

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Alabama

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	748,258	34,463	74,069	116,464	152,713	177,062	141,461	52,026
	MN	0	0	0	0	0	0	0	0
	Total	748,258	34,463	74,069	116,464	152,713	177,062	141,461	52,026
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	712,049	33,098	70,953	110,896	147,286	170,588	136,042	43,186
	MN	0	0	0	0	0	0	0	0
	Total	712,049	33,098	70,953	110,896	147,286	170,588	136,042	43,186
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	134,252	DS	DS	109	16,917	33,369	64,517	19,312
	MN	0	0	0	0	0	0	0	0
	Total	134,252	DS	DS	109	16,917	33,369	64,517	19,312
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	2	1	1	1	1	1
3a. Total Months of Eligibility	CN	7,619,607	329,535	772,096	1,196,270	1,627,977	1,882,233	1,489,464	322,032
	MN	0	0	0	0	0	0	0	0
	Total	7,619,607	329,535	772,096	1,196,270	1,627,977	1,882,233	1,489,464	322,032
3b. Average Period of Eligibility	CN	0.89	0.83	0.91	0.90	0.92	0.92	0.91	0.62
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.83	0.91	0.90	0.92	0.92	0.91	0.62
4. Expected Number of Screenings per Eligible	CN		4.15	1.82	0.90	0.92	0.92	0.91	0.62
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.15	1.82	0.90	0.92	0.92	0.91	0.62
5. Expected Number of Screenings	CN	809,314	137,357	129,134	99,806	135,503	156,941	123,798	26,775
	MN	0	0	0	0	0	0	0	0
	Total	809,314	137,357	129,134	99,806	135,503	156,941	123,798	26,775
6. Total Screens Received	CN	526,195	93,521	142,818	69,089	72,845	86,992	56,735	4,195
	MN	0	0	0	0	0	0	0	0
	Total	526,195	93,521	142,818	69,089	72,845	86,992	56,735	4,195
7. SCREENING RATIO	CN	0.65	0.68	1.00	0.69	0.54	0.55	0.46	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.68	1.00	0.69	0.54	0.55	0.46	0.16

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	646,874	33,098	70,953	99,806	135,503	156,941	123,798	26,775
	MN	0	0	0	0	0	0	0	0
	Total	646,874	33,098	70,953	99,806	135,503	156,941	123,798	26,775
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	368,327	28,964	58,607	66,305	70,866	84,350	55,090	4,145
	MN	0	0	0	0	0	0	0	0
	Total	368,327	28,964	58,607	66,305	70,866	84,350	55,090	4,145
10. PARTICIPANT RATIO	CN	0.57	0.88	0.83	0.66	0.52	0.54	0.44	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.88	0.83	0.66	0.52	0.54	0.44	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	109,760	7,795	18,236	19,744	21,451	23,980	17,176	1,378
	MN	0	0	0	0	0	0	0	0
	Total	109,760	7,795	18,236	19,744	21,451	23,980	17,176	1,378
12a. Total Eligibles Receiving Any Dental Services	CN	319,175	347	17,093	56,151	84,364	90,154	61,443	9,623
	MN	0	0	0	0	0	0	0	0
	Total	319,175	347	17,093	56,151	84,364	90,154	61,443	9,623
12b. Total Eligibles Receiving Preventive Dental Services	CN	299,847	79	15,781	53,859	80,236	86,033	55,993	7,866
	MN	0	0	0	0	0	0	0	0
	Total	299,847	79	15,781	53,859	80,236	86,033	55,993	7,866
12c. Total Eligibles Receiving Dental Treatment Services	CN	101,578	DS	DS	14,256	33,522	27,258	22,631	3,225
	MN	0	0	0	0	0	0	0	0
	Total	101,578	DS	DS	14,256	33,522	27,258	22,631	3,225
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	30,425				17,500	12,925		
	MN	0				0	0		
	Total	30,425				17,500	12,925		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	309,977	319	16,943	55,188	81,735	87,671	59,182	8,939
	MN	0	0	0	0	0	0	0	0
	Total	309,977	319	16,943	55,188	81,735	87,671	59,182	8,939

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	8,899	859	7,807	233	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	8,899	859	7,807	233	0	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	307,434	791	22,473	54,042	80,236	86,033	55,993	7,866
	MN	0	0	0	0	0	0	0	0
	Total	307,434	791	22,473	54,042	80,236	86,033	55,993	7,866
13. Total Eligibles Enrolled in Managed Care	CN	707,423	32,727	70,686	110,274	146,562	169,599	134,966	42,609
	MN	0	0	0	0	0	0	0	0
	Total	707,423	32,727	70,686	110,274	146,562	169,599	134,966	42,609
14a. Total Number of Screening Blood Lead Tests	CN	44,240	1,407	35,074	7,759				
	MN	0	0	0	0				
	Total	44,240	1,407	35,074	7,759				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	115,365	4,329	9,840	16,586	24,522	29,017	21,905	9,166
	MN	0	0	0	0	0	0	0	0
	Total	115,365	4,329	9,840	16,586	24,522	29,017	21,905	9,166
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	111,992	3,553	9,465	16,113	24,002	28,575	21,474	8,810
	MN	0	0	0	0	0	0	0	0
	Total	111,992	3,553	9,465	16,113	24,002	28,575	21,474	8,810
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	14,702	37	554	1,179	3,376	4,865	3,636	1,055
	MN	0	0	0	0	0	0	0	0
	Total	14,702	37	554	1,179	3,376	4,865	3,636	1,055
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	1,270,174	26,346	106,105	182,853	276,837	332,268	248,273	97,492
	MN	0	0	0	0	0	0	0	0
	Total	1,270,174	26,346	106,105	182,853	276,837	332,268	248,273	97,492
3b. Average Period of Eligibility	CN	0.95	0.62	0.93	0.95	0.96	0.97	0.96	0.92
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.62	0.93	0.95	0.96	0.97	0.96	0.92
4. Expected Number of Screenings per Eligible	CN		3.72	2.33	0.95	0.96	0.97	0.96	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	2.33	0.95	0.96	0.97	0.96	0.92
5. Expected Number of Screenings	CN	130,057	13,217	22,053	15,307	23,042	27,718	20,615	8,105
	MN	0	0	0	0	0	0	0	0
	Total	130,057	13,217	22,053	15,307	23,042	27,718	20,615	8,105
6. Total Screens Received	CN	50,728	12,271	12,358	7,030	5,981	7,969	4,649	470
	MN	0	0	0	0	0	0	0	0
	Total	50,728	12,271	12,358	7,030	5,981	7,969	4,649	470
7. SCREENING RATIO	CN	0.39	0.93	0.56	0.46	0.26	0.29	0.23	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.39	0.93	0.56	0.46	0.26	0.29	0.23	0.06

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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	107,805	3,553	9,465	15,307	23,042	27,718	20,615	8,105
	MN	0	0	0	0	0	0	0	0
	Total	107,805	3,553	9,465	15,307	23,042	27,718	20,615	8,105
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	32,725	3,077	5,715	6,170	5,651	7,366	4,304	442
	MN	0	0	0	0	0	0	0	0
	Total	32,725	3,077	5,715	6,170	5,651	7,366	4,304	442
10. PARTICIPANT RATIO	CN	0.30	0.87	0.60	0.40	0.25	0.27	0.21	0.05
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.30	0.87	0.60	0.40	0.25	0.27	0.21	0.05
11. Total Eligibles Referred for Corrective Treatment	CN	19,210	2,908	4,206	3,104	2,815	3,613	2,297	267
	MN	0	0	0	0	0	0	0	0
	Total	19,210	2,908	4,206	3,104	2,815	3,613	2,297	267
12a. Total Eligibles Receiving Any Dental Services	CN	46,139	135	2,614	7,280	11,607	13,465	8,844	2,194
	MN	0	0	0	0	0	0	0	0
	Total	46,139	135	2,614	7,280	11,607	13,465	8,844	2,194
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,307	24	2,304	6,778	10,888	12,362	7,380	1,571
	MN	0	0	0	0	0	0	0	0
	Total	41,307	24	2,304	6,778	10,888	12,362	7,380	1,571
12c. Total Eligibles Receiving Dental Treatment Services	CN	21,396	93	324	2,417	5,318	6,552	5,262	1,430
	MN	0	0	0	0	0	0	0	0
	Total	21,396	93	324	2,417	5,318	6,552	5,262	1,430
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,654				3,456	4,198		
	MN	0				0	0		
	Total	7,654				3,456	4,198		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	42,885	129	2,576	7,030	10,968	12,360	7,874	1,948
	MN	0	0	0	0	0	0	0	0
	Total	42,885	129	2,576	7,030	10,968	12,360	7,874	1,948

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	2,476	59	834	428	388	419	271	77
	MN	0	0	0	0	0	0	0	0
	Total	2,476	59	834	428	388	419	271	77
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	43,034	75	2,929	7,063	11,166	12,657	7,529	1,615
	MN	0	0	0	0	0	0	0	0
	Total	43,034	75	2,929	7,063	11,166	12,657	7,529	1,615
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	1,749	14	1,330	405				
	MN	0	0	0	0				
	Total	1,749	14	1,330	405				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	971,448	44,950	91,852	133,299	191,249	231,786	191,706	86,606
	MN	0	0	0	0	0	0	0	0
	Total	971,448	44,950	91,852	133,299	191,249	231,786	191,706	86,606
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	919,348	33,158	87,104	126,749	183,636	222,958	184,026	81,717
	MN	0	0	0	0	0	0	0	0
	Total	919,348	33,158	87,104	126,749	183,636	222,958	184,026	81,717
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	75,748	0	0	DS	21,952	28,630	23,550	DS
	MN	0	0	0	0	0	0	0	0
	Total	75,748	0	0	DS	21,952	28,630	23,550	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	10,009,171	248,411	929,655	1,390,386	2,038,666	2,484,815	2,048,952	868,286
	MN	0	0	0	0	0	0	0	0
	Total	10,009,171	248,411	929,655	1,390,386	2,038,666	2,484,815	2,048,952	868,286
3b. Average Period of Eligibility	CN	0.91	0.62	0.89	0.91	0.93	0.93	0.93	0.89
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.62	0.89	0.91	0.93	0.93	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		4.34	2.23	0.91	0.93	0.93	0.93	0.89
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.23	0.91	0.93	0.93	0.93	0.89
5. Expected Number of Screenings	CN	1,075,494	143,906	194,242	115,342	170,781	207,351	171,144	72,728
	MN	0	0	0	0	0	0	0	0
	Total	1,075,494	143,906	194,242	115,342	170,781	207,351	171,144	72,728
6. Total Screens Received	CN	690,926	143,780	161,287	84,487	94,006	113,846	76,708	16,812
	MN	0	0	0	0	0	0	0	0
	Total	690,926	143,780	161,287	84,487	94,006	113,846	76,708	16,812
7. SCREENING RATIO	CN	0.64	1.00	0.83	0.73	0.55	0.55	0.45	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	1.00	0.83	0.73	0.55	0.55	0.45	0.23

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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	857,608	33,158	87,104	115,342	170,781	207,351	171,144	72,728
	MN	0	0	0	0	0	0	0	0
	Total	857,608	33,158	87,104	115,342	170,781	207,351	171,144	72,728
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	434,611	30,959	65,664	71,638	83,824	100,061	67,367	15,098
	MN	0	0	0	0	0	0	0	0
	Total	434,611	30,959	65,664	71,638	83,824	100,061	67,367	15,098
10. PARTICIPANT RATIO	CN	0.51	0.93	0.75	0.62	0.49	0.48	0.39	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.93	0.75	0.62	0.49	0.48	0.39	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	208,739	28,251	44,957	28,243	32,136	37,522	29,423	8,207
	MN	0	0	0	0	0	0	0	0
	Total	208,739	28,251	44,957	28,243	32,136	37,522	29,423	8,207
12a. Total Eligibles Receiving Any Dental Services	CN	440,626	2,519	31,514	69,464	111,550	122,814	82,316	20,449
	MN	0	0	0	0	0	0	0	0
	Total	440,626	2,519	31,514	69,464	111,550	122,814	82,316	20,449
12b. Total Eligibles Receiving Preventive Dental Services	CN	410,717	994	29,351	66,069	106,390	116,843	74,460	16,610
	MN	0	0	0	0	0	0	0	0
	Total	410,717	994	29,351	66,069	106,390	116,843	74,460	16,610
12c. Total Eligibles Receiving Dental Treatment Services	CN	163,259	184	1,646	19,547	49,023	48,025	35,044	9,790
	MN	0	0	0	0	0	0	0	0
	Total	163,259	184	1,646	19,547	49,023	48,025	35,044	9,790
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	58,588				30,458	28,130		
	MN	0				0	0		
	Total	58,588				30,458	28,130		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	426,143	2,426	31,076	68,235	107,239	118,485	79,171	19,511
	MN	0	0	0	0	0	0	0	0
	Total	426,143	2,426	31,076	68,235	107,239	118,485	79,171	19,511



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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	9,468	787	7,424	997	76	75	83	26
	MN	0	0	0	0	0	0	0	0
	Total	9,468	787	7,424	997	76	75	83	26
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	416,888	1,751	34,259	66,503	106,414	116,872	74,477	16,612
	MN	0	0	0	0	0	0	0	0
	Total	416,888	1,751	34,259	66,503	106,414	116,872	74,477	16,612
13. Total Eligibles Enrolled in Managed Care	CN	866,804	31,147	82,525	120,370	173,785	210,147	173,305	75,525
	MN	0	0	0	0	0	0	0	0
	Total	866,804	31,147	82,525	120,370	173,785	210,147	173,305	75,525
14a. Total Number of Screening Blood Lead Tests	CN	32,590	228	21,999	10,363				
	MN	0	0	0	0				
	Total	32,590	228	21,999	10,363				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Arkansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	462,783	22,575	44,244	65,628	93,499	111,973	88,705	36,159
	MN	1,912	69	235	318	325	370	396	199
	Total	464,695	22,644	44,479	65,946	93,824	112,343	89,101	36,358
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	427,614	16,620	41,049	60,980	87,809	105,499	83,374	32,283
	MN	1,701	51	210	280	287	333	368	172
	Total	429,315	16,671	41,259	61,260	88,096	105,832	83,742	32,455
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	38,667	0	24	131	11,935	15,970	10,534	73
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	2	1	1	1	1	1
3a. Total Months of Eligibility	CN	4,655,341	123,885	435,144	667,904	980,778	1,185,975	933,788	327,867
	MN	18,200	383	2,249	3,032	3,092	3,595	4,015	1,834
	Total	4,673,541	124,268	437,393	670,936	983,870	1,189,570	937,803	329,701
3b. Average Period of Eligibility	CN	0.91	0.62	0.88	0.91	0.93	0.94	0.93	0.85
	MN	0.89	0.63	0.89	0.90	0.90	0.90	0.91	0.89
	Total	0.91	0.62	0.88	0.91	0.93	0.94	0.93	0.85
4. Expected Number of Screenings per Eligible	CN		3.72	1.76	0.91	0.93	0.94	0.93	0.85
	MN		3.78	1.78	0.90	0.90	0.90	0.91	0.89
	Total		3.72	1.76	0.91	0.93	0.94	0.93	0.85
5. Expected Number of Screenings	CN	475,374	61,826	72,246	55,492	81,662	99,169	77,538	27,441
	MN	1,865	193	374	252	258	300	335	153
	Total	477,239	62,019	72,620	55,744	81,920	99,469	77,873	27,594
6. Total Screens Received	CN	319,021	64,355	74,752	43,486	44,010	53,843	35,809	2,766
	MN	1,473	174	404	254	172	228	214	27
	Total	320,494	64,529	75,156	43,740	44,182	54,071	36,023	2,793
7. SCREENING RATIO	CN	0.67	1.00	1.00	0.78	0.54	0.54	0.46	0.10
	MN	0.79	0.90	1.00	1.00	0.67	0.76	0.64	0.18
	Total	0.67	1.00	1.00	0.78	0.54	0.54	0.46	0.10

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Arkansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	398,971	16,620	41,049	55,492	81,662	99,169	77,538	27,441
	MN	1,559	51	210	252	258	300	335	153
	Total	400,530	16,671	41,259	55,744	81,920	99,469	77,873	27,594
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	210,189	15,418	30,871	38,463	40,713	49,389	32,706	2,629
	MN	940	45	167	197	149	179	178	25
	Total	211,129	15,463	31,038	38,660	40,862	49,568	32,884	2,654
10. PARTICIPANT RATIO	CN	0.53	0.93	0.75	0.69	0.50	0.50	0.42	0.10
	MN	0.60	0.88	0.80	0.78	0.58	0.60	0.53	0.16
	Total	0.53	0.93	0.75	0.69	0.50	0.50	0.42	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	143,825	14,844	25,584	25,335	26,397	29,861	20,141	1,663
	MN	831	42	152	172	131	163	156	15
	Total	144,656	14,886	25,736	25,507	26,528	30,024	20,297	1,678
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	221,058	343	10,736	32,998	56,235	65,934	45,626	9,186
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	206,557	107	9,346	31,217	53,988	62,768	41,499	7,632
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	90,973	101	557	8,831	24,840	28,785	23,277	4,582
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,307				9,511	7,796		
	MN	62				36	26		
	Total	17,369				9,547	7,822		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	215,015	322	10,675	32,592	55,164	63,993	43,611	8,658

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Arkansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	14,378	191	4,172	3,464	2,413	2,486	1,485	167
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	215,689	292	12,654	33,367	55,267	64,121	42,297	7,691
13. Total Eligibles Enrolled in Managed Care	CN	425,651	16,410	40,817	60,636	87,485	105,191	83,081	32,031
	MN	1,691	51	210	280	285	331	366	168
	Total	427,342	16,461	41,027	60,916	87,770	105,522	83,447	32,199
14a. Total Number of Screening Blood Lead Tests	CN	12,854	161	9,522	3,171				
	MN	60	0	41	19				
	Total	12,914	161	9,563	3,190				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: California

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	5,990,878	236,782	483,405	775,084	1,152,881	1,484,039	1,269,468	589,219
	MN	75,528	255	1,934	7,601	14,636	19,135	16,830	15,137
	Total	6,066,406	237,037	485,339	782,685	1,167,517	1,503,174	1,286,298	604,356
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	5,688,754	171,128	459,517	744,753	1,110,944	1,429,350	1,217,343	555,719
	MN	72,321	178	1,804	7,063	14,044	18,426	16,293	14,513
	Total	5,761,075	171,306	461,321	751,816	1,124,988	1,447,776	1,233,636	570,232
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	1,330,916	3,571	52,367	109,670	293,830	423,483	372,064	75,931
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	64,026,347	1,231,277	5,237,296	8,495,389	12,709,895	16,363,373	13,883,324	6,105,793
	MN	782,298	1,251	18,894	72,038	152,183	201,759	179,703	156,470
	Total	64,808,645	1,232,528	5,256,190	8,567,427	12,862,078	16,565,132	14,063,027	6,262,263
3b. Average Period of Eligibility	CN	0.94	0.60	0.95	0.95	0.95	0.95	0.95	0.92
	MN	0.90	0.59	0.87	0.85	0.90	0.91	0.92	0.90
	Total	0.94	0.60	0.95	0.95	0.95	0.95	0.95	0.92
4. Expected Number of Screenings per Eligible	CN		4.20	2.38	0.95	0.95	0.95	0.95	0.92
	MN		4.13	2.18	0.85	0.90	0.91	0.92	0.90
	Total		4.20	2.38	0.95	0.95	0.95	0.95	0.92
5. Expected Number of Screenings	CN	6,600,920	718,738	1,093,650	707,515	1,055,397	1,357,883	1,156,476	511,261
	MN	68,132	735	3,933	6,004	12,640	16,768	14,990	13,062
	Total	6,669,052	719,473	1,097,583	713,519	1,068,037	1,374,651	1,171,466	524,323
6. Total Screens Received	CN	3,684,950	403,398	830,994	526,106	558,580	719,760	526,361	119,751
	MN	19,601	207	1,860	2,369	3,941	4,956	4,115	2,153
	Total	3,704,551	403,605	832,854	528,475	562,521	724,716	530,476	121,904
7. SCREENING RATIO	CN	0.56	0.56	0.76	0.74	0.53	0.53	0.46	0.23
	MN	0.29	0.28	0.47	0.39	0.31	0.30	0.27	0.16
	Total	0.56	0.56	0.76	0.74	0.53	0.53	0.45	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: California

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	5,419,177	171,128	459,517	707,515	1,055,397	1,357,883	1,156,476	511,261
	MN	65,446	178	1,804	6,004	12,640	16,768	14,990	13,062
	Total	5,484,623	171,306	461,321	713,519	1,068,037	1,374,651	1,171,466	524,323
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	2,727,525	142,084	358,800	454,996	519,268	668,883	478,854	104,640
	MN	17,375	79	940	2,136	3,720	4,679	3,849	1,972
	Total	2,744,900	142,163	359,740	457,132	522,988	673,562	482,703	106,612
10. PARTICIPANT RATIO	CN	0.50	0.83	0.78	0.64	0.49	0.49	0.41	0.20
	MN	0.27	0.44	0.52	0.36	0.29	0.28	0.26	0.15
	Total	0.50	0.83	0.78	0.64	0.49	0.49	0.41	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	2,006,475	105,972	304,257	321,786	348,819	469,232	369,444	86,965
	MN	14,120	53	770	1,646	3,038	3,832	3,195	1,586
	Total	2,020,595	106,025	305,027	323,432	351,857	473,064	372,639	88,551
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,808,354	8,435	164,351	414,436	677,534	796,020	573,153	174,425
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,645,897	6,828	157,261	403,065	653,433	757,237	521,337	146,736
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	1,331,869	360	18,726	154,856	381,911	392,214	292,284	91,518
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	404,627				190,113	214,514		
	MN	1,973				914	1,059		
	Total	406,600				191,027	215,573		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,600,995	5,303	152,977	386,930	634,685	744,701	522,371	154,028

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: California

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	646,165	8,627	118,162	139,708	118,817	132,308	99,958	28,585
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,753,905	12,250	211,921	431,528	659,765	763,119	526,553	148,769
13. Total Eligibles Enrolled in Managed Care	CN	5,550,322	157,407	448,317	728,745	1,087,194	1,397,089	1,187,909	543,661
	MN	65,717	110	1,541	6,215	12,914	16,960	14,854	13,123
	Total	5,616,039	157,517	449,858	734,960	1,100,108	1,414,049	1,202,763	556,784
14a. Total Number of Screening Blood Lead Tests	CN	347,110	1,617	222,075	123,418				
	MN	966	0	508	458				
	Total	348,076	1,617	222,583	123,876				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Colorado

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	679,123	29,326	62,349	95,878	133,504	161,822	134,218	62,026
	MN	0	0	0	0	0	0	0	0
	Total	679,123	29,326	62,349	95,878	133,504	161,822	134,218	62,026
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	605,728	21,661	57,649	86,663	120,341	145,805	120,242	53,367
	MN	0	0	0	0	0	0	0	0
	Total	605,728	21,661	57,649	86,663	120,341	145,805	120,242	53,367
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	48,257	0	0	0	14,289	18,531	14,843	594
	MN	0	0	0	0	0	0	0	0
	Total	48,257	0	0	0	14,289	18,531	14,843	594
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	6,007,564	158,912	591,603	876,238	1,220,376	1,476,168	1,201,004	483,263
	MN	0	0	0	0	0	0	0	0
	Total	6,007,564	158,912	591,603	876,238	1,220,376	1,476,168	1,201,004	483,263
3b. Average Period of Eligibility	CN	0.83	0.61	0.86	0.84	0.85	0.84	0.83	0.75
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.61	0.86	0.84	0.85	0.84	0.83	0.75
4. Expected Number of Screenings per Eligible	CN		4.27	2.15	0.84	0.85	0.84	0.83	0.75
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.15	0.84	0.85	0.84	0.83	0.75
5. Expected Number of Screenings	CN	653,826	92,492	123,945	72,797	102,290	122,476	99,801	40,025
	MN	0	0	0	0	0	0	0	0
	Total	653,826	92,492	123,945	72,797	102,290	122,476	99,801	40,025
6. Total Screens Received	CN	438,611	102,712	112,551	57,240	53,324	65,183	40,468	7,133
	MN	0	0	0	0	0	0	0	0
	Total	438,611	102,712	112,551	57,240	53,324	65,183	40,468	7,133
7. SCREENING RATIO	CN	0.67	1.00	0.91	0.79	0.52	0.53	0.41	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	1.00	0.91	0.79	0.52	0.53	0.41	0.18



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Colorado

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	516,699	21,661	57,649	72,797	102,290	122,476	99,801	40,025
	MN	0	0	0	0	0	0	0	0
	Total	516,699	21,661	57,649	72,797	102,290	122,476	99,801	40,025
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	275,033	20,321	45,304	50,878	51,144	62,052	38,578	6,756
	MN	0	0	0	0	0	0	0	0
	Total	275,033	20,321	45,304	50,878	51,144	62,052	38,578	6,756
10. PARTICIPANT RATIO	CN	0.53	0.94	0.79	0.70	0.50	0.51	0.39	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.94	0.79	0.70	0.50	0.51	0.39	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	165,102	19,812	34,561	25,715	26,858	31,989	21,810	4,357
	MN	0	0	0	0	0	0	0	0
	Total	165,102	19,812	34,561	25,715	26,858	31,989	21,810	4,357
12a. Total Eligibles Receiving Any Dental Services	CN	304,785	1,910	23,894	48,460	72,208	83,609	58,478	16,226
	MN	0	0	0	0	0	0	0	0
	Total	304,785	1,910	23,894	48,460	72,208	83,609	58,478	16,226
12b. Total Eligibles Receiving Preventive Dental Services	CN	271,181	704	21,905	45,385	67,730	75,304	48,682	11,471
	MN	0	0	0	0	0	0	0	0
	Total	271,181	704	21,905	45,385	67,730	75,304	48,682	11,471
12c. Total Eligibles Receiving Dental Treatment Services	CN	133,587	308	1,503	14,093	33,896	42,772	31,911	9,104
	MN	0	0	0	0	0	0	0	0
	Total	133,587	308	1,503	14,093	33,896	42,772	31,911	9,104
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	32,044				17,164	14,880		
	MN	0				0	0		
	Total	32,044				17,164	14,880		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	291,398	1,755	23,688	47,388	69,773	79,562	54,322	14,910
	MN	0	0	0	0	0	0	0	0
	Total	291,398	1,755	23,688	47,388	69,773	79,562	54,322	14,910

