

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	720,568	46,191	90,817	114,316	150,809	167,653	119,686	31,096
	MN	0	0	0	0	0	0	0	0
	Total	720,568	46,191	90,817	114,316	150,809	167,653	119,686	31,096
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	667,626	42,179	83,516	106,276	140,615	157,067	112,061	25,912
	MN	0	0	0	0	0	0	0	0
	Total	667,626	42,179	83,516	106,276	140,615	157,067	112,061	25,912
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	6,874,067	369,934	834,403	1,103,954	1,487,726	1,678,950	1,193,377	205,723
	MN	0	0	0	0	0	0	0	0
	Total	6,874,067	369,934	834,403	1,103,954	1,487,726	1,678,950	1,193,377	205,723
3b. Average Period of Eligibility	CN	0.86	0.73	0.83	0.87	0.88	0.89	0.89	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.73	0.83	0.87	0.88	0.89	0.89	0.66
4. Expected Number of Screenings per Eligible	CN		3.65	1.66	0.87	0.88	0.89	0.89	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.65	1.66	0.87	0.88	0.89	0.89	0.66
5. Expected Number of Screenings	CN	765,417	153,953	138,637	92,460	123,741	139,790	99,734	17,102
	MN	0	0	0	0	0	0	0	0
	Total	765,417	153,953	138,637	92,460	123,741	139,790	99,734	17,102
6. Total Screens Received	CN	481,896	96,879	145,358	62,442	60,379	73,462	40,658	2,718
	MN	0	0	0	0	0	0	0	0
	Total	481,896	96,879	145,358	62,442	60,379	73,462	40,658	2,718
7. SCREENING RATIO	CN	0.63	0.63	1.00	0.68	0.49	0.53	0.41	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.63	1.00	0.68	0.49	0.53	0.41	0.16

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	598,522	42,179	83,516	92,460	123,741	139,790	99,734	17,102
	MN	0	0	0	0	0	0	0	0
	Total	598,522	42,179	83,516	92,460	123,741	139,790	99,734	17,102
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	328,873	32,259	64,372	59,989	58,850	71,158	39,563	2,682
	MN	0	0	0	0	0	0	0	0
	Total	328,873	32,259	64,372	59,989	58,850	71,158	39,563	2,682
10. PARTICIPANT RATIO	CN	0.55	0.76	0.77	0.65	0.48	0.51	0.40	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.76	0.77	0.65	0.48	0.51	0.40	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	128,166	12,536	25,232	20,815	23,067	28,155	17,091	1,270
	MN	0	0	0	0	0	0	0	0
	Total	128,166	12,536	25,232	20,815	23,067	28,155	17,091	1,270
12a. Total Eligibles Receiving Any Dental Services	CN	323,467	184	18,333	59,059	88,211	92,929	57,253	7,498
	MN	0	0	0	0	0	0	0	0
	Total	323,467	184	18,333	59,059	88,211	92,929	57,253	7,498
12b. Total Eligibles Receiving Preventive Dental Services	CN	305,698	55	16,360	56,273	84,651	89,496	52,488	6,375
	MN	0	0	0	0	0	0	0	0
	Total	305,698	55	16,360	56,273	84,651	89,496	52,488	6,375
12c. Total Eligibles Receiving Dental Treatment Services	CN	114,373	3	1,398	18,790	37,164	30,440	23,661	2,917
	MN	0	0	0	0	0	0	0	0
	Total	114,373	3	1,398	18,790	37,164	30,440	23,661	2,917
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,917				17,274	9,643		
	MN	0				0	0		
	Total	26,917				17,274	9,643		

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	315,689	178	18,124	58,015	86,037	90,978	55,256	7,101
	MN	0	0	0	0	0	0	0	0
	Total	315,689	178	18,124	58,015	86,037	90,978	55,256	7,101
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,174	1,060	6,805	309	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	8,174	1,060	6,805	309	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	330,471	1,233	24,083	59,264	88,211	92,929	57,253	7,498
	MN	0	0	0	0	0	0	0	0
	Total	330,471	1,233	24,083	59,264	88,211	92,929	57,253	7,498
13. Total Eligibles Enrolled in Managed Care	CN	630,349	29,138	78,839	103,041	136,476	151,703	106,771	24,381
	MN	0	0	0	0	0	0	0	0
	Total	630,349	29,138	78,839	103,041	136,476	151,703	106,771	24,381
14a. Total Number of Screening Blood Lead Tests	CN	46,246	1,613	33,970	10,663				
	MN	0	0	0	0				
	Total	46,246	1,613	33,970	10,663				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

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Fiscal Year: 2017

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	106,483	5,890	12,942	16,999	21,858	23,994	17,396	7,404
	MN	0	0	0	0	0	0	0	0
	Total	106,483	5,890	12,942	16,999	21,858	23,994	17,396	7,404
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	102,204	4,696	12,421	16,532	21,345	23,386	16,871	6,953
	MN	0	0	0	0	0	0	0	0
	Total	102,204	4,696	12,421	16,532	21,345	23,386	16,871	6,953
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	13,225	55	753	1,529	3,472	4,048	2,842	526
	MN	0	0	0	0	0	0	0	0
	Total	13,225	55	753	1,529	3,472	4,048	2,842	526
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	1,129,659	34,399	137,351	186,709	242,822	266,329	189,606	72,443
	MN	0	0	0	0	0	0	0	0
	Total	1,129,659	34,399	137,351	186,709	242,822	266,329	189,606	72,443
3b. Average Period of Eligibility	CN	0.92	0.61	0.92	0.94	0.95	0.95	0.94	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.61	0.92	0.94	0.95	0.95	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		3.66	2.30	0.94	0.95	0.95	0.94	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	2.30	0.94	0.95	0.95	0.94	0.87
5. Expected Number of Screenings	CN	125,698	17,187	28,568	15,540	20,278	22,217	15,859	6,049
	MN	0	0	0	0	0	0	0	0
	Total	125,698	17,187	28,568	15,540	20,278	22,217	15,859	6,049
6. Total Screens Received	CN	64,245	17,924	17,233	9,249	5,865	8,218	5,262	494
	MN	0	0	0	0	0	0	0	0
	Total	64,245	17,924	17,233	9,249	5,865	8,218	5,262	494
7. SCREENING RATIO	CN	0.51	1.00	0.60	0.60	0.29	0.37	0.33	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	1.00	0.60	0.60	0.29	0.37	0.33	0.08

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	97,060	4,696	12,421	15,540	20,278	22,217	15,859	6,049
	MN	0	0	0	0	0	0	0	0
	Total	97,060	4,696	12,421	15,540	20,278	22,217	15,859	6,049
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	37,837	4,287	8,010	7,874	5,357	7,238	4,618	453
	MN	0	0	0	0	0	0	0	0
	Total	37,837	4,287	8,010	7,874	5,357	7,238	4,618	453
10. PARTICIPANT RATIO	CN	0.39	0.91	0.64	0.51	0.26	0.33	0.29	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.39	0.91	0.64	0.51	0.26	0.33	0.29	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	23,717	4,011	5,721	4,243	2,787	3,820	2,795	340
	MN	0	0	0	0	0	0	0	0
	Total	23,717	4,011	5,721	4,243	2,787	3,820	2,795	340
12a. Total Eligibles Receiving Any Dental Services	CN	50,078	232	3,509	8,962	12,897	13,540	8,667	2,271
	MN	0	0	0	0	0	0	0	0
	Total	50,078	232	3,509	8,962	12,897	13,540	8,667	2,271
12b. Total Eligibles Receiving Preventive Dental Services	CN	45,311	96	2,984	8,321	12,123	12,596	7,505	1,686
	MN	0	0	0	0	0	0	0	0
	Total	45,311	96	2,984	8,321	12,123	12,596	7,505	1,686
12c. Total Eligibles Receiving Dental Treatment Services	CN	25,772	93	498	3,697	6,970	7,365	5,532	1,617
	MN	0	0	0	0	0	0	0	0
	Total	25,772	93	498	3,697	6,970	7,365	5,532	1,617
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,366				4,654	4,712		
	MN	0				0	0		
	Total	9,366				4,654	4,712		

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Fiscal Year: 2017

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	45,884	184	3,084	8,455	11,990	12,358	7,782	2,031
	MN	0	0	0	0	0	0	0	0
	Total	45,884	184	3,084	8,455	11,990	12,358	7,782	2,031
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,276	48	612	435	113	40	24	4
	MN	0	0	0	0	0	0	0	0
	Total	1,276	48	612	435	113	40	24	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	50,078	232	3,509	8,962	12,897	13,540	8,667	2,271
	MN	0	0	0	0	0	0	0	0
	Total	50,078	232	3,509	8,962	12,897	13,540	8,667	2,271
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
14a. Total Number of Screening Blood Lead Tests	CN	1,397	7	741	649				
	MN	0	0	0	0				
	Total	1,397	7	741	649				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	998,104	52,039	112,325	152,279	200,729	240,354	164,770	75,608
	MN	0	0	0	0	0	0	0	0
	Total	998,104	52,039	112,325	152,279	200,729	240,354	164,770	75,608
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	949,757	38,301	107,619	146,752	193,902	232,550	158,943	71,690
	MN	0	0	0	0	0	0	0	0
	Total	949,757	38,301	107,619	146,752	193,902	232,550	158,943	71,690
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	10,301,523	287,875	1,172,477	1,610,919	2,142,271	2,585,292	1,753,612	749,077
	MN	0	0	0	0	0	0	0	0
	Total	10,301,523	287,875	1,172,477	1,610,919	2,142,271	2,585,292	1,753,612	749,077
3b. Average Period of Eligibility	CN	0.90	0.63	0.91	0.91	0.92	0.93	0.92	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.63	0.91	0.91	0.92	0.93	0.92	0.87
4. Expected Number of Screenings per Eligible	CN		4.41	1.82	0.91	0.92	0.93	0.92	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	1.82	0.91	0.92	0.93	0.92	0.87
5. Expected Number of Screenings	CN	1,101,578	168,907	195,867	133,544	178,390	216,272	146,228	62,370
	MN	0	0	0	0	0	0	0	0
	Total	1,101,578	168,907	195,867	133,544	178,390	216,272	146,228	62,370
6. Total Screens Received	CN	716,429	167,379	185,794	89,000	87,019	114,833	61,517	10,887
	MN	0	0	0	0	0	0	0	0
	Total	716,429	167,379	185,794	89,000	87,019	114,833	61,517	10,887
7. SCREENING RATIO	CN	0.65	0.99	0.95	0.67	0.49	0.53	0.42	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.99	0.95	0.67	0.49	0.53	0.42	0.17

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	882,724	38,301	107,619	133,544	178,390	216,272	146,228	62,370
	MN	0	0	0	0	0	0	0	0
	Total	882,724	38,301	107,619	133,544	178,390	216,272	146,228	62,370
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	445,081	36,262	78,646	80,264	80,445	104,305	55,157	10,002
	MN	0	0	0	0	0	0	0	0
	Total	445,081	36,262	78,646	80,264	80,445	104,305	55,157	10,002
10. PARTICIPANT RATIO	CN	0.50	0.95	0.73	0.60	0.45	0.48	0.38	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.95	0.73	0.60	0.45	0.48	0.38	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	209,026	32,987	50,525	30,050	29,718	37,571	22,998	5,177
	MN	0	0	0	0	0	0	0	0
	Total	209,026	32,987	50,525	30,050	29,718	37,571	22,998	5,177
12a. Total Eligibles Receiving Any Dental Services	CN	469,794	1,706	36,688	81,740	122,434	134,820	73,966	18,440
	MN	0	0	0	0	0	0	0	0
	Total	469,794	1,706	36,688	81,740	122,434	134,820	73,966	18,440
12b. Total Eligibles Receiving Preventive Dental Services	CN	441,347	1,231	32,610	76,702	117,929	129,833	67,864	15,178
	MN	0	0	0	0	0	0	0	0
	Total	441,347	1,231	32,610	76,702	117,929	129,833	67,864	15,178
12c. Total Eligibles Receiving Dental Treatment Services	CN	187,515	84	2,196	27,350	58,441	55,384	34,550	9,510
	MN	0	0	0	0	0	0	0	0
	Total	187,515	84	2,196	27,350	58,441	55,384	34,550	9,510
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	62,391				33,970	28,421		
	MN	0				0	0		
	Total	62,391				33,970	28,421		

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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	449,825	1,029	32,601	77,865	118,329	130,992	71,384	17,625
	MN	0	0	0	0	0	0	0	0
	Total	449,825	1,029	32,601	77,865	118,329	130,992	71,384	17,625
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	154	5	34	77	22	7	7	2
	MN	0	0	0	0	0	0	0	0
	Total	154	5	34	77	22	7	7	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	469,866	1,709	36,702	81,777	122,445	134,821	73,971	18,441
	MN	0	0	0	0	0	0	0	0
	Total	469,866	1,709	36,702	81,777	122,445	134,821	73,971	18,441
13. Total Eligibles Enrolled in Managed Care	CN	891,294	35,734	101,273	138,430	182,644	218,838	149,401	64,974
	MN	0	0	0	0	0	0	0	0
	Total	891,294	35,734	101,273	138,430	182,644	218,838	149,401	64,974
14a. Total Number of Screening Blood Lead Tests	CN	42,772	560	25,882	16,330				
	MN	0	0	0	0				
	Total	42,772	560	25,882	16,330				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	496,321	26,556	56,268	77,836	103,111	116,276	80,855	35,419
	MN	32	1	0	0	6	8	13	4
	Total	496,353	26,557	56,268	77,836	103,117	116,284	80,868	35,423
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	470,189	19,212	54,223	74,783	99,382	112,033	77,584	32,972
	MN	29	0	0	0	6	8	12	3
	Total	470,218	19,212	54,223	74,783	99,388	112,041	77,596	32,975
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	40,265	1	25	9	12,327	17,053	10,294	556
	MN	0	0	0	0	0	0	0	0
	Total	40,265	1	25	9	12,327	17,053	10,294	556
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	4,993,515	151,948	594,379	808,081	1,073,757	1,211,044	828,971	325,335
	MN	258	0	0	0	53	78	105	22
	Total	4,993,773	151,948	594,379	808,081	1,073,810	1,211,122	829,076	325,357
3b. Average Period of Eligibility	CN	0.89	0.66	0.91	0.90	0.90	0.90	0.89	0.82
	MN	0.74	0.00	0.00	0.00	0.74	0.81	0.73	0.61
	Total	0.89	0.66	0.91	0.90	0.90	0.90	0.89	0.82
4. Expected Number of Screenings per Eligible	CN		3.30	1.82	0.90	0.45	0.90	0.89	0.82
	MN		0.00	0.00	0.00	0.37	0.81	0.73	0.61
	Total		3.30	1.82	0.90	0.45	0.90	0.89	0.82
5. Expected Number of Screenings	CN	471,030	63,400	98,686	67,305	44,722	100,830	69,050	27,037
	MN	19	0	0	0	2	6	9	2
	Total	471,049	63,400	98,686	67,305	44,724	100,836	69,059	27,039
6. Total Screens Received	CN	340,119	78,001	99,002	48,935	35,625	48,907	28,121	1,528
	MN	10	0	0	0	2	2	6	0
	Total	340,129	78,001	99,002	48,935	35,627	48,909	28,127	1,528
7. SCREENING RATIO	CN	0.72	1.00	1.00	0.73	0.80	0.49	0.41	0.06
	MN	0.53	0.00	0.00	0.00	1.00	0.33	0.67	0.00
	Total	0.72	1.00	1.00	0.73	0.80	0.49	0.41	0.06

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	382,379	19,212	54,223	67,305	44,722	100,830	69,050	27,037
	MN	19	0	0	0	2	6	9	2
	Total	382,398	19,212	54,223	67,305	44,724	100,836	69,059	27,039
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	190,186	18,043	38,404	40,107	29,036	40,511	22,884	1,201
	MN	8	0	0	0	2	2	4	0
	Total	190,194	18,043	38,404	40,107	29,038	40,513	22,888	1,201
10. PARTICIPANT RATIO	CN	0.50	0.94	0.71	0.60	0.65	0.40	0.33	0.04
	MN	0.42	0.00	0.00	0.00	1.00	0.33	0.44	0.00
	Total	0.50	0.94	0.71	0.60	0.65	0.40	0.33	0.04
11. Total Eligibles Referred for Corrective Treatment	CN	145,230	17,015	34,665	28,117	18,869	28,894	16,831	839
	MN	6	0	0	0	1	2	3	0
	Total	145,236	17,015	34,665	28,117	18,870	28,896	16,834	839
12a. Total Eligibles Receiving Any Dental Services	CN	231,984	173	12,248	40,150	62,648	68,772	40,698	7,295
	MN	11	0	0	0	1	3	5	2
	Total	231,995	173	12,248	40,150	62,649	68,775	40,703	7,297
12b. Total Eligibles Receiving Preventive Dental Services	CN	216,601	59	10,468	37,696	59,760	65,499	37,264	5,855
	MN	10	0	0	0	1	3	4	2
	Total	216,611	59	10,468	37,696	59,761	65,502	37,268	5,857
12c. Total Eligibles Receiving Dental Treatment Services	CN	106,440	29	1,024	13,436	30,897	33,604	23,214	4,236
	MN	8	0	0	0	1	2	3	2
	Total	106,448	29	1,024	13,436	30,898	33,606	23,217	4,238
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,407				11,066	8,341		
	MN	1				0	1		
	Total	19,408				11,066	8,342		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	225,982	164	12,168	39,486	61,161	67,070	39,117	6,816
	MN	10	0	0	0	1	3	4	2
	Total	225,992	164	12,168	39,486	61,162	67,073	39,121	6,818
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,809	115	2,255	586	304	313	212	24
	MN	0	0	0	0	0	0	0	0
	Total	3,809	115	2,255	586	304	313	212	24
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	234,742	284	14,120	40,508	62,781	68,914	40,826	7,309
	MN	11	0	0	0	1	3	5	2
	Total	234,753	284	14,120	40,508	62,782	68,917	40,831	7,311
13. Total Eligibles Enrolled in Managed Care	CN	416,404	17,963	50,576	68,848	90,177	100,824	69,023	18,993
	MN	27	0	0	0	6	8	10	3
	Total	416,431	17,963	50,576	68,848	90,183	100,832	69,033	18,996
14a. Total Number of Screening Blood Lead Tests	CN	19,470	292	13,692	5,486				
	MN	0	0	0	0				
	Total	19,470	292	13,692	5,486				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	6,202,368	287,507	612,261	913,259	1,237,845	1,508,406	1,142,402	500,688
	MN	83,937	1,168	4,112	10,956	16,021	19,548	15,582	16,550
	Total	6,286,305	288,675	616,373	924,215	1,253,866	1,527,954	1,157,984	517,238
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	5,842,482	211,402	576,559	870,898	1,189,738	1,444,295	1,076,949	472,641
	MN	77,459	847	3,855	10,037	14,860	18,272	14,580	15,008
	Total	5,919,941	212,249	580,414	880,935	1,204,598	1,462,567	1,091,529	487,649
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	1,827,089	6,041	89,077	194,531	435,856	563,455	428,384	109,745
	MN	5,991	10	212	687	1,356	1,743	1,356	627
	Total	1,833,080	6,051	89,289	195,218	437,212	565,198	429,740	110,372
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	52,834,436	1,118,331	5,327,254	8,028,783	11,017,927	13,408,981	9,883,376	4,049,784
	MN	631,711	4,172	31,086	79,850	122,003	155,517	124,306	114,777
	Total	53,466,147	1,122,503	5,358,340	8,108,633	11,139,930	13,564,498	10,007,682	4,164,561
3b. Average Period of Eligibility	CN	0.75	0.44	0.77	0.77	0.77	0.77	0.76	0.71
	MN	0.68	0.41	0.67	0.66	0.68	0.71	0.71	0.64
	Total	0.75	0.44	0.77	0.77	0.77	0.77	0.76	0.71
4. Expected Number of Screenings per Eligible	CN		3.08	1.93	0.77	0.77	0.77	0.76	0.71
	MN		2.87	1.68	0.66	0.68	0.71	0.71	0.64
	Total		3.08	1.93	0.77	0.77	0.77	0.76	0.71
5. Expected Number of Screenings	CN	5,616,729	651,118	1,112,759	670,591	916,098	1,112,107	818,481	335,575
	MN	58,566	2,431	6,476	6,624	10,105	12,973	10,352	9,605
	Total	5,675,295	653,549	1,119,235	677,215	926,203	1,125,080	828,833	345,180
6. Total Screens Received	CN	3,134,452	331,375	832,726	522,028	479,521	579,666	336,102	53,034
	MN	20,089	995	3,683	3,586	3,400	4,365	2,924	1,136
	Total	3,154,541	332,370	836,409	525,614	482,921	584,031	339,026	54,170
7. SCREENING RATIO	CN	0.56	0.51	0.75	0.78	0.52	0.52	0.41	0.16
	MN	0.34	0.41	0.57	0.54	0.34	0.34	0.28	0.12
	Total	0.56	0.51	0.75	0.78	0.52	0.52	0.41	0.16

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	4,640,813	211,402	576,559	670,591	916,098	1,112,107	818,481	335,575
	MN	54,361	847	3,855	6,624	10,105	12,973	10,352	9,605
	Total	4,695,174	212,249	580,414	677,215	926,203	1,125,080	828,833	345,180
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,298,077	149,847	393,453	456,348	435,505	519,382	297,619	45,923
	MN	16,395	483	1,951	3,197	3,145	3,974	2,629	1,016
	Total	2,314,472	150,330	395,404	459,545	438,650	523,356	300,248	46,939
10. PARTICIPANT RATIO	CN	0.50	0.71	0.68	0.68	0.48	0.47	0.36	0.14
	MN	0.30	0.57	0.51	0.48	0.31	0.31	0.25	0.11
	Total	0.49	0.71	0.68	0.68	0.47	0.47	0.36	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	122,602	7,699	16,634	23,863	26,196	29,798	17,198	1,214
	MN	895	22	77	141	186	266	173	30
	Total	123,497	7,721	16,711	24,004	26,382	30,064	17,371	1,244
12a. Total Eligibles Receiving Any Dental Services	CN	2,763,528	5,626	157,494	469,167	722,745	791,176	481,761	135,559
	MN	22,565	15	819	3,222	5,148	6,018	4,234	3,109
	Total	2,786,093	5,641	158,313	472,389	727,893	797,194	485,995	138,668
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,552,840	2,821	137,606	440,539	689,159	747,181	427,184	108,350
	MN	20,245	8	707	2,979	4,836	5,604	3,700	2,411
	Total	2,573,085	2,829	138,313	443,518	693,995	752,785	430,884	110,761
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,292,425	276	21,008	187,237	394,581	374,550	243,865	70,908
	MN	10,702	1	119	1,294	2,762	2,786	2,099	1,641
	Total	1,303,127	277	21,127	188,531	397,343	377,336	245,964	72,549
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	438,096				214,809	223,287		
	MN	3,175				1,507	1,668		
	Total	441,271				216,316	224,955		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	2,591,489	3,173	145,561	446,140	685,545	748,992	441,530	120,548
	MN	20,683	10	750	3,023	4,804	5,605	3,800	2,691
	Total	2,612,172	3,183	146,311	449,163	690,349	754,597	445,330	123,239
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	557,027	4,251	85,566	123,111	126,534	123,407	74,246	19,912
	MN	2,983	10	310	557	644	663	477	322
	Total	560,010	4,261	85,876	123,668	127,178	124,070	74,723	20,234
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,819,595	7,869	193,209	485,354	724,532	791,270	481,785	135,576
	MN	22,742	20	915	3,290	5,156	6,018	4,234	3,109
	Total	2,842,337	7,889	194,124	488,644	729,688	797,288	486,019	138,685
13. Total Eligibles Enrolled in Managed Care	CN	5,514,852	170,234	523,420	826,312	1,142,278	1,382,521	1,023,347	446,740
	MN	66,703	647	3,408	8,760	12,860	15,550	12,418	13,060
	Total	5,581,555	170,881	526,828	835,072	1,155,138	1,398,071	1,035,765	459,800
14a. Total Number of Screening Blood Lead Tests	CN	327,039	2,366	208,423	116,250				
	MN	1,855	14	1,033	808				
	Total	328,894	2,380	209,456	117,058				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	689,788	32,478	71,927	104,200	144,093	169,246	115,307	52,537
	MN	0	0	0	0	0	0	0	0
	Total	689,788	32,478	71,927	104,200	144,093	169,246	115,307	52,537
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	651,737	23,711	68,539	99,654	138,163	162,467	110,173	49,030
	MN	0	0	0	0	0	0	0	0
	Total	651,737	23,711	68,539	99,654	138,163	162,467	110,173	49,030
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	7,114,454	172,460	752,462	1,100,480	1,540,822	1,813,858	1,218,550	515,822
	MN	0	0	0	0	0	0	0	0
	Total	7,114,454	172,460	752,462	1,100,480	1,540,822	1,813,858	1,218,550	515,822
3b. Average Period of Eligibility	CN	0.91	0.61	0.91	0.92	0.93	0.93	0.92	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.61	0.91	0.92	0.93	0.93	0.92	0.88
4. Expected Number of Screenings per Eligible	CN		3.66	1.82	0.92	0.93	0.93	0.92	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.82	0.92	0.93	0.93	0.92	0.88
5. Expected Number of Screenings	CN	727,296	86,782	124,741	91,682	128,492	151,094	101,359	43,146
	MN	0	0	0	0	0	0	0	0
	Total	727,296	86,782	124,741	91,682	128,492	151,094	101,359	43,146
6. Total Screens Received	CN	461,233	100,759	125,957	62,472	57,728	71,572	36,461	6,284
	MN	0	0	0	0	0	0	0	0
	Total	461,233	100,759	125,957	62,472	57,728	71,572	36,461	6,284
7. SCREENING RATIO	CN	0.63	1.00	1.00	0.68	0.45	0.47	0.36	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	1.00	1.00	0.68	0.45	0.47	0.36	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	608,023	23,711	68,539	91,682	128,492	151,094	101,359	43,146
	MN	0	0	0	0	0	0	0	0
	Total	608,023	23,711	68,539	91,682	128,492	151,094	101,359	43,146
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	295,980	22,331	53,125	57,079	55,506	67,966	34,303	5,670
	MN	0	0	0	0	0	0	0	0
	Total	295,980	22,331	53,125	57,079	55,506	67,966	34,303	5,670
10. PARTICIPANT RATIO	CN	0.49	0.94	0.78	0.62	0.43	0.45	0.34	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.94	0.78	0.62	0.43	0.45	0.34	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	188,662	19,611	43,485	31,460	28,984	38,033	22,567	4,522
	MN	0	0	0	0	0	0	0	0
	Total	188,662	19,611	43,485	31,460	28,984	38,033	22,567	4,522
12a. Total Eligibles Receiving Any Dental Services	CN	354,056	2,201	27,422	58,220	90,340	102,100	57,606	16,167
	MN	0	0	0	0	0	0	0	0
	Total	354,056	2,201	27,422	58,220	90,340	102,100	57,606	16,167
12b. Total Eligibles Receiving Preventive Dental Services	CN	322,947	974	24,284	54,975	85,686	94,950	50,318	11,760
	MN	0	0	0	0	0	0	0	0
	Total	322,947	974	24,284	54,975	85,686	94,950	50,318	11,760
12c. Total Eligibles Receiving Dental Treatment Services	CN	163,113	206	2,061	19,859	45,856	53,550	31,842	9,739
	MN	0	0	0	0	0	0	0	0
	Total	163,113	206	2,061	19,859	45,856	53,550	31,842	9,739
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	42,096				23,390	18,706		
	MN	0				0	0		
	Total	42,096				23,390	18,706		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	346,543	2,076	27,266	57,414	88,723	99,959	55,651	15,454
	MN	0	0	0	0	0	0	0	0
	Total	346,543	2,076	27,266	57,414	88,723	99,959	55,651	15,454
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,085	299	2,829	4,695	4,511	3,515	1,725	511
	MN	0	0	0	0	0	0	0	0
	Total	18,085	299	2,829	4,695	4,511	3,515	1,725	511
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	356,593	2,410	28,142	58,717	90,748	102,478	57,832	16,266
	MN	0	0	0	0	0	0	0	0
	Total	356,593	2,410	28,142	58,717	90,748	102,478	57,832	16,266
13. Total Eligibles Enrolled in Managed Care	CN	649,848	23,595	68,353	99,356	137,806	162,120	109,803	48,815
	MN	0	0	0	0	0	0	0	0
	Total	649,848	23,595	68,353	99,356	137,806	162,120	109,803	48,815
14a. Total Number of Screening Blood Lead Tests	CN	23,122	211	17,519	5,392				
	MN	0	0	0	0				
	Total	23,122	211	17,519	5,392				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	379,773	18,372	38,014	55,647	75,698	90,996	68,360	32,686
	MN	0	0	0	0	0	0	0	0
	Total	379,773	18,372	38,014	55,647	75,698	90,996	68,360	32,686
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	362,239	13,438	36,565	53,877	73,406	88,108	65,916	30,929
	MN	0	0	0	0	0	0	0	0
	Total	362,239	13,438	36,565	53,877	73,406	88,108	65,916	30,929
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			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	3,943,230	104,372	393,213	594,793	815,729	982,499	729,297	323,327
	MN	0	0	0	0	0	0	0	0
	Total	3,943,230	104,372	393,213	594,793	815,729	982,499	729,297	323,327
3b. Average Period of Eligibility	CN	0.91	0.65	0.90	0.92	0.93	0.93	0.92	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.90	0.92	0.93	0.93	0.92	0.87
4. Expected Number of Screenings per Eligible	CN		3.90	2.25	0.92	0.93	0.93	0.92	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.25	0.92	0.93	0.93	0.92	0.87
5. Expected Number of Screenings	CN	422,005	52,408	82,271	49,567	68,268	81,940	60,643	26,908
	MN	0	0	0	0	0	0	0	0
	Total	422,005	52,408	82,271	49,567	68,268	81,940	60,643	26,908
6. Total Screens Received	CN	342,318	63,921	84,155	44,925	45,148	56,154	37,684	10,331
	MN	0	0	0	0	0	0	0	0
	Total	342,318	63,921	84,155	44,925	45,148	56,154	37,684	10,331
7. SCREENING RATIO	CN	0.81	1.00	1.00	0.91	0.66	0.69	0.62	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	1.00	1.00	0.91	0.66	0.69	0.62	0.38

