

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	712,703	45,146	87,187	115,598	153,692	161,904	118,354	30,822
	MN	0	0	0	0	0	0	0	0
	Total	712,703	45,146	87,187	115,598	153,692	161,904	118,354	30,822
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	668,641	39,701	81,479	109,124	145,870	153,783	112,311	26,373
	MN	0	0	0	0	0	0	0	0
	Total	668,641	39,701	81,479	109,124	145,870	153,783	112,311	26,373
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	7,044,895	365,660	839,873	1,165,118	1,579,387	1,673,119	1,212,500	209,238
	MN	0	0	0	0	0	0	0	0
	Total	7,044,895	365,660	839,873	1,165,118	1,579,387	1,673,119	1,212,500	209,238
3b. Average Period of Eligibility	CN	0.88	0.77	0.86	0.89	0.90	0.91	0.90	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.77	0.86	0.89	0.90	0.91	0.90	0.66
4. Expected Number of Screenings per Eligible	CN		3.85	1.72	0.89	0.90	0.91	0.90	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.85	1.72	0.89	0.90	0.91	0.90	0.66
5. Expected Number of Screenings	CN	779,825	152,849	140,144	97,120	131,283	139,943	101,080	17,406
	MN	0	0	0	0	0	0	0	0
	Total	779,825	152,849	140,144	97,120	131,283	139,943	101,080	17,406
6. Total Screens Received	CN	471,239	99,271	146,567	63,752	56,279	66,666	36,439	2,265
	MN	0	0	0	0	0	0	0	0
	Total	471,239	99,271	146,567	63,752	56,279	66,666	36,439	2,265
7. SCREENING RATIO	CN	0.60	0.65	1.00	0.66	0.43	0.48	0.36	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.65	1.00	0.66	0.43	0.48	0.36	0.13

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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	608,012	39,701	81,479	97,120	131,283	139,943	101,080	17,406
	MN	0	0	0	0	0	0	0	0
	Total	608,012	39,701	81,479	97,120	131,283	139,943	101,080	17,406
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	313,196	31,999	62,823	61,149	54,838	64,673	35,474	2,240
	MN	0	0	0	0	0	0	0	0
	Total	313,196	31,999	62,823	61,149	54,838	64,673	35,474	2,240
10. PARTICIPANT RATIO	CN	0.52	0.81	0.77	0.63	0.42	0.46	0.35	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.81	0.77	0.63	0.42	0.46	0.35	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	111,141	10,815	22,683	19,031	20,026	23,384	14,174	1,028
	MN	0	0	0	0	0	0	0	0
	Total	111,141	10,815	22,683	19,031	20,026	23,384	14,174	1,028
12a. Total Eligibles Receiving Any Dental Services	CN	324,004	146	18,152	61,658	91,632	89,359	55,628	7,429
	MN	0	0	0	0	0	0	0	0
	Total	324,004	146	18,152	61,658	91,632	89,359	55,628	7,429
12b. Total Eligibles Receiving Preventive Dental Services	CN	305,688	70	15,949	58,737	88,029	85,938	50,792	6,173
	MN	0	0	0	0	0	0	0	0
	Total	305,688	70	15,949	58,737	88,029	85,938	50,792	6,173
12c. Total Eligibles Receiving Dental Treatment Services	CN	123,224	2	1,831	21,710	40,226	32,024	24,330	3,101
	MN	0	0	0	0	0	0	0	0
	Total	123,224	2	1,831	21,710	40,226	32,024	24,330	3,101
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,167				17,914	8,253		
	MN	0				0	0		
	Total	26,167				17,914	8,253		

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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	316,283	138	17,939	60,430	89,448	87,505	53,825	6,998
	MN	0	0	0	0	0	0	0	0
	Total	316,283	138	17,939	60,430	89,448	87,505	53,825	6,998
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,928	706	5,002	220	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	5,928	706	5,002	220	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	329,087	848	22,380	61,811	91,632	89,359	55,628	7,429
	MN	0	0	0	0	0	0	0	0
	Total	329,087	848	22,380	61,811	91,632	89,359	55,628	7,429
13. Total Eligibles Enrolled in Managed Care	CN	638,331	28,003	78,141	107,003	142,571	149,693	108,170	24,750
	MN	0	0	0	0	0	0	0	0
	Total	638,331	28,003	78,141	107,003	142,571	149,693	108,170	24,750
14. Total Number of Screening Blood Lead Tests	CN	44,165	1,538	31,575	11,052				
	MN	0	0	0	0				
	Total	44,165	1,538	31,575	11,052				

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Fiscal Year: 2015

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	97,235	6,014	12,019	16,072	20,404	21,388	16,063	5,275
	MN	0	0	0	0	0	0	0	0
	Total	97,235	6,014	12,019	16,072	20,404	21,388	16,063	5,275
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	91,771	4,779	11,335	15,388	19,617	20,556	15,386	4,710
	MN	0	0	0	0	0	0	0	0
	Total	91,771	4,779	11,335	15,388	19,617	20,556	15,386	4,710
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,566	45	758	1,212	2,615	2,843	1,959	134
	MN	0	0	0	0	0	0	0	0
	Total	9,566	45	758	1,212	2,615	2,843	1,959	134
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	951,210	33,472	116,523	163,483	209,969	221,672	162,885	43,206
	MN	0	0	0	0	0	0	0	0
	Total	951,210	33,472	116,523	163,483	209,969	221,672	162,885	43,206
3b. Average Period of Eligibility	CN	0.86	0.58	0.86	0.89	0.89	0.90	0.88	0.76
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.58	0.86	0.89	0.89	0.90	0.88	0.76
4. Expected Number of Screenings per Eligible	CN		3.48	2.15	0.89	0.89	0.90	0.88	0.76
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.48	2.15	0.89	0.89	0.90	0.88	0.76
5. Expected Number of Screenings	CN	107,775	16,631	24,370	13,695	17,459	18,500	13,540	3,580
	MN	0	0	0	0	0	0	0	0
	Total	107,775	16,631	24,370	13,695	17,459	18,500	13,540	3,580
6. Total Screens Received	CN	57,304	16,613	15,871	8,533	4,790	6,614	4,542	341
	MN	0	0	0	0	0	0	0	0
	Total	57,304	16,613	15,871	8,533	4,790	6,614	4,542	341
7. SCREENING RATIO	CN	0.53	1.00	0.65	0.62	0.27	0.36	0.34	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	1.00	0.65	0.62	0.27	0.36	0.34	0.10

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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	82,888	4,779	11,335	13,695	17,459	18,500	13,540	3,580
	MN	0	0	0	0	0	0	0	0
	Total	82,888	4,779	11,335	13,695	17,459	18,500	13,540	3,580
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	33,356	4,232	7,453	7,241	4,371	5,800	3,945	314
	MN	0	0	0	0	0	0	0	0
	Total	33,356	4,232	7,453	7,241	4,371	5,800	3,945	314
10. PARTICIPANT RATIO	CN	0.40	0.89	0.66	0.53	0.25	0.31	0.29	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.89	0.66	0.53	0.25	0.31	0.29	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	21,931	3,951	5,616	4,145	2,375	3,176	2,432	236
	MN	0	0	0	0	0	0	0	0
	Total	21,931	3,951	5,616	4,145	2,375	3,176	2,432	236
12a. Total Eligibles Receiving Any Dental Services	CN	44,330	102	2,838	8,169	11,640	11,923	7,993	1,665
	MN	0	0	0	0	0	0	0	0
	Total	44,330	102	2,838	8,169	11,640	11,923	7,993	1,665
12b. Total Eligibles Receiving Preventive Dental Services	CN	39,995	52	2,364	7,468	10,920	11,070	6,902	1,219
	MN	0	0	0	0	0	0	0	0
	Total	39,995	52	2,364	7,468	10,920	11,070	6,902	1,219
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,378	30	582	3,734	6,290	6,492	5,091	1,159
	MN	0	0	0	0	0	0	0	0
	Total	23,378	30	582	3,734	6,290	6,492	5,091	1,159
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,335				4,167	4,168		
	MN	0				0	0		
	Total	8,335				4,167	4,168		

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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	40,498	76	2,600	7,667	10,728	10,787	7,127	1,513
	MN	0	0	0	0	0	0	0	0
	Total	40,498	76	2,600	7,667	10,728	10,787	7,127	1,513
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	898	25	421	224	62	110	52	4
	MN	0	0	0	0	0	0	0	0
	Total	898	25	421	224	62	110	52	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	44,330	102	2,838	8,169	11,640	11,923	7,993	1,665
	MN	0	0	0	0	0	0	0	0
	Total	44,330	102	2,838	8,169	11,640	11,923	7,993	1,665
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	241	1	127	113				
	MN	0	0	0	0				
	Total	241	1	127	113				

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Fiscal Year: 2015

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	826,864	52,663	101,152	136,959	183,192	194,251	130,662	27,985
	MN	0	0	0	0	0	0	0	0
	Total	826,864	52,663	101,152	136,959	183,192	194,251	130,662	27,985
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	793,946	38,835	98,921	133,745	178,847	189,231	126,742	27,625
	MN	0	0	0	0	0	0	0	0
	Total	793,946	38,835	98,921	133,745	178,847	189,231	126,742	27,625
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	7,863,931	304,654	1,013,369	1,388,072	1,798,755	1,905,476	1,250,983	202,622
	MN	0	0	0	0	0	0	0	0
	Total	7,863,931	304,654	1,013,369	1,388,072	1,798,755	1,905,476	1,250,983	202,622
3b. Average Period of Eligibility	CN	0.83	0.65	0.85	0.86	0.84	0.84	0.82	0.61
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.65	0.85	0.86	0.84	0.84	0.82	0.61
4. Expected Number of Screenings per Eligible	CN		4.55	1.70	0.86	0.84	0.84	0.82	0.61
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	1.70	0.86	0.84	0.84	0.82	0.61
5. Expected Number of Screenings	CN	889,850	176,699	168,166	115,021	150,231	158,954	103,928	16,851
	MN	0	0	0	0	0	0	0	0
	Total	889,850	176,699	168,166	115,021	150,231	158,954	103,928	16,851
6. Total Screens Received	CN	596,672	153,767	168,604	78,624	72,949	80,401	39,835	2,492
	MN	0	0	0	0	0	0	0	0
	Total	596,672	153,767	168,604	78,624	72,949	80,401	39,835	2,492
7. SCREENING RATIO	CN	0.67	0.87	1.00	0.68	0.49	0.51	0.38	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.87	1.00	0.68	0.49	0.51	0.38	0.15

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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	682,741	38,835	98,921	115,021	150,231	158,954	103,928	16,851
	MN	0	0	0	0	0	0	0	0
	Total	682,741	38,835	98,921	115,021	150,231	158,954	103,928	16,851
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	351,631	36,581	72,612	68,721	65,359	71,370	34,742	2,246
	MN	0	0	0	0	0	0	0	0
	Total	351,631	36,581	72,612	68,721	65,359	71,370	34,742	2,246
10. PARTICIPANT RATIO	CN	0.52	0.94	0.73	0.60	0.44	0.45	0.33	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.94	0.73	0.60	0.44	0.45	0.33	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	569,108	36,729	78,298	98,687	132,898	136,066	77,079	9,351
	MN	0	0	0	0	0	0	0	0
	Total	569,108	36,729	78,298	98,687	132,898	136,066	77,079	9,351
12a. Total Eligibles Receiving Any Dental Services	CN	384,426	620	29,761	74,721	112,164	105,942	55,053	6,165
	MN	0	0	0	0	0	0	0	0
	Total	384,426	620	29,761	74,721	112,164	105,942	55,053	6,165
12b. Total Eligibles Receiving Preventive Dental Services	CN	351,865	351	23,092	67,264	106,373	100,666	49,285	4,834
	MN	0	0	0	0	0	0	0	0
	Total	351,865	351	23,092	67,264	106,373	100,666	49,285	4,834
12c. Total Eligibles Receiving Dental Treatment Services	CN	160,615	58	2,587	28,076	55,148	45,156	26,530	3,060
	MN	0	0	0	0	0	0	0	0
	Total	160,615	58	2,587	28,076	55,148	45,156	26,530	3,060
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	46,009				27,294	18,715		
	MN	0				0	0		
	Total	46,009				27,294	18,715		

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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	368,642	493	27,835	72,418	107,634	102,120	52,390	5,752
	MN	0	0	0	0	0	0	0	0
	Total	368,642	493	27,835	72,418	107,634	102,120	52,390	5,752
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	384,426	620	29,761	74,721	112,164	105,942	55,053	6,165
	MN	0	0	0	0	0	0	0	0
	Total	384,426	620	29,761	74,721	112,164	105,942	55,053	6,165
13. Total Eligibles Enrolled in Managed Care	CN	818,778	51,935	99,879	135,653	181,568	192,656	129,441	27,646
	MN	0	0	0	0	0	0	0	0
	Total	818,778	51,935	99,879	135,653	181,568	192,656	129,441	27,646
14. Total Number of Screening Blood Lead Tests	CN	35,080	496	19,948	14,636				
	MN	0	0	0	0				
	Total	35,080	496	19,948	14,636				

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Fiscal Year: 2015

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	458,435	23,771	50,795	77,027	101,377	103,986	72,386	29,093
	MN	208	2	2	10	18	34	38	104
	Total	458,643	23,773	50,797	77,037	101,395	104,020	72,424	29,197
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	437,822	18,359	48,458	75,059	98,927	100,675	69,813	26,531
	MN	145	1	1	9	16	13	17	88
	Total	437,967	18,360	48,459	75,068	98,943	100,688	69,830	26,619
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,927,115	136,157	521,214	867,789	1,153,942	1,171,148	804,982	271,883
	MN	1,180	8	12	57	91	67	135	810
	Total	4,928,295	136,165	521,226	867,846	1,154,033	1,171,215	805,117	272,693
3b. Average Period of Eligibility	CN	0.94	0.62	0.90	0.96	0.97	0.97	0.96	0.85
	MN	0.68	0.67	1.00	0.53	0.47	0.43	0.66	0.77
	Total	0.94	0.62	0.90	0.96	0.97	0.97	0.96	0.85
4. Expected Number of Screenings per Eligible	CN		3.72	1.35	0.96	0.49	0.97	0.96	0.85
	MN		4.02	1.50	0.53	0.24	0.43	0.66	0.77
	Total		3.72	1.35	0.96	0.49	0.97	0.96	0.85
5. Expected Number of Screenings	CN	441,470	68,295	65,418	72,057	48,474	97,655	67,020	22,551
	MN	100	4	2	5	4	6	11	68
	Total	441,570	68,299	65,420	72,062	48,478	97,661	67,031	22,619
6. Total Screens Received	CN	253,132	58,198	70,678	42,865	27,249	34,063	19,015	1,064
	MN	12	0	0	5	3	1	0	3
	Total	253,144	58,198	70,678	42,870	27,252	34,064	19,015	1,067
7. SCREENING RATIO	CN	0.57	0.85	1.00	0.59	0.56	0.35	0.28	0.05
	MN	0.12	0.00	0.00	1.00	0.75	0.17	0.00	0.04
	Total	0.57	0.85	1.00	0.59	0.56	0.35	0.28	0.05

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	374,574	18,359	48,458	72,057	48,474	97,655	67,020	22,551
	MN	96	1	1	5	4	6	11	68
	Total	374,670	18,360	48,459	72,062	48,478	97,661	67,031	22,619
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	169,100	16,125	33,127	40,781	26,576	33,041	18,411	1,039
	MN	11	0	0	4	3	1	0	3
	Total	169,111	16,125	33,127	40,785	26,579	33,042	18,411	1,042
10. PARTICIPANT RATIO	CN	0.45	0.88	0.68	0.57	0.55	0.34	0.27	0.05
	MN	0.11	0.00	0.00	0.80	0.75	0.17	0.00	0.04
	Total	0.45	0.88	0.68	0.57	0.55	0.34	0.27	0.05
11. Total Eligibles Referred for Corrective Treatment	CN	127,228	14,809	28,396	29,137	18,455	22,531	13,115	785
	MN	4	0	0	2	0	0	0	2
	Total	127,232	14,809	28,396	29,139	18,455	22,531	13,115	787
12a. Total Eligibles Receiving Any Dental Services	CN	223,518	112	10,363	42,043	64,871	62,920	37,049	6,160
	MN	23	0	1	2	3	0	1	16
	Total	223,541	112	10,364	42,045	64,874	62,920	37,050	6,176
12b. Total Eligibles Receiving Preventive Dental Services	CN	209,578	58	8,604	39,580	62,497	59,956	33,911	4,972
	MN	19	0	1	2	1	0	0	15
	Total	209,597	58	8,605	39,582	62,498	59,956	33,911	4,987
12c. Total Eligibles Receiving Dental Treatment Services	CN	112,093	7	1,317	15,521	34,821	33,980	22,674	3,773
	MN	12	0	0	2	2	0	0	8
	Total	112,105	7	1,317	15,523	34,823	33,980	22,674	3,781
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,584				12,954	8,630		
	MN	0				0	0		
	Total	21,584				12,954	8,630		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	218,134	110	10,277	41,398	63,535	61,367	35,666	5,781
	MN	23	0	1	2	3	0	1	16
	Total	218,157	110	10,278	41,400	63,538	61,367	35,667	5,797
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	973	68	401	279	114	81	26	4
	MN	1	0	0	1	0	0	0	0
	Total	974	68	401	280	114	81	26	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	224,231	178	10,713	42,215	64,930	62,967	37,066	6,162
	MN	23	0	1	2	3	0	1	16
	Total	224,254	178	10,714	42,217	64,933	62,967	37,067	6,178
13. Total Eligibles Enrolled in Managed Care	CN	403,560	15,807	46,182	71,618	93,717	94,759	64,788	16,689
	MN	133	1	2	5	13	31	26	55
	Total	403,693	15,808	46,184	71,623	93,730	94,790	64,814	16,744
14. Total Number of Screening Blood Lead Tests	CN	15,098	290	9,224	5,584				
	MN	2	0	0	2				
	Total	15,100	290	9,224	5,586				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	5,755,775	299,523	603,065	880,711	1,215,735	1,349,833	1,019,763	387,145
	MN	390,817	8,477	31,110	46,533	63,465	68,031	57,765	115,436
	Total	6,146,592	308,000	634,175	927,244	1,279,200	1,417,864	1,077,528	502,581
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	5,402,046	220,474	568,049	838,756	1,168,498	1,288,099	953,858	364,312
	MN	380,762	6,875	30,649	45,541	62,302	66,803	56,801	111,791
	Total	5,782,808	227,349	598,698	884,297	1,230,800	1,354,902	1,010,659	476,103
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	55,763	983	6,095	8,956	12,374	12,701	10,437	4,217
	Total	55,763	983	6,095	8,956	12,374	12,701	10,437	4,217
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	48,641,600	1,149,477	5,227,819	7,750,567	10,830,031	11,932,459	8,691,431	3,059,816
	MN	3,443,614	39,644	284,740	416,730	574,491	616,731	521,708	989,570
	Total	52,085,214	1,189,121	5,512,559	8,167,297	11,404,522	12,549,190	9,213,139	4,049,386
3b. Average Period of Eligibility	CN	0.75	0.43	0.77	0.77	0.77	0.77	0.76	0.70
	MN	0.75	0.48	0.77	0.76	0.77	0.77	0.77	0.74
	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		3.01	1.54	0.77	0.77	0.77	0.76	0.70
	MN		3.36	1.54	0.76	0.77	0.77	0.77	0.74
	Total		3.08	1.54	0.77	0.77	0.77	0.76	0.71
5. Expected Number of Screenings	CN	5,055,793	663,627	874,795	645,842	899,743	991,836	724,932	255,018
	MN	330,783	23,100	47,199	34,611	47,973	51,438	43,737	82,725
	Total	5,386,576	686,727	921,994	680,453	947,716	1,043,274	768,669	337,743
6. Total Screens Received	CN	4,237,881	464,183	1,056,394	732,684	691,109	732,787	456,511	104,213
	MN	196,834	13,978	48,558	30,339	27,887	28,604	20,103	27,365
	Total	4,434,715	478,161	1,104,952	763,023	718,996	761,391	476,614	131,578
7. SCREENING RATIO	CN	0.84	0.70	1.00	1.00	0.77	0.74	0.63	0.41
	MN	0.60	0.61	1.00	0.88	0.58	0.56	0.46	0.33
	Total	0.82	0.70	1.00	1.00	0.76	0.73	0.62	0.39

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	4,305,894	220,474	568,049	645,842	899,743	991,836	724,932	255,018
	MN	298,008	6,875	30,649	34,611	47,973	51,438	43,737	82,725
	Total	4,603,902	227,349	598,698	680,453	947,716	1,043,274	768,669	337,743
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,227,368	172,760	392,164	440,747	427,708	458,996	278,687	56,306
	MN	112,192	5,109	19,483	20,118	19,185	19,454	13,286	15,557
	Total	2,339,560	177,869	411,647	460,865	446,893	478,450	291,973	71,863
10. PARTICIPANT RATIO	CN	0.52	0.78	0.69	0.68	0.48	0.46	0.38	0.22
	MN	0.38	0.74	0.64	0.58	0.40	0.38	0.30	0.19
	Total	0.51	0.78	0.69	0.68	0.47	0.46	0.38	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	50,222	8	8,351	12,688	11,503	11,396	5,902	374
	MN	2,634	0	350	562	592	612	362	156
	Total	52,856	8	8,701	13,250	12,095	12,008	6,264	530
12a. Total Eligibles Receiving Any Dental Services	CN	2,420,257	3,496	136,488	444,113	681,384	662,845	397,513	94,418
	MN	149,267	134	7,879	22,920	34,021	31,487	21,555	31,271
	Total	2,569,524	3,630	144,367	467,033	715,405	694,332	419,068	125,689
12b. Total Eligibles Receiving Preventive Dental Services	CN	1,933,255	821	89,901	354,172	566,856	546,991	308,047	66,467
	MN	123,154	43	5,832	19,416	29,828	27,510	17,441	23,084
	Total	2,056,409	864	95,733	373,588	596,684	574,501	325,488	89,551
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,037,950	153	16,170	165,663	336,313	289,055	184,591	46,005
	MN	69,381	7	1,013	9,178	18,223	14,934	10,447	15,579
	Total	1,107,331	160	17,183	174,841	354,536	303,989	195,038	61,584
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	363,915				191,838	172,077		
	MN	18,896				10,086	8,810		
	Total	382,811				201,924	180,887		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	2,015,513	1,105	101,796	370,578	574,602	562,622	328,693	76,117
	MN	129,147	50	6,407	20,130	30,159	28,111	18,503	25,787
	Total	2,144,660	1,155	108,203	390,708	604,761	590,733	347,196	101,904
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	67,830	1,472	35,680	26,603	3,606	369	94	6
	MN	2,031	45	1,203	670	97	13	1	2
	Total	69,861	1,517	36,883	27,273	3,703	382	95	8
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,461,626	4,949	163,930	455,153	682,629	662,992	397,552	94,421
	MN	150,548	179	8,808	23,189	34,055	31,491	21,555	31,271
	Total	2,612,174	5,128	172,738	478,342	716,684	694,483	419,107	125,692
13. Total Eligibles Enrolled in Managed Care	CN	5,125,411	168,776	523,341	810,441	1,132,136	1,239,665	908,038	343,014
	MN	350,422	4,273	28,288	42,478	57,787	60,873	51,510	105,213
	Total	5,475,833	173,049	551,629	852,919	1,189,923	1,300,538	959,548	448,227
14. Total Number of Screening Blood Lead Tests	CN	273,948	2,384	177,563	94,001				
	MN	14,193	81	9,436	4,676				
	Total	288,141	2,465	186,999	98,677				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	652,414	34,018	69,811	103,382	142,918	153,880	101,581	46,824
	MN	0	0	0	0	0	0	0	0
	Total	652,414	34,018	69,811	103,382	142,918	153,880	101,581	46,824
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	616,508	25,045	66,707	98,997	137,302	147,929	96,772	43,756
	MN	0	0	0	0	0	0	0	0
	Total	616,508	25,045	66,707	98,997	137,302	147,929	96,772	43,756
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	6,832,844	176,091	746,415	1,116,485	1,565,433	1,684,618	1,083,371	460,431
	MN	0	0	0	0	0	0	0	0
	Total	6,832,844	176,091	746,415	1,116,485	1,565,433	1,684,618	1,083,371	460,431
3b. Average Period of Eligibility	CN	0.92	0.59	0.93	0.94	0.95	0.95	0.93	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.59	0.93	0.94	0.95	0.95	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		3.54	1.86	0.94	0.95	0.95	0.93	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.54	1.86	0.94	0.95	0.95	0.93	0.88
5. Expected Number of Screenings	CN	705,264	88,659	124,075	93,057	130,437	140,533	89,998	38,505
	MN	0	0	0	0	0	0	0	0
	Total	705,264	88,659	124,075	93,057	130,437	140,533	89,998	38,505
6. Total Screens Received	CN	430,156	98,758	116,484	61,407	54,540	63,089	30,363	5,515
	MN	0	0	0	0	0	0	0	0
	Total	430,156	98,758	116,484	61,407	54,540	63,089	30,363	5,515
7. SCREENING RATIO	CN	0.61	1.00	0.94	0.66	0.42	0.45	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	1.00	0.94	0.66	0.42	0.45	0.34	0.14

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	584,282	25,045	66,707	93,057	130,437	140,533	89,998	38,505
	MN	0	0	0	0	0	0	0	0
	Total	584,282	25,045	66,707	93,057	130,437	140,533	89,998	38,505
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	275,617	23,201	50,484	56,225	52,317	59,792	28,444	5,154
	MN	0	0	0	0	0	0	0	0
	Total	275,617	23,201	50,484	56,225	52,317	59,792	28,444	5,154
10. PARTICIPANT RATIO	CN	0.47	0.93	0.76	0.60	0.40	0.43	0.32	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.93	0.76	0.60	0.40	0.43	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	269,943	23,184	50,141	54,958	50,683	58,076	27,840	5,061
	MN	0	0	0	0	0	0	0	0
	Total	269,943	23,184	50,141	54,958	50,683	58,076	27,840	5,061
12a. Total Eligibles Receiving Any Dental Services	CN	321,858	1,760	26,666	57,091	86,745	89,124	47,271	13,201
	MN	0	0	0	0	0	0	0	0
	Total	321,858	1,760	26,666	57,091	86,745	89,124	47,271	13,201
12b. Total Eligibles Receiving Preventive Dental Services	CN	290,393	537	21,770	53,816	82,749	82,229	40,205	9,087
	MN	0	0	0	0	0	0	0	0
	Total	290,393	537	21,770	53,816	82,749	82,229	40,205	9,087
12c. Total Eligibles Receiving Dental Treatment Services	CN	150,718	112	2,296	20,941	45,802	47,476	26,330	7,761
	MN	0	0	0	0	0	0	0	0
	Total	150,718	112	2,296	20,941	45,802	47,476	26,330	7,761
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,921				25,242	19,679		
	MN	0				0	0		
	Total	44,921				25,242	19,679		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	300,074	1,496	24,020	53,697	82,278	83,450	43,333	11,800
	MN	0	0	0	0	0	0	0	0
	Total	300,074	1,496	24,020	53,697	82,278	83,450	43,333	11,800
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	40,172	1,049	11,155	8,858	9,574	6,594	2,325	617
	MN	0	0	0	0	0	0	0	0
	Total	40,172	1,049	11,155	8,858	9,574	6,594	2,325	617
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	333,173	2,534	30,680	59,000	89,038	90,741	47,816	13,364
	MN	0	0	0	0	0	0	0	0
	Total	333,173	2,534	30,680	59,000	89,038	90,741	47,816	13,364
13. Total Eligibles Enrolled in Managed Care	CN	649,937	33,629	69,609	103,086	142,536	153,452	101,120	46,505
	MN	0	0	0	0	0	0	0	0
	Total	649,937	33,629	69,609	103,086	142,536	153,452	101,120	46,505
14. Total Number of Screening Blood Lead Tests	CN	8,786	128	6,621	2,037				
	MN	0	0	0	0				
	Total	8,786	128	6,621	2,037				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	382,416	18,517	39,007	57,268	78,771	89,266	68,461	31,126
	MN	0	0	0	0	0	0	0	0
	Total	382,416	18,517	39,007	57,268	78,771	89,266	68,461	31,126
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	365,343	13,648	37,515	55,496	76,364	86,543	66,196	29,581
	MN	0	0	0	0	0	0	0	0
	Total	365,343	13,648	37,515	55,496	76,364	86,543	66,196	29,581
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	3,970,528	106,298	408,238	611,175	848,223	961,151	729,518	305,925
	MN	0	0	0	0	0	0	0	0
	Total	3,970,528	106,298	408,238	611,175	848,223	961,151	729,518	305,925
3b. Average Period of Eligibility	CN	0.91	0.65	0.91	0.92	0.93	0.93	0.92	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.91	0.92	0.93	0.93	0.92	0.86
4. Expected Number of Screenings per Eligible	CN		3.90	2.28	0.92	0.93	0.93	0.92	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.28	0.92	0.93	0.93	0.92	0.86
5. Expected Number of Screenings	CN	427,661	53,227	85,534	51,056	71,019	80,485	60,900	25,440
	MN	0	0	0	0	0	0	0	0
	Total	427,661	53,227	85,534	51,056	71,019	80,485	60,900	25,440
6. Total Screens Received	CN	340,523	64,425	86,042	45,424	45,948	53,332	36,378	8,974
	MN	0	0	0	0	0	0	0	0
	Total	340,523	64,425	86,042	45,424	45,948	53,332	36,378	8,974
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.89	0.65	0.66	0.60	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.89	0.65	0.66	0.60	0.35

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	340,063	13,648	37,515	51,056	71,019	80,485	60,900	25,440
	MN	0	0	0	0	0	0	0	0
	Total	340,063	13,648	37,515	51,056	71,019	80,485	60,900	25,440
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	225,815	13,155	32,716	41,541	44,670	51,748	34,023	7,962
	MN	0	0	0	0	0	0	0	0
	Total	225,815	13,155	32,716	41,541	44,670	51,748	34,023	7,962
10. PARTICIPANT RATIO	CN	0.66	0.96	0.87	0.81	0.63	0.64	0.56	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.96	0.87	0.81	0.63	0.64	0.56	0.31
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	227,777	389	16,034	37,844	56,771	62,487	41,209	13,043
	MN	0	0	0	0	0	0	0	0
	Total	227,777	389	16,034	37,844	56,771	62,487	41,209	13,043
12b. Total Eligibles Receiving Preventive Dental Services	CN	208,589	208	14,923	35,998	53,528	57,368	35,866	10,698
	MN	0	0	0	0	0	0	0	0
	Total	208,589	208	14,923	35,998	53,528	57,368	35,866	10,698
12c. Total Eligibles Receiving Dental Treatment Services	CN	101,289	55	639	9,679	26,509	32,323	24,161	7,923
	MN	0	0	0	0	0	0	0	0
	Total	101,289	55	639	9,679	26,509	32,323	24,161	7,923
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	30,533				15,444	15,089		
	MN	0				0	0		
	Total	30,533				15,444	15,089		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	212,294	260	14,719	35,951	54,344	58,271	36,895	11,854
	MN	0	0	0	0	0	0	0	0
	Total	212,294	260	14,719	35,951	54,344	58,271	36,895	11,854
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,445	1,013	8,108	2,283	25	11	3	2
	MN	0	0	0	0	0	0	0	0
	Total	11,445	1,013	8,108	2,283	25	11	3	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	233,825	1,356	20,450	38,507	56,771	62,489	41,209	13,043
	MN	0	0	0	0	0	0	0	0
	Total	233,825	1,356	20,450	38,507	56,771	62,489	41,209	13,043
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	42,177	453	25,714	16,010				
	MN	0	0	0	0				
	Total	42,177	453	25,714	16,010				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	117,701	6,456	13,198	18,927	25,230	26,632	18,207	9,051
	MN	0	0	0	0	0	0	0	0
	Total	117,701	6,456	13,198	18,927	25,230	26,632	18,207	9,051
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	110,854	4,877	12,594	18,059	24,093	25,378	17,336	8,517
	MN	0	0	0	0	0	0	0	0
	Total	110,854	4,877	12,594	18,059	24,093	25,378	17,336	8,517
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	1,121	39	370	550	63	41	44	14
	MN	0	0	0	0	0	0	0	0
	Total	1,121	39	370	550	63	41	44	14
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	1,177,962	34,744	135,355	195,531	262,528	275,930	186,091	87,783
	MN	0	0	0	0	0	0	0	0
	Total	1,177,962	34,744	135,355	195,531	262,528	275,930	186,091	87,783
3b. Average Period of Eligibility	CN	0.89	0.59	0.90	0.90	0.91	0.91	0.89	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.59	0.90	0.90	0.91	0.91	0.89	0.86
4. Expected Number of Screenings per Eligible	CN		4.13	1.80	0.90	0.91	0.91	0.89	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.80	0.90	0.91	0.91	0.89	0.86
5. Expected Number of Screenings	CN	126,837	20,142	22,669	16,253	21,925	23,094	15,429	7,325
	MN	0	0	0	0	0	0	0	0
	Total	126,837	20,142	22,669	16,253	21,925	23,094	15,429	7,325
6. Total Screens Received	CN	93,485	20,142	22,669	13,537	13,410	14,489	7,411	1,827
	MN	0	0	0	0	0	0	0	0
	Total	93,485	20,142	22,669	13,537	13,410	14,489	7,411	1,827
7. SCREENING RATIO	CN	0.74	1.00	1.00	0.83	0.61	0.63	0.48	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	1.00	1.00	0.83	0.61	0.63	0.48	0.25