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Colorado

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	32,625	1,085	11,578	7,181	5,089	4,881	2,669	142
	MN	0	0	0	0	0	0	0	0
	Total	32,625	1,085	11,578	7,181	5,089	4,881	2,669	142
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	275,316	875	24,564	46,192	67,976	75,459	48,769	11,481
	MN	0	0	0	0	0	0	0	0
	Total	275,316	875	24,564	46,192	67,976	75,459	48,769	11,481
13. Total Eligibles Enrolled in Managed Care	CN	597,987	21,628	57,179	85,493	118,581	143,989	118,895	52,222
	MN	0	0	0	0	0	0	0	0
	Total	597,987	21,628	57,179	85,493	118,581	143,989	118,895	52,222
14a. Total Number of Screening Blood Lead Tests	CN	25,670	96	19,941	5,633				
	MN	0	0	0	0				
	Total	25,670	96	19,941	5,633				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Connecticut

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	420,272	17,251	37,226	58,375	81,598	102,874	84,551	38,397
	MN	373	0	0	0	0	0	142	231
	Total	420,645	17,251	37,226	58,375	81,598	102,874	84,693	38,628
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	404,298	12,799	36,282	56,726	79,580	100,243	82,197	36,471
	MN	372	0	0	0	0	0	142	230
	Total	404,670	12,799	36,282	56,726	79,580	100,243	82,339	36,701
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	4,513,692	95,429	411,826	643,383	905,645	1,140,838	930,435	386,136
	MN	4,346	0	0	0	0	0	1,646	2,700
	Total	4,518,038	95,429	411,826	643,383	905,645	1,140,838	932,081	388,836
3b. Average Period of Eligibility	CN	0.93	0.62	0.95	0.95	0.95	0.95	0.94	0.88
	MN	0.97	0.00	0.00	0.00	0.00	0.00	0.97	0.98
	Total	0.93	0.62	0.95	0.95	0.95	0.95	0.94	0.88
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	0.95	0.95	0.95	0.94	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.97	0.98
	Total		4.34	2.38	0.95	0.95	0.95	0.94	0.88
5. Expected Number of Screenings	CN	475,980	55,548	86,351	53,890	75,601	95,231	77,265	32,094
	MN	363	0	0	0	0	0	138	225
	Total	476,343	55,548	86,351	53,890	75,601	95,231	77,403	32,319
6. Total Screens Received	CN	378,921	66,874	87,248	48,438	50,730	65,215	48,472	11,944
	MN	253	0	0	0	0	0	101	152
	Total	379,174	66,874	87,248	48,438	50,730	65,215	48,573	12,096
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.90	0.67	0.68	0.63	0.37
	MN	0.70	0.00	0.00	0.00	0.00	0.00	0.73	0.68
	Total	0.80	1.00	1.00	0.90	0.67	0.68	0.63	0.37

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Connecticut

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	383,162	12,799	36,282	53,890	75,601	95,231	77,265	32,094
	MN	363	0	0	0	0	0	138	225
	Total	383,525	12,799	36,282	53,890	75,601	95,231	77,403	32,319
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	254,636	12,424	31,681	41,899	49,038	63,022	45,812	10,760
	MN	220	0	0	0	0	0	90	130
	Total	254,856	12,424	31,681	41,899	49,038	63,022	45,902	10,890
10. PARTICIPANT RATIO	CN	0.66	0.97	0.87	0.78	0.65	0.66	0.59	0.34
	MN	0.61	0.00	0.00	0.00	0.00	0.00	0.65	0.58
	Total	0.66	0.97	0.87	0.78	0.65	0.66	0.59	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	164,851	12,248	27,340	25,422	28,414	36,107	28,126	7,194
	MN	177	0	0	0	0	0	70	107
	Total	165,028	12,248	27,340	25,422	28,414	36,107	28,196	7,301
12a. Total Eligibles Receiving Any Dental Services	CN	225,380	286	14,561	33,984	53,135	64,349	45,491	13,574
	MN	227	0	0	0	0	0	106	121
	Total	225,607	286	14,561	33,984	53,135	64,349	45,597	13,695
12b. Total Eligibles Receiving Preventive Dental Services	CN	205,615	129	13,776	32,437	49,655	58,727	39,901	10,990
	MN	199	0	0	0	0	0	94	105
	Total	205,814	129	13,776	32,437	49,655	58,727	39,995	11,095
12c. Total Eligibles Receiving Dental Treatment Services	CN	92,352	98	375	6,742	24,043	30,455	23,418	7,221
	MN	107	0	0	0	0	0	49	58
	Total	92,459	98	375	6,742	24,043	30,455	23,467	7,279
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,970				13,496	13,474		
	MN	0				0	0		
	Total	26,970				13,496	13,474		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	212,370	269	14,010	32,622	50,973	60,483	41,651	12,362
	MN	210	0	0	0	0	0	103	107
	Total	212,580	269	14,010	32,622	50,973	60,483	41,754	12,469

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Connecticut

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	38,538	967	8,577	9,082	7,136	6,570	4,891	1,315
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	219,781	501	17,423	34,715	51,951	61,515	42,109	11,567
	MN	206	0	0	0	0	0	97	109
	Total	219,987	501	17,423	34,715	51,951	61,515	42,206	11,676
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	41,521	605	26,390	14,526				
	MN	0	0	0	0				
	Total	41,521	605	26,390	14,526				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Delaware

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	133,508	6,070	12,939	19,865	26,383	31,468	25,182	11,601
	MN	0	0	0	0	0	0	0	0
	Total	133,508	6,070	12,939	19,865	26,383	31,468	25,182	11,601
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	125,203	4,520	12,445	18,806	25,110	29,750	23,720	10,852
	MN	0	0	0	0	0	0	0	0
	Total	125,203	4,520	12,445	18,806	25,110	29,750	23,720	10,852
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	2,330	99	738	1,185	251	DS	38	DS
	MN	0	0	0	0	0	0	0	0
	Total	2,330	99	738	1,185	251	DS	38	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	1,315,988	32,984	133,650	197,316	269,418	320,367	251,813	110,440
	MN	0	0	0	0	0	0	0	0
	Total	1,315,988	32,984	133,650	197,316	269,418	320,367	251,813	110,440
3b. Average Period of Eligibility	CN	0.88	0.61	0.89	0.87	0.89	0.90	0.88	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.61	0.89	0.87	0.89	0.90	0.88	0.85
4. Expected Number of Screenings per Eligible	CN		4.27	2.23	0.87	0.89	0.90	0.88	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.23	0.87	0.89	0.90	0.88	0.85
5. Expected Number of Screenings	CN	142,634	19,300	27,752	16,361	22,348	26,775	20,874	9,224
	MN	0	0	0	0	0	0	0	0
	Total	142,634	19,300	27,752	16,361	22,348	26,775	20,874	9,224
6. Total Screens Received	CN	86,165	16,641	21,852	11,364	11,490	13,892	9,154	1,772
	MN	0	0	0	0	0	0	0	0
	Total	86,165	16,641	21,852	11,364	11,490	13,892	9,154	1,772
7. SCREENING RATIO	CN	0.60	0.86	0.79	0.69	0.51	0.52	0.44	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.86	0.79	0.69	0.51	0.52	0.44	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Delaware

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	112,547	4,520	12,445	16,361	22,348	26,775	20,874	9,224
	MN	0	0	0	0	0	0	0	0
	Total	112,547	4,520	12,445	16,361	22,348	26,775	20,874	9,224
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	58,327	3,998	9,298	10,127	11,227	13,288	8,677	1,712
	MN	0	0	0	0	0	0	0	0
	Total	58,327	3,998	9,298	10,127	11,227	13,288	8,677	1,712
10. PARTICIPANT RATIO	CN	0.52	0.88	0.75	0.62	0.50	0.50	0.42	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.88	0.75	0.62	0.50	0.50	0.42	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	33,250	3,810	6,932	4,722	5,485	6,606	4,688	1,007
	MN	0	0	0	0	0	0	0	0
	Total	33,250	3,810	6,932	4,722	5,485	6,606	4,688	1,007
12a. Total Eligibles Receiving Any Dental Services	CN	63,591	103	3,791	10,469	15,661	17,764	12,271	3,532
	MN	0	0	0	0	0	0	0	0
	Total	63,591	103	3,791	10,469	15,661	17,764	12,271	3,532
12b. Total Eligibles Receiving Preventive Dental Services	CN	60,143	33	3,677	10,258	15,150	16,839	11,171	3,015
	MN	0	0	0	0	0	0	0	0
	Total	60,143	33	3,677	10,258	15,150	16,839	11,171	3,015
12c. Total Eligibles Receiving Dental Treatment Services	CN	29,266	54	370	3,222	7,605	9,372	6,766	1,877
	MN	0	0	0	0	0	0	0	0
	Total	29,266	54	370	3,222	7,605	9,372	6,766	1,877
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,934				3,737	3,197		
	MN	0				0	0		
	Total	6,934				3,737	3,197		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	61,419	100	3,770	10,366	15,311	17,020	11,576	3,276
	MN	0	0	0	0	0	0	0	0
	Total	61,419	100	3,770	10,366	15,311	17,020	11,576	3,276

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Delaware

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,309	34	909	285	40	DS	22	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,309	34	909	285	40	DS	22	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	61,148	67	4,389	10,467	15,176	16,854	11,180	3,015
	MN	0	0	0	0	0	0	0	0
	Total	61,148	67	4,389	10,467	15,176	16,854	11,180	3,015
13. Total Eligibles Enrolled in Managed Care	CN	124,246	4,391	12,340	18,673	24,948	29,591	23,576	10,727
	MN	0	0	0	0	0	0	0	0
	Total	124,246	4,391	12,340	18,673	24,948	29,591	23,576	10,727
14a. Total Number of Screening Blood Lead Tests	CN	9,112	70	6,603	2,439				
	MN	0	0	0	0				
	Total	9,112	70	6,603	2,439				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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MN = Medically Needy

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Report Generated Time: 07/21/2025 7:46:50 PM



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: District of Columbia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	109,020	4,297	9,837	16,382	23,431	27,051	19,831	8,191
	MN	0	0	0	0	0	0	0	0
	Total	109,020	4,297	9,837	16,382	23,431	27,051	19,831	8,191
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	105,790	3,326	9,536	15,933	22,988	26,594	19,469	7,944
	MN	0	0	0	0	0	0	0	0
	Total	105,790	3,326	9,536	15,933	22,988	26,594	19,469	7,944
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	19,083	DS	DS	1,336	3,621	5,891	7,647	0
	MN	0	0	0	0	0	0	0	0
	Total	19,083	DS	DS	1,336	3,621	5,891	7,647	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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	1,163,273	25,693	106,179	171,436	253,869	299,716	219,263	87,117
	MN	0	0	0	0	0	0	0	0
	Total	1,163,273	25,693	106,179	171,436	253,869	299,716	219,263	87,117
3b. Average Period of Eligibility	CN	0.92	0.64	0.93	0.90	0.92	0.94	0.94	0.91
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.64	0.93	0.90	0.92	0.94	0.94	0.91
4. Expected Number of Screenings per Eligible	CN		4.48	2.33	0.90	0.92	0.94	0.94	0.91
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.48	2.33	0.90	0.92	0.94	0.94	0.91
5. Expected Number of Screenings	CN	123,136	14,900	22,219	14,340	21,149	24,998	18,301	7,229
	MN	0	0	0	0	0	0	0	0
	Total	123,136	14,900	22,219	14,340	21,149	24,998	18,301	7,229
6. Total Screens Received	CN	70,420	11,846	15,476	9,366	10,649	12,840	8,527	1,716
	MN	0	0	0	0	0	0	0	0
	Total	70,420	11,846	15,476	9,366	10,649	12,840	8,527	1,716
7. SCREENING RATIO	CN	0.57	0.80	0.70	0.65	0.50	0.51	0.47	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.80	0.70	0.65	0.50	0.51	0.47	0.24

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: District of Columbia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	98,879	3,326	9,536	14,340	21,149	24,998	18,301	7,229
	MN	0	0	0	0	0	0	0	0
	Total	98,879	3,326	9,536	14,340	21,149	24,998	18,301	7,229
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	50,270	2,855	6,826	8,305	10,263	12,301	8,088	1,632
	MN	0	0	0	0	0	0	0	0
	Total	50,270	2,855	6,826	8,305	10,263	12,301	8,088	1,632
10. PARTICIPANT RATIO	CN	0.51	0.86	0.72	0.58	0.49	0.49	0.44	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.86	0.72	0.58	0.49	0.49	0.44	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	33,237	2,658	5,663	5,193	5,862	7,440	5,286	1,135
	MN	0	0	0	0	0	0	0	0
	Total	33,237	2,658	5,663	5,193	5,862	7,440	5,286	1,135
12a. Total Eligibles Receiving Any Dental Services	CN	51,917	50	3,215	8,536	12,681	14,571	10,078	2,786
	MN	0	0	0	0	0	0	0	0
	Total	51,917	50	3,215	8,536	12,681	14,571	10,078	2,786
12b. Total Eligibles Receiving Preventive Dental Services	CN	44,623	35	2,639	7,416	11,316	12,759	8,315	2,143
	MN	0	0	0	0	0	0	0	0
	Total	44,623	35	2,639	7,416	11,316	12,759	8,315	2,143
12c. Total Eligibles Receiving Dental Treatment Services	CN	18,485	DS	DS	1,432	4,302	6,023	5,256	1,414
	MN	0	0	0	0	0	0	0	0
	Total	18,485	DS	DS	1,432	4,302	6,023	5,256	1,414
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,538				2,855	2,683		
	MN	0				0	0		
	Total	5,538				2,855	2,683		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	50,420	49	3,207	8,469	12,461	14,165	9,469	2,600
	MN	0	0	0	0	0	0	0	0
	Total	50,420	49	3,207	8,469	12,461	14,165	9,469	2,600

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: District of Columbia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,499	81	885	288	91	70	67	17
	MN	0	0	0	0	0	0	0	0
	Total	1,499	81	885	288	91	70	67	17
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	45,217	100	3,042	7,482	11,339	12,776	8,328	2,150
	MN	0	0	0	0	0	0	0	0
	Total	45,217	100	3,042	7,482	11,339	12,776	8,328	2,150
13. Total Eligibles Enrolled in Managed Care	CN	99,634	2,710	8,926	15,061	21,988	25,346	18,333	7,270
	MN	0	0	0	0	0	0	0	0
	Total	99,634	2,710	8,926	15,061	21,988	25,346	18,333	7,270
14a. Total Number of Screening Blood Lead Tests	CN	4,950	221	3,403	1,326				
	MN	0	0	0	0				
	Total	4,950	221	3,403	1,326				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Florida

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	2,789,040	129,589	280,046	438,608	567,205	666,177	520,371	187,044
	MN	53,346	909	2,482	4,673	8,909	11,739	11,456	13,178
	Total	2,842,386	130,498	282,528	443,281	576,114	677,916	531,827	200,222
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,564,298	103,983	270,808	411,747	526,131	615,692	476,641	159,296
	MN	28,769	289	1,631	2,797	4,922	6,384	6,242	6,504
	Total	2,593,067	104,272	272,439	414,544	531,053	622,076	482,883	165,800
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	142,691	DS	DS	DS	43,415	56,188	41,402	1,670
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	26,842,971	765,711	2,938,282	4,357,147	5,636,520	6,624,491	5,092,325	1,428,495
	MN	183,419	1,902	10,867	18,127	31,589	40,881	39,285	40,768
	Total	27,026,390	767,613	2,949,149	4,375,274	5,668,109	6,665,372	5,131,610	1,469,263
3b. Average Period of Eligibility	CN	0.87	0.61	0.90	0.88	0.89	0.90	0.89	0.75
	MN	0.53	0.55	0.56	0.54	0.53	0.53	0.52	0.52
	Total	0.87	0.61	0.90	0.88	0.89	0.89	0.89	0.74
4. Expected Number of Screenings per Eligible	CN		4.27	2.25	0.88	0.89	0.90	0.89	0.75
	MN		3.85	1.40	0.54	0.53	0.53	0.52	0.52
	Total		4.27	2.25	0.88	0.89	0.89	0.89	0.74
5. Expected Number of Screenings	CN	2,981,724	444,007	609,318	362,337	468,257	554,123	424,210	119,472
	MN	17,527	1,113	2,283	1,510	2,609	3,384	3,246	3,382
	Total	2,999,251	445,120	611,601	363,847	470,866	557,507	427,456	122,854
6. Total Screens Received	CN	2,141,778	413,284	548,678	314,060	292,214	337,356	210,638	25,548
	MN	8,405	628	1,808	1,187	1,285	1,587	1,160	750
	Total	2,150,183	413,912	550,486	315,247	293,499	338,943	211,798	26,298
7. SCREENING RATIO	CN	0.72	0.93	0.90	0.87	0.62	0.61	0.50	0.21
	MN	0.48	0.56	0.79	0.79	0.49	0.47	0.36	0.22
	Total	0.72	0.93	0.90	0.87	0.62	0.61	0.50	0.21

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Florida

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,303,190	103,983	270,808	362,337	468,257	554,123	424,210	119,472
	MN	16,051	289	1,631	1,510	2,609	3,384	3,246	3,382
	Total	2,319,241	104,272	272,439	363,847	470,866	557,507	427,456	122,854
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,367,321	94,098	214,498	265,832	269,972	309,212	190,929	22,780
	MN	6,566	207	984	1,043	1,184	1,448	1,038	662
	Total	1,373,887	94,305	215,482	266,875	271,156	310,660	191,967	23,442
10. PARTICIPANT RATIO	CN	0.59	0.90	0.79	0.73	0.58	0.56	0.45	0.19
	MN	0.41	0.72	0.60	0.69	0.45	0.43	0.32	0.20
	Total	0.59	0.90	0.79	0.73	0.58	0.56	0.45	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	887,155	90,961	174,838	156,962	157,271	174,636	116,501	15,986
12a. Total Eligibles Receiving Any Dental Services	CN	1,012,592	6,170	61,863	172,829	271,861	289,941	180,167	29,761
	MN	6,768	18	254	800	1,658	1,814	1,222	1,002
	Total	1,019,360	6,188	62,117	173,629	273,519	291,755	181,389	30,763
12b. Total Eligibles Receiving Preventive Dental Services	CN	938,212	5,397	59,393	165,261	257,862	270,417	157,165	22,717
	MN	5,895	15	243	768	1,523	1,654	992	700
	Total	944,107	5,412	59,636	166,029	259,385	272,071	158,157	23,417
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	390,666	593	7,564	46,674	117,644	119,156	84,163	14,872
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	164,805				83,228	81,577		
	MN	858				427	431		
	Total	165,663				83,655	82,008		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	900,949	1,051	44,060	150,761	245,735	266,699	165,424	27,219

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Florida

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	90,393	2,623	53,255	29,018	3,140	1,499	796	62
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	1,004,509	7,853	101,830	183,757	259,397	271,264	157,663	22,745
	MN	6,222	21	452	861	1,534	1,659	995	700
	Total	1,010,731	7,874	102,282	184,618	260,931	272,923	158,658	23,445
13. Total Eligibles Enrolled in Managed Care	CN	2,521,192	103,170	269,845	409,223	519,472	603,212	463,470	152,800
	MN	23,748	261	1,403	2,393	4,095	5,181	4,923	5,492
	Total	2,544,940	103,431	271,248	411,616	523,567	608,393	468,393	158,292
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	180,050	2,108	136,829	41,113				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Georgia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,632,875	79,502	169,203	255,884	329,122	388,707	310,162	100,295
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,484,208	58,771	160,406	237,366	305,804	361,007	285,154	75,700
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	75,429	0	0	0	20,601	26,920	22,403	5,505
	MN	0	0	0	0	0	0	0	0
	Total	75,429	0	0	0	20,601	26,920	22,403	5,505
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	15,498,961	435,374	1,698,421	2,520,038	3,297,770	3,900,613	3,047,717	599,028
3b. Average Period of Eligibility	CN	0.87	0.62	0.88	0.88	0.90	0.90	0.89	0.66
	MN	0.83	0.33	0.00	0.00	0.00	0.25	0.99	0.79
	Total	0.87	0.62	0.88	0.88	0.90	0.90	0.89	0.66
4. Expected Number of Screenings per Eligible	CN		4.34	2.20	0.88	0.90	0.90	0.89	0.66
	MN		2.31	0.00	0.00	0.00	0.25	0.99	0.79
	Total		4.34	2.20	0.88	0.90	0.90	0.89	0.66
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,720,747	255,064	352,893	208,882	275,224	324,905	253,793	49,986
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,164,017	234,368	315,211	160,956	149,309	177,077	118,050	9,046
7. SCREENING RATIO	CN	0.68	0.92	0.89	0.77	0.54	0.55	0.47	0.18
	MN	0.14	0.50	0.00	0.00	0.00	0.00	0.14	0.13
	Total	0.68	0.92	0.89	0.77	0.54	0.55	0.47	0.18

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Georgia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,331,967	58,771	160,406	208,882	275,224	324,905	253,793	49,986
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	744,059	53,590	124,899	139,884	141,146	166,068	109,864	8,608
10. PARTICIPANT RATIO	CN	0.56	0.91	0.78	0.67	0.51	0.51	0.43	0.17
	MN	0.14	1.00	0.00	0.00	0.00	0.00	0.14	0.13
	Total	0.56	0.91	0.78	0.67	0.51	0.51	0.43	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	444,795	51,267	98,998	75,585	72,544	82,384	59,096	4,921
12a. Total Eligibles Receiving Any Dental Services	CN	650,194	406	30,168	117,327	180,058	191,247	117,972	13,016
	MN	34	0	0	0	0	0	12	22
	Total	650,228	406	30,168	117,327	180,058	191,247	117,984	13,038
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	617,570	240	27,546	113,093	174,108	184,017	108,141	10,425
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	345,003	78	4,889	44,558	106,585	110,330	71,533	7,030
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	85,602				44,681	40,921		
	MN	0				0	0		
	Total	85,602				44,681	40,921		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	634,285	275	28,733	115,703	176,585	187,011	113,785	12,193



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Georgia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	68,923	1,564	27,413	24,513	10,881	3,157	1,227	168
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	651,663	1,791	49,751	120,582	175,443	185,029	108,594	10,473
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,408,597	57,159	157,176	227,556	289,310	340,141	269,120	68,135
14a. Total Number of Screening Blood Lead Tests	CN	90,691	610	76,090	13,991				
	MN	0	0	0	0				
	Total	90,691	610	76,090	13,991				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Guam

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	23,948	892	2,278	3,854	5,224	6,170	4,364	1,166
	MN	0	0	0	0	0	0	0	0
	Total	23,948	892	2,278	3,854	5,224	6,170	4,364	1,166
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	23,049	714	2,206	3,706	5,130	6,027	4,276	990
	MN	0	0	0	0	0	0	0	0
	Total	23,049	714	2,206	3,706	5,130	6,027	4,276	990
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			3	2	1	2	1	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			3	1	0.33	0.5	0.2	0.5	0.5
3a. Total Months of Eligibility	CN	232,013	4,989	22,094	38,338	52,816	62,637	43,622	7,517
	MN	0	0	0	0	0	0	0	0
	Total	232,013	4,989	22,094	38,338	52,816	62,637	43,622	7,517
3b. Average Period of Eligibility	CN	0.84	0.58	0.83	0.86	0.86	0.87	0.85	0.63
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.84	0.58	0.83	0.86	0.86	0.87	0.85	0.63
4. Expected Number of Screenings per Eligible	CN		1.74	0.83	0.28	0.43	0.17	0.43	0.32
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		1.74	0.83	0.28	0.43	0.17	0.43	0.32
5. Expected Number of Screenings	CN	9,498	1,242	1,831	1,038	2,206	1,025	1,839	317
	MN	0	0	0	0	0	0	0	0
	Total	9,498	1,242	1,831	1,038	2,206	1,025	1,839	317
6. Total Screens Received	CN	6,863	1,114	1,365	1,225	896	1,513	720	30
	MN	0	0	0	0	0	0	0	0
	Total	6,863	1,114	1,365	1,225	896	1,513	720	30
7. SCREENING RATIO	CN	0.72	0.90	0.75	1.00	0.41	1.00	0.39	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.72	0.90	0.75	1.00	0.41	1.00	0.39	0.09