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	337,329	13,438	36,565	49,567	68,268	81,940	60,643	26,908
	MN	0	0	0	0	0	0	0	0
	Total	337,329	13,438	36,565	49,567	68,268	81,940	60,643	26,908
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	228,753	12,840	32,075	40,645	44,029	54,556	35,395	9,213
	MN	0	0	0	0	0	0	0	0
	Total	228,753	12,840	32,075	40,645	44,029	54,556	35,395	9,213
10. PARTICIPANT RATIO	CN	0.68	0.96	0.88	0.82	0.64	0.67	0.58	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	0.96	0.88	0.82	0.64	0.67	0.58	0.34
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	234,933	524	16,973	38,212	56,539	65,630	42,665	14,390
	MN	0	0	0	0	0	0	0	0
	Total	234,933	524	16,973	38,212	56,539	65,630	42,665	14,390
12b. Total Eligibles Receiving Preventive Dental Services	CN	218,850	358	16,100	36,983	54,267	61,182	37,845	12,115
	MN	0	0	0	0	0	0	0	0
	Total	218,850	358	16,100	36,983	54,267	61,182	37,845	12,115
12c. Total Eligibles Receiving Dental Treatment Services	CN	98,853	70	622	8,778	25,734	32,023	23,438	8,188
	MN	0	0	0	0	0	0	0	0
	Total	98,853	70	622	8,778	25,734	32,023	23,438	8,188
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,526				15,395	14,131		
	MN	0				0	0		
	Total	29,526				15,395	14,131		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	220,701	398	15,501	36,206	54,385	62,050	39,023	13,138
	MN	0	0	0	0	0	0	0	0
	Total	220,701	398	15,501	36,206	54,385	62,050	39,023	13,138
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,811	902	6,934	1,966	1	3	2	3
	MN	0	0	0	0	0	0	0	0
	Total	9,811	902	6,934	1,966	1	3	2	3
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	240,100	1,382	20,729	38,764	56,539	65,631	42,665	14,390
	MN	0	0	0	0	0	0	0	0
	Total	240,100	1,382	20,729	38,764	56,539	65,631	42,665	14,390
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
14a. Total Number of Screening Blood Lead Tests	CN	7,912	45	4,178	3,689				
	MN	0	0	0	0				
	Total	7,912	45	4,178	3,689				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	137,069	6,483	15,104	21,124	29,465	32,929	22,370	9,594
	MN	0	0	0	0	0	0	0	0
	Total	137,069	6,483	15,104	21,124	29,465	32,929	22,370	9,594
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	125,938	4,988	13,959	19,553	27,280	30,641	20,705	8,812
	MN	0	0	0	0	0	0	0	0
	Total	125,938	4,988	13,959	19,553	27,280	30,641	20,705	8,812
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	1,403	61	468	738	52	43	33	8
	MN	0	0	0	0	0	0	0	0
	Total	1,403	61	468	738	52	43	33	8
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	1,301,604	35,119	146,568	204,365	287,297	325,157	215,074	88,024
	MN	0	0	0	0	0	0	0	0
	Total	1,301,604	35,119	146,568	204,365	287,297	325,157	215,074	88,024
3b. Average Period of Eligibility	CN	0.86	0.59	0.87	0.87	0.88	0.88	0.87	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.59	0.87	0.87	0.88	0.88	0.87	0.83
4. Expected Number of Screenings per Eligible	CN		4.13	1.74	0.87	0.88	0.88	0.87	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.74	0.87	0.88	0.88	0.87	0.83
5. Expected Number of Screenings	CN	138,197	20,600	24,289	17,011	24,006	26,964	18,013	7,314
	MN	0	0	0	0	0	0	0	0
	Total	138,197	20,600	24,289	17,011	24,006	26,964	18,013	7,314
6. Total Screens Received	CN	115,625	20,592	24,497	17,104	19,151	20,963	11,093	2,225
	MN	0	0	0	0	0	0	0	0
	Total	115,625	20,592	24,497	17,104	19,151	20,963	11,093	2,225
7. SCREENING RATIO	CN	0.84	1.00	1.00	1.00	0.80	0.78	0.62	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	1.00	1.00	1.00	0.80	0.78	0.62	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	112,255	4,988	13,959	17,011	24,006	26,964	18,013	7,314
	MN	0	0	0	0	0	0	0	0
	Total	112,255	4,988	13,959	17,011	24,006	26,964	18,013	7,314
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	60,365	4,986	11,088	11,173	11,930	12,991	6,773	1,424
	MN	0	0	0	0	0	0	0	0
	Total	60,365	4,986	11,088	11,173	11,930	12,991	6,773	1,424
10. PARTICIPANT RATIO	CN	0.54	1.00	0.79	0.66	0.50	0.48	0.38	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	1.00	0.79	0.66	0.50	0.48	0.38	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	100	39	43	12	0	3	3	0
	MN	0	0	0	0	0	0	0	0
	Total	100	39	43	12	0	3	3	0
12a. Total Eligibles Receiving Any Dental Services	CN	54,580	9	2,392	8,968	15,389	16,199	9,101	2,522
	MN	0	0	0	0	0	0	0	0
	Total	54,580	9	2,392	8,968	15,389	16,199	9,101	2,522
12b. Total Eligibles Receiving Preventive Dental Services	CN	51,297	2	2,219	8,574	14,660	15,477	8,240	2,125
	MN	0	0	0	0	0	0	0	0
	Total	51,297	2	2,219	8,574	14,660	15,477	8,240	2,125
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,007	1	101	2,243	6,592	6,270	4,456	1,344
	MN	0	0	0	0	0	0	0	0
	Total	21,007	1	101	2,243	6,592	6,270	4,456	1,344
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,965				3,566	4,399		
	MN	0				0	0		
	Total	7,965				3,566	4,399		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	51,551	6	2,296	8,650	14,608	15,310	8,384	2,297
	MN	0	0	0	0	0	0	0	0
	Total	51,551	6	2,296	8,650	14,608	15,310	8,384	2,297
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	54,580	9	2,392	8,968	15,389	16,199	9,101	2,522
	MN	0	0	0	0	0	0	0	0
	Total	54,580	9	2,392	8,968	15,389	16,199	9,101	2,522
13. Total Eligibles Enrolled in Managed Care	CN	124,599	4,973	13,874	19,338	26,991	30,294	20,401	8,728
	MN	0	0	0	0	0	0	0	0
	Total	124,599	4,973	13,874	19,338	26,991	30,294	20,401	8,728
14a. Total Number of Screening Blood Lead Tests	CN	1,428	0	887	541				
	MN	0	0	0	0				
	Total	1,428	0	887	541				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	94,543	5,483	11,405	15,750	20,361	20,143	14,062	7,339
	MN	0	0	0	0	0	0	0	0
	Total	94,543	5,483	11,405	15,750	20,361	20,143	14,062	7,339
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	91,611	4,513	11,044	15,422	19,973	19,741	13,789	7,129
	MN	0	0	0	0	0	0	0	0
	Total	91,611	4,513	11,044	15,422	19,973	19,741	13,789	7,129
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,628	23	339	1,170	2,699	3,182	3,215	0
	MN	0	0	0	0	0	0	0	0
	Total	10,628	23	339	1,170	2,699	3,182	3,215	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	1,032,509	33,120	126,100	175,990	229,544	227,866	159,050	80,839
	MN	0	0	0	0	0	0	0	0
	Total	1,032,509	33,120	126,100	175,990	229,544	227,866	159,050	80,839
3b. Average Period of Eligibility	CN	0.94	0.61	0.95	0.95	0.96	0.96	0.96	0.94
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.61	0.95	0.95	0.96	0.96	0.96	0.94
4. Expected Number of Screenings per Eligible	CN		4.27	2.38	0.95	0.96	0.96	0.96	0.94
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.38	0.95	0.96	0.96	0.96	0.94
5. Expected Number of Screenings	CN	118,270	19,271	26,285	14,651	19,174	18,951	13,237	6,701
	MN	0	0	0	0	0	0	0	0
	Total	118,270	19,271	26,285	14,651	19,174	18,951	13,237	6,701
6. Total Screens Received	CN	121,576	25,949	30,317	16,807	18,022	17,355	10,216	2,910
	MN	0	0	0	0	0	0	0	0
	Total	121,576	25,949	30,317	16,807	18,022	17,355	10,216	2,910
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	0.94	0.92	0.77	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	1.00	0.94	0.92	0.77	0.43

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	88,271	4,513	11,044	14,651	19,174	18,951	13,237	6,701
	MN	0	0	0	0	0	0	0	0
	Total	88,271	4,513	11,044	14,651	19,174	18,951	13,237	6,701
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	58,411	4,102	8,881	10,680	12,653	12,425	7,487	2,183
	MN	0	0	0	0	0	0	0	0
	Total	58,411	4,102	8,881	10,680	12,653	12,425	7,487	2,183
10. PARTICIPANT RATIO	CN	0.66	0.91	0.80	0.73	0.66	0.66	0.57	0.33
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.91	0.80	0.73	0.66	0.66	0.57	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	29,499	3,890	6,374	4,296	4,874	5,227	3,647	1,191
	MN	0	0	0	0	0	0	0	0
	Total	29,499	3,890	6,374	4,296	4,874	5,227	3,647	1,191
12a. Total Eligibles Receiving Any Dental Services	CN	53,206	199	4,223	10,619	14,025	13,261	7,986	2,893
	MN	0	0	0	0	0	0	0	0
	Total	53,206	199	4,223	10,619	14,025	13,261	7,986	2,893
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,810	18	3,377	9,883	13,265	12,562	7,260	2,445
	MN	0	0	0	0	0	0	0	0
	Total	48,810	18	3,377	9,883	13,265	12,562	7,260	2,445
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,522	1	113	2,207	5,527	5,194	3,930	1,550
	MN	0	0	0	0	0	0	0	0
	Total	18,522	1	113	2,207	5,527	5,194	3,930	1,550
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,055				4,508	5,547		
	MN	0				0	0		
	Total	10,055				4,508	5,547		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	51,963	198	4,191	10,473	13,773	12,925	7,650	2,753
	MN	0	0	0	0	0	0	0	0
	Total	51,963	198	4,191	10,473	13,773	12,925	7,650	2,753
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,099	290	2,951	895	476	287	176	24
	MN	0	0	0	0	0	0	0	0
	Total	5,099	290	2,951	895	476	287	176	24
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	55,617	324	5,688	10,892	14,275	13,451	8,081	2,906
	MN	0	0	0	0	0	0	0	0
	Total	55,617	324	5,688	10,892	14,275	13,451	8,081	2,906
13. Total Eligibles Enrolled in Managed Care	CN	83,260	3,775	10,328	14,334	18,603	18,082	12,157	5,981
	MN	0	0	0	0	0	0	0	0
	Total	83,260	3,775	10,328	14,334	18,603	18,082	12,157	5,981
14a. Total Number of Screening Blood Lead Tests	CN	10,043	413	6,929	2,701				
	MN	0	0	0	0				
	Total	10,043	413	6,929	2,701				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	2,627,772	148,167	306,532	422,638	546,432	624,037	436,312	143,654
	MN	40,754	612	1,563	2,555	5,583	6,684	6,179	17,578
	Total	2,668,526	148,779	308,095	425,193	552,015	630,721	442,491	161,232
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	2,513,365	119,485	298,189	410,229	529,899	604,690	421,622	129,251
	MN	17,639	185	882	1,083	2,546	2,796	2,443	7,704
	Total	2,531,004	119,670	299,071	411,312	532,445	607,486	424,065	136,955
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	135,114	1	4	6	43,511	52,996	37,016	1,580
	MN	936	0	0	0	312	348	269	7
	Total	136,050	1	4	6	43,823	53,344	37,285	1,587
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	27,338,504	883,374	3,325,485	4,604,678	5,917,258	6,751,197	4,649,829	1,206,683
	MN	120,534	1,254	6,392	7,707	18,637	20,290	17,338	48,916
	Total	27,459,038	884,628	3,331,877	4,612,385	5,935,895	6,771,487	4,667,167	1,255,599
3b. Average Period of Eligibility	CN	0.91	0.62	0.93	0.94	0.93	0.93	0.92	0.78
	MN	0.57	0.56	0.60	0.59	0.61	0.60	0.59	0.53
	Total	0.90	0.62	0.93	0.93	0.93	0.93	0.92	0.76
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.94	0.93	0.93	0.92	0.78
	MN		3.92	1.50	0.59	0.61	0.60	0.59	0.53
	Total		4.34	2.33	0.93	0.93	0.93	0.92	0.76
5. Expected Number of Screenings	CN	3,142,836	518,565	694,780	385,615	492,806	562,362	387,892	100,816
	MN	11,442	725	1,323	639	1,553	1,678	1,441	4,083
	Total	3,154,278	519,290	696,103	386,254	494,359	564,040	389,333	104,899
6. Total Screens Received	CN	2,286,804	498,971	632,637	325,518	289,482	331,345	184,788	24,063
	MN	6,347	492	1,438	607	905	935	679	1,291
	Total	2,293,151	499,463	634,075	326,125	290,387	332,280	185,467	25,354
7. SCREENING RATIO	CN	0.73	0.96	0.91	0.84	0.59	0.59	0.48	0.24
	MN	0.55	0.68	1.00	0.95	0.58	0.56	0.47	0.32
	Total	0.73	0.96	0.91	0.84	0.59	0.59	0.48	0.24

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	2,347,165	119,485	298,189	385,615	492,806	562,362	387,892	100,816
	MN	10,461	185	882	639	1,553	1,678	1,441	4,083
	Total	2,357,626	119,670	299,071	386,254	494,359	564,040	389,333	104,899
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,396,168	112,276	248,085	281,225	265,989	302,128	165,443	21,022
	MN	4,887	153	707	537	836	880	636	1,138
	Total	1,401,055	112,429	248,792	281,762	266,825	303,008	166,079	22,160
10. PARTICIPANT RATIO	CN	0.59	0.94	0.83	0.73	0.54	0.54	0.43	0.21
	MN	0.47	0.83	0.80	0.84	0.54	0.52	0.44	0.28
	Total	0.59	0.94	0.83	0.73	0.54	0.54	0.43	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	1,825,571	113,771	264,184	339,162	382,648	413,725	256,291	55,790
	MN	10,805	168	809	856	1,682	1,729	1,444	4,117
	Total	1,836,376	113,939	264,993	340,018	384,330	415,454	257,735	59,907
12a. Total Eligibles Receiving Any Dental Services	CN	998,030	1,401	44,780	170,898	287,260	297,557	168,131	28,003
	MN	4,932	1	87	329	1,070	1,028	726	1,691
	Total	1,002,962	1,402	44,867	171,227	288,330	298,585	168,857	29,694
12b. Total Eligibles Receiving Preventive Dental Services	CN	898,281	640	40,395	156,988	265,735	272,274	141,963	20,286
	MN	3,967	0	77	294	945	909	587	1,155
	Total	902,248	640	40,472	157,282	266,680	273,183	142,550	21,441
12c. Total Eligibles Receiving Dental Treatment Services	CN	371,161	573	4,464	46,577	116,623	113,229	76,355	13,340
	MN	2,008	1	7	74	397	382	334	813
	Total	373,169	574	4,471	46,651	117,020	113,611	76,689	14,153
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	157,290				84,000	73,290		
	MN	532				284	248		
	Total	157,822				84,284	73,538		

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Fiscal Year: 2017

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	899,813	546	39,079	158,788	256,215	269,657	150,914	24,614
	MN	4,316	0	80	309	930	895	626	1,476
	Total	904,129	546	39,159	159,097	257,145	270,552	151,540	26,090
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	131,790	4,518	91,438	31,346	2,445	1,414	609	20
	MN	400	9	288	87	9	3	3	1
	Total	132,190	4,527	91,726	31,433	2,454	1,417	612	21
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	1,100,886	5,851	121,249	190,685	288,367	298,264	168,454	28,016
	MN	5,272	10	343	395	1,077	1,029	727	1,691
	Total	1,106,158	5,861	121,592	191,080	289,444	299,293	169,181	29,707
13. Total Eligibles Enrolled in Managed Care	CN	2,469,470	119,018	297,488	406,705	521,592	591,523	409,304	123,840
	MN	16,921	174	871	1,055	2,452	2,665	2,326	7,378
	Total	2,486,391	119,192	298,359	407,760	524,044	594,188	411,630	131,218
14a. Total Number of Screening Blood Lead Tests	CN	201,301	2,520	145,801	52,980				
	MN	510	4	408	98				
	Total	201,811	2,524	146,209	53,078				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,428,862	84,055	170,055	228,346	306,813	348,644	233,268	57,681
	MN	64	1	4	6	9	19	8	17
	Total	1,428,926	84,056	170,059	228,352	306,822	348,663	233,276	57,698
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,346,063	61,756	162,648	219,682	295,185	335,469	223,103	48,220
	MN	49	0	3	6	7	16	7	10
	Total	1,346,112	61,756	162,651	219,688	295,192	335,485	223,110	48,230
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	14,310,361	473,367	1,726,963	2,384,607	3,226,153	3,681,367	2,417,911	399,993
	MN	442	0	18	61	60	162	75	66
	Total	14,310,803	473,367	1,726,981	2,384,668	3,226,213	3,681,529	2,417,986	400,059
3b. Average Period of Eligibility	CN	0.89	0.64	0.88	0.90	0.91	0.91	0.90	0.69
	MN	0.75	0.00	0.50	0.85	0.71	0.84	0.89	0.55
	Total	0.89	0.64	0.88	0.90	0.91	0.91	0.90	0.69
4. Expected Number of Screenings per Eligible	CN		4.48	2.20	0.90	0.91	0.91	0.90	0.69
	MN		0.00	1.25	0.85	0.71	0.84	0.89	0.55
	Total		4.48	2.20	0.90	0.91	0.91	0.90	0.69
5. Expected Number of Screenings	CN	1,640,167	276,667	357,826	197,714	268,618	305,277	200,793	33,272
	MN	39	0	4	5	5	13	6	6
	Total	1,640,206	276,667	357,830	197,719	268,623	305,290	200,799	33,278
6. Total Screens Received	CN	1,127,465	261,424	324,807	156,787	137,814	161,989	80,272	4,372
	MN	13	0	1	3	2	4	3	0
	Total	1,127,478	261,424	324,808	156,790	137,816	161,993	80,275	4,372
7. SCREENING RATIO	CN	0.69	0.94	0.91	0.79	0.51	0.53	0.40	0.13
	MN	0.33	0.00	0.25	0.60	0.40	0.31	0.50	0.00
	Total	0.69	0.94	0.91	0.79	0.51	0.53	0.40	0.13

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Form CMS-416

Fiscal Year: 2017

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	1,230,078	61,756	162,648	197,714	268,618	305,277	200,793	33,272
	MN	38	0	3	5	5	13	6	6
	Total	1,230,116	61,756	162,651	197,719	268,623	305,290	200,799	33,278
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	687,339	58,783	131,249	136,737	129,982	151,817	74,658	4,113
	MN	13	0	1	3	2	4	3	0
	Total	687,352	58,783	131,250	136,740	129,984	151,821	74,661	4,113
10. PARTICIPANT RATIO	CN	0.56	0.95	0.81	0.69	0.48	0.50	0.37	0.12
	MN	0.34	0.00	0.33	0.60	0.40	0.31	0.50	0.00
	Total	0.56	0.95	0.81	0.69	0.48	0.50	0.37	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	34,299	4,931	7,223	6,090	6,087	6,445	3,359	164
	MN	2	0	0	0	0	2	0	0
	Total	34,301	4,931	7,223	6,090	6,087	6,447	3,359	164
12a. Total Eligibles Receiving Any Dental Services	CN	700,219	193	32,309	129,376	201,122	211,301	113,525	12,393
	MN	17	0	1	1	1	10	2	2
	Total	700,236	193	32,310	129,377	201,123	211,311	113,527	12,395
12b. Total Eligibles Receiving Preventive Dental Services	CN	666,191	90	29,011	124,476	195,039	203,932	103,841	9,802
	MN	14	0	1	1	1	9	2	0
	Total	666,205	90	29,012	124,477	195,040	203,941	103,843	9,802
12c. Total Eligibles Receiving Dental Treatment Services	CN	305,402	38	5,683	45,792	99,001	92,372	56,554	5,962
	MN	7	0	0	1	0	4	1	1
	Total	305,409	38	5,683	45,793	99,001	92,376	56,555	5,963
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	97,462				53,408	44,054		
	MN	3				0	3		
	Total	97,465				53,408	44,057		

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Form CMS-416

Fiscal Year: 2017

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	686,548	179	32,035	127,862	197,514	207,280	109,960	11,718
	MN	16	0	1	1	1	9	2	2
	Total	686,564	179	32,036	127,863	197,515	207,289	109,962	11,720
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	22,080	818	13,332	5,506	1,374	860	190	0
	MN	0	0	0	0	0	0	0	0
	Total	22,080	818	13,332	5,506	1,374	860	190	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	714,830	1,004	43,009	131,873	201,452	211,524	113,575	12,393
	MN	17	0	1	1	1	10	2	2
	Total	714,847	1,004	43,010	131,874	201,453	211,534	113,577	12,395
13. Total Eligibles Enrolled in Managed Care	CN	1,280,779	60,941	159,550	212,736	281,902	316,403	208,146	41,101
	MN	33	0	1	5	6	15	6	0
	Total	1,280,812	60,941	159,551	212,741	281,908	316,418	208,152	41,101
14a. Total Number of Screening Blood Lead Tests	CN	100,542	2,018	87,394	11,130				
	MN	2	0	1	1				
	Total	100,544	2,018	87,395	11,131				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	183,005	9,670	20,046	29,478	37,822	42,728	30,351	12,910
	MN	0	0	0	0	0	0	0	0
	Total	183,005	9,670	20,046	29,478	37,822	42,728	30,351	12,910
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	162,821	6,080	16,620	27,006	33,906	39,582	28,101	11,526
	MN	0	0	0	0	0	0	0	0
	Total	162,821	6,080	16,620	27,006	33,906	39,582	28,101	11,526
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	22,202	235	1,680	3,317	5,184	6,467	4,981	338
	MN	0	0	0	0	0	0	0	0
	Total	22,202	235	1,680	3,317	5,184	6,467	4,981	338
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	1,746,543	44,542	165,600	293,987	367,128	440,306	312,140	122,840
	MN	0	0	0	0	0	0	0	0
	Total	1,746,543	44,542	165,600	293,987	367,128	440,306	312,140	122,840
3b. Average Period of Eligibility	CN	0.89	0.61	0.83	0.91	0.90	0.93	0.93	0.89
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.61	0.83	0.91	0.90	0.93	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		3.66	1.66	0.91	0.45	0.56	0.47	0.45
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.66	0.91	0.45	0.56	0.47	0.45
5. Expected Number of Screenings	CN	130,235	22,253	27,589	24,575	15,258	22,166	13,207	5,187
	MN	0	0	0	0	0	0	0	0
	Total	130,235	22,253	27,589	24,575	15,258	22,166	13,207	5,187
6. Total Screens Received	CN	131,537	27,980	34,594	19,704	15,201	20,195	12,299	1,564
	MN	0	0	0	0	0	0	0	0
	Total	131,537	27,980	34,594	19,704	15,201	20,195	12,299	1,564
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.80	1.00	0.91	0.93	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	0.80	1.00	0.91	0.93	0.30

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Form CMS-416

Fiscal Year: 2017

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	103,093	6,080	16,620	24,575	15,258	22,166	13,207	5,187
	MN	0	0	0	0	0	0	0	0
	Total	103,093	6,080	16,620	24,575	15,258	22,166	13,207	5,187
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	83,278	5,857	13,578	18,016	14,291	18,824	11,291	1,421
	MN	0	0	0	0	0	0	0	0
	Total	83,278	5,857	13,578	18,016	14,291	18,824	11,291	1,421
10. PARTICIPANT RATIO	CN	0.81	0.96	0.82	0.73	0.94	0.85	0.85	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.96	0.82	0.73	0.94	0.85	0.85	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	42,536	4,685	8,907	7,747	5,984	8,300	5,844	1,069
	MN	0	0	0	0	0	0	0	0
	Total	42,536	4,685	8,907	7,747	5,984	8,300	5,844	1,069
12a. Total Eligibles Receiving Any Dental Services	CN	93,273	157	7,044	18,024	24,522	24,883	14,929	3,714
	MN	0	0	0	0	0	0	0	0
	Total	93,273	157	7,044	18,024	24,522	24,883	14,929	3,714
12b. Total Eligibles Receiving Preventive Dental Services	CN	71,468	38	4,389	13,589	19,252	19,924	11,523	2,753
	MN	0	0	0	0	0	0	0	0
	Total	71,468	38	4,389	13,589	19,252	19,924	11,523	2,753
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,469	106	2,484	9,087	13,599	12,305	8,694	2,194
	MN	0	0	0	0	0	0	0	0
	Total	48,469	106	2,484	9,087	13,599	12,305	8,694	2,194
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,832				4,475	3,357		
	MN	0				0	0		
	Total	7,832				4,475	3,357		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	73,586	69	4,997	13,933	19,331	20,084	12,089	3,083
	MN	0	0	0	0	0	0	0	0
	Total	73,586	69	4,997	13,933	19,331	20,084	12,089	3,083
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	93,273	157	7,044	18,024	24,522	24,883	14,929	3,714
	MN	0	0	0	0	0	0	0	0
	Total	93,273	157	7,044	18,024	24,522	24,883	14,929	3,714
13. Total Eligibles Enrolled in Managed Care	CN	160,508	5,274	16,380	26,736	33,587	39,255	27,876	11,400
	MN	0	0	0	0	0	0	0	0
	Total	160,508	5,274	16,380	26,736	33,587	39,255	27,876	11,400
14a. Total Number of Screening Blood Lead Tests	CN	8,614	640	6,390	1,584				
	MN	0	0	0	0				
	Total	8,614	640	6,390	1,584				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	233,730	12,107	27,240	39,292	50,165	56,989	37,926	10,011
	MN	0	0	0	0	0	0	0	0
	Total	233,730	12,107	27,240	39,292	50,165	56,989	37,926	10,011
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	223,349	8,800	26,425	38,155	48,805	55,614	37,000	8,550
	MN	0	0	0	0	0	0	0	0
	Total	223,349	8,800	26,425	38,155	48,805	55,614	37,000	8,550
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	34,935	0	1	0	11,512	13,485	8,562	1,375
	MN	0	0	0	0	0	0	0	0
	Total	34,935	0	1	0	11,512	13,485	8,562	1,375
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	2,296,489	71,757	285,621	404,132	535,877	561,988	371,771	65,343
	MN	0	0	0	0	0	0	0	0
	Total	2,296,489	71,757	285,621	404,132	535,877	561,988	371,771	65,343
3b. Average Period of Eligibility	CN	0.86	0.68	0.90	0.88	0.91	0.84	0.84	0.64
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.68	0.90	0.88	0.91	0.84	0.84	0.64
4. Expected Number of Screenings per Eligible	CN		4.08	2.25	0.88	0.91	0.84	0.84	0.64
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.08	2.25	0.88	0.91	0.84	0.84	0.64
5. Expected Number of Screenings	CN	256,617	35,904	59,456	33,576	44,413	46,716	31,080	5,472
	MN	0	0	0	0	0	0	0	0
	Total	256,617	35,904	59,456	33,576	44,413	46,716	31,080	5,472
6. Total Screens Received	CN	161,525	46,462	46,115	20,989	17,918	19,748	9,300	993
	MN	0	0	0	0	0	0	0	0
	Total	161,525	46,462	46,115	20,989	17,918	19,748	9,300	993
7. SCREENING RATIO	CN	0.63	1.00	0.78	0.63	0.40	0.42	0.30	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	1.00	0.78	0.63	0.40	0.42	0.30	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	196,482	8,800	26,425	33,576	44,413	46,716	31,080	5,472
	MN	0	0	0	0	0	0	0	0
	Total	196,482	8,800	26,425	33,576	44,413	46,716	31,080	5,472
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	92,651	8,470	19,863	18,781	17,063	18,767	8,784	923
	MN	0	0	0	0	0	0	0	0
	Total	92,651	8,470	19,863	18,781	17,063	18,767	8,784	923
10. PARTICIPANT RATIO	CN	0.47	0.96	0.75	0.56	0.38	0.40	0.28	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.96	0.75	0.56	0.38	0.40	0.28	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	60,696	9,867	15,130	10,232	8,970	10,139	5,620	738
	MN	0	0	0	0	0	0	0	0
	Total	60,696	9,867	15,130	10,232	8,970	10,139	5,620	738
12a. Total Eligibles Receiving Any Dental Services	CN	142,043	188	4,225	23,152	39,353	43,577	25,783	5,765
	MN	0	0	0	0	0	0	0	0
	Total	142,043	188	4,225	23,152	39,353	43,577	25,783	5,765
12b. Total Eligibles Receiving Preventive Dental Services	CN	140,426	148	3,711	23,152	39,353	43,577	25,783	4,702
	MN	0	0	0	0	0	0	0	0
	Total	140,426	148	3,711	23,152	39,353	43,577	25,783	4,702
12c. Total Eligibles Receiving Dental Treatment Services	CN	62,466	4	301	7,178	19,079	19,629	13,132	3,143
	MN	0	0	0	0	0	0	0	0
	Total	62,466	4	301	7,178	19,079	19,629	13,132	3,143
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,479				10,579	14,900		
	MN	0				0	0		
	Total	25,479				10,579	14,900		

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Form CMS-416

Fiscal Year: 2017

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	138,820	187	4,225	23,026	38,096	42,731	25,050	5,505
	MN	0	0	0	0	0	0	0	0
	Total	138,820	187	4,225	23,026	38,096	42,731	25,050	5,505
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	142,043	188	4,225	23,152	39,353	43,577	25,783	5,765
	MN	0	0	0	0	0	0	0	0
	Total	142,043	188	4,225	23,152	39,353	43,577	25,783	5,765
13. Total Eligibles Enrolled in Managed Care	CN	223,349	8,800	26,425	38,155	48,805	55,614	37,000	8,550
	MN	0	0	0	0	0	0	0	0
	Total	223,349	8,800	26,425	38,155	48,805	55,614	37,000	8,550
14a. Total Number of Screening Blood Lead Tests	CN	11,207	6,603	38	4,566				
	MN	0	0	0	0				
	Total	11,207	6,603	38	4,566				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,509,936	79,646	169,783	227,783	307,849	364,526	254,557	105,792
	MN	0	0	0	0	0	0	0	0
	Total	1,509,936	79,646	169,783	227,783	307,849	364,526	254,557	105,792
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,443,508	59,432	163,606	220,807	299,789	355,219	247,291	97,364
	MN	0	0	0	0	0	0	0	0
	Total	1,443,508	59,432	163,606	220,807	299,789	355,219	247,291	97,364
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	110,797	0	0	7,061	33,082	41,425	28,757	472
	MN	0	0	0	0	0	0	0	0
	Total	110,797	0	0	7,061	33,082	41,425	28,757	472
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	16,051,643	437,312	1,835,919	2,509,608	3,438,035	4,080,445	2,818,392	931,932
	MN	0	0	0	0	0	0	0	0
	Total	16,051,643	437,312	1,835,919	2,509,608	3,438,035	4,080,445	2,818,392	931,932
3b. Average Period of Eligibility	CN	0.93	0.61	0.94	0.95	0.96	0.96	0.95	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.61	0.94	0.95	0.96	0.96	0.95	0.80
4. Expected Number of Screenings per Eligible	CN		3.66	2.35	0.95	0.96	0.96	0.95	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	2.35	0.95	0.96	0.96	0.95	0.80
5. Expected Number of Screenings	CN	1,753,386	217,521	384,474	209,767	287,797	341,010	234,926	77,891
	MN	0	0	0	0	0	0	0	0
	Total	1,753,386	217,521	384,474	209,767	287,797	341,010	234,926	77,891
6. Total Screens Received	CN	1,220,852	243,961	319,133	182,268	134,300	204,479	111,439	25,272
	MN	0	0	0	0	0	0	0	0
	Total	1,220,852	243,961	319,133	182,268	134,300	204,479	111,439	25,272
7. SCREENING RATIO	CN	0.70	1.00	0.83	0.87	0.47	0.60	0.47	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	1.00	0.83	0.87	0.47	0.60	0.47	0.32