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	101,497	4,877	12,594	16,253	21,925	23,094	15,429	7,325
	MN	0	0	0	0	0	0	0	0
	Total	101,497	4,877	12,594	16,253	21,925	23,094	15,429	7,325
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	57,743	4,602	10,008	11,155	12,116	12,087	6,197	1,578
	MN	0	0	0	0	0	0	0	0
	Total	57,743	4,602	10,008	11,155	12,116	12,087	6,197	1,578
10. PARTICIPANT RATIO	CN	0.57	0.94	0.79	0.69	0.55	0.52	0.40	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.94	0.79	0.69	0.55	0.52	0.40	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	102	30	54	14	0	0	2	2
	MN	0	0	0	0	0	0	0	0
	Total	102	30	54	14	0	0	2	2
12a. Total Eligibles Receiving Any Dental Services	CN	53,405	32	2,416	9,616	15,370	14,829	8,362	2,780
	MN	0	0	0	0	0	0	0	0
	Total	53,405	32	2,416	9,616	15,370	14,829	8,362	2,780
12b. Total Eligibles Receiving Preventive Dental Services	CN	50,826	19	2,167	9,282	14,812	14,356	7,769	2,421
	MN	0	0	0	0	0	0	0	0
	Total	50,826	19	2,167	9,282	14,812	14,356	7,769	2,421
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,246	1	152	2,832	6,799	6,076	3,915	1,471
	MN	0	0	0	0	0	0	0	0
	Total	21,246	1	152	2,832	6,799	6,076	3,915	1,471
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,165				4,366	4,799		
	MN	0				0	0		
	Total	9,165				4,366	4,799		

Annual EPSDT Participation Report

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Fiscal Year: 2015

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	49,867	31	2,223	9,042	14,395	13,873	7,760	2,543
	MN	0	0	0	0	0	0	0	0
	Total	49,867	31	2,223	9,042	14,395	13,873	7,760	2,543
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	53,405	32	2,416	9,616	15,370	14,829	8,362	2,780
	MN	0	0	0	0	0	0	0	0
	Total	53,405	32	2,416	9,616	15,370	14,829	8,362	2,780
13. Total Eligibles Enrolled in Managed Care	CN	109,536	4,687	12,495	17,905	23,912	25,153	17,039	8,345
	MN	0	0	0	0	0	0	0	0
	Total	109,536	4,687	12,495	17,905	23,912	25,153	17,039	8,345
14. Total Number of Screening Blood Lead Tests	CN	798	1	449	348				
	MN	0	0	0	0				
	Total	798	1	449	348				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	98,669	5,705	11,955	17,109	20,971	19,835	15,012	8,082
	MN	1	0	0	0	0	0	0	1
	Total	98,670	5,705	11,955	17,109	20,971	19,835	15,012	8,083
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	95,736	4,613	11,629	16,742	20,643	19,498	14,764	7,847
	MN	1	0	0	0	0	0	0	1
	Total	95,737	4,613	11,629	16,742	20,643	19,498	14,764	7,848
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	13,052	80	595	1,314	3,062	3,564	3,734	703
	MN	0	0	0	0	0	0	0	0
	Total	13,052	80	595	1,314	3,062	3,564	3,734	703
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	1,058,110	33,089	125,517	188,052	233,853	222,305	168,418	86,876
	MN	12	0	0	0	0	0	0	12
	Total	1,058,122	33,089	125,517	188,052	233,853	222,305	168,418	86,888
3b. Average Period of Eligibility	CN	0.92	0.60	0.90	0.94	0.94	0.95	0.95	0.92
	MN	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
	Total	0.92	0.60	0.90	0.94	0.94	0.95	0.95	0.92
4. Expected Number of Screenings per Eligible	CN		4.20	2.25	0.94	0.94	0.95	0.95	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	1.00
	Total		4.20	2.25	0.94	0.94	0.95	0.95	0.92
5. Expected Number of Screenings	CN	120,449	19,375	26,165	15,737	19,404	18,523	14,026	7,219
	MN	1	0	0	0	0	0	0	1
	Total	120,450	19,375	26,165	15,737	19,404	18,523	14,026	7,220
6. Total Screens Received	CN	106,004	19,585	24,864	15,633	16,061	15,467	10,517	3,877
	MN	0	0	0	0	0	0	0	0
	Total	106,004	19,585	24,864	15,633	16,061	15,467	10,517	3,877
7. SCREENING RATIO	CN	0.88	1.00	0.95	0.99	0.83	0.84	0.75	0.54
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	1.00	0.95	0.99	0.83	0.84	0.75	0.54

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Form CMS-416

Fiscal Year: 2015

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	91,151	4,613	11,629	15,737	19,404	18,523	14,026	7,219
	MN	1	0	0	0	0	0	0	1
	Total	91,152	4,613	11,629	15,737	19,404	18,523	14,026	7,220
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	56,991	4,039	9,048	11,080	11,991	11,250	7,193	2,390
	MN	0	0	0	0	0	0	0	0
	Total	56,991	4,039	9,048	11,080	11,991	11,250	7,193	2,390
10. PARTICIPANT RATIO	CN	0.63	0.88	0.78	0.70	0.62	0.61	0.51	0.33
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.88	0.78	0.70	0.62	0.61	0.51	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	24,756	3,573	6,716	3,595	3,605	3,677	2,606	984
	MN	0	0	0	0	0	0	0	0
	Total	24,756	3,573	6,716	3,595	3,605	3,677	2,606	984
12a. Total Eligibles Receiving Any Dental Services	CN	52,520	83	3,646	11,365	14,209	12,580	7,809	2,828
	MN	0	0	0	0	0	0	0	0
	Total	52,520	83	3,646	11,365	14,209	12,580	7,809	2,828
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,932	28	3,292	10,762	13,572	11,970	7,006	2,302
	MN	0	0	0	0	0	0	0	0
	Total	48,932	28	3,292	10,762	13,572	11,970	7,006	2,302
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,614	1	172	2,603	5,660	4,913	3,785	1,480
	MN	0	0	0	0	0	0	0	0
	Total	18,614	1	172	2,603	5,660	4,913	3,785	1,480
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,100				4,433	4,667		
	MN	0				0	0		
	Total	9,100				4,433	4,667		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	50,202	28	3,539	11,086	13,710	12,053	7,230	2,556
	MN	0	0	0	0	0	0	0	0
	Total	50,202	28	3,539	11,086	13,710	12,053	7,230	2,556
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	896	3	128	132	296	214	119	4
	MN	0	0	0	0	0	0	0	0
	Total	896	3	128	132	296	214	119	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	52,520	83	3,646	11,365	14,209	12,580	7,809	2,828
	MN	0	0	0	0	0	0	0	0
	Total	52,520	83	3,646	11,365	14,209	12,580	7,809	2,828
13. Total Eligibles Enrolled in Managed Care	CN	80,859	4,172	9,677	14,489	18,063	16,732	11,779	5,947
	MN	1	0	0	0	0	0	0	1
	Total	80,860	4,172	9,677	14,489	18,063	16,732	11,779	5,948
14. Total Number of Screening Blood Lead Tests	CN	9,795	300	6,531	2,964				
	MN	0	0	0	0				
	Total	9,795	300	6,531	2,964				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	2,512,985	150,104	295,962	404,123	541,770	574,565	407,902	138,559
	MN	41,612	529	2,677	3,312	5,276	6,364	6,825	16,629
	Total	2,554,597	150,633	298,639	407,435	547,046	580,929	414,727	155,188
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	2,385,813	120,792	285,842	390,050	521,938	551,961	389,710	125,520
	MN	17,473	210	1,715	1,244	2,067	2,414	2,549	7,274
	Total	2,403,286	121,002	287,557	391,294	524,005	554,375	392,259	132,794
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	113,045	0	1	1	36,975	43,529	31,195	1,344
	MN	1,235	0	0	0	343	423	456	13
	Total	114,280	0	1	1	37,318	43,952	31,651	1,357
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	25,870,778	890,973	3,179,266	4,371,700	5,844,638	6,142,248	4,261,999	1,179,954
	MN	122,727	1,796	14,955	9,267	15,322	16,834	17,443	47,110
	Total	25,993,505	892,769	3,194,221	4,380,967	5,859,960	6,159,082	4,279,442	1,227,064
3b. Average Period of Eligibility	CN	0.90	0.61	0.93	0.93	0.93	0.93	0.91	0.78
	MN	0.59	0.71	0.73	0.62	0.62	0.58	0.57	0.54
	Total	0.90	0.61	0.93	0.93	0.93	0.93	0.91	0.77
4. Expected Number of Screenings per Eligible	CN		4.27	2.33	0.93	0.93	0.93	0.91	0.78
	MN		4.97	1.83	0.62	0.62	0.58	0.57	0.54
	Total		4.27	2.33	0.93	0.93	0.93	0.91	0.77
5. Expected Number of Screenings	CN	2,995,809	515,782	666,012	362,747	485,402	513,324	354,636	97,906
	MN	13,016	1,044	3,138	771	1,282	1,400	1,453	3,928
	Total	3,008,825	516,826	669,150	363,518	486,684	514,724	356,089	101,834
6. Total Screens Received	CN	2,072,747	487,266	589,825	296,014	259,016	274,389	147,693	18,544
	MN	8,772	933	4,053	739	728	804	603	912
	Total	2,081,519	488,199	593,878	296,753	259,744	275,193	148,296	19,456
7. SCREENING RATIO	CN	0.69	0.94	0.89	0.82	0.53	0.53	0.42	0.19
	MN	0.67	0.89	1.00	0.96	0.57	0.57	0.42	0.23
	Total	0.69	0.94	0.89	0.82	0.53	0.53	0.42	0.19

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	2,220,649	120,792	285,842	362,747	485,402	513,324	354,636	97,906
	MN	10,759	210	1,715	771	1,282	1,400	1,453	3,928
	Total	2,231,408	121,002	287,557	363,518	486,684	514,724	356,089	101,834
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,272,494	113,249	236,185	264,834	245,391	258,340	137,554	16,941
	MN	5,062	177	1,371	667	690	765	563	829
	Total	1,277,556	113,426	237,556	265,501	246,081	259,105	138,117	17,770
10. PARTICIPANT RATIO	CN	0.57	0.94	0.83	0.73	0.51	0.50	0.39	0.17
	MN	0.47	0.84	0.80	0.87	0.54	0.55	0.39	0.21
	Total	0.57	0.94	0.83	0.73	0.51	0.50	0.39	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	1,386,723	113,978	241,749	283,001	275,532	280,883	161,683	29,897
	MN	7,103	187	1,453	827	873	916	887	1,960
	Total	1,393,826	114,165	243,202	283,828	276,405	281,799	162,570	31,857
12a. Total Eligibles Receiving Any Dental Services	CN	828,287	585	31,177	146,938	250,866	238,401	136,619	23,701
	MN	3,626	2	121	360	664	666	534	1,279
	Total	831,913	587	31,298	147,298	251,530	239,067	137,153	24,980
12b. Total Eligibles Receiving Preventive Dental Services	CN	742,749	229	27,864	134,912	232,480	217,613	113,313	16,338
	MN	2,779	0	99	332	581	577	402	788
	Total	745,528	229	27,963	135,244	233,061	218,190	113,715	17,126
12c. Total Eligibles Receiving Dental Treatment Services	CN	328,656	234	3,592	43,936	107,205	96,189	65,558	11,942
	MN	1,546	1	6	110	262	260	267	640
	Total	330,202	235	3,598	44,046	107,467	96,449	65,825	12,582
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	139,399				75,439	63,960		
	MN	339				182	157		
	Total	139,738				75,621	64,117		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	768,247	464	29,307	139,148	232,498	221,427	124,122	21,281
	MN	3,258	2	118	343	612	604	473	1,106
	Total	771,505	466	29,425	139,491	233,110	222,031	124,595	22,387
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	79,459	2,691	61,986	14,546	132	83	19	2
	MN	392	7	336	46	2	1	0	0
	Total	79,851	2,698	62,322	14,592	134	84	19	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	895,427	3,238	85,670	156,811	250,928	238,447	136,630	23,703
	MN	3,977	9	428	396	665	666	534	1,279
	Total	899,404	3,247	86,098	157,207	251,593	239,113	137,164	24,982
13. Total Eligibles Enrolled in Managed Care	CN	2,305,977	117,883	282,119	381,506	506,112	530,633	370,569	117,155
	MN	16,055	181	1,480	1,178	1,896	2,227	2,327	6,766
	Total	2,322,032	118,064	283,599	382,684	508,008	532,860	372,896	123,921
14. Total Number of Screening Blood Lead Tests	CN	195,521	2,491	133,809	59,221				
	MN	1,183	9	1,013	161				
	Total	196,704	2,500	134,822	59,382				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,412,798	87,793	171,985	234,768	315,918	327,843	219,278	55,213
	MN	94	2	7	15	23	18	24	5
	Total	1,412,892	87,795	171,992	234,783	315,941	327,861	219,302	55,218
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,337,980	64,668	164,404	227,006	305,826	317,405	211,431	47,240
	MN	60	0	7	9	17	13	12	2
	Total	1,338,040	64,668	164,411	227,015	305,843	317,418	211,443	47,242
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	14,233,233	504,928	1,729,381	2,470,309	3,353,273	3,492,962	2,295,495	386,885
	MN	645	0	73	92	195	145	123	17
	Total	14,233,878	504,928	1,729,454	2,470,401	3,353,468	3,493,107	2,295,618	386,902
3b. Average Period of Eligibility	CN	0.89	0.65	0.88	0.91	0.91	0.92	0.90	0.68
	MN	0.90	0.00	0.87	0.85	0.96	0.93	0.85	0.71
	Total	0.89	0.65	0.88	0.91	0.91	0.92	0.90	0.68
4. Expected Number of Screenings per Eligible	CN		4.55	2.20	0.91	0.91	0.92	0.90	0.68
	MN		0.00	2.18	0.85	0.96	0.93	0.85	0.71
	Total		4.55	2.20	0.91	0.91	0.92	0.90	0.68
5. Expected Number of Screenings	CN	1,655,229	294,239	361,689	206,575	278,302	292,013	190,288	32,123
	MN	62	0	15	8	16	12	10	1
	Total	1,655,291	294,239	361,704	206,583	278,318	292,025	190,298	32,124
6. Total Screens Received	CN	1,103,031	268,119	323,570	157,419	136,512	144,067	69,778	3,566
	MN	39	0	16	7	9	6	1	0
	Total	1,103,070	268,119	323,586	157,426	136,521	144,073	69,779	3,566
7. SCREENING RATIO	CN	0.67	0.91	0.89	0.76	0.49	0.49	0.37	0.11
	MN	0.63	0.00	1.00	0.88	0.56	0.50	0.10	0.00
	Total	0.67	0.91	0.89	0.76	0.49	0.49	0.37	0.11

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,228,373	64,668	164,404	206,575	278,302	292,013	190,288	32,123
	MN	54	0	7	8	16	12	10	1
	Total	1,228,427	64,668	164,411	206,583	278,318	292,025	190,298	32,124
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	666,308	61,663	132,798	138,946	129,147	135,404	65,010	3,340
	MN	29	0	7	6	9	6	1	0
	Total	666,337	61,663	132,805	138,952	129,156	135,410	65,011	3,340
10. PARTICIPANT RATIO	CN	0.54	0.95	0.81	0.67	0.46	0.46	0.34	0.10
	MN	0.54	0.00	1.00	0.75	0.56	0.50	0.10	0.00
	Total	0.54	0.95	0.81	0.67	0.46	0.46	0.34	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	32,908	4,942	6,684	6,208	6,181	5,883	2,884	126
	MN	1	0	0	0	1	0	0	0
	Total	32,909	4,942	6,684	6,208	6,182	5,883	2,884	126
12a. Total Eligibles Receiving Any Dental Services	CN	692,913	222	31,803	134,542	209,127	199,152	106,170	11,897
	MN	33	0	1	6	14	8	4	0
	Total	692,946	222	31,804	134,548	209,141	199,160	106,174	11,897
12b. Total Eligibles Receiving Preventive Dental Services	CN	657,794	80	27,419	129,104	202,941	192,366	96,594	9,290
	MN	30	0	0	6	13	8	3	0
	Total	657,824	80	27,419	129,110	202,954	192,374	96,597	9,290
12c. Total Eligibles Receiving Dental Treatment Services	CN	297,083	53	5,745	47,950	101,330	84,975	51,247	5,783
	MN	13	0	0	2	6	3	2	0
	Total	297,096	53	5,745	47,952	101,336	84,978	51,249	5,783
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	66,491				38,286	28,205		
	MN	1				0	1		
	Total	66,492				38,286	28,206		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	680,562	211	31,547	133,025	205,769	195,671	103,042	11,297
	MN	32	0	1	6	13	8	4	0
	Total	680,594	211	31,548	133,031	205,782	195,679	103,046	11,297
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,759	0	127	644	541	388	55	4
	MN	0	0	0	0	0	0	0	0
	Total	1,759	0	127	644	541	388	55	4
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	692,913	222	31,803	134,542	209,127	199,152	106,170	11,897
	MN	33	0	1	6	14	8	4	0
	Total	692,946	222	31,804	134,548	209,141	199,160	106,174	11,897
13. Total Eligibles Enrolled in Managed Care	CN	1,258,061	63,294	159,856	217,522	288,637	294,945	194,015	39,792
	MN	50	0	7	9	16	10	8	0
	Total	1,258,111	63,294	159,863	217,531	288,653	294,955	194,023	39,792
14. Total Number of Screening Blood Lead Tests	CN	108,018	3,529	90,768	13,721				
	MN	7	0	5	2				
	Total	108,025	3,529	90,773	13,723				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

State: Guam

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	28,406	3,251	3,545	4,777	5,700	5,861	4,048	1,224
	MN	0	0	0	0	0	0	0	0
	Total	28,406	3,251	3,545	4,777	5,700	5,861	4,048	1,224
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	28,406	3,251	3,545	4,777	5,700	5,861	4,048	1,224
	MN	0	0	0	0	0	0	0	0
	Total	28,406	3,251	3,545	4,777	5,700	5,861	4,048	1,224
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			3	2	1	2	1	1	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			3.00	1.00	0.33	0.50	0.20	0.25	0.50
3a. Total Months of Eligibility	CN	84	12	12	12	12	12	12	12
	MN	0	0	0	0	0	0	0	0
	Total	84	12	12	12	12	12	12	12
3b. Average Period of Eligibility	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Expected Number of Screenings per Eligible	CN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of Screenings	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
6. Total Screens Received	CN	6,387	2,447	658	1,138	498	1,286	351	9
	MN	0	0	0	0	0	0	0	0
	Total	6,387	2,447	658	1,138	498	1,286	351	9
7. SCREENING RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

State: Guam

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	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
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	5,298	1,428	613	1,126	493	1,281	348	9
	MN	0	0	0	0	0	0	0	0
	Total	5,298	1,428	613	1,126	493	1,281	348	9
10. PARTICIPANT RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Total Eligibles Referred for Corrective Treatment	CN	876	0	4	73	191	298	247	63
	MN	0	0	0	0	0	0	0	0
	Total	876	0	4	73	191	298	247	63
12a. Total Eligibles Receiving Any Dental Services	CN	6,866	174	509	1,604	1,779	1,555	990	255
	MN	0	0	0	0	0	0	0	0
	Total	6,866	174	509	1,604	1,779	1,555	990	255
12b. Total Eligibles Receiving Preventive Dental Services	CN	900	8	116	272	242	184	75	3
	MN	0	0	0	0	0	0	0	0
	Total	900	8	116	272	242	184	75	3
12c. Total Eligibles Receiving Dental Treatment Services	CN	2,928	74	217	684	759	663	422	109
	MN	0	0	0	0	0	0	0	0
	Total	2,848	74	217	684	759	663	422	29
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,021				1,123	898		
	MN	0				0	0		
	Total	2,021				1,123	898		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

State: Guam

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Reciving Dental Diagnostic Services	CN	3,038	92	176	648	778	708	493	143
	MN	0	0	0	0	0	0	0	0
	Total	3,038	92	176	648	778	708	493	143
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	6,866	174	509	1,604	1,779	1,555	990	255
	MN	0	0	0	0	0	0	0	0
	Total	6,866	174	509	1,604	1,779	1,555	990	255
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	50	3	13	34				
	MN	0	0	0	0				
	Total	50	3	13	34				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	174,827	9,735	20,617	28,208	36,093	39,333	28,151	12,690
	MN	0	0	0	0	0	0	0	0
	Total	174,827	9,735	20,617	28,208	36,093	39,333	28,151	12,690
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	152,594	6,276	18,022	24,989	32,281	35,206	25,317	10,503
	MN	0	0	0	0	0	0	0	0
	Total	152,594	6,276	18,022	24,989	32,281	35,206	25,317	10,503
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,498	181	1,478	3,261	4,649	6,085	4,604	240
	MN	0	0	0	0	0	0	0	0
	Total	20,498	181	1,478	3,261	4,649	6,085	4,604	240
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	1,649,166	49,838	186,189	275,946	351,964	395,757	282,232	107,240
	MN	0	0	0	0	0	0	0	0
	Total	1,649,166	49,838	186,189	275,946	351,964	395,757	282,232	107,240
3b. Average Period of Eligibility	CN	0.90	0.66	0.86	0.92	0.91	0.94	0.93	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.66	0.86	0.92	0.91	0.94	0.93	0.85
4. Expected Number of Screenings per Eligible	CN		3.96	1.72	0.92	0.46	0.56	0.47	0.43
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.96	1.72	0.92	0.46	0.56	0.47	0.43
5. Expected Number of Screenings	CN	129,820	24,853	30,998	22,990	14,849	19,715	11,899	4,516
	MN	0	0	0	0	0	0	0	0
	Total	129,820	24,853	30,998	22,990	14,849	19,715	11,899	4,516
6. Total Screens Received	CN	126,457	26,560	37,877	19,147	14,495	16,211	10,916	1,251
	MN	0	0	0	0	0	0	0	0
	Total	126,457	26,560	37,877	19,147	14,495	16,211	10,916	1,251
7. SCREENING RATIO	CN	0.97	1.00	1.00	0.83	0.98	0.82	0.92	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	1.00	1.00	0.83	0.98	0.82	0.92	0.28

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	98,267	6,276	18,022	22,990	14,849	19,715	11,899	4,516
	MN	0	0	0	0	0	0	0	0
	Total	98,267	6,276	18,022	22,990	14,849	19,715	11,899	4,516
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	80,390	6,213	15,765	17,756	13,909	15,249	10,251	1,247
	MN	0	0	0	0	0	0	0	0
	Total	80,390	6,213	15,765	17,756	13,909	15,249	10,251	1,247
10. PARTICIPANT RATIO	CN	0.82	0.99	0.87	0.77	0.94	0.77	0.86	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.99	0.87	0.77	0.94	0.77	0.86	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	39,695	4,441	9,355	7,286	5,635	6,982	5,046	950
	MN	0	0	0	0	0	0	0	0
	Total	39,695	4,441	9,355	7,286	5,635	6,982	5,046	950
12a. Total Eligibles Receiving Any Dental Services	CN	93,685	502	9,405	19,493	24,422	22,820	13,378	3,665
	MN	0	0	0	0	0	0	0	0
	Total	93,685	502	9,405	19,493	24,422	22,820	13,378	3,665
12b. Total Eligibles Receiving Preventive Dental Services	CN	71,254	148	6,133	14,704	19,341	18,271	10,125	2,532
	MN	0	0	0	0	0	0	0	0
	Total	71,254	148	6,133	14,704	19,341	18,271	10,125	2,532
12c. Total Eligibles Receiving Dental Treatment Services	CN	47,017	287	3,185	9,906	12,592	11,072	7,692	2,283
	MN	0	0	0	0	0	0	0	0
	Total	47,017	287	3,185	9,906	12,592	11,072	7,692	2,283
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,055				4,147	2,908		
	MN	0				0	0		
	Total	7,055				4,147	2,908		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	73,908	215	6,946	15,115	19,488	18,461	10,760	2,923
	MN	0	0	0	0	0	0	0	0
	Total	73,908	215	6,946	15,115	19,488	18,461	10,760	2,923
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	93,685	502	9,405	19,493	24,422	22,820	13,378	3,665
	MN	0	0	0	0	0	0	0	0
	Total	93,685	502	9,405	19,493	24,422	22,820	13,378	3,665
13. Total Eligibles Enrolled in Managed Care	CN	174,827	9,735	20,617	28,208	36,093	39,333	28,151	12,690
	MN	0	0	0	0	0	0	0	0
	Total	174,827	9,735	20,617	28,208	36,093	39,333	28,151	12,690
14. Total Number of Screening Blood Lead Tests	CN	9,476	614	7,238	1,568				
	MN	0	0	0	0				
	Total	9,476	614	7,238	1,568				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	224,191	12,857	26,918	37,954	49,908	52,058	35,049	9,447
	MN	0	0	0	0	0	0	0	0
	Total	224,191	12,857	26,918	37,954	49,908	52,058	35,049	9,447
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	211,643	9,348	25,889	36,502	48,090	50,298	33,624	7,892
	MN	0	0	0	0	0	0	0	0
	Total	211,643	9,348	25,889	36,502	48,090	50,298	33,624	7,892
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	30,282	0	0	0	10,785	11,252	7,209	1,036
	MN	0	0	0	0	0	0	0	0
	Total	30,282	0	0	0	10,785	11,252	7,209	1,036
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	2,296,265	71,699	285,667	404,095	535,840	561,981	371,707	65,276
	MN	0	0	0	0	0	0	0	0
	Total	2,296,265	71,699	285,667	404,095	535,840	561,981	371,707	65,276
3b. Average Period of Eligibility	CN	0.90	0.64	0.92	0.92	0.93	0.93	0.92	0.69
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.64	0.92	0.92	0.93	0.93	0.92	0.69
4. Expected Number of Screenings per Eligible	CN		3.84	2.30	0.92	0.93	0.93	0.92	0.69
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	2.30	0.92	0.93	0.93	0.92	0.69
5. Expected Number of Screenings	CN	256,903	35,896	59,545	33,582	44,724	46,777	30,934	5,445
	MN	0	0	0	0	0	0	0	0
	Total	256,903	35,896	59,545	33,582	44,724	46,777	30,934	5,445
6. Total Screens Received	CN	157,494	41,420	46,879	21,311	18,373	19,310	9,258	943
	MN	0	0	0	0	0	0	0	0
	Total	157,494	41,420	46,879	21,311	18,373	19,310	9,258	943
7. SCREENING RATIO	CN	0.61	1.00	0.79	0.63	0.41	0.41	0.30	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	1.00	0.79	0.63	0.41	0.41	0.30	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	196,699	9,348	25,889	33,582	44,724	46,777	30,934	5,445
	MN	0	0	0	0	0	0	0	0
	Total	196,699	9,348	25,889	33,582	44,724	46,777	30,934	5,445
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	93,087	8,975	19,829	19,151	17,503	18,099	8,654	876
	MN	0	0	0	0	0	0	0	0
	Total	93,087	8,975	19,829	19,151	17,503	18,099	8,654	876
10. PARTICIPANT RATIO	CN	0.47	0.96	0.77	0.57	0.39	0.39	0.28	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.96	0.77	0.57	0.39	0.39	0.28	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	59,141	8,023	15,629	10,637	9,380	9,978	5,494	684
	MN	0	0	0	0	0	0	0	0
	Total	59,825	8,023	15,629	10,637	9,380	9,978	5,494	684
12a. Total Eligibles Receiving Any Dental Services	CN	102,035	207	7,146	19,713	29,343	28,282	15,483	1,861
	MN	0	0	0	0	0	0	0	0
	Total	102,035	207	7,146	19,713	29,343	28,282	15,483	1,861
12b. Total Eligibles Receiving Preventive Dental Services	CN	95,135	160	6,111	18,548	28,056	26,892	13,921	1,447
	MN	0	0	0	0	0	0	0	0
	Total	95,135	160	6,111	18,548	28,056	26,892	13,921	1,447
12c. Total Eligibles Receiving Dental Treatment Services	CN	45,766	5	665	7,317	15,349	13,181	8,203	1,046
	MN	0	0	0	0	0	0	0	0
	Total	45,766	5	665	7,317	15,349	13,181	8,203	1,046
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,694				8,992	10,702		
	MN	0				0	0		
	Total	19,694				8,992	10,702		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	100,527	206	7,139	19,537	28,978	27,836	15,038	1,793
	MN	0	0	0	0	0	0	0	0
	Total	100,527	206	7,139	19,537	28,978	27,836	15,038	1,793
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	102,035	207	7,146	19,713	29,343	28,282	15,483	1,861
	MN	0	0	0	0	0	0	0	0
	Total	102,035	207	7,146	19,713	29,343	28,282	15,483	1,861
13. Total Eligibles Enrolled in Managed Care	CN	213,775	9,626	26,053	36,687	48,390	50,504	33,710	8,805
	MN	0	0	0	0	0	0	0	0
	Total	213,775	9,626	26,053	36,687	48,390	50,504	33,710	8,805
14. Total Number of Screening Blood Lead Tests	CN	5,855	34	4,194	1,627				
	MN	0	0	0	0				
	Total	5,855	34	4,194	1,627				