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Guam

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	8,970	714	1,831	1,038	2,206	1,025	1,839	317
	MN	0	0	0	0	0	0	0	0
	Total	8,970	714	1,831	1,038	2,206	1,025	1,839	317
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	5,713	490	922	1,196	881	1,487	708	29
	MN	0	0	0	0	0	0	0	0
	Total	5,713	490	922	1,196	881	1,487	708	29
10. PARTICIPANT RATIO	CN	0.64	0.69	0.50	1.00	0.40	1.00	0.38	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.69	0.50	1.00	0.40	1.00	0.38	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	619	0	0	25	90	238	218	48
	MN	0	0	0	0	0	0	0	0
	Total	619	0	0	25	90	238	218	48
12a. Total Eligibles Receiving Any Dental Services	CN	8,763	DS	DS	1,679	2,414	2,421	1,587	DS
	MN	0	0	0	0	0	0	0	0
	Total	8,763	DS	DS	1,679	2,414	2,421	1,587	DS
12b. Total Eligibles Receiving Preventive Dental Services	CN	7,783	DS	DS	1,566	2,258	2,167	1,221	DS
	MN	0	0	0	0	0	0	0	0
	Total	7,783	DS	DS	1,566	2,258	2,167	1,221	DS
12c. Total Eligibles Receiving Dental Treatment Services	CN	6,141	DS	174	1,100	1,728	1,744	1,226	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,141	DS	174	1,100	1,728	1,744	1,226	DS
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	1,649				722	927		
	MN	0				0	0		
	Total	1,649				722	927		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	8,269	DS	DS	1,609	2,293	2,275	1,451	DS
	MN	0	0	0	0	0	0	0	0
	Total	8,269	DS	DS	1,609	2,293	2,275	1,451	DS

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Guam

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
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 Preventive Dental or Oral Health Service	CN	7,783	DS	DS	1,566	2,258	2,167	1,221	DS
	MN	0	0	0	0	0	0	0	0
	Total	7,783	DS	DS	1,566	2,258	2,167	1,221	DS
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	131	0	14	117				
	MN	0	0	0	0				
	Total	131	0	14	117				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Hawaii

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	191,666	7,853	17,595	27,694	37,806	46,776	36,686	17,256
	MN	0	0	0	0	0	0	0	0
	Total	191,666	7,853	17,595	27,694	37,806	46,776	36,686	17,256
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
	MN	0	0	0	0	0	0	0	0
	Total	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	24,695	218	1,851	3,405	5,207	7,201	6,225	588
	MN	0	0	0	0	0	0	0	0
	Total	24,695	218	1,851	3,405	5,207	7,201	6,225	588
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	2,009,998	39,066	177,571	291,231	413,046	515,372	400,785	172,927
	MN	0	0	0	0	0	0	0	0
	Total	2,009,998	39,066	177,571	291,231	413,046	515,372	400,785	172,927
3b. Average Period of Eligibility	CN	0.92	0.61	0.89	0.91	0.95	0.95	0.94	0.89
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.61	0.89	0.91	0.95	0.95	0.94	0.89
4. Expected Number of Screenings per Eligible	CN		4.27	2.23	0.91	0.95	0.95	0.94	0.89
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.23	0.91	0.95	0.95	0.94	0.89
5. Expected Number of Screenings	CN	209,105	22,853	36,909	24,161	34,571	42,881	33,247	14,483
	MN	0	0	0	0	0	0	0	0
	Total	209,105	22,853	36,909	24,161	34,571	42,881	33,247	14,483
6. Total Screens Received	CN	166,291	26,442	41,137	22,117	22,128	29,451	21,019	3,997
	MN	0	0	0	0	0	0	0	0
	Total	166,291	26,442	41,137	22,117	22,128	29,451	21,019	3,997
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.92	0.64	0.69	0.63	0.28
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.80	1.00	1.00	0.92	0.64	0.69	0.63	0.28

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Hawaii

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	171,246	5,352	16,551	24,161	34,571	42,881	33,247	14,483
	MN	0	0	0	0	0	0	0	0
	Total	171,246	5,352	16,551	24,161	34,571	42,881	33,247	14,483
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	96,965	5,221	13,358	17,233	18,178	23,440	16,479	3,056
	MN	0	0	0	0	0	0	0	0
	Total	96,965	5,221	13,358	17,233	18,178	23,440	16,479	3,056
10. PARTICIPANT RATIO	CN	0.57	0.98	0.81	0.71	0.53	0.55	0.50	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.98	0.81	0.71	0.53	0.55	0.50	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	52,440	4,161	9,864	8,737	9,174	10,188	8,256	2,060
	MN	0	0	0	0	0	0	0	0
	Total	52,440	4,161	9,864	8,737	9,174	10,188	8,256	2,060
12a. Total Eligibles Receiving Any Dental Services	CN	93,196	176	6,744	15,672	23,401	25,892	16,816	4,495
	MN	0	0	0	0	0	0	0	0
	Total	93,196	176	6,744	15,672	23,401	25,892	16,816	4,495
12b. Total Eligibles Receiving Preventive Dental Services	CN	88,737	86	6,367	15,140	22,652	25,056	15,567	3,869
	MN	0	0	0	0	0	0	0	0
	Total	88,737	86	6,367	15,140	22,652	25,056	15,567	3,869
12c. Total Eligibles Receiving Dental Treatment Services	CN	49,329	93	1,719	7,447	13,799	13,951	9,615	2,705
	MN	0	0	0	0	0	0	0	0
	Total	49,329	93	1,719	7,447	13,799	13,951	9,615	2,705
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,592				5,626	4,966		
	MN	0				0	0		
	Total	10,592				5,626	4,966		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	88,575	141	6,644	15,240	22,162	24,660	15,691	4,037
	MN	0	0	0	0	0	0	0	0
	Total	88,575	141	6,644	15,240	22,162	24,660	15,691	4,037

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Hawaii

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,520	DS	888	325	168	65	38	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,520	DS	888	325	168	65	38	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	90,257	120	7,255	15,465	22,820	25,121	15,605	3,871
	MN	0	0	0	0	0	0	0	0
	Total	90,257	120	7,255	15,465	22,820	25,121	15,605	3,871
13. Total Eligibles Enrolled in Managed Care	CN	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
	MN	0	0	0	0	0	0	0	0
	Total	181,625	5,352	16,551	26,551	36,391	45,138	35,369	16,273
14a. Total Number of Screening Blood Lead Tests	CN	7,705	397	5,755	1,553				
	MN	0	0	0	0				
	Total	7,705	397	5,755	1,553				
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)		HEDIS (Method II)	X	Combination Methodology (Method III)			

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Idaho

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	186,583	9,269	19,386	27,823	38,078	44,264	33,755	14,008
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	175,917	7,486	18,173	26,407	36,352	42,388	32,283	12,828
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	962	0	0	0	0	0	805	157
	MN	0	0	0	0	0	0	0	0
	Total	962	0	0	0	0	0	805	157
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,815,879	54,048	186,979	275,973	386,302	451,596	339,014	121,967
3b. Average Period of Eligibility	CN	0.86	0.60	0.86	0.87	0.89	0.89	0.88	0.79
	MN	0.83	0.00	0.25	0.82	0.86	0.86	0.81	0.59
	Total	0.86	0.60	0.86	0.87	0.89	0.89	0.88	0.79
4. Expected Number of Screenings per Eligible	CN		4.20	2.15	0.87	0.89	0.89	0.88	0.79
	MN		0.00	0.63	0.82	0.86	0.86	0.81	0.59
	Total		4.20	2.15	0.87	0.89	0.89	0.88	0.79
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	202,011	31,441	39,071	22,973	32,345	37,705	28,351	10,125
6. Total Screens Received	CN	140,406	34,231	37,083	17,637	18,079	19,237	11,678	2,461
	MN	738	0	0	14	130	299	284	11
	Total	141,144	34,231	37,083	17,651	18,209	19,536	11,962	2,472
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.70	1.00	0.95	0.77	0.56	0.52	0.42	0.24



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Idaho

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	157,158	7,486	18,173	22,973	32,345	37,705	28,351	10,125
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	87,429	7,144	14,595	15,588	17,504	18,788	11,444	2,366
10. PARTICIPANT RATIO	CN	0.56	0.95	0.80	0.68	0.54	0.50	0.40	0.23
	MN	0.46	0.00	0.00	0.61	0.50	0.49	0.41	0.36
	Total	0.56	0.95	0.80	0.68	0.54	0.50	0.40	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	55,924	6,933	11,424	8,572	9,844	10,469	7,050	1,632
12a. Total Eligibles Receiving Any Dental Services	CN	89,339	211	5,520	15,324	23,832	25,290	15,641	3,521
	MN	941	0	0	17	148	367	397	12
	Total	90,280	211	5,520	15,341	23,980	25,657	16,038	3,533
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	84,036	59	5,037	14,651	23,036	24,440	14,287	2,526
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	38,619	115	449	4,713	11,438	11,619	8,289	1,996
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,033				6,208	6,825		
	MN	139				43	96		
	Total	13,172				6,251	6,921		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	86,899	166	5,468	15,119	23,263	24,550	15,020	3,313
	MN	907	0	0	17	145	354	379	12
	Total	87,806	166	5,468	15,136	23,408	24,904	15,399	3,325

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Idaho

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	5,001	106	1,702	1,818	972	238	134	31
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	85,819	162	6,206	15,056	23,105	24,463	14,300	2,527
13. Total Eligibles Enrolled in Managed Care	CN	174,021	7,483	18,171	26,371	36,061	41,701	31,455	12,779
	MN	1,866	0	0	28	287	685	825	41
	Total	175,887	7,483	18,171	26,399	36,348	42,386	32,280	12,820
14a. Total Number of Screening Blood Lead Tests	CN	5,286	28	4,427	831				
	MN	0	0	0	0				
	Total	5,286	28	4,427	831				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Illinois

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	1,675,961	66,514	142,152	232,241	332,465	407,290	344,836	150,463
	MN	0	0	0	0	0	0	0	0
	Total	1,675,961	66,514	142,152	232,241	332,465	407,290	344,836	150,463
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,613,017	49,462	138,317	226,255	324,484	398,112	336,671	139,716
	MN	0	0	0	0	0	0	0	0
	Total	1,613,017	49,462	138,317	226,255	324,484	398,112	336,671	139,716
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	253,560	1,070	13,706	25,366	50,609	81,597	76,184	5,028
	MN	0	0	0	0	0	0	0	0
	Total	253,560	1,070	13,706	25,366	50,609	81,597	76,184	5,028
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	18,041,584	365,462	1,564,079	2,587,525	3,731,260	4,577,099	3,853,702	1,362,457
	MN	0	0	0	0	0	0	0	0
	Total	18,041,584	365,462	1,564,079	2,587,525	3,731,260	4,577,099	3,853,702	1,362,457
3b. Average Period of Eligibility	CN	0.93	0.62	0.94	0.95	0.96	0.96	0.95	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.62	0.94	0.95	0.96	0.96	0.95	0.81
4. Expected Number of Screenings per Eligible	CN		3.72	2.35	0.95	0.96	0.96	0.95	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.72	2.35	0.95	0.96	0.96	0.95	0.81
5. Expected Number of Screenings	CN	1,850,686	183,999	325,045	214,942	311,505	382,188	319,837	113,170
	MN	0	0	0	0	0	0	0	0
	Total	1,850,686	183,999	325,045	214,942	311,505	382,188	319,837	113,170
6. Total Screens Received	CN	1,204,906	222,418	272,753	168,130	145,424	218,816	148,158	29,207
	MN	0	0	0	0	0	0	0	0
	Total	1,204,906	222,418	272,753	168,130	145,424	218,816	148,158	29,207
7. SCREENING RATIO	CN	0.65	1.00	0.84	0.78	0.47	0.57	0.46	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.84	0.78	0.47	0.57	0.46	0.26

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Illinois

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,529,421	49,462	138,317	214,942	311,505	382,188	319,837	113,170
	MN	0	0	0	0	0	0	0	0
	Total	1,529,421	49,462	138,317	214,942	311,505	382,188	319,837	113,170
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	783,228	46,023	109,088	139,786	133,479	196,137	132,863	25,852
	MN	0	0	0	0	0	0	0	0
	Total	783,228	46,023	109,088	139,786	133,479	196,137	132,863	25,852
10. PARTICIPANT RATIO	CN	0.51	0.93	0.79	0.65	0.43	0.51	0.42	0.23
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.93	0.79	0.65	0.43	0.51	0.42	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	544,060	44,814	93,625	94,631	82,017	119,452	88,107	21,414
	MN	0	0	0	0	0	0	0	0
	Total	544,060	44,814	93,625	94,631	82,017	119,452	88,107	21,414
12a. Total Eligibles Receiving Any Dental Services	CN	695,562	317	24,525	100,086	184,811	210,047	141,617	34,159
	MN	0	0	0	0	0	0	0	0
	Total	695,562	317	24,525	100,086	184,811	210,047	141,617	34,159
12b. Total Eligibles Receiving Preventive Dental Services	CN	656,153	228	23,292	96,530	177,344	200,469	129,467	28,823
	MN	0	0	0	0	0	0	0	0
	Total	656,153	228	23,292	96,530	177,344	200,469	129,467	28,823
12c. Total Eligibles Receiving Dental Treatment Services	CN	218,006	DS	DS	16,033	60,795	71,314	55,417	13,816
	MN	0	0	0	0	0	0	0	0
	Total	218,006	DS	DS	16,033	60,795	71,314	55,417	13,816
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,668				4,812	15,856		
	MN	0				0	0		
	Total	20,668				4,812	15,856		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	679,544	315	24,366	99,242	182,276	205,309	135,518	32,518
	MN	0	0	0	0	0	0	0	0
	Total	679,544	315	24,366	99,242	182,276	205,309	135,518	32,518

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Illinois

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	17,563	366	11,138	3,293	895	1,042	704	125
	MN	0	0	0	0	0	0	0	0
	Total	17,563	366	11,138	3,293	895	1,042	704	125
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	669,538	604	33,120	98,663	177,694	200,858	129,723	28,876
	MN	0	0	0	0	0	0	0	0
	Total	669,538	604	33,120	98,663	177,694	200,858	129,723	28,876
13. Total Eligibles Enrolled in Managed Care	CN	1,461,507	47,145	131,613	207,426	294,151	358,312	300,607	122,253
	MN	0	0	0	0	0	0	0	0
	Total	1,461,507	47,145	131,613	207,426	294,151	358,312	300,607	122,253
14a. Total Number of Screening Blood Lead Tests	CN	131,856	3,595	69,961	58,300				
	MN	0	0	0	0				
	Total	131,856	3,595	69,961	58,300				
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)		HEDIS (Method II)		Combination Methodology (Method III)	X		

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Indiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	949,915	47,613	99,376	150,273	189,539	218,020	170,562	74,532
	MN	0	0	0	0	0	0	0	0
	Total	949,915	47,613	99,376	150,273	189,539	218,020	170,562	74,532
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	895,363	34,721	95,983	143,861	180,870	208,841	162,728	68,359
	MN	0	0	0	0	0	0	0	0
	Total	895,363	34,721	95,983	143,861	180,870	208,841	162,728	68,359
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	111,346	DS	DS	7,294	29,979	37,855	28,273	4,157
	MN	0	0	0	0	0	0	0	0
	Total	111,346	DS	DS	7,294	29,979	37,855	28,273	4,157
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	9,895,764	258,650	1,087,181	1,620,427	2,031,642	2,353,121	1,828,189	716,554
	MN	0	0	0	0	0	0	0	0
	Total	9,895,764	258,650	1,087,181	1,620,427	2,031,642	2,353,121	1,828,189	716,554
3b. Average Period of Eligibility	CN	0.92	0.62	0.94	0.94	0.94	0.94	0.94	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.62	0.94	0.94	0.94	0.94	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		4.34	2.35	0.94	0.94	0.94	0.94	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.35	0.94	0.94	0.94	0.94	0.87
5. Expected Number of Screenings	CN	1,090,243	150,689	225,560	135,229	170,018	196,311	152,964	59,472
	MN	0	0	0	0	0	0	0	0
	Total	1,090,243	150,689	225,560	135,229	170,018	196,311	152,964	59,472
6. Total Screens Received	CN	708,934	155,323	195,153	94,849	84,926	101,477	64,668	12,538
	MN	0	0	0	0	0	0	0	0
	Total	708,934	155,323	195,153	94,849	84,926	101,477	64,668	12,538
7. SCREENING RATIO	CN	0.65	1.00	0.87	0.70	0.50	0.52	0.42	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.87	0.70	0.50	0.52	0.42	0.21

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Indiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	844,698	34,721	95,983	135,229	170,018	196,311	152,964	59,472
	MN	0	0	0	0	0	0	0	0
	Total	844,698	34,721	95,983	135,229	170,018	196,311	152,964	59,472
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	433,521	32,225	75,525	81,525	80,040	93,420	59,099	11,687
	MN	0	0	0	0	0	0	0	0
	Total	433,521	32,225	75,525	81,525	80,040	93,420	59,099	11,687
10. PARTICIPANT RATIO	CN	0.51	0.93	0.79	0.60	0.47	0.48	0.39	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.93	0.79	0.60	0.47	0.48	0.39	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	262,038	30,437	58,318	40,979	42,872	48,892	33,135	7,405
	MN	0	0	0	0	0	0	0	0
	Total	262,038	30,437	58,318	40,979	42,872	48,892	33,135	7,405
12a. Total Eligibles Receiving Any Dental Services	CN	377,757	700	18,909	63,022	102,616	106,489	68,311	17,710
	MN	0	0	0	0	0	0	0	0
	Total	377,757	700	18,909	63,022	102,616	106,489	68,311	17,710
12b. Total Eligibles Receiving Preventive Dental Services	CN	349,971	44	16,957	59,799	98,009	101,374	60,579	13,209
	MN	0	0	0	0	0	0	0	0
	Total	349,971	44	16,957	59,799	98,009	101,374	60,579	13,209
12c. Total Eligibles Receiving Dental Treatment Services	CN	162,333	518	2,916	19,862	47,495	46,075	35,619	9,848
	MN	0	0	0	0	0	0	0	0
	Total	162,333	518	2,916	19,862	47,495	46,075	35,619	9,848
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	52,155				27,487	24,668		
	MN	0				0	0		
	Total	52,155				27,487	24,668		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	368,004	627	18,779	62,193	100,217	103,758	65,621	16,809
	MN	0	0	0	0	0	0	0	0
	Total	368,004	627	18,779	62,193	100,217	103,758	65,621	16,809

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Indiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	6,240	138	4,052	1,697	207	70	64	12
	MN	0	0	0	0	0	0	0	0
	Total	6,240	138	4,052	1,697	207	70	64	12
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	354,733	178	20,363	60,930	98,069	101,387	60,593	13,213
	MN	0	0	0	0	0	0	0	0
	Total	354,733	178	20,363	60,930	98,069	101,387	60,593	13,213
13. Total Eligibles Enrolled in Managed Care	CN	845,385	34,168	93,886	139,243	171,411	193,607	149,738	63,332
	MN	0	0	0	0	0	0	0	0
	Total	845,385	34,168	93,886	139,243	171,411	193,607	149,738	63,332
14a. Total Number of Screening Blood Lead Tests	CN	62,298	998	46,228	15,072				
	MN	0	0	0	0				
	Total	62,298	998	46,228	15,072				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Iowa

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	365,839	19,864	40,425	54,347	72,264	83,839	65,774	29,326
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	334,165	16,114	38,395	49,317	66,656	77,468	60,129	26,086
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	22,377	357	307	32	6,743	7,712	6,297	929
	MN	0	0	0	0	0	0	0	0
	Total	22,377	357	307	32	6,743	7,712	6,297	929
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,510,947	117,631	399,962	521,720	719,375	840,937	646,349	264,973
3b. Average Period of Eligibility	CN	0.88	0.61	0.87	0.88	0.90	0.90	0.90	0.85
	MN	1.00	0.00	0.00	0.00	1.00	1.00	1.00	0.00
	Total	0.88	0.61	0.87	0.88	0.90	0.90	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		4.27	2.18	0.88	0.90	0.90	0.90	0.85
	MN		0.00	0.00	0.00	1.00	1.00	1.00	0.00
	Total		4.27	2.18	0.88	0.90	0.90	0.90	0.85
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	401,908	68,807	83,701	43,399	59,991	69,721	54,116	22,173
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	283,096	69,894	78,774	34,654	31,566	38,041	25,048	5,119
7. SCREENING RATIO	CN	0.70	1.00	0.94	0.80	0.53	0.55	0.46	0.23
	MN	0.80	0.00	0.00	0.00	1.00	1.00	0.00	0.00
	Total	0.70	1.00	0.94	0.80	0.53	0.55	0.46	0.23

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Iowa

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	303,909	16,114	38,395	43,399	59,991	69,721	54,116	22,173
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	173,224	15,000	30,809	31,222	30,650	36,784	23,949	4,810
10. PARTICIPANT RATIO	CN	0.57	0.93	0.80	0.72	0.51	0.53	0.44	0.22
	MN	0.80	0.00	0.00	0.00	1.00	1.00	0.00	0.00
	Total	0.57	0.93	0.80	0.72	0.51	0.53	0.44	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	107,642	14,545	25,084	16,404	15,901	18,635	13,844	3,229
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	146,393	326	10,483	24,824	38,131	40,536	25,774	6,319
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	136,075	144	9,765	23,860	36,513	38,299	22,713	4,781
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	71,612	209	2,866	9,724	20,156	20,080	14,736	3,841
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	19,432				11,085	8,347		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	142,310	289	10,225	24,477	37,300	39,449	24,637	5,933

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Iowa

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	29,695	1,526	8,250	10,545	6,460	2,272	418	224
	MN	0	0	0	0	0	0	0	0
	Total	29,695	1,526	8,250	10,545	6,460	2,272	418	224
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	152,044	1,557	15,577	28,375	39,282	39,361	22,955	4,937
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	332,506	16,025	38,278	49,177	66,436	77,058	59,704	25,828
14a. Total Number of Screening Blood Lead Tests	CN	31,553	88	23,181	8,284				
	MN	0	0	0	0				
	Total	31,553	88	23,181	8,284				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Kansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	305,431	15,197	32,135	47,408	62,210	73,629	56,726	18,126
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	273,471	11,090	30,263	42,652	56,756	67,338	51,215	14,157
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	20,683	0	0	DS	5,185	8,259	6,167	DS
	MN	0	0	0	0	0	0	0	0
	Total	20,683	0	0	DS	5,185	8,259	6,167	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,833,775	81,862	315,243	453,036	603,122	718,001	540,471	122,040
3b. Average Period of Eligibility	CN	0.86	0.62	0.87	0.89	0.89	0.89	0.88	0.72
	MN	0.71	0.00	0.83	0.00	0.71	0.67	0.29	0.78
	Total	0.86	0.62	0.87	0.89	0.89	0.89	0.88	0.72
4. Expected Number of Screenings per Eligible	CN		4.34	2.18	0.89	0.89	0.89	0.88	0.72
	MN		0.00	2.07	0.00	0.71	0.67	0.29	0.78
	Total		4.34	2.18	0.89	0.89	0.89	0.88	0.72
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	317,768	48,131	65,973	37,960	50,512	59,931	45,068	10,193
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	214,633	47,351	57,306	29,931	26,441	31,688	20,196	1,720
7. SCREENING RATIO	CN	0.68	0.98	0.87	0.79	0.52	0.53	0.45	0.17
	MN	0.71	0.00	1.00	0.00	1.00	0.00	0.00	0.67
	Total	0.68	0.98	0.87	0.79	0.52	0.53	0.45	0.17

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Kansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	245,017	11,090	30,263	37,960	50,512	59,931	45,068	10,193
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	133,795	10,333	23,189	25,820	25,090	29,227	18,517	1,619
10. PARTICIPANT RATIO	CN	0.55	0.93	0.77	0.68	0.50	0.49	0.41	0.16
	MN	0.62	0.00	1.00	0.00	1.00	0.00	0.00	0.67
	Total	0.55	0.93	0.77	0.68	0.50	0.49	0.41	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	85,106	9,939	18,106	14,070	14,299	16,427	11,166	1,099
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	138,141	355	8,317	23,628	37,208	39,713	25,369	3,551
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	131,491	188	7,635	22,789	36,054	38,362	23,583	2,880
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	48,456	130	478	5,865	14,776	14,247	11,290	1,670
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,055				11,881	14,174		
	MN	0				0	0		
	Total	26,055				11,881	14,174		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	129,277	295	7,808	22,204	34,218	37,239	24,164	3,349

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Kansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	10,357	71	2,438	2,176	2,267	2,089	1,223	93
	MN	0	0	0	0	0	0	0	0
	Total	10,357	71	2,438	2,176	2,267	2,089	1,223	93
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	136,507	250	9,436	23,770	36,833	39,182	24,099	2,937
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	273,327	11,081	30,249	42,642	56,739	67,315	51,171	14,130
14a. Total Number of Screening Blood Lead Tests	CN	12,708	96	9,610	3,002				
	MN	0	0	0	0				
	Total	12,708	96	9,610	3,002				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Kentucky

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	735,499	33,113	68,766	108,245	146,149	176,267	142,035	60,924
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	707,547	24,204	67,278	105,385	142,624	172,114	138,827	57,115
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	139,612	70	7,383	13,605	35,558	42,895	34,167	5,934
	MN	0	0	0	0	0	0	0	0
	Total	139,612	70	7,383	13,605	35,558	42,895	34,167	5,934
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	8,018,158	179,071	771,155	1,213,005	1,651,801	2,000,638	1,613,571	588,917
3b. Average Period of Eligibility	CN	0.94	0.62	0.96	0.96	0.97	0.97	0.97	0.86
	MN	0.96	0.42	0.85	0.90	0.94	0.97	0.99	0.95
	Total	0.94	0.62	0.96	0.96	0.97	0.97	0.97	0.86
4. Expected Number of Screenings per Eligible	CN		4.34	2.40	0.96	0.97	0.97	0.97	0.86
	MN		2.94	2.13	0.90	0.94	0.97	0.99	0.95
	Total		4.34	2.40	0.96	0.97	0.97	0.97	0.86
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	856,739	105,041	161,449	101,157	138,337	166,950	134,672	49,133
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	546,483	113,512	143,379	76,889	66,137	85,320	52,285	8,961
7. SCREENING RATIO	CN	0.64	1.00	0.89	0.76	0.48	0.51	0.39	0.18
	MN	0.32	0.56	0.36	0.41	0.35	0.30	0.33	0.20
	Total	0.64	1.00	0.89	0.76	0.48	0.51	0.39	0.18

