

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	681,427	39,263	83,368	108,560	140,237	166,379	114,073	29,547
	MN	0	0	0	0	0	0	0	0
	Total	681,427	39,263	83,368	108,560	140,237	166,379	114,073	29,547
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	645,230	36,808	78,578	103,439	133,909	158,917	108,687	24,892
	MN	0	0	0	0	0	0	0	0
	Total	645,230	36,808	78,578	103,439	133,909	158,917	108,687	24,892
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,866,466	365,062	822,103	1,114,485	1,449,235	1,729,166	1,183,436	202,979
	MN	0	0	0	0	0	0	0	0
	Total	6,866,466	365,062	822,103	1,114,485	1,449,235	1,729,166	1,183,436	202,979
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.83	0.87	0.90	0.90	0.91	0.91	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.83	0.87	0.90	0.90	0.91	0.91	0.68
4. Expected Number of Screenings per Eligible	CN		4.15	1.74	0.90	0.90	0.91	0.91	0.68
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.15	1.74	0.90	0.90	0.91	0.91	0.68
5. Expected Number of Screenings	CN	763,538	152,753	136,726	93,095	120,518	144,614	98,905	16,927
	MN	0	0	0	0	0	0	0	0
	Total	763,538	152,753	136,726	93,095	120,518	144,614	98,905	16,927
6. Total Screens Received	CN	453,209	94,043	139,430	58,191	53,126	68,503	37,304	2,612
	MN	0	0	0	0	0	0	0	0
	Total	453,209	94,043	139,430	58,191	53,126	68,503	37,304	2,612
7. SCREENING RATIO	CN	0.59	0.62	1.00	0.63	0.44	0.47	0.38	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.62	1.00	0.63	0.44	0.47	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	589,445	36,808	78,578	93,095	120,518	144,614	98,905	16,927
	MN	0	0	0	0	0	0	0	0
	Total	589,445	36,808	78,578	93,095	120,518	144,614	98,905	16,927
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	306,943	31,443	62,150	55,980	51,899	66,589	36,295	2,578
	MN	0	0	0	0	0	0	0	0
	Total	306,943	31,443	62,150	55,980	51,899	66,589	36,295	2,578
10. PARTICIPANT RATIO	CN	0.52	0.85	0.79	0.60	0.43	0.46	0.37	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.85	0.79	0.60	0.43	0.46	0.37	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	75,925	11,142	12,132	11,686	14,178	16,602	9,668	517
	MN	0	0	0	0	0	0	0	0
	Total	75,925	11,142	12,132	11,686	14,178	16,602	9,668	517
12a. Total Eligibles Receiving Any Dental Services	CN	307,790	201	17,125	55,788	81,731	91,266	54,405	7,274
	MN	0	0	0	0	0	0	0	0
	Total	307,790	201	17,125	55,788	81,731	91,266	54,405	7,274
12b. Total Eligibles Receiving Preventive Dental Services	CN	289,927	76	15,192	52,899	78,140	87,530	49,923	6,167
	MN	0	0	0	0	0	0	0	0
	Total	289,927	76	15,192	52,899	78,140	87,530	49,923	6,167
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,218	10	1,240	16,905	33,245	28,071	20,995	2,752
	MN	0	0	0	0	0	0	0	0
	Total	103,218	10	1,240	16,905	33,245	28,071	20,995	2,752
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,666				17,017	10,649		
	MN	0				0	0		
	Total	27,666				17,017	10,649		

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	299,462	185	16,944	54,655	79,429	88,918	52,494	6,837
	MN	0	0	0	0	0	0	0	0
	Total	299,462	185	16,944	54,655	79,429	88,918	52,494	6,837
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	7,877	901	6,705	271	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	7,877	901	6,705	271	0	0	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	314,630	1,097	22,865	55,992	81,731	91,266	54,405	7,274
	MN	0	0	0	0	0	0	0	0
	Total	314,630	1,097	22,865	55,992	81,731	91,266	54,405	7,274
13. Total Eligibles Enrolled in Managed Care	CN	617,135	29,068	76,348	100,776	130,068	153,696	103,778	23,401
	MN	0	0	0	0	0	0	0	0
	Total	617,135	29,068	76,348	100,776	130,068	153,696	103,778	23,401
14a. Total Number of Screening Blood Lead Tests	CN	43,012	1,408	32,124	9,480				
	MN	0	0	0	0				
	Total	43,012	1,408	32,124	9,480				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	110,807	5,500	12,805	17,973	22,658	25,666	18,237	7,968
	MN	0	0	0	0	0	0	0	0
	Total	110,807	5,500	12,805	17,973	22,658	25,666	18,237	7,968
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	106,384	4,447	12,274	17,422	22,084	25,002	17,677	7,478
	MN	0	0	0	0	0	0	0	0
	Total	106,384	4,447	12,274	17,422	22,084	25,002	17,677	7,478
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	14,509	62	768	1,596	3,678	4,450	3,287	668
	MN	0	0	0	0	0	0	0	0
	Total	14,509	62	768	1,596	3,678	4,450	3,287	668
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	1,184,996	32,229	136,276	198,127	252,534	286,152	200,270	79,408
	MN	0	0	0	0	0	0	0	0
	Total	1,184,996	32,229	136,276	198,127	252,534	286,152	200,270	79,408
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.93	0.60	0.93	0.95	0.95	0.95	0.94	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.60	0.93	0.95	0.95	0.95	0.94	0.88
4. Expected Number of Screenings per Eligible	CN		3.60	2.33	0.95	0.95	0.95	0.94	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	2.33	0.95	0.95	0.95	0.94	0.88
5. Expected Number of Screenings	CN	129,087	16,009	28,598	16,551	20,980	23,752	16,616	6,581
	MN	0	0	0	0	0	0	0	0
	Total	129,087	16,009	28,598	16,551	20,980	23,752	16,616	6,581
6. Total Screens Received	CN	64,104	16,417	17,141	9,612	6,427	8,701	5,291	515
	MN	0	0	0	0	0	0	0	0
	Total	64,104	16,417	17,141	9,612	6,427	8,701	5,291	515
7. SCREENING RATIO	CN	0.50	1.00	0.60	0.58	0.31	0.37	0.32	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	1.00	0.60	0.58	0.31	0.37	0.32	0.08

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	101,201	4,447	12,274	16,551	20,980	23,752	16,616	6,581
	MN	0	0	0	0	0	0	0	0
	Total	101,201	4,447	12,274	16,551	20,980	23,752	16,616	6,581
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	38,635	4,016	7,949	8,115	5,809	7,657	4,622	467
	MN	0	0	0	0	0	0	0	0
	Total	38,635	4,016	7,949	8,115	5,809	7,657	4,622	467
10. PARTICIPANT RATIO	CN	0.38	0.90	0.65	0.49	0.28	0.32	0.28	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.38	0.90	0.65	0.49	0.28	0.32	0.28	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	23,135	3,680	5,466	4,032	2,970	3,925	2,734	328
	MN	0	0	0	0	0	0	0	0
	Total	23,135	3,680	5,466	4,032	2,970	3,925	2,734	328
12a. Total Eligibles Receiving Any Dental Services	CN	51,714	162	3,788	9,099	13,097	14,247	8,949	2,372
	MN	0	0	0	0	0	0	0	0
	Total	51,714	162	3,788	9,099	13,097	14,247	8,949	2,372
12b. Total Eligibles Receiving Preventive Dental Services	CN	46,615	62	3,222	8,375	12,292	13,241	7,691	1,732
	MN	0	0	0	0	0	0	0	0
	Total	46,615	62	3,222	8,375	12,292	13,241	7,691	1,732
12c. Total Eligibles Receiving Dental Treatment Services	CN	26,195	75	508	3,622	6,912	7,642	5,786	1,650
	MN	0	0	0	0	0	0	0	0
	Total	26,195	75	508	3,622	6,912	7,642	5,786	1,650
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,228				4,475	4,753		
	MN	0				0	0		
	Total	9,228				4,475	4,753		

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Fiscal Year: 2018

State: Alaska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	47,064	125	3,403	8,523	12,093	12,831	7,961	2,128
	MN	0	0	0	0	0	0	0	0
	Total	47,064	125	3,403	8,523	12,093	12,831	7,961	2,128
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,164	31	662	382	77	8	4	0
	MN	0	0	0	0	0	0	0	0
	Total	1,164	31	662	382	77	8	4	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	51,714	162	3,788	9,099	13,097	14,247	8,949	2,372
	MN	0	0	0	0	0	0	0	0
	Total	51,714	162	3,788	9,099	13,097	14,247	8,949	2,372
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14a. Total Number of Screening Blood Lead Tests	CN	1,438	3	958	477				
	MN	0	0	0	0				
	Total	1,438	3	958	477				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	987,150	49,710	106,856	151,645	192,072	243,485	166,850	76,532
	MN	0	0	0	0	0	0	0	0
	Total	987,150	49,710	106,856	151,645	192,072	243,485	166,850	76,532
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	932,757	36,458	102,140	144,625	184,380	233,928	159,993	71,233
	MN	0	0	0	0	0	0	0	0
	Total	932,757	36,458	102,140	144,625	184,380	233,928	159,993	71,233
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	9,919,298	273,861	1,087,393	1,559,345	2,003,657	2,551,282	1,725,255	718,505
	MN	0	0	0	0	0	0	0	0
	Total	9,919,298	273,861	1,087,393	1,559,345	2,003,657	2,551,282	1,725,255	718,505
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.63	0.89	0.90	0.91	0.91	0.90	0.84
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.63	0.89	0.90	0.91	0.91	0.90	0.84
4. Expected Number of Screenings per Eligible	CN		4.41	1.78	0.90	0.91	0.91	0.90	0.84
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	1.78	0.90	0.91	0.91	0.90	0.84
5. Expected Number of Screenings	CN	1,057,242	160,780	181,809	130,163	167,786	212,874	143,994	59,836
	MN	0	0	0	0	0	0	0	0
	Total	1,057,242	160,780	181,809	130,163	167,786	212,874	143,994	59,836
6. Total Screens Received	CN	691,598	160,454	177,661	85,716	81,820	112,937	61,603	11,407
	MN	0	0	0	0	0	0	0	0
	Total	691,598	160,454	177,661	85,716	81,820	112,937	61,603	11,407
7. SCREENING RATIO	CN	0.65	1.00	0.98	0.66	0.49	0.53	0.43	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.98	0.66	0.49	0.53	0.43	0.19

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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	853,251	36,458	102,140	130,163	167,786	212,874	143,994	59,836
	MN	0	0	0	0	0	0	0	0
	Total	853,251	36,458	102,140	130,163	167,786	212,874	143,994	59,836
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	433,363	34,611	75,124	77,809	76,167	103,341	55,786	10,525
	MN	0	0	0	0	0	0	0	0
	Total	433,363	34,611	75,124	77,809	76,167	103,341	55,786	10,525
10. PARTICIPANT RATIO	CN	0.51	0.95	0.74	0.60	0.45	0.49	0.39	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.95	0.74	0.60	0.45	0.49	0.39	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	203,526	31,430	49,061	29,137	27,955	37,144	23,282	5,517
	MN	0	0	0	0	0	0	0	0
	Total	203,526	31,430	49,061	29,137	27,955	37,144	23,282	5,517
12a. Total Eligibles Receiving Any Dental Services	CN	456,521	1,652	34,673	79,072	114,925	133,616	74,183	18,400
	MN	0	0	0	0	0	0	0	0
	Total	456,521	1,652	34,673	79,072	114,925	133,616	74,183	18,400
12b. Total Eligibles Receiving Preventive Dental Services	CN	430,575	1,113	31,575	74,796	110,609	128,785	68,664	15,033
	MN	0	0	0	0	0	0	0	0
	Total	430,575	1,113	31,575	74,796	110,609	128,785	68,664	15,033
12c. Total Eligibles Receiving Dental Treatment Services	CN	177,258	68	1,783	24,901	54,047	53,770	33,585	9,104
	MN	0	0	0	0	0	0	0	0
	Total	177,258	68	1,783	24,901	54,047	53,770	33,585	9,104
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,238				29,769	26,469		
	MN	0				0	0		
	Total	56,238				29,769	26,469		

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State: Arizona

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	438,476	1,238	31,353	75,654	111,133	129,833	71,719	17,546
	MN	0	0	0	0	0	0	0	0
	Total	438,476	1,238	31,353	75,654	111,133	129,833	71,719	17,546
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	131	0	34	66	16	8	4	3
	MN	0	0	0	0	0	0	0	0
	Total	131	0	34	66	16	8	4	3
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	456,552	1,652	34,681	79,091	114,927	133,616	74,184	18,401
	MN	0	0	0	0	0	0	0	0
	Total	456,552	1,652	34,681	79,091	114,927	133,616	74,184	18,401
13. Total Eligibles Enrolled in Managed Care	CN	875,358	34,027	96,041	136,535	173,595	220,114	150,440	64,606
	MN	0	0	0	0	0	0	0	0
	Total	875,358	34,027	96,041	136,535	173,595	220,114	150,440	64,606
14a. Total Number of Screening Blood Lead Tests	CN	39,342	511	24,616	14,215				
	MN	0	0	0	0				
	Total	39,342	511	24,616	14,215				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	478,679	25,748	54,084	75,539	95,763	114,409	77,908	35,228
	MN	15	0	0	0	2	3	9	1
	Total	478,694	25,748	54,084	75,539	95,765	114,412	77,917	35,229
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	451,360	18,996	51,704	72,133	91,882	109,843	74,354	32,448
	MN	14	0	0	0	2	2	9	1
	Total	451,374	18,996	51,704	72,133	91,884	109,845	74,363	32,449
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	37,500	2	19	19	12,432	16,079	8,895	54
	MN	0	0	0	0	0	0	0	0
	Total	37,500	2	19	19	12,432	16,079	8,895	54
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	4,901,791	150,262	563,387	794,087	1,020,007	1,223,778	819,845	330,425
	MN	157	0	0	0	22	24	99	12
	Total	4,901,948	150,262	563,387	794,087	1,020,029	1,223,802	819,944	330,437
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.91	0.66	0.91	0.92	0.93	0.93	0.92	0.85
	MN	0.93	0.00	0.00	0.00	0.92	1.00	0.92	1.00
	Total	0.91	0.66	0.91	0.92	0.93	0.93	0.92	0.85
4. Expected Number of Screenings per Eligible	CN		3.30	1.82	0.92	0.47	0.93	0.92	0.85
	MN		0.00	0.00	0.00	0.46	1.00	0.92	1.00
	Total		3.30	1.82	0.92	0.47	0.93	0.92	0.85
5. Expected Number of Screenings	CN	464,476	62,687	94,101	66,362	43,185	102,154	68,406	27,581
	MN	12	0	0	0	1	2	8	1
	Total	464,488	62,687	94,101	66,362	43,186	102,156	68,414	27,582
6. Total Screens Received	CN	326,363	77,674	98,805	46,628	30,936	45,016	25,420	1,884
	MN	4	0	0	0	0	0	4	0
	Total	326,367	77,674	98,805	46,628	30,936	45,016	25,424	1,884
7. SCREENING RATIO	CN	0.70	1.00	1.00	0.70	0.72	0.44	0.37	0.07
	MN	0.33	0.00	0.00	0.00	0.00	0.00	0.50	0.00
	Total	0.70	1.00	1.00	0.70	0.72	0.44	0.37	0.07

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	378,388	18,996	51,704	66,362	43,185	102,154	68,406	27,581
	MN	12	0	0	0	1	2	8	1
	Total	378,400	18,996	51,704	66,362	43,186	102,156	68,414	27,582
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	171,186	17,663	36,713	35,820	24,141	35,745	20,005	1,099
	MN	4	0	0	0	0	0	4	0
	Total	171,190	17,663	36,713	35,820	24,141	35,745	20,009	1,099
10. PARTICIPANT RATIO	CN	0.45	0.93	0.71	0.54	0.56	0.35	0.29	0.04
	MN	0.33	0.00	0.00	0.00	0.00	0.00	0.50	0.00
	Total	0.45	0.93	0.71	0.54	0.56	0.35	0.29	0.04
11. Total Eligibles Referred for Corrective Treatment	CN	132,875	16,628	33,851	25,481	15,635	25,353	15,049	878
	MN	4	0	0	0	0	0	4	0
	Total	132,879	16,628	33,851	25,481	15,635	25,353	15,053	878
12a. Total Eligibles Receiving Any Dental Services	CN	183,221	179	10,071	32,023	47,902	54,890	32,011	6,145
	MN	5	0	0	0	1	2	2	0
	Total	183,226	179	10,071	32,023	47,903	54,892	32,013	6,145
12b. Total Eligibles Receiving Preventive Dental Services	CN	164,110	91	8,619	29,009	43,540	50,187	27,899	4,765
	MN	5	0	0	0	1	2	2	0
	Total	164,115	91	8,619	29,009	43,541	50,189	27,901	4,765
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,872	9	572	9,261	21,214	23,518	16,157	3,141
	MN	3	0	0	0	1	1	1	0
	Total	73,875	9	572	9,261	21,215	23,519	16,158	3,141
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,865				7,632	6,233		
	MN	0				0	0		
	Total	13,865				7,632	6,233		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Arkansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	172,802	163	9,490	30,739	45,217	51,915	29,697	5,581
	MN	5	0	0	0	1	2	2	0
	Total	172,807	163	9,490	30,739	45,218	51,917	29,699	5,581
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,729	77	1,461	397	265	285	212	32
	MN	0	0	0	0	0	0	0	0
	Total	2,729	77	1,461	397	265	285	212	32
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	185,056	256	11,280	32,264	48,000	55,008	32,085	6,163
	MN	5	0	0	0	1	2	2	0
	Total	185,061	256	11,280	32,264	48,001	55,010	32,087	6,163
13. Total Eligibles Enrolled in Managed Care	CN	419,906	18,169	47,882	67,239	87,572	105,572	71,401	22,071
	MN	12	0	0	0	2	2	7	1
	Total	419,918	18,169	47,882	67,239	87,574	105,574	71,408	22,072
14a. Total Number of Screening Blood Lead Tests	CN	17,399	404	12,598	4,397				
	MN	0	0	0	0				
	Total	17,399	404	12,598	4,397				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	6,059,231	265,588	585,158	889,989	1,187,120	1,509,542	1,127,907	493,927
	MN	44,870	839	1,807	5,989	9,325	11,189	8,797	6,924
	Total	6,104,101	266,427	586,965	895,978	1,196,445	1,520,731	1,136,704	500,851
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	5,715,293	197,561	552,696	849,000	1,139,698	1,446,489	1,065,398	464,451
	MN	41,921	581	1,660	5,598	8,774	10,664	8,358	6,286
	Total	5,757,214	198,142	554,356	854,598	1,148,472	1,457,153	1,073,756	470,737
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	1,784,039	4,813	87,798	184,297	420,064	565,125	420,555	101,387
	MN	2,459	6	91	299	476	653	511	423
	Total	1,786,498	4,819	87,889	184,596	420,540	565,778	421,066	101,810
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	52,010,279	1,052,467	5,123,471	7,869,427	10,609,766	13,508,416	9,851,188	3,995,544
	MN	344,658	2,761	12,824	44,169	73,677	92,205	72,812	46,210
	Total	52,354,937	1,055,228	5,136,295	7,913,596	10,683,443	13,600,621	9,924,000	4,041,754
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.76	0.44	0.77	0.77	0.78	0.78	0.77	0.72
	MN	0.69	0.40	0.64	0.66	0.70	0.72	0.73	0.61
	Total	0.76	0.44	0.77	0.77	0.78	0.78	0.77	0.72
4. Expected Number of Screenings per Eligible	CN		3.08	1.93	0.77	0.78	0.78	0.77	0.72
	MN		2.80	1.60	0.66	0.70	0.72	0.73	0.61
	Total		3.08	1.93	0.77	0.78	0.78	0.77	0.72
5. Expected Number of Screenings	CN	5,500,907	608,488	1,066,703	653,730	888,964	1,128,261	820,356	334,405
	MN	31,733	1,627	2,656	3,695	6,142	7,678	6,101	3,834
	Total	5,532,640	610,115	1,069,359	657,425	895,106	1,135,939	826,457	338,239
6. Total Screens Received	CN	4,855,008	594,858	1,248,984	774,734	706,707	891,922	537,882	99,921
	MN	12,229	1,276	2,072	1,908	1,877	2,472	1,921	703
	Total	4,867,237	596,134	1,251,056	776,642	708,584	894,394	539,803	100,624
7. SCREENING RATIO	CN	0.88	0.98	1.00	1.00	0.79	0.79	0.66	0.30
	MN	0.39	0.78	0.78	0.52	0.31	0.32	0.31	0.18
	Total	0.88	0.98	1.00	1.00	0.79	0.79	0.65	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	4,575,973	197,561	552,696	653,730	888,964	1,128,261	820,356	334,405
	MN	29,691	581	1,660	3,695	6,142	7,678	6,101	3,834
	Total	4,605,664	198,142	554,356	657,425	895,106	1,135,939	826,457	338,239
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,659,049	165,734	422,120	513,137	494,600	624,328	370,616	68,514
	MN	7,811	381	795	1,374	1,448	1,913	1,412	488
	Total	2,666,860	166,115	422,915	514,511	496,048	626,241	372,028	69,002
10. PARTICIPANT RATIO	CN	0.58	0.84	0.76	0.78	0.56	0.55	0.45	0.20
	MN	0.26	0.66	0.48	0.37	0.24	0.25	0.23	0.13
	Total	0.58	0.84	0.76	0.78	0.55	0.55	0.45	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	2,526,613	156,012	408,259	484,420	467,105	591,807	353,373	65,637
	MN	7,485	354	759	1,320	1,384	1,845	1,357	466
	Total	2,534,098	156,366	409,018	485,740	468,489	593,652	354,730	66,103
12a. Total Eligibles Receiving Any Dental Services	CN	2,750,355	5,609	148,503	457,670	699,377	807,502	492,624	139,070
	MN	8,719	12	276	1,151	1,988	2,422	1,800	1,070
	Total	2,759,074	5,621	148,779	458,821	701,365	809,924	494,424	140,140
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,545,196	2,887	130,577	431,879	667,239	763,092	437,943	111,579
	MN	7,647	9	244	1,043	1,815	2,205	1,534	797
	Total	2,552,843	2,896	130,821	432,922	669,054	765,297	439,477	112,376
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,297,741	249	20,610	186,512	386,082	381,410	249,484	73,394
	MN	3,973	0	41	450	1,020	1,058	807	597
	Total	1,301,714	249	20,651	186,962	387,102	382,468	250,291	73,991
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	424,228				201,105	223,123		
	MN	989				501	488		
	Total	425,217				201,606	223,611		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: California

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	2,580,040	3,243	136,033	435,323	663,187	765,222	453,079	123,953
	MN	7,747	9	248	1,046	1,791	2,184	1,560	909
	Total	2,587,787	3,252	136,281	436,369	664,978	767,406	454,639	124,862
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	569,766	3,608	74,762	118,664	127,728	137,265	84,318	23,421
	MN	1,440	9	125	259	277	370	248	152
	Total	571,206	3,617	74,887	118,923	128,005	137,635	84,566	23,573
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	2,792,656	7,215	175,533	469,660	700,904	807,593	492,667	139,084
	MN	8,804	15	317	1,185	1,994	2,423	1,800	1,070
	Total	2,801,460	7,230	175,850	470,845	702,898	810,016	494,467	140,154
13. Total Eligibles Enrolled in Managed Care	CN	5,407,765	169,841	505,521	800,836	1,092,885	1,384,824	1,013,623	440,235
	MN	33,090	473	1,359	4,401	6,996	8,254	6,554	5,053
	Total	5,440,855	170,314	506,880	805,237	1,099,881	1,393,078	1,020,177	445,288
14a. Total Number of Screening Blood Lead Tests	CN	320,105	2,133	206,034	111,938				
	MN	616	2	344	270				
	Total	320,721	2,135	206,378	112,208				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	679,066	31,261	69,839	102,833	137,077	168,804	116,290	52,962
	MN	0	0	0	0	0	0	0	0
	Total	679,066	31,261	69,839	102,833	137,077	168,804	116,290	52,962
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	636,536	22,883	66,481	97,759	130,372	160,344	109,824	48,873
	MN	0	0	0	0	0	0	0	0
	Total	636,536	22,883	66,481	97,759	130,372	160,344	109,824	48,873
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	6,715,117	167,597	715,576	1,047,086	1,401,953	1,726,306	1,164,681	491,918
	MN	0	0	0	0	0	0	0	0
	Total	6,715,117	167,597	715,576	1,047,086	1,401,953	1,726,306	1,164,681	491,918
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.88	0.61	0.90	0.89	0.90	0.90	0.88	0.84
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.61	0.90	0.89	0.90	0.90	0.88	0.84
4. Expected Number of Screenings per Eligible	CN		4.27	2.25	0.89	0.90	0.90	0.88	0.84
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.25	0.89	0.90	0.90	0.88	0.84
5. Expected Number of Screenings	CN	733,641	97,710	149,582	87,006	117,335	144,310	96,645	41,053
	MN	0	0	0	0	0	0	0	0
	Total	733,641	97,710	149,582	87,006	117,335	144,310	96,645	41,053
6. Total Screens Received	CN	458,219	113,373	120,837	59,863	53,522	68,800	35,865	5,959
	MN	0	0	0	0	0	0	0	0
	Total	458,219	113,373	120,837	59,863	53,522	68,800	35,865	5,959
7. SCREENING RATIO	CN	0.62	1.00	0.81	0.69	0.46	0.48	0.37	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	1.00	0.81	0.69	0.46	0.48	0.37	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	575,713	22,883	66,481	87,006	117,335	144,310	96,645	41,053
	MN	0	0	0	0	0	0	0	0
	Total	575,713	22,883	66,481	87,006	117,335	144,310	96,645	41,053
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	283,803	22,000	50,871	54,486	51,503	65,599	33,865	5,479
	MN	0	0	0	0	0	0	0	0
	Total	283,803	22,000	50,871	54,486	51,503	65,599	33,865	5,479
10. PARTICIPANT RATIO	CN	0.49	0.96	0.77	0.63	0.44	0.45	0.35	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.96	0.77	0.63	0.44	0.45	0.35	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	182,283	19,753	41,583	30,424	26,946	36,692	22,512	4,373
	MN	0	0	0	0	0	0	0	0
	Total	182,283	19,753	41,583	30,424	26,946	36,692	22,512	4,373
12a. Total Eligibles Receiving Any Dental Services	CN	346,800	1,852	27,112	57,229	85,074	100,777	58,034	16,722
	MN	0	0	0	0	0	0	0	0
	Total	346,800	1,852	27,112	57,229	85,074	100,777	58,034	16,722
12b. Total Eligibles Receiving Preventive Dental Services	CN	320,934	705	24,429	55,115	81,948	94,973	51,264	12,500
	MN	0	0	0	0	0	0	0	0
	Total	320,934	705	24,429	55,115	81,948	94,973	51,264	12,500
12c. Total Eligibles Receiving Dental Treatment Services	CN	161,690	210	2,048	19,279	43,909	53,578	32,567	10,099
	MN	0	0	0	0	0	0	0	0
	Total	161,690	210	2,048	19,279	43,909	53,578	32,567	10,099
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	40,061				21,344	18,717		
	MN	0				0	0		
	Total	40,061				21,344	18,717		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Colorado

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	339,427	1,746	26,973	56,591	83,623	98,610	55,936	15,948
	MN	0	0	0	0	0	0	0	0
	Total	339,427	1,746	26,973	56,591	83,623	98,610	55,936	15,948
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	19,602	373	2,972	5,150	4,893	3,959	1,790	465
	MN	0	0	0	0	0	0	0	0
	Total	19,602	373	2,972	5,150	4,893	3,959	1,790	465
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	347,685	2,037	27,498	57,359	85,122	100,831	58,092	16,746
	MN	0	0	0	0	0	0	0	0
	Total	347,685	2,037	27,498	57,359	85,122	100,831	58,092	16,746
13. Total Eligibles Enrolled in Managed Care	CN	615,610	19,299	64,906	94,834	126,758	156,104	106,497	47,212
	MN	0	0	0	0	0	0	0	0
	Total	615,610	19,299	64,906	94,834	126,758	156,104	106,497	47,212
14a. Total Number of Screening Blood Lead Tests	CN	21,941	221	16,963	4,757				
	MN	0	0	0	0				
	Total	21,941	221	16,963	4,757				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	384,340	17,803	38,489	56,212	75,291	94,008	69,022	33,515
	MN	0	0	0	0	0	0	0	0
	Total	384,340	17,803	38,489	56,212	75,291	94,008	69,022	33,515
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	366,645	13,038	36,920	54,370	72,880	91,161	66,610	31,666
	MN	0	0	0	0	0	0	0	0
	Total	366,645	13,038	36,920	54,370	72,880	91,161	66,610	31,666
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	4,026,253	100,880	394,381	607,795	817,593	1,025,037	744,812	335,755
	MN	0	0	0	0	0	0	0	0
	Total	4,026,253	100,880	394,381	607,795	817,593	1,025,037	744,812	335,755
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.64	0.89	0.93	0.93	0.94	0.93	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.64	0.89	0.93	0.93	0.94	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		3.84	2.23	0.93	0.93	0.94	0.93	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	2.23	0.93	0.93	0.94	0.93	0.88
5. Expected Number of Screenings	CN	426,244	50,066	82,332	50,564	67,778	85,691	61,947	27,866
	MN	0	0	0	0	0	0	0	0
	Total	426,244	50,066	82,332	50,564	67,778	85,691	61,947	27,866
6. Total Screens Received	CN	348,689	63,116	85,120	46,377	45,824	58,763	38,909	10,580
	MN	0	0	0	0	0	0	0	0
	Total	348,689	63,116	85,120	46,377	45,824	58,763	38,909	10,580
7. SCREENING RATIO	CN	0.82	1.00	1.00	0.92	0.68	0.69	0.63	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	1.00	1.00	0.92	0.68	0.69	0.63	0.38

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	343,804	13,038	36,920	50,564	67,778	85,691	61,947	27,866
	MN	0	0	0	0	0	0	0	0
	Total	343,804	13,038	36,920	50,564	67,778	85,691	61,947	27,866
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	234,569	12,484	31,985	41,570	44,740	57,242	36,589	9,959
	MN	0	0	0	0	0	0	0	0
	Total	234,569	12,484	31,985	41,570	44,740	57,242	36,589	9,959
10. PARTICIPANT RATIO	CN	0.68	0.96	0.87	0.82	0.66	0.67	0.59	0.36
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.68	0.96	0.87	0.82	0.66	0.67	0.59	0.36
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	235,479	483	16,870	38,391	55,365	67,170	42,587	14,613
	MN	0	0	0	0	0	0	0	0
	Total	235,479	483	16,870	38,391	55,365	67,170	42,587	14,613
12b. Total Eligibles Receiving Preventive Dental Services	CN	220,761	291	15,987	37,212	53,097	63,307	38,461	12,406
	MN	0	0	0	0	0	0	0	0
	Total	220,761	291	15,987	37,212	53,097	63,307	38,461	12,406
12c. Total Eligibles Receiving Dental Treatment Services	CN	97,469	82	470	8,698	25,097	32,013	22,885	8,224
	MN	0	0	0	0	0	0	0	0
	Total	97,469	82	470	8,698	25,097	32,013	22,885	8,224
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	29,229				14,967	14,262		
	MN	0				0	0		
	Total	29,229				14,967	14,262		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Connecticut