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Form CMS-416

Fiscal Year: 2015

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	1,593,310	76,416	168,031	247,715	343,628	377,077	266,157	114,286
	MN	0	0	0	0	0	0	0	0
	Total	1,593,310	76,416	168,031	247,715	343,628	377,077	266,157	114,286
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,515,649	55,848	160,730	239,155	332,881	365,197	256,670	105,168
	MN	0	0	0	0	0	0	0	0
	Total	1,515,649	55,848	160,730	239,155	332,881	365,197	256,670	105,168
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	100,845	0	3	6,925	31,275	36,723	25,481	438
	MN	0	0	0	0	0	0	0	0
	Total	100,845	0	3	6,925	31,275	36,723	25,481	438
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	16,783,050	410,067	1,800,200	2,704,128	3,790,648	4,159,985	2,895,861	1,022,161
	MN	0	0	0	0	0	0	0	0
	Total	16,783,050	410,067	1,800,200	2,704,128	3,790,648	4,159,985	2,895,861	1,022,161
3b. Average Period of Eligibility	CN	0.92	0.61	0.93	0.94	0.95	0.95	0.94	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.61	0.93	0.94	0.95	0.95	0.94	0.81
4. Expected Number of Screenings per Eligible	CN		3.66	2.33	0.94	0.95	0.95	0.94	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	2.33	0.94	0.95	0.95	0.94	0.81
5. Expected Number of Screenings	CN	1,793,341	204,404	374,501	224,806	316,237	346,937	241,270	85,186
	MN	0	0	0	0	0	0	0	0
	Total	1,793,341	204,404	374,501	224,806	316,237	346,937	241,270	85,186
6. Total Screens Received	CN	1,263,012	227,147	314,287	206,899	151,119	218,392	116,970	28,198
	MN	0	0	0	0	0	0	0	0
	Total	1,263,012	227,147	314,287	206,899	151,119	218,392	116,970	28,198
7. SCREENING RATIO	CN	0.70	1.00	0.84	0.92	0.48	0.63	0.48	0.33
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	1.00	0.84	0.92	0.48	0.63	0.48	0.33

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,431,014	55,848	160,730	224,806	316,237	346,937	241,270	85,186
	MN	0	0	0	0	0	0	0	0
	Total	1,431,014	55,848	160,730	224,806	316,237	346,937	241,270	85,186
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	778,719	51,315	127,611	160,412	132,792	183,794	99,097	23,698
	MN	0	0	0	0	0	0	0	0
	Total	778,719	51,315	127,611	160,412	132,792	183,794	99,097	23,698
10. PARTICIPANT RATIO	CN	0.54	0.92	0.79	0.71	0.42	0.53	0.41	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.92	0.79	0.71	0.42	0.53	0.41	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	629,046	49,869	117,519	129,871	97,934	137,420	75,970	20,463
	MN	0	0	0	0	0	0	0	0
	Total	629,046	49,869	117,519	129,871	97,934	137,420	75,970	20,463
12a. Total Eligibles Receiving Any Dental Services	CN	698,255	471	30,191	123,308	208,340	207,483	104,943	23,519
	MN	0	0	0	0	0	0	0	0
	Total	698,255	471	30,191	123,308	208,340	207,483	104,943	23,519
12b. Total Eligibles Receiving Preventive Dental Services	CN	650,271	283	27,629	117,210	199,637	195,598	91,691	18,223
	MN	0	0	0	0	0	0	0	0
	Total	650,271	283	27,629	117,210	199,637	195,598	91,691	18,223
12c. Total Eligibles Receiving Dental Treatment Services	CN	247,202	47	1,389	27,613	75,882	80,861	49,468	11,942
	MN	0	0	0	0	0	0	0	0
	Total	247,202	47	1,389	27,613	75,882	80,861	49,468	11,942
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	141,786				74,467	67,319		
	MN	0				0	0		
	Total	141,786				74,467	67,319		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	677,651	464	29,966	121,909	205,027	201,020	97,370	21,895
	MN	0	0	0	0	0	0	0	0
	Total	677,651	464	29,966	121,909	205,027	201,020	97,370	21,895
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	23,763	629	16,386	4,104	1,217	891	438	98
	MN	0	0	0	0	0	0	0	0
	Total	23,763	629	16,386	4,104	1,217	891	438	98
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	714,733	1,089	43,096	125,312	208,760	207,789	105,117	23,570
	MN	0	0	0	0	0	0	0	0
	Total	714,733	1,089	43,096	125,312	208,760	207,789	105,117	23,570
13. Total Eligibles Enrolled in Managed Care	CN	1,348,238	51,845	152,686	221,020	300,392	318,234	214,826	89,235
	MN	0	0	0	0	0	0	0	0
	Total	1,348,238	51,845	152,686	221,020	300,392	318,234	214,826	89,235
14. Total Number of Screening Blood Lead Tests	CN	225,550	6,881	113,206	105,463				
	MN	0	0	0	0				
	Total	225,550	6,881	113,206	105,463				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	813,781	49,546	97,108	129,967	173,808	185,828	129,115	48,409
	MN	0	0	0	0	0	0	0	0
	Total	813,781	49,546	97,108	129,967	173,808	185,828	129,115	48,409
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	761,734	36,086	92,874	124,686	167,188	178,762	122,423	39,715
	MN	0	0	0	0	0	0	0	0
	Total	761,734	36,086	92,874	124,686	167,188	178,762	122,423	39,715
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	28,669	67	3,004	5,056	6,828	7,799	5,367	548
	MN	0	0	0	0	0	0	0	0
	Total	28,669	67	3,004	5,056	6,828	7,799	5,367	548
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	8,337,636	283,317	1,034,396	1,391,813	1,879,474	2,014,101	1,360,587	373,948
	MN	0	0	0	0	0	0	0	0
	Total	8,337,636	283,317	1,034,396	1,391,813	1,879,474	2,014,101	1,360,587	373,948
3b. Average Period of Eligibility	CN	0.91	0.65	0.93	0.93	0.94	0.94	0.93	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.65	0.93	0.93	0.94	0.94	0.93	0.78
4. Expected Number of Screenings per Eligible	CN		4.55	2.33	0.93	0.94	0.94	0.93	0.78
	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	0.78
5. Expected Number of Screenings	CN	966,569	164,191	216,396	115,958	157,157	168,036	113,853	30,978
	MN	0	0	0	0	0	0	0	0
	Total	966,569	164,191	216,396	115,958	157,157	168,036	113,853	30,978
6. Total Screens Received	CN	679,318	154,742	190,187	93,645	82,166	97,033	54,713	6,832
	MN	0	0	0	0	0	0	0	0
	Total	679,318	154,742	190,187	93,645	82,166	97,033	54,713	6,832
7. SCREENING RATIO	CN	0.70	0.94	0.88	0.81	0.52	0.58	0.48	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.94	0.88	0.81	0.52	0.58	0.48	0.22

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	714,942	36,086	92,874	115,958	157,157	168,036	113,853	30,978
	MN	0	0	0	0	0	0	0	0
	Total	714,942	36,086	92,874	115,958	157,157	168,036	113,853	30,978
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	388,625	33,927	73,982	76,230	71,797	81,295	45,492	5,902
	MN	0	0	0	0	0	0	0	0
	Total	388,625	33,927	73,982	76,230	71,797	81,295	45,492	5,902
10. PARTICIPANT RATIO	CN	0.54	0.94	0.80	0.66	0.46	0.48	0.40	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.94	0.80	0.66	0.46	0.48	0.40	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	384,281	33,887	73,614	75,149	70,819	80,102	44,886	5,824
	MN	0	0	0	0	0	0	0	0
	Total	384,281	33,887	73,614	75,149	70,819	80,102	44,886	5,824
12a. Total Eligibles Receiving Any Dental Services	CN	368,162	416	19,196	66,349	107,359	104,976	60,701	9,165
	MN	0	0	0	0	0	0	0	0
	Total	368,162	416	19,196	66,349	107,359	104,976	60,701	9,165
12b. Total Eligibles Receiving Preventive Dental Services	CN	345,763	56	16,479	62,371	103,650	101,033	54,965	7,209
	MN	0	0	0	0	0	0	0	0
	Total	345,763	56	16,479	62,371	103,650	101,033	54,965	7,209
12c. Total Eligibles Receiving Dental Treatment Services	CN	153,311	247	2,172	22,552	47,982	43,814	31,551	4,993
	MN	0	0	0	0	0	0	0	0
	Total	153,311	247	2,172	22,552	47,982	43,814	31,551	4,993
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	68,173				32,479	35,694		
	MN	0				0	0		
	Total	68,173				32,479	35,694		

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Form CMS-416

Fiscal Year: 2015

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	360,472	323	19,099	65,564	105,361	102,701	58,755	8,669
	MN	0	0	0	0	0	0	0	0
	Total	360,472	323	19,099	65,564	105,361	102,701	58,755	8,669
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	21,810	23	507	2,643	5,577	6,069	4,027	2,964
	MN	0	0	0	0	0	0	0	0
	Total	21,810	23	507	2,643	5,577	6,069	4,027	2,964
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	373,554	429	19,357	66,910	108,413	106,058	61,471	10,916
	MN	0	0	0	0	0	0	0	0
	Total	373,554	429	19,357	66,910	108,413	106,058	61,471	10,916
13. Total Eligibles Enrolled in Managed Care	CN	685,399	34,944	85,553	112,932	150,481	160,102	106,640	34,747
	MN	0	0	0	0	0	0	0	0
	Total	685,399	34,944	85,553	112,932	150,481	160,102	106,640	34,747
14. Total Number of Screening Blood Lead Tests	CN	39,586	905	27,367	11,314				
	MN	0	0	0	0				
	Total	39,586	905	27,367	11,314				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	348,540	21,974	42,885	55,252	74,326	76,333	53,558	24,212
	MN	56	0	5	8	13	13	7	10
	Total	348,596	21,974	42,890	55,260	74,339	76,346	53,565	24,222
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	323,835	17,189	40,083	52,035	70,414	72,484	50,417	21,213
	MN	14	0	0	3	3	2	1	5
	Total	323,849	17,189	40,083	52,038	70,417	72,486	50,418	21,218
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,981	115	114	4	5,748	6,039	3,886	75
	MN	0	0	0	0	0	0	0	0
	Total	15,981	115	114	4	5,748	6,039	3,886	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	3,147,219	121,137	383,950	514,801	707,396	737,546	504,364	178,025
	MN	65	0	0	19	15	6	3	22
	Total	3,147,284	121,137	383,950	514,820	707,411	737,552	504,367	178,047
3b. Average Period of Eligibility	CN	0.81	0.59	0.80	0.82	0.84	0.85	0.83	0.70
	MN	0.39	0.00	0.00	0.53	0.42	0.25	0.25	0.37
	Total	0.81	0.59	0.80	0.82	0.84	0.85	0.83	0.70
4. Expected Number of Screenings per Eligible	CN		3.54	1.60	0.82	0.42	0.51	0.42	0.35
	MN		0.00	0.00	0.53	0.21	0.15	0.13	0.19
	Total		3.54	1.60	0.82	0.42	0.51	0.42	0.35
5. Expected Number of Screenings	CN	262,792	60,849	64,133	42,669	29,574	36,967	21,175	7,425
	MN	4	0	0	2	1	0	0	1
	Total	262,796	60,849	64,133	42,671	29,575	36,967	21,175	7,426
6. Total Screens Received	CN	241,196	62,559	74,430	33,379	23,537	27,027	16,330	3,934
	MN	1	0	0	1	0	0	0	0
	Total	241,197	62,559	74,430	33,380	23,537	27,027	16,330	3,934
7. SCREENING RATIO	CN	0.92	1.00	1.00	0.78	0.80	0.73	0.77	0.53
	MN	0.25	0.00	0.00	0.50	0.00	0.00	0.00	0.00
	Total	0.92	1.00	1.00	0.78	0.80	0.73	0.77	0.53

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	195,082	17,189	40,083	42,669	29,574	36,967	21,175	7,425
	MN	4	0	0	2	1	0	0	1
	Total	195,086	17,189	40,083	42,671	29,575	36,967	21,175	7,426
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	142,414	15,702	31,039	30,572	22,433	25,597	14,566	2,505
	MN	1	0	0	1	0	0	0	0
	Total	142,415	15,702	31,039	30,573	22,433	25,597	14,566	2,505
10. PARTICIPANT RATIO	CN	0.73	0.91	0.77	0.72	0.76	0.69	0.69	0.34
	MN	0.25	0.00	0.00	0.50	0.00	0.00	0.00	0.00
	Total	0.73	0.91	0.77	0.72	0.76	0.69	0.69	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	3,428	3,343	83	0	0	0	2	0
	MN	0	0	0	0	0	0	0	0
	Total	3,428	3,343	83	0	0	0	2	0
12a. Total Eligibles Receiving Any Dental Services	CN	168,064	3,427	16,540	32,409	44,318	41,933	24,286	5,151
	MN	3	0	0	2	0	0	0	1
	Total	168,067	3,427	16,540	32,411	44,318	41,933	24,286	5,152
12b. Total Eligibles Receiving Preventive Dental Services	CN	155,823	2,595	15,022	31,038	42,377	39,470	21,404	3,917
	MN	3	0	0	2	0	0	0	1
	Total	155,826	2,595	15,022	31,040	42,377	39,470	21,404	3,918
12c. Total Eligibles Receiving Dental Treatment Services	CN	69,163	107	2,191	11,177	21,104	19,090	12,762	2,732
	MN	2	0	0	1	0	0	0	1
	Total	69,165	107	2,191	11,178	21,104	19,090	12,762	2,733
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,546				12,908	8,638		
	MN	0				0	0		
	Total	21,546				12,908	8,638		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	142,659	126	9,456	27,342	40,290	38,700	22,278	4,467
	MN	3	0	0	2	0	0	0	1
	Total	142,662	126	9,456	27,344	40,290	38,700	22,278	4,468
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,487	30	393	979	64	14	5	2
	MN	0	0	0	0	0	0	0	0
	Total	1,487	30	393	979	64	14	5	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	168,576	3,452	16,772	32,637	44,339	41,937	24,288	5,151
	MN	3	0	0	2	0	0	0	1
	Total	168,579	3,452	16,772	32,639	44,339	41,937	24,288	5,152
13. Total Eligibles Enrolled in Managed Care	CN	278,417	14,615	36,517	45,821	61,090	61,059	41,513	17,802
	MN	5	0	0	0	1	2	1	1
	Total	278,422	14,615	36,517	45,821	61,091	61,061	41,514	17,803
14. Total Number of Screening Blood Lead Tests	CN	25,462	108	15,976	9,378				
	MN	0	0	0	0				
	Total	25,462	108	15,976	9,378				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	290,984	18,334	37,865	53,725	64,482	63,578	41,123	11,877
	MN	64	8	3	1	2	3	11	36
	Total	291,048	18,342	37,868	53,726	64,484	63,581	41,134	11,913
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	277,607	14,720	36,553	52,042	62,593	61,715	39,674	10,310
	MN	48	1	2	1	1	2	7	34
	Total	277,655	14,721	36,555	52,043	62,594	61,717	39,681	10,344
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	3,049,659	108,136	409,229	585,000	709,982	700,776	444,577	91,959
	MN	409	5	14	8	12	15	67	288
	Total	3,050,068	108,141	409,243	585,008	709,994	700,791	444,644	92,247
3b. Average Period of Eligibility	CN	0.92	0.61	0.93	0.94	0.95	0.95	0.93	0.74
	MN	0.71	0.42	0.58	0.67	1.00	0.63	0.80	0.71
	Total	0.92	0.61	0.93	0.94	0.95	0.95	0.93	0.74
4. Expected Number of Screenings per Eligible	CN		3.66	2.33	0.94	0.95	0.95	0.93	0.74
	MN		2.52	1.45	0.67	1.00	0.63	0.80	0.71
	Total		3.66	2.33	0.94	0.95	0.95	0.93	0.74
5. Expected Number of Screenings	CN	350,580	53,875	85,168	48,919	59,463	58,629	36,897	7,629
	MN	39	3	3	1	1	1	6	24
	Total	350,619	53,878	85,171	48,920	59,464	58,630	36,903	7,653
6. Total Screens Received	CN	263,290	66,440	71,361	38,968	28,676	30,591	19,670	7,584
	MN	21	7	0	0	3	1	0	10
	Total	263,311	66,447	71,361	38,968	28,679	30,592	19,670	7,594
7. SCREENING RATIO	CN	0.75	1.00	0.84	0.80	0.48	0.52	0.53	0.99
	MN	0.54	1.00	0.00	0.00	1.00	1.00	0.00	0.42
	Total	0.75	1.00	0.84	0.80	0.48	0.52	0.53	0.99

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	262,810	14,720	36,553	48,919	59,463	58,629	36,897	7,629
	MN	36	1	2	1	1	1	6	24
	Total	262,846	14,721	36,555	48,920	59,464	58,630	36,903	7,653
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	136,289	13,319	26,513	30,557	24,091	24,765	13,893	3,151
	MN	10	1	0	0	1	1	0	7
	Total	136,299	13,320	26,513	30,557	24,092	24,766	13,893	3,158
10. PARTICIPANT RATIO	CN	0.52	0.90	0.73	0.62	0.41	0.42	0.38	0.41
	MN	0.28	1.00	0.00	0.00	1.00	1.00	0.00	0.29
	Total	0.52	0.90	0.73	0.62	0.41	0.42	0.38	0.41
11. Total Eligibles Referred for Corrective Treatment	CN	73,170	11,689	15,451	12,895	12,244	12,952	7,104	835
	MN	11	1	0	0	1	1	3	5
	Total	73,181	11,690	15,451	12,895	12,245	12,953	7,107	840
12a. Total Eligibles Receiving Any Dental Services	CN	129,711	233	8,510	27,293	38,234	34,596	18,293	2,552
	MN	9	0	0	0	1	0	0	8
	Total	129,720	233	8,510	27,293	38,235	34,596	18,293	2,560
12b. Total Eligibles Receiving Preventive Dental Services	CN	122,717	138	7,317	25,911	37,044	33,448	16,835	2,024
	MN	7	0	0	0	1	0	0	6
	Total	122,724	138	7,317	25,911	37,045	33,448	16,835	2,030
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,848	75	762	7,933	16,472	14,265	8,995	1,346
	MN	5	0	0	0	1	0	0	4
	Total	49,853	75	762	7,933	16,473	14,265	8,995	1,350
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,565				11,942	14,623		
	MN	0				0	0		
	Total	26,565				11,942	14,623		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	116,718	65	6,204	24,873	34,302	31,697	17,184	2,393
	MN	9	0	0	0	1	0	0	8
	Total	116,727	65	6,204	24,873	34,303	31,697	17,184	2,401
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,009	3	363	1,256	1,641	1,187	498	61
	MN	0	0	0	0	0	0	0	0
	Total	5,009	3	363	1,256	1,641	1,187	498	61
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	130,497	235	8,608	27,478	38,454	34,767	18,388	2,567
	MN	9	0	0	0	1	0	0	8
	Total	130,506	235	8,608	27,478	38,455	34,767	18,388	2,575
13. Total Eligibles Enrolled in Managed Care	CN	275,843	14,623	36,365	51,729	62,217	61,283	39,389	10,237
	MN	45	1	2	0	1	2	7	32
	Total	275,888	14,624	36,367	51,729	62,218	61,285	39,396	10,269
14. Total Number of Screening Blood Lead Tests	CN	20,066	249	13,885	5,932				
	MN	0	0	0	0				
	Total	20,066	249	13,885	5,932				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	569,180	34,369	66,753	91,363	122,959	132,964	95,703	25,069
	MN	22,273	370	2,295	3,957	5,265	5,293	4,636	457
	Total	591,453	34,739	69,048	95,320	128,224	138,257	100,339	25,526
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	536,693	24,699	64,230	88,222	118,837	128,334	91,783	20,588
	MN	19,217	311	1,954	3,350	4,486	4,624	4,164	328
	Total	555,910	25,010	66,184	91,572	123,323	132,958	95,947	20,916
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,332	1	446	1,026	2,628	3,504	2,608	119
	MN	24	0	0	0	2	8	14	0
	Total	10,356	1	446	1,026	2,630	3,512	2,622	119
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	5,609,269	184,362	670,998	951,661	1,269,430	1,392,213	980,937	159,668
	MN	209,935	2,143	21,029	37,109	50,071	52,124	45,132	2,327
	Total	5,819,204	186,505	692,027	988,770	1,319,501	1,444,337	1,026,069	161,995
3b. Average Period of Eligibility	CN	0.87	0.62	0.87	0.90	0.89	0.90	0.89	0.65
	MN	0.91	0.57	0.90	0.92	0.93	0.94	0.90	0.59
	Total	0.87	0.62	0.87	0.90	0.89	0.91	0.89	0.65
4. Expected Number of Screenings per Eligible	CN		3.10	1.74	0.90	0.45	0.90	0.89	0.65
	MN		2.85	1.80	0.92	0.47	0.94	0.90	0.59
	Total		3.10	1.74	0.90	0.45	0.91	0.89	0.65
5. Expected Number of Screenings	CN	531,774	76,567	111,760	79,400	53,477	115,501	81,687	13,382
	MN	17,882	886	3,517	3,082	2,108	4,347	3,748	194
	Total	549,656	77,453	115,277	82,482	55,585	119,848	85,435	13,576
6. Total Screens Received	CN	434,116	88,858	131,490	65,789	45,798	65,611	32,644	3,926
	MN	15,833	1,191	4,156	2,790	2,233	2,787	2,590	86
	Total	449,949	90,049	135,646	68,579	48,031	68,398	35,234	4,012
7. SCREENING RATIO	CN	0.82	1.00	1.00	0.83	0.86	0.57	0.40	0.29
	MN	0.89	1.00	1.00	0.91	1.00	0.64	0.69	0.44
	Total	0.82	1.00	1.00	0.83	0.86	0.57	0.41	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	432,376	24,699	64,230	79,400	53,477	115,501	81,687	13,382
	MN	15,744	311	1,954	3,082	2,108	4,347	3,748	194
	Total	448,120	25,010	66,184	82,482	55,585	119,848	85,435	13,576
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	250,538	22,958	50,862	53,665	38,904	54,431	26,556	3,162
	MN	9,925	294	1,641	2,151	1,812	2,140	1,817	70
	Total	260,463	23,252	52,503	55,816	40,716	56,571	28,373	3,232
10. PARTICIPANT RATIO	CN	0.58	0.93	0.79	0.68	0.73	0.47	0.33	0.24
	MN	0.63	0.95	0.84	0.70	0.86	0.49	0.48	0.36
	Total	0.58	0.93	0.79	0.68	0.73	0.47	0.33	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	101,584	13,381	27,589	19,012	12,806	17,581	9,931	1,284
	MN	4,627	207	1,026	825	687	900	954	28
	Total	106,211	13,588	28,615	19,837	13,493	18,481	10,885	1,312
12a. Total Eligibles Receiving Any Dental Services	CN	256,690	175	12,716	48,768	72,662	72,827	43,187	6,355
	MN	10,910	3	548	2,103	2,840	2,784	2,504	128
	Total	267,600	178	13,264	50,871	75,502	75,611	45,691	6,483
12b. Total Eligibles Receiving Preventive Dental Services	CN	227,288	58	10,382	44,530	67,152	65,321	35,472	4,373
	MN	9,911	1	451	1,945	2,673	2,564	2,180	97
	Total	237,199	59	10,833	46,475	69,825	67,885	37,652	4,470
12c. Total Eligibles Receiving Dental Treatment Services	CN	113,401	53	1,263	15,143	32,917	35,205	24,907	3,913
	MN	4,388	0	34	525	1,127	1,247	1,376	79
	Total	117,789	53	1,297	15,668	34,044	36,452	26,283	3,992
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,315				16,844	12,471		
	MN	1,077				644	433		
	Total	30,392				17,488	12,904		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	243,899	155	12,595	47,500	69,471	68,415	39,890	5,873
	MN	10,421	3	542	2,044	2,724	2,645	2,343	120
	Total	254,320	158	13,137	49,544	72,195	71,060	42,233	5,993
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	13,744	5	380	1,754	4,434	4,361	2,452	358
	MN	470	0	22	67	140	119	110	12
	Total	14,214	5	402	1,821	4,574	4,480	2,562	370
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	256,690	175	12,716	48,768	72,662	72,827	43,187	6,355
	MN	10,910	3	548	2,103	2,840	2,784	2,504	128
	Total	267,600	178	13,264	50,871	75,502	75,611	45,691	6,483
13. Total Eligibles Enrolled in Managed Care	CN	536,655	24,697	64,227	88,219	118,832	128,324	91,776	20,580
	MN	19,216	311	1,954	3,350	4,485	4,624	4,164	328
	Total	555,871	25,008	66,181	91,569	123,317	132,948	95,940	20,908
14. Total Number of Screening Blood Lead Tests	CN	36,653	594	25,498	10,561				
	MN	1,306	8	884	414				
	Total	37,959	602	26,382	10,975				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	853,458	45,512	91,685	132,660	183,318	199,084	146,702	54,497
	MN	187	16	11	23	40	43	28	26
	Total	853,645	45,528	91,696	132,683	183,358	199,127	146,730	54,523
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	830,920	36,768	89,691	131,019	181,168	196,820	144,980	50,474
	MN	168	15	6	20	39	39	23	26
	Total	831,088	36,783	89,697	131,039	181,207	196,859	145,003	50,500
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	130,561	584	7,635	11,789	26,204	41,139	34,229	8,981
	MN	3	0	0	0	0	0	0	3
	Total	130,564	584	7,635	11,789	26,204	41,139	34,229	8,984
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	9,514,941	274,704	1,034,821	1,538,676	2,132,396	2,318,712	1,703,441	512,191
	MN	1,677	50	63	222	447	435	214	246
	Total	9,516,618	274,754	1,034,884	1,538,898	2,132,843	2,319,147	1,703,655	512,437
3b. Average Period of Eligibility	CN	0.95	0.62	0.96	0.98	0.98	0.98	0.98	0.85
	MN	0.83	0.28	0.88	0.93	0.96	0.93	0.78	0.79
	Total	0.95	0.62	0.96	0.98	0.98	0.98	0.98	0.85
4. Expected Number of Screenings per Eligible	CN		3.72	1.92	0.98	0.49	0.59	0.49	0.43
	MN		1.68	1.76	0.93	0.48	0.56	0.39	0.40
	Total		3.72	1.92	0.98	0.49	0.59	0.49	0.43
5. Expected Number of Screenings	CN	735,023	136,777	172,207	128,399	88,772	116,124	71,040	21,704
	MN	115	25	11	19	19	22	9	10
	Total	735,138	136,802	172,218	128,418	88,791	116,146	71,049	21,714
6. Total Screens Received	CN	774,756	151,913	192,479	110,651	95,469	131,191	84,451	8,602
	MN	106	17	8	18	19	27	14	3
	Total	774,862	151,930	192,487	110,669	95,488	131,218	84,465	8,605
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.86	1.00	1.00	1.00	0.40
	MN	0.92	0.68	0.73	0.95	1.00	1.00	1.00	0.30
	Total	1.00	1.00	1.00	0.86	1.00	1.00	1.00	0.40

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	552,498	36,768	89,691	128,399	88,772	116,124	71,040	21,704
	MN	100	15	6	19	19	22	9	10
	Total	552,598	36,783	89,697	128,418	88,791	116,146	71,049	21,714
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	420,910	35,011	71,768	80,189	75,007	93,703	58,521	6,711
	MN	66	8	3	11	15	17	9	3
	Total	420,976	35,019	71,771	80,200	75,022	93,720	58,530	6,714
10. PARTICIPANT RATIO	CN	0.76	0.95	0.80	0.62	0.84	0.81	0.82	0.31
	MN	0.66	0.53	0.50	0.58	0.79	0.77	1.00	0.30
	Total	0.76	0.95	0.80	0.62	0.84	0.81	0.82	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	170,596	22,990	25,776	28,000	29,131	36,056	25,814	2,829
	MN	30	6	2	5	5	7	5	0
	Total	170,626	22,996	25,778	28,005	29,136	36,063	25,819	2,829
12a. Total Eligibles Receiving Any Dental Services	CN	397,145	270	25,719	75,321	109,214	107,404	68,114	11,103
	MN	76	0	1	11	25	28	8	3
	Total	397,221	270	25,720	75,332	109,239	107,432	68,122	11,106
12b. Total Eligibles Receiving Preventive Dental Services	CN	375,389	176	24,162	72,191	104,749	102,920	62,090	9,101
	MN	74	0	1	10	25	28	8	2
	Total	375,463	176	24,163	72,201	104,774	102,948	62,098	9,103
12c. Total Eligibles Receiving Dental Treatment Services	CN	160,870	9	2,121	23,288	49,645	44,596	35,358	5,853
	MN	32	0	0	4	12	9	6	1
	Total	160,902	9	2,121	23,292	49,657	44,605	35,364	5,854
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,380				24,198	13,182		
	MN	15				10	5		
	Total	37,395				24,208	13,187		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	382,932	260	25,433	73,292	105,359	103,570	64,823	10,195
	MN	73	0	1	10	24	28	8	2
	Total	383,005	260	25,434	73,302	105,383	103,598	64,831	10,197
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,495	1	167	632	442	233	19	1
	MN	0	0	0	0	0	0	0	0
	Total	1,495	1	167	632	442	233	19	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	397,145	270	25,719	75,321	109,214	107,404	68,114	11,103
	MN	76	0	1	11	25	28	8	3
	Total	397,221	270	25,720	75,332	109,239	107,432	68,122	11,106
13. Total Eligibles Enrolled in Managed Care	CN	820,840	36,738	89,545	130,306	179,750	194,393	142,732	47,376
	MN	153	4	4	21	34	42	30	18
	Total	820,993	36,742	89,549	130,327	179,784	194,435	142,762	47,394
14. Total Number of Screening Blood Lead Tests	CN	56,899	319	38,596	17,984				
	MN	9	0	3	6				
	Total	56,908	319	38,599	17,990				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	138,175	6,526	14,115	20,728	28,747	32,792	24,652	10,615
	MN	28	1	4	2	3	6	7	5
	Total	138,203	6,527	14,119	20,730	28,750	32,798	24,659	10,620
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	133,434	5,349	13,742	20,162	28,097	31,972	24,055	10,057
	MN	26	1	4	2	3	6	6	4
	Total	133,460	5,350	13,746	20,164	28,100	31,978	24,061	10,061
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,933	1	657	1,354	2,433	2,875	2,246	367
	MN	0	0	0	0	0	0	0	0
	Total	9,933	1	657	1,354	2,433	2,875	2,246	367
2a. State Periodicity Schedule			8	4	3	4	5	2	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			8.00	2.00	1.00	1.00	1.00	0.50	1.00
3a. Total Months of Eligibility	CN	1,453,299	39,066	151,318	222,925	313,648	357,487	266,377	102,478
	MN	78	6	7	6	10	26	14	9
	Total	1,453,377	39,072	151,325	222,931	313,658	357,513	266,391	102,487
3b. Average Period of Eligibility	CN	0.91	0.61	0.92	0.92	0.93	0.93	0.92	0.85
	MN	0.25	0.50	0.15	0.25	0.28	0.36	0.19	0.19
	Total	0.91	0.61	0.92	0.92	0.93	0.93	0.92	0.85
4. Expected Number of Screenings per Eligible	CN		4.88	1.84	0.92	0.93	0.93	0.46	0.85
	MN		4.00	0.30	0.25	0.28	0.36	0.10	0.19
	Total		4.88	1.84	0.92	0.93	0.93	0.46	0.85
5. Expected Number of Screenings	CN	145,414	26,103	25,285	18,549	26,130	29,734	11,065	8,548
	MN	11	4	1	1	1	2	1	1
	Total	145,425	26,107	25,286	18,550	26,131	29,736	11,066	8,549
6. Total Screens Received	CN	140,265	27,848	39,541	17,793	18,639	21,054	12,732	2,658
	MN	6	5	0	1	0	0	0	0
	Total	140,271	27,853	39,541	17,794	18,639	21,054	12,732	2,658
7. SCREENING RATIO	CN	0.96	1.00	1.00	0.96	0.71	0.71	1.00	0.31
	MN	0.55	1.00	0.00	1.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	0.96	0.71	0.71	1.00	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	113,117	5,349	13,742	18,549	26,130	29,734	11,065	8,548
	MN	8	1	1	1	1	2	1	1
	Total	113,125	5,350	13,743	18,550	26,131	29,736	11,066	8,549
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	70,259	5,111	11,870	12,721	13,822	15,544	9,258	1,933
	MN	2	1	0	1	0	0	0	0
	Total	70,261	5,112	11,870	12,722	13,822	15,544	9,258	1,933
10. PARTICIPANT RATIO	CN	0.62	0.96	0.86	0.69	0.53	0.52	0.84	0.23
	MN	0.25	1.00	0.00	1.00	0.00	0.00	0.00	0.00
	Total	0.62	0.96	0.86	0.69	0.53	0.52	0.84	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	48,655	4,337	9,314	7,516	8,969	10,298	6,722	1,499
	MN	2	1	0	1	0	0	0	0
	Total	48,657	4,338	9,314	7,517	8,969	10,298	6,722	1,499
12a. Total Eligibles Receiving Any Dental Services	CN	53,973	103	2,491	8,435	14,638	15,777	10,046	2,483
	MN	1	0	0	0	0	1	0	0
	Total	53,974	103	2,491	8,435	14,638	15,778	10,046	2,483
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,684	49	2,243	7,972	13,719	14,311	8,499	1,891
	MN	1	0	0	0	0	1	0	0
	Total	48,685	49	2,243	7,972	13,719	14,312	8,499	1,891
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,386	40	243	2,476	6,051	7,075	5,148	1,353
	MN	1	0	0	0	0	1	0	0
	Total	22,387	40	243	2,476	6,051	7,076	5,148	1,353
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,587				3,980	3,607		
	MN	0				0	0		
	Total	7,587				3,980	3,607		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	43,552	59	1,803	6,947	11,502	12,785	8,315	2,141
	MN	0	0	0	0	0	0	0	0
	Total	43,552	59	1,803	6,947	11,502	12,785	8,315	2,141
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	35,535	455	5,797	5,866	7,483	8,052	5,776	2,106
	MN	2	0	0	1	1	0	0	0
	Total	35,537	455	5,797	5,867	7,484	8,052	5,776	2,106
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	76,997	543	7,143	12,005	19,035	20,716	13,591	3,964
	MN	3	0	0	1	1	1	0	0
	Total	77,000	543	7,143	12,006	19,036	20,717	13,591	3,964
13. Total Eligibles Enrolled in Managed Care	CN	114,910	4,799	12,814	18,072	24,399	27,030	19,709	8,087
	MN	1	0	0	0	0	0	0	1
	Total	114,911	4,799	12,814	18,072	24,399	27,030	19,709	8,088
14. Total Number of Screening Blood Lead Tests	CN	4,373	20	3,304	1,049				
	MN	0	0	0	0				
	Total	4,373	20	3,304	1,049				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	705,236	39,525	80,149	113,874	153,331	157,371	112,561	48,425
	MN	356	1	21	34	44	62	81	113
	Total	705,592	39,526	80,170	113,908	153,375	157,433	112,642	48,538
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	678,907	32,402	77,724	110,785	149,431	153,405	109,379	45,781
	MN	339	0	18	31	41	59	77	113
	Total	679,246	32,402	77,742	110,816	149,472	153,464	109,456	45,894
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	171,146	867	10,723	19,947	45,240	51,614	37,042	5,713
	MN	0	0	0	0	0	0	0	0
	Total	171,146	867	10,723	19,947	45,240	51,614	37,042	5,713
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	7,330,128	236,893	845,474	1,221,088	1,660,312	1,701,946	1,199,636	464,779
	MN	3,444	0	181	323	416	645	817	1,062
	Total	7,333,572	236,893	845,655	1,221,411	1,660,728	1,702,591	1,200,453	465,841
3b. Average Period of Eligibility	CN	0.90	0.61	0.91	0.92	0.93	0.92	0.91	0.85
	MN	0.85	0.00	0.84	0.87	0.85	0.91	0.88	0.78
	Total	0.90	0.61	0.91	0.92	0.93	0.92	0.91	0.85
4. Expected Number of Screenings per Eligible	CN		3.66	1.82	0.92	0.93	0.92	0.91	0.85
	MN		0.00	1.68	0.87	0.85	0.91	0.88	0.78
	Total		3.66	1.82	0.92	0.93	0.92	0.91	0.85
5. Expected Number of Screenings	CN	780,524	118,591	141,458	101,922	138,971	141,133	99,535	38,914
	MN	302	0	30	27	35	54	68	88
	Total	780,826	118,591	141,488	101,949	139,006	141,187	99,603	39,002
6. Total Screens Received	CN	734,781	139,731	189,433	103,404	105,224	109,754	69,304	17,931
	MN	148	0	8	21	15	32	48	24
	Total	734,929	139,731	189,441	103,425	105,239	109,786	69,352	17,955
7. SCREENING RATIO	CN	0.94	1.00	1.00	1.00	0.76	0.78	0.70	0.46
	MN	0.49	0.00	0.27	0.78	0.43	0.59	0.71	0.27
	Total	0.94	1.00	1.00	1.00	0.76	0.78	0.70	0.46

