		4.62	2.33	0.94	0.94	0.94	0.93	0.80
5. Expected Number of Screenings	CN	977,838	197,828	218,064	126,217	147,805	152,106	101,097	34,721
	MN	52,859	427	2,482	2,400	6,562	9,636	8,211	23,141
	Total	1,030,697	198,255	220,546	128,617	154,367	161,742	109,308	57,862
6. Total Screens Received	CN	801,752	155,999	226,214	132,423	98,827	108,514	61,971	17,804
	MN	33,056	281	3,528	2,795	4,596	6,864	5,074	9,918
	Total	834,808	156,280	229,742	135,218	103,423	115,378	67,045	27,722
7. SCREENING RATIO	CN	0.82	0.79	1.00	1.00	0.67	0.71	0.61	0.51
	MN	0.63	0.66	1.00	1.00	0.70	0.71	0.62	0.43
	Total	0.81	0.79	1.00	1.00	0.67	0.71	0.61	0.48

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Form CMS-416
Fiscal Year: 2013
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	697,559	42,820	92,793	126,217	147,805	152,106	101,097	34,721
	MN	51,608	107	1,551	2,400	6,562	9,636	8,211	23,141
	Total	749,167	42,927	94,344	128,617	154,367	161,742	109,308	57,862
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	415,993	40,482	77,396	92,165	74,070	78,425	42,736	10,719
	MN	22,816	102	1,317	2,085	3,672	5,276	3,646	6,718
	Total	438,809	40,584	78,713	94,250	77,742	83,701	46,382	17,437
10. PARTICIPANT RATIO	CN	0.60	0.95	0.83	0.73	0.50	0.52	0.42	0.31
	MN	0.44	0.95	0.85	0.87	0.56	0.55	0.44	0.29
	Total	0.59	0.95	0.83	0.73	0.50	0.52	0.42	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	344,708	28,617	60,088	58,444	63,736	74,574	46,550	12,699
	MN	25,455	34	1,012	1,352	3,478	5,449	4,351	9,779
	Total	370,163	28,651	61,100	59,796	67,214	80,023	50,901	22,478
12a. Total Eligibles Receiving Any Dental Services	CN	368,408	246	19,326	72,879	102,772	101,787	58,830	12,568
	MN	33,679	0	469	1,868	5,868	7,928	5,790	11,756
	Total	402,087	246	19,795	74,747	108,640	109,715	64,620	24,324
12b. Total Eligibles Receiving Preventive Dental Services	CN	339,568	104	14,946	67,815	98,115	96,767	52,062	9,759
	MN	29,642	0	331	1,737	5,647	7,543	5,214	9,170
	Total	369,210	104	15,277	69,552	103,762	104,310	57,276	18,929
12c. Total Eligibles Receiving Dental Treatment Services	CN	296,436	77	10,400	54,670	83,728	85,437	51,631	10,493
	MN	28,025	0	197	1,303	4,754	6,634	5,044	10,093
	Total	324,461	77	10,597	55,973	88,482	92,071	56,675	20,586
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	48,353				28,244	20,109		
	MN	2,807				1,488	1,319		
	Total	51,160				29,732	21,428		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	352,559	235	19,145	71,119	99,431	96,884	54,491	11,254
	MN	31,448	0	467	1,820	5,675	7,535	5,349	10,602
	Total	384,007	235	19,612	72,939	105,106	104,419	59,840	21,856
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	368,408	246	19,326	72,879	102,772	101,787	58,830	12,568
	MN	33,679	0	469	1,868	5,868	7,928	5,790	11,756
	Total	402,087	246	19,795	74,747	108,640	109,715	64,620	24,324
13. Total Eligibles Enrolled in Managed Care	CN	804,840	58,530	99,740	143,242	166,526	171,618	117,946	47,238
	MN	81,241	156	1,906	3,654	9,408	13,068	10,918	42,131
	Total	886,081	58,686	101,646	146,896	175,934	184,686	128,864	89,369
14. Total Number of Screening Blood Lead Tests	CN	78,899	901	54,231	23,767				
	MN	1,497	2	1,102	393				
	Total	80,396	903	55,333	24,160				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	3,509,736	252,819	468,107	661,965	757,978	749,891	465,136	153,840
	MN	3,396	248	235	339	585	752	759	478
	Total	3,513,132	253,067	468,342	662,304	758,563	750,643	465,895	154,318
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,294,262	184,215	451,632	636,765	725,249	714,354	439,045	143,002
	MN	1,410	58	117	125	188	209	200	513
	Total	3,295,672	184,273	451,749	636,890	725,437	714,563	439,245	143,515
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	33,347,765	1,612,158	4,656,837	6,692,337	7,495,826	7,392,740	4,401,793	1,096,074
	MN	9,525	457	819	870	1,287	1,463	1,378	3,251
	Total	33,357,290	1,612,615	4,657,656	6,693,207	7,497,113	7,394,203	4,403,171	1,099,325
3b. Average Period of Eligibility	CN	0.84	0.73	0.86	0.88	0.86	0.86	0.84	0.64
	MN	0.56	0.66	0.58	0.58	0.57	0.58	0.57	0.53
	Total	0.84	0.73	0.86	0.88	0.86	0.86	0.84	0.64
4. Expected Number of Screenings per Eligible	CN		5.11	2.15	0.88	0.86	0.86	0.84	0.64
	MN		4.62	1.45	0.58	0.57	0.58	0.57	0.53
	Total		5.11	2.15	0.88	0.86	0.86	0.84	0.64
5. Expected Number of Screenings	CN	4,171,078	941,339	971,009	560,353	623,714	614,344	368,798	91,521
	MN	1,125	268	170	73	107	121	114	272
	Total	4,172,203	941,607	971,179	560,426	623,821	614,465	368,912	91,793
6. Total Screens Received	CN	3,160,323	769,750	858,639	503,049	417,302	414,311	185,291	11,981
	MN	543	130	119	57	65	77	44	51
	Total	3,160,866	769,880	858,758	503,106	417,367	414,388	185,335	12,032
7. SCREENING RATIO	CN	0.76	0.82	0.88	0.90	0.67	0.67	0.50	0.13
	MN	0.48	0.49	0.70	0.78	0.61	0.64	0.39	0.19
	Total	0.76	0.82	0.88	0.90	0.67	0.67	0.50	0.13