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Kentucky

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	681,731	24,204	67,278	101,157	138,337	166,950	134,672	49,133
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	342,961	23,111	55,441	66,781	62,288	78,858	48,125	8,357
10. PARTICIPANT RATIO	CN	0.50	0.95	0.82	0.66	0.45	0.47	0.36	0.17
	MN	0.31	0.33	0.39	0.36	0.32	0.30	0.31	0.19
	Total	0.50	0.95	0.82	0.66	0.45	0.47	0.36	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	244,031	22,610	46,690	42,582	41,825	51,740	32,691	5,893
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	324,033	544	14,508	53,323	88,464	95,104	59,080	13,010
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	291,897	73	12,941	50,555	84,238	87,492	47,958	8,640
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	137,637	391	1,055	13,598	38,860	43,430	32,756	7,547
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	39,520				21,875	17,645		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	308,726	330	14,310	52,562	86,121	90,266	53,491	11,646



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Kentucky

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	19,649	180	6,304	4,795	4,616	2,862	756	136
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	303,472	253	18,129	53,108	86,077	88,879	48,343	8,683
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	699,384	24,155	67,110	104,669	141,502	169,922	136,371	55,655
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	47,273	403	34,467	12,403				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Louisiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	868,476	38,819	83,986	126,635	169,859	204,458	169,647	75,072
	MN	0	0	0	0	0	0	0	0
	Total	868,476	38,819	83,986	126,635	169,859	204,458	169,647	75,072
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	837,095	31,389	81,329	122,380	165,706	199,565	165,167	71,559
	MN	0	0	0	0	0	0	0	0
	Total	837,095	31,389	81,329	122,380	165,706	199,565	165,167	71,559
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	163,802	338	5,467	10,444	39,408	53,518	48,139	6,488
	MN	0	0	0	0	0	0	0	0
	Total	163,802	338	5,467	10,444	39,408	53,518	48,139	6,488
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	9,205,007	234,311	893,088	1,350,261	1,866,757	2,260,401	1,859,036	741,153
	MN	0	0	0	0	0	0	0	0
	Total	9,205,007	234,311	893,088	1,350,261	1,866,757	2,260,401	1,859,036	741,153
3b. Average Period of Eligibility	CN	0.92	0.62	0.92	0.92	0.94	0.94	0.94	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.62	0.92	0.92	0.94	0.94	0.94	0.86
4. Expected Number of Screenings per Eligible	CN		4.34	2.30	0.92	0.94	0.94	0.94	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.30	0.92	0.94	0.94	0.94	0.86
5. Expected Number of Screenings	CN	996,028	136,228	187,057	112,590	155,764	187,591	155,257	61,541
	MN	0	0	0	0	0	0	0	0
	Total	996,028	136,228	187,057	112,590	155,764	187,591	155,257	61,541
6. Total Screens Received	CN	696,793	139,914	163,047	91,351	85,930	115,269	85,010	16,272
	MN	0	0	0	0	0	0	0	0
	Total	696,793	139,914	163,047	91,351	85,930	115,269	85,010	16,272
7. SCREENING RATIO	CN	0.70	1.00	0.87	0.81	0.55	0.61	0.55	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	1.00	0.87	0.81	0.55	0.61	0.55	0.26

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Louisiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	785,461	31,389	81,329	112,590	155,764	187,591	155,257	61,541
	MN	0	0	0	0	0	0	0	0
	Total	785,461	31,389	81,329	112,590	155,764	187,591	155,257	61,541
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	427,352	29,794	65,066	74,736	76,206	97,214	70,282	14,054
	MN	0	0	0	0	0	0	0	0
	Total	427,352	29,794	65,066	74,736	76,206	97,214	70,282	14,054
10. PARTICIPANT RATIO	CN	0.54	0.95	0.80	0.66	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	0.54	0.95	0.80	0.66	0.49	0.52	0.45	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	286,309	29,234	53,523	44,515	46,667	57,676	44,946	9,748
	MN	0	0	0	0	0	0	0	0
	Total	286,309	29,234	53,523	44,515	46,667	57,676	44,946	9,748
12a. Total Eligibles Receiving Any Dental Services	CN	389,732	645	24,357	66,848	97,623	106,426	73,730	20,103
	MN	0	0	0	0	0	0	0	0
	Total	389,732	645	24,357	66,848	97,623	106,426	73,730	20,103
12b. Total Eligibles Receiving Preventive Dental Services	CN	365,140	165	22,246	63,854	93,498	101,721	67,118	16,538
	MN	0	0	0	0	0	0	0	0
	Total	365,140	165	22,246	63,854	93,498	101,721	67,118	16,538
12c. Total Eligibles Receiving Dental Treatment Services	CN	142,346	149	1,333	17,156	41,151	39,282	33,629	9,646
	MN	0	0	0	0	0	0	0	0
	Total	142,346	149	1,333	17,156	41,151	39,282	33,629	9,646
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	43,998				23,676	20,322		
	MN	0				0	0		
	Total	43,998				23,676	20,322		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	381,036	630	23,905	66,013	95,627	104,247	71,397	19,217
	MN	0	0	0	0	0	0	0	0
	Total	381,036	630	23,905	66,013	95,627	104,247	71,397	19,217

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Louisiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	18,608	551	9,483	6,045	591	516	968	454
	MN	0	0	0	0	0	0	0	0
	Total	18,608	551	9,483	6,045	591	516	968	454
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	377,233	707	29,486	66,835	93,809	102,084	67,588	16,724
	MN	0	0	0	0	0	0	0	0
	Total	377,233	707	29,486	66,835	93,809	102,084	67,588	16,724
13. Total Eligibles Enrolled in Managed Care	CN	836,466	31,372	81,154	122,230	165,652	199,516	165,077	71,465
	MN	0	0	0	0	0	0	0	0
	Total	836,466	31,372	81,154	122,230	165,652	199,516	165,077	71,465
14a. Total Number of Screening Blood Lead Tests	CN	53,632	223	39,568	13,841				
	MN	0	0	0	0				
	Total	53,632	223	39,568	13,841				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Maine

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	157,055	5,938	13,134	21,626	31,012	39,017	31,378	14,950
	MN	0	0	0	0	0	0	0	0
	Total	157,055	5,938	13,134	21,626	31,012	39,017	31,378	14,950
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	151,968	4,819	12,729	21,083	30,251	38,118	30,568	14,400
	MN	0	0	0	0	0	0	0	0
	Total	151,968	4,819	12,729	21,083	30,251	38,118	30,568	14,400
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	25,178	39	2,008	3,633	6,021	7,474	5,775	228
	MN	0	0	0	0	0	0	0	0
	Total	25,178	39	2,008	3,633	6,021	7,474	5,775	228
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	1,710,781	34,977	142,786	239,766	346,427	437,757	350,047	159,021
	MN	0	0	0	0	0	0	0	0
	Total	1,710,781	34,977	142,786	239,766	346,427	437,757	350,047	159,021
3b. Average Period of Eligibility	CN	0.94	0.60	0.93	0.95	0.95	0.96	0.95	0.92
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.60	0.93	0.95	0.95	0.96	0.95	0.92
4. Expected Number of Screenings per Eligible	CN		4.20	2.33	0.95	0.95	0.96	0.95	0.92
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	2.33	0.95	0.95	0.96	0.95	0.92
5. Expected Number of Screenings	CN	177,547	20,240	29,659	20,029	28,738	36,593	29,040	13,248
	MN	0	0	0	0	0	0	0	0
	Total	177,547	20,240	29,659	20,029	28,738	36,593	29,040	13,248
6. Total Screens Received	CN	114,523	21,165	26,780	14,368	15,885	19,494	13,342	3,489
	MN	0	0	0	0	0	0	0	0
	Total	114,523	21,165	26,780	14,368	15,885	19,494	13,342	3,489
7. SCREENING RATIO	CN	0.65	1.00	0.90	0.72	0.55	0.53	0.46	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.90	0.72	0.55	0.53	0.46	0.26

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Maine

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	145,196	4,819	12,729	20,029	28,738	36,593	29,040	13,248
	MN	0	0	0	0	0	0	0	0
	Total	145,196	4,819	12,729	20,029	28,738	36,593	29,040	13,248
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	78,420	4,414	10,305	12,722	15,552	19,076	12,989	3,362
	MN	0	0	0	0	0	0	0	0
	Total	78,420	4,414	10,305	12,722	15,552	19,076	12,989	3,362
10. PARTICIPANT RATIO	CN	0.54	0.92	0.81	0.64	0.54	0.52	0.45	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.92	0.81	0.64	0.54	0.52	0.45	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	48,189	4,283	8,101	6,840	8,667	10,402	7,716	2,180
	MN	0	0	0	0	0	0	0	0
	Total	48,189	4,283	8,101	6,840	8,667	10,402	7,716	2,180
12a. Total Eligibles Receiving Any Dental Services	CN	59,694	170	2,780	8,172	15,856	18,136	11,403	3,177
	MN	0	0	0	0	0	0	0	0
	Total	59,694	170	2,780	8,172	15,856	18,136	11,403	3,177
12b. Total Eligibles Receiving Preventive Dental Services	CN	53,724	49	2,539	7,673	14,895	16,694	9,608	2,266
	MN	0	0	0	0	0	0	0	0
	Total	53,724	49	2,539	7,673	14,895	16,694	9,608	2,266
12c. Total Eligibles Receiving Dental Treatment Services	CN	24,504	112	346	2,368	6,581	7,576	5,780	1,741
	MN	0	0	0	0	0	0	0	0
	Total	24,504	112	346	2,368	6,581	7,576	5,780	1,741
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,242				4,080	4,162		
	MN	0				0	0		
	Total	8,242				4,080	4,162		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	52,348	143	2,022	6,960	14,211	16,212	10,023	2,777
	MN	0	0	0	0	0	0	0	0
	Total	52,348	143	2,022	6,960	14,211	16,212	10,023	2,777

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Maine

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	9,410	103	3,052	2,290	1,767	1,367	645	186
	MN	0	0	0	0	0	0	0	0
	Total	9,410	103	3,052	2,290	1,767	1,367	645	186
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	59,792	115	4,883	9,254	15,779	17,467	9,953	2,341
	MN	0	0	0	0	0	0	0	0
	Total	59,792	115	4,883	9,254	15,779	17,467	9,953	2,341
13. Total Eligibles Enrolled in Managed Care	CN	105,585	775	9,728	15,886	21,841	26,799	21,358	9,198
	MN	0	0	0	0	0	0	0	0
	Total	105,585	775	9,728	15,886	21,841	26,799	21,358	9,198
14a. Total Number of Screening Blood Lead Tests	CN	8,471	26	6,800	1,645				
	MN	0	0	0	0				
	Total	8,471	26	6,800	1,645				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Maryland

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	821,879	33,980	77,447	120,727	163,726	199,061	160,034	66,904
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	797,053	27,848	75,613	118,117	160,333	194,608	156,542	63,992
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	201,004	447	10,058	23,270	46,422	62,161	49,924	8,722
	MN	0	0	0	0	0	0	0	0
	Total	201,004	447	10,058	23,270	46,422	62,161	49,924	8,722
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	8,915,775	206,751	838,737	1,323,287	1,834,083	2,226,719	1,788,059	698,139
3b. Average Period of Eligibility	CN	0.93	0.62	0.92	0.93	0.95	0.95	0.95	0.91
	MN	0.83	0.00	0.33	0.58	0.74	0.90	0.84	0.79
	Total	0.93	0.62	0.92	0.93	0.95	0.95	0.95	0.91
4. Expected Number of Screenings per Eligible	CN		3.72	2.30	0.93	0.95	0.95	0.95	0.91
	MN		0.00	0.83	0.58	0.74	0.90	0.84	0.79
	Total		3.72	2.30	0.93	0.95	0.95	0.95	0.91
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	931,433	103,595	173,909	109,842	152,304	184,869	148,693	58,221
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	671,193	121,166	155,317	87,980	92,881	112,242	81,398	20,209
7. SCREENING RATIO	CN	0.72	1.00	0.89	0.80	0.61	0.61	0.55	0.35
	MN	0.30	0.00	0.00	0.33	0.26	0.31	0.32	0.24
	Total	0.72	1.00	0.89	0.80	0.61	0.61	0.55	0.35



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Maryland

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	757,390	27,848	75,613	109,842	152,304	184,869	148,693	58,221
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	451,641	25,818	61,512	76,229	88,541	106,107	75,056	18,378
10. PARTICIPANT RATIO	CN	0.60	0.93	0.81	0.69	0.58	0.57	0.51	0.32
	MN	0.28	0.00	0.00	0.33	0.26	0.29	0.29	0.22
	Total	0.60	0.93	0.81	0.69	0.58	0.57	0.50	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	281,246	25,076	48,632	40,850	48,017	60,616	46,128	11,927
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	451,144	1,315	35,821	71,769	107,772	123,480	86,768	24,219
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	416,852	1,116	34,223	67,966	101,293	114,835	76,981	20,438
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	175,297	106	1,091	15,028	45,457	55,881	45,599	12,135
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	52,393				26,557	25,836		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	428,542	472	27,815	68,261	105,937	120,496	82,590	22,971

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Maryland

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,744	72	980	562	94	22	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,744	72	980	562	94	22	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	417,156	1,133	34,385	68,060	101,324	114,835	76,981	20,438
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	789,377	27,624	74,972	116,993	159,005	192,838	154,940	63,005
14a. Total Number of Screening Blood Lead Tests	CN	64,345	1,123	44,881	18,341				
	MN	0	0	0	0				
	Total	64,345	1,123	44,881	18,341				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Massachusetts

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	736,363	33,472	70,567	107,627	139,653	171,849	143,582	69,613
	MN	0	0	0	0	0	0	0	0
	Total	736,363	33,472	70,567	107,627	139,653	171,849	143,582	69,613
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	643,257	24,114	63,577	93,520	122,729	151,657	126,343	61,317
	MN	0	0	0	0	0	0	0	0
	Total	643,257	24,114	63,577	93,520	122,729	151,657	126,343	61,317
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	193,738	562	13,806	21,723	36,290	47,737	53,233	20,387
	MN	0	0	0	0	0	0	0	0
	Total	193,738	562	13,806	21,723	36,290	47,737	53,233	20,387
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	6,560,129	172,836	667,968	955,124	1,276,388	1,587,253	1,310,878	589,682
	MN	0	0	0	0	0	0	0	0
	Total	6,560,129	172,836	667,968	955,124	1,276,388	1,587,253	1,310,878	589,682
3b. Average Period of Eligibility	CN	0.85	0.60	0.88	0.85	0.87	0.87	0.86	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.60	0.88	0.85	0.87	0.87	0.86	0.80
4. Expected Number of Screenings per Eligible	CN		4.20	2.20	0.85	0.87	0.87	0.86	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	2.20	0.85	0.87	0.87	0.86	0.80
5. Expected Number of Screenings	CN	717,065	101,279	139,869	79,492	106,774	131,942	108,655	49,054
	MN	0	0	0	0	0	0	0	0
	Total	717,065	101,279	139,869	79,492	106,774	131,942	108,655	49,054
6. Total Screens Received	CN	579,283	121,403	141,406	68,366	73,282	89,085	66,168	19,573
	MN	0	0	0	0	0	0	0	0
	Total	579,283	121,403	141,406	68,366	73,282	89,085	66,168	19,573
7. SCREENING RATIO	CN	0.81	1.00	1.00	0.86	0.69	0.68	0.61	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.81	1.00	1.00	0.86	0.69	0.68	0.61	0.40

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Massachusetts

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	563,608	24,114	63,577	79,492	106,774	131,942	108,655	49,054
	MN	0	0	0	0	0	0	0	0
	Total	563,608	24,114	63,577	79,492	106,774	131,942	108,655	49,054
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	379,681	22,998	53,669	61,590	71,524	87,115	64,216	18,569
	MN	0	0	0	0	0	0	0	0
	Total	379,681	22,998	53,669	61,590	71,524	87,115	64,216	18,569
10. PARTICIPANT RATIO	CN	0.67	0.95	0.84	0.77	0.67	0.66	0.59	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.95	0.84	0.77	0.67	0.66	0.59	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	290,654	17,453	41,920	47,622	54,683	65,650	48,631	14,695
	MN	0	0	0	0	0	0	0	0
	Total	290,654	17,453	41,920	47,622	54,683	65,650	48,631	14,695
12a. Total Eligibles Receiving Any Dental Services	CN	311,449	464	17,111	46,154	71,109	87,777	65,839	22,995
	MN	0	0	0	0	0	0	0	0
	Total	311,449	464	17,111	46,154	71,109	87,777	65,839	22,995
12b. Total Eligibles Receiving Preventive Dental Services	CN	282,135	172	16,388	44,879	67,702	79,694	54,762	18,538
	MN	0	0	0	0	0	0	0	0
	Total	282,135	172	16,388	44,879	67,702	79,694	54,762	18,538
12c. Total Eligibles Receiving Dental Treatment Services	CN	154,253	232	1,241	10,605	33,812	51,702	42,592	14,069
	MN	0	0	0	0	0	0	0	0
	Total	154,253	232	1,241	10,605	33,812	51,702	42,592	14,069
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	47,210				22,128	25,082		
	MN	0				0	0		
	Total	47,210				22,128	25,082		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	290,772	437	16,856	45,193	68,898	81,145	57,716	20,527
	MN	0	0	0	0	0	0	0	0
	Total	290,772	437	16,856	45,193	68,898	81,145	57,716	20,527

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Massachusetts

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	61,380	155	4,437	10,473	18,507	16,356	8,701	2,751
	MN	0	0	0	0	0	0	0	0
	Total	61,380	155	4,437	10,473	18,507	16,356	8,701	2,751
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	321,442	275	20,002	51,648	78,142	90,356	60,755	20,264
	MN	0	0	0	0	0	0	0	0
	Total	321,442	275	20,002	51,648	78,142	90,356	60,755	20,264
13. Total Eligibles Enrolled in Managed Care	CN	586,182	23,857	61,515	87,179	111,926	136,523	111,609	53,573
	MN	0	0	0	0	0	0	0	0
	Total	586,182	23,857	61,515	87,179	111,926	136,523	111,609	53,573
14a. Total Number of Screening Blood Lead Tests	CN	87,625	2,760	44,876	39,989				
	MN	0	0	0	0				
	Total	87,625	2,760	44,876	39,989				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Michigan

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	1,263,064	54,507	118,713	186,335	253,990	304,932	237,334	107,253
	MN	10,134	329	732	683	574	697	1,696	5,423
	Total	1,273,198	54,836	119,445	187,018	254,564	305,629	239,030	112,676
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,198,750	44,760	114,822	178,562	243,792	291,623	225,684	99,507
	MN	8,591	195	626	531	435	530	1,425	4,849
	Total	1,207,341	44,955	115,448	179,093	244,227	292,153	227,109	104,356
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	198,547	45	10,606	20,748	48,211	63,642	49,509	5,786
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	12,852,712	329,767	1,261,704	1,944,025	2,675,571	3,193,641	2,446,971	1,001,033
	MN	77,497	1,298	5,609	3,748	3,393	4,485	13,494	45,470
	Total	12,930,209	331,065	1,267,313	1,947,773	2,678,964	3,198,126	2,460,465	1,046,503
3b. Average Period of Eligibility	CN	0.89	0.61	0.92	0.91	0.91	0.91	0.90	0.84
	MN	0.75	0.55	0.75	0.59	0.65	0.71	0.79	0.78
	Total	0.89	0.61	0.91	0.91	0.91	0.91	0.90	0.84
4. Expected Number of Screenings per Eligible	CN		4.27	2.30	0.91	0.91	0.91	0.90	0.84
	MN		3.85	1.88	0.59	0.65	0.71	0.79	0.78
	Total		4.27	2.28	0.91	0.91	0.91	0.90	0.84
5. Expected Number of Screenings	CN	1,391,637	191,125	264,091	162,491	221,851	265,377	203,116	83,586
	MN	7,808	751	1,177	313	283	376	1,126	3,782
	Total	1,399,445	191,876	265,268	162,804	222,134	265,753	204,242	87,368
6. Total Screens Received	CN	833,360	173,256	202,451	118,187	112,003	130,023	79,599	17,841
	MN	2,493	613	548	127	97	146	309	653
	Total	835,853	173,869	202,999	118,314	112,100	130,169	79,908	18,494
7. SCREENING RATIO	CN	0.60	0.91	0.77	0.73	0.50	0.49	0.39	0.21
	MN	0.32	0.82	0.47	0.41	0.34	0.39	0.27	0.17
	Total	0.60	0.91	0.77	0.73	0.50	0.49	0.39	0.21

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Michigan

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,096,003	44,760	114,822	162,491	221,851	265,377	203,116	83,586
	MN	6,701	195	626	313	283	376	1,126	3,782
	Total	1,102,704	44,955	115,448	162,804	222,134	265,753	204,242	87,368
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	540,276	39,762	83,232	101,007	104,929	120,743	73,901	16,702
	MN	1,650	152	244	110	95	143	289	617
	Total	541,926	39,914	83,476	101,117	105,024	120,886	74,190	17,319
10. PARTICIPANT RATIO	CN	0.49	0.89	0.72	0.62	0.47	0.45	0.36	0.20
	MN	0.25	0.78	0.39	0.35	0.34	0.38	0.26	0.16
	Total	0.49	0.89	0.72	0.62	0.47	0.45	0.36	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	327,054	38,335	64,072	53,782	55,173	61,730	42,861	11,101
	MN	1,036	146	183	53	53	60	171	370
	Total	328,090	38,481	64,255	53,835	55,226	61,790	43,032	11,471
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	528,361	523	22,777	81,308	144,337	152,716	98,078	28,622
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	485,732	263	20,301	75,693	136,079	143,878	87,046	22,472
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	206,260	124	1,386	20,647	62,244	61,272	46,001	14,586
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	64,800				34,784	30,016		
	MN	53				21	32		
	Total	64,853				34,805	30,048		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	505,160	407	21,548	78,252	139,475	146,469	92,491	26,518

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Michigan

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	20,388	1,078	11,624	5,232	1,345	631	262	216
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	496,290	759	28,063	77,748	136,213	143,891	87,061	22,555
13. Total Eligibles Enrolled in Managed Care	CN	1,198,180	44,760	114,800	178,512	243,729	291,534	225,550	99,295
	MN	8,550	195	622	522	430	526	1,421	4,834
	Total	1,206,730	44,955	115,422	179,034	244,159	292,060	226,971	104,129
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	74,378	1,203	49,067	24,108				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Minnesota

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	679,349	27,224	61,611	98,662	139,185	165,443	129,297	57,927
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	660,628	22,331	60,227	96,591	136,560	162,374	126,697	55,848
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	1,027	328	699	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,027	328	699	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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	7,218,371	165,072	679,999	1,075,870	1,526,439	1,810,927	1,402,889	557,175
	MN	1,082	42	56	106	52	163	265	398
	Total	7,219,453	165,114	680,055	1,075,976	1,526,491	1,811,090	1,403,154	557,573
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.91	0.62	0.94	0.93	0.93	0.93	0.92	0.83
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		3.10	2.35	0.93	0.93	0.93	0.92	0.83
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	741,499	69,225	141,531	89,827	126,998	151,006	116,556	46,356
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	469,851	91,257	117,448	65,693	63,139	74,385	47,220	10,709
7. SCREENING RATIO	CN	0.63	1.00	0.83	0.73	0.50	0.49	0.41	0.23
	MN	0.44	0.82	0.25	0.67	0.75	0.29	0.18	0.45
	Total	0.63	1.00	0.83	0.73	0.50	0.49	0.41	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Minnesota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	613,301	22,331	60,227	89,827	126,998	151,006	116,556	46,356
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	313,074	20,822	48,173	57,659	60,744	70,655	44,831	10,190
10. PARTICIPANT RATIO	CN	0.51	0.93	0.80	0.64	0.48	0.47	0.38	0.22
	MN	0.38	0.67	0.33	0.56	0.75	0.29	0.18	0.42
	Total	0.51	0.93	0.80	0.64	0.48	0.47	0.38	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	51,630	3,771	8,895	9,375	10,437	11,050	7,059	1,043
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	255,377	105	8,611	37,028	67,122	76,843	50,838	14,830
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	227,853	70	7,604	35,029	63,266	69,178	41,841	10,865
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	124,412	16	1,265	13,494	34,626	38,686	28,057	8,268
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	32,597				17,181	15,416		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	238,011	85	8,283	35,622	63,161	71,237	46,157	13,466

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Minnesota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	91,257	5,733	38,441	39,257	5,421	1,615	732	58
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	293,134	5,765	40,578	57,661	65,948	69,999	42,277	10,906
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	586,853	20,301	56,830	88,225	121,070	140,590	109,764	50,073
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	37,564	594	29,122	7,848				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Mississippi