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	221,734	401	15,618	36,474	53,212	63,588	39,138	13,303
	MN	0	0	0	0	0	0	0	0
	Total	221,734	401	15,618	36,474	53,212	63,588	39,138	13,303
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,041	853	7,092	2,078	7	4	4	3
	MN	0	0	0	0	0	0	0	0
	Total	10,041	853	7,092	2,078	7	4	4	3
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	240,774	1,308	20,774	38,951	55,367	67,172	42,588	14,614
	MN	0	0	0	0	0	0	0	0
	Total	240,774	1,308	20,774	38,951	55,367	67,172	42,588	14,614
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14a. Total Number of Screening Blood Lead Tests	CN	0	323	24,328	12,717				
	MN	0	0	0	0				
	Total	37,368	323	24,328	12,717				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	118,740	6,318	13,331	18,462	24,083	28,581	19,060	8,905
	MN	0	0	0	0	0	0	0	0
	Total	118,740	6,318	13,331	18,462	24,083	28,581	19,060	8,905
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	111,441	4,784	12,694	17,522	22,895	27,225	18,077	8,244
	MN	0	0	0	0	0	0	0	0
	Total	111,441	4,784	12,694	17,522	22,895	27,225	18,077	8,244
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	1,311	41	458	696	38	41	32	5
	MN	0	0	0	0	0	0	0	0
	Total	1,311	41	458	696	38	41	32	5
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	1,181,459	34,072	135,495	188,301	248,597	296,478	194,267	84,249
	MN	0	0	0	0	0	0	0	0
	Total	1,181,459	34,072	135,495	188,301	248,597	296,478	194,267	84,249
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.88	0.59	0.89	0.90	0.90	0.91	0.90	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.59	0.89	0.90	0.90	0.91	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		4.13	1.78	0.90	0.90	0.91	0.90	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	1.78	0.90	0.90	0.91	0.90	0.85
5. Expected Number of Screenings	CN	126,780	19,758	22,595	15,770	20,606	24,775	16,269	7,007
	MN	0	0	0	0	0	0	0	0
	Total	126,780	19,758	22,595	15,770	20,606	24,775	16,269	7,007
6. Total Screens Received	CN	96,522	22,000	26,393	12,654	12,319	14,160	7,426	1,570
	MN	0	0	0	0	0	0	0	0
	Total	96,522	22,000	26,393	12,654	12,319	14,160	7,426	1,570
7. SCREENING RATIO	CN	0.76	1.00	1.00	0.80	0.60	0.57	0.46	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.76	1.00	1.00	0.80	0.60	0.57	0.46	0.22

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	101,905	4,784	12,694	15,770	20,606	24,775	16,269	7,007
	MN	0	0	0	0	0	0	0	0
	Total	101,905	4,784	12,694	15,770	20,606	24,775	16,269	7,007
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	54,524	4,451	10,059	10,250	10,497	11,993	5,998	1,276
	MN	0	0	0	0	0	0	0	0
	Total	54,524	4,451	10,059	10,250	10,497	11,993	5,998	1,276
10. PARTICIPANT RATIO	CN	0.54	0.93	0.79	0.65	0.51	0.48	0.37	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.93	0.79	0.65	0.51	0.48	0.37	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	32,887	4,744	8,027	4,809	5,167	6,030	3,333	777
	MN	0	0	0	0	0	0	0	0
	Total	32,887	4,744	8,027	4,809	5,167	6,030	3,333	777
12a. Total Eligibles Receiving Any Dental Services	CN	53,823	12	2,848	9,192	14,232	15,879	9,051	2,609
	MN	0	0	0	0	0	0	0	0
	Total	53,823	12	2,848	9,192	14,232	15,879	9,051	2,609
12b. Total Eligibles Receiving Preventive Dental Services	CN	50,928	5	2,686	8,865	13,648	15,227	8,293	2,204
	MN	0	0	0	0	0	0	0	0
	Total	50,928	5	2,686	8,865	13,648	15,227	8,293	2,204
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,514	1	140	2,504	6,587	7,008	4,736	1,538
	MN	0	0	0	0	0	0	0	0
	Total	22,514	1	140	2,504	6,587	7,008	4,736	1,538
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,132				4,273	5,859		
	MN	0				0	0		
	Total	10,132				4,273	5,859		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Delaware

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	51,548	12	2,783	8,971	13,726	15,224	8,455	2,377
	MN	0	0	0	0	0	0	0	0
	Total	51,548	12	2,783	8,971	13,726	15,224	8,455	2,377
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	807	5	657	134	11	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	807	5	657	134	11	0	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	54,410	17	3,328	9,287	14,239	15,879	9,051	2,609
	MN	0	0	0	0	0	0	0	0
	Total	54,410	17	3,328	9,287	14,239	15,879	9,051	2,609
13. Total Eligibles Enrolled in Managed Care	CN	111,150	4,775	12,647	17,484	22,857	27,186	18,001	8,200
	MN	0	0	0	0	0	0	0	0
	Total	111,150	4,775	12,647	17,484	22,857	27,186	18,001	8,200
14a. Total Number of Screening Blood Lead Tests	CN	5,315	29	3,942	1,344				
	MN	0	0	0	0				
	Total	5,315	29	3,942	1,344				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	97,677	5,076	11,828	16,319	20,932	21,926	14,346	7,250
	MN	0	0	0	0	0	0	0	0
	Total	97,677	5,076	11,828	16,319	20,932	21,926	14,346	7,250
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	94,916	4,164	11,616	15,929	20,537	21,496	14,092	7,082
	MN	0	0	0	0	0	0	0	0
	Total	94,916	4,164	11,616	15,929	20,537	21,496	14,092	7,082
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	16,070	20	674	1,596	4,075	4,663	4,824	218
	MN	0	0	0	0	0	0	0	0
	Total	16,070	20	674	1,596	4,075	4,663	4,824	218
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	1,073,421	30,974	132,316	181,779	237,126	248,388	162,618	80,220
	MN	0	0	0	0	0	0	0	0
	Total	1,073,421	30,974	132,316	181,779	237,126	248,388	162,618	80,220
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.94	0.62	0.95	0.95	0.96	0.96	0.96	0.94
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.62	0.95	0.95	0.96	0.96	0.96	0.94
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	0.95	0.96	0.96	0.96	0.94
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.38	0.95	0.96	0.96	0.96	0.94
5. Expected Number of Screenings	CN	121,388	18,072	27,646	15,133	19,716	20,636	13,528	6,657
	MN	0	0	0	0	0	0	0	0
	Total	121,388	18,072	27,646	15,133	19,716	20,636	13,528	6,657
6. Total Screens Received	CN	91,464	20,004	22,587	12,213	13,001	13,475	7,899	2,285
	MN	0	0	0	0	0	0	0	0
	Total	91,464	20,004	22,587	12,213	13,001	13,475	7,899	2,285
7. SCREENING RATIO	CN	0.75	1.00	0.82	0.81	0.66	0.65	0.58	0.34
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	1.00	0.82	0.81	0.66	0.65	0.58	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	91,450	4,164	11,616	15,133	19,716	20,636	13,528	6,657
	MN	0	0	0	0	0	0	0	0
	Total	91,450	4,164	11,616	15,133	19,716	20,636	13,528	6,657
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	57,528	3,902	9,037	10,394	12,239	12,650	7,238	2,068
	MN	0	0	0	0	0	0	0	0
	Total	57,528	3,902	9,037	10,394	12,239	12,650	7,238	2,068
10. PARTICIPANT RATIO	CN	0.63	0.94	0.78	0.69	0.62	0.61	0.54	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.94	0.78	0.69	0.62	0.61	0.54	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	54,441	3,872	8,906	9,879	11,348	11,685	6,768	1,983
	MN	0	0	0	0	0	0	0	0
	Total	54,441	3,872	8,906	9,879	11,348	11,685	6,768	1,983
12a. Total Eligibles Receiving Any Dental Services	CN	55,395	38	4,134	10,763	14,492	14,712	8,374	2,882
	MN	0	0	0	0	0	0	0	0
	Total	55,395	38	4,134	10,763	14,492	14,712	8,374	2,882
12b. Total Eligibles Receiving Preventive Dental Services	CN	50,640	19	3,295	9,977	13,718	13,903	7,408	2,320
	MN	0	0	0	0	0	0	0	0
	Total	50,640	19	3,295	9,977	13,718	13,903	7,408	2,320
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,408	3	116	2,181	5,815	6,253	4,435	1,605
	MN	0	0	0	0	0	0	0	0
	Total	20,408	3	116	2,181	5,815	6,253	4,435	1,605
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,968				3,728	3,240		
	MN	0				0	0		
	Total	6,968				3,728	3,240		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: District of Columbia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	52,976	36	3,987	10,360	13,865	14,108	7,917	2,703
	MN	0	0	0	0	0	0	0	0
	Total	52,976	36	3,987	10,360	13,865	14,108	7,917	2,703
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	5,147	235	3,795	795	160	80	72	10
	MN	0	0	0	0	0	0	0	0
	Total	5,147	235	3,795	795	160	80	72	10
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	58,021	265	6,236	10,977	14,521	14,735	8,402	2,885
	MN	0	0	0	0	0	0	0	0
	Total	58,021	265	6,236	10,977	14,521	14,735	8,402	2,885
13. Total Eligibles Enrolled in Managed Care	CN	87,662	3,573	10,916	14,970	19,383	20,027	12,686	6,107
	MN	0	0	0	0	0	0	0	0
	Total	87,662	3,573	10,916	14,970	19,383	20,027	12,686	6,107
14a. Total Number of Screening Blood Lead Tests	CN	9,185	382	6,600	2,203				
	MN	0	0	0	0				
	Total	9,185	382	6,600	2,203				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	2,616,857	144,686	303,317	423,638	533,277	637,082	435,163	139,694
	MN	47,441	692	1,947	3,522	6,855	8,542	7,578	18,305
	Total	2,664,298	145,378	305,264	427,160	540,132	645,624	442,741	157,999
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,485,491	116,800	293,427	407,869	513,344	612,668	416,714	124,669
	MN	21,000	200	1,051	1,604	3,256	3,718	3,113	8,058
	Total	2,506,491	117,000	294,478	409,473	516,600	616,386	419,827	132,727
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	131,499	0	0	5	42,323	52,635	35,325	1,211
	MN	1,269	0	0	0	414	501	342	12
	Total	132,768	0	0	5	42,737	53,136	35,667	1,223
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	26,443,775	863,411	3,226,922	4,478,756	5,597,931	6,684,227	4,476,109	1,116,419
	MN	139,778	1,343	7,298	10,728	22,691	25,900	21,662	50,156
	Total	26,583,553	864,754	3,234,220	4,489,484	5,620,622	6,710,127	4,497,771	1,166,575
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.62	0.92	0.92	0.91	0.91	0.90	0.75
	MN	0.55	0.56	0.58	0.56	0.58	0.58	0.58	0.52
	Total	0.88	0.62	0.92	0.91	0.91	0.91	0.89	0.73
4. Expected Number of Screenings per Eligible	CN		4.34	2.30	0.92	0.91	0.91	0.90	0.75
	MN		3.92	1.45	0.56	0.58	0.58	0.58	0.52
	Total		4.34	2.30	0.91	0.91	0.91	0.89	0.73
5. Expected Number of Screenings	CN	3,050,249	506,912	674,882	375,239	467,143	557,528	375,043	93,502
	MN	13,246	784	1,524	898	1,888	2,156	1,806	4,190
	Total	3,063,495	507,696	676,406	376,137	469,031	559,684	376,849	97,692
6. Total Screens Received	CN	2,290,017	491,556	622,746	329,760	288,247	344,544	189,209	23,955
	MN	7,853	556	1,587	868	1,190	1,321	930	1,401
	Total	2,297,870	492,112	624,333	330,628	289,437	345,865	190,139	25,356
7. SCREENING RATIO	CN	0.75	0.97	0.92	0.88	0.62	0.62	0.50	0.26
	MN	0.59	0.71	1.00	0.97	0.63	0.61	0.51	0.33
	Total	0.75	0.97	0.92	0.88	0.62	0.62	0.50	0.26

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	2,278,682	116,800	293,427	375,239	467,143	557,528	375,043	93,502
	MN	12,189	200	1,051	898	1,888	2,156	1,806	4,190
	Total	2,290,871	117,000	294,478	376,137	469,031	559,684	376,849	97,692
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	1,401,187	109,880	242,110	281,575	264,144	313,848	168,841	20,789
	MN	6,211	170	809	786	1,121	1,238	844	1,243
	Total	1,407,398	110,050	242,919	282,361	265,265	315,086	169,685	22,032
10. PARTICIPANT RATIO	CN	0.61	0.94	0.83	0.75	0.57	0.56	0.45	0.22
	MN	0.51	0.85	0.77	0.88	0.59	0.57	0.47	0.30
	Total	0.61	0.94	0.82	0.75	0.57	0.56	0.45	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	1,805,189	110,996	258,525	336,320	370,960	420,090	255,189	53,109
	MN	13,098	183	964	1,338	2,155	2,353	1,828	4,277
	Total	1,818,287	111,179	259,489	337,658	373,115	422,443	257,017	57,386
12a. Total Eligibles Receiving Any Dental Services	CN	1,017,577	2,324	53,074	177,733	280,638	306,611	169,308	27,889
	MN	6,203	2	125	535	1,379	1,383	959	1,820
	Total	1,023,780	2,326	53,199	178,268	282,017	307,994	170,267	29,709
12b. Total Eligibles Receiving Preventive Dental Services	CN	919,170	1,378	48,486	164,649	259,818	280,807	143,449	20,583
	MN	5,091	0	114	487	1,242	1,225	753	1,270
	Total	924,261	1,378	48,600	165,136	261,060	282,032	144,202	21,853
12c. Total Eligibles Receiving Dental Treatment Services	CN	367,936	736	4,996	46,123	114,170	114,489	75,011	12,411
	MN	2,278	2	9	114	486	464	421	782
	Total	370,214	738	5,005	46,237	114,656	114,953	75,432	13,193
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	153,310				79,575	73,735		
	MN	621				345	276		
	Total	153,931				79,920	74,011		

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Form CMS-416

Fiscal Year: 2018

State: Florida

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	904,261	669	40,762	161,633	249,833	276,116	151,142	24,106
	MN	5,288	1	97	484	1,183	1,209	800	1,514
	Total	909,549	670	40,859	162,117	251,016	277,325	151,942	25,620
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	156,318	4,576	93,880	44,847	5,884	4,599	2,352	180
	MN	522	7	336	131	11	16	7	14
	Total	156,840	4,583	94,216	44,978	5,895	4,615	2,359	194
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	1,127,554	6,791	129,286	204,448	282,021	307,420	169,683	27,905
	MN	6,621	9	425	631	1,381	1,389	961	1,825
	Total	1,134,175	6,800	129,711	205,079	283,402	308,809	170,644	29,730
13. Total Eligibles Enrolled in Managed Care	CN	2,445,365	116,352	292,776	404,901	506,080	600,365	405,360	119,531
	MN	20,162	189	1,039	1,572	3,123	3,564	2,957	7,718
	Total	2,465,527	116,541	293,815	406,473	509,203	603,929	408,317	127,249
14a. Total Number of Screening Blood Lead Tests	CN	203,912	2,828	148,644	52,440				
	MN	654	4	511	139				
	Total	204,566	2,832	149,155	52,579				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,453,217	82,828	171,674	231,845	301,633	362,163	238,063	65,011
	MN	216	1	3	2	10	21	16	163
	Total	1,453,433	82,829	171,677	231,847	301,643	362,184	238,079	65,174
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,379,481	61,033	165,160	224,440	291,900	350,540	229,511	56,897
	MN	199	0	3	1	9	16	13	157
	Total	1,379,680	61,033	165,163	224,441	291,909	350,556	229,524	57,054
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	14,758,671	461,916	1,783,043	2,459,950	3,207,017	3,858,189	2,494,520	494,036
	MN	1,882	0	30	9	77	159	122	1,485
	Total	14,760,553	461,916	1,783,073	2,459,959	3,207,094	3,858,348	2,494,642	495,521
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.63	0.90	0.91	0.92	0.92	0.91	0.72
	MN	0.79	0.00	0.83	0.75	0.71	0.83	0.78	0.79
	Total	0.89	0.63	0.90	0.91	0.92	0.92	0.91	0.72
4. Expected Number of Screenings per Eligible	CN		4.41	2.25	0.91	0.92	0.92	0.91	0.72
	MN		0.00	2.08	0.75	0.71	0.83	0.78	0.79
	Total		4.41	2.25	0.91	0.92	0.92	0.91	0.72
5. Expected Number of Screenings	CN	1,685,872	269,156	371,610	204,240	268,548	322,497	208,855	40,966
	MN	160	0	6	1	6	13	10	124
	Total	1,686,032	269,156	371,616	204,241	268,554	322,510	208,865	41,090
6. Total Screens Received	CN	1,122,940	244,470	320,747	159,849	139,169	169,783	84,051	4,871
	MN	20	0	3	0	2	3	1	11
	Total	1,122,960	244,470	320,750	159,849	139,171	169,786	84,052	4,882
7. SCREENING RATIO	CN	0.67	0.91	0.86	0.78	0.52	0.53	0.40	0.12
	MN	0.13	0.00	0.50	0.00	0.33	0.23	0.10	0.09
	Total	0.67	0.91	0.86	0.78	0.52	0.53	0.40	0.12

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Form CMS-416

Fiscal Year: 2018

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	1,271,299	61,033	165,160	204,240	268,548	322,497	208,855	40,966
	MN	157	0	3	1	6	13	10	124
	Total	1,271,456	61,033	165,163	204,241	268,554	322,510	208,865	41,090
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	700,206	57,142	130,446	138,578	131,171	159,710	78,526	4,633
	MN	19	0	2	0	2	3	1	11
	Total	700,225	57,142	130,448	138,578	131,173	159,713	78,527	4,644
10. PARTICIPANT RATIO	CN	0.55	0.94	0.79	0.68	0.49	0.50	0.38	0.11
	MN	0.12	0.00	0.67	0.00	0.33	0.23	0.10	0.09
	Total	0.55	0.94	0.79	0.68	0.49	0.50	0.38	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	30,106	4,331	5,889	5,267	5,486	6,001	2,989	143
	MN	1	0	1	0	0	0	0	0
	Total	30,107	4,331	5,890	5,267	5,486	6,001	2,989	143
12a. Total Eligibles Receiving Any Dental Services	CN	702,268	242	32,087	129,503	195,744	216,788	114,238	13,666
	MN	42	0	1	0	5	4	2	30
	Total	702,310	242	32,088	129,503	195,749	216,792	114,240	13,696
12b. Total Eligibles Receiving Preventive Dental Services	CN	669,591	129	29,017	124,829	189,893	209,649	105,180	10,894
	MN	32	0	1	0	4	3	2	22
	Total	669,623	129	29,018	124,829	189,897	209,652	105,182	10,916
12c. Total Eligibles Receiving Dental Treatment Services	CN	305,453	51	5,751	45,262	96,289	95,201	56,440	6,459
	MN	21	0	0	0	2	2	2	15
	Total	305,474	51	5,751	45,262	96,291	95,203	56,442	6,474
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	99,939				52,133	47,806		
	MN	1				0	1		
	Total	99,940				52,133	47,807		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Georgia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	689,186	221	31,698	127,936	192,395	212,958	111,026	12,952
	MN	42	0	1	0	5	4	2	30
	Total	689,228	221	31,699	127,936	192,400	212,962	111,028	12,982
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	29,240	1,002	17,618	7,128	1,753	1,366	364	9
	MN	0	0	0	0	0	0	0	0
	Total	29,240	1,002	17,618	7,128	1,753	1,366	364	9
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	721,567	1,234	46,184	132,850	196,171	217,123	114,336	13,669
	MN	42	0	1	0	5	4	2	30
	Total	721,609	1,234	46,185	132,850	196,176	217,127	114,338	13,699
13. Total Eligibles Enrolled in Managed Care	CN	1,317,879	60,330	162,505	218,099	279,407	332,086	215,526	49,926
	MN	120	0	2	1	5	11	3	98
	Total	1,317,999	60,330	162,507	218,100	279,412	332,097	215,529	50,024
14a. Total Number of Screening Blood Lead Tests	CN	98,119	1,575	86,280	10,264				
	MN	2	0	2	0				
	Total	98,121	1,575	86,282	10,264				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	180,636	9,282	19,306	28,188	37,019	43,465	30,427	12,949
	MN	0	0	0	0	0	0	0	0
	Total	180,636	9,282	19,306	28,188	37,019	43,465	30,427	12,949
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	162,862	5,948	16,831	25,623	34,324	40,355	28,191	11,590
	MN	0	0	0	0	0	0	0	0
	Total	162,862	5,948	16,831	25,623	34,324	40,355	28,191	11,590
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	22,595	188	1,882	3,341	5,436	6,514	4,909	325
	MN	0	0	0	0	0	0	0	0
	Total	22,595	188	1,882	3,341	5,436	6,514	4,909	325
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	1,754,830	43,247	174,188	280,531	377,806	445,579	311,132	122,347
	MN	0	0	0	0	0	0	0	0
	Total	1,754,830	43,247	174,188	280,531	377,806	445,579	311,132	122,347
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.90	0.61	0.86	0.91	0.92	0.92	0.92	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.61	0.86	0.91	0.92	0.92	0.92	0.88
4. Expected Number of Screenings per Eligible	CN		3.66	1.72	0.91	0.46	0.55	0.46	0.44
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.72	0.91	0.46	0.55	0.46	0.44
5. Expected Number of Screenings	CN	130,088	21,770	28,949	23,317	15,789	22,195	12,968	5,100
	MN	0	0	0	0	0	0	0	0
	Total	130,088	21,770	28,949	23,317	15,789	22,195	12,968	5,100
6. Total Screens Received	CN	132,566	27,224	35,322	19,110	15,638	20,760	12,879	1,633
	MN	0	0	0	0	0	0	0	0
	Total	132,566	27,224	35,322	19,110	15,638	20,760	12,879	1,633
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.82	0.99	0.94	0.99	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	0.82	0.99	0.94	0.99	0.32

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	102,148	5,948	16,831	23,317	15,789	22,195	12,968	5,100
	MN	0	0	0	0	0	0	0	0
	Total	102,148	5,948	16,831	23,317	15,789	22,195	12,968	5,100
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	84,353	5,700	13,961	17,322	14,731	19,339	11,808	1,492
	MN	0	0	0	0	0	0	0	0
	Total	84,353	5,700	13,961	17,322	14,731	19,339	11,808	1,492
10. PARTICIPANT RATIO	CN	0.83	0.96	0.83	0.74	0.93	0.87	0.91	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.96	0.83	0.74	0.93	0.87	0.91	0.29
11. Total Eligibles Referred for Corrective Treatment	CN	41,566	3,932	8,629	6,914	6,148	8,443	6,272	1,228
	MN	0	0	0	0	0	0	0	0
	Total	41,566	3,932	8,629	6,914	6,148	8,443	6,272	1,228
12a. Total Eligibles Receiving Any Dental Services	CN	93,135	180	7,126	17,434	24,030	25,586	15,036	3,743
	MN	0	0	0	0	0	0	0	0
	Total	93,135	180	7,126	17,434	24,030	25,586	15,036	3,743
12b. Total Eligibles Receiving Preventive Dental Services	CN	71,312	44	4,695	13,067	18,782	20,386	11,614	2,724
	MN	0	0	0	0	0	0	0	0
	Total	71,312	44	4,695	13,067	18,782	20,386	11,614	2,724
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,147	118	2,260	8,759	13,405	12,750	8,644	2,211
	MN	0	0	0	0	0	0	0	0
	Total	48,147	118	2,260	8,759	13,405	12,750	8,644	2,211
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,136				4,297	3,586		
	MN	0				0	0		
	Total	8,136				4,297	3,586		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Hawaii

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	73,271	88	5,265	13,392	18,810	20,513	12,153	3,050
	MN	0	0	0	0	0	0	0	0
	Total	73,271	88	5,265	13,392	18,810	20,513	12,153	3,050
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 Receiving Any Dental Or Oral Health Service	CN	93,135	180	7,126	17,434	24,030	25,586	15,036	3,743
	MN	0	0	0	0	0	0	0	0
	Total	93,135	180	7,126	17,434	24,030	25,586	15,036	3,743
13. Total Eligibles Enrolled in Managed Care	CN	162,862	5,948	16,831	25,623	34,324	40,355	28,191	11,590
	MN	0	0	0	0	0	0	0	0
	Total	162,862	5,948	16,831	25,623	34,324	40,355	28,191	11,590
14a. Total Number of Screening Blood Lead Tests	CN	8,618	550	6,574	1,494				
	MN	0	0	0	0				
	Total	8,618	550	6,574	1,494				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	233,873	11,113	26,473	39,174	49,009	58,639	38,772	10,693
	MN	0	0	0	0	0	0	0	0
	Total	233,873	11,113	26,473	39,174	49,009	58,639	38,772	10,693
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	220,308	8,089	25,367	37,500	46,988	56,497	37,398	8,469
	MN	0	0	0	0	0	0	0	0
	Total	220,308	8,089	25,367	37,500	46,988	56,497	37,398	8,469
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	38,254	0	1	32	12,051	15,148	9,500	1,522
	MN	0	0	0	0	0	0	0	0
	Total	38,254	0	1	32	12,051	15,148	9,500	1,522
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	2,216,125	62,632	260,274	383,360	482,983	581,648	380,039	65,189
	MN	0	0	0	0	0	0	0	0
	Total	2,216,125	62,632	260,274	383,360	482,983	581,648	380,039	65,189
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.84	0.65	0.86	0.85	0.86	0.86	0.85	0.64
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.65	0.86	0.85	0.86	0.86	0.85	0.64
4. Expected Number of Screenings per Eligible	CN		3.90	2.15	0.85	0.86	0.86	0.85	0.64
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.15	0.85	0.86	0.86	0.85	0.64
5. Expected Number of Screenings	CN	244,166	31,547	54,539	31,875	40,410	48,587	31,788	5,420
	MN	0	0	0	0	0	0	0	0
	Total	244,166	31,547	54,539	31,875	40,410	48,587	31,788	5,420
6. Total Screens Received	CN	206,051	39,347	54,030	29,342	27,360	32,629	20,211	3,132
	MN	0	0	0	0	0	0	0	0
	Total	206,051	39,347	54,030	29,342	27,360	32,629	20,211	3,132
7. SCREENING RATIO	CN	0.84	1.00	0.99	0.92	0.68	0.67	0.64	0.58
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	1.00	0.99	0.92	0.68	0.67	0.64	0.58

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	191,536	8,089	25,367	31,875	40,410	48,587	31,788	5,420
	MN	0	0	0	0	0	0	0	0
	Total	191,536	8,089	25,367	31,875	40,410	48,587	31,788	5,420
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	112,693	7,851	20,372	21,523	21,119	24,938	14,621	2,269
	MN	0	0	0	0	0	0	0	0
	Total	112,693	7,851	20,372	21,523	21,119	24,938	14,621	2,269
10. PARTICIPANT RATIO	CN	0.59	0.97	0.80	0.68	0.52	0.51	0.46	0.42
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.97	0.80	0.68	0.52	0.51	0.46	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	57,669	7,093	14,605	10,246	8,917	10,284	5,754	770
	MN	0	0	0	0	0	0	0	0
	Total	57,669	7,093	14,605	10,246	8,917	10,284	5,754	770
12a. Total Eligibles Receiving Any Dental Services	CN	111,612	208	7,433	20,470	29,528	33,121	18,260	2,592
	MN	0	0	0	0	0	0	0	0
	Total	111,612	208	7,433	20,470	29,528	33,121	18,260	2,592
12b. Total Eligibles Receiving Preventive Dental Services	CN	103,942	128	6,492	19,221	28,137	31,512	16,401	2,051
	MN	0	0	0	0	0	0	0	0
	Total	103,942	128	6,492	19,221	28,137	31,512	16,401	2,051
12c. Total Eligibles Receiving Dental Treatment Services	CN	45,332	42	498	6,469	13,780	13,987	9,146	1,410
	MN	0	0	0	0	0	0	0	0
	Total	45,332	42	498	6,469	13,780	13,987	9,146	1,410
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,548				237	8,311		
	MN	0				0	0		
	Total	8,548				237	8,311		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Idaho

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	108,084	195	7,319	20,081	28,662	32,057	17,365	2,405
	MN	0	0	0	0	0	0	0	0
	Total	108,084	195	7,319	20,081	28,662	32,057	17,365	2,405
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	173	2	23	95	43	4	5	1
	MN	0	0	0	0	0	0	0	0
	Total	173	2	23	95	43	4	5	1
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	111,612	208	7,433	20,470	29,528	33,121	18,260	2,592
	MN	0	0	0	0	0	0	0	0
	Total	111,612	208	7,433	20,470	29,528	33,121	18,260	2,592
13. Total Eligibles Enrolled in Managed Care	CN	220,302	8,088	25,367	37,499	46,987	56,496	37,396	8,469
	MN	0	0	0	0	0	0	0	0
	Total	220,302	8,088	25,367	37,499	46,987	56,496	37,396	8,469
14a. Total Number of Screening Blood Lead Tests	CN	6,341	26	4,088	1,019				
	MN	0	0	0	0				
	Total	6,341	48	5,008	1,285				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,473,139	76,082	160,552	224,318	293,109	364,350	253,553	101,175
	MN	0	0	0	0	0	0	0	0
	Total	1,473,139	76,082	160,552	224,318	293,109	364,350	253,553	101,175
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,418,760	56,637	155,902	218,868	286,871	357,103	248,038	95,341
	MN	0	0	0	0	0	0	0	0
	Total	1,418,760	56,637	155,902	218,868	286,871	357,103	248,038	95,341
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	87,920	0	9	56	24,949	36,271	25,567	1,068
	MN	0	0	0	0	0	0	0	0
	Total	87,920	0	9	56	24,949	36,271	25,567	1,068
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	15,751,918	419,700	1,749,844	2,481,417	3,267,324	4,075,512	2,805,937	952,185
	MN	0	0	0	0	0	0	0	0
	Total	15,751,918	419,700	1,749,844	2,481,417	3,267,324	4,075,512	2,805,937	952,185
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.93	0.62	0.94	0.94	0.95	0.95	0.94	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.62	0.94	0.94	0.95	0.95	0.94	0.83
4. Expected Number of Screenings per Eligible	CN		3.72	2.35	0.94	0.95	0.95	0.94	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	2.35	0.94	0.95	0.95	0.94	0.83
5. Expected Number of Screenings	CN	1,706,860	210,690	366,370	205,736	272,527	339,248	233,156	79,133
	MN	0	0	0	0	0	0	0	0
	Total	1,706,860	210,690	366,370	205,736	272,527	339,248	233,156	79,133
6. Total Screens Received	CN	1,092,757	215,322	285,073	163,644	116,749	186,066	103,041	22,862
	MN	0	0	0	0	0	0	0	0
	Total	1,092,757	215,322	285,073	163,644	116,749	186,066	103,041	22,862
7. SCREENING RATIO	CN	0.64	1.00	0.78	0.80	0.43	0.55	0.44	0.29
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	0.78	0.80	0.43	0.55	0.44	0.29