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Form CMS-416

Fiscal Year: 2015

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	630,601	32,402	77,724	101,922	138,971	141,133	99,535	38,914
	MN	290	0	18	27	35	54	68	88
	Total	630,891	32,402	77,742	101,949	139,006	141,187	99,603	39,002
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	411,382	29,587	65,820	79,034	84,348	86,337	52,797	13,459
	MN	103	0	5	16	11	24	29	18
	Total	411,485	29,587	65,825	79,050	84,359	86,361	52,826	13,477
10. PARTICIPANT RATIO	CN	0.65	0.91	0.85	0.78	0.61	0.61	0.53	0.35
	MN	0.36	0.00	0.28	0.59	0.31	0.44	0.43	0.20
	Total	0.65	0.91	0.85	0.78	0.61	0.61	0.53	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	404,322	28,743	65,276	78,165	83,362	84,907	51,232	12,637
	MN	98	0	5	15	11	22	29	16
	Total	404,420	28,743	65,281	78,180	83,373	84,929	51,261	12,653
12a. Total Eligibles Receiving Any Dental Services	CN	373,000	280	24,258	70,123	104,126	99,042	58,533	16,638
	MN	123	0	3	13	14	28	38	27
	Total	373,123	280	24,261	70,136	104,140	99,070	58,571	16,665
12b. Total Eligibles Receiving Preventive Dental Services	CN	341,940	148	20,941	65,103	97,590	92,287	52,100	13,771
	MN	98	0	3	12	10	22	32	19
	Total	342,038	148	20,944	65,115	97,600	92,309	52,132	13,790
12c. Total Eligibles Receiving Dental Treatment Services	CN	152,749	22	1,330	19,253	46,006	45,440	31,275	9,423
	MN	58	0	0	5	5	13	23	12
	Total	152,807	22	1,330	19,258	46,011	45,453	31,298	9,435
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	63,395				28,393	35,002		
	MN	5				1	4		
	Total	63,400				28,394	35,006		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	345,693	192	22,246	65,641	97,721	92,040	53,053	14,800
	MN	105	0	3	12	11	24	34	21
	Total	345,798	192	22,249	65,653	97,732	92,064	53,087	14,821
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,189	697	14,903	2,578	3	6	2	0
	MN	1	0	1	0	0	0	0	0
	Total	18,190	697	14,904	2,578	3	6	2	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	384,727	963	34,212	71,207	104,128	99,045	58,534	16,638
	MN	123	0	3	13	14	28	38	27
	Total	384,850	963	34,215	71,220	104,142	99,073	58,572	16,665
13. Total Eligibles Enrolled in Managed Care	CN	685,102	36,350	78,702	111,557	150,169	153,839	109,064	45,421
	MN	322	0	17	31	33	59	73	109
	Total	685,424	36,350	78,719	111,588	150,202	153,898	109,137	45,530
14. Total Number of Screening Blood Lead Tests	CN	67,882	1,195	43,624	23,063				
	MN	10	0	3	7				
	Total	67,892	1,195	43,627	23,070				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	711,925	38,951	79,244	107,518	144,307	156,703	122,832	62,370
	MN	0	0	0	0	0	0	0	0
	Total	711,925	38,951	79,244	107,518	144,307	156,703	122,832	62,370
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	668,111	27,531	74,267	102,623	138,404	150,051	116,409	58,826
	MN	0	0	0	0	0	0	0	0
	Total	668,111	27,531	74,267	102,623	138,404	150,051	116,409	58,826
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	348,988	17,193	34,647	50,540	74,353	82,531	65,470	24,254
	MN	0	0	0	0	0	0	0	0
	Total	348,988	17,193	34,647	50,540	74,353	82,531	65,470	24,254
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	7,042,676	199,217	790,896	1,100,386	1,496,784	1,619,273	1,239,858	596,262
	MN	0	0	0	0	0	0	0	0
	Total	7,042,676	199,217	790,896	1,100,386	1,496,784	1,619,273	1,239,858	596,262
3b. Average Period of Eligibility	CN	0.88	0.60	0.89	0.89	0.90	0.90	0.89	0.84
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.60	0.89	0.89	0.90	0.90	0.89	0.84
4. Expected Number of Screenings per Eligible	CN		3.60	1.78	0.89	0.90	0.90	0.89	0.84
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.78	0.89	0.90	0.90	0.89	0.84
5. Expected Number of Screenings	CN	735,269	99,112	132,195	91,334	124,564	135,046	103,604	49,414
	MN	0	0	0	0	0	0	0	0
	Total	735,269	99,112	132,195	91,334	124,564	135,046	103,604	49,414
6. Total Screens Received	CN	900,597	126,102	230,559	129,617	133,182	137,919	104,086	39,132
	MN	0	0	0	0	0	0	0	0
	Total	900,597	126,102	230,559	129,617	133,182	137,919	104,086	39,132
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.79
	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	0.79

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	605,760	27,531	74,267	91,334	124,564	135,046	103,604	49,414
	MN	0	0	0	0	0	0	0	0
	Total	605,760	27,531	74,267	91,334	124,564	135,046	103,604	49,414
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	415,095	19,390	60,044	72,242	87,113	91,580	63,422	21,304
	MN	0	0	0	0	0	0	0	0
	Total	415,095	19,390	60,044	72,242	87,113	91,580	63,422	21,304
10. PARTICIPANT RATIO	CN	0.69	0.70	0.81	0.79	0.70	0.68	0.61	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.69	0.70	0.81	0.79	0.70	0.68	0.61	0.43
11. Total Eligibles Referred for Corrective Treatment	CN	345,472	9,491	46,137	57,197	76,609	77,044	56,015	22,979
	MN	0	0	0	0	0	0	0	0
	Total	345,472	9,491	46,137	57,197	76,609	77,044	56,015	22,979
12a. Total Eligibles Receiving Any Dental Services	CN	356,804	256	18,081	58,810	93,908	97,742	64,496	23,511
	MN	0	0	0	0	0	0	0	0
	Total	356,804	256	18,081	58,810	93,908	97,742	64,496	23,511
12b. Total Eligibles Receiving Preventive Dental Services	CN	330,853	115	16,767	57,096	90,505	90,854	56,044	19,472
	MN	0	0	0	0	0	0	0	0
	Total	330,853	115	16,767	57,096	90,505	90,854	56,044	19,472
12c. Total Eligibles Receiving Dental Treatment Services	CN	185,821	80	2,323	18,347	48,872	58,456	42,095	15,648
	MN	0	0	0	0	0	0	0	0
	Total	185,821	80	2,323	18,347	48,872	58,456	42,095	15,648
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	61,450				31,412	30,038		
	MN	0				0	0		
	Total	61,450				31,412	30,038		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	329,053	195	17,607	56,861	88,176	88,994	56,602	20,618
	MN	0	0	0	0	0	0	0	0
	Total	329,053	195	17,607	56,861	88,176	88,994	56,602	20,618
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	26,780	119	7,258	6,156	6,893	4,709	1,473	172
	MN	0	0	0	0	0	0	0	0
	Total	26,780	119	7,258	6,156	6,893	4,709	1,473	172
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	368,272	367	23,010	61,150	95,863	99,194	65,093	23,595
	MN	0	0	0	0	0	0	0	0
	Total	368,272	367	23,010	61,150	95,863	99,194	65,093	23,595
13. Total Eligibles Enrolled in Managed Care	CN	514,938	10,776	61,827	83,954	112,075	117,861	87,503	40,942
	MN	0	0	0	0	0	0	0	0
	Total	514,938	10,776	61,827	83,954	112,075	117,861	87,503	40,942
14. Total Number of Screening Blood Lead Tests	CN	79,882	1,240	31,392	47,250				
	MN	0	0	0	0				
	Total	79,882	1,240	31,392	47,250				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,190,627	69,125	138,492	187,270	246,028	276,663	209,134	63,915
	MN	11,260	885	564	624	767	1,051	1,304	6,065
	Total	1,201,887	70,010	139,056	187,894	246,795	277,714	210,438	69,980
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,127,410	56,692	132,682	179,445	236,612	266,182	200,339	55,458
	MN	7,425	486	410	405	486	695	860	4,083
	Total	1,134,835	57,178	133,092	179,850	237,098	266,877	201,199	59,541
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	19,787	0	0	0	2	2	18,544	1,239
	MN	0	0	0	0	0	0	0	0
	Total	19,787	0	0	0	2	2	18,544	1,239
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	11,940,843	415,271	1,416,319	1,942,937	2,590,036	2,918,242	2,165,785	492,253
	MN	52,818	3,063	3,223	2,969	3,757	5,331	6,123	28,352
	Total	11,993,661	418,334	1,419,542	1,945,906	2,593,793	2,923,573	2,171,908	520,605
3b. Average Period of Eligibility	CN	0.88	0.61	0.89	0.90	0.91	0.91	0.90	0.74
	MN	0.59	0.53	0.66	0.61	0.64	0.64	0.59	0.58
	Total	0.88	0.61	0.89	0.90	0.91	0.91	0.90	0.73
4. Expected Number of Screenings per Eligible	CN		4.27	1.78	1.20	0.91	0.91	0.90	0.74
	MN		3.71	1.32	0.81	0.64	0.64	0.59	0.58
	Total		4.27	1.78	1.20	0.91	0.91	0.90	0.73
5. Expected Number of Screenings	CN	1,372,470	242,075	236,174	215,334	215,317	242,226	180,305	41,039
	MN	6,303	1,803	541	328	311	445	507	2,368
	Total	1,378,773	243,878	236,715	215,662	215,628	242,671	180,812	43,407
6. Total Screens Received	CN	950,185	236,379	254,124	129,759	109,724	128,709	79,377	12,113
	MN	3,472	1,649	496	137	115	176	140	759
	Total	953,657	238,028	254,620	129,896	109,839	128,885	79,517	12,872
7. SCREENING RATIO	CN	0.69	0.98	1.00	0.60	0.51	0.53	0.44	0.30
	MN	0.55	0.91	0.92	0.42	0.37	0.40	0.28	0.32
	Total	0.69	0.98	1.00	0.60	0.51	0.53	0.44	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,047,706	56,692	132,682	179,445	215,317	242,226	180,305	41,039
	MN	4,855	486	410	328	311	445	507	2,368
	Total	1,052,561	57,178	133,092	179,773	215,628	242,671	180,812	43,407
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	535,683	51,768	98,646	103,725	94,579	109,558	67,198	10,209
	MN	1,766	418	205	116	98	158	126	645
	Total	537,449	52,186	98,851	103,841	94,677	109,716	67,324	10,854
10. PARTICIPANT RATIO	CN	0.51	0.91	0.74	0.58	0.44	0.45	0.37	0.25
	MN	0.36	0.86	0.50	0.35	0.32	0.36	0.25	0.27
	Total	0.51	0.91	0.74	0.58	0.44	0.45	0.37	0.25
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	439,020	506	14,546	75,568	128,023	127,460	78,320	14,597
	MN	1,544	0	14	84	139	190	169	948
	Total	440,564	506	14,560	75,652	128,162	127,650	78,489	15,545
12b. Total Eligibles Receiving Preventive Dental Services	CN	430,963	501	14,503	74,748	126,143	125,232	75,897	13,939
	MN	1,498	0	14	82	136	188	162	916
	Total	432,461	501	14,517	74,830	126,279	125,420	76,059	14,855
12c. Total Eligibles Receiving Dental Treatment Services	CN	174,033	10	1,053	21,125	52,517	51,586	39,696	8,046
	MN	743	0	0	28	67	67	87	494
	Total	174,776	10	1,053	21,153	52,584	51,653	39,783	8,540
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,972				32,332	24,640		
	MN	69				37	32		
	Total	57,041				32,369	24,672		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	401,473	146	11,586	69,703	117,077	117,787	72,065	13,109
	MN	1,407	0	13	77	127	178	156	856
	Total	402,880	146	11,599	69,780	117,204	117,965	72,221	13,965
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,641	155	1,234	238	7	4	2	1
	MN	1	1	0	0	0	0	0	0
	Total	1,642	156	1,234	238	7	4	2	1
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	440,463	659	15,668	75,728	128,026	127,462	78,322	14,598
	MN	1,545	1	14	84	139	190	169	948
	Total	442,008	660	15,682	75,812	128,165	127,652	78,491	15,546
13. Total Eligibles Enrolled in Managed Care	CN	1,007,212	49,863	123,299	164,094	213,458	236,127	174,003	46,368
	MN	6,169	410	439	327	395	559	620	3,419
	Total	1,013,381	50,273	123,738	164,421	213,853	236,686	174,623	49,787
14. Total Number of Screening Blood Lead Tests	CN	111,922	2,256	71,323	38,343				
	MN	223	9	153	61				
	Total	112,145	2,265	71,476	38,404				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	582,200	31,771	70,639	94,687	125,412	132,338	90,768	36,585
	MN	9,403	162	406	638	755	790	1,632	5,020
	Total	591,603	31,933	71,045	95,325	126,167	133,128	92,400	41,605
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	556,320	25,972	67,683	91,242	121,137	128,054	87,667	34,565
	MN	8,424	59	326	566	680	725	1,463	4,605
	Total	564,744	26,031	68,009	91,808	121,817	128,779	89,130	39,170
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	107	8	98	1	0	0	0	0
	MN	4	0	4	0	0	0	0	0
	Total	111	8	102	1	0	0	0	0
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN	5,898,023	189,529	716,813	978,520	1,313,674	1,400,264	951,995	347,228
	MN	79,548	399	3,089	5,554	6,879	7,520	12,810	43,297
	Total	5,977,571	189,928	719,902	984,074	1,320,553	1,407,784	964,805	390,525
3b. Average Period of Eligibility	CN	0.88	0.61	0.88	0.89	0.90	0.91	0.90	0.84
	MN	0.79	0.56	0.79	0.82	0.84	0.86	0.73	0.78
	Total	0.88	0.61	0.88	0.89	0.90	0.91	0.90	0.83
4. Expected Number of Screenings per Eligible	CN		3.05	1.76	0.89	0.45	0.55	0.45	0.42
	MN		2.80	1.58	0.82	0.42	0.52	0.37	0.39
	Total		3.05	1.76	0.89	0.45	0.55	0.45	0.42
5. Expected Number of Screenings	CN	458,451	79,215	119,122	81,205	54,512	70,430	39,450	14,517
	MN	4,144	165	515	464	286	377	541	1,796
	Total	462,595	79,380	119,637	81,669	54,798	70,807	39,991	16,313
6. Total Screens Received	CN	402,612	97,484	120,939	58,050	43,614	50,764	25,942	5,819
	MN	2,753	169	485	319	236	271	397	876
	Total	405,365	97,653	121,424	58,369	43,850	51,035	26,339	6,695
7. SCREENING RATIO	CN	0.88	1.00	1.00	0.71	0.80	0.72	0.66	0.40
	MN	0.66	1.00	0.94	0.69	0.83	0.72	0.73	0.49
	Total	0.88	1.00	1.00	0.71	0.80	0.72	0.66	0.41

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	353,769	25,972	67,683	81,205	54,512	70,430	39,450	14,517
	MN	3,849	59	326	464	286	377	541	1,796
	Total	357,618	26,031	68,009	81,669	54,798	70,807	39,991	16,313
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	249,829	23,974	52,398	53,688	41,861	48,086	24,329	5,493
	MN	2,239	51	219	292	223	260	365	829
	Total	252,068	24,025	52,617	53,980	42,084	48,346	24,694	6,322
10. PARTICIPANT RATIO	CN	0.71	0.92	0.77	0.66	0.77	0.68	0.62	0.38
	MN	0.58	0.86	0.67	0.63	0.78	0.69	0.67	0.46
	Total	0.70	0.92	0.77	0.66	0.77	0.68	0.62	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	19,161	1,636	4,078	4,023	3,602	3,751	1,851	220
	MN	106	1	22	12	21	21	17	12
	Total	19,267	1,637	4,100	4,035	3,623	3,772	1,868	232
12a. Total Eligibles Receiving Any Dental Services	CN	218,709	195	8,310	38,101	62,181	63,179	36,797	9,946
	MN	2,678	0	25	195	321	321	434	1,382
	Total	221,387	195	8,335	38,296	62,502	63,500	37,231	11,328
12b. Total Eligibles Receiving Preventive Dental Services	CN	196,507	99	6,494	35,013	58,193	58,141	31,215	7,352
	MN	2,176	0	17	182	300	296	355	1,026
	Total	198,683	99	6,511	35,195	58,493	58,437	31,570	8,378
12c. Total Eligibles Receiving Dental Treatment Services	CN	92,749	19	1,093	13,092	28,639	26,709	17,826	5,371
	MN	1,254	0	3	55	141	135	185	735
	Total	94,003	19	1,096	13,147	28,780	26,844	18,011	6,106
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	31,524				17,519	14,005		
	MN	183				91	92		
	Total	31,707				17,610	14,097		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	201,111	144	7,433	35,535	57,307	58,157	33,520	9,015
	MN	2,479	0	24	187	303	301	399	1,265
	Total	203,590	144	7,457	35,722	57,610	58,458	33,919	10,280
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25,848	520	12,610	9,468	1,901	968	320	61
	MN	130	0	50	57	7	7	6	3
	Total	25,978	520	12,660	9,525	1,908	975	326	64
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	236,542	699	18,979	43,291	63,066	63,603	36,929	9,975
	MN	2,761	0	71	224	324	322	436	1,384
	Total	239,303	699	19,050	43,515	63,390	63,925	37,365	11,359
13. Total Eligibles Enrolled in Managed Care	CN	481,375	24,841	61,354	79,239	104,070	107,736	73,829	30,306
	MN	7,579	48	296	499	597	595	1,103	4,441
	Total	488,954	24,889	61,650	79,738	104,667	108,331	74,932	34,747
14. Total Number of Screening Blood Lead Tests	CN	40,220	1,391	31,681	7,148				
	MN	159	3	126	30				
	Total	40,379	1,394	31,807	7,178				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	470,000	28,486	57,484	79,035	110,681	105,319	72,646	16,349
	MN	0	0	0	0	0	0	0	0
	Total	470,000	28,486	57,484	79,035	110,681	105,319	72,646	16,349
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	452,031	22,860	56,598	77,418	108,144	102,990	70,899	13,122
	MN	0	0	0	0	0	0	0	0
	Total	452,031	22,860	56,598	77,418	108,144	102,990	70,899	13,122
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	5,167,373	174,771	660,773	903,443	1,267,344	1,208,491	831,231	121,320
	MN	0	0	0	0	0	0	0	0
	Total	5,167,373	174,771	660,773	903,443	1,267,344	1,208,491	831,231	121,320
3b. Average Period of Eligibility	CN	0.95	0.64	0.97	0.97	0.98	0.98	0.98	0.77
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.64	0.97	0.97	0.98	0.98	0.98	0.77
4. Expected Number of Screenings per Eligible	CN		3.20	1.94	0.97	0.98	0.98	0.98	0.77
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.20	1.94	0.97	0.98	0.98	0.98	0.77
5. Expected Number of Screenings	CN	544,543	73,152	109,800	75,095	105,981	100,930	69,481	10,104
	MN	0	0	0	0	0	0	0	0
	Total	544,543	73,152	109,800	75,095	105,981	100,930	69,481	10,104
6. Total Screens Received	CN	309,239	81,567	96,852	43,855	32,549	35,158	18,002	1,256
	MN	0	0	0	0	0	0	0	0
	Total	309,239	81,567	96,852	43,855	32,549	35,158	18,002	1,256
7. SCREENING RATIO	CN	0.57	1.00	0.88	0.58	0.31	0.35	0.26	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	1.00	0.88	0.58	0.31	0.35	0.26	0.12

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	441,049	22,860	56,598	75,095	105,981	100,930	69,481	10,104
	MN	0	0	0	0	0	0	0	0
	Total	441,049	22,860	56,598	75,095	105,981	100,930	69,481	10,104
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	176,615	21,933	40,546	37,750	29,180	30,513	15,562	1,131
	MN	0	0	0	0	0	0	0	0
	Total	176,615	21,933	40,546	37,750	29,180	30,513	15,562	1,131
10. PARTICIPANT RATIO	CN	0.40	0.96	0.72	0.50	0.28	0.30	0.22	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.96	0.72	0.50	0.28	0.30	0.22	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	110,690	20,904	28,061	19,091	15,748	17,374	8,836	676
	MN	0	0	0	0	0	0	0	0
	Total	110,690	20,904	28,061	19,091	15,748	17,374	8,836	676
12a. Total Eligibles Receiving Any Dental Services	CN	224,099	142	11,491	45,775	67,674	60,401	34,531	4,085
	MN	0	0	0	0	0	0	0	0
	Total	224,099	142	11,491	45,775	67,674	60,401	34,531	4,085
12b. Total Eligibles Receiving Preventive Dental Services	CN	203,634	51	10,105	42,897	63,588	54,968	28,945	3,080
	MN	0	0	0	0	0	0	0	0
	Total	203,634	51	10,105	42,897	63,588	54,968	28,945	3,080
12c. Total Eligibles Receiving Dental Treatment Services	CN	99,107	5	1,212	14,755	29,828	29,817	21,000	2,490
	MN	0	0	0	0	0	0	0	0
	Total	99,107	5	1,212	14,755	29,828	29,817	21,000	2,490
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,276				19,070	19,206		
	MN	0				0	0		
	Total	38,276				19,070	19,206		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	212,888	133	11,235	44,054	65,515	56,898	31,383	3,670
	MN	0	0	0	0	0	0	0	0
	Total	212,888	133	11,235	44,054	65,515	56,898	31,383	3,670
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	23,067	1,428	8,088	6,574	3,393	1,749	1,621	214
	MN	0	0	0	0	0	0	0	0
	Total	23,067	1,428	8,088	6,574	3,393	1,749	1,621	214
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	234,190	1,562	17,478	46,727	68,273	60,988	35,006	4,156
	MN	0	0	0	0	0	0	0	0
	Total	234,190	1,562	17,478	46,727	68,273	60,988	35,006	4,156
13. Total Eligibles Enrolled in Managed Care	CN	408,338	22,602	54,137	69,550	97,553	92,734	63,635	8,127
	MN	0	0	0	0	0	0	0	0
	Total	408,338	22,602	54,137	69,550	97,553	92,734	63,635	8,127
14. Total Number of Screening Blood Lead Tests	CN	49,325	899	27,796	20,630				
	MN	0	0	0	0				
	Total	49,325	899	27,796	20,630				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	687,806	41,019	84,610	112,566	150,671	158,082	110,200	30,658
	MN	0	0	0	0	0	0	0	0
	Total	687,806	41,019	84,610	112,566	150,671	158,082	110,200	30,658
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	654,582	30,514	82,707	109,078	146,130	153,509	106,389	26,255
	MN	0	0	0	0	0	0	0	0
	Total	654,582	30,514	82,707	109,078	146,130	153,509	106,389	26,255
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	44,931	12	574	1,832	12,856	16,089	11,539	2,029
	MN	0	0	0	0	0	0	0	0
	Total	44,931	12	574	1,832	12,856	16,089	11,539	2,029
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	7,264,255	239,613	939,188	1,228,222	1,657,007	1,746,716	1,198,298	255,211
	MN	0	0	0	0	0	0	0	0
	Total	7,264,255	239,613	939,188	1,228,222	1,657,007	1,746,716	1,198,298	255,211
3b. Average Period of Eligibility	CN	0.92	0.65	0.95	0.94	0.94	0.95	0.94	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.95	0.94	0.94	0.95	0.94	0.81
4. Expected Number of Screenings per Eligible	CN		3.25	1.90	0.94	0.47	0.57	0.47	0.41
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.90	0.94	0.47	0.57	0.47	0.41
5. Expected Number of Screenings	CN	575,796	99,171	157,143	102,533	68,681	87,500	50,003	10,765
	MN	0	0	0	0	0	0	0	0
	Total	575,796	99,171	157,143	102,533	68,681	87,500	50,003	10,765
6. Total Screens Received	CN	731,465	163,878	217,558	115,578	79,167	88,782	55,179	11,323
	MN	0	0	0	0	0	0	0	0
	Total	731,465	163,878	217,558	115,578	79,167	88,782	55,179	11,323
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: 2015

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	432,703	30,514	82,707	102,533	68,681	87,500	50,003	10,765
	MN	0	0	0	0	0	0	0	0
	Total	432,703	30,514	82,707	102,533	68,681	87,500	50,003	10,765
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	304,370	28,694	64,082	64,274	51,202	56,666	33,546	5,906
	MN	0	0	0	0	0	0	0	0
	Total	304,370	28,694	64,082	64,274	51,202	56,666	33,546	5,906
10. PARTICIPANT RATIO	CN	0.70	0.94	0.77	0.63	0.75	0.65	0.67	0.55
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.94	0.77	0.63	0.75	0.65	0.67	0.55
11. Total Eligibles Referred for Corrective Treatment	CN	37,283	4,512	5,700	6,278	5,567	6,246	6,244	2,736
	MN	0	0	0	0	0	0	0	0
	Total	37,283	4,512	5,700	6,278	5,567	6,246	6,244	2,736
12a. Total Eligibles Receiving Any Dental Services	CN	246,513	174	10,321	42,746	75,342	71,594	40,884	5,452
	MN	0	0	0	0	0	0	0	0
	Total	246,513	174	10,321	42,746	75,342	71,594	40,884	5,452
12b. Total Eligibles Receiving Preventive Dental Services	CN	225,945	88	8,346	39,220	71,179	67,253	35,636	4,223
	MN	0	0	0	0	0	0	0	0
	Total	225,945	88	8,346	39,220	71,179	67,253	35,636	4,223
12c. Total Eligibles Receiving Dental Treatment Services	CN	107,250	17	843	13,206	35,252	32,252	22,484	3,196
	MN	0	0	0	0	0	0	0	0
	Total	107,250	17	843	13,206	35,252	32,252	22,484	3,196
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,869				20,642	17,227		
	MN	0				0	0		
	Total	37,869				20,642	17,227		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	235,798	162	9,926	41,024	72,594	68,724	38,276	5,092
	MN	0	0	0	0	0	0	0	0
	Total	235,798	162	9,926	41,024	72,594	68,724	38,276	5,092
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,178	166	2,320	2,645	535	190	260	62
	MN	0	0	0	0	0	0	0	0
	Total	6,178	166	2,320	2,645	535	190	260	62
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	249,757	335	12,266	43,656	75,510	71,647	40,890	5,453
	MN	0	0	0	0	0	0	0	0
	Total	249,757	335	12,266	43,656	75,510	71,647	40,890	5,453
13. Total Eligibles Enrolled in Managed Care	CN	461,418	26,253	57,439	76,410	102,586	106,866	73,801	18,063
	MN	0	0	0	0	0	0	0	0
	Total	461,418	26,253	57,439	76,410	102,586	106,866	73,801	18,063
14. Total Number of Screening Blood Lead Tests	CN	66,097	686	38,755	26,656				
	MN	0	0	0	0				
	Total	66,097	686	38,755	26,656				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	122,892	7,323	15,162	21,109	24,570	29,413	19,625	5,690
	MN	62	1	2	2	10	13	29	5
	Total	122,954	7,324	15,164	21,111	24,580	29,426	19,654	5,695
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	116,980	5,851	14,297	19,827	26,339	27,657	18,314	4,695
	MN	53	0	1	1	8	12	26	5
	Total	117,033	5,851	14,298	19,828	26,347	27,669	18,340	4,700
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	8,646	112	394	830	2,728	2,919	1,470	193
	MN	0	0	0	0	0	0	0	0
	Total	8,646	112	394	830	2,728	2,919	1,470	193
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	1,222,987	42,252	152,459	211,638	283,796	298,864	194,409	39,569
	MN	529	0	4	12	86	126	266	35
	Total	1,223,516	42,252	152,463	211,650	283,882	298,990	194,675	39,604
3b. Average Period of Eligibility	CN	0.87	0.60	0.89	0.89	0.90	0.90	0.88	0.70
	MN	0.83	0.00	0.33	1.00	0.90	0.88	0.85	0.58
	Total	0.87	0.60	0.89	0.89	0.90	0.90	0.88	0.70
4. Expected Number of Screenings per Eligible	CN		3.60	2.23	0.89	0.90	0.90	0.88	0.70
	MN		0.00	0.83	1.00	0.90	0.88	0.85	0.58
	Total		3.60	2.23	0.89	0.90	0.90	0.88	0.70
5. Expected Number of Screenings	CN	138,591	21,064	31,882	17,646	23,705	24,891	16,116	3,287
	MN	45	0	1	1	7	11	22	3
	Total	138,636	21,064	31,883	17,647	23,712	24,902	16,138	3,290
6. Total Screens Received	CN	83,274	23,375	25,235	12,223	7,505	9,885	4,733	318
	MN	28	0	0	2	4	7	15	0
	Total	83,302	23,375	25,235	12,225	7,509	9,892	4,748	318
7. SCREENING RATIO	CN	0.60	1.00	0.79	0.69	0.32	0.40	0.29	0.10
	MN	0.62	0.00	0.00	1.00	0.57	0.64	0.68	0.00
	Total	0.60	1.00	0.79	0.69	0.32	0.40	0.29	0.10