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Form CMS-416

Fiscal Year: 2017

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	1,374,429	59,432	163,606	209,767	287,797	341,010	234,926	77,891
	MN	0	0	0	0	0	0	0	0
	Total	1,374,429	59,432	163,606	209,767	287,797	341,010	234,926	77,891
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	741,816	54,275	129,250	144,786	119,792	176,299	95,804	21,610
	MN	0	0	0	0	0	0	0	0
	Total	741,816	54,275	129,250	144,786	119,792	176,299	95,804	21,610
10. PARTICIPANT RATIO	CN	0.54	0.91	0.79	0.69	0.42	0.52	0.41	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.91	0.79	0.69	0.42	0.52	0.41	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	536,704	52,390	112,835	103,092	74,380	111,473	64,611	17,923
	MN	0	0	0	0	0	0	0	0
	Total	536,704	52,390	112,835	103,092	74,380	111,473	64,611	17,923
12a. Total Eligibles Receiving Any Dental Services	CN	677,202	534	31,602	114,088	189,730	207,513	109,094	24,641
	MN	0	0	0	0	0	0	0	0
	Total	677,202	534	31,602	114,088	189,730	207,513	109,094	24,641
12b. Total Eligibles Receiving Preventive Dental Services	CN	626,684	349	29,195	108,002	180,893	194,311	94,660	19,274
	MN	0	0	0	0	0	0	0	0
	Total	626,684	349	29,195	108,002	180,893	194,311	94,660	19,274
12c. Total Eligibles Receiving Dental Treatment Services	CN	247,090	29	1,312	24,889	68,601	83,657	55,505	13,097
	MN	0	0	0	0	0	0	0	0
	Total	247,090	29	1,312	24,889	68,601	83,657	55,505	13,097
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	137,914				69,959	67,955		
	MN	0				0	0		
	Total	137,914				69,959	67,955		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	654,112	527	31,333	112,685	186,682	200,135	100,201	22,549
	MN	0	0	0	0	0	0	0	0
	Total	654,112	527	31,333	112,685	186,682	200,135	100,201	22,549
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	31,887	682	15,726	5,078	3,979	4,079	1,976	367
	MN	0	0	0	0	0	0	0	0
	Total	31,887	682	15,726	5,078	3,979	4,079	1,976	367
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	692,542	1,202	43,984	115,850	189,949	207,711	109,189	24,657
	MN	0	0	0	0	0	0	0	0
	Total	692,542	1,202	43,984	115,850	189,949	207,711	109,189	24,657
13. Total Eligibles Enrolled in Managed Care	CN	1,277,549	52,538	154,532	202,343	269,127	310,342	208,112	80,555
	MN	0	0	0	0	0	0	0	0
	Total	1,277,549	52,538	154,532	202,343	269,127	310,342	208,112	80,555
14a. Total Number of Screening Blood Lead Tests	CN	200,976	6,543	107,644	86,789				
	MN	0	0	0	0				
	Total	200,976	6,543	107,644	86,789				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)		HEDIS (Method II)		Combination Methodology (Method III)	X		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	830,824	47,137	96,768	132,496	171,347	195,404	134,559	53,113
	MN	0	0	0	0	0	0	0	0
	Total	830,824	47,137	96,768	132,496	171,347	195,404	134,559	53,113
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	786,214	34,151	93,122	127,719	165,611	189,035	129,266	47,310
	MN	0	0	0	0	0	0	0	0
	Total	786,214	34,151	93,122	127,719	165,611	189,035	129,266	47,310
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	38,137	52	3,772	6,479	9,053	10,593	7,282	906
	MN	0	0	0	0	0	0	0	0
	Total	38,137	52	3,772	6,479	9,053	10,593	7,282	906
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	8,725,254	269,355	1,055,361	1,440,336	1,874,545	2,148,495	1,451,938	485,224
	MN	0	0	0	0	0	0	0	0
	Total	8,725,254	269,355	1,055,361	1,440,336	1,874,545	2,148,495	1,451,938	485,224
3b. Average Period of Eligibility	CN	0.92	0.66	0.94	0.94	0.94	0.95	0.94	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.66	0.94	0.94	0.94	0.95	0.94	0.85
4. Expected Number of Screenings per Eligible	CN		4.62	2.35	0.94	0.94	0.95	0.94	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.62	2.35	0.94	0.94	0.95	0.94	0.85
5. Expected Number of Screenings	CN	993,652	157,778	218,837	120,056	155,674	179,583	121,510	40,214
	MN	0	0	0	0	0	0	0	0
	Total	993,652	157,778	218,837	120,056	155,674	179,583	121,510	40,214
6. Total Screens Received	CN	680,533	151,761	189,983	91,676	79,338	101,414	58,087	8,274
	MN	0	0	0	0	0	0	0	0
	Total	680,533	151,761	189,983	91,676	79,338	101,414	58,087	8,274
7. SCREENING RATIO	CN	0.68	0.96	0.87	0.76	0.51	0.56	0.48	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	0.96	0.87	0.76	0.51	0.56	0.48	0.21

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Form CMS-416

Fiscal Year: 2017

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	744,310	34,151	93,122	120,056	155,674	179,583	121,510	40,214
	MN	0	0	0	0	0	0	0	0
	Total	744,310	34,151	93,122	120,056	155,674	179,583	121,510	40,214
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	384,775	31,686	73,180	73,066	68,591	83,860	47,350	7,042
	MN	0	0	0	0	0	0	0	0
	Total	384,775	31,686	73,180	73,066	68,591	83,860	47,350	7,042
10. PARTICIPANT RATIO	CN	0.52	0.93	0.79	0.61	0.44	0.47	0.39	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.93	0.79	0.61	0.44	0.47	0.39	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	376,271	31,495	71,996	70,982	66,962	81,687	46,226	6,923
	MN	0	0	0	0	0	0	0	0
	Total	376,271	31,495	71,996	70,982	66,962	81,687	46,226	6,923
12a. Total Eligibles Receiving Any Dental Services	CN	362,647	433	18,877	63,361	100,201	105,328	61,614	12,833
	MN	0	0	0	0	0	0	0	0
	Total	362,647	433	18,877	63,361	100,201	105,328	61,614	12,833
12b. Total Eligibles Receiving Preventive Dental Services	CN	335,935	61	16,295	58,808	95,465	100,405	55,007	9,894
	MN	0	0	0	0	0	0	0	0
	Total	335,935	61	16,295	58,808	95,465	100,405	55,007	9,894
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,326	242	1,688	20,339	43,178	40,589	29,663	6,627
	MN	0	0	0	0	0	0	0	0
	Total	142,326	242	1,688	20,339	43,178	40,589	29,663	6,627
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	64,410				29,050	35,360		
	MN	0				0	0		
	Total	64,410				29,050	35,360		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	351,265	391	18,741	62,054	97,236	101,833	58,852	12,158
	MN	0	0	0	0	0	0	0	0
	Total	351,265	391	18,741	62,054	97,236	101,833	58,852	12,158
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	14,839	16	837	2,643	3,844	4,024	2,801	674
	MN	0	0	0	0	0	0	0	0
	Total	14,839	16	837	2,643	3,844	4,024	2,801	674
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	368,561	446	19,407	64,566	101,572	106,908	62,584	13,078
	MN	0	0	0	0	0	0	0	0
	Total	368,561	446	19,407	64,566	101,572	106,908	62,584	13,078
13. Total Eligibles Enrolled in Managed Care	CN	743,016	33,865	91,109	122,289	156,923	177,355	118,942	42,533
	MN	0	0	0	0	0	0	0	0
	Total	743,016	33,865	91,109	122,289	156,923	177,355	118,942	42,533
14a. Total Number of Screening Blood Lead Tests	CN	43,547	1,015	30,258	12,274				
	MN	0	0	0	0				
	Total	43,547	1,015	30,258	12,274				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	355,223	21,916	43,564	55,826	71,408	81,368	55,401	25,740
	MN	27	0	2	2	3	6	10	4
	Total	355,250	21,916	43,566	55,828	71,411	81,374	55,411	25,744
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	331,274	17,298	40,613	52,665	67,614	77,482	52,431	23,171
	MN	11	0	1	0	0	3	4	3
	Total	331,285	17,298	40,614	52,665	67,614	77,485	52,435	23,174
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,299	145	20	4	5,213	5,999	3,843	75
	MN	0	0	0	0	0	0	0	0
	Total	15,299	145	20	4	5,213	5,999	3,843	75
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	3,266,679	123,575	394,521	527,114	687,354	795,504	531,034	207,577
	MN	46	0	9	0	0	11	15	11
	Total	3,266,725	123,575	394,530	527,114	687,354	795,515	531,049	207,588
3b. Average Period of Eligibility	CN	0.82	0.60	0.81	0.83	0.85	0.86	0.84	0.75
	MN	0.35	0.00	0.75	0.00	0.00	0.31	0.31	0.31
	Total	0.82	0.60	0.81	0.83	0.85	0.86	0.84	0.75
4. Expected Number of Screenings per Eligible	CN		3.60	1.62	0.83	0.43	0.52	0.42	0.38
	MN		0.00	1.50	0.00	0.00	0.19	0.16	0.16
	Total		3.60	1.62	0.83	0.43	0.52	0.42	0.38
5. Expected Number of Screenings	CN	271,969	62,273	65,793	43,712	29,074	40,291	22,021	8,805
	MN	4	0	2	0	0	1	1	0
	Total	271,973	62,273	65,795	43,712	29,074	40,292	22,022	8,805
6. Total Screens Received	CN	311,391	80,425	89,553	40,984	30,619	39,379	24,409	6,022
	MN	3	0	1	0	0	0	2	0
	Total	311,394	80,425	89,554	40,984	30,619	39,379	24,411	6,022
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.94	1.00	0.98	1.00	0.68
	MN	0.75	0.00	0.50	0.00	0.00	0.00	1.00	0.00
	Total	1.00	1.00	1.00	0.94	1.00	0.98	1.00	0.68

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	201,814	17,298	40,613	43,712	29,074	40,291	22,021	8,805
	MN	3	0	1	0	0	1	1	0
	Total	201,817	17,298	40,614	43,712	29,074	40,292	22,022	8,805
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	165,687	16,084	32,806	33,803	26,403	33,547	19,395	3,649
	MN	3	0	1	0	0	0	2	0
	Total	165,690	16,084	32,807	33,803	26,403	33,547	19,397	3,649
10. PARTICIPANT RATIO	CN	0.82	0.93	0.81	0.77	0.91	0.83	0.88	0.41
	MN	1.00	0.00	1.00	0.00	0.00	0.00	1.00	0.00
	Total	0.82	0.93	0.81	0.77	0.91	0.83	0.88	0.41
11. Total Eligibles Referred for Corrective Treatment	CN	437	425	7	1	0	1	0	3
	MN	0	0	0	0	0	0	0	0
	Total	437	425	7	1	0	1	0	3
12a. Total Eligibles Receiving Any Dental Services	CN	177,954	3,170	16,800	33,848	44,227	47,202	26,923	5,784
	MN	1	0	0	0	0	0	1	0
	Total	177,955	3,170	16,800	33,848	44,227	47,202	26,924	5,784
12b. Total Eligibles Receiving Preventive Dental Services	CN	166,359	2,617	15,306	32,589	42,505	44,853	23,937	4,552
	MN	0	0	0	0	0	0	0	0
	Total	166,359	2,617	15,306	32,589	42,505	44,853	23,937	4,552
12c. Total Eligibles Receiving Dental Treatment Services	CN	72,889	114	2,306	11,027	20,748	21,171	14,325	3,198
	MN	1	0	0	0	0	0	1	0
	Total	72,890	114	2,306	11,027	20,748	21,171	14,326	3,198
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,886				12,854	10,032		
	MN	0				0	0		
	Total	22,886				12,854	10,032		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	153,476	137	10,516	28,842	40,443	43,564	24,833	5,141
	MN	1	0	0	0	0	0	1	0
	Total	153,477	137	10,516	28,842	40,443	43,564	24,834	5,141
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,996	41	556	1,124	93	144	28	10
	MN	0	0	0	0	0	0	0	0
	Total	1,996	41	556	1,124	93	144	28	10
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	178,448	3,179	17,054	34,044	44,245	47,207	26,931	5,788
	MN	1	0	0	0	0	0	1	0
	Total	178,449	3,179	17,054	34,044	44,245	47,207	26,932	5,788
13. Total Eligibles Enrolled in Managed Care	CN	323,384	16,832	40,025	51,497	66,109	75,590	50,956	22,375
	MN	4	0	1	0	0	1	2	0
	Total	323,388	16,832	40,026	51,497	66,109	75,591	50,958	22,375
14a. Total Number of Screening Blood Lead Tests	CN	34,382	143	22,965	11,274				
	MN	1	0	0	1				
	Total	34,383	143	22,965	11,275				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	298,350	17,376	36,201	50,359	64,410	70,398	46,332	13,274
	MN	47	6	3	2	4	1	3	28
	Total	298,397	17,382	36,204	50,361	64,414	70,399	46,335	13,302
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	280,194	13,999	34,672	47,593	61,290	67,108	44,116	11,416
	MN	38	5	3	2	3	1	2	22
	Total	280,232	14,004	34,675	47,595	61,293	67,109	44,118	11,438
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	2,935,190	103,659	376,232	508,583	657,374	723,399	468,670	97,273
	MN	333	28	20	15	33	12	24	201
	Total	2,935,523	103,687	376,252	508,598	657,407	723,411	468,694	97,474
3b. Average Period of Eligibility	CN	0.87	0.62	0.90	0.89	0.89	0.90	0.89	0.71
	MN	0.73	0.47	0.56	0.63	0.92	1.00	1.00	0.76
	Total	0.87	0.62	0.90	0.89	0.89	0.90	0.89	0.71
4. Expected Number of Screenings per Eligible	CN		3.72	2.25	0.89	0.89	0.90	0.89	0.71
	MN		2.82	1.40	0.63	0.92	1.00	1.00	0.76
	Total		3.72	2.25	0.89	0.89	0.90	0.89	0.71
5. Expected Number of Screenings	CN	334,759	52,076	78,012	42,358	54,548	60,397	39,263	8,105
	MN	42	14	4	1	3	1	2	17
	Total	334,801	52,090	78,016	42,359	54,551	60,398	39,265	8,122
6. Total Screens Received	CN	233,263	59,624	64,362	33,911	25,978	30,956	16,770	1,662
	MN	7	2	2	0	0	1	0	2
	Total	233,270	59,626	64,364	33,911	25,978	30,957	16,770	1,664
7. SCREENING RATIO	CN	0.70	1.00	0.83	0.80	0.48	0.51	0.43	0.21
	MN	0.17	0.14	0.50	0.00	0.00	1.00	0.00	0.12
	Total	0.70	1.00	0.83	0.80	0.48	0.51	0.43	0.20

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	253,342	13,999	34,672	42,358	54,548	60,397	39,263	8,105
	MN	32	5	3	1	3	1	2	17
	Total	253,374	14,004	34,675	42,359	54,551	60,398	39,265	8,122
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	135,103	13,072	25,951	28,419	23,880	27,709	14,592	1,480
	MN	5	1	1	0	0	1	0	2
	Total	135,108	13,073	25,952	28,419	23,880	27,710	14,592	1,482
10. PARTICIPANT RATIO	CN	0.53	0.93	0.75	0.67	0.44	0.46	0.37	0.18
	MN	0.16	0.20	0.33	0.00	0.00	1.00	0.00	0.12
	Total	0.53	0.93	0.75	0.67	0.44	0.46	0.37	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	98,799	12,586	22,712	18,427	15,111	18,253	10,510	1,200
	MN	4	1	1	0	0	1	0	1
	Total	98,803	12,587	22,713	18,427	15,111	18,254	10,510	1,201
12a. Total Eligibles Receiving Any Dental Services	CN	129,555	219	7,830	24,644	36,744	37,033	20,371	2,714
	MN	9	0	0	0	2	1	1	5
	Total	129,564	219	7,830	24,644	36,746	37,034	20,372	2,719
12b. Total Eligibles Receiving Preventive Dental Services	CN	121,848	126	7,010	23,350	35,179	35,455	18,586	2,142
	MN	7	0	0	0	1	1	1	4
	Total	121,855	126	7,010	23,350	35,180	35,456	18,587	2,146
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,266	56	624	7,267	15,459	14,033	9,438	1,389
	MN	5	0	0	0	2	0	0	3
	Total	48,271	56	624	7,267	15,461	14,033	9,438	1,392
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,955				11,157	11,798		
	MN	0				0	0		
	Total	22,955				11,157	11,798		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	118,328	115	6,523	22,626	33,356	34,189	19,030	2,489
	MN	9	0	0	0	2	1	1	5
	Total	118,337	115	6,523	22,626	33,358	34,190	19,031	2,494
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	9,590	312	2,381	1,898	2,098	1,869	911	121
	MN	1	0	0	0	0	0	0	1
	Total	9,591	312	2,381	1,898	2,098	1,869	911	122
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	134,509	520	9,614	25,395	37,525	37,878	20,797	2,780
	MN	10	0	0	0	2	1	1	6
	Total	134,519	520	9,614	25,395	37,527	37,879	20,798	2,786
13. Total Eligibles Enrolled in Managed Care	CN	279,877	13,970	34,621	47,534	61,241	67,049	44,064	11,398
	MN	33	4	1	1	3	1	2	21
	Total	279,910	13,974	34,622	47,535	61,244	67,050	44,066	11,419
14a. Total Number of Screening Blood Lead Tests	CN	15,822	224	11,130	4,468				
	MN	1	0	1	0				
	Total	15,823	224	11,131	4,468				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	614,951	34,049	70,821	99,319	128,708	148,280	105,900	27,874
	MN	3,615	6	67	268	814	1,314	980	166
	Total	618,566	34,055	70,888	99,587	129,522	149,594	106,880	28,040
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	579,950	24,251	67,664	95,829	124,301	143,430	102,014	22,461
	MN	3,459	5	60	249	788	1,284	939	134
	Total	583,409	24,256	67,724	96,078	125,089	144,714	102,953	22,595
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	31,065	1	428	1,086	8,678	12,106	8,603	163
	MN	0	0	0	0	0	0	0	0
	Total	31,065	1	428	1,086	8,678	12,106	8,603	163
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	6,205,434	184,127	717,412	1,060,547	1,362,141	1,591,701	1,118,335	171,171
	MN	36,198	22	517	2,475	8,270	13,630	10,051	1,233
	Total	6,241,632	184,149	717,929	1,063,022	1,370,411	1,605,331	1,128,386	172,404
3b. Average Period of Eligibility	CN	0.89	0.63	0.88	0.92	0.91	0.92	0.91	0.64
	MN	0.87	0.37	0.72	0.83	0.87	0.88	0.89	0.77
	Total	0.89	0.63	0.88	0.92	0.91	0.92	0.91	0.64
4. Expected Number of Screenings per Eligible	CN		3.15	1.76	0.92	0.46	0.92	0.91	0.64
	MN		1.85	1.44	0.83	0.44	0.88	0.89	0.77
	Total		3.15	1.76	0.92	0.46	0.92	0.91	0.64
5. Expected Number of Screenings	CN	579,985	76,391	119,089	88,163	57,178	131,956	92,833	14,375
	MN	2,718	9	86	207	347	1,130	836	103
	Total	582,703	76,400	119,175	88,370	57,525	133,086	93,669	14,478
6. Total Screens Received	CN	509,523	113,440	142,380	73,375	55,182	79,788	40,659	4,699
	MN	1,135	0	43	68	253	453	291	27
	Total	510,658	113,440	142,423	73,443	55,435	80,241	40,950	4,726
7. SCREENING RATIO	CN	0.88	1.00	1.00	0.83	0.97	0.60	0.44	0.33
	MN	0.42	0.00	0.50	0.33	0.73	0.40	0.35	0.26
	Total	0.88	1.00	1.00	0.83	0.96	0.60	0.44	0.33

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	476,420	24,251	67,664	88,163	57,178	131,956	92,833	14,375
	MN	2,688	5	60	207	347	1,130	836	103
	Total	479,108	24,256	67,724	88,370	57,525	133,086	93,669	14,478
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	284,813	23,305	54,158	59,678	46,226	65,262	32,453	3,731
	MN	915	0	24	57	210	365	238	21
	Total	285,728	23,305	54,182	59,735	46,436	65,627	32,691	3,752
10. PARTICIPANT RATIO	CN	0.60	0.96	0.80	0.68	0.81	0.49	0.35	0.26
	MN	0.34	0.00	0.40	0.28	0.61	0.32	0.28	0.20
	Total	0.60	0.96	0.80	0.68	0.81	0.49	0.35	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	143,194	21,491	35,815	25,145	17,926	26,065	14,857	1,895
	MN	393	0	13	21	87	155	106	11
	Total	143,587	21,491	35,828	25,166	18,013	26,220	14,963	1,906
12a. Total Eligibles Receiving Any Dental Services	CN	297,887	246	14,381	55,068	82,134	87,261	51,440	7,357
	MN	1,266	0	8	74	296	517	324	47
	Total	299,153	246	14,389	55,142	82,430	87,778	51,764	7,404
12b. Total Eligibles Receiving Preventive Dental Services	CN	267,153	68	11,687	50,502	76,801	79,612	43,163	5,320
	MN	1,106	0	7	68	258	461	276	36
	Total	268,259	68	11,694	50,570	77,059	80,073	43,439	5,356
12c. Total Eligibles Receiving Dental Treatment Services	CN	136,881	96	1,804	17,988	38,660	43,027	30,743	4,563
	MN	534	0	2	18	116	227	147	24
	Total	137,415	96	1,806	18,006	38,776	43,254	30,890	4,587
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,554				20,189	16,365		
	MN	109				38	71		
	Total	36,663				20,227	16,436		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	284,372	210	14,014	53,616	79,060	82,903	47,816	6,753
	MN	1,187	0	8	71	280	484	299	45
	Total	285,559	210	14,022	53,687	79,340	83,387	48,115	6,798
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	24,728	15	732	3,318	7,924	8,182	4,076	481
	MN	43	0	1	6	10	15	7	4
	Total	24,771	15	733	3,324	7,934	8,197	4,083	485
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	297,887	246	14,381	55,068	82,134	87,261	51,440	7,357
	MN	1,266	0	8	74	296	517	324	47
	Total	299,153	246	14,389	55,142	82,430	87,778	51,764	7,404
13. Total Eligibles Enrolled in Managed Care	CN	578,507	24,249	67,543	95,443	123,882	143,147	101,830	22,413
	MN	3,459	5	60	249	788	1,284	939	134
	Total	581,966	24,254	67,603	95,692	124,670	144,431	102,769	22,547
14a. Total Number of Screening Blood Lead Tests	CN	39,701	509	27,977	11,215				
	MN	13	0	10	3				
	Total	39,714	509	27,987	11,218				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	874,777	43,486	92,642	132,439	178,893	210,130	153,927	63,260
	MN	50	7	6	5	5	10	12	5
	Total	874,827	43,493	92,648	132,444	178,898	210,140	153,939	63,265
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	850,935	35,012	90,922	130,280	175,984	207,093	151,539	60,105
	MN	33	5	2	4	3	4	10	5
	Total	850,968	35,017	90,924	130,284	175,987	207,097	151,549	60,110
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	152,582	668	8,797	15,983	31,119	47,659	39,408	8,948
	MN	2	0	0	1	0	0	0	1
	Total	152,584	668	8,797	15,984	31,119	47,659	39,408	8,949
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	9,587,814	262,405	1,042,369	1,500,378	2,023,895	2,392,487	1,743,703	622,577
	MN	179	23	9	31	12	25	48	31
	Total	9,587,993	262,428	1,042,378	1,500,409	2,023,907	2,392,512	1,743,751	622,608
3b. Average Period of Eligibility	CN	0.94	0.62	0.96	0.96	0.96	0.96	0.96	0.86
	MN	0.45	0.38	0.38	0.65	0.33	0.52	0.40	0.52
	Total	0.94	0.62	0.96	0.96	0.96	0.96	0.96	0.86
4. Expected Number of Screenings per Eligible	CN		3.72	1.92	0.96	0.48	0.58	0.48	0.43
	MN		2.28	0.76	0.65	0.17	0.31	0.20	0.26
	Total		3.72	1.92	0.96	0.48	0.58	0.48	0.43
5. Expected Number of Screenings	CN	733,054	130,245	174,570	125,069	84,472	120,114	72,739	25,845
	MN	21	11	2	3	1	1	2	1
	Total	733,075	130,256	174,572	125,072	84,473	120,115	72,741	25,846
6. Total Screens Received	CN	792,664	155,648	195,925	111,083	96,055	135,792	85,764	12,397
	MN	31	23	0	7	0	0	1	0
	Total	792,695	155,671	195,925	111,090	96,055	135,792	85,765	12,397
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.89	1.00	1.00	1.00	0.48
	MN	1.00	1.00	0.00	1.00	0.00	0.00	0.50	0.00
	Total	1.00	1.00	1.00	0.89	1.00	1.00	1.00	0.48

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	554,173	35,012	90,922	125,069	84,472	120,114	72,739	25,845
	MN	15	5	2	3	1	1	2	1
	Total	554,188	35,017	90,924	125,072	84,473	120,115	72,741	25,846
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	442,573	33,728	74,473	82,213	77,187	102,272	62,681	10,019
	MN	7	5	0	1	0	0	1	0
	Total	442,580	33,733	74,473	82,214	77,187	102,272	62,682	10,019
10. PARTICIPANT RATIO	CN	0.80	0.96	0.82	0.66	0.91	0.85	0.86	0.39
	MN	0.47	1.00	0.00	0.33	0.00	0.00	0.50	0.00
	Total	0.80	0.96	0.82	0.66	0.91	0.85	0.86	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	212,613	21,581	27,005	31,650	44,191	51,568	31,741	4,877
	MN	4	3	0	0	0	0	1	0
	Total	212,617	21,584	27,005	31,650	44,191	51,568	31,742	4,877
12a. Total Eligibles Receiving Any Dental Services	CN	423,819	450	27,936	76,228	108,187	118,197	74,097	18,724
	MN	4	0	0	0	1	0	3	0
	Total	423,823	450	27,936	76,228	108,188	118,197	74,100	18,724
12b. Total Eligibles Receiving Preventive Dental Services	CN	398,050	222	25,990	72,861	103,464	112,775	67,249	15,489
	MN	3	0	0	0	1	0	2	0
	Total	398,053	222	25,990	72,861	103,465	112,775	67,251	15,489
12c. Total Eligibles Receiving Dental Treatment Services	CN	161,991	12	1,717	21,184	47,109	45,589	36,714	9,666
	MN	3	0	0	0	1	0	2	0
	Total	161,994	12	1,717	21,184	47,110	45,589	36,716	9,666
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	43,429				26,776	16,653		
	MN	1				1	0		
	Total	43,430				26,777	16,653		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	403,759	371	27,066	72,459	103,104	113,280	70,079	17,400
	MN	2	0	0	0	1	0	1	0
	Total	403,761	371	27,066	72,459	103,105	113,280	70,080	17,400
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	243	2	35	185	14	7	0	0
	MN	0	0	0	0	0	0	0	0
	Total	243	2	35	185	14	7	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	423,819	450	27,936	76,228	108,187	118,197	74,097	18,724
	MN	4	0	0	0	1	0	3	0
	Total	423,823	450	27,936	76,228	108,188	118,197	74,100	18,724
13. Total Eligibles Enrolled in Managed Care	CN	850,551	35,003	90,781	130,235	175,949	207,057	151,486	60,040
	MN	13	4	2	2	3	0	2	0
	Total	850,564	35,007	90,783	130,237	175,952	207,057	151,488	60,040
14a. Total Number of Screening Blood Lead Tests	CN	49,174	269	35,487	13,418				
	MN	0	0	0	0				
	Total	49,174	269	35,487	13,418				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	126,624	6,052	13,060	18,726	25,968	30,742	22,319	9,757
	MN	22	1	0	2	5	5	5	4
	Total	126,646	6,053	13,060	18,728	25,973	30,747	22,324	9,761
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	122,061	4,910	12,691	18,208	25,315	30,022	21,727	9,188
	MN	17	1	0	2	4	4	3	3
	Total	122,078	4,911	12,691	18,210	25,319	30,026	21,730	9,191
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,156	0	627	1,479	2,580	2,992	2,114	364
	MN	2	0	0	1	0	1	0	0
	Total	10,158	0	627	1,480	2,580	2,993	2,114	364
2a. State Periodicity Schedule			7	4	4	4	5	4	3
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	1.50
3a. Total Months of Eligibility	CN	1,310,239	35,621	135,846	196,637	278,327	331,921	238,062	93,825
	MN	41	1	0	3	12	9	10	6
	Total	1,310,280	35,622	135,846	196,640	278,339	331,930	238,072	93,831
3b. Average Period of Eligibility	CN	0.89	0.60	0.89	0.90	0.92	0.92	0.91	0.85
	MN	0.20	0.08	0.00	0.13	0.25	0.19	0.28	0.17
	Total	0.89	0.60	0.89	0.90	0.92	0.92	0.91	0.85
4. Expected Number of Screenings per Eligible	CN		4.20	1.78	1.20	0.92	0.92	0.91	1.28
	MN		0.56	0.00	0.17	0.25	0.19	0.28	0.26
	Total		4.20	1.78	1.20	0.92	0.92	0.91	1.28
5. Expected Number of Screenings	CN	147,505	20,622	22,590	21,850	23,290	27,620	19,772	11,761
	MN	5	1	0	0	1	1	1	1
	Total	147,510	20,623	22,590	21,850	23,291	27,621	19,773	11,762
6. Total Screens Received	CN	130,967	25,929	35,689	16,307	17,732	20,524	11,991	2,795
	MN	2	0	0	0	0	0	0	2
	Total	130,969	25,929	35,689	16,307	17,732	20,524	11,991	2,797
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.75	0.76	0.74	0.61	0.24
	MN	0.40	0.00	0.00	0.00	0.00	0.00	0.00	1.00
	Total	0.89	1.00	1.00	0.75	0.76	0.74	0.61	0.24

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Form CMS-416

Fiscal Year: 2017

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	115,679	4,910	12,691	18,208	23,290	27,620	19,772	9,188
	MN	5	1	0	0	1	1	1	1
	Total	115,684	4,911	12,691	18,208	23,291	27,621	19,773	9,189
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	61,002	1,692	10,691	10,970	12,852	14,531	8,362	1,904
	MN	1	0	0	0	0	0	0	1
	Total	61,003	1,692	10,691	10,970	12,852	14,531	8,362	1,905
10. PARTICIPANT RATIO	CN	0.53	0.34	0.84	0.60	0.55	0.53	0.42	0.21
	MN	0.20	0.00	0.00	0.00	0.00	0.00	0.00	1.00
	Total	0.53	0.34	0.84	0.60	0.55	0.53	0.42	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	44,186	3,944	8,244	6,595	8,372	9,570	6,012	1,449
	MN	1	0	0	0	0	0	1	0
	Total	44,187	3,944	8,244	6,595	8,372	9,570	6,013	1,449
12a. Total Eligibles Receiving Any Dental Services	CN	47,959	147	2,318	7,512	12,922	14,285	8,519	2,256
	MN	1	0	0	0	0	0	0	1
	Total	47,960	147	2,318	7,512	12,922	14,285	8,519	2,257
12b. Total Eligibles Receiving Preventive Dental Services	CN	42,299	37	2,047	7,047	11,931	12,698	6,943	1,596
	MN	1	0	0	0	0	0	0	1
	Total	42,300	37	2,047	7,047	11,931	12,698	6,943	1,597
12c. Total Eligibles Receiving Dental Treatment Services	CN	19,891	86	250	2,183	5,529	6,200	4,423	1,220
	MN	0	0	0	0	0	0	0	0
	Total	19,891	86	250	2,183	5,529	6,200	4,423	1,220
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,726				3,418	3,308		
	MN	0				0	0		
	Total	6,726				3,418	3,308		