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Form CMS-416

Fiscal Year: 2018

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	1,342,339	56,637	155,902	205,736	272,527	339,248	233,156	79,133
	MN	0	0	0	0	0	0	0	0
	Total	1,342,339	56,637	155,902	205,736	272,527	339,248	233,156	79,133
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	688,548	50,694	121,469	134,824	106,281	164,642	90,832	19,806
	MN	0	0	0	0	0	0	0	0
	Total	688,548	50,694	121,469	134,824	106,281	164,642	90,832	19,806
10. PARTICIPANT RATIO	CN	0.51	0.90	0.78	0.66	0.39	0.49	0.39	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.90	0.78	0.66	0.39	0.49	0.39	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	481,161	48,354	104,519	91,345	63,310	98,133	59,191	16,309
	MN	0	0	0	0	0	0	0	0
	Total	481,161	48,354	104,519	91,345	63,310	98,133	59,191	16,309
12a. Total Eligibles Receiving Any Dental Services	CN	654,836	362	29,135	110,591	178,317	203,986	107,993	24,452
	MN	0	0	0	0	0	0	0	0
	Total	654,836	362	29,135	110,591	178,317	203,986	107,993	24,452
12b. Total Eligibles Receiving Preventive Dental Services	CN	607,092	243	27,082	104,778	169,903	191,779	94,192	19,115
	MN	0	0	0	0	0	0	0	0
	Total	607,092	243	27,082	104,778	169,903	191,779	94,192	19,115
12c. Total Eligibles Receiving Dental Treatment Services	CN	232,266	21	1,200	23,265	63,471	78,644	52,911	12,754
	MN	0	0	0	0	0	0	0	0
	Total	232,266	21	1,200	23,265	63,471	78,644	52,911	12,754
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	128,427				63,040	65,387		
	MN	0				0	0		
	Total	128,427				63,040	65,387		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Illinois

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	633,482	359	28,894	109,230	175,441	197,404	99,820	22,334
	MN	0	0	0	0	0	0	0	0
	Total	633,482	359	28,894	109,230	175,441	197,404	99,820	22,334
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	18,315	622	14,344	2,996	141	127	67	18
	MN	0	0	0	0	0	0	0	0
	Total	18,315	622	14,344	2,996	141	127	67	18
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	668,813	973	40,757	112,242	178,353	204,019	108,011	24,458
	MN	0	0	0	0	0	0	0	0
	Total	668,813	973	40,757	112,242	178,353	204,019	108,011	24,458
13. Total Eligibles Enrolled in Managed Care	CN	1,259,243	50,176	147,078	201,057	258,019	313,721	210,602	78,590
	MN	0	0	0	0	0	0	0	0
	Total	1,259,243	50,176	147,078	201,057	258,019	313,721	210,602	78,590
14a. Total Number of Screening Blood Lead Tests	CN	182,510	5,232	96,415	80,863				
	MN	0	0	0	0				
	Total	182,510	5,232	96,415	80,863				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)		HEDIS (Method II)		Combination Methodology (Method III)	X		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	834,097	46,746	95,231	135,057	167,755	199,834	135,237	54,237
	MN	0	0	0	0	0	0	0	0
	Total	834,097	46,746	95,231	135,057	167,755	199,834	135,237	54,237
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	791,240	34,255	92,184	130,539	162,109	193,544	130,266	48,343
	MN	0	0	0	0	0	0	0	0
	Total	791,240	34,255	92,184	130,539	162,109	193,544	130,266	48,343
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	42,971	86	4,243	7,506	10,064	11,901	8,159	1,012
	MN	0	0	0	0	0	0	0	0
	Total	42,971	86	4,243	7,506	10,064	11,901	8,159	1,012
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	8,743,470	270,301	1,043,474	1,468,177	1,827,391	2,191,787	1,458,885	483,455
	MN	0	0	0	0	0	0	0	0
	Total	8,743,470	270,301	1,043,474	1,468,177	1,827,391	2,191,787	1,458,885	483,455
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.66	0.94	0.94	0.94	0.94	0.93	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.66	0.94	0.94	0.94	0.94	0.93	0.83
4. Expected Number of Screenings per Eligible	CN		4.62	2.35	0.94	0.94	0.94	0.93	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.62	2.35	0.94	0.94	0.94	0.93	0.83
5. Expected Number of Screenings	CN	993,182	158,258	216,632	122,707	152,382	181,931	121,147	40,125
	MN	0	0	0	0	0	0	0	0
	Total	993,182	158,258	216,632	122,707	152,382	181,931	121,147	40,125
6. Total Screens Received	CN	710,196	160,270	196,228	95,310	81,260	107,129	60,929	9,070
	MN	0	0	0	0	0	0	0	0
	Total	710,196	160,270	196,228	95,310	81,260	107,129	60,929	9,070
7. SCREENING RATIO	CN	0.72	1.00	0.91	0.78	0.53	0.59	0.50	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	1.00	0.91	0.78	0.53	0.59	0.50	0.23

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	744,731	34,255	92,184	122,707	152,382	181,931	121,147	40,125
	MN	0	0	0	0	0	0	0	0
	Total	744,731	34,255	92,184	122,707	152,382	181,931	121,147	40,125
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	397,391	32,106	72,603	76,086	70,052	89,245	49,785	7,514
	MN	0	0	0	0	0	0	0	0
	Total	397,391	32,106	72,603	76,086	70,052	89,245	49,785	7,514
10. PARTICIPANT RATIO	CN	0.53	0.94	0.79	0.62	0.46	0.49	0.41	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.94	0.79	0.62	0.46	0.49	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	392,949	32,068	72,065	75,063	69,157	88,035	49,133	7,428
	MN	0	0	0	0	0	0	0	0
	Total	392,949	32,068	72,065	75,063	69,157	88,035	49,133	7,428
12a. Total Eligibles Receiving Any Dental Services	CN	361,300	485	18,907	64,135	97,429	106,495	60,960	12,889
	MN	0	0	0	0	0	0	0	0
	Total	361,300	485	18,907	64,135	97,429	106,495	60,960	12,889
12b. Total Eligibles Receiving Preventive Dental Services	CN	336,008	62	16,502	60,022	92,853	101,689	54,803	10,077
	MN	0	0	0	0	0	0	0	0
	Total	336,008	62	16,502	60,022	92,853	101,689	54,803	10,077
12c. Total Eligibles Receiving Dental Treatment Services	CN	141,157	311	1,500	19,198	42,728	41,421	29,506	6,493
	MN	0	0	0	0	0	0	0	0
	Total	141,157	311	1,500	19,198	42,728	41,421	29,506	6,493
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	61,112				26,469	34,643		
	MN	0				0	0		
	Total	61,112				26,469	34,643		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Indiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	350,692	412	18,765	63,006	94,659	103,254	58,360	12,236
	MN	0	0	0	0	0	0	0	0
	Total	350,692	412	18,765	63,006	94,659	103,254	58,360	12,236
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	15,364	38	759	2,687	3,843	4,299	3,079	659
	MN	0	0	0	0	0	0	0	0
	Total	15,364	38	759	2,687	3,843	4,299	3,079	659
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	369,261	514	19,453	65,500	99,310	108,768	62,473	13,243
	MN	0	0	0	0	0	0	0	0
	Total	369,261	514	19,453	65,500	99,310	108,768	62,473	13,243
13. Total Eligibles Enrolled in Managed Care	CN	720,564	33,613	88,254	119,706	146,804	174,495	114,941	42,751
	MN	0	0	0	0	0	0	0	0
	Total	720,564	33,613	88,254	119,706	146,804	174,495	114,941	42,751
14a. Total Number of Screening Blood Lead Tests	CN	45,421	1,312	32,127	11,982				
	MN	0	0	0	0				
	Total	45,421	1,312	32,127	11,982				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	350,523	21,353	42,351	55,296	68,486	82,191	54,974	25,872
	MN	39	2	2	7	8	11	6	3
	Total	350,562	21,355	42,353	55,303	68,494	82,202	54,980	25,875
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	324,647	16,986	39,320	51,844	64,647	77,752	51,425	22,673
	MN	10	0	1	5	3	0	1	0
	Total	324,657	16,986	39,321	51,849	64,650	77,752	51,426	22,673
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	16,798	159	23	8	5,693	6,700	4,128	87
	MN	0	0	0	0	0	0	0	0
	Total	16,798	159	23	8	5,693	6,700	4,128	87
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	3,227,894	122,049	383,731	523,270	664,543	806,972	525,372	201,957
	MN	44	0	10	21	10	0	3	0
	Total	3,227,938	122,049	383,741	523,291	664,553	806,972	525,375	201,957
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.83	0.60	0.81	0.84	0.86	0.86	0.85	0.74
	MN	0.37	0.00	0.83	0.35	0.28	0.00	0.25	0.00
	Total	0.83	0.60	0.81	0.84	0.86	0.86	0.85	0.74
4. Expected Number of Screenings per Eligible	CN		3.60	2.03	0.84	0.86	0.86	0.85	0.74
	MN		0.00	2.08	0.35	0.28	0.00	0.25	0.00
	Total		3.60	2.03	0.84	0.86	0.86	0.85	0.74
5. Expected Number of Screenings	CN	367,471	61,150	79,820	43,549	55,596	66,867	43,711	16,778
	MN	5	0	2	2	1	0	0	0
	Total	367,476	61,150	79,822	43,551	55,597	66,867	43,711	16,778
6. Total Screens Received	CN	291,212	75,787	82,929	37,889	28,579	37,470	22,850	5,708
	MN	1	0	0	0	1	0	0	0
	Total	291,213	75,787	82,929	37,889	28,580	37,470	22,850	5,708
7. SCREENING RATIO	CN	0.79	1.00	1.00	0.87	0.51	0.56	0.52	0.34
	MN	0.20	0.00	0.00	0.00	1.00	0.00	0.00	0.00
	Total	0.79	1.00	1.00	0.87	0.51	0.56	0.52	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	282,807	16,986	39,320	43,549	55,596	66,867	43,711	16,778
	MN	4	0	1	2	1	0	0	0
	Total	282,811	16,986	39,321	43,551	55,597	66,867	43,711	16,778
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	165,902	15,868	31,986	33,653	26,630	34,433	19,537	3,795
	MN	1	0	0	0	1	0	0	0
	Total	165,903	15,868	31,986	33,653	26,631	34,433	19,537	3,795
10. PARTICIPANT RATIO	CN	0.59	0.93	0.81	0.77	0.48	0.51	0.45	0.23
	MN	0.25	0.00	0.00	0.00	1.00	0.00	0.00	0.00
	Total	0.59	0.93	0.81	0.77	0.48	0.51	0.45	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	1,919	1,906	9	0	0	0	3	1
	MN	0	0	0	0	0	0	0	0
	Total	1,919	1,906	9	0	0	0	3	1
12a. Total Eligibles Receiving Any Dental Services	CN	175,119	3,261	16,779	33,555	42,516	47,165	26,276	5,567
	MN	3	0	1	2	0	0	0	0
	Total	175,122	3,261	16,780	33,557	42,516	47,165	26,276	5,567
12b. Total Eligibles Receiving Preventive Dental Services	CN	164,177	2,734	15,528	32,410	40,847	44,779	23,446	4,433
	MN	2	0	0	2	0	0	0	0
	Total	164,179	2,734	15,528	32,412	40,847	44,779	23,446	4,433
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,056	130	2,614	11,008	20,195	21,930	14,215	2,964
	MN	1	0	0	1	0	0	0	0
	Total	73,057	130	2,614	11,009	20,195	21,930	14,215	2,964
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,772				12,227	9,545		
	MN	0				0	0		
	Total	21,772				12,227	9,545		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Iowa

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	151,006	152	10,604	28,443	38,701	43,922	24,262	4,922
	MN	2	0	0	2	0	0	0	0
	Total	151,008	152	10,604	28,445	38,701	43,922	24,262	4,922
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,683	20	304	1,187	59	48	45	20
	MN	0	0	0	0	0	0	0	0
	Total	1,683	20	304	1,187	59	48	45	20
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	175,477	3,264	16,880	33,782	42,529	47,170	26,283	5,569
	MN	3	0	1	2	0	0	0	0
	Total	175,480	3,264	16,881	33,784	42,529	47,170	26,283	5,569
13. Total Eligibles Enrolled in Managed Care	CN	318,590	16,527	38,919	51,051	63,466	76,228	50,320	22,079
	MN	9	0	1	4	3	0	1	0
	Total	318,599	16,527	38,920	51,055	63,469	76,228	50,321	22,079
14a. Total Number of Screening Blood Lead Tests	CN	28,818	142	19,322	9,354				
	MN	0	0	0	0				
	Total	28,818	142	19,322	9,354				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	278,753	16,834	34,733	46,539	58,109	66,839	43,602	12,097
	MN	42	2	4	6	7	2	5	16
	Total	278,795	16,836	34,737	46,545	58,116	66,841	43,607	12,113
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	265,990	13,605	33,716	44,986	56,299	64,758	42,100	10,526
	MN	37	2	4	5	6	1	4	15
	Total	266,027	13,607	33,720	44,991	56,305	64,759	42,104	10,541
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,870,298	101,017	373,786	495,229	622,714	720,164	463,497	93,891
	MN	340	13	33	53	70	12	17	142
	Total	2,870,638	101,030	373,819	495,282	622,784	720,176	463,514	94,033
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.90	0.62	0.92	0.92	0.92	0.93	0.92	0.74
	MN	0.77	0.54	0.69	0.88	0.97	1.00	0.35	0.79
	Total	0.90	0.62	0.92	0.92	0.92	0.93	0.92	0.74
4. Expected Number of Screenings per Eligible	CN		3.72	2.30	0.92	0.92	0.93	0.92	0.74
	MN		3.24	1.73	0.88	0.97	1.00	0.35	0.79
	Total		3.72	2.30	0.92	0.92	0.93	0.92	0.74
5. Expected Number of Screenings	CN	328,086	50,611	77,547	41,387	51,795	60,225	38,732	7,789
	MN	37	6	7	4	6	1	1	12
	Total	328,123	50,617	77,554	41,391	51,801	60,226	38,733	7,801
6. Total Screens Received	CN	229,644	58,575	63,380	33,457	25,533	30,882	16,185	1,632
	MN	9	3	0	0	2	1	0	3
	Total	229,653	58,578	63,380	33,457	25,535	30,883	16,185	1,635
7. SCREENING RATIO	CN	0.70	1.00	0.82	0.81	0.49	0.51	0.42	0.21
	MN	0.24	0.50	0.00	0.00	0.33	1.00	0.00	0.25
	Total	0.70	1.00	0.82	0.81	0.49	0.51	0.42	0.21

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	247,249	13,605	33,716	41,387	51,795	60,225	38,732	7,789
	MN	30	2	4	4	6	1	1	12
	Total	247,279	13,607	33,720	41,391	51,801	60,226	38,733	7,801
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	133,117	12,713	25,439	28,063	23,389	27,673	14,397	1,443
	MN	7	1	0	0	2	1	0	3
	Total	133,124	12,714	25,439	28,063	23,391	27,674	14,397	1,446
10. PARTICIPANT RATIO	CN	0.54	0.93	0.75	0.68	0.45	0.46	0.37	0.19
	MN	0.23	0.50	0.00	0.00	0.33	1.00	0.00	0.25
	Total	0.54	0.93	0.75	0.68	0.45	0.46	0.37	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	95,622	12,129	22,019	17,813	14,554	17,770	10,194	1,143
	MN	6	1	0	0	2	1	0	2
	Total	95,628	12,130	22,019	17,813	14,556	17,771	10,194	1,145
12a. Total Eligibles Receiving Any Dental Services	CN	127,251	212	7,416	23,612	35,208	37,627	20,471	2,705
	MN	9	0	0	1	2	1	0	5
	Total	127,260	212	7,416	23,613	35,210	37,628	20,471	2,710
12b. Total Eligibles Receiving Preventive Dental Services	CN	120,075	123	6,628	22,387	33,819	36,184	18,745	2,189
	MN	9	0	0	1	2	1	0	5
	Total	120,084	123	6,628	22,388	33,821	36,185	18,745	2,194
12c. Total Eligibles Receiving Dental Treatment Services	CN	48,699	63	686	7,052	15,259	14,497	9,764	1,378
	MN	5	0	0	0	1	1	0	3
	Total	48,704	63	686	7,052	15,260	14,498	9,764	1,381
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,217				11,329	12,888		
	MN	2				1	1		
	Total	24,219				11,330	12,889		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Kansas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	117,663	125	6,576	22,026	32,274	35,005	19,129	2,528
	MN	9	0	0	1	2	1	0	5
	Total	117,672	125	6,576	22,027	32,276	35,006	19,129	2,533
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,861	403	2,525	2,288	2,353	2,083	1,066	143
	MN	0	0	0	0	0	0	0	0
	Total	10,861	403	2,525	2,288	2,353	2,083	1,066	143
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	132,455	592	9,280	24,580	35,950	38,394	20,885	2,774
	MN	9	0	0	1	2	1	0	5
	Total	132,464	592	9,280	24,581	35,952	38,395	20,885	2,779
13. Total Eligibles Enrolled in Managed Care	CN	265,529	13,590	33,653	44,912	56,203	64,672	42,000	10,499
	MN	36	2	4	5	6	1	3	15
	Total	265,565	13,592	33,657	44,917	56,209	64,673	42,003	10,514
14a. Total Number of Screening Blood Lead Tests	CN	14,407	188	10,155	4,064				
	MN	0	0	0	0				
	Total	14,407	188	10,155	4,064				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	619,932	33,364	69,266	100,832	127,461	153,366	107,484	28,159
	MN	4,384	5	75	327	919	1,594	1,226	238
	Total	624,316	33,369	69,341	101,159	128,380	154,960	108,710	28,397
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	587,040	24,054	66,236	97,567	123,469	148,943	104,035	22,736
	MN	4,241	3	67	309	887	1,562	1,195	218
	Total	591,281	24,057	66,303	97,876	124,356	150,505	105,230	22,954
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	31,430	0	406	967	8,286	12,545	9,062	164
	MN	9	0	0	0	2	3	4	0
	Total	31,439	0	406	967	8,288	12,548	9,066	164
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,261,594	183,779	699,491	1,072,397	1,342,943	1,649,725	1,139,264	173,995
	MN	45,598	10	612	3,127	9,568	17,260	13,049	1,972
	Total	6,307,192	183,789	700,103	1,075,524	1,352,511	1,666,985	1,152,313	175,967
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.64	0.88	0.92	0.91	0.92	0.91	0.64
	MN	0.90	0.28	0.76	0.84	0.90	0.92	0.91	0.75
	Total	0.89	0.64	0.88	0.92	0.91	0.92	0.91	0.64
4. Expected Number of Screenings per Eligible	CN		3.20	1.76	0.92	0.46	0.92	0.91	0.64
	MN		1.40	1.52	0.84	0.45	0.92	0.91	0.75
	Total		3.20	1.76	0.92	0.46	0.92	0.91	0.64
5. Expected Number of Screenings	CN	586,357	76,973	116,575	89,762	56,796	137,028	94,672	14,551
	MN	3,453	4	102	260	399	1,437	1,087	164
	Total	589,810	76,977	116,677	90,022	57,195	138,465	95,759	14,715
6. Total Screens Received	CN	545,415	114,308	142,100	75,016	64,733	92,613	51,829	4,816
	MN	1,749	0	37	126	329	731	477	49
	Total	547,164	114,308	142,137	75,142	65,062	93,344	52,306	4,865
7. SCREENING RATIO	CN	0.93	1.00	1.00	0.84	1.00	0.68	0.55	0.33
	MN	0.51	0.00	0.36	0.48	0.82	0.51	0.44	0.30
	Total	0.93	1.00	1.00	0.83	1.00	0.67	0.55	0.33

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	483,099	24,054	66,236	89,762	56,796	137,028	94,672	14,551
	MN	3,417	3	67	260	399	1,437	1,087	164
	Total	0	24,057	66,303	90,022	57,195	138,465	95,759	14,715
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	312,767	23,134	53,802	61,154	54,276	75,360	41,203	3,838
	MN	1,409	0	23	104	273	577	396	36
	Total	314,176	23,134	53,825	61,258	54,549	75,937	41,599	3,874
10. PARTICIPANT RATIO	CN	0.65	0.96	0.81	0.68	0.96	0.55	0.44	0.26
	MN	0.41	0.00	0.34	0.40	0.68	0.40	0.36	0.22
	Total	0.00	0.96	0.81	0.68	0.95	0.55	0.43	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	151,567	21,119	35,243	25,014	20,498	29,262	18,601	1,830
	MN	649	0	14	51	129	266	171	18
	Total	152,216	21,119	35,257	25,065	20,627	29,528	18,772	1,848
12a. Total Eligibles Receiving Any Dental Services	CN	300,500	226	14,020	54,521	81,132	90,943	52,363	7,295
	MN	1,704	0	9	100	391	681	458	65
	Total	302,204	226	14,029	54,621	81,523	91,624	52,821	7,360
12b. Total Eligibles Receiving Preventive Dental Services	CN	269,726	34	11,488	50,247	75,891	83,101	43,758	5,207
	MN	1,499	0	6	94	347	611	390	51
	Total	271,191	0	11,494	50,341	76,238	83,712	44,148	5,258
12c. Total Eligibles Receiving Dental Treatment Services	CN	138,290	107	1,799	17,799	38,540	44,338	31,141	4,566
	MN	714	0	3	28	174	270	201	38
	Total	139,004	107	1,802	17,827	38,714	44,608	31,342	4,604
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,776				19,745	17,031		
	MN	149				61	88		
	Total	36,925				19,806	17,119		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Kentucky

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	286,894	187	13,655	53,043	78,273	86,486	48,590	6,660
	MN	1,597	0	6	100	368	640	423	60
	Total	288,491	187	13,661	53,143	78,641	87,126	49,013	6,720
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	25,279	8	691	3,127	7,879	8,498	4,481	595
	MN	104	0	0	5	22	45	26	6
	Total	25,383	8	691	3,132	7,901	8,543	4,507	601
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	300,500	226	14,020	54,521	81,132	90,943	52,363	7,295
	MN	1,704	0	9	100	391	681	458	65
	Total	302,204	226	14,029	54,621	81,523	91,624	52,821	7,360
13. Total Eligibles Enrolled in Managed Care	CN	584,120	24,052	66,071	96,802	122,576	148,313	103,651	22,655
	MN	4,240	3	67	309	887	1,562	1,195	217
	Total	588,360	24,055	66,138	97,111	123,463	149,875	104,846	22,872
14a. Total Number of Screening Blood Lead Tests	CN	37,803	514	26,871	10,418				
	MN	28	0	10	18				
	Total	37,831	514	26,881	10,436				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	862,148	42,323	89,541	131,981	170,055	211,570	151,167	65,511
	MN	54	9	5	5	4	10	18	3
	Total	862,202	42,332	89,546	131,986	170,059	211,580	151,185	65,514
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	833,307	34,250	87,601	129,236	166,401	207,102	147,246	61,471
	MN	39	8	5	3	3	6	11	3
	Total	833,346	34,258	87,606	129,239	166,404	207,108	147,257	61,474
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	166,234	708	9,138	17,112	35,713	52,519	42,363	8,681
	MN	2	0	0	0	0	0	1	1
	Total	166,236	708	9,138	17,112	35,713	52,519	42,364	8,682
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	9,334,486	256,676	1,000,730	1,483,490	1,907,686	2,372,632	1,675,113	638,159
	MN	178	24	27	9	16	24	67	11
	Total	9,334,664	256,700	1,000,757	1,483,499	1,907,702	2,372,656	1,675,180	638,170
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.93	0.62	0.95	0.96	0.96	0.95	0.95	0.87
	MN	0.38	0.25	0.45	0.25	0.44	0.33	0.51	0.31
	Total	0.93	0.62	0.95	0.96	0.96	0.95	0.95	0.87
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	0.96	0.96	0.95	0.95	0.87
	MN		1.75	1.13	0.25	0.44	0.33	0.51	0.31
	Total		4.34	2.38	0.96	0.96	0.95	0.95	0.87
5. Expected Number of Screenings	CN	1,031,058	148,645	208,490	124,067	159,745	196,747	139,884	53,480
	MN	31	14	6	1	1	2	6	1
	Total	1,031,089	148,659	208,496	124,068	159,746	196,749	139,890	53,481
6. Total Screens Received	CN	899,137	167,795	211,818	126,811	109,495	164,065	102,802	16,351
	MN	17	8	9	0	0	0	0	0
	Total	899,154	167,803	211,827	126,811	109,495	164,065	102,802	16,351
7. SCREENING RATIO	CN	0.87	1.00	1.00	1.00	0.69	0.83	0.73	0.31
	MN	0.55	0.57	1.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	1.00	1.00	1.00	0.69	0.83	0.73	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	795,774	34,250	87,601	124,067	159,745	196,747	139,884	53,480
	MN	24	8	5	1	1	2	6	1
	Total	795,798	34,258	87,606	124,068	159,746	196,749	139,890	53,481
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	456,024	33,035	72,120	84,292	78,907	108,907	66,125	12,638
	MN	4	3	1	0	0	0	0	0
	Total	456,028	33,038	72,121	84,292	78,907	108,907	66,125	12,638
10. PARTICIPANT RATIO	CN	0.57	0.96	0.82	0.68	0.49	0.55	0.47	0.24
	MN	0.17	0.38	0.20	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.96	0.82	0.68	0.49	0.55	0.47	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	231,094	21,230	27,654	34,258	47,722	57,378	36,459	6,393
	MN	2	1	1	0	0	0	0	0
	Total	231,096	21,231	27,655	34,258	47,722	57,378	36,459	6,393
12a. Total Eligibles Receiving Any Dental Services	CN	424,078	361	27,776	77,289	104,423	120,603	73,371	20,255
	MN	0	0	0	0	0	0	0	0
	Total	424,078	361	27,776	77,289	104,423	120,603	73,371	20,255
12b. Total Eligibles Receiving Preventive Dental Services	CN	399,634	185	26,261	74,336	100,202	115,310	66,563	16,777
	MN	0	0	0	0	0	0	0	0
	Total	399,634	185	26,261	74,336	100,202	115,310	66,563	16,777
12c. Total Eligibles Receiving Dental Treatment Services	CN	158,763	82	1,731	21,168	44,207	45,341	35,775	10,459
	MN	0	0	0	0	0	0	0	0
	Total	158,763	82	1,731	21,168	44,207	45,341	35,775	10,459
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	41,428				25,131	16,297		
	MN	0				0	0		
	Total	41,428				25,131	16,297		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Louisiana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	409,699	346	27,215	75,507	101,081	116,730	69,861	18,959
	MN	0	0	0	0	0	0	0	0
	Total	409,699	346	27,215	75,507	101,081	116,730	69,861	18,959
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	10,744	407	6,218	3,755	363	1	0	0
	MN	0	0	0	0	0	0	0	0
	Total	10,744	407	6,218	3,755	363	1	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	434,822	768	33,994	81,044	104,786	120,604	73,371	20,255
	MN	0	0	0	0	0	0	0	0
	Total	434,822	768	33,994	81,044	104,786	120,604	73,371	20,255
13. Total Eligibles Enrolled in Managed Care	CN	833,038	34,235	87,555	129,196	166,375	207,086	147,191	61,400
	MN	15	3	2	0	1	3	5	1
	Total	833,053	34,238	87,557	129,196	166,376	207,089	147,196	61,401
14a. Total Number of Screening Blood Lead Tests	CN	54,065	304	39,140	14,621				
	MN	1	0	1	0				
	Total	54,066	304	39,141	14,621				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	124,294	5,972	12,527	18,464	24,999	30,761	21,939	9,632
	MN	58	2	0	9	10	21	12	4
	Total	124,352	5,974	12,527	18,473	25,009	30,782	21,951	9,636
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	119,398	4,889	12,141	17,907	24,228	29,887	21,285	9,061
	MN	50	2	0	8	9	16	12	3
	Total	119,448	4,891	12,141	17,915	24,237	29,903	21,297	9,064
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	10,858	1	862	1,972	2,598	2,949	2,086	390
	MN	8	0	0	1	1	4	2	0
	Total	10,866	1	862	1,973	2,599	2,953	2,088	390
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	1,270,954	35,589	128,952	191,922	263,358	327,089	231,983	92,061
	MN	98	4	0	13	26	25	23	7
	Total	1,271,052	35,593	128,952	191,935	263,384	327,114	232,006	92,068
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.61	0.89	0.89	0.91	0.91	0.91	0.85
	MN	0.16	0.17	0.00	0.14	0.24	0.13	0.16	0.19
	Total	0.89	0.61	0.89	0.89	0.91	0.91	0.91	0.85
4. Expected Number of Screenings per Eligible	CN		4.27	2.23	0.89	0.91	0.91	0.91	0.85
	MN		1.19	0.00	0.14	0.24	0.13	0.16	0.19
	Total		4.27	2.23	0.89	0.91	0.91	0.91	0.85
5. Expected Number of Screenings	CN	140,202	20,876	27,074	15,937	22,047	27,197	19,369	7,702
	MN	10	2	0	1	2	2	2	1
	Total	140,212	20,878	27,074	15,938	22,049	27,199	19,371	7,703
6. Total Screens Received	CN	128,563	25,848	34,237	16,058	17,147	20,355	12,063	2,855
	MN	2	0	0	0	2	0	0	0
	Total	128,565	25,848	34,237	16,058	17,149	20,355	12,063	2,855
7. SCREENING RATIO	CN	0.92	1.00	1.00	1.00	0.78	0.75	0.62	0.37
	MN	0.20	0.00	0.00	0.00	1.00	0.00	0.00	0.00
	Total	0.92	1.00	1.00	1.00	0.78	0.75	0.62	0.37

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Form CMS-416

Fiscal Year: 2018

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	109,282	4,889	12,141	15,937	22,047	27,197	19,369	7,702
	MN	10	2	0	1	2	2	2	1
	Total	109,292	4,891	12,141	15,938	22,049	27,199	19,371	7,703
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	62,427	4,635	10,071	10,686	12,289	14,369	8,401	1,976
	MN	2	0	0	0	2	0	0	0
	Total	62,429	4,635	10,071	10,686	12,291	14,369	8,401	1,976
10. PARTICIPANT RATIO	CN	0.57	0.95	0.83	0.67	0.56	0.53	0.43	0.26
	MN	0.20	0.00	0.00	0.00	1.00	0.00	0.00	0.00
	Total	0.57	0.95	0.83	0.67	0.56	0.53	0.43	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	11,919	0	4,156	1,637	1,845	2,323	1,604	354
	MN	0	0	0	0	0	0	0	0
	Total	11,919	0	4,156	1,637	1,845	2,323	1,604	354
12a. Total Eligibles Receiving Any Dental Services	CN	45,130	146	2,203	7,119	12,050	13,491	8,054	2,067
	MN	1	0	0	1	0	0	0	0
	Total	45,131	146	2,203	7,120	12,050	13,491	8,054	2,067
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,115	38	1,980	6,703	11,175	12,129	6,616	1,474
	MN	1	0	0	1	0	0	0	0
	Total	40,116	38	1,980	6,704	11,175	12,129	6,616	1,474
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,648	96	232	2,113	5,070	5,811	4,161	1,165
	MN	1	0	0	1	0	0	0	0
	Total	18,649	96	232	2,114	5,070	5,811	4,161	1,165
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,221				3,515	3,346		
	MN	0				0	0		
	Total	6,861				3,515	3,346		