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	105,793	5,851	14,297	17,646	23,705	24,891	16,116	3,287
	MN	45	0	1	1	7	11	22	3
	Total	105,838	5,851	14,298	17,647	23,712	24,902	16,138	3,290
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	40,317	5,120	9,176	8,893	5,795	7,410	3,662	261
	MN	22	0	0	1	4	6	11	0
	Total	40,339	5,120	9,176	8,894	5,799	7,416	3,673	261
10. PARTICIPANT RATIO	CN	0.38	0.88	0.64	0.50	0.24	0.30	0.23	0.08
	MN	0.49	0.00	0.00	1.00	0.57	0.55	0.50	0.00
	Total	0.38	0.88	0.64	0.50	0.24	0.30	0.23	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	33,926	4,669	8,211	7,208	4,877	5,858	2,888	215
	MN	23	0	0	1	5	6	11	0
	Total	33,949	4,669	8,211	7,209	4,882	5,864	2,899	215
12a. Total Eligibles Receiving Any Dental Services	CN	52,306	220	4,170	10,743	14,607	13,474	7,566	1,526
	MN	38	0	0	1	4	10	21	2
	Total	52,344	220	4,170	10,744	14,611	13,484	7,587	1,528
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,999	73	3,378	9,669	12,938	11,553	5,658	730
	MN	35	0	0	1	4	9	20	1
	Total	44,034	73	3,378	9,670	12,942	11,562	5,678	731
12c. Total Eligibles Receiving Dental Treatment Services	CN	24,062	14	593	4,056	7,140	6,944	4,533	782
	MN	26	0	0	1	2	7	14	2
	Total	24,088	14	593	4,057	7,142	6,951	4,547	784
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,926				4,508	3,418		
	MN	4				2	2		
	Total	7,930				4,510	3,420		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	42,729	74	3,411	9,335	11,863	10,955	6,105	986
	MN	37	0	0	1	4	9	21	2
	Total	42,766	74	3,411	9,336	11,867	10,964	6,126	988
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	98	7	65	12	6	3	3	2
	MN	0	0	0	0	0	0	0	0
	Total	98	7	65	12	6	3	3	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	52,307	220	4,170	10,743	14,608	13,474	7,566	1,526
	MN	38	0	0	1	4	10	21	2
	Total	52,345	220	4,170	10,744	14,612	13,484	7,587	1,528
13. Total Eligibles Enrolled in Managed Care	CN	99,712	4,733	12,642	17,183	22,567	23,164	15,209	4,214
	MN	8	0	0	1	0	2	5	0
	Total	99,720	4,733	12,642	17,184	22,567	23,166	15,214	4,214
14. Total Number of Screening Blood Lead Tests	CN	1,529	19	886	624				
	MN	0	0	0	0				
	Total	1,529	19	886	624				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	200,133	12,930	25,487	33,866	45,126	45,640	28,898	8,186
	MN	115	12	18	9	7	15	22	32
	Total	200,248	12,942	25,505	33,875	45,133	45,655	28,920	8,218
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	188,162	10,539	24,327	32,340	43,108	43,622	27,405	6,821
	MN	103	8	14	8	7	15	21	30
	Total	188,265	10,547	24,341	32,348	43,115	43,637	27,426	6,851
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	55,574	568	5,043	8,567	13,663	15,795	10,291	1,647
	MN	1	0	0	1	0	0	0	0
	Total	55,575	568	5,043	8,568	13,663	15,795	10,291	1,647
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	1,948,090	76,771	256,263	340,739	461,439	470,225	288,612	54,041
	MN	795	26	94	77	75	149	208	166
	Total	1,948,885	76,797	256,357	340,816	461,514	470,374	288,820	54,207
3b. Average Period of Eligibility	CN	0.86	0.61	0.88	0.88	0.89	0.90	0.88	0.66
	MN	0.64	0.27	0.56	0.80	0.89	0.83	0.83	0.46
	Total	0.86	0.61	0.88	0.88	0.89	0.90	0.88	0.66
4. Expected Number of Screenings per Eligible	CN		3.66	2.20	0.88	0.89	0.90	0.88	0.66
	MN		1.62	1.40	0.80	0.89	0.83	0.83	0.46
	Total		3.66	2.20	0.88	0.89	0.90	0.88	0.66
5. Expected Number of Screenings	CN	226,795	38,573	53,519	28,459	38,366	39,260	24,116	4,502
	MN	88	13	20	6	6	12	17	14
	Total	226,883	38,586	53,539	28,465	38,372	39,272	24,133	4,516
6. Total Screens Received	CN	149,371	41,712	46,529	20,532	12,045	19,151	8,844	558
	MN	20	1	9	3	1	0	4	2
	Total	149,391	41,713	46,538	20,535	12,046	19,151	8,848	560
7. SCREENING RATIO	CN	0.66	1.00	0.87	0.72	0.31	0.49	0.37	0.12
	MN	0.23	0.08	0.45	0.50	0.17	0.00	0.24	0.14
	Total	0.66	1.00	0.87	0.72	0.31	0.49	0.37	0.12

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	169,569	10,539	24,327	28,459	38,366	39,260	24,116	4,502
	MN	77	8	14	6	6	12	17	14
	Total	169,646	10,547	24,341	28,465	38,372	39,272	24,133	4,516
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	72,423	9,761	16,541	15,104	9,506	14,219	6,825	467
	MN	15	1	4	3	1	0	4	2
	Total	72,438	9,762	16,545	15,107	9,507	14,219	6,829	469
10. PARTICIPANT RATIO	CN	0.43	0.93	0.68	0.53	0.25	0.36	0.28	0.10
	MN	0.19	0.13	0.29	0.50	0.17	0.00	0.24	0.14
	Total	0.43	0.93	0.68	0.53	0.25	0.36	0.28	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	2,624	869	356	312	315	422	326	24
	MN	3	0	0	1	1	0	1	0
	Total	2,627	869	356	313	316	422	327	24
12a. Total Eligibles Receiving Any Dental Services	CN	100,208	59	6,122	18,941	29,598	28,591	14,652	2,245
	MN	49	0	2	6	3	11	14	13
	Total	100,257	59	6,124	18,947	29,601	28,602	14,666	2,258
12b. Total Eligibles Receiving Preventive Dental Services	CN	94,561	34	5,464	18,209	28,663	27,237	13,180	1,774
	MN	46	0	2	6	3	11	12	12
	Total	94,607	34	5,466	18,215	28,666	27,248	13,192	1,786
12c. Total Eligibles Receiving Dental Treatment Services	CN	42,209	10	474	5,817	13,946	12,884	7,768	1,310
	MN	17	0	0	1	1	4	5	6
	Total	42,226	10	474	5,818	13,947	12,888	7,773	1,316
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,098				9,740	9,358		
	MN	0				0	0		
	Total	19,098				9,740	9,358		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	95,473	49	5,955	18,368	28,092	27,156	13,798	2,055
	MN	44	0	2	6	3	10	12	11
	Total	95,517	49	5,957	18,374	28,095	27,166	13,810	2,066
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,539	39	1,225	683	428	164	0	0
	MN	2	0	0	2	0	0	0	0
	Total	2,541	39	1,225	685	428	164	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	101,400	96	6,915	19,179	29,686	28,627	14,652	2,245
	MN	49	0	2	6	3	11	14	13
	Total	101,449	96	6,917	19,185	29,689	28,638	14,666	2,258
13. Total Eligibles Enrolled in Managed Care	CN	185,896	10,461	24,191	32,070	42,705	43,083	26,911	6,475
	MN	40	4	13	3	0	1	2	17
	Total	185,936	10,465	24,204	32,073	42,705	43,084	26,913	6,492
14. Total Number of Screening Blood Lead Tests	CN	12,130	98	7,542	4,490				
	MN	3	0	1	2				
	Total	12,133	98	7,543	4,492				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2015
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	388,484	22,810	46,452	64,570	85,535	87,473	56,879	24,765
	MN	0	0	0	0	0	0	0	0
	Total	388,484	22,810	46,452	64,570	85,535	87,473	56,879	24,765
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	338,933	17,631	42,390	58,152	75,023	75,438	48,544	21,755
	MN	0	0	0	0	0	0	0	0
	Total	338,933	17,631	42,390	58,152	75,023	75,438	48,544	21,755
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	29,332	203	1,728	2,928	7,934	9,480	6,354	705
	MN	0	0	0	0	0	0	0	0
	Total	29,332	203	1,728	2,928	7,934	9,480	6,354	705
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	3,547,618	124,046	430,890	604,349	812,330	838,539	532,602	204,862
	MN	0	0	0	0	0	0	0	0
	Total	3,547,618	124,046	430,890	604,349	812,330	838,539	532,602	204,862
3b. Average Period of Eligibility	CN	0.87	0.59	0.85	0.87	0.90	0.93	0.91	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.59	0.85	0.87	0.90	0.93	0.91	0.78
4. Expected Number of Screenings per Eligible	CN		2.95	1.70	0.87	0.45	0.56	0.46	0.39
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		2.95	1.70	0.87	0.45	0.56	0.46	0.39
5. Expected Number of Screenings	CN	281,485	52,011	72,063	50,592	33,760	42,245	22,330	8,484
	MN	0	0	0	0	0	0	0	0
	Total	281,485	52,011	72,063	50,592	33,760	42,245	22,330	8,484
6. Total Screens Received	CN	261,665	67,466	72,686	38,891	31,253	33,453	15,758	2,158
	MN	0	0	0	0	0	0	0	0
	Total	261,665	67,466	72,686	38,891	31,253	33,453	15,758	2,158
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.77	0.93	0.79	0.71	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	1.00	1.00	0.77	0.93	0.79	0.71	0.25

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	217,432	17,631	42,390	50,592	33,760	42,245	22,330	8,484
	MN	0	0	0	0	0	0	0	0
	Total	217,432	17,631	42,390	50,592	33,760	42,245	22,330	8,484
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	144,531	15,554	30,185	30,126	26,313	27,503	12,957	1,893
	MN	0	0	0	0	0	0	0	0
	Total	144,531	15,554	30,185	30,126	26,313	27,503	12,957	1,893
10. PARTICIPANT RATIO	CN	0.66	0.88	0.71	0.60	0.78	0.65	0.58	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.88	0.71	0.60	0.78	0.65	0.58	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	83,511	14,054	20,701	16,577	12,780	12,451	6,018	930
	MN	0	0	0	0	0	0	0	0
	Total	83,511	14,054	20,701	16,577	12,780	12,451	6,018	930
12a. Total Eligibles Receiving Any Dental Services	CN	130,928	79	7,389	23,843	38,318	37,113	19,244	4,942
	MN	0	0	0	0	0	0	0	0
	Total	130,928	79	7,389	23,843	38,318	37,113	19,244	4,942
12b. Total Eligibles Receiving Preventive Dental Services	CN	120,933	38	6,390	22,377	36,648	35,205	16,732	3,543
	MN	0	0	0	0	0	0	0	0
	Total	120,933	38	6,390	22,377	36,648	35,205	16,732	3,543
12c. Total Eligibles Receiving Dental Treatment Services	CN	64,810	7	812	9,270	20,910	19,536	11,189	3,086
	MN	0	0	0	0	0	0	0	0
	Total	64,810	7	812	9,270	20,910	19,536	11,189	3,086
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,200				13,193	16,007		
	MN	0				0	0		
	Total	29,200				13,193	16,007		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	125,988	76	7,290	23,264	36,870	35,615	18,219	4,654
	MN	0	0	0	0	0	0	0	0
	Total	125,988	76	7,290	23,264	36,870	35,615	18,219	4,654
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,966	195	937	1,885	2,115	1,609	1,431	794
	MN	0	0	0	0	0	0	0	0
	Total	8,966	195	937	1,885	2,115	1,609	1,431	794
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	134,967	273	8,019	24,479	39,019	37,762	19,922	5,493
	MN	0	0	0	0	0	0	0	0
	Total	134,967	273	8,019	24,479	39,019	37,762	19,922	5,493
13. Total Eligibles Enrolled in Managed Care	CN	292,845	15,594	37,131	50,342	65,093	65,322	41,178	18,185
	MN	0	0	0	0	0	0	0	0
	Total	292,845	15,594	37,131	50,342	65,093	65,322	41,178	18,185
14. Total Number of Screening Blood Lead Tests	CN	10,721	125	7,051	3,545				
	MN	0	0	0	0				
	Total	10,721	125	7,051	3,545				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	119,273	5,717	12,429	18,423	24,926	28,082	21,218	8,478
	MN	224	1	13	35	51	41	34	49
	Total	119,497	5,718	12,442	18,458	24,977	28,123	21,252	8,527
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	109,819	4,032	11,621	17,274	23,507	26,482	19,770	7,133
	MN	216	1	13	33	49	40	31	49
	Total	110,035	4,033	11,634	17,307	23,556	26,522	19,801	7,182
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	15,546	161	1,565	2,513	3,387	4,203	3,356	361
	MN	0	0	0	0	0	0	0	0
	Total	15,546	161	1,565	2,513	3,387	4,203	3,356	361
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	1,206,939	31,396	129,184	192,629	264,348	298,192	220,131	71,059
	MN	2,399	4	145	382	553	452	348	515
	Total	1,209,338	31,400	129,329	193,011	264,901	298,644	220,479	71,574
3b. Average Period of Eligibility	CN	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.83
	MN	0.93	0.33	0.93	0.96	0.94	0.94	0.94	0.88
	Total	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.83
4. Expected Number of Screenings per Eligible	CN		3.90	1.86	0.93	0.47	0.94	0.93	0.83
	MN		1.98	1.86	0.96	0.47	0.94	0.94	0.88
	Total		3.90	1.86	0.93	0.47	0.94	0.93	0.83
5. Expected Number of Screenings	CN	113,652	15,725	21,615	16,065	11,048	24,893	18,386	5,920
	MN	191	2	24	32	23	38	29	43
	Total	113,843	15,727	21,639	16,097	11,071	24,931	18,415	5,963
6. Total Screens Received	CN	90,713	16,867	23,149	12,366	13,260	14,878	8,917	1,276
	MN	110	1	21	20	30	15	8	15
	Total	90,823	16,868	23,170	12,386	13,290	14,893	8,925	1,291
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.77	1.00	0.60	0.48	0.22
	MN	0.58	0.50	0.88	0.63	1.00	0.39	0.28	0.35
	Total	0.80	1.00	1.00	0.77	1.00	0.60	0.48	0.22

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	91,965	4,032	11,621	16,065	11,048	24,893	18,386	5,920
	MN	179	1	13	32	23	38	29	43
	Total	92,144	4,033	11,634	16,097	11,071	24,931	18,415	5,963
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	60,028	3,769	9,333	11,031	12,574	13,919	8,240	1,162
	MN	87	1	10	19	24	13	7	13
	Total	60,115	3,770	9,343	11,050	12,598	13,932	8,247	1,175
10. PARTICIPANT RATIO	CN	0.65	0.93	0.80	0.69	1.00	0.56	0.45	0.20
	MN	0.49	1.00	0.77	0.59	1.00	0.34	0.24	0.30
	Total	0.65	0.93	0.80	0.69	1.00	0.56	0.45	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	33,643	3,277	6,614	5,577	5,792	7,152	4,558	673
	MN	46	0	6	12	13	7	3	5
	Total	33,689	3,277	6,620	5,589	5,805	7,159	4,561	678
12a. Total Eligibles Receiving Any Dental Services	CN	62,326	108	3,741	10,362	16,313	17,834	11,626	2,342
	MN	113	0	1	21	32	17	17	25
	Total	62,439	108	3,742	10,383	16,345	17,851	11,643	2,367
12b. Total Eligibles Receiving Preventive Dental Services	CN	58,062	61	3,082	9,908	15,521	16,854	10,707	1,929
	MN	99	0	1	19	29	16	14	20
	Total	58,161	61	3,083	9,927	15,550	16,870	10,721	1,949
12c. Total Eligibles Receiving Dental Treatment Services	CN	24,826	4	160	2,750	7,155	7,918	5,699	1,140
	MN	52	0	0	6	13	7	10	16
	Total	24,878	4	160	2,756	7,168	7,925	5,709	1,156
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,076				5,106	3,970		
	MN	16				13	3		
	Total	9,092				5,119	3,973		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	58,450	102	3,568	9,854	15,464	16,725	10,655	2,082
	MN	103	0	1	20	29	16	14	23
	Total	58,553	102	3,569	9,874	15,493	16,741	10,669	2,105
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	3,016	11	313	837	1,090	542	189	34
	MN	9	0	0	0	4	1	3	1
	Total	3,025	11	313	837	1,094	543	192	35
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	63,079	118	3,904	10,452	16,596	17,993	11,665	2,351
	MN	118	0	1	21	35	18	18	25
	Total	63,197	118	3,905	10,473	16,631	18,011	11,683	2,376
13. Total Eligibles Enrolled in Managed Care	CN	106,507	3,893	11,450	16,880	22,826	25,567	18,999	6,892
	MN	177	1	13	28	38	30	20	47
	Total	106,684	3,894	11,463	16,908	22,864	25,597	19,019	6,939
14. Total Number of Screening Blood Lead Tests	CN	6,020	47	5,050	923				
	MN	6	0	5	1				
	Total	6,026	47	5,055	924				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	872,992	53,576	98,666	139,422	184,860	197,323	138,887	60,258
	MN	0	0	0	0	0	0	0	0
	Total	872,992	53,576	98,666	139,422	184,860	197,323	138,887	60,258
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	818,023	31,906	94,961	134,505	178,289	190,066	133,041	55,255
	MN	0	0	0	0	0	0	0	0
	Total	818,023	31,906	94,961	134,505	178,289	190,066	133,041	55,255
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	87,380	6	160	957	25,079	34,411	26,302	465
	MN	0	0	0	0	0	0	0	0
	Total	87,380	6	160	957	25,079	34,411	26,302	465
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	9,104,908	227,297	1,069,357	1,531,745	2,034,570	2,167,364	1,502,961	571,614
	MN	0	0	0	0	0	0	0	0
	Total	9,104,908	227,297	1,069,357	1,531,745	2,034,570	2,167,364	1,502,961	571,614
3b. Average Period of Eligibility	CN	0.93	0.59	0.94	0.95	0.95	0.95	0.94	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.59	0.94	0.95	0.95	0.95	0.94	0.86
4. Expected Number of Screenings per Eligible	CN		3.54	1.88	0.95	0.95	0.95	0.94	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.54	1.88	0.95	0.95	0.95	0.94	0.86
5. Expected Number of Screenings	CN	941,770	112,947	178,527	127,780	169,375	180,563	125,059	47,519
	MN	0	0	0	0	0	0	0	0
	Total	941,770	112,947	178,527	127,780	169,375	180,563	125,059	47,519
6. Total Screens Received	CN	749,425	99,829	204,914	115,706	112,879	122,506	75,464	18,127
	MN	0	0	0	0	0	0	0	0
	Total	749,425	99,829	204,914	115,706	112,879	122,506	75,464	18,127
7. SCREENING RATIO	CN	0.80	0.88	1.00	0.91	0.67	0.68	0.60	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	0.88	1.00	0.91	0.67	0.68	0.60	0.38

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	777,163	31,906	94,961	127,780	169,375	180,563	125,059	47,519
	MN	0	0	0	0	0	0	0	0
	Total	777,163	31,906	94,961	127,780	169,375	180,563	125,059	47,519
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	473,828	28,533	77,733	91,047	96,283	103,085	62,523	14,624
	MN	0	0	0	0	0	0	0	0
	Total	473,828	28,533	77,733	91,047	96,283	103,085	62,523	14,624
10. PARTICIPANT RATIO	CN	0.61	0.89	0.82	0.71	0.57	0.57	0.50	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.89	0.82	0.71	0.57	0.57	0.50	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	122,033	231	11,632	28,776	29,922	26,876	18,131	6,465
	MN	0	0	0	0	0	0	0	0
	Total	122,033	231	11,632	28,776	29,922	26,876	18,131	6,465
12a. Total Eligibles Receiving Any Dental Services	CN	409,467	364	21,141	74,958	114,797	113,397	65,823	18,987
	MN	0	0	0	0	0	0	0	0
	Total	409,467	364	21,141	74,958	114,797	113,397	65,823	18,987
12b. Total Eligibles Receiving Preventive Dental Services	CN	379,810	204	20,161	72,221	109,341	106,169	57,182	14,532
	MN	0	0	0	0	0	0	0	0
	Total	379,810	204	20,161	72,221	109,341	106,169	57,182	14,532
12c. Total Eligibles Receiving Dental Treatment Services	CN	200,869	48	2,770	27,227	60,374	61,365	38,006	11,079
	MN	0	0	0	0	0	0	0	0
	Total	200,869	48	2,770	27,227	60,374	61,365	38,006	11,079
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	52,596				28,857	23,739		
	MN	0				0	0		
	Total	52,596				28,857	23,739		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	309,239	210	12,256	53,661	92,513	89,570	48,204	12,825
	MN	0	0	0	0	0	0	0	0
	Total	309,239	210	12,256	53,661	92,513	89,570	48,204	12,825
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	12,602	883	6,197	3,921	1,131	244	201	25
	MN	0	0	0	0	0	0	0	0
	Total	12,602	883	6,197	3,921	1,131	244	201	25
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	422,069	1,247	27,338	78,879	115,928	113,641	66,024	19,012
	MN	0	0	0	0	0	0	0	0
	Total	422,069	1,247	27,338	78,879	115,928	113,641	66,024	19,012
13. Total Eligibles Enrolled in Managed Care	CN	807,949	29,710	94,015	133,581	176,978	188,280	131,239	54,146
	MN	0	0	0	0	0	0	0	0
	Total	807,949	29,710	94,015	133,581	176,978	188,280	131,239	54,146
14. Total Number of Screening Blood Lead Tests	CN	91,020	1,546	46,591	42,883				
	MN	0	0	0	0				
	Total	91,020	1,546	46,591	42,883				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	402,696	19,846	41,874	61,659	87,256	95,891	67,713	28,457
	MN	0	0	0	0	0	0	0	0
	Total	402,696	19,846	41,874	61,659	87,256	95,891	67,713	28,457
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	388,614	16,159	40,851	60,183	85,293	93,600	65,826	26,702
	MN	0	0	0	0	0	0	0	0
	Total	388,614	16,159	40,851	60,183	85,293	93,600	65,826	26,702
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	14,055	63	592	1,077	3,803	4,707	3,579	234
	MN	0	0	0	0	0	0	0	0
	Total	14,055	63	592	1,077	3,803	4,707	3,579	234
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	3,538,778	160,052	356,079	555,219	785,863	869,405	604,314	207,846
	MN	0	0	0	0	0	0	0	0
	Total	3,538,778	160,052	356,079	555,219	785,863	869,405	604,314	207,846
3b. Average Period of Eligibility	CN	0.76	0.83	0.73	0.77	0.77	0.77	0.77	0.65
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	0.83	0.73	0.77	0.77	0.77	0.77	0.65
4. Expected Number of Screenings per Eligible	CN		4.98	1.46	0.77	0.39	0.62	0.77	0.65
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.98	1.46	0.77	0.39	0.62	0.77	0.65
5. Expected Number of Screenings	CN	345,793	80,472	59,642	46,341	33,264	58,032	50,686	17,356
	MN	0	0	0	0	0	0	0	0
	Total	345,793	80,472	59,642	46,341	33,264	58,032	50,686	17,356
6. Total Screens Received	CN	288,750	64,813	75,538	39,508	36,494	45,389	23,882	3,126
	MN	0	0	0	0	0	0	0	0
	Total	288,750	64,813	75,538	39,508	36,494	45,389	23,882	3,126
7. SCREENING RATIO	CN	0.84	0.81	1.00	0.85	1.00	0.78	0.47	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.81	1.00	0.85	1.00	0.78	0.47	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	262,689	16,159	40,851	46,341	33,264	58,032	50,686	17,356
	MN	0	0	0	0	0	0	0	0
	Total	262,689	16,159	40,851	46,341	33,264	58,032	50,686	17,356
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	162,308	14,871	29,390	31,256	29,564	35,984	18,620	2,623
	MN	0	0	0	0	0	0	0	0
	Total	162,308	14,871	29,390	31,256	29,564	35,984	18,620	2,623
10. PARTICIPANT RATIO	CN	0.62	0.92	0.72	0.67	0.89	0.62	0.37	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.92	0.72	0.67	0.89	0.62	0.37	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	302	195	9	11	8	8	31	40
	MN	0	0	0	0	0	0	0	0
	Total	302	195	9	11	8	8	31	40
12a. Total Eligibles Receiving Any Dental Services	CN	213,351	217	12,945	36,941	58,545	60,945	35,396	8,362
	MN	0	0	0	0	0	0	0	0
	Total	213,351	217	12,945	36,941	58,545	60,945	35,396	8,362
12b. Total Eligibles Receiving Preventive Dental Services	CN	193,946	128	11,929	34,452	54,572	55,661	30,784	6,420
	MN	0	0	0	0	0	0	0	0
	Total	193,946	128	11,929	34,452	54,572	55,661	30,784	6,420
12c. Total Eligibles Receiving Dental Treatment Services	CN	212,581	216	12,896	36,837	58,387	60,716	35,229	8,300
	MN	0	0	0	0	0	0	0	0
	Total	212,581	216	12,896	36,837	58,387	60,716	35,229	8,300
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,166				14,501	11,665		
	MN	0				0	0		
	Total	26,166				14,501	11,665		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	197,107	203	12,515	35,041	54,807	55,832	31,566	7,143
	MN	0	0	0	0	0	0	0	0
	Total	197,107	203	12,515	35,041	54,807	55,832	31,566	7,143
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,223	119	1,616	303	78	49	40	18
	MN	0	0	0	0	0	0	0	0
	Total	2,223	119	1,616	303	78	49	40	18
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	214,870	331	14,120	37,089	58,575	60,972	35,411	8,372
	MN	0	0	0	0	0	0	0	0
	Total	214,870	331	14,120	37,089	58,575	60,972	35,411	8,372
13. Total Eligibles Enrolled in Managed Care	CN	354,462	17,655	37,273	54,323	76,491	84,174	59,521	25,025
	MN	0	0	0	0	0	0	0	0
	Total	354,462	17,655	37,273	54,323	76,491	84,174	59,521	25,025
14. Total Number of Screening Blood Lead Tests	CN	11,366	185	7,125	4,056				
	MN	0	0	0	0				
	Total	11,366	185	7,125	4,056				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	850,117	20,038	156,832	285,143	150,519	120,389	89,405	27,791
	MN	1,723,613	136,401	153,103	107,676	357,683	432,142	333,076	203,532
	Total	2,573,730	156,439	309,935	392,819	508,202	552,531	422,481	231,323
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	828,908	18,032	153,259	278,683	146,857	117,964	87,501	26,612
	MN	1,634,466	124,876	141,031	99,888	344,523	415,914	316,814	191,420
	Total	2,463,374	142,908	294,290	378,571	491,380	533,878	404,315	218,032
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	9,408,114	155,073	1,743,899	3,177,228	1,676,313	1,360,585	1,001,881	293,135
	MN	17,418,965	1,141,566	1,398,913	1,017,150	3,808,509	4,604,509	3,455,685	1,992,633
	Total	26,827,079	1,296,639	3,142,812	4,194,378	5,484,822	5,965,094	4,457,566	2,285,768
3b. Average Period of Eligibility	CN	0.95	0.72	0.95	0.95	0.95	0.96	0.95	0.92
	MN	0.89	0.76	0.83	0.85	0.92	0.92	0.91	0.87
	Total	0.91	0.76	0.89	0.92	0.93	0.93	0.92	0.87
4. Expected Number of Screenings per Eligible	CN		4.32	1.43	0.95	0.48	0.96	0.95	0.92
	MN		4.56	1.25	0.85	0.46	0.92	0.91	0.87
	Total		4.56	1.34	0.92	0.47	0.93	0.92	0.87
5. Expected Number of Screenings	CN	853,152	77,898	219,160	264,749	70,491	113,245	83,126	24,483
	MN	1,826,587	569,435	176,289	84,905	158,481	382,641	288,301	166,535
	Total	2,679,739	647,333	395,449	349,654	228,972	495,886	371,427	191,018
6. Total Screens Received	CN	958,152	60,061	341,916	294,450	111,905	85,511	53,601	10,708
	MN	1,688,389	441,497	322,541	87,387	253,033	301,453	201,283	81,195
	Total	2,646,541	501,558	664,457	381,837	364,938	386,964	254,884	91,903
7. SCREENING RATIO	CN	1.00	0.77	1.00	1.00	1.00	0.76	0.64	0.44
	MN	0.92	0.78	1.00	1.00	1.00	0.79	0.70	0.49
	Total	0.99	0.77	1.00	1.00	1.00	0.78	0.69	0.48