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Fiscal Year: 2017

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	38,793	116	1,735	6,192	10,281	11,503	7,069	1,897
	MN	1	0	0	0	0	0	0	1
	Total	38,794	116	1,735	6,192	10,281	11,503	7,069	1,898
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	34,568	378	5,137	5,447	7,198	8,326	5,937	2,145
	MN	1	0	0	0	0	0	0	1
	Total	34,569	378	5,137	5,447	7,198	8,326	5,937	2,146
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	70,303	506	6,455	10,807	16,929	19,429	12,385	3,792
	MN	2	0	0	0	0	0	0	2
	Total	70,305	506	6,455	10,807	16,929	19,429	12,385	3,794
13. Total Eligibles Enrolled in Managed Care	CN	105,457	4,400	11,806	16,314	22,019	25,566	17,975	7,377
	MN	2	0	0	0	0	1	1	0
	Total	105,459	4,400	11,806	16,314	22,019	25,567	17,976	7,377
14a. Total Number of Screening Blood Lead Tests	CN	4,978	15	3,715	1,248				
	MN	0	0	0	0				
	Total	4,978	15	3,715	1,248				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	715,832	38,753	81,002	112,303	150,878	167,108	115,352	50,436
	MN	834	3	57	88	118	179	189	200
	Total	716,666	38,756	81,059	112,391	150,996	167,287	115,541	50,636
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	690,959	31,360	78,677	109,609	147,469	163,224	112,454	48,166
	MN	826	3	56	84	118	179	189	197
	Total	691,785	31,363	78,733	109,693	147,587	163,403	112,643	48,363
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	147,579	607	12,826	23,939	35,404	41,283	28,328	5,192
	MN	0	0	0	0	0	0	0	0
	Total	147,579	607	12,826	23,939	35,404	41,283	28,328	5,192
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,661,760	231,206	875,301	1,236,930	1,675,357	1,855,056	1,268,303	519,607
	MN	8,559	27	547	869	1,245	1,882	2,010	1,979
	Total	7,670,319	231,233	875,848	1,237,799	1,676,602	1,856,938	1,270,313	521,586
3b. Average Period of Eligibility	CN	0.92	0.61	0.93	0.94	0.95	0.95	0.94	0.90
	MN	0.86	0.75	0.81	0.86	0.88	0.88	0.89	0.84
	Total	0.92	0.61	0.93	0.94	0.95	0.95	0.94	0.90
4. Expected Number of Screenings per Eligible	CN		3.66	1.86	0.94	0.95	0.95	0.94	0.90
	MN		4.50	1.62	0.86	0.88	0.88	0.89	0.84
	Total		3.66	1.86	0.94	0.95	0.95	0.94	0.90
5. Expected Number of Screenings	CN	808,364	114,778	146,339	103,032	140,096	155,063	105,707	43,349
	MN	772	14	91	72	104	158	168	165
	Total	809,136	114,792	146,430	103,104	140,200	155,221	105,875	43,514
6. Total Screens Received	CN	753,111	142,504	191,641	102,592	102,802	117,242	74,368	21,962
	MN	342	2	46	42	55	77	78	42
	Total	753,453	142,506	191,687	102,634	102,857	117,319	74,446	22,004
7. SCREENING RATIO	CN	0.93	1.00	1.00	1.00	0.73	0.76	0.70	0.51
	MN	0.44	0.14	0.51	0.58	0.53	0.49	0.46	0.25
	Total	0.93	1.00	1.00	1.00	0.73	0.76	0.70	0.51

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Fiscal Year: 2017

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	657,284	31,360	78,677	103,032	140,096	155,063	105,707	43,349
	MN	726	3	56	72	104	158	168	165
	Total	658,010	31,363	78,733	103,104	140,200	155,221	105,875	43,514
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	433,403	29,089	66,979	80,070	86,438	97,044	58,144	15,639
	MN	260	1	23	32	51	58	61	34
	Total	433,663	29,090	67,002	80,102	86,489	97,102	58,205	15,673
10. PARTICIPANT RATIO	CN	0.66	0.93	0.85	0.78	0.62	0.63	0.55	0.36
	MN	0.36	0.33	0.41	0.44	0.49	0.37	0.36	0.21
	Total	0.66	0.93	0.85	0.78	0.62	0.63	0.55	0.36
11. Total Eligibles Referred for Corrective Treatment	CN	429,246	28,423	66,824	79,722	85,971	96,364	57,142	14,800
	MN	258	1	23	32	51	58	59	34
	Total	429,504	28,424	66,847	79,754	86,022	96,422	57,201	14,834
12a. Total Eligibles Receiving Any Dental Services	CN	397,085	249	25,204	70,640	105,434	110,877	65,478	19,203
	MN	307	0	8	33	61	81	71	53
	Total	397,392	249	25,212	70,673	105,495	110,958	65,549	19,256
12b. Total Eligibles Receiving Preventive Dental Services	CN	364,220	109	22,414	65,820	98,681	103,091	58,177	15,928
	MN	270	0	7	29	58	75	59	42
	Total	364,490	109	22,421	65,849	98,739	103,166	58,236	15,970
12c. Total Eligibles Receiving Dental Treatment Services	CN	165,987	37	1,233	18,663	46,847	51,900	36,253	11,054
	MN	128	0	0	7	21	30	36	34
	Total	166,115	37	1,233	18,670	46,868	51,930	36,289	11,088
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	68,928				29,144	39,784		
	MN	41				12	29		
	Total	68,969				29,156	39,813		

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Form CMS-416

Fiscal Year: 2017

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	367,926	208	23,456	66,279	98,718	102,852	59,303	17,110
	MN	270	0	7	26	55	75	59	48
	Total	368,196	208	23,463	66,305	98,773	102,927	59,362	17,158
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,415	630	14,405	3,380	0	0	0	0
	MN	9	0	8	1	0	0	0	0
	Total	18,424	630	14,413	3,381	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	408,408	873	34,602	71,941	105,434	110,877	65,478	19,203
	MN	313	0	13	34	61	81	71	53
	Total	408,721	873	34,615	71,975	105,495	110,958	65,549	19,256
13. Total Eligibles Enrolled in Managed Care	CN	683,391	30,858	78,131	108,616	146,152	161,644	110,807	47,183
	MN	775	3	52	77	103	168	184	188
	Total	684,166	30,861	78,183	108,693	146,255	161,812	110,991	47,371
14a. Total Number of Screening Blood Lead Tests	CN	75,928	1,026	50,574	24,328				
	MN	21	0	15	6				
	Total	75,949	1,026	50,589	24,334				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	685,230	37,404	76,874	100,138	134,448	156,725	118,856	60,785
	MN	0	0	0	0	0	0	0	0
	Total	685,230	37,404	76,874	100,138	134,448	156,725	118,856	60,785
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	625,682	25,921	69,214	92,793	125,477	146,431	109,758	56,088
	MN	0	0	0	0	0	0	0	0
	Total	625,682	25,921	69,214	92,793	125,477	146,431	109,758	56,088
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	362,280	22,320	38,149	51,907	75,709	85,237	67,392	21,566
	MN	0	0	0	0	0	0	0	0
	Total	362,280	22,320	38,149	51,907	75,709	85,237	67,392	21,566
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	6,657,341	184,731	724,527	1,003,418	1,369,710	1,603,316	1,188,757	582,882
	MN	0	0	0	0	0	0	0	0
	Total	6,657,341	184,731	724,527	1,003,418	1,369,710	1,603,316	1,188,757	582,882
3b. Average Period of Eligibility	CN	0.89	0.59	0.87	0.90	0.91	0.91	0.90	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.59	0.87	0.90	0.91	0.91	0.90	0.87
4. Expected Number of Screenings per Eligible	CN		3.54	1.74	0.90	0.91	0.91	0.90	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.54	1.74	0.90	0.91	0.91	0.90	0.87
5. Expected Number of Screenings	CN	690,721	91,760	120,432	83,514	114,184	133,252	98,782	48,797
	MN	0	0	0	0	0	0	0	0
	Total	690,721	91,760	120,432	83,514	114,184	133,252	98,782	48,797
6. Total Screens Received	CN	840,519	118,436	207,777	117,689	123,022	135,978	99,713	37,904
	MN	0	0	0	0	0	0	0	0
	Total	840,519	118,436	207,777	117,689	123,022	135,978	99,713	37,904
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.78
	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	0.78

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Fiscal Year: 2017

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	573,664	25,921	69,214	83,514	114,184	133,252	98,782	48,797
	MN	0	0	0	0	0	0	0	0
	Total	573,664	25,921	69,214	83,514	114,184	133,252	98,782	48,797
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	404,137	19,439	57,662	67,612	82,163	93,082	62,749	21,430
	MN	0	0	0	0	0	0	0	0
	Total	404,137	19,439	57,662	67,612	82,163	93,082	62,749	21,430
10. PARTICIPANT RATIO	CN	0.70	0.75	0.83	0.81	0.72	0.70	0.64	0.44
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.75	0.83	0.81	0.72	0.70	0.64	0.44
11. Total Eligibles Referred for Corrective Treatment	CN	340,171	9,011	45,680	54,792	70,055	79,648	56,460	24,525
	MN	0	0	0	0	0	0	0	0
	Total	340,171	9,011	45,680	54,792	70,055	79,648	56,460	24,525
12a. Total Eligibles Receiving Any Dental Services	CN	347,467	312	17,659	54,545	87,242	99,059	64,758	23,892
	MN	0	0	0	0	0	0	0	0
	Total	347,467	312	17,659	54,545	87,242	99,059	64,758	23,892
12b. Total Eligibles Receiving Preventive Dental Services	CN	322,144	133	16,498	53,041	84,181	91,969	56,345	19,977
	MN	0	0	0	0	0	0	0	0
	Total	322,144	133	16,498	53,041	84,181	91,969	56,345	19,977
12c. Total Eligibles Receiving Dental Treatment Services	CN	183,971	164	2,585	16,588	45,628	60,636	42,874	15,496
	MN	0	0	0	0	0	0	0	0
	Total	183,971	164	2,585	16,588	45,628	60,636	42,874	15,496
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,798				27,207	29,591		
	MN	0				0	0		
	Total	56,798				27,207	29,591		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	320,459	203	17,154	52,692	81,955	90,190	56,973	21,292
	MN	0	0	0	0	0	0	0	0
	Total	320,459	203	17,154	52,692	81,955	90,190	56,973	21,292
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,837	67	1,488	2,186	3,871	2,624	496	105
	MN	0	0	0	0	0	0	0	0
	Total	10,837	67	1,488	2,186	3,871	2,624	496	105
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	351,830	377	18,807	55,436	88,417	99,876	64,972	23,945
	MN	0	0	0	0	0	0	0	0
	Total	351,830	377	18,807	55,436	88,417	99,876	64,972	23,945
13. Total Eligibles Enrolled in Managed Care	CN	513,784	8,481	60,781	80,662	107,734	122,738	89,083	44,305
	MN	0	0	0	0	0	0	0	0
	Total	513,784	8,481	60,781	80,662	107,734	122,738	89,083	44,305
14a. Total Number of Screening Blood Lead Tests	CN	81,890	2,397	41,708	37,785				
	MN	0	0	0	0				
	Total	81,890	2,397	41,708	37,785				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,202,498	66,159	134,399	186,068	239,852	277,619	205,059	93,342
	MN	5,605	422	296	385	503	697	894	2,408
	Total	1,208,103	66,581	134,695	186,453	240,355	278,316	205,953	95,750
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,151,470	53,878	130,329	179,774	232,473	269,263	198,127	87,626
	MN	3,450	204	174	195	275	378	525	1,699
	Total	1,154,920	54,082	130,503	179,969	232,748	269,641	198,652	89,325
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	104,256	4	8,585	14,875	18,397	21,343	33,197	7,855
	MN	0	0	0	0	0	0	0	0
	Total	104,256	4	8,585	14,875	18,397	21,343	33,197	7,855
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	12,592,136	395,182	1,435,670	1,996,801	2,606,589	3,030,152	2,211,353	916,389
	MN	26,783	1,084	1,196	1,447	2,150	3,080	3,964	13,862
	Total	12,618,919	396,266	1,436,866	1,998,248	2,608,739	3,033,232	2,215,317	930,251
3b. Average Period of Eligibility	CN	0.91	0.61	0.92	0.93	0.93	0.94	0.93	0.87
	MN	0.65	0.44	0.57	0.62	0.65	0.68	0.63	0.68
	Total	0.91	0.61	0.92	0.93	0.93	0.94	0.93	0.87
4. Expected Number of Screenings per Eligible	CN		4.27	1.84	1.24	0.93	0.94	0.93	0.87
	MN		3.08	1.14	0.82	0.65	0.68	0.63	0.68
	Total		4.27	1.84	1.24	0.93	0.94	0.93	0.87
5. Expected Number of Screenings	CN	1,422,584	230,059	239,805	222,920	216,200	253,107	184,258	76,235
	MN	2,908	628	198	160	179	257	331	1,155
	Total	1,425,492	230,687	240,003	223,080	216,379	253,364	184,589	77,390
6. Total Screens Received	CN	996,024	230,414	262,298	137,419	117,444	141,727	84,717	22,005
	MN	1,406	593	163	84	86	127	103	250
	Total	997,430	231,007	262,461	137,503	117,530	141,854	84,820	22,255
7. SCREENING RATIO	CN	0.70	1.00	1.00	0.62	0.54	0.56	0.46	0.29
	MN	0.48	0.94	0.82	0.53	0.48	0.49	0.31	0.22
	Total	0.70	1.00	1.00	0.62	0.54	0.56	0.46	0.29

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,093,781	53,878	130,329	179,774	216,200	253,107	184,258	76,235
	MN	2,460	204	174	160	179	257	331	1,155
	Total	1,096,241	54,082	130,503	179,934	216,379	253,364	184,589	77,390
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	564,200	49,408	99,353	107,589	98,973	118,344	72,214	18,319
	MN	778	165	77	65	68	105	85	213
	Total	564,978	49,573	99,430	107,654	99,041	118,449	72,299	18,532
10. PARTICIPANT RATIO	CN	0.52	0.92	0.76	0.60	0.46	0.47	0.39	0.24
	MN	0.32	0.81	0.44	0.41	0.38	0.41	0.26	0.18
	Total	0.52	0.92	0.76	0.60	0.46	0.47	0.39	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	513,455	413	20,008	85,244	142,237	148,696	92,036	24,821
	MN	872	0	11	59	105	127	146	424
	Total	514,327	413	20,019	85,303	142,342	148,823	92,182	25,245
12b. Total Eligibles Receiving Preventive Dental Services	CN	469,939	210	16,759	79,447	134,419	140,304	80,470	18,330
	MN	744	0	7	53	97	117	128	342
	Total	470,683	210	16,766	79,500	134,516	140,421	80,598	18,672
12c. Total Eligibles Receiving Dental Treatment Services	CN	209,235	23	1,258	24,264	61,575	61,351	46,772	13,992
	MN	396	0	1	20	40	56	63	216
	Total	209,631	23	1,259	24,284	61,615	61,407	46,835	14,208
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	59,114				32,642	26,472		
	MN	45				18	27		
	Total	59,159				32,660	26,499		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	489,306	390	19,138	81,593	136,254	141,855	86,900	23,176
	MN	811	0	11	55	100	119	137	389
	Total	490,117	390	19,149	81,648	136,354	141,974	87,037	23,565
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	43,558	2,064	20,385	7,705	5,914	6,205	1,251	34
	MN	21	2	8	2	1	7	1	0
	Total	43,579	2,066	20,393	7,707	5,915	6,212	1,252	34
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	547,137	2,449	37,123	90,329	146,101	153,322	92,969	24,844
	MN	888	2	17	61	105	132	147	424
	Total	548,025	2,451	37,140	90,390	146,206	153,454	93,116	25,268
13. Total Eligibles Enrolled in Managed Care	CN	1,016,977	47,415	120,395	163,093	207,042	235,157	169,566	74,309
	MN	2,246	155	125	118	170	244	306	1,128
	Total	1,019,223	47,570	120,520	163,211	207,212	235,401	169,872	75,437
14a. Total Number of Screening Blood Lead Tests	CN	123,457	2,497	78,205	42,755				
	MN	86	4	55	27				
	Total	123,543	2,501	78,260	42,782				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	654,350	33,700	78,488	105,846	134,721	152,932	104,423	44,240
	MN	250	21	14	24	31	44	54	62
	Total	654,600	33,721	78,502	105,870	134,752	152,976	104,477	44,302
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	614,044	27,060	73,426	99,970	127,979	145,688	99,206	40,715
	MN	222	16	10	19	31	42	46	58
	Total	614,266	27,076	73,436	99,989	128,010	145,730	99,252	40,773
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	887	77	623	0	0	2	62	123
	MN	1	0	1	0	0	0	0	0
	Total	888	77	624	0	0	2	62	123
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	6,222,596	193,821	741,127	1,020,851	1,328,259	1,520,055	1,026,403	392,080
	MN	2,219	120	86	182	307	439	457	628
	Total	6,224,815	193,941	741,213	1,021,033	1,328,566	1,520,494	1,026,860	392,708
3b. Average Period of Eligibility	CN	0.84	0.60	0.84	0.85	0.86	0.87	0.86	0.80
	MN	0.83	0.63	0.72	0.80	0.83	0.87	0.83	0.90
	Total	0.84	0.60	0.84	0.85	0.86	0.87	0.86	0.80
4. Expected Number of Screenings per Eligible	CN		3.00	1.68	0.85	0.43	0.52	0.43	0.40
	MN		3.15	1.44	0.80	0.42	0.52	0.42	0.45
	Total		3.00	1.68	0.85	0.43	0.52	0.43	0.40
5. Expected Number of Screenings	CN	479,245	81,180	123,356	84,975	55,031	75,758	42,659	16,286
	MN	159	50	14	15	13	22	19	26
	Total	479,404	81,230	123,370	84,990	55,044	75,780	42,678	16,312
6. Total Screens Received	CN	431,653	101,504	126,999	61,467	47,339	57,788	29,783	6,773
	MN	101	25	12	6	9	12	15	22
	Total	431,754	101,529	127,011	61,473	47,348	57,800	29,798	6,795
7. SCREENING RATIO	CN	0.90	1.00	1.00	0.72	0.86	0.76	0.70	0.42
	MN	0.64	0.50	0.86	0.40	0.69	0.55	0.79	0.85
	Total	0.90	1.00	1.00	0.72	0.86	0.76	0.70	0.42

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	375,195	27,060	73,426	84,975	55,031	75,758	42,659	16,286
	MN	121	16	10	15	13	22	19	26
	Total	375,316	27,076	73,436	84,990	55,044	75,780	42,678	16,312
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	272,918	24,739	56,418	57,125	45,472	54,727	28,012	6,425
	MN	76	9	6	6	9	12	15	19
	Total	272,994	24,748	56,424	57,131	45,481	54,739	28,027	6,444
10. PARTICIPANT RATIO	CN	0.73	0.91	0.77	0.67	0.83	0.72	0.66	0.39
	MN	0.63	0.56	0.60	0.40	0.69	0.55	0.79	0.73
	Total	0.73	0.91	0.77	0.67	0.83	0.72	0.66	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	30,321	2,351	6,300	6,348	5,629	6,372	3,023	298
	MN	8	1	0	2	0	1	2	2
	Total	30,329	2,352	6,300	6,350	5,629	6,373	3,025	300
12a. Total Eligibles Receiving Any Dental Services	CN	236,621	191	9,473	40,547	64,673	70,286	40,024	11,427
	MN	92	0	1	5	18	19	23	26
	Total	236,713	191	9,474	40,552	64,691	70,305	40,047	11,453
12b. Total Eligibles Receiving Preventive Dental Services	CN	214,904	116	7,910	37,745	60,777	65,155	34,636	8,565
	MN	81	0	1	5	17	16	18	24
	Total	214,985	116	7,911	37,750	60,794	65,171	34,654	8,589
12c. Total Eligibles Receiving Dental Treatment Services	CN	97,894	22	934	13,067	29,465	29,297	19,004	6,105
	MN	39	0	0	0	10	8	7	14
	Total	97,933	22	934	13,067	29,475	29,305	19,011	6,119
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	34,945				18,218	16,727		
	MN	12				5	7		
	Total	34,957				18,223	16,734		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	219,064	152	8,708	38,167	59,708	65,138	36,770	10,421
	MN	88	0	1	5	17	18	22	25
	Total	219,152	152	8,709	38,172	59,725	65,156	36,792	10,446
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	35,635	830	16,417	12,151	3,338	2,060	695	144
	MN	7	0	3	0	3	0	0	1
	Total	35,642	830	16,420	12,151	3,341	2,060	695	145
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	259,810	1,009	23,345	47,016	65,774	70,951	40,244	11,471
	MN	95	0	4	5	18	19	23	26
	Total	259,905	1,009	23,349	47,021	65,792	70,970	40,267	11,497
13. Total Eligibles Enrolled in Managed Care	CN	539,496	23,644	67,455	89,173	112,279	125,499	84,957	36,489
	MN	75	4	4	6	8	13	12	28
	Total	539,571	23,648	67,459	89,179	112,287	125,512	84,969	36,517
14a. Total Number of Screening Blood Lead Tests	CN	44,085	1,303	35,206	7,576				
	MN	3	1	2	0				
	Total	44,088	1,304	35,208	7,576				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	447,009	27,362	54,251	74,917	102,151	110,975	59,830	17,523
	MN	0	0	0	0	0	0	0	0
	Total	447,009	27,362	54,251	74,917	102,151	110,975	59,830	17,523
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	423,176	21,772	52,077	72,051	98,299	106,985	57,468	14,524
	MN	0	0	0	0	0	0	0	0
	Total	423,176	21,772	52,077	72,051	98,299	106,985	57,468	14,524
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	4,773,096	166,313	596,206	830,603	1,139,363	1,246,149	667,565	126,897
	MN	0	0	0	0	0	0	0	0
	Total	4,773,096	166,313	596,206	830,603	1,139,363	1,246,149	667,565	126,897
3b. Average Period of Eligibility	CN	0.94	0.64	0.95	0.96	0.97	0.97	0.97	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.64	0.95	0.96	0.97	0.97	0.97	0.73
4. Expected Number of Screenings per Eligible	CN		3.84	2.38	0.96	0.97	0.97	0.97	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	2.38	0.96	0.97	0.97	0.97	0.73
5. Expected Number of Screenings	CN	542,188	83,604	123,943	69,169	95,350	103,775	55,744	10,603
	MN	0	0	0	0	0	0	0	0
	Total	542,188	83,604	123,943	69,169	95,350	103,775	55,744	10,603
6. Total Screens Received	CN	314,626	87,296	96,459	44,002	33,599	38,080	13,864	1,326
	MN	0	0	0	0	0	0	0	0
	Total	314,626	87,296	96,459	44,002	33,599	38,080	13,864	1,326
7. SCREENING RATIO	CN	0.58	1.00	0.78	0.64	0.35	0.37	0.25	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	1.00	0.78	0.64	0.35	0.37	0.25	0.13

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	408,490	21,772	52,077	69,169	95,350	103,775	55,744	10,603
	MN	0	0	0	0	0	0	0	0
	Total	408,490	21,772	52,077	69,169	95,350	103,775	55,744	10,603
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	177,232	21,039	39,608	38,111	30,327	34,267	12,657	1,223
	MN	0	0	0	0	0	0	0	0
	Total	177,232	21,039	39,608	38,111	30,327	34,267	12,657	1,223
10. PARTICIPANT RATIO	CN	0.43	0.97	0.76	0.55	0.32	0.33	0.23	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.97	0.76	0.55	0.32	0.33	0.23	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	83,768	16,028	26,848	14,366	11,138	11,281	3,822	285
	MN	0	0	0	0	0	0	0	0
	Total	83,768	16,028	26,848	14,366	11,138	11,281	3,822	285
12a. Total Eligibles Receiving Any Dental Services	CN	223,651	149	12,595	43,669	64,538	67,714	30,225	4,761
	MN	0	0	0	0	0	0	0	0
	Total	223,651	149	12,595	43,669	64,538	67,714	30,225	4,761
12b. Total Eligibles Receiving Preventive Dental Services	CN	203,823	55	11,066	41,002	60,722	61,989	25,315	3,674
	MN	0	0	0	0	0	0	0	0
	Total	203,823	55	11,066	41,002	60,722	61,989	25,315	3,674
12c. Total Eligibles Receiving Dental Treatment Services	CN	94,381	11	1,041	12,581	27,116	32,189	18,549	2,894
	MN	0	0	0	0	0	0	0	0
	Total	94,381	11	1,041	12,581	27,116	32,189	18,549	2,894
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,259				18,258	19,001		
	MN	0				0	0		
	Total	37,259				18,258	19,001		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	213,758	143	12,361	42,643	62,801	64,229	27,348	4,233
	MN	0	0	0	0	0	0	0	0
	Total	213,758	143	12,361	42,643	62,801	64,229	27,348	4,233
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	26,112	1,567	9,818	6,896	4,263	2,333	1,051	184
	MN	0	0	0	0	0	0	0	0
	Total	26,112	1,567	9,818	6,896	4,263	2,333	1,051	184
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	238,492	1,711	19,939	45,405	66,167	69,434	30,960	4,876
	MN	0	0	0	0	0	0	0	0
	Total	238,492	1,711	19,939	45,405	66,167	69,434	30,960	4,876
13. Total Eligibles Enrolled in Managed Care	CN	406,812	21,676	51,184	69,989	94,474	101,674	54,120	13,695
	MN	0	0	0	0	0	0	0	0
	Total	406,812	21,676	51,184	69,989	94,474	101,674	54,120	13,695
14a. Total Number of Screening Blood Lead Tests	CN	34,061	247	20,466	13,348				
	MN	0	0	0	0				
	Total	34,061	247	20,466	13,348				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	748,737	39,615	87,118	123,767	158,284	179,999	122,972	36,982
	MN	0	0	0	0	0	0	0	0
	Total	748,737	39,615	87,118	123,767	158,284	179,999	122,972	36,982
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	719,008	29,093	85,163	121,158	155,149	176,717	120,616	31,112
	MN	0	0	0	0	0	0	0	0
	Total	719,008	29,093	85,163	121,158	155,149	176,717	120,616	31,112
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	3,122	5	379	544	729	794	566	105
	MN	0	0	0	0	0	0	0	0
	Total	3,122	5	379	544	729	794	566	105
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	8,081,505	228,986	961,922	1,387,161	1,786,246	2,043,006	1,388,035	286,149
	MN	0	0	0	0	0	0	0	0
	Total	8,081,505	228,986	961,922	1,387,161	1,786,246	2,043,006	1,388,035	286,149
3b. Average Period of Eligibility	CN	0.94	0.66	0.94	0.95	0.96	0.96	0.96	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.66	0.94	0.95	0.96	0.96	0.96	0.77
4. Expected Number of Screenings per Eligible	CN		3.30	1.88	0.95	0.48	0.58	0.48	0.39
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.30	1.88	0.95	0.48	0.58	0.48	0.39
5. Expected Number of Screenings	CN	618,211	96,007	160,106	115,100	74,472	102,496	57,896	12,134
	MN	0	0	0	0	0	0	0	0
	Total	618,211	96,007	160,106	115,100	74,472	102,496	57,896	12,134
6. Total Screens Received	CN	901,798	147,394	224,547	129,967	127,681	151,460	101,333	19,416
	MN	0	0	0	0	0	0	0	0
	Total	901,798	147,394	224,547	129,967	127,681	151,460	101,333	19,416
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: 2017

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	476,354	29,093	85,163	115,100	74,472	102,496	57,896	12,134
	MN	0	0	0	0	0	0	0	0
	Total	476,354	29,093	85,163	115,100	74,472	102,496	57,896	12,134
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	312,458	26,648	59,705	59,918	56,146	65,471	38,861	5,709
	MN	0	0	0	0	0	0	0	0
	Total	312,458	26,648	59,705	59,918	56,146	65,471	38,861	5,709
10. PARTICIPANT RATIO	CN	0.66	0.92	0.70	0.52	0.75	0.64	0.67	0.47
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.92	0.70	0.52	0.75	0.64	0.67	0.47
11. Total Eligibles Referred for Corrective Treatment	CN	71,507	8,353	13,239	10,814	11,956	14,007	10,377	2,761
	MN	0	0	0	0	0	0	0	0
	Total	71,507	8,353	13,239	10,814	11,956	14,007	10,377	2,761
12a. Total Eligibles Receiving Any Dental Services	CN	251,312	134	10,502	41,712	73,364	77,083	42,821	5,696
	MN	0	0	0	0	0	0	0	0
	Total	251,312	134	10,502	41,712	73,364	77,083	42,821	5,696
12b. Total Eligibles Receiving Preventive Dental Services	CN	224,412	78	8,402	37,391	67,848	70,823	35,832	4,038
	MN	0	0	0	0	0	0	0	0
	Total	224,412	78	8,402	37,391	67,848	70,823	35,832	4,038
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,964	20	757	12,350	32,731	32,693	22,248	3,165
	MN	0	0	0	0	0	0	0	0
	Total	103,964	20	757	12,350	32,731	32,693	22,248	3,165
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,112				18,851	17,261		
	MN	0				0	0		
	Total	36,112				18,851	17,261		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	237,412	117	10,180	40,073	69,729	72,883	39,298	5,132
	MN	0	0	0	0	0	0	0	0
	Total	237,412	117	10,180	40,073	69,729	72,883	39,298	5,132
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,578	31	1,084	1,593	485	116	220	49
	MN	0	0	0	0	0	0	0	0
	Total	3,578	31	1,084	1,593	485	116	220	49
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	252,621	164	11,358	42,070	73,408	77,092	42,830	5,699
	MN	0	0	0	0	0	0	0	0
	Total	252,621	164	11,358	42,070	73,408	77,092	42,830	5,699
13. Total Eligibles Enrolled in Managed Care	CN	674,914	27,897	81,402	114,652	147,377	167,536	113,027	23,023
	MN	0	0	0	0	0	0	0	0
	Total	674,914	27,897	81,402	114,652	147,377	167,536	113,027	23,023
14a. Total Number of Screening Blood Lead Tests	CN	68,878	708	41,822	26,348				
	MN	0	0	0	0				
	Total	68,878	708	41,822	26,348				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	124,771	6,432	14,499	19,955	25,817	28,906	19,465	9,697
	MN	797	2	0	1	7	10	165	612
	Total	125,568	6,434	14,499	19,956	25,824	28,916	19,630	10,309
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	118,608	5,195	13,874	19,219	24,891	27,901	18,667	8,861
	MN	757	0	0	1	7	9	163	577
	Total	119,365	5,195	13,874	19,220	24,898	27,910	18,830	9,438
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,676	0	0	0	1,746	3,286	2,242	402
	MN	0	0	0	0	0	0	0	0
	Total	7,676	0	0	0	1,746	3,286	2,242	402
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	1,300,144	38,064	152,034	214,722	280,751	315,098	208,422	91,053
	MN	8,200	0	0	12	53	100	1,761	6,274
	Total	1,308,344	38,064	152,034	214,734	280,804	315,198	210,183	97,327
3b. Average Period of Eligibility	CN	0.91	0.61	0.91	0.93	0.94	0.94	0.93	0.86
	MN	0.90	0.00	0.00	1.00	0.63	0.93	0.90	0.91
	Total	0.91	0.61	0.91	0.93	0.94	0.94	0.93	0.86
4. Expected Number of Screenings per Eligible	CN		3.66	2.28	0.93	0.94	0.94	0.93	0.86
	MN		0.00	0.00	1.00	0.63	0.93	0.90	0.91
	Total		3.66	2.28	0.93	0.94	0.94	0.93	0.86
5. Expected Number of Screenings	CN	143,126	19,014	31,633	17,874	23,398	26,227	17,360	7,620
	MN	685	0	0	1	4	8	147	525
	Total	143,811	19,014	31,633	17,875	23,402	26,235	17,507	8,145
6. Total Screens Received	CN	105,714	26,411	32,203	14,724	10,136	14,597	6,906	737
	MN	68	0	0	0	1	0	19	48
	Total	105,782	26,411	32,203	14,724	10,137	14,597	6,925	785
7. SCREENING RATIO	CN	0.74	1.00	1.00	0.82	0.43	0.56	0.40	0.10
	MN	0.10	0.00	0.00	0.00	0.25	0.00	0.13	0.09
	Total	0.74	1.00	1.00	0.82	0.43	0.56	0.40	0.10