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	472,312	23,317	48,229	72,195	91,385	108,830	93,677	34,679
	MN	0	0	0	0	0	0	0	0
	Total	472,312	23,317	48,229	72,195	91,385	108,830	93,677	34,679
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	442,869	19,002	45,745	68,179	87,068	103,907	89,290	29,678
	MN	0	0	0	0	0	0	0	0
	Total	442,869	19,002	45,745	68,179	87,068	103,907	89,290	29,678
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	42,343	0	0	0	10,803	15,137	13,213	3,190
	MN	0	0	0	0	0	0	0	0
	Total	42,343	0	0	0	10,803	15,137	13,213	3,190
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	4,591,463	141,994	486,337	720,022	930,838	1,120,284	956,764	235,224
	MN	0	0	0	0	0	0	0	0
	Total	4,591,463	141,994	486,337	720,022	930,838	1,120,284	956,764	235,224
3b. Average Period of Eligibility	CN	0.86	0.62	0.89	0.88	0.89	0.90	0.89	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.62	0.89	0.88	0.89	0.90	0.89	0.66
4. Expected Number of Screenings per Eligible	CN		4.34	2.23	0.88	0.89	0.90	0.89	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.23	0.88	0.89	0.90	0.89	0.66
5. Expected Number of Screenings	CN	514,540	82,469	102,011	59,998	77,491	93,516	79,468	19,587
	MN	0	0	0	0	0	0	0	0
	Total	514,540	82,469	102,011	59,998	77,491	93,516	79,468	19,587
6. Total Screens Received	CN	286,982	71,178	85,505	41,500	27,931	37,666	21,579	1,623
	MN	0	0	0	0	0	0	0	0
	Total	286,982	71,178	85,505	41,500	27,931	37,666	21,579	1,623
7. SCREENING RATIO	CN	0.56	0.86	0.84	0.69	0.36	0.40	0.27	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.86	0.84	0.69	0.36	0.40	0.27	0.08

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Mississippi

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	394,807	19,002	45,745	59,998	77,491	93,516	79,468	19,587
	MN	0	0	0	0	0	0	0	0
	Total	394,807	19,002	45,745	59,998	77,491	93,516	79,468	19,587
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	169,964	17,713	35,225	35,339	26,149	34,296	19,701	1,541
	MN	0	0	0	0	0	0	0	0
	Total	169,964	17,713	35,225	35,339	26,149	34,296	19,701	1,541
10. PARTICIPANT RATIO	CN	0.43	0.93	0.77	0.59	0.34	0.37	0.25	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.93	0.77	0.59	0.34	0.37	0.25	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	114,285	17,086	28,714	21,143	15,232	19,250	11,879	981
	MN	0	0	0	0	0	0	0	0
	Total	114,285	17,086	28,714	21,143	15,232	19,250	11,879	981
12a. Total Eligibles Receiving Any Dental Services	CN	166,504	209	8,405	29,415	40,811	47,003	34,722	5,939
	MN	0	0	0	0	0	0	0	0
	Total	166,504	209	8,405	29,415	40,811	47,003	34,722	5,939
12b. Total Eligibles Receiving Preventive Dental Services	CN	143,559	42	7,480	27,218	37,627	40,497	26,632	4,063
	MN	0	0	0	0	0	0	0	0
	Total	143,559	42	7,480	27,218	37,627	40,497	26,632	4,063
12c. Total Eligibles Receiving Dental Treatment Services	CN	69,688	132	588	7,522	16,048	22,336	19,896	3,166
	MN	0	0	0	0	0	0	0	0
	Total	69,688	132	588	7,522	16,048	22,336	19,896	3,166
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,929				10,002	9,927		
	MN	0				0	0		
	Total	19,929				10,002	9,927		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	154,985	180	8,327	28,928	39,437	42,899	30,114	5,100
	MN	0	0	0	0	0	0	0	0
	Total	154,985	180	8,327	28,928	39,437	42,899	30,114	5,100

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Mississippi

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	29,045	1,402	8,444	6,716	6,687	3,689	1,815	292
	MN	0	0	0	0	0	0	0	0
	Total	29,045	1,402	8,444	6,716	6,687	3,689	1,815	292
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	155,869	316	11,864	28,989	40,658	42,603	27,297	4,142
	MN	0	0	0	0	0	0	0	0
	Total	155,869	316	11,864	28,989	40,658	42,603	27,297	4,142
13. Total Eligibles Enrolled in Managed Care	CN	396,721	18,654	44,780	61,372	80,013	94,893	80,332	16,677
	MN	0	0	0	0	0	0	0	0
	Total	396,721	18,654	44,780	61,372	80,013	94,893	80,332	16,677
14a. Total Number of Screening Blood Lead Tests	CN	31,256	357	22,145	8,754				
	MN	0	0	0	0				
	Total	31,256	357	22,145	8,754				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Missouri

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	781,550	31,890	74,890	119,808	158,650	186,776	145,792	63,744
	MN	0	0	0	0	0	0	0	0
	Total	781,550	31,890	74,890	119,808	158,650	186,776	145,792	63,744
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	735,982	23,878	70,990	113,549	151,276	178,596	138,828	58,865
	MN	0	0	0	0	0	0	0	0
	Total	735,982	23,878	70,990	113,549	151,276	178,596	138,828	58,865
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	67,040	0	846	1,461	20,273	24,375	19,005	1,080
	MN	0	0	0	0	0	0	0	0
	Total	67,040	0	846	1,461	20,273	24,375	19,005	1,080
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	7,682,547	178,381	757,260	1,192,751	1,603,699	1,905,220	1,462,305	582,931
	MN	0	0	0	0	0	0	0	0
	Total	7,682,547	178,381	757,260	1,192,751	1,603,699	1,905,220	1,462,305	582,931
3b. Average Period of Eligibility	CN	0.87	0.62	0.89	0.88	0.88	0.89	0.88	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.62	0.89	0.88	0.88	0.89	0.88	0.83
4. Expected Number of Screenings per Eligible	CN		4.34	2.23	0.88	0.88	0.89	0.88	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.23	0.88	0.88	0.89	0.88	0.83
5. Expected Number of Screenings	CN	824,962	103,631	158,308	99,923	133,123	158,950	122,169	48,858
	MN	0	0	0	0	0	0	0	0
	Total	824,962	103,631	158,308	99,923	133,123	158,950	122,169	48,858
6. Total Screens Received	CN	468,195	99,672	125,403	64,965	57,639	69,451	44,125	6,940
	MN	0	0	0	0	0	0	0	0
	Total	468,195	99,672	125,403	64,965	57,639	69,451	44,125	6,940
7. SCREENING RATIO	CN	0.57	0.96	0.79	0.65	0.43	0.44	0.36	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.96	0.79	0.65	0.43	0.44	0.36	0.14

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Missouri

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	657,891	23,878	70,990	99,923	133,123	158,950	122,169	48,858
	MN	0	0	0	0	0	0	0	0
	Total	657,891	23,878	70,990	99,923	133,123	158,950	122,169	48,858
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	300,048	22,102	52,728	57,676	54,759	65,279	41,059	6,445
	MN	0	0	0	0	0	0	0	0
	Total	300,048	22,102	52,728	57,676	54,759	65,279	41,059	6,445
10. PARTICIPANT RATIO	CN	0.46	0.93	0.74	0.58	0.41	0.41	0.34	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.93	0.74	0.58	0.41	0.41	0.34	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	179,628	21,308	40,890	29,730	27,896	32,795	23,001	4,008
	MN	0	0	0	0	0	0	0	0
	Total	179,628	21,308	40,890	29,730	27,896	32,795	23,001	4,008
12a. Total Eligibles Receiving Any Dental Services	CN	285,798	251	13,424	44,799	77,958	83,778	53,841	11,747
	MN	0	0	0	0	0	0	0	0
	Total	285,798	251	13,424	44,799	77,958	83,778	53,841	11,747
12b. Total Eligibles Receiving Preventive Dental Services	CN	261,447	127	11,870	41,950	73,973	78,532	46,572	8,423
	MN	0	0	0	0	0	0	0	0
	Total	261,447	127	11,870	41,950	73,973	78,532	46,572	8,423
12c. Total Eligibles Receiving Dental Treatment Services	CN	122,516	62	901	13,353	35,769	36,917	29,024	6,490
	MN	0	0	0	0	0	0	0	0
	Total	122,516	62	901	13,353	35,769	36,917	29,024	6,490
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,430				20,168	18,262		
	MN	0				0	0		
	Total	38,430				20,168	18,262		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	274,052	225	13,085	43,673	75,734	80,487	50,205	10,643
	MN	0	0	0	0	0	0	0	0
	Total	274,052	225	13,085	43,673	75,734	80,487	50,205	10,643



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Missouri

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	18,444	140	5,856	6,545	4,100	1,063	651	89
	MN	0	0	0	0	0	0	0	0
	Total	18,444	140	5,856	6,545	4,100	1,063	651	89
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	269,449	263	16,570	44,266	74,426	78,808	46,684	8,432
	MN	0	0	0	0	0	0	0	0
	Total	269,449	263	16,570	44,266	74,426	78,808	46,684	8,432
13. Total Eligibles Enrolled in Managed Care	CN	717,501	23,601	70,164	111,882	148,716	175,501	136,264	51,373
	MN	0	0	0	0	0	0	0	0
	Total	717,501	23,601	70,164	111,882	148,716	175,501	136,264	51,373
14a. Total Number of Screening Blood Lead Tests	CN	44,574	409	29,645	14,520				
	MN	0	0	0	0				
	Total	44,574	409	29,645	14,520				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Montana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	112,377	4,167	10,207	16,281	23,601	28,195	21,462	8,464
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	102,807	3,559	9,088	13,678	22,215	26,593	20,073	7,601
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	7,562	0	0	0	1,838	3,081	2,219	424
	MN	0	0	0	0	0	0	0	0
	Total	7,562	0	0	0	1,838	3,081	2,219	424
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,072,795	26,553	91,608	144,779	237,762	286,486	213,691	71,916
3b. Average Period of Eligibility	CN	0.87	0.62	0.84	0.88	0.89	0.90	0.89	0.79
	MN	0.71	0.00	0.00	0.00	0.00	0.75	0.66	0.73
	Total	0.87	0.62	0.84	0.88	0.89	0.90	0.89	0.79
4. Expected Number of Screenings per Eligible	CN		4.34	2.10	0.88	0.89	0.90	0.89	0.79
	MN		0.00	0.00	0.00	0.00	0.75	0.66	0.73
	Total		4.34	2.10	0.88	0.89	0.90	0.89	0.79
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	114,122	15,446	19,085	12,037	19,771	23,934	17,851	5,998
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	57,007	12,830	14,402	7,064	7,397	9,473	5,156	685
7. SCREENING RATIO	CN	0.50	0.83	0.75	0.59	0.37	0.40	0.29	0.12
	MN	0.06	0.00	0.00	0.00	0.00	0.00	0.18	0.00
	Total	0.50	0.83	0.75	0.59	0.37	0.40	0.29	0.11

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Montana

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	92,238	3,559	9,088	12,037	19,771	23,934	17,851	5,998
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	37,358	3,116	6,362	6,433	7,111	8,849	4,827	660
10. PARTICIPANT RATIO	CN	0.41	0.88	0.70	0.53	0.36	0.37	0.27	0.11
	MN	0.06	0.00	0.00	0.00	0.00	0.00	0.18	0.00
	Total	0.41	0.88	0.70	0.53	0.36	0.37	0.27	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	23,780	2,920	4,815	3,426	4,072	5,086	3,008	453
12a. Total Eligibles Receiving Any Dental Services	CN	57,895	167	3,147	8,495	15,395	17,574	10,771	2,346
	MN	58	0	0	0	0	0	32	26
	Total	57,953	167	3,147	8,495	15,395	17,574	10,803	2,372
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	52,635	73	2,976	8,214	14,758	16,119	8,835	1,660
12c. Total Eligibles Receiving Dental Treatment Services	CN	32,507	97	518	3,562	8,920	10,767	7,115	1,528
	MN	38	0	0	0	0	0	18	20
	Total	32,545	97	518	3,562	8,920	10,767	7,133	1,548
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,713				3,708	3,005		
	MN	0				0	0		
	Total	6,713				3,708	3,005		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	55,350	123	3,075	8,362	15,050	16,795	9,838	2,107
	MN	44	0	0	0	0	0	25	19
	Total	55,394	123	3,075	8,362	15,050	16,795	9,863	2,126

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Montana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,784	12	180	346	915	805	438	88
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	52,916	84	3,044	8,232	14,844	16,177	8,872	1,663
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	96,784	2,898	8,589	12,993	20,995	25,359	18,933	7,017
14a. Total Number of Screening Blood Lead Tests	CN	1,543	17	1,176	350				
	MN	0	0	0	0				
	Total	1,543	17	1,176	350				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Nebraska

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	232,846	11,751	24,131	35,770	46,949	54,695	42,107	17,443
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	218,521	9,591	23,117	33,659	44,650	52,045	39,721	15,738
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	46,602	439	3,480	6,610	10,539	13,160	10,162	2,212
	MN	0	0	0	0	0	0	0	0
	Total	46,602	439	3,480	6,610	10,539	13,160	10,162	2,212
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,308,522	70,288	251,914	360,294	484,199	565,324	425,527	150,976
3b. Average Period of Eligibility	CN	0.88	0.61	0.91	0.89	0.90	0.91	0.89	0.80
	MN	0.73	0.42	1.00	0.78	0.56	0.75	0.60	1.00
	Total	0.88	0.61	0.91	0.89	0.90	0.91	0.89	0.80
4. Expected Number of Screenings per Eligible	CN		4.27	2.28	0.89	0.90	0.91	0.89	0.80
	MN		2.94	2.50	0.78	0.56	0.75	0.60	1.00
	Total		4.27	2.28	0.89	0.90	0.91	0.89	0.80
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	259,100	40,952	52,707	29,956	40,184	47,360	35,350	12,591
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	148,483	36,121	39,862	19,957	14,843	22,087	13,668	1,945
7. SCREENING RATIO	CN	0.57	0.88	0.76	0.67	0.37	0.47	0.39	0.15
	MN	0.21	0.00	0.00	0.25	0.50	0.50	0.33	0.00
	Total	0.57	0.88	0.76	0.67	0.37	0.47	0.39	0.15

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Nebraska

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	198,149	9,591	23,117	29,956	40,184	47,360	35,350	12,591
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	92,871	8,687	17,435	17,415	14,131	20,696	12,669	1,838
10. PARTICIPANT RATIO	CN	0.47	0.91	0.75	0.58	0.35	0.44	0.36	0.15
	MN	0.21	0.00	0.00	0.13	0.50	0.50	0.33	0.00
	Total	0.47	0.91	0.75	0.58	0.35	0.44	0.36	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	58,812	8,298	14,045	9,534	7,600	10,640	7,496	1,199
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	99,309	98	6,812	17,975	27,366	27,795	15,859	3,404
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	92,974	68	6,504	17,422	26,301	26,307	13,864	2,508
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	32,030	DS	DS	4,076	10,387	9,111	6,531	1,668
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,735				7,256	6,479		
	MN	0				0	0		
	Total	13,735				7,256	6,479		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	95,680	98	6,741	17,647	26,335	26,742	14,988	3,129

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Nebraska

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	3,994	53	1,312	968	775	649	216	21
	MN	0	0	0	0	0	0	0	0
	Total	3,994	53	1,312	968	775	649	216	21
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	95,056	118	7,416	17,865	26,676	26,555	13,916	2,510
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	218,516	9,588	23,117	33,659	44,650	52,045	39,719	15,738
14a. Total Number of Screening Blood Lead Tests	CN	15,088	37	10,103	4,948				
	MN	0	0	0	0				
	Total	15,088	37	10,103	4,948				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Nevada

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	414,612	18,595	40,038	64,135	83,713	99,276	78,087	30,768
	MN	0	0	0	0	0	0	0	0
	Total	414,612	18,595	40,038	64,135	83,713	99,276	78,087	30,768
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	383,902	13,479	38,014	60,505	78,341	92,951	72,672	27,940
	MN	0	0	0	0	0	0	0	0
	Total	383,902	13,479	38,014	60,505	78,341	92,951	72,672	27,940
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	24,861	DS	DS	549	6,338	9,432	7,442	993
	MN	0	0	0	0	0	0	0	0
	Total	24,861	DS	DS	549	6,338	9,432	7,442	993
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	3,987,515	98,363	407,137	642,263	824,369	985,188	760,820	269,375
	MN	0	0	0	0	0	0	0	0
	Total	3,987,515	98,363	407,137	642,263	824,369	985,188	760,820	269,375
3b. Average Period of Eligibility	CN	0.87	0.61	0.89	0.88	0.88	0.88	0.87	0.80
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.61	0.89	0.88	0.88	0.88	0.87	0.80
4. Expected Number of Screenings per Eligible	CN		4.27	2.23	0.88	0.88	0.88	0.87	0.80
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.23	0.88	0.88	0.88	0.87	0.80
5. Expected Number of Screenings	CN	431,884	57,555	84,771	53,244	68,940	81,797	63,225	22,352
	MN	0	0	0	0	0	0	0	0
	Total	431,884	57,555	84,771	53,244	68,940	81,797	63,225	22,352
6. Total Screens Received	CN	279,246	60,648	70,138	39,972	34,180	43,311	27,355	3,642
	MN	0	0	0	0	0	0	0	0
	Total	279,246	60,648	70,138	39,972	34,180	43,311	27,355	3,642
7. SCREENING RATIO	CN	0.65	1.00	0.83	0.75	0.50	0.53	0.43	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.83	0.75	0.50	0.53	0.43	0.16



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Nevada

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	341,051	13,479	38,014	53,244	68,940	81,797	63,225	22,352
	MN	0	0	0	0	0	0	0	0
	Total	341,051	13,479	38,014	53,244	68,940	81,797	63,225	22,352
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	166,856	12,640	28,299	32,078	30,123	36,987	23,437	3,292
	MN	0	0	0	0	0	0	0	0
	Total	166,856	12,640	28,299	32,078	30,123	36,987	23,437	3,292
10. PARTICIPANT RATIO	CN	0.49	0.94	0.74	0.60	0.44	0.45	0.37	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.94	0.74	0.60	0.44	0.45	0.37	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	103,808	12,143	21,405	16,558	16,436	20,522	14,301	2,443
	MN	0	0	0	0	0	0	0	0
	Total	103,808	12,143	21,405	16,558	16,436	20,522	14,301	2,443
12a. Total Eligibles Receiving Any Dental Services	CN	164,757	747	9,885	26,806	43,070	47,371	30,219	6,659
	MN	0	0	0	0	0	0	0	0
	Total	164,757	747	9,885	26,806	43,070	47,371	30,219	6,659
12b. Total Eligibles Receiving Preventive Dental Services	CN	153,194	160	8,965	25,493	41,337	45,335	26,869	5,035
	MN	0	0	0	0	0	0	0	0
	Total	153,194	160	8,965	25,493	41,337	45,335	26,869	5,035
12c. Total Eligibles Receiving Dental Treatment Services	CN	78,493	555	1,086	8,808	22,384	24,783	16,857	4,020
	MN	0	0	0	0	0	0	0	0
	Total	78,493	555	1,086	8,808	22,384	24,783	16,857	4,020
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	28,476				13,745	14,731		
	MN	0				0	0		
	Total	28,476				13,745	14,731		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	160,862	692	9,819	26,518	42,218	46,175	29,110	6,330
	MN	0	0	0	0	0	0	0	0
	Total	160,862	692	9,819	26,518	42,218	46,175	29,110	6,330

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Nevada

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	22,378	226	4,414	3,910	3,911	6,051	3,410	456
	MN	0	0	0	0	0	0	0	0
	Total	22,378	226	4,414	3,910	3,911	6,051	3,410	456
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	162,802	374	12,271	27,581	42,607	46,928	27,909	5,132
	MN	0	0	0	0	0	0	0	0
	Total	162,802	374	12,271	27,581	42,607	46,928	27,909	5,132
13. Total Eligibles Enrolled in Managed Care	CN	324,450	12,148	33,464	52,122	66,101	77,373	59,715	23,527
	MN	0	0	0	0	0	0	0	0
	Total	324,450	12,148	33,464	52,122	66,101	77,373	59,715	23,527
14a. Total Number of Screening Blood Lead Tests	CN	7,947	84	5,849	2,014				
	MN	0	0	0	0				
	Total	7,947	84	5,849	2,014				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Hampshire

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	107,516	4,182	9,457	15,283	21,775	27,504	21,755	7,560
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	99,566	3,044	8,709	14,287	20,585	26,036	20,447	6,458
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	20,463	225	1,736	3,089	4,490	5,824	4,534	565
	MN	0	0	0	0	0	0	0	0
	Total	20,463	225	1,736	3,089	4,490	5,824	4,534	565
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,112,857	23,785	97,619	161,066	234,283	297,773	232,689	65,642
3b. Average Period of Eligibility	CN	0.93	0.65	0.93	0.94	0.95	0.95	0.95	0.85
	MN	0.93	0.00	0.92	0.98	0.95	0.97	0.96	0.87
	Total	0.93	0.65	0.93	0.94	0.95	0.95	0.95	0.85
4. Expected Number of Screenings per Eligible	CN		4.55	2.33	0.94	0.95	0.95	0.95	0.85
	MN		0.00	2.30	0.98	0.95	0.97	0.96	0.87
	Total		4.55	2.33	0.94	0.95	0.95	0.95	0.85
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	116,777	13,850	20,292	13,430	19,555	24,735	19,425	5,490
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	89,727	13,470	19,581	11,551	13,751	17,283	11,915	2,176
7. SCREENING RATIO	CN	0.77	0.97	0.97	0.86	0.70	0.70	0.61	0.40
	MN	0.53	0.00	0.60	0.75	0.55	0.77	0.29	0.54
	Total	0.77	0.97	0.96	0.86	0.70	0.70	0.61	0.40

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Hampshire

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	94,388	3,044	8,709	13,430	19,555	24,735	19,425	5,490
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	58,883	2,834	7,284	9,638	12,172	15,138	10,074	1,743
10. PARTICIPANT RATIO	CN	0.62	0.93	0.84	0.72	0.62	0.61	0.52	0.32
	MN	0.40	0.00	0.50	0.50	0.45	0.46	0.24	0.46
	Total	0.62	0.93	0.84	0.72	0.62	0.61	0.52	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	33,052	2,418	5,557	4,949	6,228	7,216	5,630	1,054
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	55,302	155	3,402	8,375	14,006	16,752	10,772	1,840
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	52,298	63	3,046	8,135	13,545	16,089	9,891	1,529
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	23,144	62	206	2,082	6,351	7,835	5,650	958
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	7,335				3,933	3,402		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	52,137	146	3,186	8,041	13,226	15,818	10,041	1,679

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Hampshire

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,341	24	561	319	131	110	151	45
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	52,301	63	3,046	8,136	13,546	16,090	9,891	1,529
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	99,189	3,026	8,691	14,248	20,522	25,933	20,355	6,414
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	7,544	30	5,969	1,545				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Jersey

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	968,330	54,709	94,151	141,859	188,267	226,091	177,449	85,804
	MN	0	0	0	0	0	0	0	0
	Total	968,330	54,709	94,151	141,859	188,267	226,091	177,449	85,804
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	895,733	32,929	90,107	133,913	178,525	213,251	166,723	80,285
	MN	0	0	0	0	0	0	0	0
	Total	895,733	32,929	90,107	133,913	178,525	213,251	166,723	80,285
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	148,348	0	DS	DS	37,160	56,693	45,899	8,570
	MN	0	0	0	0	0	0	0	0
	Total	148,348	0	DS	DS	37,160	56,693	45,899	8,570
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	9,231,818	229,495	960,258	1,382,191	1,873,498	2,240,465	1,739,171	806,740
	MN	0	0	0	0	0	0	0	0
	Total	9,231,818	229,495	960,258	1,382,191	1,873,498	2,240,465	1,739,171	806,740
3b. Average Period of Eligibility	CN	0.86	0.58	0.89	0.86	0.87	0.88	0.87	0.84
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.86	0.58	0.89	0.86	0.87	0.88	0.87	0.84
4. Expected Number of Screenings per Eligible	CN		4.06	2.23	0.86	0.87	0.88	0.87	0.84
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.06	2.23	0.86	0.87	0.88	0.87	0.84
5. Expected Number of Screenings	CN	1,005,262	133,692	200,939	115,165	155,317	187,661	145,049	67,439
	MN	0	0	0	0	0	0	0	0
	Total	1,005,262	133,692	200,939	115,165	155,317	187,661	145,049	67,439
6. Total Screens Received	CN	835,530	121,879	211,220	112,540	115,646	144,676	100,700	28,869
	MN	0	0	0	0	0	0	0	0
	Total	835,530	121,879	211,220	112,540	115,646	144,676	100,700	28,869
7. SCREENING RATIO	CN	0.83	0.91	1.00	0.98	0.74	0.77	0.69	0.43
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.83	0.91	1.00	0.98	0.74	0.77	0.69	0.43

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Jersey

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	793,667	32,929	90,107	115,165	155,317	187,661	145,049	67,439
	MN	0	0	0	0	0	0	0	0
	Total	793,667	32,929	90,107	115,165	155,317	187,661	145,049	67,439
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	528,038	29,584	75,829	89,803	100,504	124,425	84,569	23,324
	MN	0	0	0	0	0	0	0	0
	Total	528,038	29,584	75,829	89,803	100,504	124,425	84,569	23,324
10. PARTICIPANT RATIO	CN	0.67	0.90	0.84	0.78	0.65	0.66	0.58	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.67	0.90	0.84	0.78	0.65	0.66	0.58	0.35
11. Total Eligibles Referred for Corrective Treatment	CN	97,743	73	3,300	20,681	24,338	24,737	17,703	6,911
	MN	0	0	0	0	0	0	0	0
	Total	97,743	73	3,300	20,681	24,338	24,737	17,703	6,911
12a. Total Eligibles Receiving Any Dental Services	CN	445,330	561	22,654	68,890	110,131	127,843	86,724	28,527
	MN	0	0	0	0	0	0	0	0
	Total	445,330	561	22,654	68,890	110,131	127,843	86,724	28,527
12b. Total Eligibles Receiving Preventive Dental Services	CN	396,141	259	20,480	62,949	101,052	115,794	73,255	22,352
	MN	0	0	0	0	0	0	0	0
	Total	396,141	259	20,480	62,949	101,052	115,794	73,255	22,352
12c. Total Eligibles Receiving Dental Treatment Services	CN	241,509	201	3,408	24,931	64,987	78,315	52,987	16,680
	MN	0	0	0	0	0	0	0	0
	Total	241,509	201	3,408	24,931	64,987	78,315	52,987	16,680
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	72,058				33,084	38,974		
	MN	0				0	0		
	Total	72,058				33,084	38,974		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	354,490	397	19,724	53,687	89,232	102,247	67,622	21,581
	MN	0	0	0	0	0	0	0	0
	Total	354,490	397	19,724	53,687	89,232	102,247	67,622	21,581