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Fiscal Year: 2018

State: Maine

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	36,617	108	1,720	5,912	9,487	10,934	6,729	1,727
	MN	1	0	0	1	0	0	0	0
	Total	36,618	108	1,720	5,913	9,487	10,934	6,729	1,727
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	34,161	391	5,020	5,579	7,041	8,209	5,782	2,139
	MN	1	0	0	0	0	0	1	0
	Total	34,162	391	5,020	5,579	7,041	8,209	5,783	2,139
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	67,819	521	6,251	10,577	16,121	18,823	11,901	3,625
	MN	2	0	0	1	0	0	1	0
	Total	67,821	521	6,251	10,578	16,121	18,823	11,902	3,625
13. Total Eligibles Enrolled in Managed Care	CN	103,092	4,335	11,271	15,986	21,030	25,416	17,699	7,355
	MN	4	0	0	0	0	2	2	0
	Total	103,096	4,335	11,271	15,986	21,030	25,418	17,701	7,355
14a. Total Number of Screening Blood Lead Tests	CN	4,643	28	3,308	1,132				
	MN	0	0	0	0				
	Total	4,648	28	3,308	1,132				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	729,494	38,276	79,907	114,808	149,931	176,337	118,406	51,829
	MN	1,183	6	93	126	203	240	217	298
	Total	730,677	38,282	80,000	114,934	150,134	176,577	118,623	52,127
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	702,824	31,017	77,449	111,795	146,203	171,889	115,080	49,391
	MN	1,155	6	89	123	201	239	211	286
	Total	703,979	31,023	77,538	111,918	146,404	172,128	115,291	49,677
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	154,549	630	13,234	25,082	36,322	44,304	29,929	5,048
	MN	0	0	0	0	0	0	0	0
	Total	154,549	630	13,234	25,082	36,322	44,304	29,929	5,048
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	7,770,165	230,286	856,875	1,256,550	1,652,113	1,947,460	1,294,634	532,247
	MN	11,739	52	941	1,270	2,169	2,448	2,211	2,648
	Total	7,781,904	230,338	857,816	1,257,820	1,654,282	1,949,908	1,296,845	534,895
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.62	0.92	0.94	0.94	0.94	0.94	0.90
	MN	0.85	0.72	0.88	0.86	0.90	0.85	0.87	0.77
	Total	0.92	0.62	0.92	0.94	0.94	0.94	0.94	0.90
4. Expected Number of Screenings per Eligible	CN		3.72	2.30	0.94	0.94	0.94	0.94	0.90
	MN		4.32	2.20	0.86	0.90	0.85	0.87	0.77
	Total		3.72	2.30	0.94	0.94	0.94	0.94	0.90
5. Expected Number of Screenings	CN	850,237	115,383	178,133	105,087	137,431	161,576	108,175	44,452
	MN	1,116	26	196	106	181	203	184	220
	Total	851,353	115,409	178,329	105,193	137,612	161,779	108,359	44,672
6. Total Screens Received	CN	757,847	143,356	187,154	104,546	100,431	122,955	76,439	22,966
	MN	625	6	99	83	111	137	106	83
	Total	758,472	143,362	187,253	104,629	100,542	123,092	76,545	23,049
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.99	0.73	0.76	0.71	0.52
	MN	0.56	0.23	0.51	0.78	0.61	0.67	0.58	0.38
	Total	0.89	1.00	1.00	0.99	0.73	0.76	0.71	0.52

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Fiscal Year: 2018

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	665,187	31,017	77,449	105,087	137,431	161,576	108,175	44,452
	MN	989	6	89	106	181	203	184	220
	Total	666,176	31,023	77,538	105,193	137,612	161,779	108,359	44,672
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	442,990	28,911	66,086	81,774	86,169	103,005	60,537	16,508
	MN	458	2	40	66	92	113	84	61
	Total	443,448	28,913	66,126	81,840	86,261	103,118	60,621	16,569
10. PARTICIPANT RATIO	CN	0.67	0.93	0.85	0.78	0.63	0.64	0.56	0.37
	MN	0.46	0.33	0.45	0.62	0.51	0.56	0.46	0.28
	Total	0.67	0.93	0.85	0.78	0.63	0.64	0.56	0.37
11. Total Eligibles Referred for Corrective Treatment	CN	438,369	28,218	65,975	81,424	85,656	102,201	59,260	15,635
	MN	453	2	40	66	92	111	83	59
	Total	438,822	28,220	66,015	81,490	85,748	102,312	59,343	15,694
12a. Total Eligibles Receiving Any Dental Services	CN	402,746	254	25,123	71,050	103,497	116,236	66,965	19,621
	MN	478	0	17	57	118	132	88	66
	Total	403,224	254	25,140	71,107	103,615	116,368	67,053	19,687
12b. Total Eligibles Receiving Preventive Dental Services	CN	369,052	117	22,527	66,344	96,717	107,814	59,173	16,360
	MN	426	0	17	54	112	126	69	48
	Total	369,478	117	22,544	66,398	96,829	107,940	59,242	16,408
12c. Total Eligibles Receiving Dental Treatment Services	CN	167,943	45	1,104	18,298	45,515	54,504	37,218	11,259
	MN	183	0	0	10	39	53	48	33
	Total	168,126	45	1,104	18,308	45,554	54,557	37,266	11,292
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	67,070				26,834	40,236		
	MN	75				29	46		
	Total	67,145				26,863	40,282		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Maryland

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	372,235	205	23,456	66,621	96,676	107,456	60,310	17,511
	MN	445	0	17	57	114	125	75	57
	Total	372,680	205	23,473	66,678	96,790	107,581	60,385	17,568
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	20,259	690	13,450	6,119	0	0	0	0
	MN	14	0	9	5	0	0	0	0
	Total	20,273	690	13,459	6,124	0	0	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	414,845	931	34,142	73,453	103,497	116,236	66,965	19,621
	MN	484	0	22	58	118	132	88	66
	Total	415,329	931	34,164	73,511	103,615	116,368	67,053	19,687
13. Total Eligibles Enrolled in Managed Care	CN	696,600	30,728	77,090	110,965	145,068	170,493	113,721	48,535
	MN	1,096	6	86	111	187	228	202	276
	Total	697,696	30,734	77,176	111,076	145,255	170,721	113,923	48,811
14a. Total Number of Screening Blood Lead Tests	CN	73,394	1,246	48,221	23,927				
	MN	31	0	21	10				
	Total	73,425	1,246	48,242	23,937				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	675,043	35,058	72,580	99,257	130,231	159,791	118,295	59,831
	MN	0	0	0	0	0	0	0	0
	Total	675,043	35,058	72,580	99,257	130,231	159,791	118,295	59,831
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	625,882	25,068	67,778	92,996	122,748	151,022	110,523	55,747
	MN	0	0	0	0	0	0	0	0
	Total	625,882	25,068	67,778	92,996	122,748	151,022	110,523	55,747
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	386,879	16,474	41,954	56,389	78,202	97,128	72,787	23,945
	MN	0	0	0	0	0	0	0	0
	Total	386,879	16,474	41,954	56,389	78,202	97,128	72,787	23,945
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	6,679,765	179,453	722,597	1,007,340	1,339,961	1,654,056	1,198,024	578,334
	MN	0	0	0	0	0	0	0	0
	Total	6,679,765	179,453	722,597	1,007,340	1,339,961	1,654,056	1,198,024	578,334
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.60	0.89	0.90	0.91	0.91	0.90	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.60	0.89	0.90	0.91	0.91	0.90	0.86
4. Expected Number of Screenings per Eligible	CN		3.60	1.78	0.90	0.91	0.91	0.90	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.78	0.90	0.91	0.91	0.90	0.86
5. Expected Number of Screenings	CN	691,130	90,245	120,645	83,696	111,701	137,430	99,471	47,942
	MN	0	0	0	0	0	0	0	0
	Total	691,130	90,245	120,645	83,696	111,701	137,430	99,471	47,942
6. Total Screens Received	CN	980,572	149,718	257,338	132,114	132,744	160,271	112,682	35,705
	MN	0	0	0	0	0	0	0	0
	Total	980,572	149,718	257,338	132,114	132,744	160,271	112,682	35,705
7. SCREENING RATIO	CN	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.74
	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	0.74

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	573,086	25,068	67,778	83,696	111,701	137,430	99,471	47,942
	MN	0	0	0	0	0	0	0	0
	Total	573,086	25,068	67,778	83,696	111,701	137,430	99,471	47,942
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	380,041	20,116	56,308	62,520	74,250	89,664	59,229	17,954
	MN	0	0	0	0	0	0	0	0
	Total	380,041	20,116	56,308	62,520	74,250	89,664	59,229	17,954
10. PARTICIPANT RATIO	CN	0.66	0.80	0.83	0.75	0.66	0.65	0.60	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.80	0.83	0.75	0.66	0.65	0.60	0.37
11. Total Eligibles Referred for Corrective Treatment	CN	366,655	11,031	48,646	59,187	74,043	89,068	62,135	22,545
	MN	0	0	0	0	0	0	0	0
	Total	366,655	11,031	48,646	59,187	74,043	89,068	62,135	22,545
12a. Total Eligibles Receiving Any Dental Services	CN	351,477	307	18,039	54,663	85,373	102,927	66,413	23,755
	MN	0	0	0	0	0	0	0	0
	Total	351,477	307	18,039	54,663	85,373	102,927	66,413	23,755
12b. Total Eligibles Receiving Preventive Dental Services	CN	324,908	135	16,992	53,158	82,227	95,430	57,304	19,662
	MN	0	0	0	0	0	0	0	0
	Total	324,908	135	16,992	53,158	82,227	95,430	57,304	19,662
12c. Total Eligibles Receiving Dental Treatment Services	CN	187,274	146	2,877	16,226	44,120	63,593	44,842	15,470
	MN	0	0	0	0	0	0	0	0
	Total	187,274	146	2,877	16,226	44,120	63,593	44,842	15,470
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,361				26,391	29,970		
	MN	0				0	0		
	Total	56,361				26,391	29,970		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Massachusetts

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	323,990	222	17,501	52,882	80,453	93,847	58,157	20,928
	MN	0	0	0	0	0	0	0	0
	Total	323,990	222	17,501	52,882	80,453	93,847	58,157	20,928
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	11,860	58	1,337	2,258	4,310	3,189	595	113
	MN	0	0	0	0	0	0	0	0
	Total	11,860	58	1,337	2,258	4,310	3,189	595	113
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	355,992	364	19,088	55,557	86,611	103,906	66,651	23,815
	MN	0	0	0	0	0	0	0	0
	Total	355,992	364	19,088	55,557	86,611	103,906	66,651	23,815
13. Total Eligibles Enrolled in Managed Care	CN	532,831	11,435	61,059	82,892	108,005	130,533	92,731	46,176
	MN	0	0	0	0	0	0	0	0
	Total	532,831	11,435	61,059	82,892	108,005	130,533	92,731	46,176
14a. Total Number of Screening Blood Lead Tests	CN	80,179	2,397	40,801	36,981				
	MN	0	0	0	0				
	Total	80,179	2,397	40,801	36,981				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,199,839	63,916	132,822	186,021	236,491	280,957	204,890	94,742
	MN	5,038	540	320	300	364	510	722	2,282
	Total	1,204,877	64,456	133,142	186,321	236,855	281,467	205,612	97,024
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,149,360	52,255	127,943	179,861	229,405	272,828	198,282	88,786
	MN	2,931	184	197	148	165	272	412	1,553
	Total	1,152,291	52,439	128,140	180,009	229,570	273,100	198,694	90,339
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	101,983	6	8,746	14,421	17,666	20,456	33,126	7,562
	MN	0	0	0	0	0	0	0	0
	Total	101,983	6	8,746	14,421	17,666	20,456	33,126	7,562
2a. State Periodicity Schedule			7	4	4	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.00	1.33	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	12,563,750	383,314	1,405,116	1,995,538	2,572,951	3,072,942	2,214,164	919,725
	MN	22,399	1,037	1,347	1,168	1,251	2,093	3,018	12,485
	Total	12,586,149	384,351	1,406,463	1,996,706	2,574,202	3,075,035	2,217,182	932,210
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.91	0.61	0.92	0.92	0.93	0.94	0.93	0.86
	MN	0.64	0.47	0.57	0.66	0.63	0.64	0.61	0.67
	Total	0.91	0.61	0.91	0.92	0.93	0.94	0.93	0.86
4. Expected Number of Screenings per Eligible	CN		4.27	1.84	1.22	0.93	0.94	0.93	0.86
	MN		3.29	1.14	0.88	0.63	0.64	0.61	0.67
	Total		4.27	1.82	1.22	0.93	0.94	0.93	0.86
5. Expected Number of Screenings	CN	1,408,537	223,129	235,415	219,430	213,347	256,458	184,402	76,356
	MN	2,530	605	225	130	104	174	251	1,041
	Total	1,411,067	223,734	235,640	219,560	213,451	256,632	184,653	77,397
6. Total Screens Received	CN	1,013,688	228,142	263,315	141,052	120,147	148,565	89,253	23,214
	MN	1,138	524	123	57	37	76	91	230
	Total	1,014,826	228,666	263,438	141,109	120,184	148,641	89,344	23,444
7. SCREENING RATIO	CN	0.72	1.00	1.00	0.64	0.56	0.58	0.48	0.30
	MN	0.45	0.87	0.55	0.44	0.36	0.44	0.36	0.22
	Total	0.72	1.00	1.00	0.64	0.56	0.58	0.48	0.30

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,090,622	52,255	127,943	179,861	213,347	256,458	184,402	76,356
	MN	2,081	184	197	130	104	174	251	1,041
	Total	1,092,703	52,439	128,140	179,991	213,451	256,632	184,653	77,397
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	563,059	48,018	96,070	107,691	98,996	121,076	72,458	18,750
	MN	631	149	63	41	35	62	78	203
	Total	563,690	48,167	96,133	107,732	99,031	121,138	72,536	18,953
10. PARTICIPANT RATIO	CN	0.52	0.92	0.75	0.60	0.46	0.47	0.39	0.25
	MN	0.30	0.81	0.32	0.32	0.34	0.36	0.31	0.20
	Total	0.52	0.92	0.75	0.60	0.46	0.47	0.39	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	87,667	43,659	34,839	2,817	1,377	2,107	2,041	827
	MN	107	88	15	1	0	0	1	2
	Total	87,774	43,747	34,854	2,818	1,377	2,107	2,042	829
12a. Total Eligibles Receiving Any Dental Services	CN	481,708	412	19,949	81,282	132,040	139,856	85,922	22,247
	MN	713	2	6	33	61	84	113	414
	Total	482,421	414	19,955	81,315	132,101	139,940	86,035	22,661
12b. Total Eligibles Receiving Preventive Dental Services	CN	445,314	271	16,996	76,072	125,312	132,973	76,699	16,991
	MN	617	1	2	33	53	75	97	356
	Total	445,931	272	16,998	76,105	125,365	133,048	76,796	17,347
12c. Total Eligibles Receiving Dental Treatment Services	CN	199,032	10	1,318	24,211	59,536	59,181	42,750	12,026
	MN	350	0	2	10	31	39	57	211
	Total	199,382	10	1,320	24,221	59,567	59,220	42,807	12,237
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	53,508				30,162	23,346		
	MN	23				10	13		
	Total	53,531				30,172	23,359		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Michigan

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	463,222	406	19,458	78,358	127,680	135,036	81,613	20,671
	MN	664	2	5	32	57	78	106	384
	Total	463,886	408	19,463	78,390	127,737	135,114	81,719	21,055
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	72,843	1,806	21,163	14,524	15,600	16,425	3,298	27
	MN	30	2	11	4	3	9	1	0
	Total	72,873	1,808	21,174	14,528	15,603	16,434	3,299	27
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	540,401	2,198	37,837	91,623	143,980	153,748	88,750	22,265
	MN	738	4	16	36	62	92	114	414
	Total	541,139	2,202	37,853	91,659	144,042	153,840	88,864	22,679
13. Total Eligibles Enrolled in Managed Care	CN	1,009,559	46,497	117,952	162,344	203,459	236,706	167,861	74,740
	MN	1,908	147	118	92	98	168	217	1,068
	Total	1,011,467	46,644	118,070	162,436	203,557	236,874	168,078	75,808
14a. Total Number of Screening Blood Lead Tests	CN	114,462	2,254	73,857	38,351				
	MN	89	5	62	22				
	Total	114,551	2,259	73,919	38,373				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	652,098	32,669	80,191	105,518	130,565	153,979	104,291	44,885
	MN	154	10	8	11	14	25	34	52
	Total	652,252	32,679	80,199	105,529	130,579	154,004	104,325	44,937
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	613,795	26,071	74,166	100,204	124,883	147,315	99,404	41,752
	MN	142	9	6	10	13	23	33	48
	Total	613,937	26,080	74,172	100,214	124,896	147,338	99,437	41,800
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	836	78	758	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	836	78	758	0	0	0	0	0
2a. State Periodicity Schedule			5	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	6,409,299	187,390	741,032	1,060,401	1,346,348	1,597,326	1,066,342	410,460
	MN	1,307	56	41	65	120	204	288	533
	Total	6,410,606	187,446	741,073	1,060,466	1,346,468	1,597,530	1,066,630	410,993
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.87	0.60	0.83	0.88	0.90	0.90	0.89	0.82
	MN	0.77	0.52	0.57	0.54	0.77	0.74	0.73	0.93
	Total	0.87	0.60	0.83	0.88	0.90	0.90	0.89	0.82
4. Expected Number of Screenings per Eligible	CN		3.00	2.08	0.88	0.90	0.90	0.89	0.82
	MN		2.60	1.43	0.54	0.77	0.74	0.73	0.93
	Total		3.00	2.08	0.88	0.90	0.90	0.89	0.82
5. Expected Number of Screenings	CN	688,344	78,213	154,265	88,180	112,395	132,584	88,470	34,237
	MN	133	23	9	5	10	17	24	45
	Total	688,477	78,236	154,274	88,185	112,405	132,601	88,494	34,282
6. Total Screens Received	CN	443,817	99,853	128,010	63,881	50,829	62,350	31,927	6,967
	MN	59	19	2	1	2	8	8	19
	Total	443,876	99,872	128,012	63,882	50,831	62,358	31,935	6,986
7. SCREENING RATIO	CN	0.64	1.00	0.83	0.72	0.45	0.47	0.36	0.20
	MN	0.44	0.83	0.22	0.20	0.20	0.47	0.33	0.42
	Total	0.64	1.00	0.83	0.72	0.45	0.47	0.36	0.20

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	556,103	26,071	74,166	88,180	112,395	132,584	88,470	34,237
	MN	116	9	6	5	10	17	24	45
	Total	556,219	26,080	74,172	88,185	112,405	132,601	88,494	34,282
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	283,921	24,013	56,494	58,452	48,911	59,292	30,095	6,664
	MN	44	5	2	1	2	8	8	18
	Total	283,965	24,018	56,496	58,453	48,913	59,300	30,103	6,682
10. PARTICIPANT RATIO	CN	0.51	0.92	0.76	0.66	0.44	0.45	0.34	0.19
	MN	0.38	0.56	0.33	0.20	0.20	0.47	0.33	0.40
	Total	0.51	0.92	0.76	0.66	0.44	0.45	0.34	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	33,837	2,591	6,640	6,620	6,607	7,396	3,594	389
	MN	5	0	0	0	0	2	2	1
	Total	33,842	2,591	6,640	6,620	6,607	7,398	3,596	390
12a. Total Eligibles Receiving Any Dental Services	CN	247,199	157	10,326	42,676	65,783	74,008	42,309	11,940
	MN	35	0	1	0	1	9	5	19
	Total	247,234	157	10,327	42,676	65,784	74,017	42,314	11,959
12b. Total Eligibles Receiving Preventive Dental Services	CN	225,663	88	8,724	39,874	62,258	68,927	36,835	8,957
	MN	30	0	1	0	1	7	5	16
	Total	225,693	88	8,725	39,874	62,259	68,934	36,840	8,973
12c. Total Eligibles Receiving Dental Treatment Services	CN	103,990	9	1,118	14,162	30,836	31,345	20,151	6,369
	MN	12	0	0	0	0	5	1	6
	Total	104,002	9	1,118	14,162	30,836	31,350	20,152	6,375
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,717				19,209	18,508		
	MN	0				0	0		
	Total	37,717				19,209	18,508		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Minnesota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	230,535	126	9,744	40,335	61,271	69,154	39,009	10,896
	MN	33	0	1	0	1	8	4	19
	Total	230,568	126	9,745	40,335	61,272	69,162	39,013	10,915
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	84,261	5,433	36,363	31,285	6,078	3,613	1,297	192
	MN	3	0	1	0	0	0	1	1
	Total	84,264	5,433	36,364	31,285	6,078	3,613	1,298	193
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	302,368	5,533	40,812	58,416	67,784	75,066	42,752	12,005
	MN	36	0	2	0	1	9	5	19
	Total	302,404	5,533	40,814	58,416	67,785	75,075	42,757	12,024
13. Total Eligibles Enrolled in Managed Care	CN	540,233	22,790	68,317	89,809	109,387	127,196	85,170	37,564
	MN	30	3	1	0	2	2	4	18
	Total	540,263	22,793	68,318	89,809	109,389	127,198	85,174	37,582
14a. Total Number of Screening Blood Lead Tests	CN	43,655	1,030	35,076	7,549				
	MN	1	0	1	0				
	Total	43,656	1,030	35,077	7,549				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	431,718	26,848	52,918	73,728	96,891	111,728	52,361	17,244
	MN	0	0	0	0	0	0	0	0
	Total	431,718	26,848	52,918	73,728	96,891	111,728	52,361	17,244
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	407,475	21,505	50,661	70,735	92,965	107,237	50,203	14,169
	MN	0	0	0	0	0	0	0	0
	Total	407,475	21,505	50,661	70,735	92,965	107,237	50,203	14,169
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	4,497,452	164,620	569,678	795,641	1,054,659	1,224,450	567,058	121,346
	MN	0	0	0	0	0	0	0	0
	Total	4,497,452	164,620	569,678	795,641	1,054,659	1,224,450	567,058	121,346
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.64	0.94	0.94	0.95	0.95	0.94	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.64	0.94	0.94	0.95	0.95	0.94	0.71
4. Expected Number of Screenings per Eligible	CN		3.84	2.35	0.94	0.95	0.95	0.94	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.84	2.35	0.94	0.95	0.95	0.94	0.71
5. Expected Number of Screenings	CN	515,566	82,579	119,053	66,491	88,317	101,875	47,191	10,060
	MN	0	0	0	0	0	0	0	0
	Total	515,566	82,579	119,053	66,491	88,317	101,875	47,191	10,060
6. Total Screens Received	CN	311,627	89,236	94,997	45,222	30,532	37,724	12,610	1,306
	MN	0	0	0	0	0	0	0	0
	Total	311,627	89,236	94,997	45,222	30,532	37,724	12,610	1,306
7. SCREENING RATIO	CN	0.60	1.00	0.80	0.68	0.35	0.37	0.27	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	1.00	0.80	0.68	0.35	0.37	0.27	0.13

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	386,100	21,505	50,661	66,491	88,317	101,875	47,191	10,060
	MN	0	0	0	0	0	0	0	0
	Total	386,100	21,505	50,661	66,491	88,317	101,875	47,191	10,060
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	172,470	20,856	38,730	38,289	27,681	34,401	11,343	1,170
	MN	0	0	0	0	0	0	0	0
	Total	172,470	20,856	38,730	38,289	27,681	34,401	11,343	1,170
10. PARTICIPANT RATIO	CN	0.45	0.97	0.76	0.58	0.31	0.34	0.24	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.97	0.76	0.58	0.31	0.34	0.24	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	82,756	15,844	26,696	14,968	10,189	11,276	3,502	281
	MN	0	0	0	0	0	0	0	0
	Total	82,756	15,844	26,696	14,968	10,189	11,276	3,502	281
12a. Total Eligibles Receiving Any Dental Services	CN	216,490	202	12,959	42,933	61,138	68,026	26,585	4,647
	MN	0	0	0	0	0	0	0	0
	Total	216,490	202	12,959	42,933	61,138	68,026	26,585	4,647
12b. Total Eligibles Receiving Preventive Dental Services	CN	198,948	71	11,354	40,479	58,313	62,825	22,403	3,503
	MN	0	0	0	0	0	0	0	0
	Total	198,948	71	11,354	40,479	58,313	62,825	22,403	3,503
12c. Total Eligibles Receiving Dental Treatment Services	CN	90,332	34	968	11,905	25,868	32,431	16,265	2,861
	MN	0	0	0	0	0	0	0	0
	Total	90,332	34	968	11,905	25,868	32,431	16,265	2,861
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,683				16,888	18,795		
	MN	0				0	0		
	Total	35,683				16,888	18,795		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Mississippi

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	207,578	190	12,829	42,125	59,600	64,734	24,025	4,075
	MN	0	0	0	0	0	0	0	0
	Total	207,578	190	12,829	42,125	59,600	64,734	24,025	4,075
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	28,318	1,453	9,390	8,024	4,206	3,454	1,529	262
	MN	0	0	0	0	0	0	0	0
	Total	28,318	1,453	9,390	8,024	4,206	3,454	1,529	262
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	230,132	1,636	19,432	44,886	62,481	69,548	27,326	4,823
	MN	0	0	0	0	0	0	0	0
	Total	230,132	1,636	19,432	44,886	62,481	69,548	27,326	4,823
13. Total Eligibles Enrolled in Managed Care	CN	392,771	21,404	49,951	68,840	89,652	102,264	47,308	13,352
	MN	0	0	0	0	0	0	0	0
	Total	392,771	21,404	49,951	68,840	89,652	102,264	47,308	13,352
14a. Total Number of Screening Blood Lead Tests	CN	32,494	239	19,613	12,642				
	MN	0	0	0	0				
	Total	32,494	239	19,613	12,642				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	760,005	39,640	83,205	128,269	157,240	187,601	127,241	36,809
	MN	0	0	0	0	0	0	0	0
	Total	760,005	39,640	83,205	128,269	157,240	187,601	127,241	36,809
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	718,364	29,204	78,754	123,017	151,914	181,954	123,246	30,275
	MN	0	0	0	0	0	0	0	0
	Total	718,364	29,204	78,754	123,017	151,914	181,954	123,246	30,275
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	4,357	3	504	785	962	1,138	812	153
	MN	0	0	0	0	0	0	0	0
	Total	4,357	3	504	785	962	1,138	812	153
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	7,932,644	227,420	853,903	1,380,900	1,727,938	2,080,330	1,397,566	264,587
	MN	0	0	0	0	0	0	0	0
	Total	7,932,644	227,420	853,903	1,380,900	1,727,938	2,080,330	1,397,566	264,587
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.65	0.90	0.94	0.95	0.95	0.94	0.73
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.90	0.94	0.95	0.95	0.94	0.73
4. Expected Number of Screenings per Eligible	CN		3.25	1.80	0.94	0.48	0.57	0.47	0.37
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.80	0.94	0.48	0.57	0.47	0.37
5. Expected Number of Screenings	CN	598,067	94,913	141,757	115,636	72,919	103,714	57,926	11,202
	MN	0	0	0	0	0	0	0	0
	Total	598,067	94,913	141,757	115,636	72,919	103,714	57,926	11,202
6. Total Screens Received	CN	573,277	122,211	147,194	78,072	68,052	89,108	57,202	11,438
	MN	0	0	0	0	0	0	0	0
	Total	573,277	122,211	147,194	78,072	68,052	89,108	57,202	11,438
7. SCREENING RATIO	CN	0.96	1.00	1.00	0.68	0.93	0.86	0.99	1.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.96	1.00	1.00	0.68	0.93	0.86	0.99	1.00

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	469,355	29,204	78,754	115,636	72,919	103,714	57,926	11,202
	MN	0	0	0	0	0	0	0	0
	Total	469,355	29,204	78,754	115,636	72,919	103,714	57,926	11,202
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	291,047	26,645	52,715	56,360	50,662	63,448	36,553	4,664
	MN	0	0	0	0	0	0	0	0
	Total	291,047	26,645	52,715	56,360	50,662	63,448	36,553	4,664
10. PARTICIPANT RATIO	CN	0.62	0.91	0.67	0.49	0.69	0.61	0.63	0.42
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.91	0.67	0.49	0.69	0.61	0.63	0.42
11. Total Eligibles Referred for Corrective Treatment	CN	69,666	8,097	12,279	10,126	11,386	14,506	10,658	2,614
	MN	0	0	0	0	0	0	0	0
	Total	69,666	8,097	12,279	10,126	11,386	14,506	10,658	2,614
12a. Total Eligibles Receiving Any Dental Services	CN	250,664	171	10,395	41,767	71,595	78,250	43,275	5,211
	MN	0	0	0	0	0	0	0	0
	Total	250,664	171	10,395	41,767	71,595	78,250	43,275	5,211
12b. Total Eligibles Receiving Preventive Dental Services	CN	222,300	102	8,405	37,448	65,685	71,440	35,667	3,553
	MN	0	0	0	0	0	0	0	0
	Total	222,300	102	8,405	37,448	65,685	71,440	35,667	3,553
12c. Total Eligibles Receiving Dental Treatment Services	CN	104,784	15	621	11,866	32,493	33,864	22,951	2,974
	MN	0	0	0	0	0	0	0	0
	Total	104,784	15	621	11,866	32,493	33,864	22,951	2,974
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,920				19,006	17,914		
	MN	0				0	0		
	Total	36,920				19,006	17,914		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Missouri