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	2,894,577	184,215	451,632	560,353	623,714	614,344	368,798	91,521
	MN	862	58	117	73	107	121	114	272
	Total	2,895,439	184,273	451,749	560,426	623,821	614,465	368,912	91,793
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,869,337	175,952	369,057	414,756	371,035	363,857	163,713	10,967
	MN	391	47	80	51	56	69	41	47
	Total	1,869,728	175,999	369,137	414,807	371,091	363,926	163,754	11,014
10. PARTICIPANT RATIO	CN	0.65	0.96	0.82	0.74	0.59	0.59	0.44	0.12
	MN	0.45	0.81	0.68	0.70	0.52	0.57	0.36	0.17
	Total	0.65	0.96	0.82	0.74	0.59	0.59	0.44	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	30,665	4,263	5,926	5,671	5,574	5,796	3,102	333
	MN	6	0	2	2	1	0	1	0
	Total	30,671	4,263	5,928	5,673	5,575	5,796	3,103	333
12a. Total Eligibles Receiving Any Dental Services	CN	2,039,056	42,215	260,718	437,922	511,719	484,678	257,620	44,184
	MN	597	12	50	66	96	94	93	186
	Total	2,039,653	42,227	260,768	437,988	511,815	484,772	257,713	44,370
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,640,760	907	29,655	390,184	494,111	462,683	228,704	34,516
	MN	474	1	6	57	87	87	77	159
	Total	1,641,234	908	29,661	390,241	494,198	462,770	228,781	34,675
12c. Total Eligibles Receiving Dental Treatment Services	CN	949,217	92	17,501	173,860	290,902	274,390	165,653	26,819
	MN	360	0	4	20	58	53	64	161
	Total	949,577	92	17,505	173,880	290,960	274,443	165,717	26,980
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	273,160				142,905	130,255		
	MN	62				30	32		
	Total	273,222				142,935	130,287		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	1,975,750	42,146	259,845	430,723	500,060	466,940	236,963	39,073
	MN	559	12	50	60	89	84	85	179
	Total	1,976,309	42,158	259,895	430,783	500,149	467,024	237,048	39,252
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	132,059	22,319	96,548	13,192	0	0	0	0
	MN	23	5	16	2	0	0	0	0
	Total	132,082	22,324	96,564	13,194	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,088,742	55,742	293,702	441,097	511,719	484,678	257,620	44,184
	MN	607	15	57	66	96	94	93	186
	Total	2,089,349	55,757	293,759	441,163	511,815	484,772	257,713	44,370
13. Total Eligibles Enrolled in Managed Care	CN	3,360,723	222,705	456,854	640,959	732,715	720,848	444,505	142,137
	MN	0	0	0	0	0	0	0	0
	Total	3,360,723	222,705	456,854	640,959	732,715	720,848	444,505	142,137
14. Total Number of Screening Blood Lead Tests	CN	290,058	4,988	199,198	85,872				
	MN	0	0	0	0				
	Total	290,058	4,988	199,198	85,872				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	232,096	19,550	37,175	49,787	48,288	44,002	26,756	6,538
	MN	99	2	5	11	28	21	18	14
	Total	232,195	19,552	37,180	49,798	48,316	44,023	26,774	6,552
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	208,198	16,514	33,962	45,446	43,514	39,740	23,874	5,148
	MN	58	1	4	7	13	11	10	12
	Total	208,256	16,515	33,966	45,453	43,527	39,751	23,884	5,160
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	2,117,219	161,712	345,684	473,882	443,201	414,308	239,342	39,090
	MN	574	12	35	73	124	106	111	113
	Total	2,117,793	161,724	345,719	473,955	443,325	414,414	239,453	39,203
3b. Average Period of Eligibility	CN	0.85	0.82	0.85	0.87	0.85	0.87	0.84	0.63
	MN	0.82	1.00	0.73	0.87	0.79	0.80	0.93	0.78
	Total	0.85	0.82	0.85	0.87	0.85	0.87	0.84	0.63
4. Expected Number of Screenings per Eligible	CN		4.92	1.70	0.87	0.43	0.87	0.84	0.63
	MN		6.00	1.46	0.87	0.40	0.80	0.93	0.78
	Total		4.92	1.70	0.87	0.43	0.87	0.84	0.63
5. Expected Number of Screenings	CN	255,104	81,249	57,735	39,538	18,711	34,574	20,054	3,243
	MN	50	6	6	6	5	9	9	9
	Total	255,154	81,255	57,741	39,544	18,716	34,583	20,063	3,252
6. Total Screens Received	CN	217,196	70,021	72,169	33,371	16,358	16,696	8,172	409
	MN	28	4	3	5	2	2	9	3
	Total	217,224	70,025	72,172	33,376	16,360	16,698	8,181	412
7. SCREENING RATIO	CN	0.85	0.86	1.00	0.84	0.87	0.48	0.41	0.13
	MN	0.56	0.67	0.50	0.83	0.40	0.22	1.00	0.33
	Total	0.85	0.86	1.00	0.84	0.87	0.48	0.41	0.13

