

Annual EPSDT Participation Report Form CMS-416 (National) Fiscal Year: 2024									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	35	Total number of state reports generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	44,847,364	2,025,859	4,288,626	6,582,419	8,884,432	10,742,460	8,666,617	3,656,951
	MN	269,436	2,402	9,349	21,710	41,350	60,176	57,553	76,896
	Total	45,116,800	2,028,261	4,297,975	6,604,129	8,925,782	10,802,636	8,724,170	3,733,847
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	41,965,322	1,547,841	4,095,498	6,219,465	8,425,053	10,193,431	8,192,322	3,291,712
	MN	231,831	1,284	7,939	18,299	35,560	52,398	49,906	66,445
	Total	42,197,153	1,549,125	4,103,437	6,237,764	8,460,613	10,245,829	8,242,228	3,358,157
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	5,979,967	12,108	191,097	378,005	1,427,803	1,975,753	1,718,053	277,148
2a. State Periodicity Schedule			n/a	n/a	n/a	n/a	n/a	n/a	n/a
2b. Number of Years in Age Group			n/a	n/a	n/a	n/a	n/a	n/a	n/a
2c. Annualized State Periodicity Schedule			n/a	n/a	n/a	n/a	n/a	n/a	n/a
3a. Total Months of Eligibility	CN	452,158,359	11,689,708	44,855,273	67,962,640	92,664,156	112,435,080	89,817,422	32,734,080
	MN	2,358,561	8,525	74,956	175,760	363,755	547,053	516,352	672,160
	Total	454,516,920	11,698,233	44,930,229	68,138,400	93,027,911	112,982,133	90,333,774	33,406,240
3b. Average Period of Eligibility	CN	0.90	0.63	0.91	0.91	0.92	0.92	0.91	0.83
	MN	0.90	0.55	0.79	0.80	0.85	0.87	0.86	0.84
	Total	0.90	0.63	0.91	0.91	0.92	0.92	0.91	0.83
4. Expected Number of Screenings per Eligible	CN		4.30	2.27	0.91	0.92	0.92	0.91	0.83
	MN		3.85	1.96	0.80	0.85	0.87	0.86	0.84
	Total		4.30	2.27	0.91	0.92	0.92	0.91	0.83
5. Expected Number of Screenings	CN	48,912,747	6,655,419	9,311,434	5,652,498	7,723,183	9,362,529	7,476,870	2,730,814
	MN	209,929	4,946	15,571	14,638	30,257	45,475	43,054	55,988
	Total	49,122,676	6,660,365	9,327,005	5,667,136	7,753,440	9,408,004	7,519,924	2,786,802
6. Total Screens Received	CN	32,575,810	6,067,158	8,123,286	4,476,207	4,334,045	5,310,111	3,577,866	687,137
	MN	85,219	2,381	9,171	9,042	13,780	20,413	16,942	13,490
	Total	32,661,029	6,069,539	8,132,457	4,485,249	4,347,825	5,330,524	3,594,808	700,627
7. SCREENING RATIO	CN	0.67	0.91	0.87	0.79	0.56	0.57	0.48	0.25
	MN	0.41	0.48	0.59	0.62	0.46	0.45	0.39	0.24
	Total	0.66	0.91	0.87	0.79	0.56	0.57	0.48	0.25

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8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	38,588,858	1,547,841	4,095,123	5,652,498	7,723,183	9,362,529	7,476,870	2,730,814
	MN	198,635	1,284	7,939	14,638	30,257	45,475	43,054	55,988
	Total	38,787,493	1,549,125	4,103,062	5,667,136	7,753,440	9,408,004	7,519,924	2,786,802
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	21,161,076	1,410,722	3,248,663	3,800,739	3,998,495	4,857,561	3,236,116	608,780
	MN	69,558	712	4,273	7,012	12,142	18,246	15,153	12,020
	Total	21,230,634	1,411,434	3,252,936	3,807,751	4,010,637	4,875,807	3,251,269	620,800
10. PARTICIPANT RATIO	CN	0.55	0.91	0.79	0.67	0.52	0.52	0.43	0.22
	MN	0.35	0.55	0.54	0.48	0.40	0.40	0.35	0.21
	Total	0.55	0.91	0.79	0.67	0.52	0.52	0.43	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	13,805,265	1,254,620	2,552,226	2,272,332	2,371,181	2,867,292	2,063,062	424,552
	MN	45,750	436	2,769	4,100	8,067	12,255	10,379	7,744
	Total	13,851,015	1,255,056	2,554,995	2,276,432	2,379,248	2,879,547	2,073,441	432,296
12a. Total Eligibles Receiving Any Dental Services	CN	19,726,569	72,059	1,219,796	3,177,482	4,994,533	5,600,698	3,751,939	910,062
	MN	73,649	35	1,576	5,784	13,741	19,810	16,353	16,350
	Total	19,800,218	72,094	1,221,372	3,183,266	5,008,274	5,620,508	3,768,292	926,412
12b. Total Eligibles Receiving Preventive Dental Services	CN	18,345,657	55,567	1,156,347	3,051,146	4,766,539	5,261,464	3,325,865	728,729
	MN	63,688	24	1,392	5,443	12,627	17,664	13,733	12,805
	Total	18,409,345	55,591	1,157,739	3,056,589	4,779,166	5,279,128	3,339,598	741,534
12c. Total Eligibles Receiving Dental Treatment Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	8,509,153	11,213	124,368	955,286	2,366,341	2,609,767	1,955,844	486,334
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,481,543				1,255,438	1,226,105		
	MN	6,346				2,779	3,567		
	Total	2,487,889				1,258,217	1,229,672		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	18,681,599	59,444	1,155,652	3,050,689	4,783,021	5,320,327	3,484,653	827,813
	MN	66,573	17	1,431	5,348	12,591	18,079	14,561	14,546
	Total	18,748,172	59,461	1,157,083	3,056,037	4,795,612	5,338,406	3,499,214	842,359

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12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	2,073,533	55,898	687,042	504,707	323,534	278,130	177,787	46,435
	MN	5,328	14	899	898	890	1,017	904	706
	Total	2,078,861	55,912	687,941	505,605	324,424	279,147	178,691	47,141
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	19,260,592	97,214	1,600,784	3,251,276	4,853,713	5,339,670	3,374,811	743,124
	MN	65,261	34	2,050	5,810	12,801	17,832	13,856	12,878
	Total	19,325,853	97,248	1,602,834	3,257,086	4,866,514	5,357,502	3,388,667	756,002
13. Total Eligibles Enrolled in Managed Care	CN	39,781,236	1,470,691	3,936,584	5,937,941	7,999,630	9,651,765	7,735,516	3,049,109
	MN	192,733	838	5,790	14,677	28,857	41,792	39,743	61,036
	Total	39,973,969	1,471,529	3,942,374	5,952,618	8,028,487	9,693,557	7,775,259	3,110,145
14a. Total Number of Screening Blood Lead Tests	CN	2,800,265	39,722	1,957,624	802,919				
	MN	3,505	18	2,153	1,334				
	Total	2,803,770	39,740	1,959,777	804,253				
14b. Methodology Used to Calculate 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)	52	HEDIS (Method II)	1	Combination Methodology (Method III)	1		

CN = Categorically Needy

MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare & Medicaid Services' cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.

n/a = Not Applicable

Note: States are not required to provide EPSDT benefits to children enrolled in Medicaid through the MN benefit. However, most states opt to do so.

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