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	727,385	18,032	153,259	264,749	70,491	113,245	83,126	24,483
	MN	1,346,770	124,876	141,031	84,905	158,481	382,641	288,301	166,535
	Total	2,074,155	142,908	294,290	349,654	228,972	495,886	371,427	191,018
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	533,260	14,299	125,893	197,831	84,183	63,551	39,625	7,878
	MN	923,637	106,389	104,629	60,910	198,719	234,665	155,937	62,388
	Total	1,456,897	120,688	230,522	258,741	282,902	298,216	195,562	70,266
10. PARTICIPANT RATIO	CN	0.73	0.79	0.82	0.75	1.00	0.56	0.48	0.32
	MN	0.69	0.85	0.74	0.72	1.00	0.61	0.54	0.37
	Total	0.70	0.84	0.78	0.74	1.00	0.60	0.53	0.37
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	340,228	115	29,391	140,925	74,973	53,550	33,393	7,881
	MN	691,479	715	12,155	38,895	201,541	231,510	143,765	62,898
	Total	1,031,707	830	41,546	179,820	276,514	285,060	177,158	70,779
12b. Total Eligibles Receiving Preventive Dental Services	CN	329,273	99	28,979	138,458	73,088	50,998	30,445	7,206
	MN	660,827	611	11,952	38,042	196,868	221,902	132,765	58,687
	Total	990,100	710	40,931	176,500	269,956	272,900	163,210	65,893
12c. Total Eligibles Receiving Dental Treatment Services	CN	123,334	13	3,357	41,022	31,502	24,760	18,372	4,308
	MN	340,422	195	1,267	11,103	95,969	117,290	79,292	35,306
	Total	463,756	208	4,624	52,125	127,471	142,050	97,664	39,614
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,240				14,358	10,882		
	MN	95,652				50,040	45,612		
	Total	120,892				64,398	56,494		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	304,137	94	27,732	131,394	67,117	45,096	26,557	6,147
	MN	610,199	570	11,311	35,901	183,978	203,407	120,918	54,114
	Total	914,336	664	39,043	167,295	251,095	248,503	147,475	60,261
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	86,761	34	9,071	36,274	18,224	12,800	8,000	2,358
	MN	126,701	191	4,348	9,745	39,134	40,175	23,178	9,930
	Total	213,462	225	13,419	46,019	57,358	52,975	31,178	12,288
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	351,315	134	32,279	146,487	76,118	54,294	33,910	8,093
	MN	699,806	801	14,030	40,643	203,410	232,974	144,711	63,237
	Total	1,051,121	935	46,309	187,130	279,528	287,268	178,621	71,330
13. Total Eligibles Enrolled in Managed Care	CN	809,114	19,428	148,245	269,995	143,496	115,536	86,063	26,351
	MN	1,614,365	141,746	137,952	98,151	334,633	404,318	309,148	188,417
	Total	2,423,479	161,174	286,197	368,146	478,129	519,854	395,211	214,768
14. Total Number of Screening Blood Lead Tests	CN	17,699	45	10,665	6,989				
	MN	9,409	396	6,767	2,246				
	Total	27,108	441	17,432	9,235				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,327,278	73,631	156,400	226,202	292,899	301,695	211,067	65,384
	MN	1,063	29	26	37	109	189	253	420
	Total	1,328,341	73,660	156,426	226,239	293,008	301,884	211,320	65,804
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,274,151	59,905	152,505	221,257	283,797	291,744	203,578	61,365
	MN	498	7	16	20	49	90	113	203
	Total	1,274,649	59,912	152,521	221,277	283,846	291,834	203,691	61,568
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	112,091	825	14,050	23,253	26,013	28,089	18,983	878
	MN	0	0	0	0	0	0	0	0
	Total	112,091	825	14,050	23,253	26,013	28,089	18,983	878
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	13,859,496	447,519	1,694,410	2,496,209	3,135,199	3,223,238	2,231,949	630,972
	MN	3,800	34	94	162	371	681	852	1,606
	Total	13,863,296	447,553	1,694,504	2,496,371	3,135,570	3,223,919	2,232,801	632,578
3b. Average Period of Eligibility	CN	0.91	0.62	0.93	0.94	0.92	0.92	0.91	0.86
	MN	0.64	0.40	0.49	0.68	0.63	0.63	0.63	0.66
	Total	0.91	0.62	0.93	0.94	0.92	0.92	0.91	0.86
4. Expected Number of Screenings per Eligible	CN		1.86	0.93	0.94	0.92	0.92	0.91	0.86
	MN		1.20	0.49	0.68	0.63	0.63	0.63	0.66
	Total		1.86	0.93	0.94	0.92	0.92	0.91	0.86
5. Expected Number of Screenings	CN	1,228,762	111,423	141,830	207,982	261,093	268,404	185,256	52,774
	MN	323	8	8	14	31	57	71	134
	Total	1,229,085	111,431	141,838	207,996	261,124	268,461	185,327	52,908
6. Total Screens Received	CN	1,067,863	254,271	300,423	165,228	126,939	136,490	74,430	10,082
	MN	91	5	11	8	7	22	15	23
	Total	1,067,954	254,276	300,434	165,236	126,946	136,512	74,445	10,105
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.79	0.49	0.51	0.40	0.19
	MN	0.28	0.63	1.00	0.57	0.23	0.39	0.21	0.17
	Total	0.87	1.00	1.00	0.79	0.49	0.51	0.40	0.19

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,177,244	59,905	141,830	207,982	261,093	268,404	185,256	52,774
	MN	322	7	8	14	31	57	71	134
	Total	1,177,566	59,912	141,838	207,996	261,124	268,461	185,327	52,908
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	669,602	57,241	126,320	152,503	122,669	131,075	70,309	9,485
	MN	83	3	6	7	7	22	15	23
	Total	669,685	57,244	126,326	152,510	122,676	131,097	70,324	9,508
10. PARTICIPANT RATIO	CN	0.57	0.96	0.89	0.73	0.47	0.49	0.38	0.18
	MN	0.26	0.43	0.75	0.50	0.23	0.39	0.21	0.17
	Total	0.57	0.96	0.89	0.73	0.47	0.49	0.38	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	355,674	53,636	92,239	62,811	52,606	56,200	33,172	5,010
	MN	42	2	5	4	4	8	7	12
	Total	355,716	53,638	92,244	62,815	52,610	56,208	33,179	5,022
12a. Total Eligibles Receiving Any Dental Services	CN	641,814	501	36,132	119,576	181,958	178,456	105,240	19,951
	MN	171	0	2	6	21	39	40	63
	Total	641,985	501	36,134	119,582	181,979	178,495	105,280	20,014
12b. Total Eligibles Receiving Preventive Dental Services	CN	603,557	351	34,448	115,719	176,313	169,519	92,143	15,064
	MN	146	0	2	6	21	38	32	47
	Total	603,703	351	34,450	115,725	176,334	169,557	92,175	15,111
12c. Total Eligibles Receiving Dental Treatment Services	CN	294,945	46	3,206	41,006	89,206	86,455	62,323	12,703
	MN	102	0	0	2	11	21	26	42
	Total	295,047	46	3,206	41,008	89,217	86,476	62,349	12,745
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	83,159				49,273	33,886		
	MN	10				2	8		
	Total	83,169				49,275	33,894		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	625,945	488	35,965	118,398	179,036	173,935	99,382	18,741
	MN	164	0	2	6	21	38	38	59
	Total	626,109	488	35,967	118,404	179,057	173,973	99,420	18,800
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	100,670	7,078	76,139	17,318	54	55	24	2
	MN	6	1	4	1	0	0	0	0
	Total	100,676	7,079	76,143	17,319	54	55	24	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	714,899	7,430	93,513	128,306	181,971	178,479	105,249	19,951
	MN	176	1	6	6	21	39	40	63
	Total	715,075	7,431	93,519	128,312	181,992	178,518	105,289	20,014
13. Total Eligibles Enrolled in Managed Care	CN	1,042,274	18,531	126,542	190,782	244,128	247,837	170,168	44,286
	MN	368	3	13	16	42	71	75	148
	Total	1,042,642	18,534	126,555	190,798	244,170	247,908	170,243	44,434
14. Total Number of Screening Blood Lead Tests	CN	104,366	506	86,917	16,943				
	MN	4	0	3	1				
	Total	104,370	506	86,920	16,944				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2015
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	56,666	3,755	8,436	10,324	12,182	11,587	7,929	2,453
	MN	189	19	12	12	11	19	30	86
	Total	56,855	3,774	8,448	10,336	12,193	11,606	7,959	2,539
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	51,158	2,785	7,696	9,439	11,201	10,720	7,231	2,086
	MN	123	1	11	7	4	14	24	62
	Total	51,281	2,786	7,707	9,446	11,205	10,734	7,255	2,148
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			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	396,904	13,460	59,187	74,183	90,758	87,980	58,326	13,010
	MN	714	5	39	31	15	77	152	395
	Total	397,618	13,465	59,226	74,214	90,773	88,057	58,478	13,405
3b. Average Period of Eligibility	CN	0.65	0.40	0.64	0.65	0.68	0.68	0.67	0.52
	MN	0.48	0.42	0.30	0.37	0.31	0.46	0.53	0.53
	Total	0.65	0.40	0.64	0.65	0.68	0.68	0.67	0.52
4. Expected Number of Screenings per Eligible	CN		2.80	1.28	0.65	0.68	0.68	0.67	0.52
	MN		2.94	0.60	0.37	0.31	0.46	0.53	0.53
	Total		2.80	1.28	0.65	0.68	0.68	0.67	0.52
5. Expected Number of Screenings	CN	44,621	7,798	9,851	6,135	7,617	7,290	4,845	1,085
	MN	66	3	7	3	1	6	13	33
	Total	44,687	7,801	9,858	6,138	7,618	7,296	4,858	1,118
6. Total Screens Received	CN	27,615	6,743	9,395	3,933	2,608	3,169	1,631	136
	MN	22	0	8	3	1	1	5	4
	Total	27,637	6,743	9,403	3,936	2,609	3,170	1,636	140
7. SCREENING RATIO	CN	0.62	0.86	0.95	0.64	0.34	0.43	0.34	0.13
	MN	0.33	0.00	1.00	1.00	1.00	0.17	0.38	0.12
	Total	0.62	0.86	0.95	0.64	0.34	0.43	0.34	0.13

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	37,453	2,785	7,696	6,135	7,617	7,290	4,845	1,085
	MN	64	1	7	3	1	6	13	33
	Total	37,517	2,786	7,703	6,138	7,618	7,296	4,858	1,118
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	15,741	1,939	4,150	3,287	2,308	2,602	1,342	113
	MN	16	0	5	1	1	1	5	3
	Total	15,757	1,939	4,155	3,288	2,309	2,603	1,347	116
10. PARTICIPANT RATIO	CN	0.42	0.70	0.54	0.54	0.30	0.36	0.28	0.10
	MN	0.25	0.00	0.71	0.33	1.00	0.17	0.38	0.09
	Total	0.42	0.70	0.54	0.54	0.30	0.36	0.28	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	10,703	1,860	3,316	1,883	1,302	1,429	838	75
	MN	26	12	2	1	2	1	7	1
	Total	10,729	1,872	3,318	1,884	1,304	1,430	845	76
12a. Total Eligibles Receiving Any Dental Services	CN	17,463	96	1,147	3,473	4,988	4,446	2,683	630
	MN	67	0	0	3	4	10	17	33
	Total	17,530	96	1,147	3,476	4,992	4,456	2,700	663
12b. Total Eligibles Receiving Preventive Dental Services	CN	14,220	8	625	2,973	4,413	3,871	2,057	273
	MN	52	0	0	3	4	9	14	22
	Total	14,272	8	625	2,976	4,417	3,880	2,071	295
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,643	0	72	1,038	2,132	1,843	1,322	236
	MN	31	0	0	0	2	5	7	17
	Total	6,674	0	72	1,038	2,134	1,848	1,329	253
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,387				1,364	1,023		
	MN	3				2	1		
	Total	2,390				1,366	1,024		

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Form CMS-416

Fiscal Year: 2015

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	5,991	89	614	1,022	1,366	1,380	1,106	414
	MN	26	0	0	2	0	3	10	11
	Total	6,017	89	614	1,024	1,366	1,383	1,116	425
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	12,496	8	602	2,676	3,814	3,278	1,811	307
	MN	48	0	0	1	4	8	11	24
	Total	12,544	8	602	2,677	3,818	3,286	1,822	331
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	18,213	100	1,314	3,662	5,121	4,590	2,771	655
	MN	69	0	0	3	4	10	17	35
	Total	18,282	100	1,314	3,665	5,125	4,600	2,788	690
13. Total Eligibles Enrolled in Managed Care	CN	46,693	3,488	6,961	8,763	10,209	9,300	5,948	2,024
	MN	92	18	7	7	9	8	9	34
	Total	46,785	3,506	6,968	8,770	10,218	9,308	5,957	2,058
14. Total Number of Screening Blood Lead Tests	CN	1,736	16	938	782				
	MN	0	0	0	0				
	Total	1,736	16	938	782				

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Form CMS-416

Fiscal Year: 2015

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	1,500,932	78,656	174,080	234,735	314,687	340,704	250,469	107,601
	MN	0	0	0	0	0	0	0	0
	Total	1,500,932	78,656	174,080	234,735	314,687	340,704	250,469	107,601
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,449,378	58,183	169,122	230,011	308,962	334,371	244,856	103,873
	MN	0	0	0	0	0	0	0	0
	Total	1,449,378	58,183	169,122	230,011	308,962	334,371	244,856	103,873
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	180,890	1,576	12,100	18,903	42,242	52,190	42,344	11,535
	MN	0	0	0	0	0	0	0	0
	Total	180,890	1,576	12,100	18,903	42,242	52,190	42,344	11,535
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	16,182,636	446,394	1,870,146	2,616,746	3,532,359	3,824,118	2,767,628	1,125,245
	MN	0	0	0	0	0	0	0	0
	Total	16,182,636	446,394	1,870,146	2,616,746	3,532,359	3,824,118	2,767,628	1,125,245
3b. Average Period of Eligibility	CN	0.93	0.64	0.92	0.95	0.95	0.95	0.94	0.90
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.64	0.92	0.95	0.95	0.95	0.94	0.90
4. Expected Number of Screenings per Eligible	CN		4.48	2.30	0.95	0.95	0.95	0.94	0.90
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.48	2.30	0.95	0.95	0.95	0.94	0.90
5. Expected Number of Screenings	CN	1,802,968	260,660	388,981	218,510	293,514	317,652	230,165	93,486
	MN	0	0	0	0	0	0	0	0
	Total	1,802,968	260,660	388,981	218,510	293,514	317,652	230,165	93,486
6. Total Screens Received	CN	944,424	211,515	250,784	144,428	112,942	128,157	83,025	13,573
	MN	0	0	0	0	0	0	0	0
	Total	944,424	211,515	250,784	144,428	112,942	128,157	83,025	13,573
7. SCREENING RATIO	CN	0.52	0.81	0.64	0.66	0.38	0.40	0.36	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.81	0.64	0.66	0.38	0.40	0.36	0.15

Annual EPSDT Participation Report

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Fiscal Year: 2015

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	1,380,632	58,183	169,122	218,510	293,514	317,652	230,165	93,486
	MN	0	0	0	0	0	0	0	0
	Total	1,380,632	58,183	169,122	218,510	293,514	317,652	230,165	93,486
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	577,722	51,319	116,325	123,145	97,710	109,357	68,593	11,273
	MN	0	0	0	0	0	0	0	0
	Total	577,722	51,319	116,325	123,145	97,710	109,357	68,593	11,273
10. PARTICIPANT RATIO	CN	0.42	0.88	0.69	0.56	0.33	0.34	0.30	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.88	0.69	0.56	0.33	0.34	0.30	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	326,257	48,226	77,131	52,445	45,897	56,268	39,008	7,282
	MN	0	0	0	0	0	0	0	0
	Total	326,257	48,226	77,131	52,445	45,897	56,268	39,008	7,282
12a. Total Eligibles Receiving Any Dental Services	CN	529,616	201	15,387	91,646	149,988	151,763	94,821	25,810
	MN	0	0	0	0	0	0	0	0
	Total	529,616	201	15,387	91,646	149,988	151,763	94,821	25,810
12b. Total Eligibles Receiving Preventive Dental Services	CN	467,208	60	13,010	83,749	139,268	135,734	77,392	17,995
	MN	0	0	0	0	0	0	0	0
	Total	467,208	60	13,010	83,749	139,268	135,734	77,392	17,995
12c. Total Eligibles Receiving Dental Treatment Services	CN	205,589	51	1,279	21,963	57,281	62,526	48,327	14,162
	MN	0	0	0	0	0	0	0	0
	Total	205,589	51	1,279	21,963	57,281	62,526	48,327	14,162
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	71,517				40,125	31,392		
	MN	0				0	0		
	Total	71,517				40,125	31,392		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	500,833	178	15,108	89,896	142,301	142,004	87,461	23,885
	MN	0	0	0	0	0	0	0	0
	Total	500,833	178	15,108	89,896	142,301	142,004	87,461	23,885
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	208,020	4,416	34,692	40,777	42,997	36,776	31,718	16,644
	MN	0	0	0	0	0	0	0	0
	Total	208,020	4,416	34,692	40,777	42,997	36,776	31,718	16,644
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	644,267	4,583	45,408	111,103	166,995	168,025	111,123	37,030
	MN	0	0	0	0	0	0	0	0
	Total	644,267	4,583	45,408	111,103	166,995	168,025	111,123	37,030
13. Total Eligibles Enrolled in Managed Care	CN	1,300,299	53,437	153,188	208,320	279,345	299,529	214,327	92,153
	MN	0	0	0	0	0	0	0	0
	Total	1,300,299	53,437	153,188	208,320	279,345	299,529	214,327	92,153
14. Total Number of Screening Blood Lead Tests	CN	104,188	1,246	68,986	33,956				
	MN	0	0	0	0				
	Total	104,188	1,246	68,986	33,956				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	631,542	37,790	77,106	104,904	139,550	146,794	98,808	26,590
	MN	0	0	0	0	0	0	0	0
	Total	631,542	37,790	77,106	104,904	139,550	146,794	98,808	26,590
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	584,156	27,024	71,914	98,962	132,465	138,938	93,058	21,795
	MN	0	0	0	0	0	0	0	0
	Total	584,156	27,024	71,914	98,962	132,465	138,938	93,058	21,795
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	93,568	1,427	6,481	9,577	24,574	27,924	23,284	301
	MN	0	0	0	0	0	0	0	0
	Total	93,568	1,427	6,481	9,577	24,574	27,924	23,284	301
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	6,338,886	211,189	776,479	1,095,581	1,482,127	1,560,367	1,032,639	180,504
	MN	0	0	0	0	0	0	0	0
	Total	6,338,886	211,189	776,479	1,095,581	1,482,127	1,560,367	1,032,639	180,504
3b. Average Period of Eligibility	CN	0.90	0.65	0.90	0.92	0.93	0.94	0.92	0.69
	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	0.94	0.92	0.69
4. Expected Number of Screenings per Eligible	CN		3.90	1.35	0.92	0.47	0.56	0.46	0.35
	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	0.35
5. Expected Number of Screenings	CN	484,022	105,394	97,084	91,045	62,259	77,805	42,807	7,628
	MN	0	0	0	0	0	0	0	0
	Total	484,022	105,394	97,084	91,045	62,259	77,805	42,807	7,628
6. Total Screens Received	CN	406,703	108,122	121,728	57,098	44,421	50,584	23,043	1,707
	MN	0	0	0	0	0	0	0	0
	Total	406,703	108,122	121,728	57,098	44,421	50,584	23,043	1,707
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.63	0.71	0.65	0.54	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	0.63	0.71	0.65	0.54	0.22

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	380,482	27,024	71,914	91,045	62,259	77,805	42,807	7,628
	MN	0	0	0	0	0	0	0	0
	Total	380,482	27,024	71,914	91,045	62,259	77,805	42,807	7,628
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	228,791	24,895	50,740	48,229	39,631	43,900	19,943	1,453
	MN	0	0	0	0	0	0	0	0
	Total	228,791	24,895	50,740	48,229	39,631	43,900	19,943	1,453
10. PARTICIPANT RATIO	CN	0.60	0.92	0.71	0.53	0.64	0.56	0.47	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.92	0.71	0.53	0.64	0.56	0.47	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	37,887	995	1,947	5,714	9,768	10,289	7,601	1,573
	MN	0	0	0	0	0	0	0	0
	Total	37,887	995	1,947	5,714	9,768	10,289	7,601	1,573
12a. Total Eligibles Receiving Any Dental Services	CN	290,378	196	14,660	51,730	82,757	85,181	49,295	6,559
	MN	0	0	0	0	0	0	0	0
	Total	290,378	196	14,660	51,730	82,757	85,181	49,295	6,559
12b. Total Eligibles Receiving Preventive Dental Services	CN	267,754	95	11,520	47,503	79,168	80,635	43,701	5,132
	MN	0	0	0	0	0	0	0	0
	Total	267,754	95	11,520	47,503	79,168	80,635	43,701	5,132
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,050	42	1,705	17,950	41,995	45,560	30,782	4,016
	MN	0	0	0	0	0	0	0	0
	Total	142,050	42	1,705	17,950	41,995	45,560	30,782	4,016
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,232				15,450	10,782		
	MN	0				0	0		
	Total	26,232				15,450	10,782		

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Form CMS-416

Fiscal Year: 2015

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	280,803	183	13,748	50,702	80,901	82,655	46,502	6,112
	MN	0	0	0	0	0	0	0	0
	Total	280,803	183	13,748	50,702	80,901	82,655	46,502	6,112
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	94	0	26	6	3	28	29	2
	MN	0	0	0	0	0	0	0	0
	Total	94	0	26	6	3	28	29	2
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	290,432	196	14,680	51,736	82,758	85,195	49,307	6,560
	MN	0	0	0	0	0	0	0	0
	Total	290,432	196	14,680	51,736	82,758	85,195	49,307	6,560
13. Total Eligibles Enrolled in Managed Care	CN	504,391	25,633	66,075	87,341	114,151	117,009	76,669	17,513
	MN	0	0	0	0	0	0	0	0
	Total	504,391	25,633	66,075	87,341	114,151	117,009	76,669	17,513
14. Total Number of Screening Blood Lead Tests	CN	8,552	92	6,009	2,451				
	MN	0	0	0	0				
	Total	8,552	92	6,009	2,451				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	487,235	27,275	56,850	75,279	101,755	107,070	78,757	40,249
	MN	0	0	0	0	0	0	0	0
	Total	487,235	27,275	56,850	75,279	101,755	107,070	78,757	40,249
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	452,270	19,939	53,836	70,524	96,015	101,156	73,968	36,832
	MN	0	0	0	0	0	0	0	0
	Total	452,270	19,939	53,836	70,524	96,015	101,156	73,968	36,832
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	4,988,938	155,438	595,442	787,542	1,081,303	1,143,947	829,740	395,526
	MN	0	0	0	0	0	0	0	0
	Total	4,988,938	155,438	595,442	787,542	1,081,303	1,143,947	829,740	395,526
3b. Average Period of Eligibility	CN	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.89
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		3.90	2.30	0.93	0.94	0.94	0.93	0.89
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.30	0.93	0.94	0.94	0.93	0.89
5. Expected Number of Screenings	CN	554,083	77,762	123,823	65,587	90,254	95,087	68,790	32,780
	MN	0	0	0	0	0	0	0	0
	Total	554,083	77,762	123,823	65,587	90,254	95,087	68,790	32,780
6. Total Screens Received	CN	290,654	73,617	87,089	38,304	31,676	35,163	20,609	4,196
	MN	0	0	0	0	0	0	0	0
	Total	290,654	73,617	87,089	38,304	31,676	35,163	20,609	4,196
7. SCREENING RATIO	CN	0.52	0.95	0.70	0.58	0.35	0.37	0.30	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.95	0.70	0.58	0.35	0.37	0.30	0.13

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	426,273	19,939	53,836	65,587	90,254	95,087	68,790	32,780
	MN	0	0	0	0	0	0	0	0
	Total	426,273	19,939	53,836	65,587	90,254	95,087	68,790	32,780
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	176,571	18,315	39,345	34,889	29,460	32,201	18,527	3,834
	MN	0	0	0	0	0	0	0	0
	Total	176,571	18,315	39,345	34,889	29,460	32,201	18,527	3,834
10. PARTICIPANT RATIO	CN	0.41	0.92	0.73	0.53	0.33	0.34	0.27	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.92	0.73	0.53	0.33	0.34	0.27	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	157,664	18,081	38,357	30,569	22,925	28,115	16,259	3,358
	MN	0	0	0	0	0	0	0	0
	Total	157,664	18,081	38,357	30,569	22,925	28,115	16,259	3,358
12a. Total Eligibles Receiving Any Dental Services	CN	182,311	177	10,506	32,647	51,706	48,413	29,687	9,175
	MN	0	0	0	0	0	0	0	0
	Total	182,311	177	10,506	32,647	51,706	48,413	29,687	9,175
12b. Total Eligibles Receiving Preventive Dental Services	CN	160,796	133	8,741	29,708	47,557	44,096	24,385	6,176
	MN	0	0	0	0	0	0	0	0
	Total	160,796	133	8,741	29,708	47,557	44,096	24,385	6,176
12c. Total Eligibles Receiving Dental Treatment Services	CN	70,250	4	733	9,928	23,225	18,420	13,209	4,731
	MN	0	0	0	0	0	0	0	0
	Total	70,250	4	733	9,928	23,225	18,420	13,209	4,731
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,150				13,492	10,658		
	MN	0				0	0		
	Total	24,150				13,492	10,658		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	158,867	148	9,706	29,252	44,787	42,043	25,148	7,783
	MN	0	0	0	0	0	0	0	0
	Total	158,867	148	9,706	29,252	44,787	42,043	25,148	7,783
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	16,586	162	3,915	5,276	4,425	2,277	492	39
	MN	0	0	0	0	0	0	0	0
	Total	16,586	162	3,915	5,276	4,425	2,277	492	39
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	190,942	333	13,471	34,776	53,640	49,545	29,986	9,191
	MN	0	0	0	0	0	0	0	0
	Total	190,942	333	13,471	34,776	53,640	49,545	29,986	9,191
13. Total Eligibles Enrolled in Managed Care	CN	420,687	19,642	51,620	66,825	89,529	93,147	67,050	32,874
	MN	0	0	0	0	0	0	0	0
	Total	420,687	19,642	51,620	66,825	89,529	93,147	67,050	32,874
14. Total Number of Screening Blood Lead Tests	CN	8,258	176	5,282	2,800				
	MN	0	0	0	0				
	Total	8,258	176	5,282	2,800				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	1,301,978	71,085	147,434	207,286	270,052	294,607	214,717	96,797
	MN	16,874	82	303	483	1,200	2,029	3,748	9,029
	Total	1,318,852	71,167	147,737	207,769	271,252	296,636	218,465	105,826
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,212,639	53,259	138,262	195,775	255,298	278,907	201,844	89,294
	MN	13,869	56	266	442	1,064	1,795	3,288	6,958
	Total	1,226,508	53,315	138,528	196,217	256,362	280,702	205,132	96,252
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	11,426,167	415,344	1,340,156	1,865,474	2,427,170	2,647,447	1,903,882	826,694
	MN	121,766	482	2,462	4,028	9,852	16,293	30,018	58,631
	Total	11,547,933	415,826	1,342,618	1,869,502	2,437,022	2,663,740	1,933,900	885,325
3b. Average Period of Eligibility	CN	0.79	0.65	0.81	0.79	0.79	0.79	0.79	0.77
	MN	0.73	0.72	0.77	0.76	0.77	0.76	0.76	0.70
	Total	0.78	0.65	0.81	0.79	0.79	0.79	0.79	0.77
4. Expected Number of Screenings per Eligible	CN		3.90	2.03	0.79	0.79	0.79	0.79	0.77
	MN		4.32	1.93	0.76	0.77	0.76	0.76	0.70
	Total		3.90	2.03	0.79	0.79	0.79	0.79	0.77
5. Expected Number of Screenings	CN	1,293,279	207,710	280,672	154,662	201,685	220,337	159,457	68,756
	MN	10,644	242	513	336	819	1,364	2,499	4,871
	Total	1,303,923	207,952	281,185	154,998	202,504	221,701	161,956	73,627
6. Total Screens Received	CN	1,080,612	265,790	292,362	138,568	128,390	138,829	92,440	24,233
	MN	4,882	195	442	297	501	795	1,258	1,394
	Total	1,085,494	265,985	292,804	138,865	128,891	139,624	93,698	25,627
7. SCREENING RATIO	CN	0.84	1.00	1.00	0.90	0.64	0.63	0.58	0.35
	MN	0.46	0.81	0.86	0.88	0.61	0.58	0.50	0.29
	Total	0.83	1.00	1.00	0.90	0.64	0.63	0.58	0.35

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	996,418	53,259	138,262	154,662	201,685	220,337	159,457	68,756
	MN	10,211	56	266	336	819	1,364	2,499	4,871
	Total	1,006,629	53,315	138,528	154,998	202,504	221,701	161,956	73,627
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	655,890	50,060	114,916	124,601	124,952	134,063	85,606	21,692
	MN	4,206	50	188	273	486	773	1,168	1,268
	Total	660,096	50,110	115,104	124,874	125,438	134,836	86,774	22,960
10. PARTICIPANT RATIO	CN	0.66	0.94	0.83	0.81	0.62	0.61	0.54	0.32
	MN	0.41	0.89	0.71	0.81	0.59	0.57	0.47	0.26
	Total	0.66	0.94	0.83	0.81	0.62	0.61	0.54	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	386,141	46,588	88,525	58,228	60,613	69,400	49,261	13,526
	MN	2,390	49	144	138	251	397	672	739
	Total	388,531	46,637	88,669	58,366	60,864	69,797	49,933	14,265
12a. Total Eligibles Receiving Any Dental Services	CN	567,051	630	27,643	106,021	153,803	155,089	95,489	28,376
	MN	4,715	2	42	215	623	991	1,286	1,556
	Total	571,766	632	27,685	106,236	154,426	156,080	96,775	29,932
12b. Total Eligibles Receiving Preventive Dental Services	CN	517,099	428	25,102	100,068	145,974	143,030	80,454	22,043
	MN	4,043	2	38	205	593	916	1,053	1,236
	Total	521,142	430	25,140	100,273	146,567	143,946	81,507	23,279
12c. Total Eligibles Receiving Dental Treatment Services	CN	252,043	34	2,596	31,252	71,091	76,012	54,227	16,831
	MN	2,419	0	2	64	280	471	735	867
	Total	254,462	34	2,598	31,316	71,371	76,483	54,962	17,698
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	75,158				40,583	34,575		
	MN	338				165	173		
	Total	75,496				40,748	34,748		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	518,449	396	25,618	100,281	144,467	141,464	82,249	23,974
	MN	4,134	2	39	208	590	903	1,079	1,313
	Total	522,583	398	25,657	100,489	145,057	142,367	83,328	25,287
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	26,401	676	14,767	7,598	1,297	1,228	789	46
	MN	43	1	25	10	0	2	5	0
	Total	26,444	677	14,792	7,608	1,297	1,230	794	46
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	582,623	1,291	38,525	109,040	154,103	155,409	95,850	28,405
	MN	4,748	3	65	221	623	992	1,288	1,556
	Total	587,371	1,294	38,590	109,261	154,726	156,401	97,138	29,961
13. Total Eligibles Enrolled in Managed Care	CN	1,197,361	52,704	137,048	193,551	252,047	274,903	198,863	88,245
	MN	13,457	56	260	423	1,020	1,718	3,171	6,809
	Total	1,210,818	52,760	137,308	193,974	253,067	276,621	202,034	95,054
14. Total Number of Screening Blood Lead Tests	CN	105,004	5,402	73,548	26,054				
	MN	159	4	117	38				
	Total	105,163	5,406	73,665	26,092				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	415,366	12,922	34,920	57,842	81,379	103,663	88,318	36,322
	MN	158,322	9,008	21,238	27,246	29,669	30,844	26,951	13,366
	Total	573,688	21,930	56,158	85,088	111,048	134,507	115,269	49,688
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	398,513	10,064	33,244	55,627	78,683	100,569	85,569	34,757
	MN	150,860	7,010	20,334	26,211	28,681	29,923	26,017	12,684
	Total	549,373	17,074	53,578	81,838	107,364	130,492	111,586	47,441
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,965	1,385	5,777	11,137	17,377	24,632	22,775	3,882
	MN	43,746	1,782	6,132	8,372	9,116	9,394	7,525	1,425
	Total	130,711	3,167	11,909	19,509	26,493	34,026	30,300	5,307
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	4,261,011	71,781	348,010	591,565	847,296	1,098,634	936,168	367,557
	MN	1,599,467	50,292	212,344	278,832	311,434	329,628	284,448	132,489
	Total	5,860,478	122,073	560,354	870,397	1,158,730	1,428,262	1,220,616	500,046
3b. Average Period of Eligibility	CN	0.89	0.59	0.87	0.89	0.90	0.91	0.91	0.88
	MN	0.88	0.60	0.87	0.89	0.90	0.92	0.91	0.87
	Total	0.89	0.60	0.87	0.89	0.90	0.91	0.91	0.88
4. Expected Number of Screenings per Eligible	CN		4.13	2.18	0.89	0.90	0.91	0.91	0.88
	MN		4.20	2.18	0.89	0.90	0.92	0.91	0.87
	Total		4.20	2.18	0.89	0.90	0.91	0.91	0.88
5. Expected Number of Screenings	CN	434,331	41,564	72,472	49,508	70,815	91,518	77,868	30,586
	MN	185,150	29,442	44,328	23,328	25,813	27,529	23,675	11,035
	Total	619,481	71,006	116,800	72,836	96,628	119,047	101,543	41,621
6. Total Screens Received	CN	11,227,671	245,948	1,466,770	1,960,309	2,214,209	2,538,677	2,016,529	785,229
	MN	4,838,308	168,867	951,157	986,119	897,676	832,742	706,631	295,116
	Total	16,065,979	414,815	2,417,927	2,946,428	3,111,885	3,371,419	2,723,160	1,080,345
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	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: 2015