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	166,596	16,514	33,962	39,538	18,711	34,574	20,054	3,243
	MN	43	1	4	6	5	9	9	9
	Total	166,639	16,515	33,966	39,544	18,716	34,583	20,063	3,252
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	93,878	14,637	26,005	23,275	12,148	11,787	5,722	304
	MN	16	1	1	3	2	2	6	1
	Total	93,894	14,638	26,006	23,278	12,150	11,789	5,728	305
10. PARTICIPANT RATIO	CN	0.56	0.89	0.77	0.59	0.65	0.34	0.29	0.09
	MN	0.37	1.00	0.25	0.50	0.40	0.22	0.67	0.11
	Total	0.56	0.89	0.77	0.59	0.65	0.34	0.29	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	101,283	102	8,401	26,452	28,042	23,955	12,631	1,700
	MN	37	0	1	4	12	7	8	5
	Total	101,320	102	8,402	26,456	28,054	23,962	12,639	1,705
12b. Total Eligibles Receiving Preventive Dental Services	CN	98,937	94	8,371	26,016	27,482	23,327	12,046	1,601
	MN	35	0	0	4	12	6	8	5
	Total	98,972	94	8,371	26,020	27,494	23,333	12,054	1,606
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,948	15	1,252	10,792	14,896	12,717	8,120	1,156
	MN	22	0	1	2	7	4	6	2
	Total	48,970	15	1,253	10,794	14,903	12,721	8,126	1,158
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,973				7,533	7,440		
	MN	2				1	1		
	Total	14,975				7,534	7,441		

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Fiscal Year: 2013
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	97,587	66	7,988	25,829	27,084	23,076	11,952	1,592
	MN	35	0	0	4	12	6	8	5
	Total	97,622	66	7,988	25,833	27,096	23,082	11,960	1,597
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	602	14	373	214	1	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	602	14	373	214	1	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	101,884	116	8,774	26,666	28,042	23,955	12,631	1,700
	MN	37	0	1	4	12	7	8	5
	Total	101,921	116	8,775	26,670	28,054	23,962	12,639	1,705
13. Total Eligibles Enrolled in Managed Care	CN	205,421	17,374	33,069	44,593	42,949	39,145	23,049	5,242
	MN	74	1	5	9	22	14	13	10
	Total	205,495	17,375	33,074	44,602	42,971	39,159	23,062	5,252
14. Total Number of Screening Blood Lead Tests	CN	12,566	3,088	7,099	2,379				
	MN	0	0	0	0				
	Total	12,566	3,088	7,099	2,379				

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Fiscal Year: 2013

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	60,483	3,366	6,622	10,312	13,322	15,330	9,841	1,690
	MN	1,887	60	44	51	83	155	504	990
	Total	62,370	3,426	6,666	10,363	13,405	15,485	10,345	2,680
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	58,540	2,457	6,509	10,141	13,097	15,075	9,658	1,603
	MN	1,739	33	41	48	78	149	477	913
	Total	60,279	2,490	6,550	10,189	13,175	15,224	10,135	2,516
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	671,633	19,329	75,325	117,627	152,845	176,187	112,494	17,826
	MN	18,244	256	445	555	894	1,676	5,067	9,351
	Total	689,877	19,585	75,770	118,182	153,739	177,863	117,561	27,177
3b. Average Period of Eligibility	CN	0.96	0.66	0.96	0.97	0.97	0.97	0.97	0.93
	MN	0.87	0.65	0.90	0.96	0.96	0.94	0.89	0.85
	Total	0.95	0.66	0.96	0.97	0.97	0.97	0.97	0.90
4. Expected Number of Screenings per Eligible	CN		4.62	2.40	0.97	0.97	0.97	0.97	0.93
	MN		4.55	2.25	0.96	0.96	0.94	0.89	0.85
	Total		4.62	2.40	0.97	0.97	0.97	0.97	0.90
5. Expected Number of Screenings	CN	74,996	11,351	15,622	9,837	12,704	14,623	9,368	1,491
	MN	1,704	150	92	46	75	140	425	776
	Total	76,700	11,501	15,714	9,883	12,779	14,763	9,793	2,267
6. Total Screens Received	CN	43,817	9,385	12,301	6,220	6,051	6,268	3,365	227
	MN	661	204	89	32	39	74	134	89
	Total	44,478	9,589	12,390	6,252	6,090	6,342	3,499	316
7. SCREENING RATIO	CN	0.58	0.83	0.79	0.63	0.48	0.43	0.36	0.15
	MN	0.39	1.00	0.97	0.70	0.52	0.53	0.32	0.11
	Total	0.58	0.83	0.79	0.63	0.48	0.43	0.36	0.14