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	111,548	5,195	13,874	17,874	23,398	26,227	17,360	7,620
	MN	685	0	0	1	4	8	147	525
	Total	112,233	5,195	13,874	17,875	23,402	26,235	17,507	8,145
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	49,099	5,092	10,480	10,091	7,447	10,360	5,033	596
	MN	45	0	0	0	1	0	13	31
	Total	49,144	5,092	10,480	10,091	7,448	10,360	5,046	627
10. PARTICIPANT RATIO	CN	0.44	0.98	0.76	0.56	0.32	0.40	0.29	0.08
	MN	0.07	0.00	0.00	0.00	0.25	0.00	0.09	0.06
	Total	0.44	0.98	0.76	0.56	0.32	0.39	0.29	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	44,801	4,763	9,893	9,098	7,044	9,216	4,287	500
	MN	45	0	0	0	1	0	13	31
	Total	44,846	4,763	9,893	9,098	7,045	9,216	4,300	531
12a. Total Eligibles Receiving Any Dental Services	CN	66,735	105	4,734	12,087	17,605	18,961	10,297	2,946
	MN	232	0	0	1	5	4	48	174
	Total	66,967	105	4,734	12,088	17,610	18,965	10,345	3,120
12b. Total Eligibles Receiving Preventive Dental Services	CN	60,692	71	4,380	11,595	16,924	17,401	8,362	1,959
	MN	130	0	0	1	5	3	31	90
	Total	60,822	71	4,380	11,596	16,929	17,404	8,393	2,049
12c. Total Eligibles Receiving Dental Treatment Services	CN	61,702	96	4,405	11,115	15,986	17,435	9,833	2,832
	MN	229	0	0	1	5	4	46	173
	Total	61,931	96	4,405	11,116	15,991	17,439	9,879	3,005
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,679				5,589	5,090		
	MN	3				2	1		
	Total	10,682				5,591	5,091		

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Form CMS-416

Fiscal Year: 2017

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	59,346	89	4,494	11,097	15,493	16,491	9,061	2,621
	MN	214	0	0	1	5	3	40	165
	Total	59,560	89	4,494	11,098	15,498	16,494	9,101	2,786
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	460	0	98	65	75	115	87	20
	MN	0	0	0	0	0	0	0	0
	Total	460	0	98	65	75	115	87	20
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	66,827	105	4,734	12,087	17,634	19,007	10,310	2,950
	MN	232	0	0	1	5	4	48	174
	Total	67,059	105	4,734	12,088	17,639	19,011	10,358	3,124
13. Total Eligibles Enrolled in Managed Care	CN	111,095	4,562	13,520	18,373	23,629	26,047	17,185	7,779
	MN	749	0	0	1	7	8	160	573
	Total	111,844	4,562	13,520	18,374	23,636	26,055	17,345	8,352
14a. Total Number of Screening Blood Lead Tests	CN	2,825	13	1,698	1,114				
	MN	0	0	0	0				
	Total	2,825	13	1,698	1,114				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	199,450	12,376	25,089	33,271	43,314	48,024	29,756	7,620
	MN	78	8	9	2	6	16	18	19
	Total	199,528	12,384	25,098	33,273	43,320	48,040	29,774	7,639
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	187,634	10,033	23,806	31,676	41,392	46,022	28,295	6,410
	MN	74	6	8	2	6	15	18	19
	Total	187,708	10,039	23,814	31,678	41,398	46,037	28,313	6,429
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	51,550	525	5,098	7,928	12,344	14,791	9,536	1,328
	MN	0	0	0	0	0	0	0	0
	Total	51,550	525	5,098	7,928	12,344	14,791	9,536	1,328
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	1,971,149	73,129	253,200	338,879	449,049	501,770	302,478	52,644
	MN	652	34	71	12	61	162	196	116
	Total	1,971,801	73,163	253,271	338,891	449,110	501,932	302,674	52,760
3b. Average Period of Eligibility	CN	0.88	0.61	0.89	0.89	0.90	0.91	0.89	0.68
	MN	0.73	0.47	0.74	0.50	0.85	0.90	0.91	0.51
	Total	0.88	0.61	0.89	0.89	0.90	0.91	0.89	0.68
4. Expected Number of Screenings per Eligible	CN		3.66	2.23	0.89	0.90	0.91	0.89	0.68
	MN		2.82	1.85	0.50	0.85	0.90	0.91	0.51
	Total		3.66	2.23	0.89	0.90	0.91	0.89	0.68
5. Expected Number of Screenings	CN	226,675	36,721	53,087	28,192	37,253	41,880	25,183	4,359
	MN	78	17	15	1	5	14	16	10
	Total	226,753	36,738	53,102	28,193	37,258	41,894	25,199	4,369
6. Total Screens Received	CN	160,203	44,822	49,880	21,586	13,535	19,794	9,834	752
	MN	6	0	0	0	4	0	1	1
	Total	160,209	44,822	49,880	21,586	13,539	19,794	9,835	753
7. SCREENING RATIO	CN	0.71	1.00	0.94	0.77	0.36	0.47	0.39	0.17
	MN	0.08	0.00	0.00	0.00	0.80	0.00	0.06	0.10
	Total	0.71	1.00	0.94	0.77	0.36	0.47	0.39	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	170,706	10,033	23,806	28,192	37,253	41,880	25,183	4,359
	MN	60	6	8	1	5	14	16	10
	Total	170,766	10,039	23,814	28,193	37,258	41,894	25,199	4,369
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	79,017	9,339	17,509	16,303	11,240	16,294	7,827	505
	MN	5	0	0	0	3	0	1	1
	Total	79,022	9,339	17,509	16,303	11,243	16,294	7,828	506
10. PARTICIPANT RATIO	CN	0.46	0.93	0.74	0.58	0.30	0.39	0.31	0.12
	MN	0.08	0.00	0.00	0.00	0.60	0.00	0.06	0.10
	Total	0.46	0.93	0.74	0.58	0.30	0.39	0.31	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	4,108	1,740	978	361	324	365	309	31
	MN	1	0	0	0	0	0	0	1
	Total	4,109	1,740	978	361	324	365	309	32
12a. Total Eligibles Receiving Any Dental Services	CN	101,568	57	6,239	18,940	28,866	30,034	15,293	2,139
	MN	42	0	3	1	5	11	15	7
	Total	101,610	57	6,242	18,941	28,871	30,045	15,308	2,146
12b. Total Eligibles Receiving Preventive Dental Services	CN	95,786	34	5,598	18,223	27,916	28,588	13,726	1,701
	MN	35	0	2	1	4	9	13	6
	Total	95,821	34	5,600	18,224	27,920	28,597	13,739	1,707
12c. Total Eligibles Receiving Dental Treatment Services	CN	41,833	7	425	5,732	13,189	13,105	8,098	1,277
	MN	8	0	0	0	1	0	5	2
	Total	41,841	7	425	5,732	13,190	13,105	8,103	1,279
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,972				9,855	10,117		
	MN	0				0	0		
	Total	19,972				9,855	10,117		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	96,369	48	6,122	18,297	27,074	28,488	14,402	1,938
	MN	41	0	3	1	5	11	14	7
	Total	96,410	48	6,125	18,298	27,079	28,499	14,416	1,945
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,983	23	901	523	345	187	4	0
	MN	1	0	0	0	1	0	0	0
	Total	1,984	23	901	523	346	187	4	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	102,422	78	6,798	19,128	28,925	30,059	15,295	2,139
	MN	42	0	3	1	5	11	15	7
	Total	102,464	78	6,801	19,129	28,930	30,070	15,310	2,146
13. Total Eligibles Enrolled in Managed Care	CN	187,547	10,030	23,798	31,663	41,381	46,000	28,291	6,384
	MN	70	6	8	2	6	15	18	15
	Total	187,617	10,036	23,806	31,665	41,387	46,015	28,309	6,399
14a. Total Number of Screening Blood Lead Tests	CN	16,443	103	10,018	6,322				
	MN	0	0	0	0				
	Total	16,443	103	10,018	6,322				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	400,378	23,265	46,832	64,391	84,084	95,052	61,484	25,270
	MN	0	0	0	0	0	0	0	0
	Total	400,378	23,265	46,832	64,391	84,084	95,052	61,484	25,270
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	352,304	17,852	43,210	58,892	74,366	82,581	53,077	22,326
	MN	0	0	0	0	0	0	0	0
	Total	352,304	17,852	43,210	58,892	74,366	82,581	53,077	22,326
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	37,206	118	2,026	3,905	9,573	12,444	8,098	1,042
	MN	0	0	0	0	0	0	0	0
	Total	37,206	118	2,026	3,905	9,573	12,444	8,098	1,042
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	3,861,867	127,581	461,270	638,987	844,623	962,046	611,156	216,204
	MN	0	0	0	0	0	0	0	0
	Total	3,861,867	127,581	461,270	638,987	844,623	962,046	611,156	216,204
3b. Average Period of Eligibility	CN	0.91	0.60	0.89	0.90	0.95	0.97	0.96	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.60	0.89	0.90	0.95	0.97	0.96	0.81
4. Expected Number of Screenings per Eligible	CN		3.00	1.78	0.90	0.48	0.58	0.48	0.41
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.00	1.78	0.90	0.48	0.58	0.48	0.41
5. Expected Number of Screenings	CN	301,697	53,556	76,914	53,003	35,696	47,897	25,477	9,154
	MN	0	0	0	0	0	0	0	0
	Total	301,697	53,556	76,914	53,003	35,696	47,897	25,477	9,154
6. Total Screens Received	CN	261,924	63,109	75,536	37,874	29,662	36,414	17,168	2,161
	MN	0	0	0	0	0	0	0	0
	Total	261,924	63,109	75,536	37,874	29,662	36,414	17,168	2,161
7. SCREENING RATIO	CN	0.87	1.00	0.98	0.71	0.83	0.76	0.67	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	1.00	0.98	0.71	0.83	0.76	0.67	0.24

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	232,289	17,852	43,210	53,003	35,696	47,897	25,477	9,154
	MN	0	0	0	0	0	0	0	0
	Total	232,289	17,852	43,210	53,003	35,696	47,897	25,477	9,154
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	149,994	14,891	30,602	30,440	26,126	31,200	14,727	2,008
	MN	0	0	0	0	0	0	0	0
	Total	149,994	14,891	30,602	30,440	26,126	31,200	14,727	2,008
10. PARTICIPANT RATIO	CN	0.65	0.83	0.71	0.57	0.73	0.65	0.58	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.83	0.71	0.57	0.73	0.65	0.58	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	116,141	13,574	23,425	21,635	20,736	21,611	11,914	3,246
	MN	0	0	0	0	0	0	0	0
	Total	116,141	13,574	23,425	21,635	20,736	21,611	11,914	3,246
12a. Total Eligibles Receiving Any Dental Services	CN	155,450	140	8,305	26,337	43,094	47,308	24,771	5,495
	MN	0	0	0	0	0	0	0	0
	Total	155,450	140	8,305	26,337	43,094	47,308	24,771	5,495
12b. Total Eligibles Receiving Preventive Dental Services	CN	143,440	74	7,533	24,942	41,211	44,293	21,429	3,958
	MN	0	0	0	0	0	0	0	0
	Total	143,440	74	7,533	24,942	41,211	44,293	21,429	3,958
12c. Total Eligibles Receiving Dental Treatment Services	CN	77,484	21	784	9,407	23,062	25,980	14,680	3,550
	MN	0	0	0	0	0	0	0	0
	Total	77,484	21	784	9,407	23,062	25,980	14,680	3,550
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,105				15,130	19,975		
	MN	0				0	0		
	Total	35,105				15,130	19,975		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	149,720	122	8,137	25,716	41,664	45,466	23,442	5,173
	MN	0	0	0	0	0	0	0	0
	Total	149,720	122	8,137	25,716	41,664	45,466	23,442	5,173
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,822	10	101	128	162	411	750	260
	MN	0	0	0	0	0	0	0	0
	Total	1,822	10	101	128	162	411	750	260
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	155,696	140	8,309	26,346	43,111	47,368	24,879	5,543
	MN	0	0	0	0	0	0	0	0
	Total	155,696	140	8,309	26,346	43,111	47,368	24,879	5,543
13. Total Eligibles Enrolled in Managed Care	CN	290,761	15,872	37,682	50,089	61,280	66,196	41,313	18,329
	MN	0	0	0	0	0	0	0	0
	Total	290,761	15,872	37,682	50,089	61,280	66,196	41,313	18,329
14a. Total Number of Screening Blood Lead Tests	CN	9,327	168	6,342	2,817				
	MN	0	0	0	0				
	Total	9,327	168	6,342	2,817				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	117,706	5,370	12,131	18,004	24,178	28,609	21,044	8,370
	MN	167	2	9	15	23	43	41	34
	Total	117,873	5,372	12,140	18,019	24,201	28,652	21,085	8,404
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	108,052	3,808	11,219	16,809	22,656	26,870	19,569	7,121
	MN	154	0	9	15	22	39	40	29
	Total	108,206	3,808	11,228	16,824	22,678	26,909	19,609	7,150
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	16,847	202	1,810	2,849	3,710	4,443	3,423	410
	MN	0	0	0	0	0	0	0	0
	Total	16,847	202	1,810	2,849	3,710	4,443	3,423	410
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	1,191,898	29,392	124,106	188,120	255,240	304,082	219,373	71,585
	MN	1,659	0	108	154	236	411	450	300
	Total	1,193,557	29,392	124,214	188,274	255,476	304,493	219,823	71,885
3b. Average Period of Eligibility	CN	0.92	0.64	0.92	0.93	0.94	0.94	0.93	0.84
	MN	0.90	0.00	1.00	0.86	0.89	0.88	0.94	0.86
	Total	0.92	0.64	0.92	0.93	0.94	0.94	0.93	0.84
4. Expected Number of Screenings per Eligible	CN		3.84	1.84	0.93	0.47	0.94	0.93	0.84
	MN		0.00	2.00	0.86	0.45	0.88	0.94	0.86
	Total		3.84	1.84	0.93	0.47	0.94	0.93	0.84
5. Expected Number of Screenings	CN	110,985	14,623	20,643	15,632	10,648	25,258	18,199	5,982
	MN	138	0	18	13	10	34	38	25
	Total	111,123	14,623	20,661	15,645	10,658	25,292	18,237	6,007
6. Total Screens Received	CN	94,339	16,052	24,494	12,850	13,779	15,889	9,552	1,723
	MN	61	0	19	8	6	14	7	7
	Total	94,400	16,052	24,513	12,858	13,785	15,903	9,559	1,730
7. SCREENING RATIO	CN	0.85	1.00	1.00	0.82	1.00	0.63	0.52	0.29
	MN	0.44	0.00	1.00	0.62	0.60	0.41	0.18	0.28
	Total	0.85	1.00	1.00	0.82	1.00	0.63	0.52	0.29

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	90,746	3,808	11,219	15,632	10,648	25,258	18,199	5,982
	MN	129	0	9	13	10	34	38	25
	Total	90,875	3,808	11,228	15,645	10,658	25,292	18,237	6,007
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	64,527	3,506	9,641	11,815	13,410	15,422	9,150	1,583
	MN	48	0	7	8	6	13	7	7
	Total	64,575	3,506	9,648	11,823	13,416	15,435	9,157	1,590
10. PARTICIPANT RATIO	CN	0.71	0.92	0.86	0.76	1.00	0.61	0.50	0.26
	MN	0.37	0.00	0.78	0.62	0.60	0.38	0.18	0.28
	Total	0.71	0.92	0.86	0.76	1.00	0.61	0.50	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	44,060	3,293	8,347	7,648	7,724	10,019	6,410	619
	MN	26	0	6	5	3	4	4	4
	Total	44,086	3,293	8,353	7,653	7,727	10,023	6,414	623
12a. Total Eligibles Receiving Any Dental Services	CN	60,739	109	3,728	9,892	15,574	17,848	11,395	2,193
	MN	46	0	1	6	7	11	13	8
	Total	60,785	109	3,729	9,898	15,581	17,859	11,408	2,201
12b. Total Eligibles Receiving Preventive Dental Services	CN	56,516	41	3,118	9,473	14,764	16,840	10,462	1,818
	MN	40	0	1	6	6	10	10	7
	Total	56,556	41	3,119	9,479	14,770	16,850	10,472	1,825
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,824	36	134	2,303	6,827	7,826	5,637	1,061
	MN	19	0	0	0	4	4	6	5
	Total	23,843	36	134	2,303	6,831	7,830	5,643	1,066
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,420				4,697	3,723		
	MN	2				1	1		
	Total	8,422				4,698	3,724		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	57,555	96	3,570	9,444	14,893	16,982	10,595	1,975
	MN	41	0	0	6	6	10	11	8
	Total	57,596	96	3,570	9,450	14,899	16,992	10,606	1,983
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,147	58	679	728	1,034	470	140	38
	MN	1	0	0	0	0	1	0	0
	Total	3,148	58	679	728	1,034	471	140	38
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	61,924	161	4,201	10,041	15,882	17,998	11,434	2,207
	MN	47	0	1	6	7	12	13	8
	Total	61,971	161	4,202	10,047	15,889	18,010	11,447	2,215
13. Total Eligibles Enrolled in Managed Care	CN	104,305	3,654	11,089	16,589	22,387	26,541	19,331	4,714
	MN	145	0	9	14	18	37	38	29
	Total	104,450	3,654	11,098	16,603	22,405	26,578	19,369	4,743
14a. Total Number of Screening Blood Lead Tests	CN	7,012	46	5,745	1,221				
	MN	4	0	4	0				
	Total	7,016	46	5,749	1,221				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	866,475	52,368	96,169	133,930	176,642	201,201	141,065	65,100
	MN	0	0	0	0	0	0	0	0
	Total	866,475	52,368	96,169	133,930	176,642	201,201	141,065	65,100
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	804,529	30,955	91,593	127,545	168,780	191,727	133,675	60,254
	MN	0	0	0	0	0	0	0	0
	Total	804,529	30,955	91,593	127,545	168,780	191,727	133,675	60,254
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	90,112	9	185	939	26,445	36,028	26,025	481
	MN	0	0	0	0	0	0	0	0
	Total	90,112	9	185	939	26,445	36,028	26,025	481
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	8,988,435	228,352	1,029,493	1,449,203	1,927,446	2,195,386	1,523,230	635,325
	MN	0	0	0	0	0	0	0	0
	Total	8,988,435	228,352	1,029,493	1,449,203	1,927,446	2,195,386	1,523,230	635,325
3b. Average Period of Eligibility	CN	0.93	0.61	0.94	0.95	0.95	0.95	0.95	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.61	0.94	0.95	0.95	0.95	0.95	0.88
4. Expected Number of Screenings per Eligible	CN		3.66	1.88	0.95	0.95	0.95	0.95	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.88	0.95	0.95	0.95	0.95	0.88
5. Expected Number of Screenings	CN	929,155	113,295	172,195	121,168	160,341	182,141	126,991	53,024
	MN	0	0	0	0	0	0	0	0
	Total	929,155	113,295	172,195	121,168	160,341	182,141	126,991	53,024
6. Total Screens Received	CN	746,938	108,077	197,927	108,794	106,252	125,738	79,582	20,568
	MN	0	0	0	0	0	0	0	0
	Total	746,938	108,077	197,927	108,794	106,252	125,738	79,582	20,568
7. SCREENING RATIO	CN	0.80	0.95	1.00	0.90	0.66	0.69	0.63	0.39
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.95	1.00	0.90	0.66	0.69	0.63	0.39

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	766,213	30,955	91,593	121,168	160,341	182,141	126,991	53,024
	MN	0	0	0	0	0	0	0	0
	Total	766,213	30,955	91,593	121,168	160,341	182,141	126,991	53,024
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	485,393	28,838	76,897	89,122	94,754	110,662	68,106	17,014
	MN	0	0	0	0	0	0	0	0
	Total	485,393	28,838	76,897	89,122	94,754	110,662	68,106	17,014
10. PARTICIPANT RATIO	CN	0.63	0.93	0.84	0.74	0.59	0.61	0.54	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.93	0.84	0.74	0.59	0.61	0.54	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	103,932	171	10,930	24,151	23,227	22,791	16,148	6,514
	MN	0	0	0	0	0	0	0	0
	Total	103,932	171	10,930	24,151	23,227	22,791	16,148	6,514
12a. Total Eligibles Receiving Any Dental Services	CN	417,976	529	21,856	71,906	109,287	120,089	72,041	22,268
	MN	0	0	0	0	0	0	0	0
	Total	417,976	529	21,856	71,906	109,287	120,089	72,041	22,268
12b. Total Eligibles Receiving Preventive Dental Services	CN	389,251	228	20,684	69,446	104,432	113,042	63,549	17,870
	MN	0	0	0	0	0	0	0	0
	Total	389,251	228	20,684	69,446	104,432	113,042	63,549	17,870
12c. Total Eligibles Receiving Dental Treatment Services	CN	215,424	103	4,148	27,312	60,095	67,207	43,251	13,308
	MN	0	0	0	0	0	0	0	0
	Total	215,424	103	4,148	27,312	60,095	67,207	43,251	13,308
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	58,828				28,310	30,518		
	MN	0				0	0		
	Total	58,828				28,310	30,518		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	330,357	324	13,586	53,894	91,055	99,174	56,094	16,230
	MN	0	0	0	0	0	0	0	0
	Total	330,357	324	13,586	53,894	91,055	99,174	56,094	16,230
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,610	600	10,352	8,217	2,136	182	101	22
	MN	0	0	0	0	0	0	0	0
	Total	21,610	600	10,352	8,217	2,136	182	101	22
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	429,875	1,065	29,478	75,019	109,812	120,135	72,087	22,279
	MN	0	0	0	0	0	0	0	0
	Total	429,875	1,065	29,478	75,019	109,812	120,135	72,087	22,279
13. Total Eligibles Enrolled in Managed Care	CN	801,718	30,738	91,469	127,253	168,358	190,988	132,909	60,003
	MN	0	0	0	0	0	0	0	0
	Total	801,718	30,738	91,469	127,253	168,358	190,988	132,909	60,003
14a. Total Number of Screening Blood Lead Tests	CN	104,139	2,642	54,295	47,202				
	MN	0	0	0	0				
	Total	104,139	2,642	54,295	47,202				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	416,295	18,657	41,113	62,679	85,658	103,008	73,067	32,113
	MN	0	0	0	0	0	0	0	0
	Total	416,295	18,657	41,113	62,679	85,658	103,008	73,067	32,113
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	404,445	15,159	40,267	61,520	84,247	101,202	71,479	30,571
	MN	0	0	0	0	0	0	0	0
	Total	404,445	15,159	40,267	61,520	84,247	101,202	71,479	30,571
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,543	57	471	869	2,619	3,565	2,758	204
	MN	0	0	0	0	0	0	0	0
	Total	10,543	57	471	869	2,619	3,565	2,758	204
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	3,782,290	173,850	352,093	580,460	802,480	958,407	676,342	238,658
	MN	0	0	0	0	0	0	0	0
	Total	3,782,290	173,850	352,093	580,460	802,480	958,407	676,342	238,658
3b. Average Period of Eligibility	CN	0.78	0.96	0.73	0.79	0.79	0.79	0.79	0.65
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.96	0.73	0.79	0.79	0.79	0.79	0.65
4. Expected Number of Screenings per Eligible	CN		5.76	1.46	0.79	0.40	0.63	0.79	0.65
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		5.76	1.46	0.79	0.40	0.63	0.79	0.65
5. Expected Number of Screenings	CN	368,502	87,316	58,790	48,601	33,699	63,757	56,468	19,871
	MN	0	0	0	0	0	0	0	0
	Total	368,502	87,316	58,790	48,601	33,699	63,757	56,468	19,871
6. Total Screens Received	CN	298,294	65,411	79,655	40,301	36,123	48,128	25,110	3,566
	MN	0	0	0	0	0	0	0	0
	Total	298,294	65,411	79,655	40,301	36,123	48,128	25,110	3,566
7. SCREENING RATIO	CN	0.81	0.75	1.00	0.83	1.00	0.75	0.44	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	0.75	1.00	0.83	1.00	0.75	0.44	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	277,822	15,159	40,267	48,601	33,699	63,757	56,468	19,871
	MN	0	0	0	0	0	0	0	0
	Total	277,822	15,159	40,267	48,601	33,699	63,757	56,468	19,871
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	166,191	14,068	29,804	32,113	29,152	38,359	19,774	2,921
	MN	0	0	0	0	0	0	0	0
	Total	166,191	14,068	29,804	32,113	29,152	38,359	19,774	2,921
10. PARTICIPANT RATIO	CN	0.60	0.93	0.74	0.66	0.87	0.60	0.35	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.93	0.74	0.66	0.87	0.60	0.35	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	391	236	18	12	6	19	58	42
	MN	0	0	0	0	0	0	0	0
	Total	391	236	18	12	6	19	58	42
12a. Total Eligibles Receiving Any Dental Services	CN	230,443	292	13,588	38,687	59,149	67,594	40,466	10,667
	MN	0	0	0	0	0	0	0	0
	Total	230,443	292	13,588	38,687	59,149	67,594	40,466	10,667
12b. Total Eligibles Receiving Preventive Dental Services	CN	208,072	146	12,382	35,886	55,034	61,432	34,878	8,314
	MN	0	0	0	0	0	0	0	0
	Total	208,072	146	12,382	35,886	55,034	61,432	34,878	8,314
12c. Total Eligibles Receiving Dental Treatment Services	CN	229,635	290	13,513	38,572	58,989	67,372	40,291	10,608
	MN	0	0	0	0	0	0	0	0
	Total	229,635	290	13,513	38,572	58,989	67,372	40,291	10,608
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,708				13,445	12,263		
	MN	0				0	0		
	Total	25,708				13,445	12,263		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	212,114	258	12,987	36,626	55,382	61,791	35,916	9,154
	MN	0	0	0	0	0	0	0	0
	Total	212,114	258	12,987	36,626	55,382	61,791	35,916	9,154
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,050	38	694	146	95	52	18	7
	MN	0	0	0	0	0	0	0	0
	Total	1,050	38	694	146	95	52	18	7
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	231,163	325	14,090	38,774	59,199	67,621	40,481	10,673
	MN	0	0	0	0	0	0	0	0
	Total	231,163	325	14,090	38,774	59,199	67,621	40,481	10,673
13. Total Eligibles Enrolled in Managed Care	CN	361,412	13,779	36,158	55,232	75,123	90,110	63,724	27,286
	MN	0	0	0	0	0	0	0	0
	Total	361,412	13,779	36,158	55,232	75,123	90,110	63,724	27,286
14a. Total Number of Screening Blood Lead Tests	CN	12,274	197	8,354	3,723				
	MN	0	0	0	0				
	Total	12,274	197	8,354	3,723				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	747,147	18,680	121,060	238,470	140,331	115,994	85,036	27,576
	MN	1,901,330	162,864	185,950	150,560	369,159	464,546	357,549	210,702
	Total	2,648,477	181,544	307,010	389,030	509,490	580,540	442,585	238,278
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	721,983	15,652	117,574	229,574	135,455	113,736	83,383	26,609
	MN	1,788,868	142,221	172,317	142,896	354,183	444,363	337,137	195,751
	Total	2,510,851	157,873	289,891	372,470	489,638	558,099	420,520	222,360
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	8,069,483	126,129	1,309,350	2,544,550	1,520,813	1,314,959	957,366	296,316
	MN	18,978,398	1,233,588	1,738,305	1,532,794	3,894,693	4,880,951	3,660,286	2,037,781
	Total	27,047,881	1,359,717	3,047,655	4,077,344	5,415,506	6,195,910	4,617,652	2,334,097
3b. Average Period of Eligibility	CN	0.93	0.67	0.93	0.92	0.94	0.96	0.96	0.93
	MN	0.88	0.72	0.84	0.89	0.92	0.92	0.90	0.87
	Total	0.90	0.72	0.88	0.91	0.92	0.93	0.92	0.87
4. Expected Number of Screenings per Eligible	CN		4.02	1.40	0.92	0.47	0.96	0.96	0.93
	MN		4.32	1.26	0.89	0.46	0.92	0.90	0.87
	Total		4.32	1.32	0.91	0.46	0.93	0.92	0.87
5. Expected Number of Screenings	CN	716,378	62,921	164,604	211,208	63,664	109,187	80,048	24,746
	MN	2,004,155	614,395	217,119	127,177	162,924	408,814	303,423	170,303
	Total	2,720,533	677,316	381,723	338,385	226,588	518,001	383,471	195,049
6. Total Screens Received	CN	769,116	46,360	249,055	231,535	100,504	81,100	52,111	8,451
	MN	1,893,564	473,603	390,902	133,493	268,595	336,252	226,707	64,012
	Total	2,662,680	519,963	639,957	365,028	369,099	417,352	278,818	72,463
7. SCREENING RATIO	CN	1.00	0.74	1.00	1.00	1.00	0.74	0.65	0.34
	MN	0.94	0.77	1.00	1.00	1.00	0.82	0.75	0.38
	Total	0.98	0.77	1.00	1.00	1.00	0.81	0.73	0.37