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	363,603	10,064	33,244	49,508	70,815	91,518	77,868	30,586
	MN	138,724	7,010	20,334	23,328	25,813	27,529	23,675	11,035
	Total	502,327	17,074	53,578	72,836	96,628	119,047	101,543	41,621
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	296,421	6,956	23,655	44,879	61,802	74,977	60,721	23,431
	MN	118,117	4,969	14,995	21,957	23,952	23,789	19,742	8,713
	Total	414,538	11,925	38,650	66,836	85,754	98,766	80,463	32,144
10. PARTICIPANT RATIO	CN	0.82	0.69	0.71	0.91	0.87	0.82	0.78	0.77
	MN	0.85	0.71	0.74	0.94	0.93	0.86	0.83	0.79
	Total	0.83	0.70	0.72	0.92	0.89	0.83	0.79	0.77
11. Total Eligibles Referred for Corrective Treatment	CN	1,105,409	11	5,173	103,854	294,991	321,651	283,829	95,900
	MN	410,136	0	2,969	50,753	123,497	104,789	92,878	35,250
	Total	1,515,545	11	8,142	154,607	418,488	426,440	376,707	131,150
12a. Total Eligibles Receiving Any Dental Services	CN	199,867	141	7,412	33,173	46,828	54,662	42,494	15,157
	MN	75,881	103	4,348	16,229	18,528	17,452	13,583	5,638
	Total	275,748	244	11,760	49,402	65,356	72,114	56,077	20,795
12b. Total Eligibles Receiving Preventive Dental Services	CN	183,476	62	6,762	31,514	42,865	50,672	38,241	13,360
	MN	70,015	58	3,962	15,424	17,010	16,308	12,291	4,962
	Total	253,491	120	10,724	46,938	59,875	66,980	50,532	18,322
12c. Total Eligibles Receiving Dental Treatment Services	CN	85,691	2	264	7,039	23,900	26,750	20,431	7,305
	MN	30,823	1	169	3,449	9,602	8,391	6,510	2,701
	Total	116,514	3	433	10,488	33,502	35,141	26,941	10,006
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,438				6,974	7,464		
	MN	5,036				2,733	2,303		
	Total	19,474				9,707	9,767		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	192,678	141	7,383	32,578	45,019	52,487	40,587	14,483
	MN	73,359	103	4,321	15,957	17,840	16,795	12,971	5,372
	Total	266,037	244	11,704	48,535	62,859	69,282	53,558	19,855
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	199,867	141	7,412	33,173	46,828	54,662	42,494	15,157
	MN	75,881	103	4,348	16,229	18,528	17,452	13,583	5,638
	Total	275,748	244	11,760	49,402	65,356	72,114	56,077	20,795
13. Total Eligibles Enrolled in Managed Care	CN	398,513	10,064	33,244	55,627	78,683	100,569	85,569	34,757
	MN	150,860	7,010	20,334	26,211	28,681	29,923	26,017	12,684
	Total	549,373	17,074	53,578	81,838	107,364	130,492	111,586	47,441
14. Total Number of Screening Blood Lead Tests	CN	170,277	456	35,561	134,260				
	MN	82,629	263	19,317	63,049				
	Total	252,906	719	54,878	197,309				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	129,784	6,385	14,347	19,162	26,506	30,268	22,908	10,208
	MN	80	0	0	1	1	1	28	49
	Total	129,864	6,385	14,347	19,163	26,507	30,269	22,936	10,257
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	123,534	4,828	13,643	18,511	25,585	29,195	22,087	9,685
	MN	59	0	0	1	0	0	24	34
	Total	123,593	4,828	13,643	18,512	25,585	29,195	22,111	9,719
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,305	0	0	0	5,129	6,466	5,710	0
	MN	0	0	0	0	0	0	0	0
	Total	17,305	0	0	0	5,129	6,466	5,710	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	1,303,624	33,814	141,531	199,524	279,113	320,591	239,543	89,508
	MN	440	0	0	4	0	0	156	280
	Total	1,304,064	33,814	141,531	199,528	279,113	320,591	239,699	89,788
3b. Average Period of Eligibility	CN	0.88	0.58	0.86	0.90	0.91	0.92	0.90	0.77
	MN	0.62	0.00	0.00	0.33	0.00	0.00	0.54	0.69
	Total	0.88	0.58	0.86	0.90	0.91	0.92	0.90	0.77
4. Expected Number of Screenings per Eligible	CN		3.48	1.72	0.90	0.91	0.92	0.90	0.77
	MN		0.00	0.00	0.33	0.00	0.00	0.54	0.69
	Total		3.48	1.72	0.90	0.91	0.92	0.90	0.77
5. Expected Number of Screenings	CN	134,403	16,801	23,466	16,660	23,282	26,859	19,878	7,457
	MN	36	0	0	0	0	0	13	23
	Total	134,439	16,801	23,466	16,660	23,282	26,859	19,891	7,480
6. Total Screens Received	CN	102,858	17,641	25,643	14,146	14,707	16,827	10,904	2,990
	MN	2	0	0	0	0	0	2	0
	Total	102,860	17,641	25,643	14,146	14,707	16,827	10,906	2,990
7. SCREENING RATIO	CN	0.77	1.00	1.00	0.85	0.63	0.63	0.55	0.40
	MN	0.06	0.00	0.00	0.00	0.00	0.00	0.15	0.00
	Total	0.77	1.00	1.00	0.85	0.63	0.63	0.55	0.40

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	112,607	4,828	13,643	16,660	23,282	26,859	19,878	7,457
	MN	36	0	0	0	0	0	13	23
	Total	112,643	4,828	13,643	16,660	23,282	26,859	19,891	7,480
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	69,891	4,225	10,200	12,449	14,197	15,977	10,200	2,643
	MN	2	0	0	0	0	0	2	0
	Total	69,893	4,225	10,200	12,449	14,197	15,977	10,202	2,643
10. PARTICIPANT RATIO	CN	0.62	0.88	0.75	0.75	0.61	0.59	0.51	0.35
	MN	0.06	0.00	0.00	0.00	0.00	0.00	0.15	0.00
	Total	0.62	0.88	0.75	0.75	0.61	0.59	0.51	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	45,333	3,621	8,513	7,523	7,600	9,504	6,672	1,900
	MN	3,623	3,621	0	0	0	0	2	0
	Total	48,956	7,242	8,513	7,523	7,600	9,504	6,674	1,900
12a. Total Eligibles Receiving Any Dental Services	CN	58,071	115	3,260	9,401	15,593	17,281	9,911	2,510
	MN	31	0	0	0	0	0	11	20
	Total	58,102	115	3,260	9,401	15,593	17,281	9,922	2,530
12b. Total Eligibles Receiving Preventive Dental Services	CN	51,770	39	2,888	8,534	14,526	15,603	8,294	1,886
	MN	21	0	0	0	0	0	7	14
	Total	51,791	39	2,888	8,534	14,526	15,603	8,301	1,900
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,644	3	96	2,096	6,767	8,523	4,931	1,228
	MN	26	0	0	0	0	0	8	18
	Total	23,670	3	96	2,096	6,767	8,523	4,939	1,246
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,994				3,711	3,283		
	MN	0				0	0		
	Total	6,994				3,711	3,283		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	55,913	49	3,259	9,330	15,315	16,384	9,213	2,363
	MN	29	0	0	0	0	0	11	18
	Total	55,942	49	3,259	9,330	15,315	16,384	9,224	2,381
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	928	126	631	159	3	4	5	0
	MN	0	0	0	0	0	0	0	0
	Total	928	126	631	159	3	4	5	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	58,082	126	3,260	9,401	15,593	17,281	9,911	2,510
	MN	31	0	0	0	0	0	11	20
	Total	58,113	126	3,260	9,401	15,593	17,281	9,922	2,530
13. Total Eligibles Enrolled in Managed Care	CN	108,410	4,367	12,463	17,039	23,143	25,967	19,405	6,026
	MN	49	0	0	0	0	0	20	29
	Total	108,459	4,367	12,463	17,039	23,143	25,967	19,425	6,055
14. Total Number of Screening Blood Lead Tests	CN	12,016	222	6,168	5,626				
	MN	0	0	0	0				
	Total	12,016	222	6,168	5,626				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	768,039	38,981	91,457	123,837	168,217	174,009	125,141	46,397
	MN	0	0	0	0	0	0	0	0
	Total	768,039	38,981	91,457	123,837	168,217	174,009	125,141	46,397
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	740,331	31,900	88,199	120,462	164,601	170,285	122,330	42,554
	MN	0	0	0	0	0	0	0	0
	Total	740,331	31,900	88,199	120,462	164,601	170,285	122,330	42,554
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	76,022	50	2,758	8,198	19,456	24,036	18,127	3,397
	MN	0	0	0	0	0	0	0	0
	Total	76,022	50	2,758	8,198	19,456	24,036	18,127	3,397
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	8,304,304	241,631	976,688	1,373,491	1,894,537	1,961,988	1,399,238	456,731
	MN	0	0	0	0	0	0	0	0
	Total	8,304,304	241,631	976,688	1,373,491	1,894,537	1,961,988	1,399,238	456,731
3b. Average Period of Eligibility	CN	0.93	0.63	0.92	0.95	0.96	0.96	0.95	0.89
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.63	0.92	0.95	0.96	0.96	0.95	0.89
4. Expected Number of Screenings per Eligible	CN		3.78	1.38	0.95	0.48	0.58	0.48	0.45
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.78	1.38	0.95	0.48	0.58	0.48	0.45
5. Expected Number of Screenings	CN	612,376	120,582	121,715	114,439	79,008	98,765	58,718	19,149
	MN	0	0	0	0	0	0	0	0
	Total	612,376	120,582	121,715	114,439	79,008	98,765	58,718	19,149
6. Total Screens Received	CN	475,247	113,237	145,619	64,100	54,991	61,083	32,492	3,725
	MN	0	0	0	0	0	0	0	0
	Total	475,247	113,237	145,619	64,100	54,991	61,083	32,492	3,725
7. SCREENING RATIO	CN	0.78	0.94	1.00	0.56	0.70	0.62	0.55	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.94	1.00	0.56	0.70	0.62	0.55	0.19

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	490,178	31,900	88,199	114,439	79,008	98,765	58,718	19,149
	MN	0	0	0	0	0	0	0	0
	Total	490,178	31,900	88,199	114,439	79,008	98,765	58,718	19,149
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	294,768	29,050	61,129	59,901	52,864	57,789	30,498	3,537
	MN	0	0	0	0	0	0	0	0
	Total	294,768	29,050	61,129	59,901	52,864	57,789	30,498	3,537
10. PARTICIPANT RATIO	CN	0.60	0.91	0.69	0.52	0.67	0.59	0.52	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.91	0.69	0.52	0.67	0.59	0.52	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	47,962	1,673	6,737	7,909	9,585	9,196	8,851	4,011
	MN	0	0	0	0	0	0	0	0
	Total	47,962	1,673	6,737	7,909	9,585	9,196	8,851	4,011
12a. Total Eligibles Receiving Any Dental Services	CN	361,474	238	19,893	64,998	106,625	100,742	57,374	11,604
	MN	0	0	0	0	0	0	0	0
	Total	361,474	238	19,893	64,998	106,625	100,742	57,374	11,604
12b. Total Eligibles Receiving Preventive Dental Services	CN	343,079	111	18,528	62,065	102,947	97,306	52,665	9,457
	MN	0	0	0	0	0	0	0	0
	Total	343,079	111	18,528	62,065	102,947	97,306	52,665	9,457
12c. Total Eligibles Receiving Dental Treatment Services	CN	145,514	53	1,494	21,211	47,907	40,238	28,431	6,180
	MN	0	0	0	0	0	0	0	0
	Total	145,514	53	1,494	21,211	47,907	40,238	28,431	6,180
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	48,398				26,820	21,578		
	MN	0				0	0		
	Total	48,398				26,820	21,578		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	337,350	234	19,521	62,706	98,164	92,572	53,437	10,716
	MN	0	0	0	0	0	0	0	0
	Total	337,350	234	19,521	62,706	98,164	92,572	53,437	10,716
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,310	45	4,888	2,280	826	148	92	31
	MN	0	0	0	0	0	0	0	0
	Total	8,310	45	4,888	2,280	826	148	92	31
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	364,875	281	23,009	65,223	106,633	100,744	57,377	11,608
	MN	0	0	0	0	0	0	0	0
	Total	364,875	281	23,009	65,223	106,633	100,744	57,377	11,608
13. Total Eligibles Enrolled in Managed Care	CN	661,992	34,733	76,610	107,198	148,231	151,244	105,718	38,258
	MN	0	0	0	0	0	0	0	0
	Total	661,992	34,733	76,610	107,198	148,231	151,244	105,718	38,258
14. Total Number of Screening Blood Lead Tests	CN	7,028	68	5,048	1,912				
	MN	0	0	0	0				
	Total	7,028	68	5,048	1,912				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	94,628	5,973	11,911	16,307	21,080	21,435	13,952	3,970
	MN	0	0	0	0	0	0	0	0
	Total	94,628	5,973	11,911	16,307	21,080	21,435	13,952	3,970
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	88,002	4,713	11,180	15,392	19,986	20,376	13,161	3,194
	MN	0	0	0	0	0	0	0	0
	Total	88,002	4,713	11,180	15,392	19,986	20,376	13,161	3,194
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	13,490	246	960	1,414	4,018	3,977	2,481	394
	MN	0	0	0	0	0	0	0	0
	Total	13,490	246	960	1,414	4,018	3,977	2,481	394
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	917,622	33,745	117,422	164,286	215,700	220,955	139,751	25,763
	MN	0	0	0	0	0	0	0	0
	Total	917,622	33,745	117,422	164,286	215,700	220,955	139,751	25,763
3b. Average Period of Eligibility	CN	0.87	0.60	0.88	0.89	0.90	0.90	0.88	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.60	0.88	0.89	0.90	0.90	0.88	0.67
4. Expected Number of Screenings per Eligible	CN		4.20	1.76	0.89	0.90	0.90	0.88	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.76	0.89	0.90	0.90	0.88	0.67
5. Expected Number of Screenings	CN	103,218	19,795	19,677	13,699	17,987	18,338	11,582	2,140
	MN	0	0	0	0	0	0	0	0
	Total	103,218	19,795	19,677	13,699	17,987	18,338	11,582	2,140
6. Total Screens Received	CN	45,296	13,048	15,540	6,568	3,647	4,069	2,202	222
	MN	0	0	0	0	0	0	0	0
	Total	45,296	13,048	15,540	6,568	3,647	4,069	2,202	222
7. SCREENING RATIO	CN	0.44	0.66	0.79	0.48	0.20	0.22	0.19	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.44	0.66	0.79	0.48	0.20	0.22	0.19	0.10

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	79,639	4,713	11,180	13,699	17,987	18,338	11,582	2,140
	MN	0	0	0	0	0	0	0	0
	Total	79,639	4,713	11,180	13,699	17,987	18,338	11,582	2,140
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	26,306	3,755	6,887	5,987	3,516	3,884	2,066	211
	MN	0	0	0	0	0	0	0	0
	Total	26,306	3,755	6,887	5,987	3,516	3,884	2,066	211
10. PARTICIPANT RATIO	CN	0.33	0.80	0.62	0.44	0.20	0.21	0.18	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.33	0.80	0.62	0.44	0.20	0.21	0.18	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	27,460	4,436	7,075	6,087	3,591	3,953	2,103	215
	MN	0	0	0	0	0	0	0	0
	Total	27,460	4,436	7,075	6,087	3,591	3,953	2,103	215
12a. Total Eligibles Receiving Any Dental Services	CN	33,443	32	2,101	6,668	9,754	9,463	4,769	656
	MN	0	0	0	0	0	0	0	0
	Total	33,443	32	2,101	6,668	9,754	9,463	4,769	656
12b. Total Eligibles Receiving Preventive Dental Services	CN	29,823	22	1,926	6,122	8,870	8,501	3,889	493
	MN	0	0	0	0	0	0	0	0
	Total	29,823	22	1,926	6,122	8,870	8,501	3,889	493
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,107	6	226	1,977	4,025	3,392	2,147	334
	MN	0	0	0	0	0	0	0	0
	Total	12,107	6	226	1,977	4,025	3,392	2,147	334
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,848				2,197	1,651		
	MN	0				0	0		
	Total	3,848				2,197	1,651		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	27,495	26	1,855	5,644	8,213	7,651	3,637	469
	MN	0	0	0	0	0	0	0	0
	Total	27,495	26	1,855	5,644	8,213	7,651	3,637	469
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	272	2	214	52	2	2	0	0
	MN	0	0	0	0	0	0	0	0
	Total	272	2	214	52	2	2	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	33,667	34	2,278	6,709	9,756	9,465	4,769	656
	MN	0	0	0	0	0	0	0	0
	Total	33,667	34	2,278	6,709	9,756	9,465	4,769	656
13. Total Eligibles Enrolled in Managed Care	CN	69,200	4,917	8,957	12,841	16,457	16,235	8,964	829
	MN	0	0	0	0	0	0	0	0
	Total	69,200	4,917	8,957	12,841	16,457	16,235	8,964	829
14. Total Number of Screening Blood Lead Tests	CN	879	2	877	0				
	MN	0	0	0	0				
	Total	879	2	877	0				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	861,107	52,915	104,991	139,570	185,183	188,985	132,309	57,154
	MN	7,396	1	97	463	961	1,658	1,617	2,599
	Total	868,503	52,916	105,088	140,033	186,144	190,643	133,926	59,753
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	831,576	39,054	103,063	136,683	181,555	185,376	129,682	56,163
	MN	7,326	1	95	459	956	1,648	1,607	2,560
	Total	838,902	39,055	103,158	137,142	182,511	187,024	131,289	58,723
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,155	0	88	1,604	3,398	5,402	4,588	2,075
	MN	1,937	0	11	198	311	558	575	284
	Total	19,092	0	99	1,802	3,709	5,960	5,163	2,359
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	9,594,711	291,775	1,209,889	1,601,528	2,133,683	2,178,210	1,521,600	658,026
	MN	87,023	5	1,109	5,429	11,378	19,674	19,217	30,211
	Total	9,681,734	291,780	1,210,998	1,606,957	2,145,061	2,197,884	1,540,817	688,237
3b. Average Period of Eligibility	CN	0.96	0.62	0.98	0.98	0.98	0.98	0.98	0.98
	MN	0.99	0.42	0.97	0.99	0.99	0.99	1.00	0.98
	Total	0.96	0.62	0.98	0.98	0.98	0.98	0.98	0.98
4. Expected Number of Screenings per Eligible	CN		4.34	2.45	0.98	0.98	0.98	0.98	0.98
	MN		2.94	2.43	0.99	0.99	0.99	1.00	0.98
	Total		4.34	2.45	0.98	0.98	0.98	0.98	0.98
5. Expected Number of Screenings	CN	1,097,667	169,494	252,504	133,949	177,924	181,668	127,088	55,040
	MN	7,382	3	231	454	946	1,632	1,607	2,509
	Total	1,105,049	169,497	252,735	134,403	178,870	183,300	128,695	57,549
6. Total Screens Received	CN	780,186	172,227	209,729	109,692	107,376	106,372	57,913	16,877
	MN	3,043	0	109	332	477	876	637	612
	Total	783,229	172,227	209,838	110,024	107,853	107,248	58,550	17,489
7. SCREENING RATIO	CN	0.71	1.00	0.83	0.82	0.60	0.59	0.46	0.31
	MN	0.41	0.00	0.47	0.73	0.50	0.54	0.40	0.24
	Total	0.71	1.00	0.83	0.82	0.60	0.59	0.45	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	817,786	39,054	103,063	133,949	177,924	181,668	127,088	55,040
	MN	7,244	1	95	454	946	1,632	1,607	2,509
	Total	825,030	39,055	103,158	134,403	178,870	183,300	128,695	57,549
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	451,944	35,593	82,809	92,064	89,808	90,405	48,750	12,515
	MN	2,597	0	64	292	427	772	564	478
	Total	454,541	35,593	82,873	92,356	90,235	91,177	49,314	12,993
10. PARTICIPANT RATIO	CN	0.55	0.91	0.80	0.69	0.50	0.50	0.38	0.23
	MN	0.36	0.00	0.67	0.64	0.45	0.47	0.35	0.19
	Total	0.55	0.91	0.80	0.69	0.50	0.50	0.38	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	299,541	33,601	68,538	51,906	52,260	52,702	31,158	9,376
	MN	1,722	0	57	184	264	469	380	368
	Total	301,263	33,601	68,595	52,090	52,524	53,171	31,538	9,744
12a. Total Eligibles Receiving Any Dental Services	CN	412,899	246	20,718	71,900	119,090	115,378	67,613	17,954
	MN	3,816	0	20	239	679	1,091	951	836
	Total	416,715	246	20,738	72,139	119,769	116,469	68,564	18,790
12b. Total Eligibles Receiving Preventive Dental Services	CN	382,207	88	16,485	66,512	113,439	110,509	60,578	14,596
	MN	3,429	0	17	220	646	1,043	836	667
	Total	385,636	88	16,502	66,732	114,085	111,552	61,414	15,263
12c. Total Eligibles Receiving Dental Treatment Services	CN	177,312	11	1,879	22,632	51,927	51,907	38,135	10,821
	MN	1,939	0	3	68	300	488	536	544
	Total	179,251	11	1,882	22,700	52,227	52,395	38,671	11,365
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	59,441				34,500	24,941		
	MN	375				168	207		
	Total	59,816				34,668	25,148		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	401,956	238	20,579	70,743	117,024	112,353	64,080	16,939
	MN	3,660	0	20	233	660	1,056	902	789
	Total	405,616	238	20,599	70,976	117,684	113,409	64,982	17,728
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	27,202	40	1,508	4,114	11,084	8,116	2,034	306
	MN	194	0	1	10	66	63	31	23
	Total	27,396	40	1,509	4,124	11,150	8,179	2,065	329
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	413,189	274	20,926	71,953	119,091	115,378	67,613	17,954
	MN	3,817	0	21	239	679	1,091	951	836
	Total	417,006	274	20,947	72,192	119,770	116,469	68,564	18,790
13. Total Eligibles Enrolled in Managed Care	CN	831,576	39,054	103,063	136,683	181,555	185,376	129,682	56,163
	MN	7,326	1	95	459	956	1,648	1,607	2,560
	Total	838,902	39,055	103,158	137,142	182,511	187,024	131,289	58,723
14. Total Number of Screening Blood Lead Tests	CN	16,353	0	7,177	9,176				
	MN	30	0	10	20				
	Total	16,383	0	7,187	9,196				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	3,930,369	258,413	487,022	642,225	867,869	911,490	584,899	178,451
	MN	2,243	186	147	235	303	373	406	593
	Total	3,932,612	258,599	487,169	642,460	868,172	911,863	585,305	179,044
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	3,562,256	249,460	439,716	594,203	797,728	837,565	525,404	118,180
	MN	1,026	23	38	71	74	89	90	641
	Total	3,563,282	249,483	439,754	594,274	797,802	837,654	525,494	118,821
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	36,001,152	1,592,476	4,627,941	6,285,274	8,310,976	8,765,621	5,398,348	1,020,516
	MN	5,944	110	274	555	531	630	561	3,283
	Total	36,007,096	1,592,586	4,628,215	6,285,829	8,311,507	8,766,251	5,398,909	1,023,799
3b. Average Period of Eligibility	CN	0.84	0.53	0.88	0.88	0.87	0.87	0.86	0.72
	MN	0.48	0.40	0.60	0.65	0.60	0.59	0.52	0.43
	Total	0.84	0.53	0.88	0.88	0.87	0.87	0.86	0.72
4. Expected Number of Screenings per Eligible	CN		3.71	2.20	0.88	0.87	0.87	0.86	0.72
	MN		2.80	1.50	0.65	0.60	0.59	0.52	0.43
	Total		3.71	2.20	0.88	0.87	0.87	0.86	0.72
5. Expected Number of Screenings	CN	4,375,413	925,497	967,375	522,899	694,023	728,682	451,847	85,090
	MN	587	64	57	46	44	53	47	276
	Total	4,376,000	925,561	967,432	522,945	694,067	728,735	451,894	85,366
6. Total Screens Received	CN	3,723,356	915,372	950,135	502,119	515,137	552,573	270,235	17,785
	MN	321	40	42	57	29	46	17	90
	Total	3,723,677	915,412	950,177	502,176	515,166	552,619	270,252	17,875
7. SCREENING RATIO	CN	0.85	0.99	0.98	0.96	0.74	0.76	0.60	0.21
	MN	0.55	0.63	0.74	1.00	0.66	0.87	0.36	0.33
	Total	0.85	0.99	0.98	0.96	0.74	0.76	0.60	0.21

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	3,171,717	249,460	439,716	522,899	694,023	728,682	451,847	85,090
	MN	527	23	38	46	44	53	47	276
	Total	3,172,244	249,483	439,754	522,945	694,067	728,735	451,894	85,366
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,215,269	232,858	373,566	410,541	458,847	485,506	237,951	16,000
	MN	249	17	24	41	26	41	17	83
	Total	2,215,518	232,875	373,590	410,582	458,873	485,547	237,968	16,083
10. PARTICIPANT RATIO	CN	0.70	0.93	0.85	0.79	0.66	0.67	0.53	0.19
	MN	0.47	0.74	0.63	0.89	0.59	0.77	0.36	0.30
	Total	0.70	0.93	0.85	0.79	0.66	0.67	0.53	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	824,185	159,189	201,746	126,650	118,133	135,959	75,539	6,969
	MN	188	14	15	30	21	26	11	71
	Total	824,373	159,203	201,761	126,680	118,154	135,985	75,550	7,040
12a. Total Eligibles Receiving Any Dental Services	CN	2,293,414	38,921	270,764	426,228	595,665	597,614	323,282	40,940
	MN	386	0	15	47	41	55	40	188
	Total	2,293,800	38,921	270,779	426,275	595,706	597,669	323,322	41,128
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,227,730	37,071	267,716	415,062	580,357	584,739	306,928	35,857
	MN	350	0	15	43	41	54	36	161
	Total	2,228,080	37,071	267,731	415,105	580,398	584,793	306,964	36,018
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,055,648	142	13,820	159,570	343,343	327,560	188,022	23,191
	MN	284	0	1	26	27	34	26	170
	Total	1,055,932	142	13,821	159,596	343,370	327,594	188,048	23,361
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	347,518				173,916	173,602		
	MN	44				19	25		
	Total	347,562				173,935	173,627		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	2,268,840	38,886	270,540	423,350	589,015	590,833	316,596	39,620
	MN	381	0	15	47	40	55	40	184
	Total	2,269,221	38,886	270,555	423,397	589,055	590,888	316,636	39,804
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	141,023	19,453	104,017	17,553	0	0	0	0
	MN	13	2	9	2	0	0	0	0
	Total	141,036	19,455	104,026	17,555	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	2,341,492	50,727	303,260	430,004	595,665	597,614	323,282	40,940
	MN	392	2	19	47	41	55	40	188
	Total	2,341,884	50,729	303,279	430,051	595,706	597,669	323,322	41,128
13. Total Eligibles Enrolled in Managed Care	CN	3,310,773	234,080	429,993	569,356	746,203	759,769	470,989	100,383
	MN	295	11	26	50	43	58	54	53
	Total	3,311,068	234,091	430,019	569,406	746,246	759,827	471,043	100,436
14. Total Number of Screening Blood Lead Tests	CN	316,881	5,019	230,114	81,748				
	MN	27	2	10	15				
	Total	316,908	5,021	230,124	81,763				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	264,467	19,471	36,696	45,839	59,209	58,735	36,429	8,088
	MN	44	2	3	3	7	10	6	13
	Total	264,511	19,473	36,699	45,842	59,216	58,745	36,435	8,101
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	235,653	16,151	33,082	41,186	53,720	52,478	32,777	6,259
	MN	33	0	0	2	5	10	6	10
	Total	235,686	16,151	33,082	41,188	53,725	52,488	32,783	6,269
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	2,397,772	157,836	329,674	419,006	554,987	556,116	332,703	47,450
	MN	335	0	0	19	56	98	57	105
	Total	2,398,107	157,836	329,674	419,025	555,043	556,214	332,760	47,555
3b. Average Period of Eligibility	CN	0.85	0.81	0.83	0.85	0.86	0.88	0.85	0.63
	MN	0.85	0.00	0.00	0.79	0.93	0.82	0.79	0.88
	Total	0.85	0.81	0.83	0.85	0.86	0.88	0.85	0.63
4. Expected Number of Screenings per Eligible	CN		4.86	1.66	0.85	0.43	0.88	0.85	0.63
	MN		0.00	0.00	0.79	0.47	0.82	0.79	0.88
	Total		4.86	1.66	0.85	0.43	0.88	0.85	0.63
5. Expected Number of Screenings	CN	269,502	78,494	54,916	35,008	23,100	46,181	27,860	3,943
	MN	26	0	0	2	2	8	5	9
	Total	269,528	78,494	54,916	35,010	23,102	46,189	27,865	3,952
6. Total Screens Received	CN	192,847	61,312	60,010	23,837	17,448	19,753	9,984	503
	MN	7	0	0	0	2	3	1	1
	Total	192,854	61,312	60,010	23,837	17,450	19,756	9,985	504
7. SCREENING RATIO	CN	0.72	0.78	1.00	0.68	0.76	0.43	0.36	0.13
	MN	0.27	0.00	0.00	0.00	1.00	0.38	0.20	0.11
	Total	0.72	0.78	1.00	0.68	0.76	0.43	0.36	0.13