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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	56,989	2,457	6,509	9,837	12,704	14,623	9,368	1,491
	MN	1,536	33	41	46	75	140	425	776
	Total	58,525	2,490	6,550	9,883	12,779	14,763	9,793	2,267
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,168	2,457	5,315	5,780	5,956	6,177	3,266	217
	MN	419	33	35	30	37	72	127	85
	Total	29,587	2,490	5,350	5,810	5,993	6,249	3,393	302
10. PARTICIPANT RATIO	CN	0.51	1.00	0.82	0.59	0.47	0.42	0.35	0.15
	MN	0.27	1.00	0.85	0.65	0.49	0.51	0.30	0.11
	Total	0.51	1.00	0.82	0.59	0.47	0.42	0.35	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	33,899	12	1,620	6,054	9,439	10,322	5,814	638
	MN	718	0	4	27	60	105	237	285
	Total	34,617	12	1,624	6,081	9,499	10,427	6,051	923
12b. Total Eligibles Receiving Preventive Dental Services	CN	33,348	12	1,617	6,009	9,310	10,159	5,631	610
	MN	700	0	4	27	60	105	228	276
	Total	34,048	12	1,621	6,036	9,370	10,264	5,859	886
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,032	2	253	1,656	3,906	4,071	2,808	336
	MN	400	0	1	10	31	39	137	182
	Total	13,432	2	254	1,666	3,937	4,110	2,945	518
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,258				2,131	2,127		
	MN	46				21	25		
	Total	4,304				2,152	2,152		

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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	30,481	12	1,416	5,523	8,548	9,267	5,151	564
	MN	639	0	2	26	57	96	205	253
	Total	31,120	12	1,418	5,549	8,605	9,363	5,356	817
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,202	84	588	342	134	28	20	6
	MN	10	0	3	4	1	0	1	1
	Total	1,212	84	591	346	135	28	21	7
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	34,402	94	1,994	6,091	9,443	10,325	5,815	640
	MN	721	0	6	28	60	105	237	285
	Total	35,123	94	2,000	6,119	9,503	10,430	6,052	925
13. Total Eligibles Enrolled in Managed Care	CN	49,828	2,468	5,812	8,880	11,161	12,525	7,790	1,192
	MN	1,360	32	38	43	64	130	340	713
	Total	51,188	2,500	5,850	8,923	11,225	12,655	8,130	1,905
14. Total Number of Screening Blood Lead Tests	CN	5,526	33	4,460	1,033				
	MN	37	0	31	6				
	Total	5,563	33	4,491	1,039				

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Fiscal Year: 2013

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	706,192	42,618	87,259	125,895	152,701	157,873	105,151	34,695
	MN	361	73	88	6	24	30	47	93
	Total	706,553	42,691	87,347	125,901	152,725	157,903	105,198	34,788
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	656,892	30,145	82,872	119,603	145,126	149,980	99,520	29,646
	MN	222	37	63	3	11	19	27	62
	Total	657,114	30,182	82,935	119,606	145,137	149,999	99,547	29,708
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	96,628	1	5	29,755	35,346	23,699	3,919	3,903
	MN	0	0	0	0	0	0	0	0
	Total	96,628	1	5	29,755	35,346	23,699	3,919	3,903
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	6,770,579	222,829	852,598	1,260,808	1,526,280	1,605,884	1,052,234	249,946
	MN	1,580	264	460	13	109	135	179	420
	Total	6,772,159	223,093	853,058	1,260,821	1,526,389	1,606,019	1,052,413	250,366
3b. Average Period of Eligibility	CN	0.86	0.62	0.86	0.88	0.88	0.89	0.88	0.70
	MN	0.59	0.59	0.61	0.36	0.83	0.59	0.55	0.56
	Total	0.86	0.62	0.86	0.88	0.88	0.89	0.88	0.70
4. Expected Number of Screenings per Eligible	CN		3.72	1.72	0.88	0.44	0.53	0.44	0.35
	MN		3.54	1.22	0.36	0.42	0.35	0.28	0.28
	Total		3.72	1.72	0.88	0.44	0.53	0.44	0.35
5. Expected Number of Screenings	CN	557,439	112,139	142,540	105,251	63,855	79,489	43,789	10,376
	MN	246	131	77	1	5	7	8	17
	Total	557,685	112,270	142,617	105,252	63,860	79,496	43,797	10,393
6. Total Screens Received	CN	464,163	88,911	149,759	83,477	50,978	57,441	30,733	2,864
	MN	253	100	132	3	2	5	4	7
	Total	464,416	89,011	149,891	83,480	50,980	57,446	30,737	2,871
7. SCREENING RATIO	CN	0.83	0.79	1.00	0.79	0.80	0.72	0.70	0.28
	MN	1.00	0.76	1.00	1.00	0.40	0.71	0.50	0.41
	Total	0.83	0.79	1.00	0.79	0.80	0.72	0.70	0.28