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	622,079	15,652	117,574	211,208	63,664	109,187	80,048	24,746
	MN	1,487,179	142,221	172,317	127,177	162,924	408,814	303,423	170,303
	Total	2,109,258	157,873	289,891	338,385	226,588	518,001	383,471	195,049
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	485,248	11,694	99,623	170,594	84,050	68,747	43,292	7,248
	MN	1,087,126	110,360	139,003	99,002	221,535	277,581	185,032	54,613
	Total	1,572,374	122,054	238,626	269,596	305,585	346,328	228,324	61,861
10. PARTICIPANT RATIO	CN	0.78	0.75	0.85	0.81	1.00	0.63	0.54	0.29
	MN	0.73	0.78	0.81	0.78	1.00	0.68	0.61	0.32
	Total	0.75	0.77	0.82	0.80	1.00	0.67	0.60	0.32
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	310,220	57	23,804	117,321	73,205	54,631	33,331	7,871
	MN	787,291	806	22,365	66,545	217,518	257,107	158,426	64,524
	Total	1,097,511	863	46,169	183,866	290,723	311,738	191,757	72,395
12b. Total Eligibles Receiving Preventive Dental Services	CN	264,283	30	20,942	106,941	62,288	44,446	24,432	5,204
	MN	683,437	315	19,607	60,478	196,494	226,008	129,916	50,619
	Total	947,720	345	40,549	167,419	258,782	270,454	154,348	55,823
12c. Total Eligibles Receiving Dental Treatment Services	CN	118,595	8	2,858	34,853	31,953	26,239	18,426	4,258
	MN	389,894	319	2,773	20,890	106,952	134,330	88,479	36,151
	Total	508,489	327	5,631	55,743	138,905	160,569	106,905	40,409
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,023				13,227	9,796		
	MN	96,759				50,088	46,671		
	Total	119,782				63,315	56,467		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	282,651	44	22,339	111,027	65,476	48,321	28,869	6,575
	MN	729,059	561	20,951	63,090	202,195	238,535	144,280	59,447
	Total	1,011,710	605	43,290	174,117	267,671	286,856	173,149	66,022
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,629	38	3,129	3,352	985	70	49	6
	MN	9,047	333	3,927	1,942	1,809	593	353	90
	Total	16,676	371	7,056	5,294	2,794	663	402	96
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	314,568	94	26,259	118,871	73,446	54,668	33,354	7,876
	MN	792,815	1,129	25,695	67,547	217,941	257,331	158,595	64,577
	Total	1,107,383	1,223	51,954	186,418	291,387	311,999	191,949	72,453
13. Total Eligibles Enrolled in Managed Care	CN	705,071	15,498	114,297	223,670	132,282	111,207	81,863	26,254
	MN	1,741,567	139,437	166,893	138,162	343,970	432,470	328,805	191,830
	Total	2,446,638	154,935	281,190	361,832	476,252	543,677	410,668	218,084
14a. Total Number of Screening Blood Lead Tests	CN	112,276	533	58,983	52,760				
	MN	110,125	4,987	75,307	29,831				
	Total	222,401	5,520	134,290	82,591				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,327,928	73,088	154,272	222,888	279,042	311,509	217,864	69,265
	MN	1,413	48	57	76	231	297	395	309
	Total	1,329,341	73,136	154,329	222,964	279,273	311,806	218,259	69,574
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,265,953	57,070	150,290	217,211	267,847	299,228	208,916	65,391
	MN	814	13	35	48	145	172	210	191
	Total	1,266,767	57,083	150,325	217,259	267,992	299,400	209,126	65,582
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	137,553	279	17,013	29,397	31,015	34,965	24,332	552
	MN	0	0	0	0	0	0	0	0
	Total	137,553	279	17,013	29,397	31,015	34,965	24,332	552
2a. State Periodicity Schedule			3	2	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			3.00	1.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	13,980,065	431,332	1,703,120	2,479,348	2,980,388	3,349,578	2,329,681	706,618
	MN	7,054	89	287	415	1,312	1,514	1,681	1,756
	Total	13,987,119	431,421	1,703,407	2,479,763	2,981,700	3,351,092	2,331,362	708,374
3b. Average Period of Eligibility	CN	0.92	0.63	0.94	0.95	0.93	0.93	0.93	0.90
	MN	0.72	0.57	0.68	0.72	0.75	0.73	0.67	0.77
	Total	0.92	0.63	0.94	0.95	0.93	0.93	0.93	0.90
4. Expected Number of Screenings per Eligible	CN		1.89	0.94	0.95	0.93	0.93	0.93	0.90
	MN		1.71	0.68	0.72	0.75	0.73	0.67	0.77
	Total		1.89	0.94	0.95	0.93	0.93	0.93	0.90
5. Expected Number of Screenings	CN	1,236,009	107,862	141,273	206,350	249,098	278,282	194,292	58,852
	MN	604	22	24	35	109	126	141	147
	Total	1,236,613	107,884	141,297	206,385	249,207	278,408	194,433	58,999
6. Total Screens Received	CN	1,084,536	247,291	308,871	164,332	125,279	149,489	79,336	9,938
	MN	358	32	68	39	69	66	54	30
	Total	1,084,894	247,323	308,939	164,371	125,348	149,555	79,390	9,968
7. SCREENING RATIO	CN	0.88	1.00	1.00	0.80	0.50	0.54	0.41	0.17
	MN	0.59	1.00	1.00	1.00	0.63	0.52	0.38	0.20
	Total	0.88	1.00	1.00	0.80	0.50	0.54	0.41	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,185,217	57,070	141,273	206,350	249,098	278,282	194,292	58,852
	MN	595	13	24	35	109	126	141	147
	Total	1,185,812	57,083	141,297	206,385	249,207	278,408	194,433	58,999
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	683,581	55,018	126,739	151,496	121,404	143,924	75,528	9,472
	MN	262	9	27	26	65	60	45	30
	Total	683,843	55,027	126,766	151,522	121,469	143,984	75,573	9,502
10. PARTICIPANT RATIO	CN	0.58	0.96	0.90	0.73	0.49	0.52	0.39	0.16
	MN	0.44	0.69	1.00	0.74	0.60	0.48	0.32	0.20
	Total	0.58	0.96	0.90	0.73	0.49	0.52	0.39	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	359,818	51,796	92,876	62,555	52,043	59,916	35,731	4,901
	MN	150	8	23	16	31	30	28	14
	Total	359,968	51,804	92,899	62,571	52,074	59,946	35,759	4,915
12a. Total Eligibles Receiving Any Dental Services	CN	654,343	689	37,478	121,341	174,298	188,015	112,087	20,435
	MN	324	0	3	22	86	82	79	52
	Total	654,667	689	37,481	121,363	174,384	188,097	112,166	20,487
12b. Total Eligibles Receiving Preventive Dental Services	CN	617,234	364	36,086	117,914	169,077	179,153	99,096	15,544
	MN	291	0	3	22	82	79	66	39
	Total	617,525	364	36,089	117,936	169,159	179,232	99,162	15,583
12c. Total Eligibles Receiving Dental Treatment Services	CN	294,330	146	2,670	39,755	84,043	89,182	65,721	12,813
	MN	160	0	0	5	40	31	47	37
	Total	294,490	146	2,670	39,760	84,083	89,213	65,768	12,850
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	78,230				44,682	33,548		
	MN	33				22	11		
	Total	78,263				44,704	33,559		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	638,913	680	37,344	120,328	171,462	183,578	106,315	19,206
	MN	312	0	3	22	83	80	74	50
	Total	639,225	680	37,347	120,350	171,545	183,658	106,389	19,256
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	100,974	6,920	76,842	17,049	92	45	24	2
	MN	18	2	12	4	0	0	0	0
	Total	100,992	6,922	76,854	17,053	92	45	24	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	726,989	7,455	94,698	129,954	174,323	188,031	112,093	20,435
	MN	338	2	14	23	86	82	79	52
	Total	727,327	7,457	94,712	129,977	174,409	188,113	112,172	20,487
13. Total Eligibles Enrolled in Managed Care	CN	1,241,781	54,035	148,549	214,722	264,471	295,001	204,575	60,428
	MN	698	12	31	42	132	152	174	155
	Total	1,242,479	54,047	148,580	214,764	264,603	295,153	204,749	60,583
14a. Total Number of Screening Blood Lead Tests	CN	106,748	371	88,568	17,809				
	MN	19	0	15	4				
	Total	106,767	371	88,583	17,813				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	60,405	3,730	8,419	10,908	12,074	12,887	8,003	4,384
	MN	156	14	4	9	6	26	32	65
	Total	60,561	3,744	8,423	10,917	12,080	12,913	8,035	4,449
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	55,197	2,942	7,846	10,087	11,218	12,053	7,493	3,558
	MN	111	0	2	5	4	16	25	59
	Total	55,308	2,942	7,848	10,092	11,222	12,069	7,518	3,617
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	553,682	21,217	79,228	102,678	117,149	126,607	78,284	28,519
	MN	1,243	0	24	50	46	182	261	680
	Total	554,925	21,217	79,252	102,728	117,195	126,789	78,545	29,199
3b. Average Period of Eligibility	CN	0.84	0.60	0.84	0.85	0.87	0.88	0.87	0.67
	MN	0.93	0.00	1.00	0.83	0.96	0.95	0.87	0.96
	Total	0.84	0.60	0.84	0.85	0.87	0.88	0.87	0.67
4. Expected Number of Screenings per Eligible	CN		4.20	2.10	0.85	0.87	0.88	0.87	0.67
	MN		0.00	2.50	0.83	0.96	0.95	0.87	0.96
	Total		4.20	2.10	0.85	0.87	0.88	0.87	0.67
5. Expected Number of Screenings	CN	66,677	12,356	16,477	8,574	9,760	10,607	6,519	2,384
	MN	107	0	5	4	4	15	22	57
	Total	66,784	12,356	16,482	8,578	9,764	10,622	6,541	2,441
6. Total Screens Received	CN	36,925	10,276	10,755	4,941	3,445	4,765	2,449	294
	MN	24	0	2	1	3	4	11	3
	Total	36,949	10,276	10,757	4,942	3,448	4,769	2,460	297
7. SCREENING RATIO	CN	0.55	0.83	0.65	0.58	0.35	0.45	0.38	0.12
	MN	0.22	0.00	0.40	0.25	0.75	0.27	0.50	0.05
	Total	0.55	0.83	0.65	0.58	0.35	0.45	0.38	0.12

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	48,632	2,942	7,846	8,574	9,760	10,607	6,519	2,384
	MN	104	0	2	4	4	15	22	57
	Total	48,736	2,942	7,848	8,578	9,764	10,622	6,541	2,441
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	20,213	2,496	4,655	3,956	3,035	3,871	1,949	251
	MN	21	0	2	1	3	4	8	3
	Total	20,234	2,496	4,657	3,957	3,038	3,875	1,957	254
10. PARTICIPANT RATIO	CN	0.42	0.85	0.59	0.46	0.31	0.36	0.30	0.11
	MN	0.20	0.00	1.00	0.25	0.75	0.27	0.36	0.05
	Total	0.42	0.85	0.59	0.46	0.31	0.36	0.30	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	13,510	2,319	3,657	2,368	1,674	2,166	1,229	97
	MN	11	0	0	1	1	3	4	2
	Total	13,521	2,319	3,657	2,369	1,675	2,169	1,233	99
12a. Total Eligibles Receiving Any Dental Services	CN	16,474	16	699	3,240	4,617	4,671	2,575	656
	MN	66	0	2	3	0	12	15	34
	Total	16,540	16	701	3,243	4,617	4,683	2,590	690
12b. Total Eligibles Receiving Preventive Dental Services	CN	14,228	1	286	2,744	4,215	4,296	2,217	469
	MN	47	0	0	2	0	11	12	22
	Total	14,275	1	286	2,746	4,215	4,307	2,229	491
12c. Total Eligibles Receiving Dental Treatment Services	CN	7,283	7	78	1,138	2,256	2,004	1,418	382
	MN	33	0	0	0	0	7	9	17
	Total	7,316	7	78	1,138	2,256	2,011	1,427	399
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,560				1,371	1,189		
	MN	1				0	1		
	Total	2,561				1,371	1,190		

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Form CMS-416

Fiscal Year: 2017

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	15,558	16	695	3,139	4,423	4,463	2,395	427
	MN	62	0	2	3	0	12	13	32
	Total	15,620	16	697	3,142	4,423	4,475	2,408	459
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	13,407	14	782	2,732	3,916	3,838	1,764	361
	MN	35	0	0	0	3	8	8	16
	Total	13,442	14	782	2,732	3,919	3,846	1,772	377
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	18,181	28	1,059	3,640	5,027	5,057	2,703	667
	MN	70	0	2	3	3	13	15	34
	Total	18,251	28	1,061	3,643	5,030	5,070	2,718	701
13. Total Eligibles Enrolled in Managed Care	CN	46,433	2,811	6,752	8,794	9,873	10,380	6,146	1,677
	MN	21	0	0	3	0	5	6	7
	Total	46,454	2,811	6,752	8,797	9,873	10,385	6,152	1,684
14a. Total Number of Screening Blood Lead Tests	CN	12	0	9	3				
	MN	0	0	0	0				
	Total	12	0	9	3				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,522,328	79,567	169,440	242,263	308,985	352,706	256,208	113,159
	MN	0	0	0	0	0	0	0	0
	Total	1,522,328	79,567	169,440	242,263	308,985	352,706	256,208	113,159
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,438,135	56,362	161,987	231,363	297,439	339,432	245,505	106,047
	MN	0	0	0	0	0	0	0	0
	Total	1,438,135	56,362	161,987	231,363	297,439	339,432	245,505	106,047
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	246,018	2,067	15,159	26,495	61,448	74,897	56,306	9,646
	MN	0	0	0	0	0	0	0	0
	Total	246,018	2,067	15,159	26,495	61,448	74,897	56,306	9,646
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	15,899,551	439,258	1,808,584	2,583,585	3,357,605	3,841,215	2,748,568	1,120,736
	MN	0	0	0	0	0	0	0	0
	Total	15,899,551	439,258	1,808,584	2,583,585	3,357,605	3,841,215	2,748,568	1,120,736
3b. Average Period of Eligibility	CN	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		4.55	2.33	0.93	0.94	0.94	0.93	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.33	0.93	0.94	0.94	0.93	0.88
5. Expected Number of Screenings	CN	1,769,345	256,447	377,430	215,168	279,593	319,066	228,320	93,321
	MN	0	0	0	0	0	0	0	0
	Total	1,769,345	256,447	377,430	215,168	279,593	319,066	228,320	93,321
6. Total Screens Received	CN	1,086,688	229,141	298,918	160,209	126,587	150,507	102,366	18,960
	MN	0	0	0	0	0	0	0	0
	Total	1,086,688	229,141	298,918	160,209	126,587	150,507	102,366	18,960
7. SCREENING RATIO	CN	0.61	0.89	0.79	0.74	0.45	0.47	0.45	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.89	0.79	0.74	0.45	0.47	0.45	0.20

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Form CMS-416

Fiscal Year: 2017

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	1,353,817	56,362	161,987	215,168	279,593	319,066	228,320	93,321
	MN	0	0	0	0	0	0	0	0
	Total	1,353,817	56,362	161,987	215,168	279,593	319,066	228,320	93,321
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	672,280	51,594	123,878	139,292	116,028	136,331	88,863	16,294
	MN	0	0	0	0	0	0	0	0
	Total	672,280	51,594	123,878	139,292	116,028	136,331	88,863	16,294
10. PARTICIPANT RATIO	CN	0.50	0.92	0.76	0.65	0.41	0.43	0.39	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.92	0.76	0.65	0.41	0.43	0.39	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	444,847	47,182	97,558	78,832	68,036	82,238	59,105	11,896
	MN	0	0	0	0	0	0	0	0
	Total	444,847	47,182	97,558	78,832	68,036	82,238	59,105	11,896
12a. Total Eligibles Receiving Any Dental Services	CN	546,583	232	16,626	94,266	149,055	159,419	98,663	28,322
	MN	0	0	0	0	0	0	0	0
	Total	546,583	232	16,626	94,266	149,055	159,419	98,663	28,322
12b. Total Eligibles Receiving Preventive Dental Services	CN	482,643	83	14,364	86,696	138,414	143,361	80,081	19,644
	MN	0	0	0	0	0	0	0	0
	Total	482,643	83	14,364	86,696	138,414	143,361	80,081	19,644
12c. Total Eligibles Receiving Dental Treatment Services	CN	209,010	73	1,140	21,105	55,429	63,757	51,581	15,925
	MN	0	0	0	0	0	0	0	0
	Total	209,010	73	1,140	21,105	55,429	63,757	51,581	15,925
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	76,664				40,967	35,697		
	MN	0				0	0		
	Total	76,664				40,967	35,697		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	517,224	207	16,370	92,264	141,126	149,895	91,116	26,246
	MN	0	0	0	0	0	0	0	0
	Total	517,224	207	16,370	92,264	141,126	149,895	91,116	26,246
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	222,358	4,933	39,880	44,042	43,635	39,768	33,153	16,947
	MN	0	0	0	0	0	0	0	0
	Total	222,358	4,933	39,880	44,042	43,635	39,768	33,153	16,947
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	665,051	5,099	50,990	114,018	164,619	176,135	115,000	39,190
	MN	0	0	0	0	0	0	0	0
	Total	665,051	5,099	50,990	114,018	164,619	176,135	115,000	39,190
13. Total Eligibles Enrolled in Managed Care	CN	1,386,543	53,980	156,973	223,293	288,922	328,856	234,913	99,606
	MN	0	0	0	0	0	0	0	0
	Total	1,386,543	53,980	156,973	223,293	288,922	328,856	234,913	99,606
14a. Total Number of Screening Blood Lead Tests	CN	106,479	1,073	72,028	33,378				
	MN	0	0	0	0				
	Total	106,479	1,073	72,028	33,378				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	632,594	35,880	75,442	102,916	134,576	153,827	103,242	26,711
	MN	0	0	0	0	0	0	0	0
	Total	632,594	35,880	75,442	102,916	134,576	153,827	103,242	26,711
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	590,103	25,870	70,927	97,923	128,768	147,010	97,666	21,939
	MN	0	0	0	0	0	0	0	0
	Total	590,103	25,870	70,927	97,923	128,768	147,010	97,666	21,939
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	110,676	1,322	6,444	9,826	24,743	33,169	34,698	474
	MN	0	0	0	0	0	0	0	0
	Total	110,676	1,322	6,444	9,826	24,743	33,169	34,698	474
2a. State Periodicity Schedule			6	3	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	6,387,199	202,511	768,260	1,082,377	1,435,164	1,643,826	1,075,930	179,131
	MN	0	0	0	0	0	0	0	0
	Total	6,387,199	202,511	768,260	1,082,377	1,435,164	1,643,826	1,075,930	179,131
3b. Average Period of Eligibility	CN	0.90	0.65	0.90	0.92	0.93	0.93	0.92	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.90	0.92	0.93	0.93	0.92	0.68
4. Expected Number of Screenings per Eligible	CN		3.90	1.35	0.92	0.47	0.56	0.46	0.34
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.35	0.92	0.47	0.56	0.46	0.34
5. Expected Number of Screenings	CN	481,965	100,893	95,751	90,089	60,521	82,326	44,926	7,459
	MN	0	0	0	0	0	0	0	0
	Total	481,965	100,893	95,751	90,089	60,521	82,326	44,926	7,459
6. Total Screens Received	CN	406,831	103,577	121,566	55,187	44,593	54,768	25,468	1,672
	MN	0	0	0	0	0	0	0	0
	Total	406,831	103,577	121,566	55,187	44,593	54,768	25,468	1,672
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.61	0.74	0.67	0.57	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	1.00	1.00	0.61	0.74	0.67	0.57	0.22

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Form CMS-416

Fiscal Year: 2017

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	382,118	25,870	70,927	90,089	60,521	82,326	44,926	7,459
	MN	0	0	0	0	0	0	0	0
	Total	382,118	25,870	70,927	90,089	60,521	82,326	44,926	7,459
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	234,507	23,786	50,390	47,834	40,436	48,347	22,236	1,478
	MN	0	0	0	0	0	0	0	0
	Total	234,507	23,786	50,390	47,834	40,436	48,347	22,236	1,478
10. PARTICIPANT RATIO	CN	0.61	0.92	0.71	0.53	0.67	0.59	0.49	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.92	0.71	0.53	0.67	0.59	0.49	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	35,547	854	1,422	5,127	8,925	10,109	7,634	1,476
	MN	0	0	0	0	0	0	0	0
	Total	35,547	854	1,422	5,127	8,925	10,109	7,634	1,476
12a. Total Eligibles Receiving Any Dental Services	CN	297,464	244	14,377	51,957	80,961	90,440	52,827	6,658
	MN	0	0	0	0	0	0	0	0
	Total	297,464	244	14,377	51,957	80,961	90,440	52,827	6,658
12b. Total Eligibles Receiving Preventive Dental Services	CN	274,347	80	10,864	47,429	77,154	85,935	47,568	5,317
	MN	0	0	0	0	0	0	0	0
	Total	274,347	80	10,864	47,429	77,154	85,935	47,568	5,317
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,919	90	1,550	17,098	40,818	47,433	31,993	3,937
	MN	0	0	0	0	0	0	0	0
	Total	142,919	90	1,550	17,098	40,818	47,433	31,993	3,937
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,281				14,597	11,684		
	MN	0				0	0		
	Total	26,281				14,597	11,684		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	289,559	213	14,219	51,220	79,262	88,012	50,408	6,225
	MN	0	0	0	0	0	0	0	0
	Total	289,559	213	14,219	51,220	79,262	88,012	50,408	6,225
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,176	113	3,947	2,391	1,420	1,471	769	65
	MN	0	0	0	0	0	0	0	0
	Total	10,176	113	3,947	2,391	1,420	1,471	769	65
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	301,260	349	17,299	52,702	80,980	90,442	52,830	6,658
	MN	0	0	0	0	0	0	0	0
	Total	301,260	349	17,299	52,702	80,980	90,442	52,830	6,658
13. Total Eligibles Enrolled in Managed Care	CN	513,302	24,211	65,375	87,057	112,148	125,074	81,490	17,947
	MN	0	0	0	0	0	0	0	0
	Total	513,302	24,211	65,375	87,057	112,148	125,074	81,490	17,947
14a. Total Number of Screening Blood Lead Tests	CN	42,152	540	30,015	11,597				
	MN	0	0	0	0				
	Total	42,152	540	30,015	11,597				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	468,563	25,335	53,448	70,941	93,873	107,402	77,720	39,844
	MN	0	0	0	0	0	0	0	0
	Total	468,563	25,335	53,448	70,941	93,873	107,402	77,720	39,844
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	440,324	18,603	51,281	67,247	89,534	102,645	73,705	37,309
	MN	0	0	0	0	0	0	0	0
	Total	440,324	18,603	51,281	67,247	89,534	102,645	73,705	37,309
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	4,738,123	144,895	563,192	732,102	982,177	1,130,427	803,454	381,876
	MN	0	0	0	0	0	0	0	0
	Total	4,738,123	144,895	563,192	732,102	982,177	1,130,427	803,454	381,876
3b. Average Period of Eligibility	CN	0.90	0.65	0.92	0.91	0.91	0.92	0.91	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.92	0.91	0.91	0.92	0.91	0.85
4. Expected Number of Screenings per Eligible	CN		3.90	2.30	0.91	0.91	0.92	0.91	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.30	0.91	0.91	0.92	0.91	0.85
5. Expected Number of Screenings	CN	526,387	72,552	117,946	61,195	81,476	94,433	67,072	31,713
	MN	0	0	0	0	0	0	0	0
	Total	526,387	72,552	117,946	61,195	81,476	94,433	67,072	31,713
6. Total Screens Received	CN	319,592	76,537	89,293	41,011	36,683	43,715	26,149	6,204
	MN	0	0	0	0	0	0	0	0
	Total	319,592	76,537	89,293	41,011	36,683	43,715	26,149	6,204
7. SCREENING RATIO	CN	0.61	1.00	0.76	0.67	0.45	0.46	0.39	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	1.00	0.76	0.67	0.45	0.46	0.39	0.20

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	405,773	18,603	51,281	61,195	81,476	94,433	67,072	31,713
	MN	0	0	0	0	0	0	0	0
	Total	405,773	18,603	51,281	61,195	81,476	94,433	67,072	31,713
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	194,579	17,594	39,251	36,393	33,440	39,384	23,006	5,511
	MN	0	0	0	0	0	0	0	0
	Total	194,579	17,594	39,251	36,393	33,440	39,384	23,006	5,511
10. PARTICIPANT RATIO	CN	0.48	0.95	0.77	0.59	0.41	0.42	0.34	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.95	0.77	0.59	0.41	0.42	0.34	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	175,453	17,398	38,374	32,940	26,605	34,742	20,536	4,858
	MN	0	0	0	0	0	0	0	0
	Total	175,453	17,398	38,374	32,940	26,605	34,742	20,536	4,858
12a. Total Eligibles Receiving Any Dental Services	CN	193,431	264	11,762	33,868	52,340	53,219	31,838	10,140
	MN	0	0	0	0	0	0	0	0
	Total	193,431	264	11,762	33,868	52,340	53,219	31,838	10,140
12b. Total Eligibles Receiving Preventive Dental Services	CN	174,113	175	9,954	31,483	49,049	49,457	26,723	7,272
	MN	0	0	0	0	0	0	0	0
	Total	174,113	175	9,954	31,483	49,049	49,457	26,723	7,272
12c. Total Eligibles Receiving Dental Treatment Services	CN	74,838	18	867	9,955	23,384	20,460	14,757	5,397
	MN	0	0	0	0	0	0	0	0
	Total	74,838	18	867	9,955	23,384	20,460	14,757	5,397
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	34,492				18,146	16,346		
	MN	0				0	0		
	Total	34,492				18,146	16,346		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	180,715	257	11,429	32,596	49,130	49,395	28,702	9,206
	MN	0	0	0	0	0	0	0	0
	Total	180,715	257	11,429	32,596	49,130	49,395	28,702	9,206
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	27,530	313	3,731	7,289	9,343	5,531	1,160	163
	MN	0	0	0	0	0	0	0	0
	Total	27,530	313	3,731	7,289	9,343	5,531	1,160	163
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	204,843	563	14,361	36,301	55,597	55,525	32,304	10,192
	MN	0	0	0	0	0	0	0	0
	Total	204,843	563	14,361	36,301	55,597	55,525	32,304	10,192
13. Total Eligibles Enrolled in Managed Care	CN	409,022	18,373	49,461	63,618	83,587	94,342	66,802	32,839
	MN	0	0	0	0	0	0	0	0
	Total	409,022	18,373	49,461	63,618	83,587	94,342	66,802	32,839
14a. Total Number of Screening Blood Lead Tests	CN	11,048	174	7,794	3,080				
	MN	0	0	0	0				
	Total	11,048	174	7,794	3,080				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,368,584	70,445	151,556	214,363	278,331	319,487	228,759	105,643
	MN	18,437	100	281	466	1,263	2,036	4,533	9,758
	Total	1,387,021	70,545	151,837	214,829	279,594	321,523	233,292	115,401
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,277,956	51,946	143,221	202,808	263,384	302,934	215,859	97,804
	MN	16,175	68	254	413	1,110	1,804	3,910	8,616
	Total	1,294,131	52,014	143,475	203,221	264,494	304,738	219,769	106,420
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	14,086,081	407,039	1,589,898	2,264,287	2,949,712	3,409,373	2,412,289	1,053,483
	MN	163,918	490	2,711	4,259	11,494	18,387	41,178	85,399
	Total	14,249,999	407,529	1,592,609	2,268,546	2,961,206	3,427,760	2,453,467	1,138,882
3b. Average Period of Eligibility	CN	0.92	0.65	0.93	0.93	0.93	0.94	0.93	0.90
	MN	0.84	0.60	0.89	0.86	0.86	0.85	0.88	0.83
	Total	0.92	0.65	0.93	0.93	0.93	0.94	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		3.90	2.33	0.93	0.93	0.94	0.93	0.90
	MN		3.60	2.23	0.86	0.86	0.85	0.88	0.83
	Total		3.90	2.33	0.93	0.93	0.94	0.93	0.89
5. Expected Number of Screenings	CN	1,543,383	202,589	333,705	188,611	244,947	284,758	200,749	88,024
	MN	14,246	245	566	355	955	1,533	3,441	7,151
	Total	1,557,629	202,834	334,271	188,966	245,902	286,291	204,190	95,175
6. Total Screens Received	CN	1,139,476	274,584	300,070	142,895	135,447	157,965	103,261	25,254
	MN	6,119	562	566	267	509	872	1,479	1,864
	Total	1,145,595	275,146	300,636	143,162	135,956	158,837	104,740	27,118
7. SCREENING RATIO	CN	0.74	1.00	0.90	0.76	0.55	0.55	0.51	0.29
	MN	0.43	1.00	1.00	0.75	0.53	0.57	0.43	0.26
	Total	0.74	1.00	0.90	0.76	0.55	0.55	0.51	0.28

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	1,202,256	51,946	143,221	188,611	244,947	284,758	200,749	88,024
	MN	13,757	68	254	355	955	1,533	3,441	7,151
	Total	1,216,013	52,014	143,475	188,966	245,902	286,291	204,190	95,175
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	699,423	49,037	116,589	129,001	132,046	153,176	96,654	22,920
	MN	4,993	63	209	247	495	853	1,393	1,733
	Total	704,416	49,100	116,798	129,248	132,541	154,029	98,047	24,653
10. PARTICIPANT RATIO	CN	0.58	0.94	0.81	0.68	0.54	0.54	0.48	0.26
	MN	0.36	0.93	0.82	0.70	0.52	0.56	0.40	0.24
	Total	0.58	0.94	0.81	0.68	0.54	0.54	0.48	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	403,338	45,833	89,018	59,423	63,276	76,368	55,173	14,247
	MN	2,769	61	168	119	257	436	776	952
	Total	406,107	45,894	89,186	59,542	63,533	76,804	55,949	15,199
12a. Total Eligibles Receiving Any Dental Services	CN	626,485	1,020	35,781	114,153	162,140	174,930	106,617	31,844
	MN	5,418	1	46	222	639	1,024	1,485	2,001
	Total	631,903	1,021	35,827	114,375	162,779	175,954	108,102	33,845
12b. Total Eligibles Receiving Preventive Dental Services	CN	574,477	816	33,077	108,588	154,692	161,609	90,796	24,899
	MN	4,603	1	38	201	607	941	1,230	1,585
	Total	579,080	817	33,115	108,789	155,299	162,550	92,026	26,484
12c. Total Eligibles Receiving Dental Treatment Services	CN	265,342	31	2,351	30,794	72,397	83,223	58,504	18,042
	MN	2,645	0	3	60	268	467	805	1,042
	Total	267,987	31	2,354	30,854	72,665	83,690	59,309	19,084
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	78,601				41,653	36,948		
	MN	355				145	210		
	Total	78,956				41,798	37,158		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	577,003	497	31,169	107,300	154,737	161,419	93,550	28,331
	MN	4,824	1	42	203	593	918	1,276	1,791
	Total	581,827	498	31,211	107,503	155,330	162,337	94,826	30,122
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	39,054	1,621	23,701	13,059	497	82	91	3
	MN	63	0	46	15	2	0	0	0
	Total	39,117	1,621	23,747	13,074	499	82	91	3
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	649,666	2,584	52,098	119,187	162,312	174,973	106,666	31,846
	MN	5,460	1	83	227	639	1,024	1,485	2,001
	Total	655,126	2,585	52,181	119,414	162,951	175,997	108,151	33,847
13. Total Eligibles Enrolled in Managed Care	CN	1,259,505	51,410	141,804	200,224	259,513	297,963	212,161	96,430
	MN	15,689	66	242	394	1,049	1,734	3,774	8,430
	Total	1,275,194	51,476	142,046	200,618	260,562	299,697	215,935	104,860
14a. Total Number of Screening Blood Lead Tests	CN	143,869	4,735	114,749	24,385				
	MN	240	7	204	29				
	Total	144,109	4,742	114,953	24,414				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)		HEDIS (Method II)		Combination Methodology (Method III)	X		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