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Jersey

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	20,263	666	12,157	6,199	799	172	184	86
	MN	0	0	0	0	0	0	0	0
	Total	20,263	666	12,157	6,199	799	172	184	86
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	409,559	896	29,907	65,940	101,258	115,832	73,325	22,401
	MN	0	0	0	0	0	0	0	0
	Total	409,559	896	29,907	65,940	101,258	115,832	73,325	22,401
13. Total Eligibles Enrolled in Managed Care	CN	873,782	29,651	88,455	131,129	174,610	208,477	162,744	78,716
	MN	0	0	0	0	0	0	0	0
	Total	873,782	29,651	88,455	131,129	174,610	208,477	162,744	78,716
14a. Total Number of Screening Blood Lead Tests	CN	117,581	3,496	68,421	45,664				
	MN	0	0	0	0				
	Total	117,581	3,496	68,421	45,664				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: New Mexico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	400,035	16,198	34,672	54,221	76,220	97,497	84,581	36,646
	MN	0	0	0	0	0	0	0	0
	Total	400,035	16,198	34,672	54,221	76,220	97,497	84,581	36,646
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	388,684	13,096	33,959	53,278	74,959	95,961	83,069	34,362
	MN	0	0	0	0	0	0	0	0
	Total	388,684	13,096	33,959	53,278	74,959	95,961	83,069	34,362
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	47,373	167	1,594	2,764	11,431	14,975	13,926	2,516
	MN	0	0	0	0	0	0	0	0
	Total	47,373	167	1,594	2,764	11,431	14,975	13,926	2,516
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	4,376,965	96,040	391,312	615,418	863,225	1,106,245	952,566	352,159
	MN	0	0	0	0	0	0	0	0
	Total	4,376,965	96,040	391,312	615,418	863,225	1,106,245	952,566	352,159
3b. Average Period of Eligibility	CN	0.94	0.61	0.96	0.96	0.96	0.96	0.96	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.61	0.96	0.96	0.96	0.96	0.96	0.85
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.96	0.96	0.96	0.96	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.40	0.96	0.96	0.96	0.96	0.85
5. Expected Number of Screenings	CN	461,607	55,920	81,502	51,147	71,961	92,123	79,746	29,208
	MN	0	0	0	0	0	0	0	0
	Total	461,607	55,920	81,502	51,147	71,961	92,123	79,746	29,208
6. Total Screens Received	CN	260,754	53,346	64,641	33,849	32,818	43,705	28,783	3,612
	MN	0	0	0	0	0	0	0	0
	Total	260,754	53,346	64,641	33,849	32,818	43,705	28,783	3,612
7. SCREENING RATIO	CN	0.56	0.95	0.79	0.66	0.46	0.47	0.36	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.95	0.79	0.66	0.46	0.47	0.36	0.12

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: New Mexico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	371,240	13,096	33,959	51,147	71,961	92,123	79,746	29,208
	MN	0	0	0	0	0	0	0	0
	Total	371,240	13,096	33,959	51,147	71,961	92,123	79,746	29,208
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	167,794	12,035	26,063	29,598	30,759	39,836	26,113	3,390
	MN	0	0	0	0	0	0	0	0
	Total	167,794	12,035	26,063	29,598	30,759	39,836	26,113	3,390
10. PARTICIPANT RATIO	CN	0.45	0.92	0.77	0.58	0.43	0.43	0.33	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.92	0.77	0.58	0.43	0.43	0.33	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	106,509	11,602	21,301	16,576	17,395	22,021	15,260	2,354
	MN	0	0	0	0	0	0	0	0
	Total	106,509	11,602	21,301	16,576	17,395	22,021	15,260	2,354
12a. Total Eligibles Receiving Any Dental Services	CN	204,781	509	13,033	32,541	49,664	58,298	40,871	9,865
	MN	0	0	0	0	0	0	0	0
	Total	204,781	509	13,033	32,541	49,664	58,298	40,871	9,865
12b. Total Eligibles Receiving Preventive Dental Services	CN	189,149	199	12,273	30,971	46,961	54,396	36,478	7,871
	MN	0	0	0	0	0	0	0	0
	Total	189,149	199	12,273	30,971	46,961	54,396	36,478	7,871
12c. Total Eligibles Receiving Dental Treatment Services	CN	83,099	250	840	9,459	22,782	26,263	18,769	4,736
	MN	0	0	0	0	0	0	0	0
	Total	83,099	250	840	9,459	22,782	26,263	18,769	4,736
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,338				11,418	9,920		
	MN	0				0	0		
	Total	21,338				11,418	9,920		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	199,053	481	12,800	32,170	48,663	56,410	39,167	9,362
	MN	0	0	0	0	0	0	0	0
	Total	199,053	481	12,800	32,170	48,663	56,410	39,167	9,362

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New Mexico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	15,975	180	3,686	3,260	2,791	2,983	2,518	557
	MN	0	0	0	0	0	0	0	0
	Total	15,975	180	3,686	3,260	2,791	2,983	2,518	557
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	195,047	357	14,575	31,820	47,616	55,292	37,325	8,062
	MN	0	0	0	0	0	0	0	0
	Total	195,047	357	14,575	31,820	47,616	55,292	37,325	8,062
13. Total Eligibles Enrolled in Managed Care	CN	364,274	12,470	32,329	50,539	70,449	89,650	77,038	31,799
	MN	0	0	0	0	0	0	0	0
	Total	364,274	12,470	32,329	50,539	70,449	89,650	77,038	31,799
14a. Total Number of Screening Blood Lead Tests	CN	13,380	147	10,258	2,975				
	MN	0	0	0	0				
	Total	13,380	147	10,258	2,975				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New York

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	2,749,861	131,066	271,818	398,154	522,216	634,269	511,278	281,060
	MN	50,981	226	777	3,347	9,505	15,917	14,501	6,708
	Total	2,800,842	131,292	272,595	401,501	531,721	650,186	525,779	287,768
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,583,353	115,746	257,208	373,117	494,068	600,749	482,818	259,647
	MN	49,928	190	743	3,232	9,356	15,655	14,185	6,567
	Total	2,633,281	115,936	257,951	376,349	503,424	616,404	497,003	266,214
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	330,696	DS	DS	28	76,581	126,434	108,335	19,305
	MN	0	0	0	0	0	0	0	0
	Total	330,696	DS	DS	28	76,581	126,434	108,335	19,305
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	27,272,798	1,011,922	2,732,847	3,952,820	5,318,709	6,456,732	5,152,122	2,647,646
	MN	571,695	1,341	8,049	36,121	107,498	180,642	162,842	75,202
	Total	27,844,493	1,013,263	2,740,896	3,988,941	5,426,207	6,637,374	5,314,964	2,722,848
3b. Average Period of Eligibility	CN	0.88	0.73	0.89	0.88	0.90	0.90	0.89	0.85
	MN	0.95	0.59	0.90	0.93	0.96	0.96	0.96	0.95
	Total	0.88	0.73	0.89	0.88	0.90	0.90	0.89	0.85
4. Expected Number of Screenings per Eligible	CN		5.11	2.23	0.88	0.90	0.90	0.89	0.85
	MN		4.13	2.25	0.93	0.96	0.96	0.96	0.95
	Total		5.11	2.23	0.88	0.90	0.90	0.89	0.85
5. Expected Number of Screenings	CN	3,129,122	591,462	573,574	328,343	444,661	540,674	429,708	220,700
	MN	49,331	785	1,672	3,006	8,982	15,029	13,618	6,239
	Total	3,178,453	592,247	575,246	331,349	453,643	555,703	443,326	226,939
6. Total Screens Received	CN	2,180,550	421,855	506,502	281,431	281,851	345,953	257,419	85,539
	MN	21,824	106	592	1,627	4,406	7,146	5,877	2,070
	Total	2,202,374	421,961	507,094	283,058	286,257	353,099	263,296	87,609
7. SCREENING RATIO	CN	0.70	0.71	0.88	0.86	0.63	0.64	0.60	0.39
	MN	0.44	0.14	0.35	0.54	0.49	0.48	0.43	0.33
	Total	0.69	0.71	0.88	0.85	0.63	0.64	0.59	0.39

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New York

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,337,040	115,746	257,208	328,343	444,661	540,674	429,708	220,700
	MN	47,807	190	743	3,006	8,982	15,029	13,618	6,239
	Total	2,384,847	115,936	257,951	331,349	453,643	555,703	443,326	226,939
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,411,252	103,030	201,552	228,696	257,998	315,720	229,545	74,711
	MN	19,103	33	284	1,372	3,934	6,409	5,257	1,814
	Total	1,430,355	103,063	201,836	230,068	261,932	322,129	234,802	76,525
10. PARTICIPANT RATIO	CN	0.60	0.89	0.78	0.70	0.58	0.58	0.53	0.34
	MN	0.40	0.17	0.38	0.46	0.44	0.43	0.39	0.29
	Total	0.60	0.89	0.78	0.69	0.58	0.58	0.53	0.34
11. Total Eligibles Referred for Corrective Treatment	CN	910,494	97,133	162,174	135,723	148,191	178,298	138,850	50,125
	MN	14,616	31	254	1,072	3,042	4,890	3,965	1,362
	Total	925,110	97,164	162,428	136,795	151,233	183,188	142,815	51,487
12a. Total Eligibles Receiving Any Dental Services	CN	1,061,108	1,347	46,435	164,207	270,196	307,668	200,647	70,608
	MN	16,624	0	85	932	3,668	5,944	4,419	1,576
	Total	1,077,732	1,347	46,520	165,139	273,864	313,612	205,066	72,184
12b. Total Eligibles Receiving Preventive Dental Services	CN	935,187	388	43,390	154,326	245,681	270,786	165,036	55,580
	MN	13,423	0	78	823	3,159	4,848	3,364	1,151
	Total	948,610	388	43,468	155,149	248,840	275,634	168,400	56,731
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	465,577	796	4,773	43,370	125,013	150,472	104,710	36,443
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	120,280				60,619	59,661		
	MN	1,473				585	888		
	Total	121,753				61,204	60,549		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	998,429	1,017	43,215	154,893	257,696	290,689	185,283	65,636
	MN	15,108	0	77	864	3,410	5,412	3,926	1,419
	Total	1,013,537	1,017	43,292	155,757	261,106	296,101	189,209	67,055

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: New York

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	46,965	783	16,053	15,292	7,654	4,267	2,208	708
	MN	358	0	21	62	108	81	60	26
	Total	47,323	783	16,074	15,354	7,762	4,348	2,268	734
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	960,329	1,115	56,028	161,362	247,734	272,222	166,011	55,857
	MN	13,558	0	96	852	3,188	4,877	3,387	1,158
	Total	973,887	1,115	56,124	162,214	250,922	277,099	169,398	57,015
13. Total Eligibles Enrolled in Managed Care	CN	2,370,329	112,101	248,237	349,730	455,236	549,841	436,498	218,686
	MN	29,585	68	430	1,911	5,511	9,120	8,164	4,381
	Total	2,399,914	112,169	248,667	351,641	460,747	558,961	444,662	223,067
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	241,674	4,995	149,609	87,070				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: North Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	1,561,019	70,249	147,676	231,553	311,453	370,230	302,185	127,673
	MN	1,678	29	63	175	231	420	479	281
	Total	1,562,697	70,278	147,739	231,728	311,684	370,650	302,664	127,954
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,509,752	57,186	143,997	225,522	304,050	362,350	295,485	121,162
	MN	1,393	14	51	139	196	352	415	226
	Total	1,511,145	57,200	144,048	225,661	304,246	362,702	295,900	121,388
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	343,222	215	13,673	38,404	86,647	105,362	85,453	13,468
	MN	0	0	0	0	0	0	0	0
	Total	343,222	215	13,673	38,404	86,647	105,362	85,453	13,468
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	17,330,313	423,279	1,675,788	2,633,439	3,562,648	4,248,995	3,469,367	1,316,797
	MN	15,067	89	506	1,548	2,173	3,856	4,559	2,336
	Total	17,345,380	423,368	1,676,294	2,634,987	3,564,821	4,252,851	3,473,926	1,319,133
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.97	0.98	0.98	0.98	0.91
	MN	0.90	0.53	0.83	0.93	0.92	0.91	0.92	0.86
	Total	0.96	0.62	0.97	0.97	0.98	0.98	0.98	0.91
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.98	0.98	0.98	0.91
	MN		3.71	2.07	0.93	0.92	0.91	0.92	0.86
	Total		4.34	2.43	0.97	0.98	0.98	0.98	0.91
5. Expected Number of Screenings	CN	1,869,760	248,187	349,913	218,756	297,969	355,103	289,575	110,257
	MN	1,363	52	106	129	180	320	382	194
	Total	1,871,123	248,239	350,019	218,885	298,149	355,423	289,957	110,451
6. Total Screens Received	CN	1,256,781	252,717	305,845	172,034	166,214	197,877	135,963	26,131
	MN	440	36	37	44	66	102	114	41
	Total	1,257,221	252,753	305,882	172,078	166,280	197,979	136,077	26,172
7. SCREENING RATIO	CN	0.67	1.00	0.87	0.79	0.56	0.56	0.47	0.24
	MN	0.32	0.69	0.35	0.34	0.37	0.32	0.30	0.21
	Total	0.67	1.00	0.87	0.79	0.56	0.56	0.47	0.24

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: North Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,472,843	57,186	143,997	218,756	297,969	355,103	289,575	110,257
	MN	1,270	14	51	129	180	320	382	194
	Total	1,474,113	57,200	144,048	218,885	298,149	355,423	289,957	110,451
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	833,395	54,265	120,792	153,634	160,188	190,087	129,697	24,732
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.57	0.95	0.84	0.70	0.54	0.53	0.45	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	774,196	53,907	119,407	142,336	146,085	171,550	117,957	22,954
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	781,890	993	40,268	123,405	197,837	224,315	156,474	38,598
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	726,457	331	38,965	120,219	191,230	211,398	135,185	29,129
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	350,764	501	1,810	32,104	92,946	109,909	91,130	22,364
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	93,818				51,116	42,702		
	MN	42				14	28		
	Total	93,860				51,130	42,730		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	756,985	979	40,163	122,363	194,403	217,649	145,972	35,456



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: North Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	77,891	4,431	58,315	14,920	135	52	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	781,012	4,542	81,779	128,055	191,185	211,271	135,084	29,096
	MN	388	0	13	33	68	136	102	36
	Total	781,400	4,542	81,792	128,088	191,253	211,407	135,186	29,132
13. Total Eligibles Enrolled in Managed Care	CN	1,509,644	57,186	143,997	225,521	304,050	362,350	295,466	121,074
	MN	1,383	14	51	139	195	348	412	224
	Total	1,511,027	57,200	144,048	225,660	304,245	362,698	295,878	121,298
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	84,620	122	71,609	12,889				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: North Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	63,892	3,082	6,095	10,598	14,076	15,465	11,182	3,394
	MN	6,216	280	1,639	1,402	965	883	601	446
	Total	70,108	3,362	7,734	12,000	15,041	16,348	11,783	3,840
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	59,271	2,476	5,651	9,897	13,218	14,572	10,509	2,948
	MN	5,519	224	1,569	1,169	815	795	551	396
	Total	64,790	2,700	7,220	11,066	14,033	15,367	11,060	3,344
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	9,971	106	435	778	2,717	3,379	2,317	239
	MN	0	0	0	0	0	0	0	0
	Total	9,971	106	435	778	2,717	3,379	2,317	239
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	599,506	17,780	57,130	101,184	137,629	154,024	109,448	22,311
	MN	51,048	1,250	15,578	9,884	7,755	7,949	5,480	3,152
	Total	650,554	19,030	72,708	111,068	145,384	161,973	114,928	25,463
3b. Average Period of Eligibility	CN	0.84	0.60	0.84	0.85	0.87	0.88	0.87	0.63
	MN	0.77	0.47	0.83	0.70	0.79	0.83	0.83	0.66
	Total	0.84	0.59	0.84	0.84	0.86	0.88	0.87	0.63
4. Expected Number of Screenings per Eligible	CN		4.20	2.10	0.85	0.87	0.88	0.87	0.63
	MN		3.29	2.08	0.70	0.79	0.83	0.83	0.66
	Total		4.13	2.10	0.84	0.86	0.88	0.87	0.63
5. Expected Number of Screenings	CN	66,001	10,399	11,867	8,412	11,500	12,823	9,143	1,857
	MN	6,841	737	3,264	818	644	660	457	261
	Total	72,842	11,136	15,131	9,230	12,144	13,483	9,600	2,118
6. Total Screens Received	CN	37,979	9,800	8,826	5,268	4,783	5,859	3,184	259
	MN	2,507	251	1,411	309	179	195	115	47
	Total	40,486	10,051	10,237	5,577	4,962	6,054	3,299	306
7. SCREENING RATIO	CN	0.58	0.94	0.74	0.63	0.42	0.46	0.35	0.14
	MN	0.37	0.34	0.43	0.38	0.28	0.30	0.25	0.18
	Total	0.56	0.90	0.68	0.60	0.41	0.45	0.34	0.14

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: North Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	51,862	2,476	5,651	8,412	11,500	12,823	9,143	1,857
	MN	4,633	224	1,569	818	644	660	457	261
	Total	56,495	2,700	7,220	9,230	12,144	13,483	9,600	2,118
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	23,508	2,259	3,893	4,529	4,427	5,284	2,868	248
	MN	1,488	87	641	264	169	178	107	42
	Total	24,996	2,346	4,534	4,793	4,596	5,462	2,975	290
10. PARTICIPANT RATIO	CN	0.45	0.91	0.69	0.54	0.38	0.41	0.31	0.13
	MN	0.32	0.39	0.41	0.32	0.26	0.27	0.23	0.16
	Total	0.44	0.87	0.63	0.52	0.38	0.41	0.31	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	23,540	2,259	3,901	4,535	4,434	5,286	2,875	250
	MN	1,498	88	644	265	170	178	109	44
	Total	25,038	2,347	4,545	4,800	4,604	5,464	2,984	294
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	21,503	42	1,048	3,544	6,339	6,287	3,618	625
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	18,985	DS	734	3,201	5,913	5,757	2,931	DS
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	9,060	DS	76	DS	2,776	2,793	2,071	364
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,762				1,528	1,234		
	MN	116				73	43		
	Total	2,878				1,601	1,277		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	20,322	38	1,019	3,448	6,019	5,894	3,333	571

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: North Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,158	65	1,194	970	382	346	181	20
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	21,328	72	1,824	3,934	6,102	5,930	3,014	452
13. Total Eligibles Enrolled in Managed Care	CN	49,009	786	4,802	8,238	11,472	12,465	8,801	2,445
	MN	2,053	31	365	435	377	306	261	278
	Total	51,062	817	5,167	8,673	11,849	12,771	9,062	2,723
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	1,382	12	954	416				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Ohio

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	1,490,756	68,528	143,999	219,763	298,855	356,210	282,472	120,929
	MN	0	0	0	0	0	0	0	0
	Total	1,490,756	68,528	143,999	219,763	298,855	356,210	282,472	120,929
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,407,008	49,483	136,774	208,900	285,763	342,644	270,893	112,551
	MN	0	0	0	0	0	0	0	0
	Total	1,407,008	49,483	136,774	208,900	285,763	342,644	270,893	112,551
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	272,649	1,972	16,555	29,272	70,340	84,524	64,336	5,650
	MN	0	0	0	0	0	0	0	0
	Total	272,649	1,972	16,555	29,272	70,340	84,524	64,336	5,650
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	15,495,271	363,901	1,490,040	2,313,277	3,211,748	3,886,126	3,045,381	1,184,798
	MN	0	0	0	0	0	0	0	0
	Total	15,495,271	363,901	1,490,040	2,313,277	3,211,748	3,886,126	3,045,381	1,184,798
3b. Average Period of Eligibility	CN	0.92	0.61	0.91	0.92	0.94	0.95	0.94	0.88
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.61	0.91	0.92	0.94	0.95	0.94	0.88
4. Expected Number of Screenings per Eligible	CN		4.27	2.28	0.92	0.94	0.95	0.94	0.88
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.28	0.92	0.94	0.95	0.94	0.88
5. Expected Number of Screenings	CN	1,663,138	211,292	311,845	192,188	268,617	325,512	254,639	99,045
	MN	0	0	0	0	0	0	0	0
	Total	1,663,138	211,292	311,845	192,188	268,617	325,512	254,639	99,045
6. Total Screens Received	CN	970,579	202,528	235,576	136,939	123,076	145,998	106,623	19,839
	MN	0	0	0	0	0	0	0	0
	Total	970,579	202,528	235,576	136,939	123,076	145,998	106,623	19,839
7. SCREENING RATIO	CN	0.58	0.96	0.76	0.71	0.46	0.45	0.42	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.96	0.76	0.71	0.46	0.45	0.42	0.20

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Ohio

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,326,258	49,483	136,774	192,188	268,617	325,512	254,639	99,045
	MN	0	0	0	0	0	0	0	0
	Total	1,326,258	49,483	136,774	192,188	268,617	325,512	254,639	99,045
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	646,047	45,382	104,089	121,857	118,704	139,415	98,364	18,236
	MN	0	0	0	0	0	0	0	0
	Total	646,047	45,382	104,089	121,857	118,704	139,415	98,364	18,236
10. PARTICIPANT RATIO	CN	0.49	0.92	0.76	0.63	0.44	0.43	0.39	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.92	0.76	0.63	0.44	0.43	0.39	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	395,355	43,683	77,333	63,188	64,875	76,234	58,099	11,943
	MN	0	0	0	0	0	0	0	0
	Total	395,355	43,683	77,333	63,188	64,875	76,234	58,099	11,943
12a. Total Eligibles Receiving Any Dental Services	CN	406,067	314	10,651	59,394	111,193	122,757	81,184	20,574
	MN	0	0	0	0	0	0	0	0
	Total	406,067	314	10,651	59,394	111,193	122,757	81,184	20,574
12b. Total Eligibles Receiving Preventive Dental Services	CN	337,725	123	9,499	53,672	99,009	103,724	59,087	12,611
	MN	0	0	0	0	0	0	0	0
	Total	337,725	123	9,499	53,672	99,009	103,724	59,087	12,611
12c. Total Eligibles Receiving Dental Treatment Services	CN	138,030	113	476	10,084	33,972	43,813	39,294	10,278
	MN	0	0	0	0	0	0	0	0
	Total	138,030	113	476	10,084	33,972	43,813	39,294	10,278
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	63,045				33,935	29,110		
	MN	0				0	0		
	Total	63,045				33,935	29,110		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	370,183	207	9,326	56,697	102,531	111,773	71,386	18,263
	MN	0	0	0	0	0	0	0	0
	Total	370,183	207	9,326	56,697	102,531	111,773	71,386	18,263

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Ohio

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	179,636	539	28,347	35,896	44,647	40,756	23,693	5,758
	MN	0	0	0	0	0	0	0	0
	Total	179,636	539	28,347	35,896	44,647	40,756	23,693	5,758
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	436,535	578	34,843	74,976	119,069	122,686	69,597	14,786
	MN	0	0	0	0	0	0	0	0
	Total	436,535	578	34,843	74,976	119,069	122,686	69,597	14,786
13. Total Eligibles Enrolled in Managed Care	CN	1,365,350	47,913	131,861	203,779	277,510	333,359	262,983	107,945
	MN	0	0	0	0	0	0	0	0
	Total	1,365,350	47,913	131,861	203,779	277,510	333,359	262,983	107,945
14a. Total Number of Screening Blood Lead Tests	CN	82,234	470	60,269	21,495				
	MN	0	0	0	0				
	Total	82,234	470	60,269	21,495				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Oklahoma

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	699,625	33,999	71,085	107,537	142,546	164,945	128,434	51,079
	MN	0	0	0	0	0	0	0	0
	Total	699,625	33,999	71,085	107,537	142,546	164,945	128,434	51,079
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	637,742	24,492	65,696	98,019	133,350	153,964	118,627	43,594
	MN	0	0	0	0	0	0	0	0
	Total	637,742	24,492	65,696	98,019	133,350	153,964	118,627	43,594
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	90,550	512	4,040	6,060	17,887	25,530	34,335	2,186
	MN	0	0	0	0	0	0	0	0
	Total	90,550	512	4,040	6,060	17,887	25,530	34,335	2,186
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	6,523,551	180,765	674,871	1,000,541	1,391,232	1,633,687	1,245,177	397,278
	MN	0	0	0	0	0	0	0	0
	Total	6,523,551	180,765	674,871	1,000,541	1,391,232	1,633,687	1,245,177	397,278
3b. Average Period of Eligibility	CN	0.85	0.62	0.86	0.85	0.87	0.88	0.87	0.76
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.62	0.86	0.85	0.87	0.88	0.87	0.76
4. Expected Number of Screenings per Eligible	CN		4.34	2.15	0.85	0.87	0.88	0.87	0.76
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.15	0.85	0.87	0.88	0.87	0.76
5. Expected Number of Screenings	CN	718,696	106,295	141,246	83,316	116,015	135,488	103,205	33,131
	MN	0	0	0	0	0	0	0	0
	Total	718,696	106,295	141,246	83,316	116,015	135,488	103,205	33,131
6. Total Screens Received	CN	402,416	93,698	111,670	55,196	49,656	57,180	31,664	3,352
	MN	0	0	0	0	0	0	0	0
	Total	402,416	93,698	111,670	55,196	49,656	57,180	31,664	3,352
7. SCREENING RATIO	CN	0.56	0.88	0.79	0.66	0.43	0.42	0.31	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.88	0.79	0.66	0.43	0.42	0.31	0.10