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Fiscal Year: 2013

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	415,777	30,145	82,872	105,251	63,855	79,489	43,789	10,376
	MN	138	37	63	1	5	7	8	17
	Total	415,915	30,182	82,935	105,252	63,860	79,496	43,797	10,393
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	302,171	24,448	66,313	76,511	49,082	54,658	28,452	2,707
	MN	101	31	52	2	2	5	3	6
	Total	302,272	24,479	66,365	76,513	49,084	54,663	28,455	2,713
10. PARTICIPANT RATIO	CN	0.73	0.81	0.80	0.73	0.77	0.69	0.65	0.26
	MN	0.73	0.84	0.83	1.00	0.40	0.71	0.38	0.35
	Total	0.73	0.81	0.80	0.73	0.77	0.69	0.65	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	17,900	6,754	4,395	2,490	1,433	1,556	1,082	190
	MN	3	0	2	0	0	1	0	0
	Total	17,903	6,754	4,397	2,490	1,433	1,557	1,082	190
12a. Total Eligibles Receiving Any Dental Services	CN	323,771	175	18,937	65,111	90,917	90,071	50,993	7,567
	MN	39	0	2	2	2	7	14	12
	Total	323,810	175	18,939	65,113	90,919	90,078	51,007	7,579
12b. Total Eligibles Receiving Preventive Dental Services	CN	302,341	93	17,334	61,801	87,155	84,620	45,322	6,016
	MN	36	0	2	1	2	7	13	11
	Total	302,377	93	17,336	61,802	87,157	84,627	45,335	6,027
12c. Total Eligibles Receiving Dental Treatment Services	CN	171,379	30	3,497	26,136	50,084	52,968	33,639	5,025
	MN	19	0	2	1	0	2	10	4
	Total	171,398	30	3,499	26,137	50,084	52,970	33,649	5,029
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	40,361				23,454	16,907		
	MN	1				0	1		
	Total	40,362				23,454	16,908		

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Fiscal Year: 2013

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	309,176	132	17,163	63,213	88,046	85,688	47,910	7,024
	MN	38	0	2	2	2	7	13	12
	Total	309,214	132	17,165	63,215	88,048	85,695	47,923	7,036
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,472	380	4,405	683	3	1	0	0
	MN	3	1	2	0	0	0	0	0
	Total	5,475	381	4,407	683	3	1	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	328,006	551	22,388	65,518	90,917	90,072	50,993	7,567
	MN	42	1	4	2	2	7	14	12
	Total	328,048	552	22,392	65,520	90,919	90,079	51,007	7,579
13. Total Eligibles Enrolled in Managed Care	CN	596,271	28,529	79,541	112,406	133,587	134,596	86,665	20,947
	MN	1	1	0	0	0	0	0	0
	Total	596,272	28,530	79,541	112,406	133,587	134,596	86,665	20,947
14. Total Number of Screening Blood Lead Tests	CN	50,364	523	28,934	20,907				
	MN	31	6	25	0				
	Total	50,395	529	28,959	20,907				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	834,673	45,625	97,287	146,829	180,724	191,507	133,978	38,723
	MN	524	15	44	67	79	132	141	46
	Total	835,197	45,640	97,331	146,896	180,803	191,639	134,119	38,769
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	789,599	36,933	93,443	140,998	173,829	184,022	127,915	32,459
	MN	376	6	35	49	52	102	107	25
	Total	789,975	36,939	93,478	141,047	173,881	184,124	128,022	32,484
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	8,549,319	286,436	1,033,275	1,565,641	1,938,621	2,050,438	1,400,991	273,917
	MN	2,179	39	164	316	292	611	585	172
	Total	8,551,498	286,475	1,033,439	1,565,957	1,938,913	2,051,049	1,401,576	274,089
3b. Average Period of Eligibility	CN	0.90	0.65	0.92	0.93	0.93	0.93	0.91	0.70
	MN	0.48	0.54	0.39	0.54	0.47	0.50	0.46	0.57
	Total	0.90	0.65	0.92	0.93	0.93	0.93	0.91	0.70
4. Expected Number of Screenings per Eligible	CN		3.25	1.38	0.93	0.47	0.56	0.46	0.35
	MN		2.70	0.59	0.54	0.24	0.30	0.23	0.29
	Total		3.25	1.38	0.93	0.47	0.56	0.46	0.35
5. Expected Number of Screenings	CN	635,065	120,032	128,951	131,128	81,700	103,052	58,841	11,361
	MN	138	16	21	26	12	31	25	7
	Total	635,203	120,048	128,972	131,154	81,712	103,083	58,866	11,368
6. Total Screens Received	CN	549,502	124,093	167,816	86,259	64,461	69,809	33,935	3,129
	MN	79	10	40	8	9	9	2	1
	Total	549,581	124,103	167,856	86,267	64,470	69,818	33,937	3,130
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.66	0.79	0.68	0.58	0.28
	MN	0.57	0.63	1.00	0.31	0.75	0.29	0.08	0.14
	Total	0.87	1.00	1.00	0.66	0.79	0.68	0.58	0.28