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	185,325	16,151	33,082	35,008	23,100	46,181	27,860	3,943
	MN	26	0	0	2	2	8	5	9
	Total	185,351	16,151	33,082	35,010	23,102	46,189	27,865	3,952
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	104,717	15,003	25,211	21,094	16,141	17,899	8,902	467
	MN	7	0	0	0	2	3	1	1
	Total	104,724	15,003	25,211	21,094	16,143	17,902	8,903	468
10. PARTICIPANT RATIO	CN	0.57	0.93	0.76	0.60	0.70	0.39	0.32	0.12
	MN	0.27	0.00	0.00	0.00	1.00	0.38	0.20	0.11
	Total	0.57	0.93	0.76	0.60	0.70	0.39	0.32	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	23,547	13,430	9,322	333	128	186	144	4
	MN	0	0	0	0	0	0	0	0
	Total	23,547	13,430	9,322	333	128	186	144	4
12a. Total Eligibles Receiving Any Dental Services	CN	119,750	170	8,151	24,077	35,446	32,998	17,026	1,882
	MN	15	0	0	0	5	5	2	3
	Total	119,765	170	8,151	24,077	35,451	33,003	17,028	1,885
12b. Total Eligibles Receiving Preventive Dental Services	CN	117,251	152	8,099	23,746	34,923	32,268	16,275	1,788
	MN	15	0	0	0	5	5	2	3
	Total	117,266	152	8,099	23,746	34,928	32,273	16,277	1,791
12c. Total Eligibles Receiving Dental Treatment Services	CN	58,895	50	1,072	9,893	18,881	17,194	10,556	1,249
	MN	7	0	0	0	3	2	0	2
	Total	58,902	50	1,072	9,893	18,884	17,196	10,556	1,251
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,872				10,411	10,461		
	MN	4				3	1		
	Total	20,876				10,414	10,462		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	116,553	152	8,074	23,640	34,939	31,857	16,132	1,759
	MN	15	0	0	0	5	5	2	3
	Total	116,568	152	8,074	23,640	34,944	31,862	16,134	1,762
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	320	28	173	101	6	11	1	0
	MN	0	0	0	0	0	0	0	0
	Total	320	28	173	101	6	11	1	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	120,040	198	8,294	24,178	35,452	33,009	17,027	1,882
	MN	15	0	0	0	5	5	2	3
	Total	120,055	198	8,294	24,178	35,457	33,014	17,029	1,885
13. Total Eligibles Enrolled in Managed Care	CN	232,249	17,446	31,974	40,414	52,269	51,995	31,652	6,499
	MN	28	0	1	3	3	7	4	10
	Total	232,277	17,446	31,975	40,417	52,272	52,002	31,656	6,509
14. Total Number of Screening Blood Lead Tests	CN	8,860	1,695	5,583	1,582				
	MN	0	0	0	0				
	Total	8,860	1,695	5,583	1,582				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2015
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	78,544	3,457	7,891	11,950	16,166	19,014	14,365	5,701
	MN	1,642	26	112	130	147	196	325	706
	Total	80,186	3,483	8,003	12,080	16,313	19,210	14,690	6,407
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	76,306	2,547	7,722	11,729	15,901	18,697	14,117	5,593
	MN	1,613	22	112	129	146	196	317	691
	Total	77,919	2,569	7,834	11,858	16,047	18,893	14,434	6,284
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	4,651	77	322	675	949	1,341	1,064	223
	MN	0	0	0	0	0	0	0	0
	Total	4,651	77	322	675	949	1,341	1,064	223
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	876,691	18,737	89,315	136,097	185,573	218,820	164,717	63,432
	MN	18,903	172	1,332	1,504	1,739	2,327	3,752	8,077
	Total	895,594	18,909	90,647	137,601	187,312	221,147	168,469	71,509
3b. Average Period of Eligibility	CN	0.96	0.61	0.96	0.97	0.97	0.98	0.97	0.95
	MN	0.98	0.65	0.99	0.97	0.99	0.99	0.99	0.97
	Total	0.96	0.61	0.96	0.97	0.97	0.98	0.97	0.95
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.97	0.97	0.98	0.97	0.95
	MN		4.55	2.48	0.97	0.99	0.99	0.99	0.97
	Total		4.27	2.40	0.97	0.97	0.98	0.97	0.95
5. Expected Number of Screenings	CN	93,539	10,876	18,533	11,377	15,424	18,323	13,693	5,313
	MN	1,826	100	278	125	145	194	314	670
	Total	95,365	10,976	18,811	11,502	15,569	18,517	14,007	5,983
6. Total Screens Received	CN	72,145	12,542	20,129	10,116	10,082	11,299	6,770	1,207
	MN	976	116	316	115	101	98	123	107
	Total	73,121	12,658	20,445	10,231	10,183	11,397	6,893	1,314
7. SCREENING RATIO	CN	0.77	1.00	1.00	0.89	0.65	0.62	0.49	0.23
	MN	0.53	1.00	1.00	0.92	0.70	0.51	0.39	0.16
	Total	0.77	1.00	1.00	0.89	0.65	0.62	0.49	0.22

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	74,399	2,547	7,722	11,377	15,424	18,323	13,693	5,313
	MN	1,582	22	112	125	145	194	314	670
	Total	75,981	2,569	7,834	11,502	15,569	18,517	14,007	5,983
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	39,755	2,383	6,322	7,502	8,057	9,096	5,466	929
	MN	531	21	97	89	76	81	89	78
	Total	40,286	2,404	6,419	7,591	8,133	9,177	5,555	1,007
10. PARTICIPANT RATIO	CN	0.53	0.94	0.82	0.66	0.52	0.50	0.40	0.17
	MN	0.34	0.95	0.87	0.71	0.52	0.42	0.28	0.12
	Total	0.53	0.94	0.82	0.66	0.52	0.50	0.40	0.17
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	43,640	15	1,976	7,091	11,293	12,640	8,456	2,169
	MN	707	0	35	83	108	114	169	198
	Total	44,347	15	2,011	7,174	11,401	12,754	8,625	2,367
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,013	9	1,490	6,590	10,710	11,917	7,559	1,738
	MN	599	0	27	79	101	109	146	137
	Total	40,612	9	1,517	6,669	10,811	12,026	7,705	1,875
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,546	3	270	2,115	4,825	4,937	4,221	1,175
	MN	346	0	4	30	55	50	87	120
	Total	17,892	3	274	2,145	4,880	4,987	4,308	1,295
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,686				2,586	2,100		
	MN	53				32	21		
	Total	4,739				2,618	2,121		

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Fiscal Year: 2015
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	39,479	15	1,826	6,489	10,332	11,416	7,492	1,909
	MN	638	0	34	81	102	106	148	167
	Total	40,117	15	1,860	6,570	10,434	11,522	7,640	2,076
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	788	91	518	91	15	25	31	17
	MN	7	1	5	0	0	0	0	1
	Total	795	92	523	91	15	25	31	18
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	44,109	105	2,311	7,130	11,293	12,640	8,457	2,173
	MN	713	1	40	83	108	114	169	198
	Total	44,822	106	2,351	7,213	11,401	12,754	8,626	2,371
13. Total Eligibles Enrolled in Managed Care	CN	66,024	2,229	6,991	10,513	13,973	15,986	11,835	4,497
	MN	1,389	21	108	126	136	185	267	546
	Total	67,413	2,250	7,099	10,639	14,109	16,171	12,102	5,043
14. Total Number of Screening Blood Lead Tests	CN	5,866	35	4,931	900				
	MN	93	1	75	17				
	Total	5,959	36	5,006	917				

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Fiscal Year: 2015

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	740,726	44,306	87,705	122,339	163,664	168,708	114,687	39,317
	MN	227	52	42	12	29	26	34	32
	Total	740,953	44,358	87,747	122,351	163,693	168,734	114,721	39,349
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	690,605	32,425	83,307	116,047	155,538	160,182	108,500	34,606
	MN	85	14	16	5	9	8	16	17
	Total	690,690	32,439	83,323	116,052	155,547	160,190	108,516	34,623
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,642	0	1	1	28,811	32,617	21,756	3,456
	MN	0	0	0	0	0	0	0	0
	Total	86,642	0	1	1	28,811	32,617	21,756	3,456
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	7,252,260	253,524	873,654	1,240,474	1,678,297	1,734,219	1,165,655	306,437
	MN	682	96	121	43	58	85	149	130
	Total	7,252,942	253,620	873,775	1,240,517	1,678,355	1,734,304	1,165,804	306,567
3b. Average Period of Eligibility	CN	0.88	0.65	0.87	0.89	0.90	0.90	0.90	0.74
	MN	0.67	0.57	0.63	0.72	0.54	0.89	0.78	0.64
	Total	0.88	0.65	0.87	0.89	0.90	0.90	0.90	0.74
4. Expected Number of Screenings per Eligible	CN		4.55	2.18	0.89	0.90	0.90	0.90	0.74
	MN		3.99	1.58	0.72	0.54	0.89	0.78	0.64
	Total		4.55	2.18	0.89	0.90	0.90	0.90	0.74
5. Expected Number of Screenings	CN	839,831	147,534	181,609	103,282	139,984	144,164	97,650	25,608
	MN	120	56	25	4	5	7	12	11
	Total	839,951	147,590	181,634	103,286	139,989	144,171	97,662	25,619
6. Total Screens Received	CN	541,570	108,593	163,982	87,637	65,959	71,735	39,629	4,035
	MN	88	39	36	1	3	6	3	0
	Total	541,658	108,632	164,018	87,638	65,962	71,741	39,632	4,035
7. SCREENING RATIO	CN	0.64	0.74	0.90	0.85	0.47	0.50	0.41	0.16
	MN	0.73	0.70	1.00	0.25	0.60	0.86	0.25	0.00
	Total	0.64	0.74	0.90	0.85	0.47	0.50	0.41	0.16

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Fiscal Year: 2015

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	626,420	32,425	83,307	103,282	139,984	144,164	97,650	25,608
	MN	69	14	16	4	5	7	12	11
	Total	626,489	32,439	83,323	103,286	139,989	144,171	97,662	25,619
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	343,291	26,591	68,210	79,196	62,964	67,234	35,641	3,455
	MN	36	11	14	1	3	4	3	0
	Total	343,327	26,602	68,224	79,197	62,967	67,238	35,644	3,455
10. PARTICIPANT RATIO	CN	0.55	0.82	0.82	0.77	0.45	0.47	0.36	0.13
	MN	0.52	0.79	0.88	0.25	0.60	0.57	0.25	0.00
	Total	0.55	0.82	0.82	0.77	0.45	0.47	0.36	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	213,536	24,957	55,104	41,208	32,571	36,034	21,340	2,322
	MN	28	10	12	0	1	3	2	0
	Total	213,564	24,967	55,116	41,208	32,572	36,037	21,342	2,322
12a. Total Eligibles Receiving Any Dental Services	CN	348,267	266	20,359	65,696	100,249	98,093	56,163	7,441
	MN	17	0	0	2	2	5	6	2
	Total	348,284	266	20,359	65,698	100,251	98,098	56,169	7,443
12b. Total Eligibles Receiving Preventive Dental Services	CN	328,377	188	18,684	62,870	96,895	93,016	50,756	5,968
	MN	16	0	0	2	2	5	6	1
	Total	328,393	188	18,684	62,872	96,897	93,021	50,762	5,969
12c. Total Eligibles Receiving Dental Treatment Services	CN	187,880	55	4,230	26,966	56,319	58,546	36,980	4,784
	MN	10	0	0	0	2	3	3	2
	Total	187,890	55	4,230	26,966	56,321	58,549	36,983	4,786
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,194				26,122	18,072		
	MN	3				1	2		
	Total	44,197				26,123	18,074		

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Fiscal Year: 2015

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	335,600	182	19,180	64,315	97,656	94,051	53,297	6,919
	MN	16	0	0	2	2	5	5	2
	Total	335,616	182	19,180	64,317	97,658	94,056	53,302	6,921
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	20,496	983	9,804	5,073	2,584	1,061	816	175
	MN	4	2	1	0	0	0	0	1
	Total	20,500	985	9,805	5,073	2,584	1,061	816	176
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	358,214	1,228	27,377	66,800	100,668	98,307	56,340	7,494
	MN	21	2	1	2	2	5	6	3
	Total	358,235	1,230	27,378	66,802	100,670	98,312	56,346	7,497
13. Total Eligibles Enrolled in Managed Care	CN	643,913	31,350	81,081	111,605	147,635	149,889	99,655	22,698
	MN	7	0	1	0	0	1	2	3
	Total	643,920	31,350	81,082	111,605	147,635	149,890	99,657	22,701
14. Total Number of Screening Blood Lead Tests	CN	53,203	725	31,645	20,833				
	MN	7	0	7	0				
	Total	53,210	725	31,652	20,833				

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Fiscal Year: 2015

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	898,221	47,067	99,000	143,298	193,182	204,470	147,326	63,878
	MN	32	0	0	1	4	6	17	4
	Total	898,253	47,067	99,000	143,299	193,186	204,476	147,343	63,882
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	859,058	38,304	95,764	138,849	187,526	198,275	142,245	58,095
	MN	13	0	0	0	0	3	5	5
	Total	859,071	38,304	95,764	138,849	187,526	198,278	142,250	58,100
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	9,447,538	293,631	1,067,354	1,559,166	2,119,638	2,243,665	1,588,651	575,433
	MN	80	0	0	0	1	22	36	21
	Total	9,447,618	293,631	1,067,354	1,559,166	2,119,639	2,243,687	1,588,687	575,454
3b. Average Period of Eligibility	CN	0.92	0.64	0.93	0.94	0.94	0.94	0.93	0.83
	MN	0.51	0.00	0.00	0.00	0.00	0.61	0.60	0.35
	Total	0.92	0.64	0.93	0.94	0.94	0.94	0.93	0.83
4. Expected Number of Screenings per Eligible	CN		3.20	1.40	0.94	0.47	0.56	0.47	0.42
	MN		0.00	0.00	0.00	0.00	0.37	0.30	0.18
	Total		3.20	1.40	0.94	0.47	0.56	0.47	0.42
5. Expected Number of Screenings	CN	677,587	122,573	134,070	130,518	88,137	111,034	66,855	24,400
	MN	4	0	0	0	0	1	2	1
	Total	677,591	122,573	134,070	130,518	88,137	111,035	66,857	24,401
6. Total Screens Received	CN	602,882	123,319	178,749	88,864	76,040	84,163	43,468	8,279
	MN	2	0	0	0	0	0	1	1
	Total	602,884	123,319	178,749	88,864	76,040	84,163	43,469	8,280
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.68	0.86	0.76	0.65	0.34
	MN	0.50	0.00	0.00	0.00	0.00	0.00	0.50	1.00
	Total	0.89	1.00	1.00	0.68	0.86	0.76	0.65	0.34

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Fiscal Year: 2015

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	555,012	38,304	95,764	130,518	88,137	111,034	66,855	24,400
	MN	4	0	0	0	0	1	2	1
	Total	555,016	38,304	95,764	130,518	88,137	111,035	66,857	24,401
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	391,858	34,734	76,774	82,328	72,249	79,258	40,069	6,446
	MN	2	0	0	0	0	0	1	1
	Total	391,860	34,734	76,774	82,328	72,249	79,258	40,070	6,447
10. PARTICIPANT RATIO	CN	0.71	0.91	0.80	0.63	0.82	0.71	0.60	0.26
	MN	0.50	0.00	0.00	0.00	0.00	0.00	0.50	1.00
	Total	0.71	0.91	0.80	0.63	0.82	0.71	0.60	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	25,055	5,913	6,572	2,608	3,204	3,753	2,524	481
	MN	1	0	0	0	0	0	1	0
	Total	25,056	5,913	6,572	2,608	3,204	3,753	2,525	481
12a. Total Eligibles Receiving Any Dental Services	CN	503,847	2,886	49,554	94,494	132,729	129,801	76,571	17,812
	MN	4	0	0	0	0	1	2	1
	Total	503,851	2,886	49,554	94,494	132,729	129,802	76,573	17,813
12b. Total Eligibles Receiving Preventive Dental Services	CN	462,311	1,694	45,655	90,679	127,606	120,719	64,071	11,887
	MN	3	0	0	0	0	1	1	1
	Total	462,314	1,694	45,655	90,679	127,606	120,720	64,072	11,888
12c. Total Eligibles Receiving Dental Treatment Services	CN	290,075	1,474	29,856	64,465	73,512	65,077	44,963	10,728
	MN	2	0	0	0	0	1	1	0
	Total	290,077	1,474	29,856	64,465	73,512	65,078	44,964	10,728
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	71,169				39,640	31,529		
	MN	0				0	0		
	Total	71,169				39,640	31,529		

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Fiscal Year: 2015

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	473,674	2,339	46,304	90,032	125,790	122,567	70,592	16,050
	MN	4	0	0	0	0	1	2	1
	Total	473,678	2,339	46,304	90,032	125,790	122,568	70,594	16,051
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	57,258	1,199	12,527	17,825	12,773	7,045	4,619	1,270
	MN	0	0	0	0	0	0	0	0
	Total	57,258	1,199	12,527	17,825	12,773	7,045	4,619	1,270
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	507,573	2,947	49,890	94,997	134,402	130,789	76,677	17,871
	MN	4	0	0	0	0	1	2	1
	Total	507,577	2,947	49,890	94,997	134,402	130,790	76,679	17,872
13. Total Eligibles Enrolled in Managed Care	CN	805,304	42,089	91,986	131,290	174,077	180,548	128,293	57,021
	MN	22	0	0	0	0	4	14	4
	Total	805,326	42,089	91,986	131,290	174,077	180,552	128,307	57,025
14. Total Number of Screening Blood Lead Tests	CN	17,124	229	11,470	5,425				
	MN	0	0	0	0				
	Total	17,124	229	11,470	5,425				

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Form CMS-416

Fiscal Year: 2015

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	248,503	13,526	28,383	39,527	51,945	57,815	43,422	13,885
	MN	84	1	2	2	8	15	8	48
	Total	248,587	13,527	28,385	39,529	51,953	57,830	43,430	13,933
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	226,660	9,042	26,945	36,924	48,545	54,108	40,189	10,907
	MN	41	0	1	0	2	7	3	28
	Total	226,701	9,042	26,946	36,924	48,547	54,115	40,192	10,935
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,497,986	71,701	291,915	411,152	545,418	608,456	451,720	117,624
	MN	287	2	10	3	24	46	18	184
	Total	2,498,273	71,703	291,925	411,155	545,442	608,502	451,738	117,808
3b. Average Period of Eligibility	CN	0.92	0.66	0.90	0.93	0.94	0.94	0.94	0.90
	MN	0.58	0.00	0.83	0.00	1.00	0.55	0.50	0.55
	Total	0.92	0.66	0.90	0.93	0.94	0.94	0.94	0.90
4. Expected Number of Screenings per Eligible	CN		4.62	1.80	0.93	0.47	0.94	0.94	0.90
	MN		0.00	1.66	0.00	0.50	0.55	0.50	0.55
	Total		4.62	1.80	0.93	0.47	0.94	0.94	0.90
5. Expected Number of Screenings	CN	245,886	41,774	48,501	34,339	22,816	50,862	37,778	9,816
	MN	24	0	2	0	1	4	2	15
	Total	245,910	41,774	48,503	34,339	22,817	50,866	37,780	9,831
6. Total Screens Received	CN	255,017	50,100	54,025	46,660	38,781	41,210	23,382	859
	MN	7	0	1	0	0	4	1	1
	Total	255,024	50,100	54,026	46,660	38,781	41,214	23,383	860
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	0.81	0.62	0.09
	MN	0.29	0.00	0.50	0.00	0.00	1.00	0.50	0.07
	Total	1.00	1.00	1.00	1.00	1.00	0.81	0.62	0.09

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Fiscal Year: 2015

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	191,598	9,042	26,945	34,339	22,816	50,862	37,778	9,816
	MN	23	0	1	0	1	4	2	15
	Total	191,621	9,042	26,946	34,339	22,817	50,866	37,780	9,831
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	108,071	8,682	22,517	23,530	19,224	21,134	12,365	619
	MN	5	0	0	0	0	4	0	1
	Total	108,076	8,682	22,517	23,530	19,224	21,138	12,365	620
10. PARTICIPANT RATIO	CN	0.56	0.96	0.84	0.69	0.84	0.42	0.33	0.06
	MN	0.22	0.00	0.00	0.00	0.00	1.00	0.00	0.07
	Total	0.56	0.96	0.84	0.69	0.84	0.42	0.33	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	29,949	1,820	2,301	5,619	6,509	7,871	5,563	266
	MN	1	0	0	0	0	1	0	0
	Total	29,950	1,820	2,301	5,619	6,509	7,872	5,563	266
12a. Total Eligibles Receiving Any Dental Services	CN	114,597	210	5,943	23,126	30,671	32,305	20,523	1,819
	MN	19	0	0	0	2	4	3	10
	Total	114,616	210	5,943	23,126	30,673	32,309	20,526	1,829
12b. Total Eligibles Receiving Preventive Dental Services	CN	101,851	119	4,463	21,279	28,397	29,189	17,208	1,196
	MN	13	0	0	0	2	3	3	5
	Total	101,864	119	4,463	21,279	28,399	29,192	17,211	1,201
12c. Total Eligibles Receiving Dental Treatment Services	CN	113,424	168	5,797	22,938	30,374	31,991	20,345	1,811
	MN	19	0	0	0	2	4	3	10
	Total	113,443	168	5,797	22,938	30,376	31,995	20,348	1,821
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	15,959				7,541	8,418		
	MN	2				1	1		
	Total	15,961				7,542	8,419		

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Fiscal Year: 2015

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	106,713	159	5,662	22,155	28,769	29,859	18,544	1,565
	MN	17	0	0	0	1	4	3	9
	Total	106,730	159	5,662	22,155	28,770	29,863	18,547	1,574
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10	0	4	0	6	0	0	0
	MN	1	0	0	0	0	1	0	0
	Total	11	0	4	0	6	1	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	114,607	210	5,947	23,126	30,677	32,305	20,523	1,819
	MN	20	0	0	0	2	5	3	10
	Total	114,627	210	5,947	23,126	30,679	32,310	20,526	1,829
13. Total Eligibles Enrolled in Managed Care	CN	177,172	11,104	20,502	29,462	37,859	41,245	29,036	7,964
	MN	41	0	1	2	2	12	5	19
	Total	177,213	11,104	20,503	29,464	37,861	41,257	29,041	7,983
14. Total Number of Screening Blood Lead Tests	CN	13,179	814	9,073	3,292				
	MN	0	0	0	0				
	Total	13,179	814	9,073	3,292				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2015

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	599,196	34,530	69,348	98,142	129,592	135,491	95,373	36,720
	MN	94	6	4	3	18	27	18	18
	Total	599,290	34,536	69,352	98,145	129,610	135,518	95,391	36,738
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	560,865	25,210	66,026	93,798	123,634	129,052	90,281	32,864
	MN	49	0	2	1	8	12	13	13
	Total	560,914	25,210	66,028	93,799	123,642	129,064	90,294	32,877
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	85,548	2	14	17	28,135	32,494	21,886	3,000
	MN	0	0	0	0	0	0	0	0
	Total	85,548	2	14	17	28,135	32,494	21,886	3,000
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	5,948,804	195,007	706,729	1,018,659	1,343,314	1,407,989	971,503	305,603
	MN	333	0	6	7	64	80	87	89
	Total	5,949,137	195,007	706,735	1,018,666	1,343,378	1,408,069	971,590	305,692
3b. Average Period of Eligibility	CN	0.88	0.64	0.89	0.91	0.91	0.91	0.90	0.77
	MN	0.57	0.00	0.25	0.58	0.67	0.56	0.56	0.57
	Total	0.88	0.64	0.89	0.91	0.91	0.91	0.90	0.77
4. Expected Number of Screenings per Eligible	CN		3.20	1.78	0.91	0.46	0.55	0.45	0.39
	MN		0.00	0.50	0.58	0.34	0.34	0.28	0.29
	Total		3.20	1.78	0.91	0.46	0.55	0.45	0.39
5. Expected Number of Screenings	CN	464,848	80,672	117,526	85,356	56,872	70,979	40,626	12,817
	MN	17	0	1	1	3	4	4	4
	Total	464,865	80,672	117,527	85,357	56,875	70,983	40,630	12,821
6. Total Screens Received	CN	489,071	112,577	145,869	68,674	59,695	63,037	33,314	5,905
	MN	9	0	7	1	0	1	0	0
	Total	489,080	112,577	145,876	68,675	59,695	63,038	33,314	5,905
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.80	1.00	0.89	0.82	0.46
	MN	0.53	0.00	1.00	1.00	0.00	0.25	0.00	0.00
	Total	1.00	1.00	1.00	0.80	1.00	0.89	0.82	0.46

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Fiscal Year: 2015

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	357,886	25,210	66,026	85,356	56,872	70,979	40,626	12,817
	MN	17	0	1	1	3	4	4	4
	Total	357,903	25,210	66,027	85,357	56,875	70,983	40,630	12,821
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	270,512	23,805	53,413	55,319	51,362	53,389	28,205	5,019
	MN	4	0	2	1	0	1	0	0
	Total	270,516	23,805	53,415	55,320	51,362	53,390	28,205	5,019
10. PARTICIPANT RATIO	CN	0.76	0.94	0.81	0.65	0.90	0.75	0.69	0.39
	MN	0.24	0.00	1.00	1.00	0.00	0.25	0.00	0.00
	Total	0.76	0.94	0.81	0.65	0.90	0.75	0.69	0.39
11. Total Eligibles Referred for Corrective Treatment	CN	193,363	23,196	46,942	34,966	29,941	33,993	20,246	4,079
	MN	4	0	2	1	0	1	0	0
	Total	193,367	23,196	46,944	34,967	29,941	33,994	20,246	4,079
12a. Total Eligibles Receiving Any Dental Services	CN	159,183	61	4,384	27,703	52,132	46,497	23,831	4,575
	MN	7	0	0	0	1	4	2	0
	Total	159,190	61	4,384	27,703	52,133	46,501	23,833	4,575
12b. Total Eligibles Receiving Preventive Dental Services	CN	145,122	20	3,605	26,023	49,535	43,077	19,782	3,080
	MN	6	0	0	0	0	4	2	0
	Total	145,128	20	3,605	26,023	49,535	43,081	19,784	3,080
12c. Total Eligibles Receiving Dental Treatment Services	CN	63,008	17	510	9,122	20,176	17,989	12,526	2,668
	MN	4	0	0	0	1	3	0	0
	Total	63,012	17	510	9,122	20,177	17,992	12,526	2,668
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	32,627				18,320	14,307		
	MN	0				0	0		
	Total	32,627				18,320	14,307		

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Fiscal Year: 2015

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	148,229	56	4,139	26,668	49,042	43,040	21,209	4,075
	MN	4	0	0	0	0	2	2	0
	Total	148,233	56	4,139	26,668	49,042	43,042	21,211	4,075
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	77,196	173	7,390	15,958	22,756	19,001	9,875	2,043
	MN	3	0	1	1	0	1	0	0
	Total	77,199	173	7,391	15,959	22,756	19,002	9,875	2,043
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	214,639	232	11,168	38,697	66,990	59,991	31,279	6,282
	MN	10	0	1	1	1	5	2	0
	Total	214,649	232	11,169	38,698	66,991	59,996	31,281	6,282
13. Total Eligibles Enrolled in Managed Care	CN	534,436	31,203	64,593	90,798	116,879	117,549	81,240	32,174
	MN	48	1	4	3	10	15	10	5
	Total	534,484	31,204	64,597	90,801	116,889	117,564	81,250	32,179
14. Total Number of Screening Blood Lead Tests	CN	55,679	1,131	37,035	17,513				
	MN	6	0	5	1				
	Total	55,685	1,131	37,040	17,514				

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Fiscal Year: 2015

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total individuals eligible for EPSDT	CN	60,062	3,477	7,478	10,254	13,417	13,178	9,027	3,231
	MN	0	0	0	0	0	0	0	0
	Total	60,062	3,477	7,478	10,254	13,417	13,178	9,027	3,231
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	56,379	2,826	7,182	9,688	12,727	12,491	8,518	2,947
	MN	0	0	0	0	0	0	0	0
	Total	56,379	2,826	7,182	9,688	12,727	12,491	8,518	2,947
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	567,180	20,478	73,717	99,301	131,245	128,953	87,840	25,646
	MN	0	0	0	0	0	0	0	0
	Total	567,180	20,478	73,717	99,301	131,245	128,953	87,840	25,646
3b. Average Period of Eligibility	CN	0.84	0.60	0.86	0.85	0.86	0.86	0.86	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.60	0.86	0.85	0.86	0.86	0.86	0.73
4. Expected Number of Screenings per Eligible	CN		4.20	1.72	0.85	0.43	0.86	0.86	0.73
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.72	0.85	0.43	0.86	0.86	0.73
5. Expected Number of Screenings	CN	58,148	11,869	12,353	8,235	5,473	10,742	7,325	2,151
	MN	0	0	0	0	0	0	0	0
	Total	58,148	11,869	12,353	8,235	5,473	10,742	7,325	2,151
6. Total Screens Received	CN	34,514	10,930	11,155	4,469	2,650	3,459	1,691	160
	MN	0	0	0	0	0	0	0	0
	Total	34,514	10,930	11,155	4,469	2,650	3,459	1,691	160
7. SCREENING RATIO	CN	0.59	0.92	0.90	0.54	0.48	0.32	0.23	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.92	0.90	0.54	0.48	0.32	0.23	0.07

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Fiscal Year: 2015

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	43,934	2,826	7,182	8,235	5,473	10,742	7,325	2,151
	MN	0	0	0	0	0	0	0	0
	Total	43,934	2,826	7,182	8,235	5,473	10,742	7,325	2,151
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,679	2,642	4,786	3,928	2,493	3,136	1,543	151
	MN	0	0	0	0	0	0	0	0
	Total	18,679	2,642	4,786	3,928	2,493	3,136	1,543	151
10. PARTICIPANT RATIO	CN	0.43	0.93	0.67	0.48	0.46	0.29	0.21	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.93	0.67	0.48	0.46	0.29	0.21	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	365	63	107	63	40	56	36	0
	MN	0	0	0	0	0	0	0	0
	Total	365	63	107	63	40	56	36	0
12a. Total Eligibles Receiving Any Dental Services	CN	24,766	26	1,391	4,714	7,232	6,679	4,014	710
	MN	0	0	0	0	0	0	0	0
	Total	24,766	26	1,391	4,714	7,232	6,679	4,014	710
12b. Total Eligibles Receiving Preventive Dental Services	CN	22,764	15	1,218	4,360	6,838	6,263	3,542	528
	MN	0	0	0	0	0	0	0	0
	Total	22,764	15	1,218	4,360	6,838	6,263	3,542	528
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,249	8	214	1,926	3,924	3,313	2,412	452
	MN	0	0	0	0	0	0	0	0
	Total	12,249	8	214	1,926	3,924	3,313	2,412	452
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,803				2,146	1,657		
	MN	0				0	0		
	Total	3,803				2,146	1,657		

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Fiscal Year: 2015

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	23,605	21	1,369	4,546	6,929	6,354	3,741	645
	MN	0	0	0	0	0	0	0	0
	Total	23,605	21	1,369	4,546	6,929	6,354	3,741	645
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,930	45	611	339	394	387	129	25
	MN	0	0	0	0	0	0	0	0
	Total	1,930	45	611	339	394	387	129	25
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN	26,241	70	1,895	4,914	7,526	6,989	4,117	730
	MN	0	0	0	0	0	0	0	0
	Total	26,241	70	1,895	4,914	7,526	6,989	4,117	730
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14. Total Number of Screening Blood Lead Tests	CN	1,639	8	930	701				
	MN	0	0	0	0				
	Total	1,639	8	930	701				