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	236,213	151	10,033	40,176	68,030	73,803	39,403	4,617
	MN	0	0	0	0	0	0	0	0
	Total	236,213	151	10,033	40,176	68,030	73,803	39,403	4,617
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,541	28	910	1,802	1,145	288	302	66
	MN	0	0	0	0	0	0	0	0
	Total	4,541	28	910	1,802	1,145	288	302	66
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	251,765	197	11,057	42,058	71,665	78,270	43,302	5,216
	MN	0	0	0	0	0	0	0	0
	Total	251,765	197	11,057	42,058	71,665	78,270	43,302	5,216
13. Total Eligibles Enrolled in Managed Care	CN	678,477	28,263	74,436	115,945	144,752	173,322	115,760	25,999
	MN	0	0	0	0	0	0	0	0
	Total	678,477	28,263	74,436	115,945	144,752	173,322	115,760	25,999
14a. Total Number of Screening Blood Lead Tests	CN	56,121	477	33,538	22,106				
	MN	0	0	0	0				
	Total	56,121	477	33,538	22,106				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	127,136	6,092	13,850	20,600	25,612	30,273	20,256	10,453
	MN	707	0	1	2	0	6	108	590
	Total	127,843	6,092	13,851	20,602	25,612	30,279	20,364	11,043
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	121,845	4,927	13,325	19,946	24,853	29,417	19,599	9,778
	MN	674	0	0	1	0	6	101	566
	Total	122,519	4,927	13,325	19,947	24,853	29,423	19,700	10,344
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,603	0	2	68	2,079	3,233	2,113	108
	MN	7	0	0	0	0	1	5	1
	Total	7,610	0	2	68	2,079	3,234	2,118	109
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	1,374,516	35,614	146,688	223,773	288,704	347,052	229,391	103,294
	MN	7,373	0	0	12	0	62	1,105	6,194
	Total	1,381,889	35,614	146,688	223,785	288,704	347,114	230,496	109,488
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.94	0.60	0.92	0.93	0.97	0.98	0.98	0.88
	MN	0.91	0.00	0.00	1.00	0.00	0.86	0.91	0.91
	Total	0.94	0.60	0.92	0.93	0.97	0.98	0.98	0.88
4. Expected Number of Screenings per Eligible	CN		3.60	2.30	0.93	0.97	0.98	0.98	0.88
	MN		0.00	0.00	1.00	0.00	0.86	0.91	0.91
	Total		3.60	2.30	0.93	0.97	0.98	0.98	0.88
5. Expected Number of Screenings	CN	147,683	17,737	30,648	18,550	24,107	28,829	19,207	8,605
	MN	613	0	0	1	0	5	92	515
	Total	148,296	17,737	30,648	18,551	24,107	28,834	19,299	9,120
6. Total Screens Received	CN	127,174	29,748	33,519	17,889	13,673	21,464	9,577	1,304
	MN	91	0	0	1	0	12	15	63
	Total	127,265	29,748	33,519	17,890	13,673	21,476	9,592	1,367
7. SCREENING RATIO	CN	0.86	1.00	1.00	0.96	0.57	0.74	0.50	0.15
	MN	0.15	0.00	0.00	1.00	0.00	1.00	0.16	0.12
	Total	0.86	1.00	1.00	0.96	0.57	0.74	0.50	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	117,550	4,927	13,325	18,550	24,107	28,829	19,207	8,605
	MN	613	0	0	1	0	5	92	515
	Total	118,163	4,927	13,325	18,551	24,107	28,834	19,299	9,120
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	46,754	4,653	9,662	9,696	7,156	10,142	4,731	714
	MN	45	0	0	1	0	4	8	32
	Total	46,799	4,653	9,662	9,697	7,156	10,146	4,739	746
10. PARTICIPANT RATIO	CN	0.40	0.94	0.73	0.52	0.30	0.35	0.25	0.08
	MN	0.07	0.00	0.00	1.00	0.00	0.80	0.09	0.06
	Total	0.40	0.94	0.73	0.52	0.30	0.35	0.25	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	46,944	5,457	9,660	9,509	7,038	9,918	4,652	710
	MN	45	0	0	1	0	4	8	32
	Total	46,989	5,457	9,660	9,510	7,038	9,922	4,660	742
12a. Total Eligibles Receiving Any Dental Services	CN	64,310	140	4,535	11,613	16,514	18,354	10,253	2,901
	MN	199	0	0	1	0	3	36	159
	Total	64,509	140	4,535	11,614	16,514	18,357	10,289	3,060
12b. Total Eligibles Receiving Preventive Dental Services	CN	58,966	89	4,249	11,182	15,940	16,955	8,518	2,033
	MN	119	0	0	1	0	3	22	93
	Total	59,085	89	4,249	11,183	15,940	16,958	8,540	2,126
12c. Total Eligibles Receiving Dental Treatment Services	CN	34,353	52	770	4,780	8,976	10,732	7,063	1,980
	MN	151	0	0	0	0	2	29	120
	Total	34,504	52	770	4,780	8,976	10,734	7,092	2,100
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,211				4,551	3,660		
	MN	0				0	0		
	Total	8,211				4,551	3,660		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Montana

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	60,124	115	4,481	11,304	15,462	16,925	9,241	2,596
	MN	169	0	0	1	0	3	29	136
	Total	60,293	115	4,481	11,305	15,462	16,928	9,270	2,732
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	6,911	33	412	1,364	1,808	2,058	1,007	229
	MN	33	0	0	0	0	0	4	29
	Total	6,944	33	412	1,364	1,808	2,058	1,011	258
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	68,699	170	4,848	12,480	17,743	19,594	10,820	3,044
	MN	225	0	0	1	0	3	40	181
	Total	68,924	170	4,848	12,481	17,743	19,597	10,860	3,225
13. Total Eligibles Enrolled in Managed Care	CN	118,392	4,171	12,969	19,470	24,325	28,833	19,124	9,500
	MN	668	0	0	1	0	6	100	561
	Total	119,060	4,171	12,969	19,471	24,325	28,839	19,224	10,061
14a. Total Number of Screening Blood Lead Tests	CN	2,158	20	1,555	583				
	MN	0	0	0	0				
	Total	2,158	20	1,555	583				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	201,532	12,159	24,793	33,980	42,586	49,486	30,844	7,684
	MN	77	4	13	7	4	15	12	22
	Total	201,609	12,163	24,806	33,987	42,590	49,501	30,856	7,706
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	190,651	9,947	23,721	32,585	40,879	47,512	29,483	6,524
	MN	75	2	13	7	4	15	12	22
	Total	190,726	9,949	23,734	32,592	40,883	47,527	29,495	6,546
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	55,173	479	5,594	8,750	12,954	15,595	10,376	1,425
	MN	0	0	0	0	0	0	0	0
	Total	55,173	479	5,594	8,750	12,954	15,595	10,376	1,425
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	2,009,126	72,978	251,855	349,963	444,981	519,691	316,446	53,212
	MN	673	8	105	58	39	160	133	170
	Total	2,009,799	72,986	251,960	350,021	445,020	519,851	316,579	53,382
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.88	0.61	0.88	0.90	0.91	0.91	0.89	0.68
	MN	0.75	0.33	0.67	0.69	0.81	0.89	0.92	0.64
	Total	0.88	0.61	0.88	0.89	0.91	0.91	0.89	0.68
4. Expected Number of Screenings per Eligible	CN		3.66	2.20	0.90	0.91	0.91	0.89	0.68
	MN		1.98	1.68	0.69	0.81	0.89	0.92	0.64
	Total		3.66	2.20	0.89	0.91	0.91	0.89	0.68
5. Expected Number of Screenings	CN	229,031	36,406	52,186	29,327	37,200	43,236	26,240	4,436
	MN	72	4	22	5	3	13	11	14
	Total	229,103	36,410	52,208	29,332	37,203	43,249	26,251	4,450
6. Total Screens Received	CN	167,722	44,482	53,310	22,861	13,949	21,722	10,659	739
	MN	14	0	10	2	1	0	0	1
	Total	167,736	44,482	53,320	22,863	13,950	21,722	10,659	740
7. SCREENING RATIO	CN	0.73	1.00	1.00	0.78	0.37	0.50	0.41	0.17
	MN	0.19	0.00	0.45	0.40	0.33	0.00	0.00	0.07
	Total	0.73	1.00	1.00	0.78	0.37	0.50	0.41	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	174,107	9,947	23,721	29,327	37,200	43,236	26,240	4,436
	MN	61	2	13	5	3	13	11	14
	Total	174,168	9,949	23,734	29,332	37,203	43,249	26,251	4,450
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	83,408	9,257	17,488	17,522	11,954	18,017	8,623	547
	MN	8	0	4	2	1	0	0	1
	Total	83,416	9,257	17,492	17,524	11,955	18,017	8,623	548
10. PARTICIPANT RATIO	CN	0.48	0.93	0.74	0.60	0.32	0.42	0.33	0.12
	MN	0.13	0.00	0.31	0.40	0.33	0.00	0.00	0.07
	Total	0.48	0.93	0.74	0.60	0.32	0.42	0.33	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	854	398	138	78	71	102	59	8
	MN	0	0	0	0	0	0	0	0
	Total	854	398	138	78	71	102	59	8
12a. Total Eligibles Receiving Any Dental Services	CN	101,456	68	6,530	19,208	27,970	30,161	15,477	2,042
	MN	25	0	1	1	2	3	8	10
	Total	101,481	68	6,531	19,209	27,972	30,164	15,485	2,052
12b. Total Eligibles Receiving Preventive Dental Services	CN	96,056	35	5,876	18,528	27,169	28,852	13,981	1,615
	MN	22	0	1	1	2	3	8	7
	Total	96,078	35	5,877	18,529	27,171	28,855	13,989	1,622
12c. Total Eligibles Receiving Dental Treatment Services	CN	37,997	8	365	5,560	11,893	11,688	7,419	1,064
	MN	11	0	0	0	0	1	3	7
	Total	38,008	8	365	5,560	11,893	11,689	7,422	1,071
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,609				9,054	8,555		
	MN	0				0	0		
	Total	17,609				9,054	8,555		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Nebraska

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	96,614	65	6,458	18,579	26,428	28,660	14,562	1,862
	MN	25	0	1	1	2	3	8	10
	Total	96,639	65	6,459	18,580	26,430	28,663	14,570	1,872
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	521	23	223	152	62	60	1	0
	MN	0	0	0	0	0	0	0	0
	Total	521	23	223	152	62	60	1	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	101,630	68	6,631	19,264	27,978	30,169	15,478	2,042
	MN	25	0	1	1	2	3	8	10
	Total	101,655	68	6,632	19,265	27,980	30,172	15,486	2,052
13. Total Eligibles Enrolled in Managed Care	CN	190,639	9,945	23,720	32,583	40,876	47,511	29,483	6,521
	MN	73	2	13	7	4	15	12	20
	Total	190,712	9,947	23,733	32,590	40,880	47,526	29,495	6,541
14a. Total Number of Screening Blood Lead Tests	CN	16,448	85	10,091	6,272				
	MN	4	0	3	1				
	Total	16,452	85	10,094	6,273				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	405,991	23,135	46,771	65,321	83,029	98,525	63,736	25,474
	MN	0	0	0	0	0	0	0	0
	Total	405,991	23,135	46,771	65,321	83,029	98,525	63,736	25,474
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	378,294	17,803	43,965	61,631	78,425	93,452	59,993	23,025
	MN	0	0	0	0	0	0	0	0
	Total	378,294	17,803	43,965	61,631	78,425	93,452	59,993	23,025
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	39,455	142	2,158	4,270	10,009	13,329	8,506	1,041
	MN	0	0	0	0	0	0	0	0
	Total	39,455	142	2,158	4,270	10,009	13,329	8,506	1,041
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	3,925,520	127,355	460,070	650,056	834,221	1,001,433	634,209	218,176
	MN	0	0	0	0	0	0	0	0
	Total	3,925,520	127,355	460,070	650,056	834,221	1,001,433	634,209	218,176
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.86	0.60	0.87	0.88	0.89	0.89	0.88	0.79
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.60	0.87	0.88	0.89	0.89	0.88	0.79
4. Expected Number of Screenings per Eligible	CN		4.20	2.18	0.88	0.89	0.89	0.88	0.79
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	2.18	0.88	0.89	0.89	0.88	0.79
5. Expected Number of Screenings	CN	448,806	74,773	95,844	54,235	69,798	83,172	52,794	18,190
	MN	0	0	0	0	0	0	0	0
	Total	448,806	74,773	95,844	54,235	69,798	83,172	52,794	18,190
6. Total Screens Received	CN	275,706	64,821	77,026	40,031	31,631	40,000	19,662	2,535
	MN	0	0	0	0	0	0	0	0
	Total	275,706	64,821	77,026	40,031	31,631	40,000	19,662	2,535
7. SCREENING RATIO	CN	0.61	0.87	0.80	0.74	0.45	0.48	0.37	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.87	0.80	0.74	0.45	0.48	0.37	0.14

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	339,957	17,803	43,965	54,235	69,798	83,172	52,794	18,190
	MN	0	0	0	0	0	0	0	0
	Total	339,957	17,803	43,965	54,235	69,798	83,172	52,794	18,190
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	159,349	14,778	30,940	31,990	27,807	34,590	16,925	2,319
	MN	0	0	0	0	0	0	0	0
	Total	159,349	14,778	30,940	31,990	27,807	34,590	16,925	2,319
10. PARTICIPANT RATIO	CN	0.47	0.83	0.70	0.59	0.40	0.42	0.32	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.83	0.70	0.59	0.40	0.42	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	94,895	13,680	20,360	17,817	15,154	17,631	8,808	1,445
	MN	0	0	0	0	0	0	0	0
	Total	94,895	13,680	20,360	17,817	15,154	17,631	8,808	1,445
12a. Total Eligibles Receiving Any Dental Services	CN	159,394	173	8,697	26,897	42,759	49,175	26,048	5,645
	MN	0	0	0	0	0	0	0	0
	Total	159,394	173	8,697	26,897	42,759	49,175	26,048	5,645
12b. Total Eligibles Receiving Preventive Dental Services	CN	138,460	57	7,309	23,732	38,224	43,971	21,416	3,751
	MN	0	0	0	0	0	0	0	0
	Total	138,460	57	7,309	23,732	38,224	43,971	21,416	3,751
12c. Total Eligibles Receiving Dental Treatment Services	CN	72,060	25	689	8,622	20,336	24,201	14,660	3,527
	MN	0	0	0	0	0	0	0	0
	Total	72,060	25	689	8,622	20,336	24,201	14,660	3,527
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	28,999				11,427	17,572		
	MN	0				0	0		
	Total	28,999				11,427	17,572		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Nevada

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	150,492	151	8,184	25,669	40,455	46,353	24,403	5,277
	MN	0	0	0	0	0	0	0	0
	Total	150,492	151	8,184	25,669	40,455	46,353	24,403	5,277
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	633	7	167	159	125	123	52	0
	MN	0	0	0	0	0	0	0	0
	Total	633	7	167	159	125	123	52	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	159,394	173	8,697	26,897	42,759	49,175	26,048	5,645
	MN	0	0	0	0	0	0	0	0
	Total	159,394	173	8,697	26,897	42,759	49,175	26,048	5,645
13. Total Eligibles Enrolled in Managed Care	CN	294,539	15,775	37,717	51,035	60,807	69,737	43,884	15,584
	MN	0	0	0	0	0	0	0	0
	Total	294,539	15,775	37,717	51,035	60,807	69,737	43,884	15,584
14a. Total Number of Screening Blood Lead Tests	CN	10,412	214	7,102	3,096				
	MN	0	0	0	0				
	Total	10,412	214	7,102	3,096				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	115,599	5,156	11,657	17,642	23,566	28,832	20,742	8,004
	MN	151	1	11	13	19	39	46	22
	Total	115,750	5,157	11,668	17,655	23,585	28,871	20,788	8,026
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	105,900	3,623	10,780	16,433	21,994	27,028	19,264	6,778
	MN	126	1	9	9	18	31	40	18
	Total	106,026	3,624	10,789	16,442	22,012	27,059	19,304	6,796
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	17,472	189	1,815	2,945	3,795	4,695	3,581	452
	MN	0	0	0	0	0	0	0	0
	Total	17,472	189	1,815	2,945	3,795	4,695	3,581	452
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	1,169,130	28,433	118,885	183,855	248,274	305,739	215,561	68,383
	MN	1,296	12	90	79	183	343	437	152
	Total	1,170,426	28,445	118,975	183,934	248,457	306,082	215,998	68,535
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.84
	MN	0.86	1.00	0.83	0.73	0.85	0.92	0.91	0.70
	Total	0.92	0.65	0.92	0.93	0.94	0.94	0.93	0.84
4. Expected Number of Screenings per Eligible	CN		4.55	2.30	0.93	0.94	0.94	0.93	0.84
	MN		7.00	2.08	0.73	0.85	0.92	0.91	0.70
	Total		4.55	2.30	0.93	0.94	0.94	0.93	0.84
5. Expected Number of Screenings	CN	126,252	16,485	24,794	15,283	20,674	25,406	17,916	5,694
	MN	126	7	19	7	15	29	36	13
	Total	126,378	16,492	24,813	15,290	20,689	25,435	17,952	5,707
6. Total Screens Received	CN	93,984	15,087	23,371	12,924	13,854	16,920	10,092	1,736
	MN	67	7	19	3	5	16	11	6
	Total	94,051	15,094	23,390	12,927	13,859	16,936	10,103	1,742
7. SCREENING RATIO	CN	0.74	0.92	0.94	0.85	0.67	0.67	0.56	0.30
	MN	0.53	1.00	1.00	0.43	0.33	0.55	0.31	0.46
	Total	0.74	0.92	0.94	0.85	0.67	0.67	0.56	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	99,376	3,623	10,780	15,283	20,674	25,406	17,916	5,694
	MN	110	1	9	7	15	29	36	13
	Total	99,486	3,624	10,789	15,290	20,689	25,435	17,952	5,707
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	64,008	3,308	9,100	11,617	13,174	15,958	9,267	1,584
	MN	46	1	8	3	5	13	10	6
	Total	64,054	3,309	9,108	11,620	13,179	15,971	9,277	1,590
10. PARTICIPANT RATIO	CN	0.64	0.91	0.84	0.76	0.64	0.63	0.52	0.28
	MN	0.42	1.00	0.89	0.43	0.33	0.45	0.28	0.46
	Total	0.64	0.91	0.84	0.76	0.64	0.63	0.52	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	30,943	3,130	6,932	4,901	5,157	5,985	4,299	539
	MN	18	1	5	1	3	4	3	1
	Total	30,961	3,131	6,937	4,902	5,160	5,989	4,302	540
12a. Total Eligibles Receiving Any Dental Services	CN	60,365	146	3,739	9,766	15,319	17,955	11,256	2,184
	MN	47	0	1	3	12	11	15	5
	Total	60,412	146	3,740	9,769	15,331	17,966	11,271	2,189
12b. Total Eligibles Receiving Preventive Dental Services	CN	56,334	77	3,140	9,391	14,579	17,045	10,279	1,823
	MN	37	0	1	3	8	8	12	5
	Total	56,371	77	3,141	9,394	14,587	17,053	10,291	1,828
12c. Total Eligibles Receiving Dental Treatment Services	CN	23,904	38	136	2,259	6,932	7,812	5,655	1,072
	MN	22	0	0	1	7	6	6	2
	Total	23,926	38	136	2,260	6,939	7,818	5,661	1,074
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,652				4,070	3,582		
	MN	5				3	2		
	Total	7,657				4,073	3,584		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: New Hampshire

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	57,723	142	3,633	9,378	14,786	17,226	10,549	2,009
	MN	36	0	1	3	8	7	12	5
	Total	57,759	142	3,634	9,381	14,794	17,233	10,561	2,014
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	4,042	80	881	945	1,284	647	177	28
	MN	2	0	1	1	0	0	0	0
	Total	4,044	80	882	946	1,284	647	177	28
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	61,895	222	4,311	9,989	15,662	18,203	11,317	2,191
	MN	48	0	2	3	12	11	15	5
	Total	61,943	222	4,313	9,992	15,674	18,214	11,332	2,196
13. Total Eligibles Enrolled in Managed Care	CN	102,483	3,459	10,655	16,238	21,774	26,725	19,020	4,612
	MN	117	1	9	8	17	27	37	18
	Total	102,600	3,460	10,664	16,246	21,791	26,752	19,057	4,630
14a. Total Number of Screening Blood Lead Tests	CN	6,910	32	5,576	1,302				
	MN	4	0	4	0				
	Total	6,914	32	5,580	1,302				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	867,457	54,212	95,562	132,296	172,815	204,689	142,366	65,517
	MN	0	0	0	0	0	0	0	0
	Total	867,457	54,212	95,562	132,296	172,815	204,689	142,366	65,517
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	805,107	32,135	90,924	125,922	165,114	195,387	135,215	60,410
	MN	0	0	0	0	0	0	0	0
	Total	805,107	32,135	90,924	125,922	165,114	195,387	135,215	60,410
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	95,193	6	159	1,100	27,556	38,331	27,535	506
	MN	0	0	0	0	0	0	0	0
	Total	95,193	6	159	1,100	27,556	38,331	27,535	506
2a. State Periodicity Schedule			6	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	8,976,573	232,589	1,018,582	1,429,342	1,883,841	2,236,536	1,538,941	636,742
	MN	0	0	0	0	0	0	0	0
	Total	8,976,573	232,589	1,018,582	1,429,342	1,883,841	2,236,536	1,538,941	636,742
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.93	0.60	0.93	0.95	0.95	0.95	0.95	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.60	0.93	0.95	0.95	0.95	0.95	0.88
4. Expected Number of Screenings per Eligible	CN		3.60	1.86	0.95	0.95	0.95	0.95	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.86	0.95	0.95	0.95	0.95	0.88
5. Expected Number of Screenings	CN	928,522	115,686	169,119	119,626	156,858	185,618	128,454	53,161
	MN	0	0	0	0	0	0	0	0
	Total	928,522	115,686	169,119	119,626	156,858	185,618	128,454	53,161
6. Total Screens Received	CN	811,936	117,092	212,128	116,477	112,729	139,936	89,560	24,014
	MN	0	0	0	0	0	0	0	0
	Total	811,936	117,092	212,128	116,477	112,729	139,936	89,560	24,014
7. SCREENING RATIO	CN	0.87	1.00	1.00	0.97	0.72	0.75	0.70	0.45
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	1.00	1.00	0.97	0.72	0.75	0.70	0.45

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	766,776	32,135	90,924	119,626	156,858	185,618	128,454	53,161
	MN	0	0	0	0	0	0	0	0
	Total	766,776	32,135	90,924	119,626	156,858	185,618	128,454	53,161
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	503,669	30,218	77,543	90,410	96,059	117,394	73,139	18,906
	MN	0	0	0	0	0	0	0	0
	Total	503,669	30,218	77,543	90,410	96,059	117,394	73,139	18,906
10. PARTICIPANT RATIO	CN	0.66	0.94	0.85	0.76	0.61	0.63	0.57	0.36
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.66	0.94	0.85	0.76	0.61	0.63	0.57	0.36
11. Total Eligibles Referred for Corrective Treatment	CN	106,149	151	10,773	24,703	24,014	23,713	16,120	6,675
	MN	0	0	0	0	0	0	0	0
	Total	106,149	151	10,773	24,703	24,014	23,713	16,120	6,675
12a. Total Eligibles Receiving Any Dental Services	CN	430,446	428	23,627	73,469	109,650	125,565	74,582	23,125
	MN	0	0	0	0	0	0	0	0
	Total	430,446	428	23,627	73,469	109,650	125,565	74,582	23,125
12b. Total Eligibles Receiving Preventive Dental Services	CN	403,515	244	22,663	71,310	105,352	118,717	66,179	19,050
	MN	0	0	0	0	0	0	0	0
	Total	403,515	244	22,663	71,310	105,352	118,717	66,179	19,050
12c. Total Eligibles Receiving Dental Treatment Services	CN	224,310	129	5,212	28,186	60,805	70,873	45,166	13,939
	MN	0	0	0	0	0	0	0	0
	Total	224,310	129	5,212	28,186	60,805	70,873	45,166	13,939
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	62,854				29,612	33,242		
	MN	0				0	0		
	Total	62,854				29,612	33,242		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: New Jersey

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	345,135	221	15,295	56,121	92,338	104,997	58,986	17,177
	MN	0	0	0	0	0	0	0	0
	Total	345,135	221	15,295	56,121	92,338	104,997	58,986	17,177
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	22,445	607	10,894	8,592	2,208	84	53	7
	MN	0	0	0	0	0	0	0	0
	Total	22,445	607	10,894	8,592	2,208	84	53	7
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	442,412	965	31,398	76,539	110,192	125,591	74,599	23,128
	MN	0	0	0	0	0	0	0	0
	Total	442,412	965	31,398	76,539	110,192	125,591	74,599	23,128
13. Total Eligibles Enrolled in Managed Care	CN	802,480	32,009	90,809	125,629	164,700	194,656	134,466	60,211
	MN	0	0	0	0	0	0	0	0
	Total	802,480	32,009	90,809	125,629	164,700	194,656	134,466	60,211
14a. Total Number of Screening Blood Lead Tests	CN	124,764	2,771	66,732	55,261				
	MN	0	0	0	0				
	Total	124,764	2,771	66,732	55,261				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	406,225	17,756	39,227	60,684	81,219	102,713	72,709	31,917
	MN	0	0	0	0	0	0	0	0
	Total	406,225	17,756	39,227	60,684	81,219	102,713	72,709	31,917
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	390,741	14,347	37,996	58,873	79,148	100,087	70,562	29,728
	MN	0	0	0	0	0	0	0	0
	Total	390,741	14,347	37,996	58,873	79,148	100,087	70,562	29,728
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	9,760	58	493	753	2,408	3,445	2,553	50
	MN	0	0	0	0	0	0	0	0
	Total	9,760	58	493	753	2,408	3,445	2,553	50
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	3,491,388	155,180	318,733	532,611	722,850	906,520	631,982	223,512
	MN	0	0	0	0	0	0	0	0
	Total	3,491,388	155,180	318,733	532,611	722,850	906,520	631,982	223,512
3b. Average Period of Eligibility	CN	0.74	0.90	0.70	0.75	0.76	0.75	0.75	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.74	0.90	0.70	0.75	0.76	0.75	0.75	0.63
4. Expected Number of Screenings per Eligible	CN		6.30	1.75	0.75	0.76	0.75	0.75	0.63
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		6.30	1.75	0.75	0.76	0.75	0.75	0.63
5. Expected Number of Screenings	CN	407,902	90,386	66,493	44,155	60,152	75,065	52,922	18,729
	MN	0	0	0	0	0	0	0	0
	Total	407,902	90,386	66,493	44,155	60,152	75,065	52,922	18,729
6. Total Screens Received	CN	284,981	61,788	76,387	38,452	34,198	46,619	24,104	3,433
	MN	0	0	0	0	0	0	0	0
	Total	284,981	61,788	76,387	38,452	34,198	46,619	24,104	3,433
7. SCREENING RATIO	CN	0.70	0.68	1.00	0.87	0.57	0.62	0.46	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.68	1.00	0.87	0.57	0.62	0.46	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	303,366	14,347	37,996	44,155	60,152	75,065	52,922	18,729
	MN	0	0	0	0	0	0	0	0
	Total	303,366	14,347	37,996	44,155	60,152	75,065	52,922	18,729
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	159,481	13,321	28,475	30,637	27,626	37,489	19,129	2,804
	MN	0	0	0	0	0	0	0	0
	Total	159,481	13,321	28,475	30,637	27,626	37,489	19,129	2,804
10. PARTICIPANT RATIO	CN	0.53	0.93	0.75	0.69	0.46	0.50	0.36	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.93	0.75	0.69	0.46	0.50	0.36	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	363	228	9	8	6	9	47	56
	MN	0	0	0	0	0	0	0	0
	Total	363	228	9	8	6	9	47	56
12a. Total Eligibles Receiving Any Dental Services	CN	224,424	320	13,143	37,860	55,928	66,806	39,938	10,429
	MN	0	0	0	0	0	0	0	0
	Total	224,424	320	13,143	37,860	55,928	66,806	39,938	10,429
12b. Total Eligibles Receiving Preventive Dental Services	CN	202,875	150	12,042	35,186	51,955	60,887	34,510	8,145
	MN	0	0	0	0	0	0	0	0
	Total	202,875	150	12,042	35,186	51,955	60,887	34,510	8,145
12c. Total Eligibles Receiving Dental Treatment Services	CN	223,767	319	13,073	37,770	55,812	66,626	39,805	10,362
	MN	0	0	0	0	0	0	0	0
	Total	223,767	319	13,073	37,770	55,812	66,626	39,805	10,362
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,297				12,720	11,577		
	MN	0				0	0		
	Total	24,297				12,720	11,577		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: New Mexico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	207,302	287	12,596	35,942	52,475	61,292	35,716	8,994
	MN	0	0	0	0	0	0	0	0
	Total	207,302	287	12,596	35,942	52,475	61,292	35,716	8,994
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	844	26	535	136	83	49	12	3
	MN	0	0	0	0	0	0	0	0
	Total	844	26	535	136	83	49	12	3
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	224,948	345	13,507	37,925	55,967	66,830	39,943	10,431
	MN	0	0	0	0	0	0	0	0
	Total	224,948	345	13,507	37,925	55,967	66,830	39,943	10,431
13. Total Eligibles Enrolled in Managed Care	CN	351,164	13,218	34,385	52,994	71,109	89,573	63,186	26,699
	MN	0	0	0	0	0	0	0	0
	Total	351,164	13,218	34,385	52,994	71,109	89,573	63,186	26,699
14a. Total Number of Screening Blood Lead Tests	CN	11,987	191	8,383	3,413				
	MN	0	0	0	0				
	Total	11,987	191	8,383	3,413				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)		HEDIS (Method II)	X	Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	697,392	14,929	113,838	217,767	128,200	114,266	81,505	26,887
	MN	1,884,789	131,337	178,398	163,738	367,187	472,116	360,043	211,970
	Total	2,582,181	146,266	292,236	381,505	495,387	586,382	441,548	238,857
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	677,071	13,346	110,609	210,393	124,425	112,286	80,048	25,964
	MN	1,789,613	120,420	166,472	156,299	353,512	454,050	341,626	197,234
	Total	2,466,684	133,766	277,081	366,692	477,937	566,336	421,674	223,198
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	3	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	1.50	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	7,587,290	111,031	1,229,454	2,336,365	1,403,456	1,297,276	919,846	289,862
	MN	19,244,687	1,114,634	1,720,525	1,699,279	3,907,485	5,014,607	3,732,395	2,055,762
	Total	26,831,977	1,225,665	2,949,979	4,035,644	5,310,941	6,311,883	4,652,241	2,345,624
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.93	0.69	0.93	0.93	0.94	0.96	0.96	0.93
	MN	0.90	0.77	0.86	0.91	0.92	0.92	0.91	0.87
	Total	0.91	0.76	0.89	0.92	0.93	0.93	0.92	0.88
4. Expected Number of Screenings per Eligible	CN		4.14	1.40	0.93	0.47	0.96	0.96	0.93
	MN		4.62	1.29	0.91	0.46	0.92	0.91	0.87
	Total		4.56	1.34	0.92	0.47	0.93	0.92	0.88
5. Expected Number of Screenings	CN	673,038	55,252	154,853	195,665	58,480	107,795	76,846	24,147
	MN	1,976,137	556,340	214,749	142,232	162,616	417,726	310,880	171,594
	Total	2,649,175	611,592	369,602	337,897	221,096	525,521	387,726	195,741
6. Total Screens Received	CN	707,831	40,615	232,855	206,658	91,646	78,034	49,780	8,243
	MN	1,866,183	460,300	376,380	144,999	260,762	334,436	225,102	64,204
	Total	2,574,014	500,915	609,235	351,657	352,408	412,470	274,882	72,447
7. SCREENING RATIO	CN	1.00	0.74	1.00	1.00	1.00	0.72	0.65	0.34
	MN	0.94	0.83	1.00	1.00	1.00	0.80	0.72	0.37
	Total	0.97	0.82	1.00	1.00	1.00	0.78	0.71	0.37

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	586,888	13,346	110,609	195,665	58,480	107,795	76,846	24,147
	MN	1,491,940	120,420	166,472	142,232	162,616	417,726	310,880	171,594
	Total	2,078,828	133,766	277,081	337,897	221,096	525,521	387,726	195,741
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	456,533	10,515	93,787	156,481	78,338	67,950	42,223	7,239
	MN	1,111,070	109,110	136,541	110,687	222,815	285,930	189,884	56,103
	Total	1,567,603	119,625	230,328	267,168	301,153	353,880	232,107	63,342
10. PARTICIPANT RATIO	CN	0.78	0.79	0.85	0.80	1.00	0.63	0.55	0.30
	MN	0.74	0.91	0.82	0.78	1.00	0.68	0.61	0.33
	Total	0.75	0.89	0.83	0.79	1.00	0.67	0.60	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	395,633	10,239	88,253	135,839	65,518	55,001	34,553	6,230
	MN	942,854	107,015	127,808	93,484	183,018	230,437	154,246	46,846
	Total	1,338,487	117,254	216,061	229,323	248,536	285,438	188,799	53,076
12a. Total Eligibles Receiving Any Dental Services	CN	290,530	60	21,622	106,880	67,673	54,215	32,374	7,706
	MN	805,798	1,000	23,710	74,838	217,954	262,869	161,086	64,341
	Total	1,096,328	1,060	45,332	181,718	285,627	317,084	193,460	72,047
12b. Total Eligibles Receiving Preventive Dental Services	CN	243,809	24	19,117	96,829	56,069	43,331	23,446	4,993
	MN	693,926	325	20,930	68,272	194,186	229,048	130,911	50,254
	Total	937,735	349	40,047	165,101	250,255	272,379	154,357	55,247
12c. Total Eligibles Receiving Dental Treatment Services	CN	109,613	11	2,479	30,885	28,613	25,477	18,089	4,059
	MN	392,464	438	2,809	22,364	105,523	135,729	89,901	35,700
	Total	502,077	449	5,288	53,249	134,136	161,206	107,990	39,759
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,186				11,518	9,668		
	MN	96,402				48,982	47,420		
	Total	117,588				60,500	57,088		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: New York