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	516,458	36,933	93,443	131,128	81,700	103,052	58,841	11,361
	MN	128	6	21	26	12	31	25	7
	Total	516,586	36,939	93,464	131,154	81,712	103,083	58,866	11,368
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	348,002	33,645	73,430	79,890	61,133	65,732	31,611	2,561
	MN	53	4	20	8	9	9	2	1
	Total	348,055	33,649	73,450	79,898	61,142	65,741	31,613	2,562
10. PARTICIPANT RATIO	CN	0.67	0.91	0.79	0.61	0.75	0.64	0.54	0.23
	MN	0.41	0.67	0.95	0.31	0.75	0.29	0.08	0.14
	Total	0.67	0.91	0.79	0.61	0.75	0.64	0.54	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	2,323	217	443	341	438	565	291	28
	MN	0	0	0	0	0	0	0	0
	Total	2,323	217	443	341	438	565	291	28
12a. Total Eligibles Receiving Any Dental Services	CN	448,727	2,992	46,785	92,269	117,727	113,648	65,745	9,561
	MN	86	1	11	12	16	20	19	7
	Total	448,813	2,993	46,796	92,281	117,743	113,668	65,764	9,568
12b. Total Eligibles Receiving Preventive Dental Services	CN	415,592	1,769	43,219	88,478	112,508	105,741	56,831	7,046
	MN	66	1	9	10	13	16	12	5
	Total	415,658	1,770	43,228	88,488	112,521	105,757	56,843	7,051
12c. Total Eligibles Receiving Dental Treatment Services	CN	268,649	1,422	27,771	64,500	68,447	60,812	39,826	5,871
	MN	51	0	7	9	7	10	12	6
	Total	268,700	1,422	27,778	64,509	68,454	60,822	39,838	5,877
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	64,245				35,860	28,385		
	MN	10				2	8		
	Total	64,255				35,862	28,393		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	421,049	2,423	44,044	87,737	110,410	107,025	60,784	8,626
	MN	67	0	10	10	11	16	15	5
	Total	421,116	2,423	44,054	87,747	110,421	107,041	60,799	8,631
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	154,906	1,858	24,528	37,145	39,626	31,173	17,641	2,935
	MN	20	1	5	3	2	5	2	2
	Total	154,926	1,859	24,533	37,148	39,628	31,178	17,643	2,937
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	458,843	3,173	48,670	94,044	121,240	115,971	66,116	9,629
	MN	89	1	12	13	16	21	19	7
	Total	458,932	3,174	48,682	94,057	121,256	115,992	66,135	9,636
13. Total Eligibles Enrolled in Managed Care	CN	730,368	40,067	89,711	132,346	158,637	164,100	113,271	32,236
	MN	117	4	15	11	24	21	29	13
	Total	730,485	40,071	89,726	132,357	158,661	164,121	113,300	32,249
14. Total Number of Screening Blood Lead Tests	CN	14,502	200	8,906	5,396				
	MN	2	0	2	0				
	Total	14,504	200	8,908	5,396				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	220,070	13,656	26,774	38,186	44,852	49,295	35,542	11,765
	MN	527	0	0	3	1	7	20	496
	Total	220,597	13,656	26,774	38,189	44,853	49,302	35,562	12,261
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	205,061	9,888	25,461	36,495	42,725	46,973	33,584	9,935
	MN	381	0	0	1	0	2	9	369
	Total	205,442	9,888	25,461	36,496	42,725	46,975	33,593	10,304
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	2,175,336	73,094	273,686	395,787	463,858	513,671	365,713	89,527
	MN	3,080	0	2	6	0	10	51	3,011
	Total	2,178,416	73,094	273,688	395,793	463,858	513,681	365,764	92,538
3b. Average Period of Eligibility	CN	0.88	0.62	0.90	0.90	0.90	0.91	0.91	0.75
	MN	0.67	0.00	0.00	0.50	0.00	0.42	0.47	0.68
	Total	0.88	0.62	0.90	0.90	0.90	0.91	0.91	0.75
4. Expected Number of Screenings per Eligible	CN		4.34	1.80	0.90	0.45	0.91	0.91	0.75
	MN		0.00	0.00	0.50	0.00	0.42	0.47	0.68
	Total		4.34	1.80	0.90	0.45	0.91	0.91	0.75
5. Expected Number of Screenings	CN	221,573	42,914	45,830	32,846	19,226	42,745	30,561	7,451
	MN	257	0	0	1	0	1	4	251
	Total	221,830	42,914	45,830	32,847	19,226	42,746	30,565	7,702
6. Total Screens Received	CN	231,475	49,781	50,619	45,649	32,248	34,005	18,515	658
	MN	57	0	0	0	0	0	19	38
	Total	231,532	49,781	50,619	45,649	32,248	34,005	18,534	696
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.80	0.61	0.09
	MN	0.22	0.00	0.00	0.00	0.00	0.00	1.00	0.15
	Total	1.00	1.00	1.00	1.00	1.00	0.80	0.61	0.09

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Form CMS-416

Fiscal Year: 2013

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	168,178	9,888	25,461	32,846	19,226	42,745	30,561	7,451
	MN	257	0	0	1	0	1	4	251
	Total	168,435	9,888	25,461	32,847	19,226	42,746	30,565	7,702
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	90,198	9,685	20,067	21,065	14,275	15,846	8,834	426
	MN	32	0	0	0	0	0	5	27
	Total	90,230	9,685	20,067	21,065	14,275	15,846	8,839	453
10. PARTICIPANT RATIO	CN	0.54	0.98	0.79	0.64	0.74	0.37	0.29	0.06
	MN	0.12	0.00	0.00	0.00	0.00	0.00	1.00	0.11
	Total	0.54	0.98	0.79	0.64	0.74	0.37	0.29	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	23,166	1,824	1,956	5,149	4,842	5,473	3,731	191
	MN	16	0	0	0	0	0	0	16
	Total	23,182	1,824	1,956	5,149	4,842	5,473	3,731	207
12a. Total Eligibles Receiving Any Dental Services	CN	102,126	236	5,520	21,601	27,037	28,418	17,639	1,675
	MN	90	0	0	0	0	2	8	80
	Total	102,216	236	5,520	21,601	27,037	28,420	17,647	1,755
12b. Total Eligibles Receiving Preventive Dental Services	CN	90,041	142	4,343	19,874	24,725	25,176	14,671	1,110
	MN	61	0	0	0	0	2	7	52
	Total	90,102	142	4,343	19,874	24,725	25,178	14,678	1,162
12c. Total Eligibles Receiving Dental Treatment Services	CN	101,096	226	5,432	21,433	26,779	28,094	17,469	1,663
	MN	89	0	0	0	0	2	8	79
	Total	101,185	226	5,432	21,433	26,779	28,096	17,477	1,742
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,334				6,413	6,921		
	MN	0				0	0		
	Total	13,334				6,413	6,921		