State: Puerto Rico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	491,039	14,495	39,380	71,176	96,773	118,922	90,638	59,655
	MN	17,587	1,140	3,968	1,757	2,424	2,864	2,594	2,840
	Total	508,626	15,635	43,348	72,933	99,197	121,786	93,232	62,495
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	447,498	12,394	37,426	63,910	87,115	108,534	83,154	54,965
	MN	16,047	1,127	3,505	1,555	2,209	2,616	2,350	2,685
	Total	463,545	13,521	40,931	65,465	89,324	111,150	85,504	57,650
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	30,556	1,019	2,651	4,058	6,080	8,664	7,589	495
	MN	305	7	13	44	78	96	65	2
	Total	30,861	1,026	2,664	4,102	6,158	8,760	7,654	497
2a. State Periodicity Schedule			26	19	12	16	20	14	10
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			26.00	9.50	4.00	4.00	4.00	3.50	5.00
3a. Total Months of Eligibility	CN	4,970,815	84,406	416,103	714,180	978,414	1,226,051	935,222	616,439
	MN	168,866	7,977	36,767	16,306	24,041	28,808	25,245	29,722
	Total	5,139,681	92,383	452,870	730,486	1,002,455	1,254,859	960,467	646,161
3b. Average Period of Eligibility	CN	0.93	0.57	0.93	0.93	0.94	0.94	0.94	0.93
	MN	0.88	0.59	0.87	0.87	0.91	0.92	0.90	0.92
	Total	0.92	0.57	0.92	0.93	0.94	0.94	0.94	0.93
4. Expected Number of Screenings per Eligible	CN		14.82	8.84	3.72	3.76	3.76	3.29	4.65
	MN		15.34	8.27	3.48	3.64	3.68	3.15	4.60
	Total		14.82	8.74	3.72	3.76	3.76	3.29	4.65
5. Expected Number of Screenings	CN	2,017,074	183,679	330,846	237,745	327,552	408,088	273,577	255,587
	MN	89,107	17,288	28,986	5,411	8,041	9,627	7,403	12,351
	Total	2,106,181	200,967	359,832	243,156	335,593	417,715	280,980	267,938
6. Total Screens Received	CN	305,795	20,639	52,503	61,032	56,751	58,879	36,336	19,655
	MN	10,378	1,140	2,632	1,360	1,465	1,647	1,047	1,087
	Total	316,173	21,779	55,135	62,392	58,216	60,526	37,383	20,742
7. SCREENING RATIO	CN	0.15	0.11	0.16	0.26	0.17	0.14	0.13	0.08
	MN	0.12	0.07	0.09	0.25	0.18	0.17	0.14	0.09
	Total	0.15	0.11	0.15	0.26	0.17	0.14	0.13	0.08

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

State: Puerto Rico

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	447,498	12,394	37,426	63,910	87,115	108,534	83,154	54,965
	MN	16,047	1,127	3,505	1,555	2,209	2,616	2,350	2,685
	Total	463,545	13,521	40,931	65,465	89,324	111,150	85,504	57,650
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	144,923	6,723	18,358	26,394	28,912	32,337	20,108	12,091
	MN	4,754	436	1,106	559	688	823	577	565
	Total	149,677	7,159	19,464	26,953	29,600	33,160	20,685	12,656
10. PARTICIPANT RATIO	CN	0.32	0.54	0.49	0.41	0.33	0.30	0.24	0.22
	MN	0.30	0.39	0.32	0.36	0.31	0.31	0.25	0.21
	Total	0.32	0.53	0.48	0.41	0.33	0.30	0.24	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	92,507	4,316	11,946	18,456	17,184	13,951	16,056	10,598
	MN	4,269	397	982	604	529	458	521	778
	Total	96,776	4,713	12,928	19,060	17,713	14,409	16,577	11,376
12a. Total Eligibles Receiving Any Dental Services	CN	233,284	162	9,547	38,193	54,437	62,347	42,151	26,447
	MN	6,427	20	727	769	1,219	1,352	1,171	1,169
	Total	239,711	182	10,274	38,962	55,656	63,699	43,322	27,616
12b. Total Eligibles Receiving Preventive Dental Services	CN	173,927	65	7,443	30,478	40,597	46,729	29,282	19,333
	MN	4,874	10	650	602	828	965	853	966
	Total	178,801	75	8,093	31,080	41,425	47,694	30,135	20,299
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,484	3	271	6,042	20,978	21,886	14,548	9,756
	MN	1,823	0	23	94	388	423	415	480
	Total	75,307	3	294	6,136	21,366	22,309	14,963	10,236
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,076				6,725	7,351		
	MN	274				129	145		
	Total	14,350				6,854	7,496		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

State: Puerto Rico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	179,096	132	7,352	28,976	41,431	47,288	32,101	21,816
	MN	4,989	20	689	561	806	959	901	1,053
	Total	184,085	152	8,041	29,537	42,237	48,247	33,002	22,869
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25,563	514	2,714	4,940	4,888	4,862	3,851	3,794
	MN	1,675	290	861	96	95	79	118	136
	Total	27,238	804	3,575	5,036	4,983	4,941	3,969	3,930
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	240,401	650	11,094	39,399	55,353	63,187	43,287	27,431
	MN	7,550	305	1,384	813	1,254	1,381	1,205	1,208
	Total	247,951	955	12,478	40,212	56,607	64,568	44,492	28,639
13. Total Eligibles Enrolled in Managed Care	CN	327,768	9,106	27,615	48,136	64,505	79,673	68,378	30,355
	MN	15,365	1,075	3,350	1,490	2,122	2,530	2,224	2,574
	Total	343,133	10,181	30,965	49,626	66,627	82,203	70,602	32,929
14a. Total Number of Screening Blood Lead Tests	CN	5,136	615	2,957	1,564				
	MN	107,223	1,914	24,388	80,921				
	Total	112,359	2,529	27,345	82,485				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	136,527	6,000	14,345	20,891	27,140	32,580	24,363	11,208
	MN	80	0	0	0	0	0	21	59
	Total	136,607	6,000	14,345	20,891	27,140	32,580	24,384	11,267
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	133,102	4,376	14,072	20,627	26,865	32,189	24,002	10,971
	MN	70	0	0	0	0	0	15	55
	Total	133,172	4,376	14,072	20,627	26,865	32,189	24,017	11,026
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	18,646	0	0	0	5,607	7,281	5,758	0
	MN	0	0	0	0	0	0	0	0
	Total	18,646	0	0	0	5,607	7,281	5,758	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	1,480,092	30,462	152,357	233,699	306,533	368,165	272,449	116,427
	MN	484	0	0	0	0	0	92	392
	Total	1,480,576	30,462	152,357	233,699	306,533	368,165	272,541	116,819
3b. Average Period of Eligibility	CN	0.93	0.58	0.90	0.94	0.95	0.95	0.95	0.88
	MN	0.58	0.00	0.00	0.00	0.00	0.00	0.51	0.59
	Total	0.93	0.58	0.90	0.94	0.95	0.95	0.95	0.88
4. Expected Number of Screenings per Eligible	CN		3.48	1.80	0.94	0.95	0.95	0.95	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.51	0.59
	Total		3.48	1.80	0.94	0.95	0.95	0.95	0.88
5. Expected Number of Screenings	CN	148,505	15,228	25,330	19,389	25,522	30,580	22,802	9,654
	MN	40	0	0	0	0	0	8	32
	Total	148,545	15,228	25,330	19,389	25,522	30,580	22,810	9,686
6. Total Screens Received	CN	116,554	18,280	29,635	15,916	16,422	19,583	13,154	3,564
	MN	6	0	0	0	0	0	0	6
	Total	116,560	18,280	29,635	15,916	16,422	19,583	13,154	3,570
7. SCREENING RATIO	CN	0.78	1.00	1.00	0.82	0.64	0.64	0.58	0.37
	MN	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.19
	Total	0.78	1.00	1.00	0.82	0.64	0.64	0.58	0.37

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	126,395	4,376	14,072	19,389	25,522	30,580	22,802	9,654
	MN	40	0	0	0	0	0	8	32
	Total	126,435	4,376	14,072	19,389	25,522	30,580	22,810	9,686
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	75,587	3,773	11,077	13,228	14,881	17,870	11,705	3,053
	MN	4	0	0	0	0	0	0	4
	Total	75,591	3,773	11,077	13,228	14,881	17,870	11,705	3,057
10. PARTICIPANT RATIO	CN	0.60	0.86	0.79	0.68	0.58	0.58	0.51	0.32
	MN	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.13
	Total	0.60	0.86	0.79	0.68	0.58	0.58	0.51	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	49,610	3,447	9,192	8,034	8,302	10,643	7,787	2,205
	MN	3	0	0	0	0	0	0	3
	Total	49,613	3,447	9,192	8,034	8,302	10,643	7,787	2,208
12a. Total Eligibles Receiving Any Dental Services	CN	65,881	57	4,298	10,789	16,806	19,346	11,607	2,978
	MN	29	0	0	0	0	0	9	20
	Total	65,910	57	4,298	10,789	16,806	19,346	11,616	2,998
12b. Total Eligibles Receiving Preventive Dental Services	CN	60,442	38	3,918	10,209	15,917	17,907	10,149	2,304
	MN	19	0	0	0	0	0	6	13
	Total	60,461	38	3,918	10,209	15,917	17,907	10,155	2,317
12c. Total Eligibles Receiving Dental Treatment Services	CN	28,080	14	174	2,475	7,768	9,819	6,279	1,551
	MN	22	0	0	0	0	0	7	15
	Total	28,102	14	174	2,475	7,768	9,819	6,286	1,566
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,632				4,504	4,128		
	MN	0				0	0		
	Total	8,632				4,504	4,128		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	64,038	44	4,293	10,719	16,549	18,622	10,972	2,839
	MN	27	0	0	0	0	0	9	18
	Total	64,065	44	4,293	10,719	16,549	18,622	10,981	2,857
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,124	214	807	85	7	5	5	1
	MN	0	0	0	0	0	0	0	0
	Total	1,124	214	807	85	7	5	5	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	66,052	214	4,312	10,789	16,806	19,346	11,607	2,978
	MN	29	0	0	0	0	0	9	20
	Total	66,081	214	4,312	10,789	16,806	19,346	11,616	2,998
13. Total Eligibles Enrolled in Managed Care	CN	117,880	3,848	13,057	19,028	24,687	29,084	21,415	6,761
	MN	57	0	0	0	0	0	11	46
	Total	117,937	3,848	13,057	19,028	24,687	29,084	21,426	6,807
14a. Total Number of Screening Blood Lead Tests	CN	12,554	226	6,744	5,584				
	MN	0	0	0	0				
	Total	12,554	226	6,744	5,584				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	767,838	38,337	87,550	124,676	163,881	184,308	127,251	41,835
	MN	0	0	0	0	0	0	0	0
	Total	767,838	38,337	87,550	124,676	163,881	184,308	127,251	41,835
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	726,926	30,870	83,197	119,715	157,908	177,613	122,075	35,548
	MN	0	0	0	0	0	0	0	0
	Total	726,926	30,870	83,197	119,715	157,908	177,613	122,075	35,548
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	76,287	103	3,639	8,094	20,357	25,094	17,380	1,620
	MN	0	0	0	0	0	0	0	0
	Total	76,287	103	3,639	8,094	20,357	25,094	17,380	1,620
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	8,060,529	231,368	918,000	1,351,867	1,803,978	2,036,447	1,390,842	328,027
	MN	0	0	0	0	0	0	0	0
	Total	8,060,529	231,368	918,000	1,351,867	1,803,978	2,036,447	1,390,842	328,027
3b. Average Period of Eligibility	CN	0.92	0.62	0.92	0.94	0.95	0.96	0.95	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.62	0.92	0.94	0.95	0.96	0.95	0.77
4. Expected Number of Screenings per Eligible	CN		3.72	1.38	0.94	0.48	0.58	0.48	0.39
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	1.38	0.94	0.48	0.58	0.48	0.39
5. Expected Number of Screenings	CN	593,452	114,836	114,812	112,532	75,796	103,016	58,596	13,864
	MN	0	0	0	0	0	0	0	0
	Total	593,452	114,836	114,812	112,532	75,796	103,016	58,596	13,864
6. Total Screens Received	CN	491,608	116,064	143,987	64,774	57,047	70,865	35,998	2,873
	MN	0	0	0	0	0	0	0	0
	Total	491,608	116,064	143,987	64,774	57,047	70,865	35,998	2,873
7. SCREENING RATIO	CN	0.83	1.00	1.00	0.58	0.75	0.69	0.61	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	1.00	1.00	0.58	0.75	0.69	0.61	0.21

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	477,871	30,870	83,197	112,532	75,796	103,016	58,596	13,864
	MN	0	0	0	0	0	0	0	0
	Total	477,871	30,870	83,197	112,532	75,796	103,016	58,596	13,864
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	307,992	28,512	60,689	60,507	54,793	67,059	33,668	2,764
	MN	0	0	0	0	0	0	0	0
	Total	307,992	28,512	60,689	60,507	54,793	67,059	33,668	2,764
10. PARTICIPANT RATIO	CN	0.64	0.92	0.73	0.54	0.72	0.65	0.57	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.92	0.73	0.54	0.72	0.65	0.57	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	38,815	1,334	4,516	7,007	8,155	8,106	6,952	2,745
	MN	0	0	0	0	0	0	0	0
	Total	38,815	1,334	4,516	7,007	8,155	8,106	6,952	2,745
12a. Total Eligibles Receiving Any Dental Services	CN	364,581	218	21,203	64,245	102,573	107,558	59,565	9,219
	MN	0	0	0	0	0	0	0	0
	Total	364,581	218	21,203	64,245	102,573	107,558	59,565	9,219
12b. Total Eligibles Receiving Preventive Dental Services	CN	347,136	103	20,069	61,657	98,988	103,915	54,787	7,617
	MN	0	0	0	0	0	0	0	0
	Total	347,136	103	20,069	61,657	98,988	103,915	54,787	7,617
12c. Total Eligibles Receiving Dental Treatment Services	CN	147,004	44	1,340	20,013	47,247	43,869	29,822	4,669
	MN	0	0	0	0	0	0	0	0
	Total	147,004	44	1,340	20,013	47,247	43,869	29,822	4,669
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	48,503				26,472	22,031		
	MN	0				0	0		
	Total	48,503				26,472	22,031		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	347,438	217	20,888	62,627	96,913	101,364	56,711	8,718
	MN	0	0	0	0	0	0	0	0
	Total	347,438	217	20,888	62,627	96,913	101,364	56,711	8,718
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,609	18	444	2,595	1,266	169	89	28
	MN	0	0	0	0	0	0	0	0
	Total	4,609	18	444	2,595	1,266	169	89	28
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	364,812	236	21,326	64,307	102,584	107,566	59,568	9,225
	MN	0	0	0	0	0	0	0	0
	Total	364,812	236	21,326	64,307	102,584	107,566	59,568	9,225
13. Total Eligibles Enrolled in Managed Care	CN	655,528	28,412	75,619	107,127	144,353	161,162	108,708	30,147
	MN	0	0	0	0	0	0	0	0
	Total	655,528	28,412	75,619	107,127	144,353	161,162	108,708	30,147
14a. Total Number of Screening Blood Lead Tests	CN	43,573	826	34,538	8,209				
	MN	0	0	0	0				
	Total	43,573	826	34,538	8,209				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	98,326	5,917	11,935	16,643	21,281	23,683	15,017	3,850
	MN	0	0	0	0	0	0	0	0
	Total	98,326	5,917	11,935	16,643	21,281	23,683	15,017	3,850
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	95,443	4,915	11,701	16,285	20,893	23,189	14,742	3,718
	MN	0	0	0	0	0	0	0	0
	Total	95,443	4,915	11,701	16,285	20,893	23,189	14,742	3,718
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,699	190	1,386	2,241	5,655	6,506	4,104	617
	MN	0	0	0	0	0	0	0	0
	Total	20,699	190	1,386	2,241	5,655	6,506	4,104	617
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	967,712	35,755	119,500	169,436	219,528	246,120	151,464	25,909
	MN	0	0	0	0	0	0	0	0
	Total	967,712	35,755	119,500	169,436	219,528	246,120	151,464	25,909
3b. Average Period of Eligibility	CN	0.84	0.61	0.85	0.87	0.88	0.88	0.86	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.61	0.85	0.87	0.88	0.88	0.86	0.58
4. Expected Number of Screenings per Eligible	CN		4.27	1.70	0.87	0.88	0.88	0.86	0.58
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	1.70	0.87	0.88	0.88	0.86	0.58
5. Expected Number of Screenings	CN	108,673	20,987	19,892	14,168	18,386	20,406	12,678	2,156
	MN	0	0	0	0	0	0	0	0
	Total	108,673	20,987	19,892	14,168	18,386	20,406	12,678	2,156
6. Total Screens Received	CN	73,318	18,691	25,543	9,776	6,157	8,629	4,176	346
	MN	0	0	0	0	0	0	0	0
	Total	73,318	18,691	25,543	9,776	6,157	8,629	4,176	346
7. SCREENING RATIO	CN	0.67	0.89	1.00	0.69	0.33	0.42	0.33	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.89	1.00	0.69	0.33	0.42	0.33	0.16

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	84,410	4,915	11,701	14,168	18,386	20,406	12,678	2,156
	MN	0	0	0	0	0	0	0	0
	Total	84,410	4,915	11,701	14,168	18,386	20,406	12,678	2,156
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,577	4,285	6,987	6,184	3,891	5,497	2,530	203
	MN	0	0	0	0	0	0	0	0
	Total	29,577	4,285	6,987	6,184	3,891	5,497	2,530	203
10. PARTICIPANT RATIO	CN	0.35	0.87	0.60	0.44	0.21	0.27	0.20	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.35	0.87	0.60	0.44	0.21	0.27	0.20	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	10,831	3,734	3,816	1,179	617	858	594	33
	MN	0	0	0	0	0	0	0	0
	Total	10,831	3,734	3,816	1,179	617	858	594	33
12a. Total Eligibles Receiving Any Dental Services	CN	43,906	75	3,015	8,382	12,284	12,837	6,475	838
	MN	0	0	0	0	0	0	0	0
	Total	43,906	75	3,015	8,382	12,284	12,837	6,475	838
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,518	49	2,706	7,942	11,681	11,946	5,570	624
	MN	0	0	0	0	0	0	0	0
	Total	40,518	49	2,706	7,942	11,681	11,946	5,570	624
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,538	12	260	2,668	5,404	5,360	3,362	472
	MN	0	0	0	0	0	0	0	0
	Total	17,538	12	260	2,668	5,404	5,360	3,362	472
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,256				4,813	5,443		
	MN	0				0	0		
	Total	10,256				4,813	5,443		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	40,019	52	2,729	7,782	11,150	11,651	5,906	749
	MN	0	0	0	0	0	0	0	0
	Total	40,019	52	2,729	7,782	11,150	11,651	5,906	749
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,003	58	567	274	59	36	8	1
	MN	0	0	0	0	0	0	0	0
	Total	1,003	58	567	274	59	36	8	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	44,247	113	3,220	8,468	12,291	12,840	6,477	838
	MN	0	0	0	0	0	0	0	0
	Total	44,247	113	3,220	8,468	12,291	12,840	6,477	838
13. Total Eligibles Enrolled in Managed Care	CN	87,013	4,453	11,100	15,320	19,340	20,850	12,778	3,172
	MN	0	0	0	0	0	0	0	0
	Total	87,013	4,453	11,100	15,320	19,340	20,850	12,778	3,172
14a. Total Number of Screening Blood Lead Tests	CN	3,402	9	2,099	1,294				
	MN	0	0	0	0				
	Total	3,402	9	2,099	1,294				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	959,856	52,359	109,365	158,454	199,544	219,978	152,531	67,625
	MN	4,313	0	11	171	486	990	940	1,715
	Total	964,169	52,359	109,376	158,625	200,030	220,968	153,471	69,340
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	915,424	37,777	104,777	154,199	193,851	213,284	147,268	64,268
	MN	4,172	0	11	169	479	976	925	1,612
	Total	919,596	37,777	104,788	154,368	194,330	214,260	148,193	65,880
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,905	0	33	606	1,359	3,085	2,497	1,325
	MN	1,095	0	1	62	246	313	319	154
	Total	10,000	0	34	668	1,605	3,398	2,816	1,479
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	10,025,842	281,490	1,188,993	1,702,078	2,167,827	2,378,120	1,629,403	677,931
	MN	37,092	0	126	1,470	4,195	8,215	7,656	15,430
	Total	10,062,934	281,490	1,189,119	1,703,548	2,172,022	2,386,335	1,637,059	693,361
3b. Average Period of Eligibility	CN	0.91	0.62	0.95	0.92	0.93	0.93	0.92	0.88
	MN	0.74	0.00	0.95	0.72	0.73	0.70	0.69	0.80
	Total	0.91	0.62	0.95	0.92	0.93	0.93	0.92	0.88
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	0.92	0.93	0.93	0.92	0.88
	MN		0.00	2.38	0.72	0.73	0.70	0.69	0.80
	Total		4.34	2.38	0.92	0.93	0.93	0.92	0.88
5. Expected Number of Screenings	CN	1,125,862	163,952	249,369	141,863	180,281	198,354	135,487	56,556
	MN	3,109	0	26	122	350	683	638	1,290
	Total	1,128,971	163,952	249,395	141,985	180,631	199,037	136,125	57,846
6. Total Screens Received	CN	838,306	178,637	226,730	119,926	109,959	121,812	63,864	17,378
	MN	1,368	0	16	84	211	399	276	382
	Total	839,674	178,637	226,746	120,010	110,170	122,211	64,140	17,760
7. SCREENING RATIO	CN	0.74	1.00	0.91	0.85	0.61	0.61	0.47	0.31
	MN	0.44	0.00	0.62	0.69	0.60	0.58	0.43	0.30
	Total	0.74	1.00	0.91	0.85	0.61	0.61	0.47	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	855,095	37,777	104,777	141,863	180,281	198,354	135,487	56,556
	MN	3,094	0	11	122	350	683	638	1,290
	Total	858,189	37,777	104,788	141,985	180,631	199,037	136,125	57,846
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	486,443	35,354	86,028	99,283	94,007	104,119	54,463	13,189
	MN	1,197	0	8	79	193	358	246	313
	Total	487,640	35,354	86,036	99,362	94,200	104,477	54,709	13,502
10. PARTICIPANT RATIO	CN	0.57	0.94	0.82	0.70	0.52	0.52	0.40	0.23
	MN	0.39	0.00	0.73	0.65	0.55	0.52	0.39	0.24
	Total	0.57	0.94	0.82	0.70	0.52	0.52	0.40	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	317,531	33,838	71,372	55,502	53,826	59,165	34,338	9,490
	MN	772	0	8	51	118	212	169	214
	Total	318,303	33,838	71,380	55,553	53,944	59,377	34,507	9,704
12a. Total Eligibles Receiving Any Dental Services	CN	443,258	267	22,263	77,267	121,849	128,781	73,702	19,129
	MN	1,796	0	2	70	274	527	401	522
	Total	445,054	267	22,265	77,337	122,123	129,308	74,103	19,651
12b. Total Eligibles Receiving Preventive Dental Services	CN	411,308	110	17,862	72,229	116,105	123,357	66,008	15,637
	MN	1,584	0	2	64	254	497	355	412
	Total	412,892	110	17,864	72,293	116,359	123,854	66,363	16,049
12c. Total Eligibles Receiving Dental Treatment Services	CN	189,483	17	1,711	23,779	54,764	57,176	40,781	11,255
	MN	868	0	0	23	105	227	221	292
	Total	190,351	17	1,711	23,802	54,869	57,403	41,002	11,547
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	63,061				34,291	28,770		
	MN	156				58	98		
	Total	63,217				34,349	28,868		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	430,783	259	22,145	76,084	119,323	125,280	69,714	17,978
	MN	1,682	0	2	67	268	501	370	474
	Total	432,465	259	22,147	76,151	119,591	125,781	70,084	18,452
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	70,443	1,346	18,552	18,053	16,149	13,243	2,699	401
	MN	106	0	1	10	30	42	11	12
	Total	70,549	1,346	18,553	18,063	16,179	13,285	2,710	413
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	464,506	1,565	35,641	83,299	122,381	128,786	73,705	19,129
	MN	1,799	0	3	72	274	527	401	522
	Total	466,305	1,565	35,644	83,371	122,655	129,313	74,106	19,651
13. Total Eligibles Enrolled in Managed Care	CN	915,424	37,777	104,777	154,199	193,851	213,284	147,268	64,268
	MN	4,172	0	11	169	479	976	925	1,612
	Total	919,596	37,777	104,788	154,368	194,330	214,260	148,193	65,880
14a. Total Number of Screening Blood Lead Tests	CN	72,813	779	54,991	17,043				
	MN	11	0	5	6				
	Total	72,824	779	54,996	17,049				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	3,936,174	245,087	489,036	638,537	829,080	942,233	610,185	182,016
	MN	1,025	78	106	77	164	274	295	31
	Total	3,937,199	245,165	489,142	638,614	829,244	942,507	610,480	182,047
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,664,191	179,011	465,786	609,668	789,416	895,477	575,476	149,357
	MN	150	1	40	16	20	36	33	4
	Total	3,664,341	179,012	465,826	609,684	789,436	895,513	575,509	149,361
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	37,822,968	1,420,330	4,928,701	6,495,335	8,354,443	9,479,130	5,953,232	1,191,797
	MN	1,056	4	308	109	140	249	217	29
	Total	37,824,024	1,420,334	4,929,009	6,495,444	8,354,583	9,479,379	5,953,449	1,191,826
3b. Average Period of Eligibility	CN	0.86	0.66	0.88	0.89	0.88	0.88	0.86	0.66
	MN	0.59	0.33	0.64	0.57	0.58	0.58	0.55	0.60
	Total	0.86	0.66	0.88	0.89	0.88	0.88	0.86	0.66
4. Expected Number of Screenings per Eligible	CN		4.62	2.20	0.89	0.88	0.88	0.86	0.66
	MN		2.31	1.60	0.57	0.58	0.58	0.55	0.60
	Total		4.62	2.20	0.89	0.88	0.88	0.86	0.66
5. Expected Number of Screenings	CN	4,470,556	827,031	1,024,729	542,605	694,686	788,020	494,909	98,576
	MN	128	2	64	9	12	21	18	2
	Total	4,470,684	827,033	1,024,793	542,614	694,698	788,041	494,927	98,578
6. Total Screens Received	CN	3,683,494	780,217	991,780	510,020	499,320	582,065	295,475	24,617
	MN	95	1	58	5	7	13	11	0
	Total	3,683,589	780,218	991,838	510,025	499,327	582,078	295,486	24,617
7. SCREENING RATIO	CN	0.82	0.94	0.97	0.94	0.72	0.74	0.60	0.25
	MN	0.74	0.50	0.91	0.56	0.58	0.62	0.61	0.00
	Total	0.82	0.94	0.97	0.94	0.72	0.74	0.60	0.25