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	260,926	45	20,197	100,278	59,005	47,194	27,877	6,330
	MN	739,977	731	22,117	70,662	199,871	241,698	145,908	58,990
	Total	1,000,903	776	42,314	170,940	258,876	288,892	173,785	65,320
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,933	35	3,902	3,843	966	119	59	9
	MN	11,530	422	5,140	2,603	1,997	777	455	136
	Total	20,463	457	9,042	6,446	2,963	896	514	145
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	295,881	94	24,764	108,699	67,945	54,262	32,407	7,710
	MN	812,944	1,416	27,996	76,190	218,446	263,141	161,326	64,429
	Total	1,108,825	1,510	52,760	184,889	286,391	317,403	193,733	72,139
13. Total Eligibles Enrolled in Managed Care	CN	626,367	11,853	106,576	202,615	116,083	101,255	68,129	19,856
	MN	1,718,196	116,247	163,264	152,341	342,981	437,707	324,553	181,103
	Total	2,344,563	128,100	269,840	354,956	459,064	538,962	392,682	200,959
14a. Total Number of Screening Blood Lead Tests	CN	103,396	509	55,640	47,247				
	MN	113,291	4,724	75,566	33,001				
	Total	216,687	5,233	131,206	80,248				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,318,761	72,008	151,455	222,768	270,280	318,246	218,604	65,400
	MN	1,450	53	35	69	244	367	387	295
	Total	1,320,211	72,061	151,490	222,837	270,524	318,613	218,991	65,695
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,257,029	56,473	147,481	217,146	259,177	305,628	209,504	61,620
	MN	918	10	18	29	161	258	229	213
	Total	1,257,947	56,483	147,499	217,175	259,338	305,886	209,733	61,833
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	149,916	156	18,551	32,555	32,821	38,809	26,337	687
	MN	0	0	0	0	0	0	0	0
	Total	149,916	156	18,551	32,555	32,821	38,809	26,337	687
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	13,865,939	430,273	1,668,212	2,473,345	2,874,682	3,417,827	2,335,838	665,762
	MN	7,732	58	121	244	1,363	2,191	1,774	1,981
	Total	13,873,671	430,331	1,668,333	2,473,589	2,876,045	3,420,018	2,337,612	667,743
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.63	0.94	0.95	0.92	0.93	0.93	0.90
	MN	0.70	0.48	0.56	0.70	0.71	0.71	0.65	0.78
	Total	0.92	0.63	0.94	0.95	0.92	0.93	0.93	0.90
4. Expected Number of Screenings per Eligible	CN		3.15	1.88	0.95	0.92	0.93	0.93	0.90
	MN		2.40	1.12	0.70	0.71	0.71	0.65	0.78
	Total		3.15	1.88	0.95	0.92	0.93	0.93	0.90
5. Expected Number of Screenings	CN	1,434,417	177,890	277,264	206,289	238,443	284,234	194,839	55,458
	MN	676	24	20	20	114	183	149	166
	Total	1,435,093	177,914	277,284	206,309	238,557	284,417	194,988	55,624
6. Total Screens Received	CN	1,082,233	247,145	306,788	162,698	121,779	152,552	81,249	10,022
	MN	322	27	27	21	56	93	58	40
	Total	1,082,555	247,172	306,815	162,719	121,835	152,645	81,307	10,062
7. SCREENING RATIO	CN	0.75	1.00	1.00	0.79	0.51	0.54	0.42	0.18
	MN	0.48	1.00	1.00	1.00	0.49	0.51	0.39	0.24
	Total	0.75	1.00	1.00	0.79	0.51	0.54	0.42	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,183,217	56,473	147,481	206,289	238,443	284,234	194,839	55,458
	MN	660	10	18	20	114	183	149	166
	Total	1,183,877	56,483	147,499	206,309	238,557	284,417	194,988	55,624
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	681,197	54,412	125,042	149,729	117,919	147,147	77,414	9,534
	MN	275	8	12	15	55	92	55	38
	Total	681,472	54,420	125,054	149,744	117,974	147,239	77,469	9,572
10. PARTICIPANT RATIO	CN	0.58	0.96	0.85	0.73	0.49	0.52	0.40	0.17
	MN	0.42	0.80	0.67	0.75	0.48	0.50	0.37	0.23
	Total	0.58	0.96	0.85	0.73	0.49	0.52	0.40	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	354,527	51,159	91,875	61,370	50,150	59,109	35,938	4,926
	MN	134	7	10	12	24	32	34	15
	Total	354,661	51,166	91,885	61,382	50,174	59,141	35,972	4,941
12a. Total Eligibles Receiving Any Dental Services	CN	654,467	665	36,971	121,658	169,428	192,858	113,530	19,357
	MN	367	0	0	14	84	131	87	51
	Total	654,834	665	36,971	121,672	169,512	192,989	113,617	19,408
12b. Total Eligibles Receiving Preventive Dental Services	CN	617,340	300	35,666	118,230	164,303	183,779	100,180	14,882
	MN	323	0	0	14	81	119	73	36
	Total	617,663	300	35,666	118,244	164,384	183,898	100,253	14,918
12c. Total Eligibles Receiving Dental Treatment Services	CN	292,290	179	2,471	38,746	82,005	90,903	66,058	11,928
	MN	172	0	0	7	35	53	43	34
	Total	292,462	179	2,471	38,753	82,040	90,956	66,101	11,962
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	80,290				44,474	35,816		
	MN	35				21	14		
	Total	80,325				44,495	35,830		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: North Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	638,296	653	36,827	120,587	166,561	188,171	107,343	18,154
	MN	347	0	0	14	81	123	84	45
	Total	638,643	653	36,827	120,601	166,642	188,294	107,427	18,199
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	98,649	6,679	74,927	16,904	78	44	15	2
	MN	9	0	9	0	0	0	0	0
	Total	98,658	6,679	74,936	16,904	78	44	15	2
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	725,530	7,196	92,883	130,244	169,452	192,862	113,536	19,357
	MN	376	0	9	14	84	131	87	51
	Total	725,906	7,196	92,892	130,258	169,536	192,993	113,623	19,408
13. Total Eligibles Enrolled in Managed Care	CN	1,238,288	53,846	146,236	215,301	256,634	302,436	206,216	57,619
	MN	838	8	15	25	154	238	211	187
	Total	1,239,126	53,854	146,251	215,326	256,788	302,674	206,427	57,806
14a. Total Number of Screening Blood Lead Tests	CN	106,331	360	89,213	16,758				
	MN	10	0	8	2				
	Total	106,341	360	89,221	16,760				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	60,037	3,521	8,350	10,813	12,044	13,148	8,075	4,086
	MN	156	16	0	3	7	31	33	66
	Total	60,193	3,537	8,350	10,816	12,051	13,179	8,108	4,152
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	51,778	2,042	7,288	9,507	10,711	11,817	7,217	3,196
	MN	111	0	0	1	4	23	25	58
	Total	51,889	2,042	7,288	9,508	10,715	11,840	7,242	3,254
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	533,709	15,969	75,278	98,656	114,338	126,929	77,089	25,450
	MN	1,265	0	0	12	44	271	276	662
	Total	534,974	15,969	75,278	98,668	114,382	127,200	77,365	26,112
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.86	0.65	0.86	0.86	0.89	0.90	0.89	0.66
	MN	0.95	0.00	0.00	1.00	0.92	0.98	0.92	0.95
	Total	0.86	0.65	0.86	0.86	0.89	0.90	0.89	0.67
4. Expected Number of Screenings per Eligible	CN		4.55	2.15	0.86	0.89	0.90	0.89	0.66
	MN		0.00	0.00	1.00	0.92	0.98	0.92	0.95
	Total		4.55	2.15	0.86	0.89	0.90	0.89	0.67
5. Expected Number of Screenings	CN	61,836	9,291	15,669	8,176	9,533	10,635	6,423	2,109
	MN	106	0	0	1	4	23	23	55
	Total	61,942	9,291	15,669	8,177	9,537	10,658	6,446	2,164
6. Total Screens Received	CN	32,104	6,256	10,117	4,764	3,404	4,823	2,391	349
	MN	27	0	0	0	4	9	4	10
	Total	32,131	6,256	10,117	4,764	3,408	4,832	2,395	359
7. SCREENING RATIO	CN	0.52	0.67	0.65	0.58	0.36	0.45	0.37	0.17
	MN	0.25	0.00	0.00	0.00	1.00	0.39	0.17	0.18
	Total	0.52	0.67	0.65	0.58	0.36	0.45	0.37	0.17

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	46,206	2,042	7,288	8,176	9,533	10,635	6,423	2,109
	MN	106	0	0	1	4	23	23	55
	Total	46,312	2,042	7,288	8,177	9,537	10,658	6,446	2,164
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	19,201	1,756	4,405	3,887	2,983	3,974	1,976	220
	MN	23	0	0	0	3	8	4	8
	Total	19,224	1,756	4,405	3,887	2,986	3,982	1,980	228
10. PARTICIPANT RATIO	CN	0.42	0.86	0.60	0.48	0.31	0.37	0.31	0.10
	MN	0.22	0.00	0.00	0.00	0.75	0.35	0.17	0.15
	Total	0.42	0.86	0.60	0.48	0.31	0.37	0.31	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	13,347	1,708	3,591	2,482	1,801	2,363	1,306	96
	MN	17	0	0	0	3	6	2	6
	Total	13,364	1,708	3,591	2,482	1,804	2,369	1,308	102
12a. Total Eligibles Receiving Any Dental Services	CN	10,927	3	301	1,942	3,290	3,257	1,687	447
	MN	41	0	0	1	1	12	8	19
	Total	10,968	3	301	1,943	3,291	3,269	1,695	466
12b. Total Eligibles Receiving Preventive Dental Services	CN	9,144	0	117	1,559	2,851	2,871	1,419	327
	MN	30	0	0	1	0	8	7	14
	Total	9,174	0	117	1,560	2,851	2,879	1,426	341
12c. Total Eligibles Receiving Dental Treatment Services	CN	3,865	1	21	503	1,280	1,133	715	212
	MN	11	0	0	0	0	2	3	6
	Total	3,876	1	21	503	1,280	1,135	718	218
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,691				1,473	1,218		
	MN	1				0	1		
	Total	2,692				1,473	1,219		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: North Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	9,890	3	294	1,842	3,010	2,970	1,516	255
	MN	40	0	0	1	1	12	8	18
	Total	9,930	3	294	1,843	3,011	2,982	1,524	273
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	14,320	51	1,195	2,870	4,152	3,951	1,751	350
	MN	32	0	0	0	1	9	9	13
	Total	14,352	51	1,195	2,870	4,153	3,960	1,760	363
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	17,522	54	1,305	3,372	4,993	4,905	2,381	512
	MN	53	0	0	1	1	14	13	24
	Total	17,575	54	1,305	3,373	4,994	4,919	2,394	536
13. Total Eligibles Enrolled in Managed Care	CN	43,014	1,943	6,161	8,186	9,374	10,084	5,925	1,341
	MN	14	0	0	0	1	5	4	4
	Total	43,028	1,943	6,161	8,186	9,375	10,089	5,929	1,345
14a. Total Number of Screening Blood Lead Tests	CN	0	0	0	0				
	MN	0	0	0	0				
	Total	0	0	0	0				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,490,149	77,200	164,230	237,511	298,266	353,765	249,838	109,339
	MN	0	0	0	0	0	0	0	0
	Total	1,490,149	77,200	164,230	237,511	298,266	353,765	249,838	109,339
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,406,324	56,097	156,645	225,992	286,532	340,453	239,238	101,367
	MN	0	0	0	0	0	0	0	0
	Total	1,406,324	56,097	156,645	225,992	286,532	340,453	239,238	101,367
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	251,919	1,451	16,665	27,282	64,035	78,517	57,537	6,432
	MN	0	0	0	0	0	0	0	0
	Total	251,919	1,451	16,665	27,282	64,035	78,517	57,537	6,432
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	15,460,881	438,982	1,741,035	2,504,273	3,216,091	3,836,554	2,669,355	1,054,591
	MN	0	0	0	0	0	0	0	0
	Total	15,460,881	438,982	1,741,035	2,504,273	3,216,091	3,836,554	2,669,355	1,054,591
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.65	0.93	0.92	0.94	0.94	0.93	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.65	0.93	0.92	0.94	0.94	0.93	0.87
4. Expected Number of Screenings per Eligible	CN		4.55	2.33	0.92	0.94	0.94	0.93	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.33	0.92	0.94	0.94	0.93	0.87
5. Expected Number of Screenings	CN	1,728,183	255,241	364,983	207,913	269,340	320,026	222,491	88,189
	MN	0	0	0	0	0	0	0	0
	Total	1,728,183	255,241	364,983	207,913	269,340	320,026	222,491	88,189
6. Total Screens Received	CN	1,073,844	228,219	293,617	157,999	123,669	150,808	100,789	18,743
	MN	0	0	0	0	0	0	0	0
	Total	1,073,844	228,219	293,617	157,999	123,669	150,808	100,789	18,743
7. SCREENING RATIO	CN	0.62	0.89	0.80	0.76	0.46	0.47	0.45	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.89	0.80	0.76	0.46	0.47	0.45	0.21

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Form CMS-416

Fiscal Year: 2018

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	1,320,701	56,097	156,645	207,913	269,340	320,026	222,491	88,189
	MN	0	0	0	0	0	0	0	0
	Total	1,320,701	56,097	156,645	207,913	269,340	320,026	222,491	88,189
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	680,181	51,480	122,255	140,381	117,234	141,603	90,646	16,582
	MN	0	0	0	0	0	0	0	0
	Total	680,181	51,480	122,255	140,381	117,234	141,603	90,646	16,582
10. PARTICIPANT RATIO	CN	0.52	0.92	0.78	0.68	0.44	0.44	0.41	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.92	0.78	0.68	0.44	0.44	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	448,090	47,349	97,045	79,434	68,238	84,074	59,832	12,118
	MN	0	0	0	0	0	0	0	0
	Total	448,090	47,349	97,045	79,434	68,238	84,074	59,832	12,118
12a. Total Eligibles Receiving Any Dental Services	CN	553,219	291	16,813	93,793	149,938	165,561	98,867	27,956
	MN	0	0	0	0	0	0	0	0
	Total	553,219	291	16,813	93,793	149,938	165,561	98,867	27,956
12b. Total Eligibles Receiving Preventive Dental Services	CN	492,480	107	14,581	87,077	140,175	150,154	80,760	19,626
	MN	0	0	0	0	0	0	0	0
	Total	492,480	107	14,581	87,077	140,175	150,154	80,760	19,626
12c. Total Eligibles Receiving Dental Treatment Services	CN	214,021	81	1,123	21,094	56,783	66,530	52,426	15,984
	MN	0	0	0	0	0	0	0	0
	Total	214,021	81	1,123	21,094	56,783	66,530	52,426	15,984
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	79,534				41,629	37,905		
	MN	0				0	0		
	Total	79,534				41,629	37,905		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Ohio

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	526,191	246	16,500	92,037	142,822	156,964	91,675	25,947
	MN	0	0	0	0	0	0	0	0
	Total	526,191	246	16,500	92,037	142,822	156,964	91,675	25,947
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	218,064	4,546	38,769	44,445	43,458	39,860	31,374	15,612
	MN	0	0	0	0	0	0	0	0
	Total	218,064	4,546	38,769	44,445	43,458	39,860	31,374	15,612
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	666,420	4,765	49,861	113,839	164,753	181,386	114,012	37,804
	MN	0	0	0	0	0	0	0	0
	Total	666,420	4,765	49,861	113,839	164,753	181,386	114,012	37,804
13. Total Eligibles Enrolled in Managed Care	CN	1,377,004	54,750	154,209	221,123	282,074	334,232	233,056	97,560
	MN	0	0	0	0	0	0	0	0
	Total	1,377,004	54,750	154,209	221,123	282,074	334,232	233,056	97,560
14a. Total Number of Screening Blood Lead Tests	CN	108,438	996	72,440	35,002				
	MN	0	0	0	0				
	Total	108,438	996	72,440	35,002				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	629,144	34,998	72,671	102,870	130,998	156,264	104,955	26,388
	MN	0	0	0	0	0	0	0	0
	Total	629,144	34,998	72,671	102,870	130,998	156,264	104,955	26,388
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	579,159	25,183	68,147	96,268	123,301	147,231	98,205	20,824
	MN	0	0	0	0	0	0	0	0
	Total	579,159	25,183	68,147	96,268	123,301	147,231	98,205	20,824
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	114,432	1,342	6,642	10,079	25,258	34,650	35,930	531
	MN	0	0	0	0	0	0	0	0
	Total	114,432	1,342	6,642	10,079	25,258	34,650	35,930	531
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	6,234,944	197,090	735,999	1,056,541	1,366,412	1,635,015	1,074,122	169,765
	MN	0	0	0	0	0	0	0	0
	Total	6,234,944	197,090	735,999	1,056,541	1,366,412	1,635,015	1,074,122	169,765
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.90	0.65	0.90	0.91	0.92	0.93	0.91	0.68
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.90	0.91	0.92	0.93	0.91	0.68
4. Expected Number of Screenings per Eligible	CN		3.90	1.35	0.91	0.46	0.56	0.46	0.34
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	1.35	0.91	0.46	0.56	0.46	0.34
5. Expected Number of Screenings	CN	469,237	98,214	91,998	87,604	56,718	82,449	45,174	7,080
	MN	0	0	0	0	0	0	0	0
	Total	469,237	98,214	91,998	87,604	56,718	82,449	45,174	7,080
6. Total Screens Received	CN	415,337	102,216	120,299	57,617	46,757	59,222	27,533	1,693
	MN	0	0	0	0	0	0	0	0
	Total	415,337	102,216	120,299	57,617	46,757	59,222	27,533	1,693
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.66	0.82	0.72	0.61	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	1.00	1.00	0.66	0.82	0.72	0.61	0.24

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	372,355	25,183	68,147	87,604	56,718	82,449	45,174	7,080
	MN	0	0	0	0	0	0	0	0
	Total	372,355	25,183	68,147	87,604	56,718	82,449	45,174	7,080
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	241,748	23,270	49,482	49,350	42,235	52,092	23,849	1,470
	MN	0	0	0	0	0	0	0	0
	Total	241,748	23,270	49,482	49,350	42,235	52,092	23,849	1,470
10. PARTICIPANT RATIO	CN	0.65	0.92	0.73	0.56	0.74	0.63	0.53	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.92	0.73	0.56	0.74	0.63	0.53	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	36,428	894	1,389	5,041	8,952	10,637	8,148	1,367
	MN	0	0	0	0	0	0	0	0
	Total	36,428	894	1,389	5,041	8,952	10,637	8,148	1,367
12a. Total Eligibles Receiving Any Dental Services	CN	293,727	303	14,243	51,196	77,793	90,599	53,386	6,207
	MN	0	0	0	0	0	0	0	0
	Total	293,727	303	14,243	51,196	77,793	90,599	53,386	6,207
12b. Total Eligibles Receiving Preventive Dental Services	CN	270,767	97	10,839	46,806	74,026	86,041	48,006	4,952
	MN	0	0	0	0	0	0	0	0
	Total	270,767	97	10,839	46,806	74,026	86,041	48,006	4,952
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,039	127	1,445	16,822	39,508	47,707	32,741	3,689
	MN	0	0	0	0	0	0	0	0
	Total	142,039	127	1,445	16,822	39,508	47,707	32,741	3,689
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,255				15,073	12,182		
	MN	0				0	0		
	Total	27,255				15,073	12,182		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Oklahoma

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	285,765	244	14,087	50,413	76,071	88,187	50,978	5,785
	MN	0	0	0	0	0	0	0	0
	Total	285,765	244	14,087	50,413	76,071	88,187	50,978	5,785
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	8,076	108	4,115	2,151	558	701	417	26
	MN	0	0	0	0	0	0	0	0
	Total	8,076	108	4,115	2,151	558	701	417	26
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	297,865	407	17,361	52,085	77,812	90,605	53,388	6,207
	MN	0	0	0	0	0	0	0	0
	Total	297,865	407	17,361	52,085	77,812	90,605	53,388	6,207
13. Total Eligibles Enrolled in Managed Care	CN	503,402	23,847	62,614	85,421	107,236	125,391	81,895	16,998
	MN	0	0	0	0	0	0	0	0
	Total	503,402	23,847	62,614	85,421	107,236	125,391	81,895	16,998
14a. Total Number of Screening Blood Lead Tests	CN	39,761	476	29,396	9,889				
	MN	0	0	0	0				
	Total	39,761	476	29,396	9,889				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	446,557	23,790	49,859	66,968	86,336	104,750	76,061	38,793
	MN	0	0	0	0	0	0	0	0
	Total	446,557	23,790	49,859	66,968	86,336	104,750	76,061	38,793
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	422,819	17,516	47,921	64,263	83,233	100,976	72,889	36,021
	MN	0	0	0	0	0	0	0	0
	Total	422,819	17,516	47,921	64,263	83,233	100,976	72,889	36,021
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	4,583,033	136,479	519,807	706,786	924,258	1,123,291	800,174	372,238
	MN	0	0	0	0	0	0	0	0
	Total	4,583,033	136,479	519,807	706,786	924,258	1,123,291	800,174	372,238
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.90	0.65	0.90	0.92	0.93	0.93	0.91	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.65	0.90	0.92	0.93	0.93	0.91	0.86
4. Expected Number of Screenings per Eligible	CN		3.90	2.25	0.92	0.93	0.93	0.91	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.90	2.25	0.92	0.93	0.93	0.91	0.86
5. Expected Number of Screenings	CN	503,878	68,312	107,822	59,122	77,407	93,908	66,329	30,978
	MN	0	0	0	0	0	0	0	0
	Total	503,878	68,312	107,822	59,122	77,407	93,908	66,329	30,978
6. Total Screens Received	CN	335,377	76,383	92,914	42,169	38,116	48,837	29,819	7,139
	MN	0	0	0	0	0	0	0	0
	Total	335,377	76,383	92,914	42,169	38,116	48,837	29,819	7,139
7. SCREENING RATIO	CN	0.67	1.00	0.86	0.71	0.49	0.52	0.45	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	1.00	0.86	0.71	0.49	0.52	0.45	0.23

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	393,181	17,516	47,921	59,122	77,407	93,908	66,329	30,978
	MN	0	0	0	0	0	0	0	0
	Total	393,181	17,516	47,921	59,122	77,407	93,908	66,329	30,978
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	202,771	16,730	38,432	37,059	34,620	43,647	25,965	6,318
	MN	0	0	0	0	0	0	0	0
	Total	202,771	16,730	38,432	37,059	34,620	43,647	25,965	6,318
10. PARTICIPANT RATIO	CN	0.52	0.96	0.80	0.63	0.45	0.46	0.39	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.96	0.80	0.63	0.45	0.46	0.39	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	183,259	16,595	37,772	33,470	27,364	38,890	23,530	5,638
	MN	0	0	0	0	0	0	0	0
	Total	183,259	16,595	37,772	33,470	27,364	38,890	23,530	5,638
12a. Total Eligibles Receiving Any Dental Services	CN	194,496	284	11,654	33,818	51,247	54,608	32,442	10,443
	MN	0	0	0	0	0	0	0	0
	Total	194,496	284	11,654	33,818	51,247	54,608	32,442	10,443
12b. Total Eligibles Receiving Preventive Dental Services	CN	174,131	139	9,829	31,447	47,805	50,546	26,981	7,384
	MN	0	0	0	0	0	0	0	0
	Total	174,131	139	9,829	31,447	47,805	50,546	26,981	7,384
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,923	65	881	9,396	22,182	20,703	15,067	5,629
	MN	0	0	0	0	0	0	0	0
	Total	73,923	65	881	9,396	22,182	20,703	15,067	5,629
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	35,596				18,217	17,379		
	MN	0				0	0		
	Total	35,596				18,217	17,379		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Oregon

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	183,218	264	11,439	32,801	48,691	51,037	29,507	9,479
	MN	0	0	0	0	0	0	0	0
	Total	183,218	264	11,439	32,801	48,691	51,037	29,507	9,479
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	29,421	436	4,734	6,888	9,110	6,780	1,311	162
	MN	0	0	0	0	0	0	0	0
	Total	29,421	436	4,734	6,888	9,110	6,780	1,311	162
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	207,131	701	14,847	36,347	54,370	57,360	33,005	10,501
	MN	0	0	0	0	0	0	0	0
	Total	207,131	701	14,847	36,347	54,370	57,360	33,005	10,501
13. Total Eligibles Enrolled in Managed Care	CN	395,370	17,235	46,561	61,307	78,195	93,351	66,470	32,251
	MN	0	0	0	0	0	0	0	0
	Total	395,370	17,235	46,561	61,307	78,195	93,351	66,470	32,251
14a. Total Number of Screening Blood Lead Tests	CN	10,951	144	8,031	2,776				
	MN	0	0	0	0				
	Total	10,951	144	8,031	2,776				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	1,374,599	69,580	149,344	214,499	275,222	327,455	231,861	106,638
	MN	19,329	89	436	612	1,429	2,335	4,093	10,335
	Total	1,393,928	69,669	149,780	215,111	276,651	329,790	235,954	116,973
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN	1,287,666	52,048	141,478	203,372	261,039	311,691	219,657	98,381
	MN	16,727	55	396	544	1,261	2,042	3,486	8,943
	Total	1,304,393	52,103	141,874	203,916	262,300	313,733	223,143	107,324
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	14,216,942	407,947	1,583,891	2,277,874	2,925,774	3,511,659	2,455,414	1,054,383
	MN	169,894	402	4,102	5,611	12,970	21,063	36,379	89,367
	Total	14,386,836	408,349	1,587,993	2,283,485	2,938,744	3,532,722	2,491,793	1,143,750
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.65	0.93	0.93	0.93	0.94	0.93	0.89
	MN	0.85	0.61	0.86	0.86	0.86	0.86	0.87	0.83
	Total	0.92	0.65	0.93	0.93	0.93	0.94	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		4.55	2.33	0.93	0.93	0.94	0.93	0.89
	MN		4.27	2.15	0.86	0.86	0.86	0.87	0.83
	Total		4.55	2.33	0.93	0.93	0.94	0.93	0.89
5. Expected Number of Screenings	CN	1,583,194	236,818	329,644	189,136	242,766	292,990	204,281	87,559
	MN	14,850	235	851	468	1,084	1,756	3,033	7,423
	Total	1,598,044	237,053	330,495	189,604	243,850	294,746	207,314	94,982
6. Total Screens Received	CN	1,130,287	274,822	298,092	144,434	130,860	155,419	100,829	25,831
	MN	6,259	250	821	378	589	907	1,300	2,014
	Total	1,136,546	275,072	298,913	144,812	131,449	156,326	102,129	27,845
7. SCREENING RATIO	CN	0.71	1.00	0.90	0.76	0.54	0.53	0.49	0.30
	MN	0.42	1.00	0.96	0.81	0.54	0.52	0.43	0.27
	Total	0.71	1.00	0.90	0.76	0.54	0.53	0.49	0.29

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,210,258	52,048	141,478	189,136	242,766	292,990	204,281	87,559
	MN	14,215	55	396	468	1,084	1,756	3,033	7,423
	Total	1,224,473	52,103	141,874	189,604	243,850	294,746	207,314	94,982
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	690,797	49,122	114,481	129,543	127,862	151,159	94,973	23,657
	MN	5,242	52	334	342	576	881	1,209	1,848
	Total	696,039	49,174	114,815	129,885	128,438	152,040	96,182	25,505
10. PARTICIPANT RATIO	CN	0.57	0.94	0.81	0.68	0.53	0.52	0.46	0.27
	MN	0.37	0.95	0.84	0.73	0.53	0.50	0.40	0.25
	Total	0.57	0.94	0.81	0.69	0.53	0.52	0.46	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	404,568	46,581	90,533	62,023	61,817	74,748	53,995	14,871
	MN	2,916	49	269	183	263	461	690	1,001
	Total	407,484	46,630	90,802	62,206	62,080	75,209	54,685	15,872
12a. Total Eligibles Receiving Any Dental Services	CN	640,732	1,303	38,051	115,835	162,339	182,122	108,980	32,102
	MN	5,730	0	107	287	744	1,132	1,300	2,160
	Total	646,462	1,303	38,158	116,122	163,083	183,254	110,280	34,262
12b. Total Eligibles Receiving Preventive Dental Services	CN	588,009	1,013	35,451	110,478	154,695	168,527	92,637	25,208
	MN	4,899	0	81	275	698	1,025	1,083	1,737
	Total	592,908	1,013	35,532	110,753	155,393	169,552	93,720	26,945
12c. Total Eligibles Receiving Dental Treatment Services	CN	265,833	49	2,332	29,767	70,955	85,324	59,659	17,747
	MN	2,681	0	5	63	294	527	698	1,094
	Total	268,514	49	2,337	29,830	71,249	85,851	60,357	18,841
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	76,685				39,869	36,816		
	MN	353				147	206		
	Total	77,038				40,016	37,022		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Pennsylvania