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Fiscal Year: 2013

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	95,832	212	5,313	20,716	25,523	26,471	16,141	1,456
	MN	81	0	0	0	0	2	8	71
	Total	95,913	212	5,313	20,716	25,523	26,473	16,149	1,527
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	37	0	3	7	5	12	8	2
	MN	0	0	0	0	0	0	0	0
	Total	37	0	3	7	5	12	8	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	102,163	236	5,523	21,608	27,042	28,430	17,647	1,677
	MN	90	0	0	0	0	2	8	80
	Total	102,253	236	5,523	21,608	27,042	28,432	17,655	1,757
13. Total Eligibles Enrolled in Managed Care	CN	146,881	11,702	18,771	27,784	30,982	33,293	21,569	2,780
	MN	92	0	0	0	0	1	4	87
	Total	146,973	11,702	18,771	27,784	30,982	33,294	21,573	2,867
14. Total Number of Screening Blood Lead Tests	CN	11,928	844	7,833	3,251				
	MN	0	0	0	0				
	Total	11,928	844	7,833	3,251				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2013

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	585,552	34,554	70,532	105,155	125,334	130,769	89,806	29,402
	MN	78	0	3	4	7	14	17	33
	Total	585,630	34,554	70,535	105,159	125,341	130,783	89,823	29,435
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	547,197	25,170	67,443	100,964	119,536	124,518	84,539	25,027
	MN	55	0	1	3	5	11	10	25
	Total	547,252	25,170	67,444	100,967	119,541	124,529	84,549	25,052
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	80,358	1	8	10	25,213	31,246	21,507	2,373
	MN	0	0	0	0	0	0	0	0
	Total	80,358	1	8	10	25,213	31,246	21,507	2,373
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	0	195,250	734,609	0	0	0	909,267	220,639
	MN	369	0	9	19	40	73	62	166
	Total	0	195,250	734,618	0	0	0	909,329	220,805
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.92	0.91	0.91	0.90	0.73
	MN	0.56	0.00	0.75	0.53	0.67	0.55	0.52	0.55
	Total	0.89	0.65	0.91	0.92	0.91	0.91	0.90	0.73
4. Expected Number of Screenings per Eligible	CN		3.25	1.82	0.92	0.46	0.55	0.45	0.37
	MN		0.00	1.50	0.53	0.34	0.33	0.26	0.28
	Total		3.25	1.82	0.92	0.46	0.55	0.45	0.37
5. Expected Number of Screenings	CN	468,211	81,803	122,746	92,887	54,987	68,485	38,043	9,260
	MN	20	0	2	2	2	4	3	7
	Total	468,231	81,803	122,748	92,889	54,989	68,489	38,046	9,267
6. Total Screens Received	CN	454,714	106,196	142,548	69,478	50,212	53,733	28,745	3,802
	MN	5	0	0	1	0	3	1	0
	Total	454,719	106,196	142,548	69,479	50,212	53,736	28,746	3,802
7. SCREENING RATIO	CN	0.97	1.00	1.00	0.75	0.91	0.78	0.76	0.41
	MN	0.25	0.00	0.00	0.50	0.00	0.75	0.33	0.00
	Total	0.97	1.00	1.00	0.75	0.91	0.78	0.76	0.41

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Form CMS-416

Fiscal Year: 2013

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	356,275	25,170	67,443	92,887	54,987	68,485	38,043	9,260
	MN	19	0	1	2	2	4	3	7
	Total	356,294	25,170	67,444	92,889	54,989	68,489	38,046	9,267
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	253,871	23,349	54,402	57,247	44,943	46,221	24,491	3,218
	MN	5	0	0	1	0	3	1	0
	Total	253,876	23,349	54,402	57,248	44,943	46,224	24,492	3,218
10. PARTICIPANT RATIO	CN	0.71	0.93	0.81	0.62	0.82	0.67	0.64	0.35
	MN	0.26	0.00	0.00	0.50	0.00	0.75	0.33	0.00
	Total	0.71	0.93	0.81	0.62	0.82	0.67	0.64	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	7,307	901	2,010	1,456	963	1,189	726	62
	MN	0	0	0	0	0	0	0	0
	Total	7,307	901	2,010	1,456	963	1,189	726	62
12a. Total Eligibles Receiving Any Dental Services	CN	145,930	31	3,947	27,827	46,606	42,388	21,659	3,472
	MN	1	0	0	0	1	0	0	0
	Total	145,931	31	3,947	27,827	46,607	42,388	21,659	3,472
12b. Total Eligibles Receiving Preventive Dental Services	CN	132,181	14	3,266	25,859	43,975	38,935	17,827	2,305
	MN	1	0	0	0	1	0	0	0
	Total	132,182	14	3,266	25,859	43,976	38,935	17,827	2,305
12c. Total Eligibles Receiving Dental Treatment Services	CN	59,105	9	498	8,827	18,876	16,998	11,806	2,091
	MN	1	0	0	0	1	0	0	0
	Total	59,106	9	498	8,827	18,877	16,998	11,806	2,091
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,372				15,240	12,132		
	MN	1				1	0		
	Total	27,373				15,241	12,132		