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	3,263,593	179,011	465,786	542,605	694,686	788,020	494,909	98,576
	MN	103	1	40	9	12	21	18	2
	Total	3,263,696	179,012	465,826	542,614	694,698	788,041	494,927	98,578
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,233,797	172,583	393,895	418,473	448,120	515,794	262,656	22,276
	MN	66	1	31	4	7	13	10	0
	Total	2,233,863	172,584	393,926	418,477	448,127	515,807	262,666	22,276
10. PARTICIPANT RATIO	CN	0.68	0.96	0.85	0.77	0.65	0.65	0.53	0.23
	MN	0.64	1.00	0.78	0.44	0.58	0.62	0.56	0.00
	Total	0.68	0.96	0.85	0.77	0.65	0.65	0.53	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	2,050,791	171,438	388,991	389,516	371,207	466,980	242,033	20,626
	MN	65	1	31	4	6	13	10	0
	Total	2,050,856	171,439	389,022	389,520	371,213	466,993	242,043	20,626
12a. Total Eligibles Receiving Any Dental Services	CN	2,453,860	41,354	296,307	444,018	597,796	653,994	366,351	54,040
	MN	64	0	20	10	9	14	9	2
	Total	2,453,924	41,354	296,327	444,028	597,805	654,008	366,360	54,042
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,392,379	39,723	293,880	434,443	583,866	641,531	351,151	47,785
	MN	61	0	19	10	9	14	8	1
	Total	2,392,440	39,723	293,899	434,453	583,875	641,545	351,159	47,786
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,091,615	150	11,161	152,332	335,618	353,964	208,711	29,679
	MN	23	0	0	3	4	9	5	2
	Total	1,091,638	150	11,161	152,335	335,622	353,973	208,716	29,681
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	343,250				164,390	178,860		
	MN	6				4	2		
	Total	343,256				164,394	178,862		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	2,431,618	41,334	296,162	441,642	591,698	647,839	360,685	52,258
	MN	63	0	20	10	9	14	8	2
	Total	2,431,681	41,334	296,182	441,652	591,707	647,853	360,693	52,260
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	147,970	19,189	109,397	19,384	0	0	0	0
	MN	8	0	8	0	0	0	0	0
	Total	147,978	19,189	109,405	19,384	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,500,414	52,222	328,156	447,855	597,796	653,994	366,351	54,040
	MN	66	0	22	10	9	14	9	2
	Total	2,500,480	52,222	328,178	447,865	597,805	654,008	366,360	54,042
13. Total Eligibles Enrolled in Managed Care	CN	3,651,108	178,123	464,825	607,943	787,189	892,720	572,914	147,394
	MN	145	0	40	16	20	33	32	4
	Total	3,651,253	178,123	464,865	607,959	787,209	892,753	572,946	147,398
14a. Total Number of Screening Blood Lead Tests	CN	311,086	2,438	235,620	73,028				
	MN	18	0	17	1				
	Total	311,104	2,438	235,637	73,029				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	260,378	17,745	35,374	43,370	55,605	61,281	38,490	8,513
	MN	610	43	57	99	129	144	110	28
	Total	260,988	17,788	35,431	43,469	55,734	61,425	38,600	8,541
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	233,837	14,636	31,971	39,180	50,682	56,064	34,827	6,477
	MN	134	2	12	19	31	29	33	8
	Total	233,971	14,638	31,983	39,199	50,713	56,093	34,860	6,485
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			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	2,378,622	144,166	318,960	399,985	524,580	586,426	352,863	51,642
	MN	1,156	13	101	160	285	259	257	81
	Total	2,379,778	144,179	319,061	400,145	524,865	586,685	353,120	51,723
3b. Average Period of Eligibility	CN	0.85	0.82	0.83	0.85	0.86	0.87	0.84	0.66
	MN	0.72	0.54	0.70	0.70	0.77	0.74	0.65	0.84
	Total	0.85	0.82	0.83	0.85	0.86	0.87	0.84	0.66
4. Expected Number of Screenings per Eligible	CN		4.92	1.66	0.85	0.43	0.87	0.84	0.66
	MN		3.24	1.40	0.70	0.39	0.74	0.65	0.84
	Total		4.92	1.66	0.85	0.43	0.87	0.84	0.66
5. Expected Number of Screenings	CN	262,483	72,009	53,072	33,303	21,793	48,776	29,255	4,275
	MN	97	6	17	13	12	21	21	7
	Total	262,580	72,015	53,089	33,316	21,805	48,797	29,276	4,282
6. Total Screens Received	CN	186,395	56,244	58,503	22,317	17,627	20,559	10,501	644
	MN	62	5	21	10	8	8	10	0
	Total	186,457	56,249	58,524	22,327	17,635	20,567	10,511	644
7. SCREENING RATIO	CN	0.71	0.78	1.00	0.67	0.81	0.42	0.36	0.15
	MN	0.64	0.83	1.00	0.77	0.67	0.38	0.48	0.00
	Total	0.71	0.78	1.00	0.67	0.81	0.42	0.36	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	184,009	14,636	31,971	33,303	21,793	48,776	29,255	4,275
	MN	88	2	12	13	12	21	21	7
	Total	184,097	14,638	31,983	33,316	21,805	48,797	29,276	4,282
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	105,802	13,767	24,766	20,403	16,813	19,611	9,836	606
	MN	46	2	11	9	7	8	9	0
	Total	105,848	13,769	24,777	20,412	16,820	19,619	9,845	606
10. PARTICIPANT RATIO	CN	0.57	0.94	0.77	0.61	0.77	0.40	0.34	0.14
	MN	0.52	1.00	0.92	0.69	0.58	0.38	0.43	0.00
	Total	0.57	0.94	0.77	0.61	0.77	0.40	0.34	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	26,570	8,349	14,845	1,546	620	726	468	16
	MN	10	2	6	1	0	0	1	0
	Total	26,580	8,351	14,851	1,547	620	726	469	16
12a. Total Eligibles Receiving Any Dental Services	CN	113,129	171	7,591	21,705	31,877	33,149	16,987	1,649
	MN	64	0	2	11	15	15	19	2
	Total	113,193	171	7,593	21,716	31,892	33,164	17,006	1,651
12b. Total Eligibles Receiving Preventive Dental Services	CN	110,749	164	7,570	21,430	31,409	32,429	16,215	1,532
	MN	64	0	2	11	15	15	19	2
	Total	110,813	164	7,572	21,441	31,424	32,444	16,234	1,534
12c. Total Eligibles Receiving Dental Treatment Services	CN	52,778	87	924	8,362	16,265	16,201	9,921	1,018
	MN	28	0	1	4	9	6	8	0
	Total	52,806	87	925	8,366	16,274	16,207	9,929	1,018
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,907				8,457	9,432		
	MN	10				4	3		
	Total	17,896				8,461	9,435		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	109,943	164	7,554	21,355	31,087	32,170	16,094	1,519
	MN	64	0	2	11	15	15	19	2
	Total	110,007	164	7,556	21,366	31,102	32,185	16,113	1,521
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	113,129	171	7,591	21,705	31,877	33,149	16,987	1,649
	MN	64	0	2	11	15	15	19	2
	Total	113,193	171	7,593	21,716	31,892	33,164	17,006	1,651
13. Total Eligibles Enrolled in Managed Care	CN	201,589	13,019	27,885	33,950	43,628	48,220	29,489	5,398
	MN	77	2	8	12	17	13	18	7
	Total	201,666	13,021	27,893	33,962	43,645	48,233	29,507	5,405
14a. Total Number of Screening Blood Lead Tests	CN	5,217	42	3,964	1,211				
	MN	1	0	1	0				
	Total	5,218	42	3,965	1,211				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	79,545	3,227	7,528	11,978	16,194	19,391	14,579	6,648
	MN	434	4	18	44	56	60	124	128
	Total	79,979	3,231	7,546	12,022	16,250	19,451	14,703	6,776
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	77,056	2,436	7,354	11,711	15,882	19,008	14,324	6,341
	MN	421	3	17	44	56	58	124	119
	Total	77,477	2,439	7,371	11,755	15,938	19,066	14,448	6,460
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	5,776	114	427	792	1,193	1,606	1,296	348
	MN	0	0	0	0	0	0	0	0
	Total	5,776	114	427	792	1,193	1,606	1,296	348
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	859,161	17,564	82,893	132,061	180,265	216,668	162,676	67,034
	MN	4,277	28	166	462	577	615	1,367	1,062
	Total	863,438	17,592	83,059	132,523	180,842	217,283	164,043	68,096
3b. Average Period of Eligibility	CN	0.93	0.60	0.94	0.94	0.95	0.95	0.95	0.88
	MN	0.85	0.78	0.81	0.88	0.86	0.88	0.92	0.74
	Total	0.93	0.60	0.94	0.94	0.95	0.95	0.95	0.88
4. Expected Number of Screenings per Eligible	CN		4.20	2.35	0.94	0.95	0.95	0.95	0.88
	MN		5.46	2.03	0.88	0.86	0.88	0.92	0.74
	Total		4.20	2.35	0.94	0.95	0.95	0.95	0.88
5. Expected Number of Screenings	CN	90,855	10,231	17,282	11,008	15,088	18,058	13,608	5,580
	MN	391	16	35	39	48	51	114	88
	Total	91,246	10,247	17,317	11,047	15,136	18,109	13,722	5,668
6. Total Screens Received	CN	70,781	12,301	18,930	9,737	9,560	11,497	7,269	1,487
	MN	163	21	23	23	15	21	44	16
	Total	70,944	12,322	18,953	9,760	9,575	11,518	7,313	1,503
7. SCREENING RATIO	CN	0.78	1.00	1.00	0.88	0.63	0.64	0.53	0.27
	MN	0.42	1.00	0.66	0.59	0.31	0.41	0.39	0.18
	Total	0.78	1.00	1.00	0.88	0.63	0.64	0.53	0.27

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	73,132	2,436	7,354	11,008	15,088	18,058	13,608	5,580
	MN	360	3	17	39	48	51	114	88
	Total	73,492	2,439	7,371	11,047	15,136	18,109	13,722	5,668
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	44,295	2,327	6,569	8,191	8,838	10,540	6,507	1,323
	MN	121	3	9	23	14	21	35	16
	Total	44,416	2,330	6,578	8,214	8,852	10,561	6,542	1,339
10. PARTICIPANT RATIO	CN	0.61	0.96	0.89	0.74	0.59	0.58	0.48	0.24
	MN	0.34	1.00	0.53	0.59	0.29	0.41	0.31	0.18
	Total	0.60	0.96	0.89	0.74	0.58	0.58	0.48	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	44,575	20	2,258	7,037	11,299	12,927	8,537	2,497
	MN	185	0	4	18	29	29	64	41
	Total	44,760	20	2,262	7,055	11,328	12,956	8,601	2,538
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,057	10	1,843	6,628	10,778	12,135	7,642	2,021
	MN	165	0	4	17	27	27	55	35
	Total	41,222	10	1,847	6,645	10,805	12,162	7,697	2,056
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,962	1	291	1,935	4,986	5,074	4,321	1,354
	MN	84	0	1	6	10	14	33	20
	Total	18,046	1	292	1,941	4,996	5,088	4,354	1,374
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,671				2,573	2,098		
	MN	11				5	6		
	Total	4,682				2,578	2,104		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	40,943	14	2,110	6,576	10,470	11,902	7,666	2,205
	MN	167	0	4	18	26	25	59	35
	Total	41,110	14	2,114	6,594	10,496	11,927	7,725	2,240
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,101	112	676	145	42	56	46	24
	MN	1	0	0	0	1	0	0	0
	Total	1,102	112	676	145	43	56	46	24
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	45,146	130	2,665	7,087	11,299	12,927	8,539	2,499
	MN	186	0	4	18	30	29	64	41
	Total	45,332	130	2,669	7,105	11,329	12,956	8,603	2,540
13. Total Eligibles Enrolled in Managed Care	CN	63,981	2,158	6,432	10,015	13,350	15,555	11,511	4,960
	MN	356	2	17	39	49	50	106	93
	Total	64,337	2,160	6,449	10,054	13,399	15,605	11,617	5,053
14a. Total Number of Screening Blood Lead Tests	CN	5,905	26	4,944	935				
	MN	7	0	6	1				
	Total	5,912	26	4,950	936				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	738,332	42,736	87,733	118,262	156,664	174,982	116,286	41,669
	MN	1,224	123	130	144	227	339	227	34
	Total	739,556	42,859	87,863	118,406	156,891	175,321	116,513	41,703
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	691,234	30,535	83,573	112,550	149,516	167,262	110,819	36,979
	MN	756	63	83	84	147	218	150	11
	Total	691,990	30,598	83,656	112,634	149,663	167,480	110,969	36,990
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	96,954	1	1	1	31,905	37,542	23,767	3,737
	MN	0	0	0	0	0	0	0	0
	Total	96,954	1	1	1	31,905	37,542	23,767	3,737
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	7,337,370	237,685	890,762	1,210,286	1,625,927	1,830,749	1,205,094	336,867
	MN	6,388	477	724	657	1,271	1,890	1,258	111
	Total	7,343,758	238,162	891,486	1,210,943	1,627,198	1,832,639	1,206,352	336,978
3b. Average Period of Eligibility	CN	0.88	0.65	0.89	0.90	0.91	0.91	0.91	0.76
	MN	0.70	0.63	0.73	0.65	0.72	0.72	0.70	0.84
	Total	0.88	0.65	0.89	0.90	0.91	0.91	0.91	0.76
4. Expected Number of Screenings per Eligible	CN		4.55	2.23	0.90	0.91	0.91	0.91	0.76
	MN		4.41	1.83	0.65	0.72	0.72	0.70	0.84
	Total		4.55	2.23	0.90	0.91	0.91	0.91	0.76
5. Expected Number of Screenings	CN	843,814	138,934	186,368	101,295	136,060	152,208	100,845	28,104
	MN	862	278	152	55	106	157	105	9
	Total	844,676	139,212	186,520	101,350	136,166	152,365	100,950	28,113
6. Total Screens Received	CN	595,037	127,633	178,562	87,321	69,262	81,524	44,458	6,277
	MN	601	250	179	31	43	68	27	3
	Total	595,638	127,883	178,741	87,352	69,305	81,592	44,485	6,280
7. SCREENING RATIO	CN	0.71	0.92	0.96	0.86	0.51	0.54	0.44	0.22
	MN	0.70	0.90	1.00	0.56	0.41	0.43	0.26	0.33
	Total	0.71	0.92	0.96	0.86	0.51	0.54	0.44	0.22

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	632,620	30,535	83,573	101,295	136,060	152,208	100,845	28,104
	MN	578	63	83	55	106	157	105	9
	Total	633,198	30,598	83,656	101,350	136,166	152,365	100,950	28,113
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	350,552	28,300	69,243	75,070	62,218	73,202	38,166	4,353
	MN	290	58	64	29	43	67	27	2
	Total	350,842	28,358	69,307	75,099	62,261	73,269	38,193	4,355
10. PARTICIPANT RATIO	CN	0.55	0.93	0.83	0.74	0.46	0.48	0.38	0.15
	MN	0.50	0.92	0.77	0.53	0.41	0.43	0.26	0.22
	Total	0.55	0.93	0.83	0.74	0.46	0.48	0.38	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	225,011	26,934	56,981	40,399	33,643	40,011	23,768	3,275
	MN	199	55	56	16	20	36	14	2
	Total	225,210	26,989	57,037	40,415	33,663	40,047	23,782	3,277
12a. Total Eligibles Receiving Any Dental Services	CN	368,738	293	23,001	66,398	101,211	108,664	61,115	8,056
	MN	295	0	9	26	83	110	64	3
	Total	369,033	293	23,010	66,424	101,294	108,774	61,179	8,059
12b. Total Eligibles Receiving Preventive Dental Services	CN	349,324	211	21,427	63,979	98,066	103,512	55,540	6,589
	MN	279	0	9	23	80	106	58	3
	Total	349,603	211	21,436	64,002	98,146	103,618	55,598	6,592
12c. Total Eligibles Receiving Dental Treatment Services	CN	200,325	75	5,018	26,619	56,540	65,808	41,030	5,235
	MN	165	0	1	12	41	66	43	2
	Total	200,490	75	5,019	26,631	56,581	65,874	41,073	5,237
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	47,641				26,836	20,805		
	MN	46				22	24		
	Total	47,687				26,858	20,829		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	355,351	201	21,814	64,998	98,399	104,387	58,058	7,494
	MN	283	0	8	25	82	104	61	3
	Total	355,634	201	21,822	65,023	98,481	104,491	58,119	7,497
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	26,224	1,310	13,825	5,842	2,927	1,291	826	203
	MN	21	1	12	0	4	2	2	0
	Total	26,245	1,311	13,837	5,842	2,931	1,293	828	203
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	382,235	1,584	32,898	67,825	101,624	108,904	61,274	8,126
	MN	310	1	21	26	84	110	65	3
	Total	382,545	1,585	32,919	67,851	101,708	109,014	61,339	8,129
13. Total Eligibles Enrolled in Managed Care	CN	644,163	29,556	81,372	108,174	142,121	157,116	102,382	23,442
	MN	153	0	18	16	37	45	33	4
	Total	644,316	29,556	81,390	108,190	142,158	157,161	102,415	23,446
14a. Total Number of Screening Blood Lead Tests	CN	61,589	673	38,640	22,276				
	MN	44	2	34	8				
	Total	61,633	675	38,674	22,284				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	940,300	45,914	101,661	148,048	197,799	223,634	156,814	66,430
	MN	126	1	13	20	25	32	25	10
	Total	940,426	45,915	101,674	148,068	197,824	223,666	156,839	66,440
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	901,299	37,425	98,259	143,416	192,133	217,209	151,586	61,271
	MN	86	0	6	12	18	24	20	6
	Total	901,385	37,425	98,265	143,428	192,151	217,233	151,606	61,277
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	9,937,338	287,696	1,093,960	1,616,113	2,175,625	2,460,277	1,698,016	605,651
	MN	483	3	34	69	97	132	123	25
	Total	9,937,821	287,699	1,093,994	1,616,182	2,175,722	2,460,409	1,698,139	605,676
3b. Average Period of Eligibility	CN	0.92	0.64	0.93	0.94	0.94	0.94	0.93	0.82
	MN	0.47	0.00	0.47	0.48	0.45	0.46	0.51	0.35
	Total	0.92	0.64	0.93	0.94	0.94	0.94	0.93	0.82
4. Expected Number of Screenings per Eligible	CN		3.20	1.40	0.94	0.47	0.56	0.47	0.41
	MN		0.00	0.71	0.48	0.23	0.28	0.26	0.18
	Total		3.20	1.40	0.94	0.47	0.56	0.47	0.41
5. Expected Number of Screenings	CN	700,440	119,760	137,563	134,811	90,303	121,637	71,245	25,121
	MN	27	0	4	6	4	7	5	1
	Total	700,467	119,760	137,567	134,817	90,307	121,644	71,250	25,122
6. Total Screens Received	CN	652,352	130,633	189,888	92,728	83,426	97,027	49,903	8,747
	MN	23	0	7	5	0	6	4	1
	Total	652,375	130,633	189,895	92,733	83,426	97,033	49,907	8,748
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.69	0.92	0.80	0.70	0.35
	MN	0.85	0.00	1.00	0.83	0.00	0.86	0.80	1.00
	Total	0.93	1.00	1.00	0.69	0.92	0.80	0.70	0.35

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	578,801	37,425	98,259	134,811	90,303	121,637	71,245	25,121
	MN	27	0	4	6	4	7	5	1
	Total	578,828	37,425	98,263	134,817	90,307	121,644	71,250	25,122
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	425,234	34,718	80,007	85,942	79,218	91,632	46,447	7,270
	MN	19	0	5	4	0	5	4	1
	Total	425,253	34,718	80,012	85,946	79,218	91,637	46,451	7,271
10. PARTICIPANT RATIO	CN	0.73	0.93	0.81	0.64	0.88	0.75	0.65	0.29
	MN	0.70	0.00	1.00	0.67	0.00	0.71	0.80	1.00
	Total	0.73	0.93	0.81	0.64	0.88	0.75	0.65	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	28,869	8,216	6,954	2,819	3,203	4,132	2,956	589
	MN	0	0	0	0	0	0	0	0
	Total	28,869	8,216	6,954	2,819	3,203	4,132	2,956	589
12a. Total Eligibles Receiving Any Dental Services	CN	531,590	3,092	52,172	96,797	135,948	142,704	81,575	19,302
	MN	29	0	5	1	9	10	4	0
	Total	531,619	3,092	52,177	96,798	135,957	142,714	81,579	19,302
12b. Total Eligibles Receiving Preventive Dental Services	CN	486,398	1,684	48,509	93,085	130,569	132,278	67,590	12,683
	MN	29	0	5	1	9	10	4	0
	Total	486,427	1,684	48,514	93,086	130,578	132,288	67,594	12,683
12c. Total Eligibles Receiving Dental Treatment Services	CN	299,219	1,639	32,116	65,769	72,598	69,082	46,700	11,315
	MN	13	0	0	0	6	6	1	0
	Total	299,232	1,639	32,116	65,769	72,604	69,088	46,701	11,315
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	74,080				39,621	34,459		
	MN	11				4	7		
	Total	74,091				39,625	34,466		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	499,223	2,560	49,260	92,186	127,932	134,284	75,456	17,545
	MN	18	0	2	0	6	8	2	0
	Total	499,241	2,560	49,262	92,186	127,938	134,292	75,458	17,545
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	65,369	1,196	13,206	19,785	15,998	8,153	5,402	1,629
	MN	2	0	2	0	0	0	0	0
	Total	65,371	1,196	13,208	19,785	15,998	8,153	5,402	1,629
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	535,369	3,134	52,239	97,285	137,908	143,731	81,692	19,380
	MN	29	0	5	1	9	10	4	0
	Total	535,398	3,134	52,244	97,286	137,917	143,741	81,696	19,380
13. Total Eligibles Enrolled in Managed Care	CN	868,906	36,499	96,034	139,131	185,451	208,269	144,727	58,795
	MN	7	0	0	1	1	1	1	3
	Total	868,913	36,499	96,034	139,132	185,452	208,270	144,728	58,798
14a. Total Number of Screening Blood Lead Tests	CN	18,920	167	13,691	5,062				
	MN	2	0	2	0				
	Total	18,922	167	13,693	5,062				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	253,870	13,281	26,975	38,967	51,181	59,203	43,735	20,528
	MN	30	0	0	1	8	12	9	0
	Total	253,900	13,281	26,975	38,968	51,189	59,215	43,744	20,528
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	243,382	10,595	26,002	37,760	49,723	57,559	42,540	19,203
	MN	28	0	0	1	8	10	9	0
	Total	243,410	10,595	26,002	37,761	49,731	57,569	42,549	19,203
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	2,578,835	77,251	274,807	408,144	541,548	629,128	456,693	191,264
	MN	200	0	0	5	63	63	69	0
	Total	2,579,035	77,251	274,807	408,149	541,611	629,191	456,762	191,264
3b. Average Period of Eligibility	CN	0.88	0.61	0.88	0.90	0.91	0.91	0.89	0.83
	MN	0.60	0.00	0.00	0.42	0.66	0.53	0.64	0.00
	Total	0.88	0.61	0.88	0.90	0.91	0.91	0.89	0.83
4. Expected Number of Screenings per Eligible	CN		3.66	2.20	0.90	0.91	0.91	0.89	0.83
	MN		0.00	0.00	0.42	0.66	0.53	0.64	0.00
	Total		3.66	2.20	0.90	0.91	0.91	0.89	0.83
5. Expected Number of Screenings	CN	281,392	38,778	57,204	33,984	45,248	52,379	37,861	15,938
	MN	16	0	0	0	5	5	6	0
	Total	281,408	38,778	57,204	33,984	45,253	52,384	37,867	15,938
6. Total Screens Received	CN	274,725	60,942	73,735	40,456	34,036	37,546	23,113	4,897
	MN	12	0	0	0	4	6	2	0
	Total	274,737	60,942	73,735	40,456	34,040	37,552	23,115	4,897
7. SCREENING RATIO	CN	0.98	1.00	1.00	1.00	0.75	0.72	0.61	0.31
	MN	0.75	0.00	0.00	0.00	0.80	1.00	0.33	0.00
	Total	0.98	1.00	1.00	1.00	0.75	0.72	0.61	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	222,007	10,595	26,002	33,984	45,248	52,379	37,861	15,938
	MN	16	0	0	0	5	5	6	0
	Total	222,023	10,595	26,002	33,984	45,253	52,384	37,867	15,938
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	119,872	9,896	21,065	24,157	22,634	24,773	14,579	2,768
	MN	9	0	0	0	2	5	2	0
	Total	119,881	9,896	21,065	24,157	22,636	24,778	14,581	2,768
10. PARTICIPANT RATIO	CN	0.54	0.93	0.81	0.71	0.50	0.47	0.39	0.17
	MN	0.56	0.00	0.00	0.00	0.40	1.00	0.33	0.00
	Total	0.54	0.93	0.81	0.71	0.50	0.47	0.39	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	85,508	8,310	16,670	14,332	15,291	16,975	11,596	2,334
	MN	8	0	0	0	2	4	2	0
	Total	85,516	8,310	16,670	14,332	15,293	16,979	11,598	2,334
12a. Total Eligibles Receiving Any Dental Services	CN	122,293	52	4,133	21,569	32,845	35,391	22,365	5,938
	MN	17	0	0	0	6	4	7	0
	Total	122,310	52	4,133	21,569	32,851	35,395	22,372	5,938
12b. Total Eligibles Receiving Preventive Dental Services	CN	110,699	26	2,960	19,850	30,964	32,834	19,492	4,573
	MN	14	0	0	0	5	4	5	0
	Total	110,713	26	2,960	19,850	30,969	32,838	19,497	4,573
12c. Total Eligibles Receiving Dental Treatment Services	CN	57,202	6	434	6,880	15,368	17,381	13,437	3,696
	MN	7	0	0	0	3	1	3	0
	Total	57,209	6	434	6,880	15,371	17,382	13,440	3,696
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	15,755				7,973	7,782		
	MN	5				3	2		
	Total	15,760				7,976	7,784		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	118,256	52	4,093	21,177	31,834	34,236	21,267	5,597
	MN	13	0	0	0	5	4	4	0
	Total	118,269	52	4,093	21,177	31,839	34,240	21,271	5,597
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	913	9	321	275	165	80	47	16
	MN	0	0	0	0	0	0	0	0
	Total	913	9	321	275	165	80	47	16
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	122,687	61	4,393	21,615	32,882	35,413	22,379	5,944
	MN	17	0	0	0	6	4	7	0
	Total	122,704	61	4,393	21,615	32,888	35,417	22,386	5,944
13. Total Eligibles Enrolled in Managed Care	CN	223,547	9,834	24,523	35,276	45,752	52,490	38,035	17,637
	MN	24	0	0	1	8	7	8	0
	Total	223,571	9,834	24,523	35,277	45,760	52,497	38,043	17,637
14a. Total Number of Screening Blood Lead Tests	CN	16,687	138	12,088	4,461				
	MN	0	0	0	0				
	Total	16,687	138	12,088	4,461				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	587,826	32,951	67,692	94,876	122,776	138,263	95,520	35,748
	MN	60	3	6	5	9	16	16	5
	Total	587,886	32,954	67,698	94,881	122,785	138,279	95,536	35,753
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	549,604	23,978	64,411	90,626	116,979	131,679	90,648	31,283
	MN	32	0	2	4	7	10	8	1
	Total	549,636	23,978	64,413	90,630	116,986	131,689	90,656	31,284
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,280	0	5	6	27,411	33,828	22,075	2,955
	MN	0	0	0	0	0	0	0	0
	Total	86,280	0	5	6	27,411	33,828	22,075	2,955
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,817,730	185,117	685,761	983,089	1,267,321	1,434,677	976,857	284,908
	MN	195	0	17	24	35	59	56	4
	Total	5,817,925	185,117	685,778	983,113	1,267,356	1,434,736	976,913	284,912
3b. Average Period of Eligibility	CN	0.88	0.64	0.89	0.90	0.90	0.91	0.90	0.76
	MN	0.51	0.00	0.71	0.50	0.42	0.49	0.58	0.33
	Total	0.88	0.64	0.89	0.90	0.90	0.91	0.90	0.76
4. Expected Number of Screenings per Eligible	CN		3.20	1.78	0.90	0.45	0.55	0.45	0.38
	MN		0.00	1.42	0.50	0.21	0.29	0.29	0.17
	Total		3.20	1.78	0.90	0.45	0.55	0.45	0.38
5. Expected Number of Screenings	CN	450,689	76,730	114,652	81,563	52,641	72,423	40,792	11,888
	MN	11	0	3	2	1	3	2	0
	Total	450,700	76,730	114,655	81,565	52,642	72,426	40,794	11,888
6. Total Screens Received	CN	456,957	116,133	128,635	59,956	53,008	60,270	33,141	5,814
	MN	13	0	7	2	1	3	0	0
	Total	456,970	116,133	128,642	59,958	53,009	60,273	33,141	5,814
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.74	1.00	0.83	0.81	0.49
	MN	1.00	0.00	1.00	1.00	1.00	1.00	0.00	0.00
	Total	1.00	1.00	1.00	0.74	1.00	0.83	0.81	0.49

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	347,696	23,978	64,411	81,563	52,641	72,423	40,792	11,888
	MN	10	0	2	2	1	3	2	0
	Total	347,706	23,978	64,413	81,565	52,642	72,426	40,794	11,888
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	273,958	22,751	52,144	53,743	50,927	57,586	31,374	5,433
	MN	6	0	1	1	1	3	0	0
	Total	273,964	22,751	52,145	53,744	50,928	57,589	31,374	5,433
10. PARTICIPANT RATIO	CN	0.79	0.95	0.81	0.66	0.97	0.80	0.77	0.46
	MN	0.60	0.00	0.50	0.50	1.00	1.00	0.00	0.00
	Total	0.79	0.95	0.81	0.66	0.97	0.80	0.77	0.46
11. Total Eligibles Referred for Corrective Treatment	CN	185,463	21,272	44,890	32,010	27,652	33,709	21,581	4,349
	MN	5	0	1	1	0	3	0	0
	Total	185,468	21,272	44,891	32,011	27,652	33,712	21,581	4,349
12a. Total Eligibles Receiving Any Dental Services	CN	225,392	163	8,338	38,742	67,145	67,286	36,217	7,501
	MN	5	0	0	0	2	3	0	0
	Total	225,397	163	8,338	38,742	67,147	67,289	36,217	7,501
12b. Total Eligibles Receiving Preventive Dental Services	CN	207,194	67	7,258	36,667	63,996	63,088	30,874	5,244
	MN	4	0	0	0	2	2	0	0
	Total	207,198	67	7,258	36,667	63,998	63,090	30,874	5,244
12c. Total Eligibles Receiving Dental Treatment Services	CN	87,587	40	544	10,669	26,687	26,278	19,193	4,176
	MN	3	0	0	0	1	2	0	0
	Total	87,590	40	544	10,669	26,688	26,280	19,193	4,176
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,812				23,219	21,593		
	MN	0				0	0		
	Total	44,812				23,219	21,593		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	213,463	150	8,063	37,702	64,399	63,650	32,804	6,695
	MN	2	0	0	0	1	1	0	0
	Total	213,465	150	8,063	37,702	64,400	63,651	32,804	6,695
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	37,169	474	9,425	9,427	9,461	6,492	1,724	166
	MN	3	0	0	2	0	1	0	0
	Total	37,172	474	9,425	9,429	9,461	6,493	1,724	166
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	246,966	630	16,514	43,856	71,041	70,140	37,175	7,610
	MN	7	0	0	2	2	3	0	0
	Total	246,973	630	16,514	43,858	71,043	70,143	37,175	7,610
13. Total Eligibles Enrolled in Managed Care	CN	487,991	22,912	60,217	83,326	104,483	113,776	76,449	26,828
	MN	6	0	2	1	1	2	0	0
	Total	487,997	22,912	60,219	83,327	104,484	113,778	76,449	26,828
14a. Total Number of Screening Blood Lead Tests	CN	58,881	1,139	38,883	18,859				
	MN	1	0	0	1				
	Total	58,882	1,139	38,883	18,860				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	51,611	3,063	6,684	8,665	11,068	12,184	7,955	1,992
	MN	0	0	0	0	0	0	0	0
	Total	51,611	3,063	6,684	8,665	11,068	12,184	7,955	1,992
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	47,513	2,499	6,244	8,078	10,344	11,370	7,351	1,627
	MN	0	0	0	0	0	0	0	0
	Total	47,513	2,499	6,244	8,078	10,344	11,370	7,351	1,627
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	468,156	18,321	60,836	81,642	104,434	116,017	73,972	12,934
	MN	0	0	0	0	0	0	0	0
	Total	468,156	18,321	60,836	81,642	104,434	116,017	73,972	12,934
3b. Average Period of Eligibility	CN	0.82	0.61	0.81	0.84	0.84	0.85	0.84	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.61	0.81	0.84	0.84	0.85	0.84	0.66
4. Expected Number of Screenings per Eligible	CN		4.27	1.62	0.84	0.42	0.85	0.84	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	1.62	0.84	0.42	0.85	0.84	0.66
5. Expected Number of Screenings	CN	34,017	11,253	10,723	4,288	2,419	3,549	1,693	92
	MN	0	0	0	0	0	0	0	0
	Total	34,017	11,253	10,723	4,288	2,419	3,549	1,693	92
6. Total Screens Received	CN	34,006	11,250	10,720	4,287	2,418	3,547	1,692	92
	MN	0	0	0	0	0	0	0	0
	Total	34,006	11,250	10,720	4,287	2,418	3,547	1,692	92
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: 2017

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	36,787	2,499	6,244	6,786	4,344	9,665	6,175	1,074
	MN	0	0	0	0	0	0	0	0
	Total	36,787	2,499	6,244	6,786	4,344	9,665	6,175	1,074
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,236	2,404	4,608	3,892	2,324	3,327	1,593	88
	MN	0	0	0	0	0	0	0	0
	Total	18,236	2,404	4,608	3,892	2,324	3,327	1,593	88
10. PARTICIPANT RATIO	CN	0.50	0.96	0.74	0.57	0.53	0.34	0.26	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.96	0.74	0.57	0.53	0.34	0.26	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	13,275	2,206	3,767	2,451	1,511	2,117	1,154	69
	MN	0	0	0	0	0	0	0	0
	Total	13,275	2,206	3,767	2,451	1,511	2,117	1,154	69
12a. Total Eligibles Receiving Any Dental Services	CN	23,980	25	1,504	4,603	6,585	6,823	3,920	520
	MN	0	0	0	0	0	0	0	0
	Total	23,980	25	1,504	4,603	6,585	6,823	3,920	520
12b. Total Eligibles Receiving Preventive Dental Services	CN	22,072	9	1,311	4,318	6,232	6,400	3,424	378
	MN	0	0	0	0	0	0	0	0
	Total	22,072	9	1,311	4,318	6,232	6,400	3,424	378
12c. Total Eligibles Receiving Dental Treatment Services	CN	11,364	9	172	1,758	3,453	3,302	2,339	331
	MN	0	0	0	0	0	0	0	0
	Total	11,364	9	172	1,758	3,453	3,302	2,339	331
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,285				1,759	1,526		
	MN	0				0	0		
	Total	3,285				1,759	1,526		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2017

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	22,933	20	1,487	4,475	6,329	6,523	3,646	453
	MN	0	0	0	0	0	0	0	0
	Total	22,933	20	1,487	4,475	6,329	6,523	3,646	453
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	144	0	2	18	24	60	35	5
	MN	0	0	0	0	0	0	0	0
	Total	144	0	2	18	24	60	35	5
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	24,094	25	1,506	4,616	6,603	6,875	3,946	523
	MN	0	0	0	0	0	0	0	0
	Total	24,094	25	1,506	4,616	6,603	6,875	3,946	523
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
14a. Total Number of Screening Blood Lead Tests	CN	1,403	5	907	491				
	MN	0	0	0	0				
	Total	1,403	5	907	491				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			