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	587,555	722	33,374	108,546	153,906	167,072	95,665	28,270
	MN	5,149	0	97	273	714	1,013	1,134	1,918
	Total	592,704	722	33,471	108,819	154,620	168,085	96,799	30,188
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	42,097	1,612	25,928	14,102	399	27	29	0
	MN	77	0	54	23	0	0	0	0
	Total	42,174	1,612	25,982	14,125	399	27	29	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	665,325	2,846	55,521	121,261	162,481	182,132	108,982	32,102
	MN	5,777	0	143	298	744	1,132	1,300	2,160
	Total	671,102	2,846	55,664	121,559	163,225	183,264	110,282	34,262
13. Total Eligibles Enrolled in Managed Care	CN	1,268,527	51,571	140,083	200,726	256,939	306,453	215,805	96,950
	MN	16,223	54	378	524	1,202	1,955	3,361	8,749
	Total	1,284,750	51,625	140,461	201,250	258,141	308,408	219,166	105,699
14a. Total Number of Screening Blood Lead Tests	CN	143,133	5,063	113,635	24,435				
	MN	378	2	318	58				
	Total	143,511	5,065	113,953	24,493				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)		HEDIS (Method II)		Combination Methodology (Method III)	X		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	428,928	11,926	36,156	60,162	83,551	105,334	89,369	42,430
	MN	10,448	80	353	1,041	1,910	2,567	2,126	2,371
	Total	439,376	12,006	36,509	61,203	85,461	107,901	91,495	44,801
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	414,849	10,869	34,891	58,107	80,716	102,222	86,891	41,153
	MN	10,090	65	329	987	1,823	2,485	2,061	2,340
	Total	424,939	10,934	35,220	59,094	82,539	104,707	88,952	43,493
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	45,867	695	3,666	6,125	8,973	12,526	11,207	2,675
	MN	296	0	19	32	71	92	67	15
	Total	46,163	695	3,685	6,157	9,044	12,618	11,274	2,690
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	4,750,624	73,223	400,902	672,726	933,730	1,187,172	1,009,192	473,679
	MN	117,043	433	3,717	11,392	21,285	29,053	24,081	27,082
	Total	4,867,667	73,656	404,619	684,118	955,015	1,216,225	1,033,273	500,761
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.95	0.56	0.96	0.96	0.96	0.97	0.97	0.96
	MN	0.97	0.56	0.94	0.96	0.97	0.97	0.97	0.96
	Total	0.95	0.56	0.96	0.96	0.96	0.97	0.97	0.96
4. Expected Number of Screenings per Eligible	CN		3.92	1.92	0.96	0.96	0.97	0.97	0.96
	MN		3.92	1.88	0.96	0.97	0.97	0.97	0.96
	Total		3.92	1.92	0.96	0.96	0.97	0.97	0.96
5. Expected Number of Screenings	CN	465,813	42,606	66,991	55,783	77,487	99,155	84,284	39,507
	MN	10,245	255	619	948	1,768	2,410	1,999	2,246
	Total	476,058	42,861	67,610	56,731	79,255	101,565	86,283	41,753
6. Total Screens Received	CN	294,416	16,537	47,772	59,753	55,809	58,819	42,055	13,671
	MN	6,631	329	409	998	1,487	1,737	1,010	661
	Total	301,047	16,866	48,181	60,751	57,296	60,556	43,065	14,332
7. SCREENING RATIO	CN	0.63	0.39	0.71	1.00	0.72	0.59	0.50	0.35
	MN	0.65	1.00	0.66	1.00	0.84	0.72	0.51	0.29
	Total	0.63	0.39	0.71	1.00	0.72	0.60	0.50	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	401,976	10,869	34,891	55,783	77,487	99,155	84,284	39,507
	MN	9,765	65	329	948	1,768	2,410	1,999	2,246
	Total	411,741	10,934	35,220	56,731	79,255	101,565	86,283	41,753
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	133,449	5,139	16,449	24,642	26,821	30,460	22,101	7,837
	MN	2,816	28	136	385	603	794	503	367
	Total	136,265	5,167	16,585	25,027	27,424	31,254	22,604	8,204
10. PARTICIPANT RATIO	CN	0.33	0.47	0.47	0.44	0.35	0.31	0.26	0.20
	MN	0.29	0.43	0.41	0.41	0.34	0.33	0.25	0.16
	Total	0.33	0.47	0.47	0.44	0.35	0.31	0.26	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	89,278	3,040	11,175	16,504	17,658	20,630	15,038	5,233
	MN	2,673	25	141	377	584	754	485	307
	Total	91,951	3,065	11,316	16,881	18,242	21,384	15,523	5,540
12a. Total Eligibles Receiving Any Dental Services	CN	207,926	133	8,792	33,945	48,642	56,766	42,506	17,142
	MN	4,854	0	85	478	1,024	1,343	948	976
	Total	212,780	133	8,877	34,423	49,666	58,109	43,454	18,118
12b. Total Eligibles Receiving Preventive Dental Services	CN	142,591	40	6,326	25,254	33,604	38,632	27,933	10,802
	MN	3,440	0	65	365	658	922	625	805
	Total	146,031	40	6,391	25,619	34,262	39,554	28,558	11,607
12c. Total Eligibles Receiving Dental Treatment Services	CN	56,926	3	228	4,704	16,542	17,229	12,972	5,248
	MN	1,330	0	4	44	293	376	260	353
	Total	58,256	3	232	4,748	16,835	17,605	13,232	5,601
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,384				4,901	5,483		
	MN	219				96	123		
	Total	10,603				4,997	5,606		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Puerto Rico

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	147,783	93	6,206	23,628	34,430	39,766	30,707	12,953
	MN	3,514	0	55	314	655	932	686	872
	Total	151,297	93	6,261	23,942	35,085	40,698	31,393	13,825
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	45,662	61	2,205	7,566	10,506	12,011	9,306	4,007
	MN	477	0	6	33	87	98	90	163
	Total	46,139	61	2,211	7,599	10,593	12,109	9,396	4,170
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	213,358	161	9,261	35,052	49,704	57,970	43,590	17,620
	MN	5,041	0	90	499	1,051	1,377	988	1,036
	Total	218,399	161	9,351	35,551	50,755	59,347	44,578	18,656
13. Total Eligibles Enrolled in Managed Care	CN	264,564	5,119	20,989	39,198	53,619	66,417	55,342	23,880
	MN	8,461	45	265	854	1,607	2,101	1,648	1,941
	Total	273,025	5,164	21,254	40,052	55,226	68,518	56,990	25,821
14a. Total Number of Screening Blood Lead Tests	CN	10,494	25	3,563	6,906				
	MN	149	0	31	118				
	Total	10,643	25	3,594	7,024				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	143,410	6,386	14,427	22,486	27,782	34,549	25,724	12,056
	MN	86	0	2	0	0	0	29	55
	Total	143,496	6,386	14,429	22,486	27,782	34,549	25,753	12,111
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	137,483	4,698	13,894	21,701	27,083	33,676	25,053	11,378
	MN	81	0	0	0	0	0	27	54
	Total	137,564	4,698	13,894	21,701	27,083	33,676	25,080	11,432
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	20,869	0	0	0	6,331	8,168	6,370	0
	MN	0	0	0	0	0	0	0	0
	Total	20,869	0	0	0	6,331	8,168	6,370	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	1,500,822	35,373	152,061	242,318	307,417	382,559	282,668	98,426
	MN	528	0	0	0	0	0	146	382
	Total	1,501,350	35,373	152,061	242,318	307,417	382,559	282,814	98,808
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.91	0.63	0.91	0.93	0.95	0.95	0.94	0.72
	MN	0.54	0.00	0.00	0.00	0.00	0.00	0.45	0.59
	Total	0.91	0.63	0.91	0.93	0.95	0.95	0.94	0.72
4. Expected Number of Screenings per Eligible	CN		3.78	1.82	0.93	0.95	0.95	0.94	0.72
	MN		0.00	0.00	0.00	0.00	0.00	0.45	0.59
	Total		3.78	1.82	0.93	0.95	0.95	0.94	0.72
5. Expected Number of Screenings	CN	152,690	17,758	25,287	20,182	25,729	31,992	23,550	8,192
	MN	44	0	0	0	0	0	12	32
	Total	152,734	17,758	25,287	20,182	25,729	31,992	23,562	8,224
6. Total Screens Received	CN	118,030	22,478	29,057	15,555	15,582	19,081	12,800	3,477
	MN	7	0	0	0	0	0	1	6
	Total	118,037	22,478	29,057	15,555	15,582	19,081	12,801	3,483
7. SCREENING RATIO	CN	0.77	1.00	1.00	0.77	0.61	0.60	0.54	0.42
	MN	0.16	0.00	0.00	0.00	0.00	0.00	0.08	0.19
	Total	0.77	1.00	1.00	0.77	0.61	0.60	0.54	0.42

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	128,237	4,698	13,894	20,182	25,729	31,992	23,550	8,192
	MN	44	0	0	0	0	0	12	32
	Total	128,281	4,698	13,894	20,182	25,729	31,992	23,562	8,224
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	78,377	4,328	11,069	13,645	15,230	18,642	12,311	3,152
	MN	6	0	0	0	0	0	1	5
	Total	78,383	4,328	11,069	13,645	15,230	18,642	12,312	3,157
10. PARTICIPANT RATIO	CN	0.61	0.92	0.80	0.68	0.59	0.58	0.52	0.38
	MN	0.14	0.00	0.00	0.00	0.00	0.00	0.08	0.16
	Total	0.61	0.92	0.80	0.68	0.59	0.58	0.52	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	51,394	3,992	9,277	8,165	8,496	10,835	8,322	2,307
	MN	5	0	0	0	0	0	1	4
	Total	51,399	3,992	9,277	8,165	8,496	10,835	8,323	2,311
12a. Total Eligibles Receiving Any Dental Services	CN	68,259	78	4,549	11,394	16,890	20,041	12,454	2,853
	MN	29	0	0	0	0	0	7	22
	Total	68,288	78	4,549	11,394	16,890	20,041	12,461	2,875
12b. Total Eligibles Receiving Preventive Dental Services	CN	62,955	58	4,234	10,875	15,991	18,563	11,035	2,199
	MN	21	0	0	0	0	0	6	15
	Total	62,976	58	4,234	10,875	15,991	18,563	11,041	2,214
12c. Total Eligibles Receiving Dental Treatment Services	CN	28,296	10	189	2,525	7,765	10,009	6,476	1,322
	MN	23	0	0	0	0	0	5	18
	Total	28,319	10	189	2,525	7,765	10,009	6,481	1,340
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,878				4,490	4,388		
	MN	0				0	0		
	Total	8,878				4,490	4,388		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Rhode Island

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	66,533	77	4,548	11,330	16,691	19,319	11,839	2,729
	MN	25	0	0	0	0	0	7	18
	Total	66,558	77	4,548	11,330	16,691	19,319	11,846	2,747
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,959	212	1,421	275	31	9	8	3
	MN	0	0	0	0	0	0	0	0
	Total	1,956	212	1,421	275	31	9	8	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	69,488	220	5,544	11,469	16,901	20,045	12,456	2,853
	MN	29	0	0	0	0	0	7	22
	Total	69,517	220	5,544	11,469	16,901	20,045	12,463	2,875
13. Total Eligibles Enrolled in Managed Care	CN	123,342	4,496	13,183	20,169	25,365	31,079	22,852	6,198
	MN	68	0	0	0	0	0	24	44
	Total	123,410	4,496	13,183	20,169	25,365	31,079	22,876	6,242
14a. Total Number of Screening Blood Lead Tests	CN	11,829	228	6,465	5,136				
	MN	0	0	0	0				
	Total	11,829	228	6,465	5,136				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	769,943	37,659	85,038	126,139	160,117	191,000	127,293	42,697
	MN	0	0	0	0	0	0	0	0
	Total	769,943	37,659	85,038	126,139	160,117	191,000	127,293	42,697
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	726,973	30,649	80,160	120,130	153,433	183,407	121,746	37,448
	MN	0	0	0	0	0	0	0	0
	Total	726,973	30,649	80,160	120,130	153,433	183,407	121,746	37,448
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	86,332	282	4,666	8,843	22,247	28,358	18,915	3,021
	MN	0	0	0	0	0	0	0	0
	Total	86,332	282	4,666	8,843	22,247	28,358	18,915	3,021
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	8,051,336	230,614	880,610	1,345,402	1,745,636	2,097,846	1,386,425	364,803
	MN	0	0	0	0	0	0	0	0
	Total	8,051,336	230,614	880,610	1,345,402	1,745,636	2,097,846	1,386,425	364,803
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.92	0.63	0.92	0.93	0.95	0.95	0.95	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.63	0.92	0.93	0.95	0.95	0.95	0.81
4. Expected Number of Screenings per Eligible	CN		4.41	2.30	0.93	0.95	0.95	0.95	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	2.30	0.93	0.95	0.95	0.95	0.81
5. Expected Number of Screenings	CN	897,241	135,162	184,368	111,721	145,761	174,237	115,659	30,333
	MN	0	0	0	0	0	0	0	0
	Total	897,241	135,162	184,368	111,721	145,761	174,237	115,659	30,333
6. Total Screens Received	CN	517,001	118,997	145,072	67,266	60,873	80,251	40,432	4,110
	MN	0	0	0	0	0	0	0	0
	Total	517,001	118,997	145,072	67,266	60,873	80,251	40,432	4,110
7. SCREENING RATIO	CN	0.58	0.88	0.79	0.60	0.42	0.46	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.88	0.79	0.60	0.42	0.46	0.35	0.14

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	688,520	30,649	80,160	111,721	145,761	174,237	115,659	30,333
	MN	0	0	0	0	0	0	0	0
	Total	688,520	30,649	80,160	111,721	145,761	174,237	115,659	30,333
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	326,612	28,557	60,502	62,621	58,056	75,551	37,472	3,853
	MN	0	0	0	0	0	0	0	0
	Total	326,612	28,557	60,502	62,621	58,056	75,551	37,472	3,853
10. PARTICIPANT RATIO	CN	0.47	0.93	0.75	0.56	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	0.75	0.56	0.40	0.43	0.32	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	213,729	24,633	47,495	33,267	36,559	45,233	23,996	2,546
	MN	0	0	0	0	0	0	0	0
	Total	213,729	24,633	47,495	33,267	36,559	45,233	23,996	2,546
12a. Total Eligibles Receiving Any Dental Services	CN	367,850	245	20,916	64,276	100,548	111,675	60,574	9,616
	MN	0	0	0	0	0	0	0	0
	Total	367,850	245	20,916	64,276	100,548	111,675	60,574	9,616
12b. Total Eligibles Receiving Preventive Dental Services	CN	350,069	116	19,785	61,773	96,952	107,789	55,692	7,962
	MN	0	0	0	0	0	0	0	0
	Total	350,069	116	19,785	61,773	96,952	107,789	55,692	7,962
12c. Total Eligibles Receiving Dental Treatment Services	CN	146,669	49	1,169	19,363	46,592	44,692	29,885	4,919
	MN	0	0	0	0	0	0	0	0
	Total	146,669	49	1,169	19,363	46,592	44,692	29,885	4,919
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	50,032				26,053	23,979		
	MN	0				0	0		
	Total	50,032				26,053	23,979		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: South Carolina

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	351,241	244	20,594	62,723	94,912	105,783	57,895	9,090
	MN	0	0	0	0	0	0	0	0
	Total	351,241	244	20,594	62,723	94,912	105,783	57,895	9,090
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	31,146	665	14,447	9,794	4,040	1,868	304	28
	MN	0	0	0	0	0	0	0	0
	Total	31,146	665	14,447	9,794	4,040	1,868	304	28
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	383,089	900	31,012	67,509	101,246	112,156	60,643	9,623
	MN	0	0	0	0	0	0	0	0
	Total	383,089	900	31,012	67,509	101,246	112,156	60,643	9,623
13. Total Eligibles Enrolled in Managed Care	CN	664,334	29,104	74,675	108,238	141,963	168,696	110,393	31,265
	MN	0	0	0	0	0	0	0	0
	Total	664,334	29,104	74,675	108,238	141,963	168,696	110,393	31,265
14a. Total Number of Screening Blood Lead Tests	CN	43,160	759	34,656	7,745				
	MN	0	0	0	0				
	Total	43,160	759	34,656	7,745				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	96,384	5,414	11,629	16,288	20,628	24,064	14,845	3,516
	MN	0	0	0	0	0	0	0	0
	Total	96,384	5,414	11,629	16,288	20,628	24,064	14,845	3,516
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	93,751	4,563	11,414	15,943	20,214	23,651	14,557	3,409
	MN	0	0	0	0	0	0	0	0
	Total	93,751	4,563	11,414	15,943	20,214	23,651	14,557	3,409
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	21,030	196	1,390	2,350	5,726	6,711	4,038	619
	MN	0	0	0	0	0	0	0	0
	Total	21,030	196	1,390	2,350	5,726	6,711	4,038	619
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	947,425	32,984	115,446	164,889	211,992	249,332	148,401	24,381
	MN	0	0	0	0	0	0	0	0
	Total	947,425	32,984	115,446	164,889	211,992	249,332	148,401	24,381
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.84	0.60	0.84	0.86	0.87	0.88	0.85	0.60
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.60	0.84	0.86	0.87	0.88	0.85	0.60
4. Expected Number of Screenings per Eligible	CN		4.20	2.10	0.86	0.87	0.88	0.85	0.60
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	2.10	0.86	0.87	0.88	0.85	0.60
5. Expected Number of Screenings	CN	109,662	19,165	23,969	13,711	17,586	20,813	12,373	2,045
	MN	0	0	0	0	0	0	0	0
	Total	109,662	19,165	23,969	13,711	17,586	20,813	12,373	2,045
6. Total Screens Received	CN	73,468	17,967	25,108	9,939	6,502	9,276	4,316	360
	MN	0	0	0	0	0	0	0	0
	Total	73,468	17,967	25,108	9,939	6,502	9,276	4,316	360
7. SCREENING RATIO	CN	0.67	0.94	1.00	0.72	0.37	0.45	0.35	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.94	1.00	0.72	0.37	0.45	0.35	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	82,505	4,563	11,414	13,711	17,586	20,813	12,373	2,045
	MN	0	0	0	0	0	0	0	0
	Total	82,505	4,563	11,414	13,711	17,586	20,813	12,373	2,045
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	29,506	4,039	6,841	6,214	4,013	5,676	2,515	208
	MN	0	0	0	0	0	0	0	0
	Total	29,506	4,039	6,841	6,214	4,013	5,676	2,515	208
10. PARTICIPANT RATIO	CN	0.36	0.89	0.60	0.45	0.23	0.27	0.20	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.36	0.89	0.60	0.45	0.23	0.27	0.20	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	9,656	3,451	3,351	1,051	585	677	502	39
	MN	0	0	0	0	0	0	0	0
	Total	9,656	3,451	3,351	1,051	585	677	502	39
12a. Total Eligibles Receiving Any Dental Services	CN	46,638	113	3,215	8,853	12,697	14,008	6,865	887
	MN	0	0	0	0	0	0	0	0
	Total	46,638	113	3,215	8,853	12,697	14,008	6,865	887
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,277	77	2,841	8,425	12,132	13,197	5,956	649
	MN	0	0	0	0	0	0	0	0
	Total	43,277	77	2,841	8,425	12,132	13,197	5,956	649
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,851	21	297	2,883	5,830	5,874	3,439	507
	MN	0	0	0	0	0	0	0	0
	Total	18,851	21	297	2,883	5,830	5,874	3,439	507
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,224				5,565	6,659		
	MN	0				0	0		
	Total	12,224				5,565	6,659		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: South Dakota

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	42,976	84	2,959	8,317	11,615	12,863	6,342	796
	MN	0	0	0	0	0	0	0	0
	Total	42,976	84	2,959	8,317	11,615	12,863	6,342	796
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	2,291	111	1,246	702	121	83	28	0
	MN	0	0	0	0	0	0	0	0
	Total	2,291	111	1,246	702	121	83	28	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	47,790	208	3,940	9,098	12,737	14,041	6,879	887
	MN	0	0	0	0	0	0	0	0
	Total	47,790	208	3,940	9,098	12,737	14,041	6,879	887
13. Total Eligibles Enrolled in Managed Care	CN	85,043	4,100	10,777	14,963	18,580	21,154	12,559	2,910
	MN	0	0	0	0	0	0	0	0
	Total	85,043	4,100	10,777	14,963	18,580	21,154	12,559	2,910
14a. Total Number of Screening Blood Lead Tests	CN	3,332	13	2,247	1,072				
	MN	0	0	0	0				
	Total	3,332	13	2,247	1,072				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	940,562	51,271	106,899	153,976	191,392	224,287	150,529	62,208
	MN	4,201	3	23	146	481	680	570	2,298
	Total	944,763	51,274	106,922	154,122	191,873	224,967	151,099	64,506
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	899,741	37,488	103,051	149,596	186,414	217,475	145,637	60,080
	MN	4,053	2	21	143	466	655	550	2,216
	Total	903,794	37,490	103,072	149,739	186,880	218,130	146,187	62,296
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	7,319	0	486	1,088	1,667	2,124	1,413	541
	MN	1,492	0	18	113	409	495	358	99
	Total	8,811	0	504	1,201	2,076	2,619	1,771	640
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	9,651,718	279,806	1,149,199	1,641,847	2,039,969	2,357,524	1,576,128	607,245
	MN	46,187	14	252	1,671	5,411	7,554	6,241	25,044
	Total	9,697,905	279,820	1,149,451	1,643,518	2,045,380	2,365,078	1,582,369	632,289
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.89	0.62	0.93	0.91	0.91	0.90	0.90	0.84
	MN	0.95	0.58	1.00	0.97	0.97	0.96	0.95	0.94
	Total	0.89	0.62	0.93	0.91	0.91	0.90	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.91	0.91	0.90	0.90	0.84
	MN		4.06	2.50	0.97	0.97	0.96	0.95	0.94
	Total		4.34	2.33	0.91	0.91	0.90	0.90	0.85
5. Expected Number of Screenings	CN	1,085,844	162,698	240,109	136,132	169,637	195,728	131,073	50,467
	MN	3,887	8	53	139	452	629	523	2,083
	Total	1,089,731	162,706	240,162	136,271	170,089	196,357	131,596	52,550
6. Total Screens Received	CN	836,018	159,350	229,516	121,954	110,329	130,402	67,377	17,090
	MN	1,751	0	46	117	294	409	236	649
	Total	837,769	159,350	229,562	122,071	110,623	130,811	67,613	17,739
7. SCREENING RATIO	CN	0.77	0.98	0.96	0.90	0.65	0.67	0.51	0.34
	MN	0.45	0.00	0.87	0.84	0.65	0.65	0.45	0.31
	Total	0.77	0.98	0.96	0.90	0.65	0.67	0.51	0.34

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	823,576	37,488	103,051	136,132	169,637	195,728	131,073	50,467
	MN	3,849	2	21	139	452	629	523	2,083
	Total	827,425	37,490	103,072	136,271	170,089	196,357	131,596	52,550
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	495,382	35,528	85,717	99,699	93,716	110,479	57,376	12,867
	MN	1,501	0	20	99	265	373	217	527
	Total	496,883	35,528	85,737	99,798	93,981	110,852	57,593	13,394
10. PARTICIPANT RATIO	CN	0.60	0.95	0.83	0.73	0.55	0.56	0.44	0.25
	MN	0.39	0.00	0.95	0.71	0.59	0.59	0.41	0.25
	Total	0.60	0.95	0.83	0.73	0.55	0.56	0.44	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	327,549	34,183	71,398	57,057	55,229	63,416	36,843	9,423
	MN	975	0	20	63	167	198	146	381
	Total	328,524	34,183	71,418	57,120	55,396	63,614	36,989	9,804
12a. Total Eligibles Receiving Any Dental Services	CN	425,980	249	22,592	75,589	111,877	124,990	72,859	17,824
	MN	2,049	0	5	72	351	448	310	863
	Total	428,029	249	22,597	75,661	112,228	125,438	73,169	18,687
12b. Total Eligibles Receiving Preventive Dental Services	CN	396,682	132	18,699	71,229	107,569	119,210	65,254	14,589
	MN	1,835	0	5	69	344	426	286	705
	Total	398,517	132	18,704	71,298	107,913	119,636	65,540	15,294
12c. Total Eligibles Receiving Dental Treatment Services	CN	184,558	23	1,648	22,951	52,216	57,299	40,264	10,157
	MN	1,072	0	1	19	165	215	160	512
	Total	185,630	23	1,649	22,970	52,381	57,514	40,424	10,669
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	60,806				32,429	28,377		
	MN	178				104	74		
	Total	60,984				32,533	28,451		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Tennessee

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	411,891	238	22,151	74,192	109,026	120,949	68,705	16,630
	MN	1,970	0	5	70	347	429	293	826
	Total	413,861	238	22,156	74,262	109,373	121,378	68,998	17,456
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	63,410	1,479	18,229	13,766	16,800	12,697	427	12
	MN	95	0	5	8	45	35	1	1
	Total	63,505	1,479	18,234	13,774	16,845	12,732	428	13
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	459,800	1,709	36,922	82,203	118,091	130,011	73,033	17,831
	MN	2,081	0	9	75	360	462	311	864
	Total	461,881	1,709	36,931	82,278	118,451	130,473	73,344	18,695
13. Total Eligibles Enrolled in Managed Care	CN	899,741	37,488	103,051	149,596	186,414	217,475	145,637	60,080
	MN	4,053	2	21	143	466	655	550	2,216
	Total	903,794	37,490	103,072	149,739	186,880	218,130	146,187	62,296
14a. Total Number of Screening Blood Lead Tests	CN	73,873	786	55,767	17,320				
	MN	19	0	13	6				
	Total	73,892	786	55,780	17,326				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	3,831,196	237,380	469,855	634,164	791,105	942,275	612,035	144,382
	MN	1,419	78	141	131	225	388	415	41
	Total	3,832,615	237,458	469,996	634,295	791,330	942,663	612,450	144,423
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	3,586,591	173,682	447,566	607,950	756,555	900,264	581,270	119,304
	MN	239	1	48	31	31	57	65	6
	Total	3,586,830	173,683	447,614	607,981	756,586	900,321	581,335	119,310
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	37,063,815	1,372,259	4,726,228	6,477,253	8,008,462	9,526,204	6,014,879	938,530
	MN	1,689	4	346	230	203	401	469	36
	Total	37,065,504	1,372,263	4,726,574	6,477,483	8,008,665	9,526,605	6,015,348	938,566
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.86	0.66	0.88	0.89	0.88	0.88	0.86	0.66
	MN	0.59	0.33	0.60	0.62	0.55	0.59	0.60	0.50
	Total	0.86	0.66	0.88	0.89	0.88	0.88	0.86	0.66
4. Expected Number of Screenings per Eligible	CN		4.62	2.20	0.89	0.88	0.88	0.86	0.66
	MN		2.31	1.50	0.62	0.55	0.59	0.60	0.50
	Total		4.62	2.20	0.89	0.88	0.88	0.86	0.66
5. Expected Number of Screenings	CN	4,364,765	802,411	984,645	541,076	665,768	792,232	499,892	78,741
	MN	186	2	72	19	17	34	39	3
	Total	4,364,951	802,413	984,717	541,095	665,785	792,266	499,931	78,744
6. Total Screens Received	CN	3,679,922	771,332	968,574	526,772	486,665	597,781	308,027	20,771
	MN	143	0	83	18	7	14	20	1
	Total	3,680,065	771,332	968,657	526,790	486,672	597,795	308,047	20,772
7. SCREENING RATIO	CN	0.84	0.96	0.98	0.97	0.73	0.75	0.62	0.26
	MN	0.77	0.00	1.00	0.95	0.41	0.41	0.51	0.33
	Total	0.84	0.96	0.98	0.97	0.73	0.75	0.62	0.26

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	3,198,957	173,682	447,566	541,076	665,768	792,232	499,892	78,741
	MN	161	1	48	19	17	34	39	3
	Total	3,199,118	173,683	447,614	541,095	665,785	792,266	499,931	78,744
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	2,220,377	167,839	380,818	421,035	433,191	526,711	271,953	18,830
	MN	99	0	42	16	6	14	20	1
	Total	2,220,476	167,839	380,860	421,051	433,197	526,725	271,973	18,831
10. PARTICIPANT RATIO	CN	0.69	0.97	0.85	0.78	0.65	0.66	0.54	0.24
	MN	0.61	0.00	0.88	0.84	0.35	0.41	0.51	0.33
	Total	0.69	0.97	0.85	0.78	0.65	0.66	0.54	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	1,736,590	164,319	342,094	302,262	308,322	389,176	214,404	16,013
	MN	83	0	39	10	6	9	18	1
	Total	1,736,673	164,319	342,133	302,272	308,328	389,185	214,422	16,014
12a. Total Eligibles Receiving Any Dental Services	CN	2,404,570	40,125	285,404	440,520	568,799	653,567	368,946	47,209
	MN	126	0	30	19	19	31	25	2
	Total	2,404,696	40,125	285,434	440,539	568,818	653,598	368,971	47,211
12b. Total Eligibles Receiving Preventive Dental Services	CN	2,346,633	39,012	283,747	429,586	556,171	641,364	354,186	42,567
	MN	119	0	30	18	17	28	24	2
	Total	2,346,752	39,012	283,777	429,604	556,188	641,392	354,210	42,569
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,063,806	173	9,762	145,439	316,728	353,044	212,334	26,326
	MN	44	0	0	6	10	14	13	1
	Total	1,063,850	173	9,762	145,445	316,738	353,058	212,347	26,327
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	334,176				154,553	179,623		
	MN	7				3	4		
	Total	334,183				154,556	179,627		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Texas

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	2,382,727	39,640	284,075	438,152	563,476	647,823	363,670	45,891
	MN	123	0	30	18	18	30	25	2
	Total	2,382,850	39,640	284,105	438,170	563,494	647,853	363,695	45,893
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	146,132	19,024	104,787	20,929	545	595	245	7
	MN	12	0	10	2	0	0	0	0
	Total	146,144	19,024	104,797	20,931	545	595	245	7
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	2,448,022	50,397	314,367	444,483	568,875	653,687	369,002	47,211
	MN	128	0	32	19	19	31	25	2
	Total	2,448,150	50,397	314,399	444,502	568,894	653,718	369,027	47,213
13. Total Eligibles Enrolled in Managed Care	CN	3,570,320	172,494	446,198	605,487	753,488	896,385	578,262	118,006
	MN	236	0	47	31	31	57	64	6
	Total	3,570,556	172,494	446,245	605,518	753,519	896,442	578,326	118,012
14a. Total Number of Screening Blood Lead Tests	CN	304,316	1,981	230,452	71,883				
	MN	31	0	28	3				
	Total	304,347	1,981	230,480	71,886				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	247,823	16,663	33,165	41,608	51,213	59,742	37,219	8,213
	MN	637	33	75	105	131	141	121	31
	Total	248,460	16,696	33,240	41,713	51,344	59,883	37,340	8,244
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	222,403	13,698	30,015	37,547	46,677	54,696	33,481	6,289
	MN	110	0	19	14	25	20	24	8
	Total	222,513	13,698	30,034	37,561	46,702	54,716	33,505	6,297
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	2,257,572	135,235	297,243	381,768	482,849	572,001	337,593	50,883
	MN	925	0	153	102	206	182	190	92
	Total	2,258,497	135,235	297,396	381,870	483,055	572,183	337,783	50,975
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.85	0.82	0.83	0.85	0.86	0.87	0.84	0.67
	MN	0.70	0.00	0.67	0.61	0.69	0.76	0.66	0.96
	Total	0.85	0.82	0.83	0.85	0.86	0.87	0.84	0.67
4. Expected Number of Screenings per Eligible	CN		5.74	2.08	0.85	0.86	0.87	0.84	0.67
	MN		0.00	1.68	0.61	0.69	0.76	0.66	0.96
	Total		5.74	2.08	0.85	0.86	0.87	0.84	0.67
5. Expected Number of Screenings	CN	293,039	78,627	62,431	31,915	40,142	47,586	28,124	4,214
	MN	97	0	32	9	17	15	16	8
	Total	293,136	78,627	62,463	31,924	40,159	47,601	28,140	4,222
6. Total Screens Received	CN	175,872	53,577	55,232	21,169	16,031	19,576	9,643	644
	MN	68	0	31	10	10	9	6	2
	Total	175,940	53,577	55,263	21,179	16,041	19,585	9,649	646
7. SCREENING RATIO	CN	0.60	0.68	0.88	0.66	0.40	0.41	0.34	0.15
	MN	0.70	0.00	0.97	1.00	0.59	0.60	0.38	0.25
	Total	0.60	0.68	0.88	0.66	0.40	0.41	0.34	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	195,694	13,698	30,015	31,915	40,142	47,586	28,124	4,214
	MN	84	0	19	9	17	15	16	8
	Total	195,778	13,698	30,034	31,924	40,159	47,601	28,140	4,222
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	99,256	12,868	23,352	19,373	15,321	18,657	9,065	620
	MN	47	0	14	8	9	8	6	2
	Total	99,303	12,868	23,366	19,381	15,330	18,665	9,071	622
10. PARTICIPANT RATIO	CN	0.51	0.94	0.78	0.61	0.38	0.39	0.32	0.15
	MN	0.56	0.00	0.74	0.89	0.53	0.53	0.38	0.25
	Total	0.51	0.94	0.78	0.61	0.38	0.39	0.32	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	24,886	7,880	13,909	1,425	536	711	409	16
	MN	13	0	9	2	1	1	0	0
	Total	24,899	7,880	13,918	1,427	537	712	409	16
12a. Total Eligibles Receiving Any Dental Services	CN	114,161	225	7,537	21,622	30,798	34,253	17,823	1,903
	MN	58	0	5	8	17	13	11	4
	Total	114,219	225	7,542	21,630	30,815	34,266	17,834	1,907
12b. Total Eligibles Receiving Preventive Dental Services	CN	111,723	212	7,515	21,336	30,356	33,503	17,013	1,788
	MN	58	0	5	8	17	13	11	4
	Total	111,781	212	7,520	21,344	30,373	33,516	17,024	1,792
12c. Total Eligibles Receiving Dental Treatment Services	CN	54,750	124	889	8,362	16,268	17,327	10,606	1,174
	MN	23	0	0	2	7	8	5	1
	Total	54,773	124	889	8,364	16,275	17,335	10,611	1,175
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,852				9,234	11,843		
	MN	11				6	4		
	Total	21,087				9,240	11,847		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Utah