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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	123,883	23	3,504	24,550	39,001	35,651	18,232	2,922
	MN	0	0	0	0	0	0	0	0
	Total	123,883	23	3,504	24,550	39,001	35,651	18,232	2,922
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	67,364	121	6,569	15,083	19,177	16,521	8,416	1,477
	MN	3	0	0	1	0	2	0	0
	Total	67,367	121	6,569	15,084	19,177	16,523	8,416	1,477
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	199,083	152	10,021	39,149	60,730	55,543	28,733	4,755
	MN	4	0	0	1	1	2	0	0
	Total	199,087	152	10,021	39,150	60,731	55,545	28,733	4,755
13. Total Eligibles Enrolled in Managed Care	CN	514,100	31,108	64,887	95,733	110,453	111,404	74,990	25,525
	MN	28	0	1	1	3	5	8	10
	Total	514,128	31,108	64,888	95,734	110,456	111,409	74,998	25,535
14. Total Number of Screening Blood Lead Tests	CN	53,645	919	33,756	18,970				
	MN	0	0	0	0				
	Total	53,645	919	33,756	18,970				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2013
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	59,992	3,763	7,944	11,328	12,890	12,449	8,656	2,962
	MN	0	0	0	0	0	0	0	0
	Total	59,992	3,763	7,944	11,328	12,890	12,449	8,656	2,962
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	55,075	2,998	7,436	10,534	12,019	11,589	8,027	2,472
	MN	0	0	0	0	0	0	0	0
	Total	55,075	2,998	7,436	10,534	12,019	11,589	8,027	2,472
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	553,167	21,172	75,867	108,486	124,560	120,616	82,299	20,167
	MN	0	0	0	0	0	0	0	0
	Total	553,167	21,172	75,867	108,486	124,560	120,616	82,299	20,167
3b. Average Period of Eligibility	CN	0.84	0.59	0.85	0.86	0.86	0.87	0.85	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.59	0.85	0.86	0.86	0.87	0.85	0.68
4. Expected Number of Screenings per Eligible	CN		4.13	1.70	0.86	0.43	0.87	0.85	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.70	0.86	0.43	0.87	0.85	0.68
5. Expected Number of Screenings	CN	57,836	12,382	12,641	9,059	5,168	10,082	6,823	1,681
	MN	0	0	0	0	0	0	0	0
	Total	57,836	12,382	12,641	9,059	5,168	10,082	6,823	1,681
6. Total Screens Received	CN	36,562	11,296	12,341	5,163	2,314	3,366	1,940	142
	MN	0	0	0	0	0	0	0	0
	Total	36,562	11,296	12,341	5,163	2,314	3,366	1,940	142
7. SCREENING RATIO	CN	0.63	0.91	0.98	0.57	0.45	0.33	0.28	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.91	0.98	0.57	0.45	0.33	0.28	0.08

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Fiscal Year: 2013
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	43,247	2,998	7,436	9,059	5,168	10,082	6,823	1,681
	MN	0	0	0	0	0	0	0	0
	Total	43,247	2,998	7,436	9,059	5,168	10,082	6,823	1,681
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	19,519	2,763	5,199	4,509	2,154	3,026	1,732	136
	MN	0	0	0	0	0	0	0	0
	Total	19,519	2,763	5,199	4,509	2,154	3,026	1,732	136
10. PARTICIPANT RATIO	CN	0.45	0.92	0.70	0.50	0.42	0.30	0.25	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.92	0.70	0.50	0.42	0.30	0.25	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	332	73	81	66	26	57	28	1
	MN	0	0	0	0	0	0	0	0
	Total	332	73	81	66	26	57	28	1
12a. Total Eligibles Receiving Any Dental Services	CN	23,541	22	1,126	5,009	6,740	6,225	3,747	672
	MN	0	0	0	0	0	0	0	0
	Total	23,541	22	1,126	5,009	6,740	6,225	3,747	672
12b. Total Eligibles Receiving Preventive Dental Services	CN	21,296	11	907	4,575	6,320	5,788	3,198	497
	MN	0	0	0	0	0	0	0	0
	Total	21,296	11	907	4,575	6,320	5,788	3,198	497
12c. Total Eligibles Receiving Dental Treatment Services	CN	11,789	2	170	2,090	3,679	3,087	2,328	433
	MN	0	0	0	0	0	0	0	0
	Total	11,789	2	170	2,090	3,679	3,087	2,328	433
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,415				1,921	1,494		
	MN	0				0	0		
	Total	3,415				1,921	1,494		

Annual EPSDT Participation Report

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Fiscal Year: 2013

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	21,766	22	1,111	4,754	6,236	5,717	3,345	581
	MN	0	0	0	0	0	0	0	0
	Total	21,766	22	1,111	4,754	6,236	5,717	3,345	581
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,132	34	632	453	444	394	148	27
	MN	0	0	0	0	0	0	0	0
	Total	2,132	34	632	453	444	394	148	27
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	25,220	56	1,647	5,334	7,084	6,544	3,860	695
	MN	0	0	0	0	0	0	0	0
	Total	25,220	56	1,647	5,334	7,084	6,544	3,860	695
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	1,929	18	900	1,011				
	MN	0	0	0	0				
	Total	1,929	18	900	1,011				