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	110,790	211	7,492	21,262	30,010	33,174	16,872	1,769
	MN	57	0	5	8	16	13	11	4
	Total	110,847	211	7,497	21,270	30,026	33,187	16,883	1,773
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	185	37	86	22	7	23	10	0
	MN	0	0	0	0	0	0	0	0
	Total	185	37	86	22	7	23	10	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	114,346	262	7,623	21,644	30,805	34,276	17,833	1,903
	MN	58	0	5	8	17	13	11	4
	Total	114,404	262	7,628	21,652	30,822	34,289	17,844	1,907
13. Total Eligibles Enrolled in Managed Care	CN	192,384	12,260	26,377	32,772	40,328	47,114	28,572	4,961
	MN	59	0	12	4	12	11	14	6
	Total	192,443	12,260	26,389	32,776	40,340	47,125	28,586	4,967
14a. Total Number of Screening Blood Lead Tests	CN	5,722	38	4,305	1,379				
	MN	4	0	2	2				
	Total	5,726	38	4,307	1,381				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	77,531	3,089	7,270	11,654	15,655	19,387	14,195	6,281
	MN	443	4	25	34	44	40	165	131
	Total	77,974	3,093	7,295	11,688	15,699	19,427	14,360	6,412
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	74,794	2,275	7,057	11,319	15,277	19,021	13,889	5,956
	MN	433	4	24	33	42	38	164	128
	Total	75,227	2,279	7,081	11,352	15,319	19,059	14,053	6,084
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	5,227	108	429	729	1,092	1,415	1,190	264
	MN	0	0	0	0	0	0	0	0
	Total	5,227	108	429	729	1,092	1,415	1,190	264
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	840,975	16,638	79,984	128,985	175,121	218,486	159,166	62,595
	MN	4,721	30	273	363	479	434	1,824	1,318
	Total	845,696	16,668	80,257	129,348	175,600	218,920	160,990	63,913
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.94	0.61	0.94	0.95	0.96	0.96	0.95	0.88
	MN	0.91	0.63	0.95	0.92	0.95	0.95	0.93	0.86
	Total	0.94	0.61	0.94	0.95	0.96	0.96	0.95	0.88
4. Expected Number of Screenings per Eligible	CN		4.27	2.35	0.95	0.96	0.96	0.95	0.88
	MN		4.41	2.38	0.92	0.95	0.95	0.93	0.86
	Total		4.27	2.35	0.95	0.96	0.96	0.95	0.88
5. Expected Number of Screenings	CN	88,413	9,714	16,584	10,753	14,666	18,260	13,195	5,241
	MN	444	18	57	30	40	36	153	110
	Total	88,857	9,732	16,641	10,783	14,706	18,296	13,348	5,351
6. Total Screens Received	CN	68,225	11,946	17,091	9,518	9,408	11,691	7,130	1,441
	MN	244	20	74	28	30	19	59	14
	Total	68,469	11,966	17,165	9,546	9,438	11,710	7,189	1,455
7. SCREENING RATIO	CN	0.77	1.00	1.00	0.89	0.64	0.64	0.54	0.27
	MN	0.55	1.00	1.00	0.93	0.75	0.53	0.39	0.13
	Total	0.77	1.00	1.00	0.89	0.64	0.64	0.54	0.27

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	71,447	2,275	7,057	10,753	14,666	18,260	13,195	5,241
	MN	397	4	24	30	40	36	153	110
	Total	71,844	2,279	7,081	10,783	14,706	18,296	13,348	5,351
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	43,863	2,174	6,255	8,059	8,788	10,871	6,448	1,268
	MN	156	4	23	22	27	18	49	13
	Total	44,019	2,178	6,278	8,081	8,815	10,889	6,497	1,281
10. PARTICIPANT RATIO	CN	0.61	0.96	0.89	0.75	0.60	0.60	0.49	0.24
	MN	0.39	1.00	0.96	0.73	0.68	0.50	0.32	0.12
	Total	0.61	0.96	0.89	0.75	0.60	0.60	0.49	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN	44,416	24	2,248	7,131	10,949	13,164	8,451	2,449
	MN	200	0	8	18	37	24	78	35
	Total	44,616	24	2,256	7,149	10,986	13,188	8,529	2,484
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,745	8	1,849	6,685	10,397	12,345	7,534	1,927
	MN	169	0	8	17	32	22	61	29
	Total	40,914	8	1,857	6,702	10,429	12,367	7,595	1,956
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,904	2	298	1,956	4,720	5,293	4,265	1,370
	MN	103	0	0	5	18	12	53	15
	Total	18,007	2	298	1,961	4,738	5,305	4,318	1,385
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,769				2,453	2,316		
	MN	12				6	6		
	Total	4,781				2,459	2,322		

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Fiscal Year: 2018

State: Vermont

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	40,663	13	2,086	6,628	10,154	12,116	7,563	2,103
	MN	180	0	8	18	36	24	64	30
	Total	40,843	13	2,094	6,646	10,190	12,140	7,627	2,133
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	1,004	51	593	193	43	57	49	18
	MN	4	0	2	1	0	0	0	1
	Total	1,008	51	595	194	43	57	49	19
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	44,900	75	2,606	7,204	10,949	13,164	8,453	2,449
	MN	200	0	8	18	37	24	78	35
	Total	45,100	75	2,614	7,222	10,986	13,188	8,531	2,484
13. Total Eligibles Enrolled in Managed Care	CN	61,654	2,029	6,093	9,680	12,784	15,576	10,951	4,541
	MN	349	3	22	27	32	31	131	103
	Total	62,003	2,032	6,115	9,707	12,816	15,607	11,082	4,644
14a. Total Number of Screening Blood Lead Tests	CN	5,580	32	4,729	819				
	MN	23	1	15	7				
	Total	5,603	33	4,744	826				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	738,133	42,127	86,978	117,602	152,303	179,089	116,950	43,084
	MN	1,125	129	150	109	172	308	227	30
	Total	739,258	42,256	87,128	117,711	152,475	179,397	117,177	43,114
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	695,609	30,599	83,141	112,569	146,055	172,367	112,230	38,648
	MN	867	88	123	74	136	259	166	21
	Total	696,476	30,687	83,264	112,643	146,191	172,626	112,396	38,669
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	101,619	0	1	1	32,567	39,837	25,085	4,128
	MN	0	0	0	0	0	0	0	0
	Total	101,619	0	1	1	32,567	39,837	25,085	4,128
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	7,532,616	238,697	907,931	1,236,388	1,619,404	1,920,110	1,243,732	366,354
	MN	4,921	598	799	321	654	1,463	987	99
	Total	7,537,537	239,295	908,730	1,236,709	1,620,058	1,921,573	1,244,719	366,453
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.90	0.65	0.91	0.92	0.92	0.93	0.92	0.79
	MN	0.47	0.57	0.54	0.36	0.40	0.47	0.50	0.39
	Total	0.90	0.65	0.91	0.91	0.92	0.93	0.92	0.79
4. Expected Number of Screenings per Eligible	CN		4.55	2.28	0.92	0.92	0.93	0.92	0.79
	MN		3.99	1.35	0.36	0.40	0.47	0.50	0.39
	Total		4.55	2.28	0.91	0.92	0.93	0.92	0.79
5. Expected Number of Screenings	CN	860,805	139,225	189,561	103,563	134,371	160,301	103,252	30,532
	MN	811	351	166	27	54	122	83	8
	Total	861,616	139,576	189,727	103,590	134,425	160,423	103,335	30,540
6. Total Screens Received	CN	615,441	130,848	181,881	90,601	70,596	87,687	46,763	7,065
	MN	696	336	233	15	21	63	26	2
	Total	616,137	131,184	182,114	90,616	70,617	87,750	46,789	7,067
7. SCREENING RATIO	CN	0.71	0.94	0.96	0.87	0.53	0.55	0.45	0.23
	MN	0.86	0.96	1.00	0.56	0.39	0.52	0.31	0.25
	Total	0.72	0.94	0.96	0.87	0.53	0.55	0.45	0.23

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Fiscal Year: 2018

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	645,759	30,599	83,141	103,563	134,371	160,301	103,252	30,532
	MN	505	88	123	27	54	122	83	8
	Total	646,264	30,687	83,264	103,590	134,425	160,423	103,335	30,540
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	367,148	28,535	69,586	78,564	64,409	79,996	40,972	5,086
	MN	274	78	83	13	20	54	25	1
	Total	367,422	28,613	69,669	78,577	64,429	80,050	40,997	5,087
10. PARTICIPANT RATIO	CN	0.57	0.93	0.84	0.76	0.48	0.50	0.40	0.17
	MN	0.54	0.89	0.67	0.48	0.37	0.44	0.30	0.13
	Total	0.57	0.93	0.84	0.76	0.48	0.50	0.40	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	234,471	27,255	57,660	42,432	34,481	43,436	25,490	3,717
	MN	209	76	73	8	11	25	15	1
	Total	234,680	27,331	57,733	42,440	34,492	43,461	25,505	3,718
12a. Total Eligibles Receiving Any Dental Services	CN	371,377	323	22,882	66,633	98,315	112,360	62,557	8,307
	MN	207	1	9	14	36	89	54	4
	Total	371,584	324	22,891	66,647	98,351	112,449	62,611	8,311
12b. Total Eligibles Receiving Preventive Dental Services	CN	351,651	206	21,491	64,379	95,120	106,899	56,771	6,785
	MN	174	0	8	13	31	76	43	3
	Total	351,825	206	21,499	64,392	95,151	106,975	56,814	6,788
12c. Total Eligibles Receiving Dental Treatment Services	CN	195,301	77	4,719	25,560	53,415	65,634	40,597	5,299
	MN	113	0	2	8	18	48	34	3
	Total	195,414	77	4,721	25,568	53,433	65,682	40,631	5,302
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,667				24,480	20,187		
	MN	25				7	18		
	Total	44,692				24,487	20,205		

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Fiscal Year: 2018

State: Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	358,066	214	22,012	65,266	95,682	107,881	59,324	7,687
	MN	177	1	8	13	33	72	46	4
	Total	358,243	215	22,020	65,279	95,715	107,953	59,370	7,691
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	27,468	1,398	14,779	6,164	2,732	1,334	866	195
	MN	23	4	18	1	0	0	0	0
	Total	27,491	1,402	14,797	6,165	2,732	1,334	866	195
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	386,016	1,694	33,737	68,123	98,712	112,598	62,765	8,387
	MN	227	5	25	14	36	89	54	4
	Total	386,243	1,699	33,762	68,137	98,748	112,687	62,819	8,391
13. Total Eligibles Enrolled in Managed Care	CN	665,171	29,823	82,096	110,255	142,372	166,937	107,817	25,871
	MN	2	0	0	0	0	0	0	2
	Total	665,173	29,823	82,096	110,255	142,372	166,937	107,817	25,873
14a. Total Number of Screening Blood Lead Tests	CN	60,856	653	38,547	21,656				
	MN	44	2	37	5				
	Total	60,900	655	38,584	21,661				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	935,031	44,181	98,633	147,598	192,309	228,509	157,075	66,726
	MN	183	5	17	18	30	56	46	11
	Total	935,214	44,186	98,650	147,616	192,339	228,565	157,121	66,737
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	891,258	35,913	94,975	142,117	185,642	220,641	151,010	60,960
	MN	113	1	11	7	20	36	29	9
	Total	891,371	35,914	94,986	142,124	185,662	220,677	151,039	60,969
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	9,761,769	275,860	1,050,290	1,590,666	2,085,296	2,482,054	1,681,508	596,095
	MN	690	7	75	38	123	216	182	49
	Total	9,762,459	275,867	1,050,365	1,590,704	2,085,419	2,482,270	1,681,690	596,144
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.91	0.64	0.92	0.93	0.94	0.94	0.93	0.81
	MN	0.51	0.58	0.57	0.45	0.51	0.50	0.52	0.45
	Total	0.91	0.64	0.92	0.93	0.94	0.94	0.93	0.81
4. Expected Number of Screenings per Eligible	CN		3.20	1.38	0.93	0.47	0.56	0.47	0.41
	MN		2.90	0.86	0.45	0.26	0.30	0.26	0.23
	Total		3.20	1.38	0.93	0.47	0.56	0.47	0.41
5. Expected Number of Screenings	CN	684,937	114,922	131,066	132,169	87,252	123,559	70,975	24,994
	MN	41	3	9	3	5	11	8	2
	Total	684,978	114,925	131,075	132,172	87,257	123,570	70,983	24,996
6. Total Screens Received	CN	654,670	131,019	185,416	93,581	84,124	101,809	50,576	8,145
	MN	27	1	11	1	5	6	2	1
	Total	654,697	131,020	185,427	93,582	84,129	101,815	50,578	8,146
7. SCREENING RATIO	CN	0.96	1.00	1.00	0.71	0.96	0.82	0.71	0.33
	MN	0.66	0.33	1.00	0.33	1.00	0.55	0.25	0.50
	Total	0.96	1.00	1.00	0.71	0.96	0.82	0.71	0.33

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Fiscal Year: 2018

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	569,837	35,913	94,975	132,169	87,252	123,559	70,975	24,994
	MN	39	1	9	3	5	11	8	2
	Total	569,876	35,914	94,984	132,172	87,257	123,570	70,983	24,996
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	429,688	33,411	77,906	86,624	80,149	96,839	47,646	7,113
	MN	20	1	5	1	4	6	2	1
	Total	429,708	33,412	77,911	86,625	80,153	96,845	47,648	7,114
10. PARTICIPANT RATIO	CN	0.75	0.93	0.82	0.66	0.92	0.78	0.67	0.28
	MN	0.51	1.00	0.56	0.33	0.80	0.55	0.25	0.50
	Total	0.75	0.93	0.82	0.66	0.92	0.78	0.67	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	28,844	7,926	6,569	2,802	3,475	4,568	2,867	637
	MN	1	1	0	0	0	0	0	0
	Total	28,845	7,927	6,569	2,802	3,475	4,568	2,867	637
12a. Total Eligibles Receiving Any Dental Services	CN	529,091	3,111	51,651	96,625	131,115	145,421	81,701	19,467
	MN	44	0	5	2	10	13	11	3
	Total	529,135	3,111	51,656	96,627	131,125	145,434	81,712	19,470
12b. Total Eligibles Receiving Preventive Dental Services	CN	482,947	1,522	47,914	92,825	125,605	135,025	67,336	12,720
	MN	35	0	5	1	8	10	8	3
	Total	482,982	1,522	47,919	92,826	125,613	135,035	67,344	12,723
12c. Total Eligibles Receiving Dental Treatment Services	CN	296,515	1,674	31,785	65,235	70,163	69,904	46,320	11,434
	MN	19	0	0	1	2	8	6	2
	Total	296,534	1,674	31,785	65,236	70,165	69,912	46,326	11,436
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	73,364				37,998	35,366		
	MN	2				0	2		
	Total	73,366				37,998	35,368		

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Fiscal Year: 2018

State: Washington

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	498,984	2,557	48,974	92,512	123,991	137,594	75,684	17,672
	MN	33	0	5	1	4	9	11	3
	Total	499,017	2,557	48,979	92,513	123,995	137,603	75,695	17,675
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	64,959	1,021	12,852	20,362	15,095	7,565	6,314	1,750
	MN	1	0	0	0	0	0	1	0
	Total	64,960	1,021	12,852	20,362	15,095	7,565	6,315	1,750
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	532,293	3,124	51,713	97,111	132,810	146,147	81,866	19,522
	MN	44	0	5	2	10	13	11	3
	Total	532,337	3,124	51,718	97,113	132,820	146,160	81,877	19,525
13. Total Eligibles Enrolled in Managed Care	CN	860,277	34,914	92,827	138,117	179,419	211,954	144,500	58,546
	MN	13	0	1	0	1	1	4	6
	Total	860,290	34,914	92,828	138,117	179,420	211,955	144,504	58,552
14a. Total Number of Screening Blood Lead Tests	CN	17,928	145	13,587	4,196				
	MN	0	0	0	0				
	Total	17,928	145	13,587	4,196				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	246,454	12,742	26,093	37,624	48,880	58,250	42,760	20,105
	MN	25	0	0	0	7	11	6	1
	Total	246,479	12,742	26,093	37,624	48,887	58,261	42,766	20,106
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	236,135	10,169	25,076	36,452	47,446	56,699	41,476	18,817
	MN	24	0	0	0	7	11	5	1
	Total	236,159	10,169	25,076	36,452	47,453	56,710	41,481	18,818
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN	2,502,000	73,944	263,931	393,848	518,119	619,958	445,837	186,363
	MN	129	0	0	0	48	53	26	2
	Total	2,502,129	73,944	263,931	393,848	518,167	620,011	445,863	186,365
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.88	0.61	0.88	0.90	0.91	0.91	0.90	0.83
	MN	0.45	0.00	0.00	0.00	0.57	0.40	0.43	0.17
	Total	0.88	0.61	0.88	0.90	0.91	0.91	0.90	0.83
4. Expected Number of Screenings per Eligible	CN		3.66	2.20	0.90	0.91	0.91	0.90	0.83
	MN		0.00	0.00	0.00	0.57	0.40	0.43	0.17
	Total		3.66	2.20	0.90	0.91	0.91	0.90	0.83
5. Expected Number of Screenings	CN	272,911	37,219	55,167	32,807	43,176	51,596	37,328	15,618
	MN	10	0	0	0	4	4	2	0
	Total	272,921	37,219	55,167	32,807	43,180	51,600	37,330	15,618
6. Total Screens Received	CN	248,965	53,925	70,331	35,264	28,777	34,585	21,844	4,239
	MN	5	0	0	0	3	1	1	0
	Total	248,970	53,925	70,331	35,264	28,780	34,586	21,845	4,239
7. SCREENING RATIO	CN	0.91	1.00	1.00	1.00	0.67	0.67	0.59	0.27
	MN	0.50	0.00	0.00	0.00	0.75	0.25	0.50	0.00
	Total	0.91	1.00	1.00	1.00	0.67	0.67	0.59	0.27

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	215,770	10,169	25,076	32,807	43,176	51,596	37,328	15,618
	MN	10	0	0	0	4	4	2	0
	Total	215,780	10,169	25,076	32,807	43,180	51,600	37,330	15,618
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	116,179	9,502	20,291	22,896	21,439	24,434	14,825	2,792
	MN	5	0	0	0	3	1	1	0
	Total	116,184	9,502	20,291	22,896	21,442	24,435	14,826	2,792
10. PARTICIPANT RATIO	CN	0.54	0.93	0.81	0.70	0.50	0.47	0.40	0.18
	MN	0.50	0.00	0.00	0.00	0.75	0.25	0.50	0.00
	Total	0.54	0.93	0.81	0.70	0.50	0.47	0.40	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	81,409	7,933	16,020	13,392	14,266	16,031	11,504	2,263
	MN	3	0	0	0	1	2	0	0
	Total	81,412	7,933	16,020	13,392	14,267	16,033	11,504	2,263
12a. Total Eligibles Receiving Any Dental Services	CN	119,698	57	4,145	21,020	31,337	35,128	22,295	5,716
	MN	7	0	0	0	3	3	1	0
	Total	119,705	57	4,145	21,020	31,340	35,131	22,296	5,716
12b. Total Eligibles Receiving Preventive Dental Services	CN	108,542	19	2,952	19,334	29,565	32,576	19,671	4,425
	MN	5	0	0	0	2	2	1	0
	Total	108,547	19	2,952	19,334	29,567	32,578	19,672	4,425
12c. Total Eligibles Receiving Dental Treatment Services	CN	55,011	25	402	6,503	14,382	17,164	13,029	3,506
	MN	4	0	0	0	1	2	1	0
	Total	55,015	25	402	6,503	14,383	17,166	13,030	3,506
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,073				7,124	6,949		
	MN	1				0	1		
	Total	14,074				7,124	6,950		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: West Virginia

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	115,922	47	4,096	20,603	30,408	34,007	21,374	5,387
	MN	4	0	0	0	2	1	1	0
	Total	115,926	47	4,096	20,603	30,410	34,008	21,375	5,387
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	866	12	191	238	199	147	60	19
	MN	0	0	0	0	0	0	0	0
	Total	866	12	191	238	199	147	60	19
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	120,032	69	4,294	21,080	31,384	35,168	22,315	5,722
	MN	7	0	0	0	3	3	1	0
	Total	120,039	69	4,294	21,080	31,387	35,171	22,316	5,722
13. Total Eligibles Enrolled in Managed Care	CN	215,291	9,424	23,418	33,668	43,329	51,164	36,926	17,362
	MN	19	0	0	0	6	8	4	1
	Total	215,310	9,424	23,418	33,668	43,335	51,172	36,930	17,363
14a. Total Number of Screening Blood Lead Tests	CN	15,816	98	11,666	4,052				
	MN	0	0	0	0				
	Total	15,816	98	11,666	4,052				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	579,569	32,019	65,786	93,526	118,525	139,268	94,766	35,679
	MN	55	12	2	2	7	12	18	2
	Total	579,624	32,031	65,788	93,528	118,532	139,280	94,784	35,681
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	541,903	23,427	62,449	89,380	112,761	132,613	89,885	31,388
	MN	21	0	0	2	5	4	9	1
	Total	541,924	23,427	62,449	89,382	112,766	132,617	89,894	31,389
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN	94,573	0	3	7	29,393	37,994	24,234	2,942
	MN	0	0	0	0	0	0	0	0
	Total	94,573	0	3	7	29,393	37,994	24,234	2,942
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	5,714,884	181,440	663,405	966,555	1,214,273	1,440,406	964,102	284,703
	MN	136	0	0	10	33	38	52	3
	Total	5,715,020	181,440	663,405	966,565	1,214,306	1,440,444	964,154	284,706
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.88	0.65	0.89	0.90	0.90	0.91	0.89	0.76
	MN	0.54	0.00	0.00	0.42	0.55	0.79	0.48	0.25
	Total	0.88	0.65	0.89	0.90	0.90	0.91	0.89	0.76
4. Expected Number of Screenings per Eligible	CN		4.55	2.23	0.90	0.90	0.91	0.89	0.76
	MN		0.00	0.00	0.42	0.55	0.79	0.48	0.25
	Total		4.55	2.23	0.90	0.90	0.91	0.89	0.76
5. Expected Number of Screenings	CN	652,312	106,593	139,261	80,442	101,485	120,678	79,998	23,855
	MN	11	0	0	1	3	3	4	0
	Total	652,323	106,593	139,261	80,443	101,488	120,681	80,002	23,855
6. Total Screens Received	CN	449,237	112,653	124,093	58,930	51,879	62,280	33,234	6,168
	MN	10	0	0	1	3	2	4	0
	Total	449,247	112,653	124,093	58,931	51,882	62,282	33,238	6,168
7. SCREENING RATIO	CN	0.69	1.00	0.89	0.73	0.51	0.52	0.42	0.26
	MN	0.91	0.00	0.00	1.00	1.00	0.67	1.00	0.00
	Total	0.69	1.00	0.89	0.73	0.51	0.52	0.42	0.26

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	492,334	23,427	62,449	80,442	101,485	120,678	79,998	23,855
	MN	11	0	0	1	3	3	4	0
	Total	492,345	23,427	62,449	80,443	101,488	120,681	80,002	23,855
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	273,247	22,271	50,390	53,121	50,116	59,881	31,647	5,821
	MN	10	0	0	1	3	2	4	0
	Total	273,257	22,271	50,390	53,122	50,119	59,883	31,651	5,821
10. PARTICIPANT RATIO	CN	0.56	0.95	0.81	0.66	0.49	0.50	0.40	0.24
	MN	0.91	0.00	0.00	1.00	1.00	0.67	1.00	0.00
	Total	0.56	0.95	0.81	0.66	0.49	0.50	0.40	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	183,986	20,771	43,383	31,375	27,116	35,013	21,669	4,659
	MN	10	0	0	1	3	2	4	0
	Total	183,996	20,771	43,383	31,376	27,119	35,015	21,673	4,659
12a. Total Eligibles Receiving Any Dental Services	CN	228,004	189	8,857	39,398	66,020	68,744	36,824	7,972
	MN	4	0	0	1	0	1	2	0
	Total	228,008	189	8,857	39,399	66,020	68,745	36,826	7,972
12b. Total Eligibles Receiving Preventive Dental Services	CN	210,124	84	7,789	37,376	62,941	64,617	31,596	5,721
	MN	4	0	0	1	0	1	2	0
	Total	210,128	84	7,789	37,377	62,941	64,618	31,598	5,721
12c. Total Eligibles Receiving Dental Treatment Services	CN	88,246	45	513	10,668	26,496	26,652	19,361	4,511
	MN	1	0	0	0	0	0	1	0
	Total	88,247	45	513	10,668	26,496	26,652	19,362	4,511
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	41,833				21,279	20,554		
	MN	1				0	1		
	Total	41,834				21,279	20,555		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Wisconsin

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	216,297	179	8,587	38,281	63,371	65,277	33,476	7,126
	MN	4	0	0	1	0	1	2	0
	Total	216,301	179	8,587	38,282	63,371	65,278	33,478	7,126
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	38,382	547	10,502	9,356	9,374	6,732	1,662	209
	MN	3	0	0	1	1	1	0	0
	Total	38,385	547	10,502	9,357	9,375	6,733	1,662	209
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	250,512	729	17,895	44,608	69,750	71,748	37,678	8,104
	MN	6	0	0	1	1	2	2	0
	Total	250,518	729	17,895	44,609	69,751	71,750	37,680	8,104
13. Total Eligibles Enrolled in Managed Care	CN	485,167	22,362	58,471	82,216	100,969	115,467	76,668	29,014
	MN	4	0	0	0	0	0	4	0
	Total	485,171	22,362	58,471	82,216	100,969	115,467	76,672	29,014
14a. Total Number of Screening Blood Lead Tests	CN	56,551	1,054	37,193	18,304				
	MN	1	0	0	1				
	Total	56,552	1,054	37,193	18,305				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	49,218	2,907	6,207	8,193	10,236	12,049	7,719	1,907
	MN	0	0	0	0	0	0	0	0
	Total	49,218	2,907	6,207	8,193	10,236	12,049	7,719	1,907
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	45,039	2,398	5,725	7,587	9,483	11,207	7,157	1,482
	MN	0	0	0	0	0	0	0	0
	Total	45,039	2,398	5,725	7,587	9,483	11,207	7,157	1,482
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	446,582	17,706	56,454	75,836	96,911	115,047	72,709	11,919
	MN	0	0	0	0	0	0	0	0
	Total	446,582	17,706	56,454	75,836	96,911	115,047	72,709	11,919
3b. Average Period of Eligibility (Percentage of the year enrolled)	CN	0.83	0.62	0.82	0.83	0.85	0.86	0.85	0.67
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.62	0.82	0.83	0.85	0.86	0.85	0.67
4. Expected Number of Screenings per Eligible	CN		4.34	1.64	0.83	0.43	0.86	0.85	0.67
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	1.64	0.83	0.43	0.86	0.85	0.67
5. Expected Number of Screenings	CN	46,885	10,407	9,389	6,297	4,078	9,638	6,083	993
	MN	0	0	0	0	0	0	0	0
	Total	46,885	10,407	9,389	6,297	4,078	9,638	6,083	993
6. Total Screens Received	CN	32,896	10,388	9,833	4,070	2,523	4,045	1,935	102
	MN	0	0	0	0	0	0	0	0
	Total	32,896	10,388	9,833	4,070	2,523	4,045	1,935	102
7. SCREENING RATIO	CN	0.70	1.00	1.00	0.65	0.62	0.42	0.32	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	1.00	1.00	0.65	0.62	0.42	0.32	0.10

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

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	35,212	2,398	5,725	6,297	4,078	9,638	6,083	993
	MN	0	0	0	0	0	0	0	0
	Total	35,212	2,398	5,725	6,297	4,078	9,638	6,083	993
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN	18,240	2,298	4,266	3,654	2,413	3,737	1,774	98
	MN	0	0	0	0	0	0	0	0
	Total	18,240	2,298	4,266	3,654	2,413	3,737	1,774	98
10. PARTICIPANT RATIO	CN	0.52	0.96	0.75	0.58	0.59	0.39	0.29	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.96	0.75	0.58	0.59	0.39	0.29	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	13,606	2,132	3,561	2,469	1,648	2,454	1,272	70
	MN	0	0	0	0	0	0	0	0
	Total	13,606	2,132	3,561	2,469	1,648	2,454	1,272	70
12a. Total Eligibles Receiving Any Dental Services	CN	22,775	39	1,424	4,273	5,985	6,726	3,834	494
	MN	0	0	0	0	0	0	0	0
	Total	22,775	39	1,424	4,273	5,985	6,726	3,834	494
12b. Total Eligibles Receiving Preventive Dental Services	CN	21,050	18	1,252	4,013	5,633	6,371	3,398	365
	MN	0	0	0	0	0	0	0	0
	Total	21,050	18	1,252	4,013	5,633	6,371	3,398	365
12c. Total Eligibles Receiving Dental Treatment Services	CN	10,833	7	154	1,615	3,218	3,270	2,258	311
	MN	0	0	0	0	0	0	0	0
	Total	10,833	7	154	1,615	3,218	3,270	2,258	311
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,152				1,597	1,555		
	MN	0				0	0		
	Total	3,152				1,597	1,555		

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2018

State: Wyoming

Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	21,912	35	1,404	4,180	5,776	6,473	3,604	440
	MN	0	0	0	0	0	0	0	0
	Total	21,912	35	1,404	4,180	5,776	6,473	3,604	440
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN	157	1	6	20	33	40	49	8
	MN	0	0	0	0	0	0	0	0
	Total	157	1	6	20	33	40	49	8
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN	22,890	40	1,430	4,287	6,002	6,761	3,869	501
	MN	0	0	0	0	0	0	0	0
	Total	22,890	40	1,430	4,287	6,002	6,761	3,869	501
13. Total Eligibles Enrolled in Managed Care	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
14a. Total Number of Screening Blood Lead Tests	CN	1,155	4	785	366				
	MN	0	0	0	0				
	Total	1,155	4	785	366				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests			Enter X For Method I		Enter X For Method II		Enter X For Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			