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Oklahoma

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	561,343	24,492	65,696	83,316	116,015	135,488	103,205	33,131
	MN	0	0	0	0	0	0	0	0
	Total	561,343	24,492	65,696	83,316	116,015	135,488	103,205	33,131
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	250,779	22,247	47,012	48,530	47,088	53,287	29,434	3,181
	MN	0	0	0	0	0	0	0	0
	Total	250,779	22,247	47,012	48,530	47,088	53,287	29,434	3,181
10. PARTICIPANT RATIO	CN	0.45	0.91	0.72	0.58	0.41	0.39	0.29	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.91	0.72	0.58	0.41	0.39	0.29	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	166,127	21,412	38,239	28,766	27,403	30,117	18,085	2,105
	MN	0	0	0	0	0	0	0	0
	Total	166,127	21,412	38,239	28,766	27,403	30,117	18,085	2,105
12a. Total Eligibles Receiving Any Dental Services	CN	284,494	599	13,529	45,151	74,280	82,686	56,156	12,093
	MN	0	0	0	0	0	0	0	0
	Total	284,494	599	13,529	45,151	74,280	82,686	56,156	12,093
12b. Total Eligibles Receiving Preventive Dental Services	CN	252,745	107	10,663	40,803	69,002	75,578	47,567	9,025
	MN	0	0	0	0	0	0	0	0
	Total	252,745	107	10,663	40,803	69,002	75,578	47,567	9,025
12c. Total Eligibles Receiving Dental Treatment Services	CN	126,667	400	1,312	13,953	33,971	39,572	31,057	6,402
	MN	0	0	0	0	0	0	0	0
	Total	126,667	400	1,312	13,953	33,971	39,572	31,057	6,402
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	22,821				13,436	9,385		
	MN	0				0	0		
	Total	22,821				13,436	9,385		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	271,342	463	13,339	44,173	71,655	78,784	51,855	11,073
	MN	0	0	0	0	0	0	0	0
	Total	271,342	463	13,339	44,173	71,655	78,784	51,855	11,073

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Oklahoma

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	16,597	379	9,385	5,660	921	187	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	16,597	379	9,385	5,660	921	187	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	263,887	482	18,361	43,729	69,131	75,587	47,572	9,025
	MN	0	0	0	0	0	0	0	0
	Total	263,887	482	18,361	43,729	69,131	75,587	47,572	9,025
13. Total Eligibles Enrolled in Managed Care	CN	635,923	24,244	65,572	97,845	133,134	153,701	118,343	43,084
	MN	0	0	0	0	0	0	0	0
	Total	635,923	24,244	65,572	97,845	133,134	153,701	118,343	43,084
14a. Total Number of Screening Blood Lead Tests	CN	33,004	237	25,660	7,107				
	MN	0	0	0	0				
	Total	33,004	237	25,660	7,107				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Oregon

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	566,571	23,026	49,153	77,476	110,740	138,545	114,990	52,641
	MN	0	0	0	0	0	0	0	0
	Total	566,571	23,026	49,153	77,476	110,740	138,545	114,990	52,641
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	545,167	16,930	47,932	75,149	108,013	135,314	111,739	50,090
	MN	0	0	0	0	0	0	0	0
	Total	545,167	16,930	47,932	75,149	108,013	135,314	111,739	50,090
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	191,121	547	12,337	22,420	46,464	59,532	48,286	1,535
	MN	0	0	0	0	0	0	0	0
	Total	191,121	547	12,337	22,420	46,464	59,532	48,286	1,535
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	5,729,090	124,469	519,597	788,976	1,151,967	1,444,122	1,185,659	514,300
	MN	0	0	0	0	0	0	0	0
	Total	5,729,090	124,469	519,597	788,976	1,151,967	1,444,122	1,185,659	514,300
3b. Average Period of Eligibility	CN	0.88	0.61	0.90	0.87	0.89	0.89	0.88	0.86
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.88	0.61	0.90	0.87	0.89	0.89	0.88	0.86
4. Expected Number of Screenings per Eligible	CN		4.27	2.25	0.87	0.89	0.89	0.88	0.86
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.25	0.87	0.89	0.89	0.88	0.86
5. Expected Number of Screenings	CN	603,486	72,291	107,847	65,380	96,132	120,429	98,330	43,077
	MN	0	0	0	0	0	0	0	0
	Total	603,486	72,291	107,847	65,380	96,132	120,429	98,330	43,077
6. Total Screens Received	CN	372,611	73,691	92,068	49,993	51,689	60,485	37,940	6,745
	MN	0	0	0	0	0	0	0	0
	Total	372,611	73,691	92,068	49,993	51,689	60,485	37,940	6,745
7. SCREENING RATIO	CN	0.62	1.00	0.85	0.76	0.54	0.50	0.39	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	1.00	0.85	0.76	0.54	0.50	0.39	0.16

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Oregon

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	488,210	16,930	47,932	65,380	96,132	120,429	98,330	43,077
	MN	0	0	0	0	0	0	0	0
	Total	488,210	16,930	47,932	65,380	96,132	120,429	98,330	43,077
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	248,610	15,965	38,028	44,764	49,545	57,767	36,045	6,496
	MN	0	0	0	0	0	0	0	0
	Total	248,610	15,965	38,028	44,764	49,545	57,767	36,045	6,496
10. PARTICIPANT RATIO	CN	0.51	0.94	0.79	0.68	0.52	0.48	0.37	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.94	0.79	0.68	0.52	0.48	0.37	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	141,061	15,368	27,733	21,092	24,489	28,517	19,950	3,912
	MN	0	0	0	0	0	0	0	0
	Total	141,061	15,368	27,733	21,092	24,489	28,517	19,950	3,912
12a. Total Eligibles Receiving Any Dental Services	CN	266,790	1,072	18,208	43,200	69,840	76,465	45,328	12,677
	MN	0	0	0	0	0	0	0	0
	Total	266,790	1,072	18,208	43,200	69,840	76,465	45,328	12,677
12b. Total Eligibles Receiving Preventive Dental Services	CN	249,903	791	17,207	41,773	67,586	73,062	39,640	9,844
	MN	0	0	0	0	0	0	0	0
	Total	249,903	791	17,207	41,773	67,586	73,062	39,640	9,844
12c. Total Eligibles Receiving Dental Treatment Services	CN	118,599	594	5,610	15,702	32,268	34,652	22,732	7,041
	MN	0	0	0	0	0	0	0	0
	Total	118,599	594	5,610	15,702	32,268	34,652	22,732	7,041
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,336				19,238	17,098		
	MN	0				0	0		
	Total	36,336				19,238	17,098		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	252,245	796	17,175	41,869	67,646	72,597	40,962	11,200
	MN	0	0	0	0	0	0	0	0
	Total	252,245	796	17,175	41,869	67,646	72,597	40,962	11,200

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Oregon

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	44,257	1,090	13,186	12,308	8,949	6,560	2,022	142
	MN	0	0	0	0	0	0	0	0
	Total	44,257	1,090	13,186	12,308	8,949	6,560	2,022	142
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	262,650	1,217	23,312	44,883	69,058	74,149	40,141	9,890
	MN	0	0	0	0	0	0	0	0
	Total	262,650	1,217	23,312	44,883	69,058	74,149	40,141	9,890
13. Total Eligibles Enrolled in Managed Care	CN	538,125	16,747	47,512	74,437	106,855	133,497	109,873	49,204
	MN	0	0	0	0	0	0	0	0
	Total	538,125	16,747	47,512	74,437	106,855	133,497	109,873	49,204
14a. Total Number of Screening Blood Lead Tests	CN	14,607	89	11,457	3,061				
	MN	0	0	0	0				
	Total	14,607	89	11,457	3,061				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Pennsylvania

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	1,477,429	63,734	138,670	220,277	290,494	355,879	281,524	126,851
	MN	19,346	64	450	948	2,397	3,978	4,178	7,331
	Total	1,496,775	63,798	139,120	221,225	292,891	359,857	285,702	134,182
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,355,071	46,679	131,364	204,395	268,375	329,434	260,305	114,519
	MN	16,681	40	411	792	2,045	3,417	3,590	6,386
	Total	1,371,752	46,719	131,775	205,187	270,420	332,851	263,895	120,905
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	116,098	0	0	0	33,844	44,740	35,498	2,016
	MN	0	0	0	0	0	0	0	0
	Total	116,098	0	0	0	33,844	44,740	35,498	2,016
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	14,393,095	344,699	1,437,139	2,216,862	2,873,432	3,550,491	2,784,386	1,186,086
	MN	157,263	288	4,174	7,439	19,251	32,082	32,415	61,614
	Total	14,550,358	344,987	1,441,313	2,224,301	2,892,683	3,582,573	2,816,801	1,247,700
3b. Average Period of Eligibility	CN	0.89	0.62	0.91	0.90	0.89	0.90	0.89	0.86
	MN	0.79	0.60	0.85	0.78	0.78	0.78	0.75	0.80
	Total	0.88	0.62	0.91	0.90	0.89	0.90	0.89	0.86
4. Expected Number of Screenings per Eligible	CN		4.34	2.28	0.90	0.89	0.90	0.89	0.86
	MN		4.20	2.13	0.78	0.78	0.78	0.75	0.80
	Total		4.34	2.28	0.90	0.89	0.90	0.89	0.86
5. Expected Number of Screenings	CN	1,551,555	202,587	299,510	183,956	238,854	296,491	231,671	98,486
	MN	13,723	168	875	618	1,595	2,665	2,693	5,109
	Total	1,565,278	202,755	300,385	184,574	240,449	299,156	234,364	103,595
6. Total Screens Received	CN	1,135,504	197,922	278,208	156,563	154,036	182,119	133,524	33,132
	MN	8,304	130	874	610	1,168	1,981	1,785	1,756
	Total	1,143,808	198,052	279,082	157,173	155,204	184,100	135,309	34,888
7. SCREENING RATIO	CN	0.73	0.98	0.93	0.85	0.64	0.61	0.58	0.34
	MN	0.61	0.77	1.00	0.99	0.73	0.74	0.66	0.34
	Total	0.73	0.98	0.93	0.85	0.65	0.62	0.58	0.34

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Pennsylvania

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,227,501	46,679	131,364	183,956	238,854	296,491	231,671	98,486
	MN	13,131	40	411	618	1,595	2,665	2,693	5,109
	Total	1,240,632	46,719	131,775	184,574	240,449	299,156	234,364	103,595
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	771,289	43,534	110,085	137,718	149,774	175,658	124,340	30,180
	MN	7,220	33	334	534	1,143	1,897	1,672	1,607
	Total	778,509	43,567	110,419	138,252	150,917	177,555	126,012	31,787
10. PARTICIPANT RATIO	CN	0.63	0.93	0.84	0.75	0.63	0.59	0.54	0.31
	MN	0.55	0.83	0.81	0.86	0.72	0.71	0.62	0.31
	Total	0.63	0.93	0.84	0.75	0.63	0.59	0.54	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	465,273	42,010	87,317	72,777	79,864	92,210	71,914	19,181
	MN	4,227	32	287	304	634	1,073	980	917
	Total	469,500	42,042	87,604	73,081	80,498	93,283	72,894	20,098
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	682,642	1,206	40,028	114,193	169,647	194,579	128,344	34,645
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	631,290	1,032	38,714	110,540	162,880	180,849	110,273	27,002
12c. Total Eligibles Receiving Dental Treatment Services	CN	301,647	437	5,495	34,121	77,939	95,411	69,953	18,291
	MN	3,548	0	15	124	575	1,000	951	883
	Total	305,195	437	5,510	34,245	78,514	96,411	70,904	19,174
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	80,702				41,003	39,699		
	MN	654				280	374		
	Total	81,356				41,283	40,073		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	604,301	575	33,991	104,095	157,222	173,145	107,429	27,844
	MN	6,500	0	121	436	1,220	1,867	1,419	1,437
	Total	610,801	575	34,112	104,531	158,442	175,012	108,848	29,281

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Pennsylvania

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	54,541	1,719	29,950	16,044	2,302	2,156	1,820	550
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	663,231	2,675	59,463	117,618	163,798	181,685	110,820	27,172
13. Total Eligibles Enrolled in Managed Care	CN	1,339,626	46,305	130,442	202,294	265,211	325,332	256,935	113,107
	MN	16,226	39	392	756	1,976	3,301	3,489	6,273
	Total	1,355,852	46,344	130,834	203,050	267,187	328,633	260,424	119,380
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	131,083	6,681	90,510	33,892				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Puerto Rico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	348,826	9,863	25,902	41,801	63,996	90,943	76,629	39,692
	MN	5,227	65	371	1,188	968	1,012	977	646
	Total	354,053	9,928	26,273	42,989	64,964	91,955	77,606	40,338
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	339,680	8,340	24,996	40,623	62,632	89,172	75,193	38,724
	MN	5,080	52	358	1,170	948	985	949	618
	Total	344,760	8,392	25,354	41,793	63,580	90,157	76,142	39,342
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	11,196	87	518	983	2,012	3,346	3,613	637
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	3,657,848	50,437	267,922	437,743	683,713	977,181	824,233	416,619
	MN	53,478	388	3,719	12,341	10,042	10,496	10,156	6,336
	Total	3,711,326	50,825	271,641	450,084	693,755	987,677	834,389	422,955
3b. Average Period of Eligibility	CN	0.90	0.50	0.89	0.90	0.91	0.91	0.91	0.90
	MN	0.88	0.62	0.87	0.88	0.88	0.89	0.89	0.85
	Total	0.90	0.50	0.89	0.90	0.91	0.91	0.91	0.90
4. Expected Number of Screenings per Eligible	CN		3.50	2.23	0.90	0.91	0.91	0.91	0.90
	MN		4.34	2.18	0.88	0.88	0.89	0.89	0.85
	Total		3.50	2.23	0.90	0.91	0.91	0.91	0.90
5. Expected Number of Screenings	CN	362,912	29,190	55,741	36,561	56,995	81,147	68,426	34,852
	MN	5,117	226	780	1,030	834	877	845	525
	Total	368,029	29,416	56,521	37,591	57,829	82,024	69,271	35,377
6. Total Screens Received	CN	328,263	12,572	50,609	56,588	62,543	74,244	52,107	19,600
	MN	6,173	119	710	1,867	1,193	1,082	812	390
	Total	334,436	12,691	51,319	58,455	63,736	75,326	52,919	19,990
7. SCREENING RATIO	CN	0.90	0.43	0.91	1.00	1.00	0.91	0.76	0.56
	MN	1.00	0.53	0.91	1.00	1.00	1.00	0.96	0.74
	Total	0.91	0.43	0.91	1.00	1.00	0.92	0.76	0.57

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Puerto Rico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	311,317	8,340	24,996	36,561	56,995	81,147	68,426	34,852
	MN	4,521	52	358	1,030	834	877	845	525
	Total	315,838	8,392	25,354	37,591	57,829	82,024	69,271	35,377
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	142,907	4,308	15,701	21,286	27,849	36,394	26,901	10,468
	MN	2,640	37	270	735	515	490	387	206
	Total	145,547	4,345	15,971	22,021	28,364	36,884	27,288	10,674
10. PARTICIPANT RATIO	CN	0.46	0.52	0.63	0.58	0.49	0.45	0.39	0.30
	MN	0.58	0.71	0.75	0.71	0.62	0.56	0.46	0.39
	Total	0.46	0.52	0.63	0.59	0.49	0.45	0.39	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	84,062	2,290	9,114	12,868	16,390	21,410	15,816	6,174
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	184,826	279	9,901	24,996	39,097	53,627	40,657	16,269
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	181,865	247	9,659	24,770	38,605	52,879	39,852	15,853
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	64,364	DS	DS	3,943	17,694	21,678	15,028	5,805
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,094				5,779	6,315		
	MN	156				77	79		
	Total	12,250				5,856	6,394		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	179,313	275	9,852	24,656	37,981	51,891	39,078	15,580

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Puerto Rico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	5,202	11	191	475	680	1,098	1,685	1,062
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	183,976	268	9,821	24,898	38,858	53,356	40,499	16,276
13. Total Eligibles Enrolled in Managed Care	CN	339,680	8,340	24,996	40,623	62,632	89,172	75,193	38,724
	MN	5,080	52	358	1,170	948	985	949	618
	Total	344,760	8,392	25,354	41,793	63,580	90,157	76,142	39,342
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	11,355	88	5,442	5,825				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Rhode Island

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	150,468	5,492	13,479	20,708	30,679	36,864	29,479	13,767
	MN	0	0	0	0	0	0	0	0
	Total	150,468	5,492	13,479	20,708	30,679	36,864	29,479	13,767
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	146,353	4,033	13,039	20,159	30,252	36,366	29,036	13,468
	MN	0	0	0	0	0	0	0	0
	Total	146,353	4,033	13,039	20,159	30,252	36,366	29,036	13,468
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	36,244	232	2,200	4,115	8,212	10,753	8,986	1,746
	MN	0	0	0	0	0	0	0	0
	Total	36,244	232	2,200	4,115	8,212	10,753	8,986	1,746
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	1,616,271	30,052	143,880	221,122	344,828	414,855	328,849	132,685
	MN	0	0	0	0	0	0	0	0
	Total	1,616,271	30,052	143,880	221,122	344,828	414,855	328,849	132,685
3b. Average Period of Eligibility	CN	0.92	0.62	0.92	0.91	0.95	0.95	0.94	0.82
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.62	0.92	0.91	0.95	0.95	0.94	0.82
4. Expected Number of Screenings per Eligible	CN		4.34	2.30	0.91	0.95	0.95	0.94	0.82
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.30	0.91	0.95	0.95	0.94	0.82
5. Expected Number of Screenings	CN	167,463	17,503	29,990	18,345	28,739	34,548	27,294	11,044
	MN	0	0	0	0	0	0	0	0
	Total	167,463	17,503	29,990	18,345	28,739	34,548	27,294	11,044
6. Total Screens Received	CN	105,838	17,312	24,913	13,764	14,578	18,166	13,531	3,574
	MN	0	0	0	0	0	0	0	0
	Total	105,838	17,312	24,913	13,764	14,578	18,166	13,531	3,574
7. SCREENING RATIO	CN	0.63	0.99	0.83	0.75	0.51	0.53	0.50	0.32
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.99	0.83	0.75	0.51	0.53	0.50	0.32

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Rhode Island

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	137,042	4,033	13,039	18,345	28,739	34,548	27,294	11,044
	MN	0	0	0	0	0	0	0	0
	Total	137,042	4,033	13,039	18,345	28,739	34,548	27,294	11,044
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	74,211	3,538	9,621	12,102	14,396	17,936	13,238	3,380
	MN	0	0	0	0	0	0	0	0
	Total	74,211	3,538	9,621	12,102	14,396	17,936	13,238	3,380
10. PARTICIPANT RATIO	CN	0.54	0.88	0.74	0.66	0.50	0.52	0.49	0.31
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.88	0.74	0.66	0.50	0.52	0.49	0.31
11. Total Eligibles Referred for Corrective Treatment	CN	46,843	3,437	7,977	7,051	8,248	10,058	7,935	2,137
	MN	0	0	0	0	0	0	0	0
	Total	46,843	3,437	7,977	7,051	8,248	10,058	7,935	2,137
12a. Total Eligibles Receiving Any Dental Services	CN	63,308	59	3,277	9,407	15,699	18,740	12,751	3,375
	MN	0	0	0	0	0	0	0	0
	Total	63,308	59	3,277	9,407	15,699	18,740	12,751	3,375
12b. Total Eligibles Receiving Preventive Dental Services	CN	56,569	34	3,146	9,035	14,576	16,701	10,598	2,479
	MN	0	0	0	0	0	0	0	0
	Total	56,569	34	3,146	9,035	14,576	16,701	10,598	2,479
12c. Total Eligibles Receiving Dental Treatment Services	CN	25,698	13	81	1,654	6,888	8,989	6,377	1,696
	MN	0	0	0	0	0	0	0	0
	Total	25,698	13	81	1,654	6,888	8,989	6,377	1,696
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,833				3,624	3,209		
	MN	0				0	0		
	Total	6,833				3,624	3,209		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	57,145	53	3,096	8,804	14,560	16,747	11,051	2,834
	MN	0	0	0	0	0	0	0	0
	Total	57,145	53	3,096	8,804	14,560	16,747	11,051	2,834

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Rhode Island

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,457	DS	762	359	142	88	63	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,457	DS	762	359	142	88	63	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	57,525	72	3,744	9,238	14,633	16,735	10,620	2,483
	MN	0	0	0	0	0	0	0	0
	Total	57,525	72	3,744	9,238	14,633	16,735	10,620	2,483
13. Total Eligibles Enrolled in Managed Care	CN	138,882	3,909	11,795	19,231	27,519	34,517	28,621	13,290
	MN	0	0	0	0	0	0	0	0
	Total	138,882	3,909	11,795	19,231	27,519	34,517	28,621	13,290
14a. Total Number of Screening Blood Lead Tests	CN	10,490	152	5,833	4,505				
	MN	0	0	0	0				
	Total	10,490	152	5,833	4,505				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: South Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	829,985	36,113	78,531	124,035	167,993	204,186	163,606	55,521
	MN	0	0	0	0	0	0	0	0
	Total	829,985	36,113	78,531	124,035	167,993	204,186	163,606	55,521
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	792,213	29,479	74,830	113,692	161,842	199,420	160,403	52,547
	MN	0	0	0	0	0	0	0	0
	Total	792,213	29,479	74,830	113,692	161,842	199,420	160,403	52,547
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	122,771	165	5,639	11,025	28,728	38,513	31,046	7,655
	MN	0	0	0	0	0	0	0	0
	Total	122,771	165	5,639	11,025	28,728	38,513	31,046	7,655
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	8,505,395	217,435	813,961	1,241,799	1,793,622	2,220,879	1,768,983	448,716
	MN	0	0	0	0	0	0	0	0
	Total	8,505,395	217,435	813,961	1,241,799	1,793,622	2,220,879	1,768,983	448,716
3b. Average Period of Eligibility	CN	0.89	0.61	0.91	0.91	0.92	0.93	0.92	0.71
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.61	0.91	0.91	0.92	0.93	0.92	0.71
4. Expected Number of Screenings per Eligible	CN		4.27	2.28	0.91	0.92	0.93	0.92	0.71
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.28	0.91	0.92	0.93	0.92	0.71
5. Expected Number of Screenings	CN	919,182	125,875	170,612	103,460	148,895	185,461	147,571	37,308
	MN	0	0	0	0	0	0	0	0
	Total	919,182	125,875	170,612	103,460	148,895	185,461	147,571	37,308
6. Total Screens Received	CN	565,403	123,730	150,063	71,989	69,906	89,450	54,902	5,363
	MN	0	0	0	0	0	0	0	0
	Total	565,403	123,730	150,063	71,989	69,906	89,450	54,902	5,363
7. SCREENING RATIO	CN	0.62	0.98	0.88	0.70	0.47	0.48	0.37	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.98	0.88	0.70	0.47	0.48	0.37	0.14

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: South Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	727,004	29,479	74,830	103,460	148,895	185,461	147,571	37,308
	MN	0	0	0	0	0	0	0	0
	Total	727,004	29,479	74,830	103,460	148,895	185,461	147,571	37,308
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	359,861	27,534	59,727	64,912	66,882	84,246	51,469	5,091
	MN	0	0	0	0	0	0	0	0
	Total	359,861	27,534	59,727	64,912	66,882	84,246	51,469	5,091
10. PARTICIPANT RATIO	CN	0.49	0.93	0.80	0.63	0.45	0.45	0.35	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.93	0.80	0.63	0.45	0.45	0.35	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	235,347	26,770	48,295	36,333	41,168	49,086	30,636	3,059
	MN	0	0	0	0	0	0	0	0
	Total	235,347	26,770	48,295	36,333	41,168	49,086	30,636	3,059
12a. Total Eligibles Receiving Any Dental Services	CN	374,572	389	21,067	60,786	99,074	110,181	71,614	11,461
	MN	0	0	0	0	0	0	0	0
	Total	374,572	389	21,067	60,786	99,074	110,181	71,614	11,461
12b. Total Eligibles Receiving Preventive Dental Services	CN	353,829	177	20,196	58,616	95,064	105,320	65,168	9,288
	MN	0	0	0	0	0	0	0	0
	Total	353,829	177	20,196	58,616	95,064	105,320	65,168	9,288
12c. Total Eligibles Receiving Dental Treatment Services	CN	141,814	143	1,210	16,181	42,817	43,043	33,152	5,268
	MN	0	0	0	0	0	0	0	0
	Total	141,814	143	1,210	16,181	42,817	43,043	33,152	5,268
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,609				23,297	21,312		
	MN	0				0	0		
	Total	44,609				23,297	21,312		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	363,587	323	20,663	59,718	96,373	106,938	68,812	10,760
	MN	0	0	0	0	0	0	0	0
	Total	363,587	323	20,663	59,718	96,373	106,938	68,812	10,760



Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: South Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	50,980	759	17,655	13,509	8,253	6,531	3,847	426
	MN	0	0	0	0	0	0	0	0
	Total	50,980	759	17,655	13,509	8,253	6,531	3,847	426
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	379,143	898	32,344	63,771	97,581	108,140	66,908	9,501
	MN	0	0	0	0	0	0	0	0
	Total	379,143	898	32,344	63,771	97,581	108,140	66,908	9,501
13. Total Eligibles Enrolled in Managed Care	CN	749,596	27,830	71,519	107,140	152,776	189,495	152,330	48,506
	MN	0	0	0	0	0	0	0	0
	Total	749,596	27,830	71,519	107,140	152,776	189,495	152,330	48,506
14a. Total Number of Screening Blood Lead Tests	CN	44,593	494	38,251	5,848				
	MN	0	0	0	0				
	Total	44,593	494	38,251	5,848				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: South Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	88,987	4,416	8,960	13,238	18,740	22,127	16,242	5,264
	MN	0	0	0	0	0	0	0	0
	Total	88,987	4,416	8,960	13,238	18,740	22,127	16,242	5,264
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	82,613	3,395	8,392	12,481	17,667	20,917	15,199	4,562
	MN	0	0	0	0	0	0	0	0
	Total	82,613	3,395	8,392	12,481	17,667	20,917	15,199	4,562
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	12,810	106	645	1,152	3,415	4,279	2,944	269
	MN	0	0	0	0	0	0	0	0
	Total	12,810	106	645	1,152	3,415	4,279	2,944	269
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	891,148	25,188	90,715	136,162	194,595	231,804	167,160	45,524
	MN	0	0	0	0	0	0	0	0
	Total	891,148	25,188	90,715	136,162	194,595	231,804	167,160	45,524
3b. Average Period of Eligibility	CN	0.90	0.62	0.90	0.91	0.92	0.92	0.92	0.83
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.62	0.90	0.91	0.92	0.92	0.92	0.83
4. Expected Number of Screenings per Eligible	CN		4.34	2.25	0.91	0.92	0.92	0.92	0.83
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.25	0.91	0.92	0.92	0.92	0.83
5. Expected Number of Screenings	CN	98,241	14,734	18,882	11,358	16,254	19,244	13,983	3,786
	MN	0	0	0	0	0	0	0	0
	Total	98,241	14,734	18,882	11,358	16,254	19,244	13,983	3,786
6. Total Screens Received	CN	49,069	12,243	13,175	6,350	5,311	7,498	3,989	503
	MN	0	0	0	0	0	0	0	0
	Total	49,069	12,243	13,175	6,350	5,311	7,498	3,989	503
7. SCREENING RATIO	CN	0.50	0.83	0.70	0.56	0.33	0.39	0.29	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.83	0.70	0.56	0.33	0.39	0.29	0.13

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: South Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	76,412	3,395	8,392	11,358	16,254	19,244	13,983	3,786
	MN	0	0	0	0	0	0	0	0
	Total	76,412	3,395	8,392	11,358	16,254	19,244	13,983	3,786
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	31,370	3,057	5,800	5,833	5,167	7,209	3,812	492
	MN	0	0	0	0	0	0	0	0
	Total	31,370	3,057	5,800	5,833	5,167	7,209	3,812	492
10. PARTICIPANT RATIO	CN	0.41	0.90	0.69	0.51	0.32	0.37	0.27	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.41	0.90	0.69	0.51	0.32	0.37	0.27	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	23,209	2,911	5,215	3,925	3,488	4,572	2,720	378
	MN	0	0	0	0	0	0	0	0
	Total	23,209	2,911	5,215	3,925	3,488	4,572	2,720	378
12a. Total Eligibles Receiving Any Dental Services	CN	39,300	74	2,290	6,590	10,657	11,634	6,817	1,238
	MN	0	0	0	0	0	0	0	0
	Total	39,300	74	2,290	6,590	10,657	11,634	6,817	1,238
12b. Total Eligibles Receiving Preventive Dental Services	CN	35,637	28	2,024	6,249	10,012	10,804	5,690	830
	MN	0	0	0	0	0	0	0	0
	Total	35,637	28	2,024	6,249	10,012	10,804	5,690	830
12c. Total Eligibles Receiving Dental Treatment Services	CN	16,173	37	233	1,974	4,623	4,976	3,616	714
	MN	0	0	0	0	0	0	0	0
	Total	16,173	37	233	1,974	4,623	4,976	3,616	714
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,744				2,943	2,801		
	MN	0				0	0		
	Total	5,744				2,943	2,801		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	36,581	71	2,240	6,356	9,886	10,774	6,154	1,100
	MN	0	0	0	0	0	0	0	0
	Total	36,581	71	2,240	6,356	9,886	10,774	6,154	1,100

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: South Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	3,305	DS	1,553	1,018	334	197	102	DS
	MN	0	0	0	0	0	0	0	0
	Total	3,305	DS	1,553	1,018	334	197	102	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	37,586	118	3,217	6,736	10,094	10,875	5,716	830
	MN	0	0	0	0	0	0	0	0
	Total	37,586	118	3,217	6,736	10,094	10,875	5,716	830
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	2,446	12	1,766	668				
	MN	0	0	0	0				
	Total	2,446	12	1,766	668				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Tennessee

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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	997,581	50,758	103,670	158,546	208,132	237,793	188,445	50,237
	MN	36,162	15	343	647	1,530	3,665	3,656	26,306
	Total	1,033,743	50,773	104,013	159,193	209,662	241,458	192,101	76,543
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	966,314	37,119	100,412	149,730	198,665	229,688	182,685	68,015
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	112,854	DS	2,398	4,308	18,376	29,949	55,508	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	10,135,281	275,226	1,111,503	1,635,374	2,195,920	2,530,135	2,001,676	385,447
	MN	374,344	47	3,428	6,579	16,192	40,235	39,927	267,936
	Total	10,509,625	275,273	1,114,931	1,641,953	2,212,112	2,570,370	2,041,603	653,383
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.91	0.62	0.93	0.91	0.93	0.93	0.93	0.80
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		4.34	2.33	0.91	0.93	0.93	0.93	0.80
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,154,217	161,093	233,935	136,255	184,759	213,680	169,966	54,529
6. Total Screens Received	CN	852,728	165,880	219,996	120,583	119,485	135,265	82,397	9,122
	MN	11,314	24	660	453	905	2,294	1,671	5,307
	Total	864,042	165,904	220,656	121,036	120,390	137,559	84,068	14,429
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.75	1.00	0.94	0.89	0.65	0.64	0.49	0.26

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Tennessee

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	896,720	37,119	100,412	136,255	184,759	213,680	169,966	54,529
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	536,834	35,361	84,340	102,054	106,440	121,167	74,886	12,586
10. PARTICIPANT RATIO	CN	0.61	0.95	0.84	0.75	0.58	0.57	0.44	0.24
	MN	0.32	0.86	0.84	0.74	0.61	0.61	0.46	0.21
	Total	0.60	0.95	0.84	0.75	0.58	0.57	0.44	0.23
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	345,867	34,079	68,592	58,076	62,194	69,081	45,471	8,374
12a. Total Eligibles Receiving Any Dental Services	CN	425,449	465	24,169	74,875	114,499	121,763	79,779	9,899
	MN	11,786	0	81	322	913	2,248	1,796	6,426
	Total	437,235	465	24,250	75,197	115,412	124,011	81,575	16,325
12b. Total Eligibles Receiving Preventive Dental Services	CN	396,956	153	22,142	72,199	109,948	115,212	69,816	7,486
	MN	9,849	0	75	314	872	2,120	1,599	4,869
	Total	406,805	153	22,217	72,513	110,820	117,332	71,415	12,355
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	170,646	207	1,080	17,744	50,039	51,123	41,773	8,680
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	56,870				31,218	25,652		
	MN	655				247	408		
	Total	57,525				31,465	26,060		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	410,861	453	24,003	73,755	111,605	117,453	74,657	8,935
	MN	10,991	0	80	319	888	2,155	1,684	5,865
	Total	421,852	453	24,083	74,074	112,493	119,608	76,341	14,800

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Tennessee

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	38,391	324	7,905	6,024	14,119	9,356	617	46
	MN	347	0	24	18	123	133	13	36
	Total	38,738	324	7,929	6,042	14,242	9,489	630	82
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	417,779	467	28,601	75,503	115,856	119,853	70,003	7,496
	MN	9,987	0	96	325	922	2,166	1,602	4,876
	Total	427,766	467	28,697	75,828	116,778	122,019	71,605	12,372
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	966,314	37,119	100,412	149,730	198,665	229,688	182,685	68,015
14a. Total Number of Screening Blood Lead Tests	CN	68,842	656	56,021	12,165				
	MN	195	0	170	25				
	Total	69,037	656	56,191	12,190				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Texas

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	4,174,931	222,971	466,503	663,299	827,834	980,018	762,831	251,475
	MN	639	54	54	63	122	151	176	19
	Total	4,175,570	223,025	466,557	663,362	827,956	980,169	763,007	251,494
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,722,170	163,782	444,241	611,726	752,999	888,426	684,441	176,555
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	514,137	DS	DS	DS	139,515	198,001	146,342	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	38,496,170	1,298,185	4,888,763	6,631,373	7,924,264	9,325,954	7,076,235	1,351,396
3b. Average Period of Eligibility	CN	0.86	0.66	0.92	0.90	0.88	0.87	0.86	0.64
	MN	0.49	0.33	0.58	0.46	0.48	0.44	0.50	0.63
	Total	0.86	0.66	0.92	0.90	0.88	0.87	0.86	0.64
4. Expected Number of Screenings per Eligible	CN		4.62	2.30	0.90	0.88	0.87	0.86	0.64
	MN		2.31	1.45	0.46	0.48	0.44	0.50	0.63
	Total		4.62	2.30	0.90	0.88	0.87	0.86	0.64
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	4,466,112	756,670	1,021,743	550,549	662,628	772,919	588,607	112,996
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,503,569	733,577	944,891	487,773	447,807	531,729	330,403	27,389
7. SCREENING RATIO	CN	0.78	0.97	0.92	0.89	0.68	0.69	0.56	0.24
	MN	0.67	0.00	0.95	1.00	0.58	0.83	0.22	0.00
	Total	0.78	0.97	0.92	0.89	0.68	0.69	0.56	0.24



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Texas

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,295,722	163,782	444,241	550,549	662,628	772,919	588,607	112,996
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,125,853	155,749	366,302	398,030	404,541	477,801	298,111	25,319
10. PARTICIPANT RATIO	CN	0.65	0.95	0.82	0.72	0.61	0.62	0.51	0.22
	MN	0.54	0.00	0.69	1.00	0.58	0.67	0.22	0.00
	Total	0.65	0.95	0.82	0.72	0.61	0.62	0.51	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,681,614	152,229	327,170	289,391	297,471	356,945	236,923	21,485
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,226,642	32,628	258,907	395,387	518,611	577,404	384,966	58,739
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,212,415	32,584	258,759	394,277	515,666	573,785	380,092	57,252
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	877,953	621	7,947	107,571	250,597	277,792	204,015	29,410
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	266,447				133,372	133,075		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,204,613	32,465	258,411	393,475	513,275	571,385	378,678	56,924

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Texas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	118,938	13,883	85,927	17,404	633	638	420	33
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,252,626	40,923	286,029	398,482	515,779	573,929	380,213	57,271
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,671,040	160,353	439,837	604,349	741,952	875,803	675,212	173,534
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	269,405	1,306	216,423	51,676				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

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Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Utah

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	241,696	13,698	26,638	37,534	48,160	56,305	43,533	15,828
	MN	535	47	55	89	89	111	122	22
	Total	242,231	13,745	26,693	37,623	48,249	56,416	43,655	15,850
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	211,100	9,958	24,201	32,471	42,681	50,338	38,715	12,736
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	13,226	0	0	0	4,121	5,002	3,733	370
	MN	0	0	0	0	0	0	0	0
	Total	13,226	0	0	0	4,121	5,002	3,733	370
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	2,052,382	72,704	236,575	318,939	429,994	509,610	384,303	100,257
	MN	1,795	31	223	274	307	372	478	110
	Total	2,054,177	72,735	236,798	319,213	430,301	509,982	384,781	100,367
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.81	0.61	0.82	0.82	0.84	0.84	0.83	0.66
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		4.27	2.05	0.82	0.84	0.84	0.83	0.66
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	237,327	42,513	49,587	26,608	35,832	42,265	32,118	8,404
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	140,944	39,567	40,660	16,668	15,365	16,959	10,581	1,144
7. SCREENING RATIO	CN	0.59	0.93	0.82	0.63	0.43	0.40	0.33	0.14
	MN	0.38	0.00	0.51	0.57	0.38	0.39	0.35	0.00
	Total	0.59	0.93	0.82	0.63	0.43	0.40	0.33	0.14

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Utah

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	179,386	9,958	24,201	26,608	35,832	42,265	32,118	8,404
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	83,804	9,074	17,528	15,068	14,700	16,266	10,063	1,105
10. PARTICIPANT RATIO	CN	0.47	0.91	0.72	0.57	0.41	0.38	0.31	0.13
	MN	0.38	0.00	0.46	0.57	0.38	0.39	0.35	0.00
	Total	0.47	0.91	0.72	0.57	0.41	0.38	0.31	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	50,364	8,703	13,218	7,212	7,137	7,897	5,524	673
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	99,860	243	6,677	17,271	26,151	28,308	18,425	2,785
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	92,029	58	5,912	16,347	24,845	26,655	16,185	2,027
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	41,693	114	576	5,527	12,417	12,218	9,263	1,578
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	12,330				6,351	5,979		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	95,562	212	6,066	16,904	25,176	27,100	17,470	2,634

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Utah

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,902	152	1,956	1,080	180	160	296	78
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	94,363	207	7,324	16,811	24,916	26,748	16,301	2,056
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	209,399	9,697	24,034	32,318	42,477	50,112	38,417	12,344
14a. Total Number of Screening Blood Lead Tests	CN	5,842	16	4,798	1,028				
	MN	0	0	0	0				
	Total	5,842	16	4,798	1,028				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Vermont

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	73,950	2,553	5,865	9,802	14,614	19,238	15,458	6,420
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	71,436	1,919	5,714	9,558	14,270	18,805	15,111	6,059
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	5,718	85	407	758	1,146	1,691	1,344	287
	MN	0	0	0	0	0	0	0	0
	Total	5,718	85	407	758	1,146	1,691	1,344	287
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	804,874	14,016	64,712	108,923	163,823	216,201	173,553	63,646
3b. Average Period of Eligibility	CN	0.94	0.61	0.94	0.95	0.96	0.96	0.96	0.87
	MN	0.92	0.50	0.95	0.89	0.91	0.93	0.95	0.91
	Total	0.94	0.61	0.94	0.95	0.96	0.96	0.96	0.88
4. Expected Number of Screenings per Eligible	CN		4.27	2.35	0.95	0.96	0.96	0.96	0.87
	MN		3.50	2.38	0.89	0.91	0.93	0.95	0.91
	Total		4.27	2.35	0.95	0.96	0.96	0.96	0.88
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	82,212	8,194	13,428	9,075	13,690	18,045	14,504	5,276
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	60,867	9,770	13,347	7,864	9,009	11,536	7,728	1,613
7. SCREENING RATIO	CN	0.74	1.00	1.00	0.87	0.66	0.64	0.54	0.31
	MN	0.29	0.00	0.24	0.28	0.30	0.32	0.29	0.25
	Total	0.74	1.00	0.99	0.87	0.66	0.64	0.53	0.31

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Vermont

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	68,223	1,919	5,714	9,075	13,690	18,045	14,504	5,276
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	43,023	1,806	5,002	6,877	8,839	11,363	7,570	1,566
10. PARTICIPANT RATIO	CN	0.63	0.94	0.88	0.76	0.65	0.63	0.53	0.30
	MN	0.29	0.00	0.22	0.28	0.30	0.32	0.29	0.25
	Total	0.63	0.94	0.88	0.76	0.65	0.63	0.52	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	27,798	1,745	4,218	3,921	5,094	6,903	4,903	1,014
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	36,591	34	1,804	5,135	8,880	11,234	7,601	1,903
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	33,929	15	1,627	4,961	8,542	10,592	6,735	1,457
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	14,944	12	144	1,352	3,790	4,647	3,898	1,101
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,185				2,525	2,660		
	MN	33				22	11		
	Total	5,218				2,547	2,671		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	33,970	31	1,633	4,784	8,400	10,472	6,954	1,696

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Vermont

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	6,094	47	618	869	1,276	1,644	1,256	384
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	37,892	37	2,029	5,596	9,500	11,706	7,389	1,635
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	59,346	16	4,068	8,147	12,401	16,440	13,141	5,133
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	4,357	DS	3,704	DS				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Virgin Islands

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	13,072	534	1,065	1,966	2,826	3,263	2,424	994
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	12,034	347	988	1,860	2,627	3,058	2,244	910
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	2,353	DS	173	411	561	DS	487	DS
	MN	0	0	0	0	0	0	0	0
	Total	2,353	DS	173	411	561	DS	487	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	114,536	2,491	10,034	18,127	25,220	29,545	21,226	7,893
	MN	482	0	75	38	105	103	130	31
	Total	115,018	2,491	10,109	18,165	25,325	29,648	21,356	7,924
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.80	0.60	0.85	0.81	0.80	0.81	0.79	0.73
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		4.20	2.13	0.81	0.80	0.81	0.79	0.73
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	12,077	1,457	2,106	1,506	2,098	2,475	1,771	664
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	4,563	771	1,236	894	593	662	357	50
7. SCREENING RATIO	CN	0.38	0.53	0.59	0.59	0.28	0.27	0.20	0.08
	MN	0.41	0.00	0.56	1.00	0.44	0.22	0.09	0.00
	Total	0.38	0.53	0.59	0.59	0.28	0.27	0.20	0.08

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Virgin Islands

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	9,849	347	988	1,506	2,098	2,475	1,771	664
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,179	249	592	776	560	625	329	48
10. PARTICIPANT RATIO	CN	0.32	0.72	0.60	0.51	0.27	0.25	0.19	0.07
	MN	0.33	0.00	0.71	1.00	0.33	0.22	0.09	0.00
	Total	0.32	0.72	0.60	0.52	0.27	0.25	0.19	0.07
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,596	202	400	386	226	210	145	27
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,487	DS	DS	392	593	740	507	DS
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,054	DS	DS	329	524	618	382	97
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	936	0	DS	DS	240	310	236	DS
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	328				145	183		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,121	DS	DS	375	550	643	338	DS

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Virgin Islands

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	0	0	0	0	0	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	DS	0	0	0	0	0	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,054	DS	DS	329	524	618	382	DS
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	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	480	0	161	319				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Virginia

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	917,383	33,968	87,735	138,089	185,491	218,810	173,236	80,054
	MN	648	34	53	87	107	164	183	20
	Total	918,031	34,002	87,788	138,176	185,598	218,974	173,419	80,074
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	848,354	26,330	82,892	128,371	172,854	203,857	160,889	73,161
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	98,805	0	DS	DS	29,401	37,408	29,428	DS
	MN	0	0	0	0	0	0	0	0
	Total	98,805	0	DS	DS	29,401	37,408	29,428	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	9,005,776	173,271	886,317	1,377,472	1,857,444	2,220,541	1,740,934	749,797
	MN	4,521	177	404	512	759	1,170	1,374	125
	Total	9,010,297	173,448	886,721	1,377,984	1,858,203	2,221,711	1,742,308	749,922
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.89	0.55	0.89	0.89	0.90	0.91	0.90	0.85
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		3.85	2.23	0.89	0.90	0.91	0.90	0.85
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	948,463	101,380	184,829	114,240	155,556	185,494	144,781	62,183
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	665,233	57,971	192,941	106,098	96,230	113,720	79,564	18,709
7. SCREENING RATIO	CN	0.70	0.57	1.00	0.93	0.62	0.61	0.55	0.30
	MN	0.61	0.72	1.00	0.55	0.48	0.41	0.35	0.10
	Total	0.70	0.57	1.00	0.93	0.62	0.61	0.55	0.30

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Virginia

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	771,476	26,330	82,892	114,240	155,556	185,494	144,781	62,183
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	430,488	24,423	76,584	81,175	79,083	91,616	62,971	14,636
10. PARTICIPANT RATIO	CN	0.56	0.93	0.92	0.71	0.51	0.49	0.44	0.24
	MN	0.44	0.75	0.85	0.48	0.44	0.36	0.29	0.10
	Total	0.56	0.93	0.92	0.71	0.51	0.49	0.43	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	346,761	23,098	71,315	60,145	60,703	67,978	49,682	13,840
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	414,036	275	21,783	66,628	105,115	117,996	80,088	22,151
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	380,943	134	20,930	64,098	99,327	109,309	69,820	17,325
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	230,210	134	5,812	26,820	57,966	70,754	53,860	14,864
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	43,770				23,910	19,860		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	393,934	220	21,504	65,282	101,691	111,549	73,561	20,127

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	31,227	607	15,454	7,816	4,469	1,781	757	343
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	444,684	881	37,158	74,220	109,436	119,709	80,810	22,470
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	763,262	25,805	75,008	116,713	155,115	186,085	145,908	58,628
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	51,964	337	32,545	19,082				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Washington

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	973,525	42,009	95,293	144,407	193,335	233,225	188,078	77,178
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	930,492	33,897	92,423	140,192	187,029	224,940	181,017	70,994
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	10,127,212	247,462	1,036,973	1,592,161	2,077,864	2,484,730	1,985,788	702,234
3b. Average Period of Eligibility	CN	0.91	0.61	0.94	0.95	0.93	0.92	0.91	0.82
	MN	0.50	0.00	0.42	0.00	0.64	0.43	0.46	0.67
	Total	0.91	0.61	0.93	0.95	0.93	0.92	0.91	0.82
4. Expected Number of Screenings per Eligible	CN		3.66	2.35	0.95	0.93	0.92	0.91	0.82
	MN		0.00	1.05	0.00	0.64	0.43	0.46	0.67
	Total		3.66	2.33	0.95	0.93	0.92	0.91	0.82
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,078,249	124,063	217,190	133,182	173,935	206,942	164,722	58,215
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	676,164	131,059	181,537	89,352	91,352	107,163	65,324	10,377
7. SCREENING RATIO	CN	0.63	1.00	0.84	0.67	0.53	0.52	0.40	0.18
	MN	0.47	0.00	0.67	0.00	0.50	0.67	0.25	0.00
	Total	0.63	1.00	0.84	0.67	0.53	0.52	0.40	0.18

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Washington

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	863,316	33,897	92,423	133,182	173,935	206,942	164,722	58,215
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	444,483	30,808	69,914	81,964	88,075	102,292	61,976	9,454
10. PARTICIPANT RATIO	CN	0.51	0.91	0.76	0.62	0.51	0.49	0.38	0.16
	MN	0.47	0.00	0.67	0.00	0.50	0.67	0.25	0.00
	Total	0.51	0.91	0.76	0.62	0.51	0.49	0.38	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	240,210	28,260	51,021	36,245	40,699	46,673	31,739	5,573
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	516,320	2,065	40,106	87,939	129,832	142,487	92,594	21,297
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	475,839	894	38,274	84,991	123,923	133,278	79,782	14,697
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	285,483	1,386	25,025	57,722	67,301	69,866	52,069	12,114
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	67,001				34,311	32,690		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	499,760	1,936	39,569	86,497	127,038	137,885	87,211	19,624



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Washington

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	42,923	429	7,842	15,766	12,357	3,275	2,497	757
	MN	0	0	0	0	0	0	0	0
	Total	42,923	429	7,842	15,766	12,357	3,275	2,497	757
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	482,792	1,297	42,087	86,641	124,417	133,648	79,995	14,707
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	905,057	33,081	85,906	134,766	183,485	220,771	177,515	69,533
14a. Total Number of Screening Blood Lead Tests	CN	33,350	161	24,729	8,460				
	MN	0	0	0	0				
	Total	33,350	161	24,729	8,460				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: West Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	239,571	10,496	22,287	34,962	46,547	58,525	46,621	20,133
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	221,707	7,608	21,093	32,813	43,765	54,878	43,643	17,907
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	13,821	0	0	106	4,698	5,775	3,242	0
	MN	0	0	0	0	0	0	0	0
	Total	13,821	0	0	106	4,698	5,775	3,242	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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,385,909	56,120	217,401	354,016	484,203	609,698	483,179	181,292
3b. Average Period of Eligibility	CN	0.90	0.61	0.86	0.90	0.92	0.93	0.92	0.84
	MN	0.90	0.00	1.00	0.67	1.00	0.94	0.88	0.89
	Total	0.90	0.61	0.86	0.90	0.92	0.93	0.92	0.84
4. Expected Number of Screenings per Eligible	CN		4.27	2.15	0.90	0.92	0.93	0.92	0.84
	MN		0.00	2.50	0.67	1.00	0.94	0.88	0.89
	Total		4.27	2.15	0.90	0.92	0.93	0.92	0.84
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	253,862	32,486	45,351	29,531	40,264	51,037	40,151	15,042
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	169,675	31,291	41,041	23,803	23,268	28,518	18,617	3,137
7. SCREENING RATIO	CN	0.67	0.96	0.91	0.81	0.58	0.56	0.46	0.21
	MN	0.33	0.00	0.33	0.00	1.00	0.25	0.50	0.00
	Total	0.67	0.96	0.90	0.81	0.58	0.56	0.46	0.21

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: West Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	204,726	7,608	21,093	29,531	40,264	51,037	40,151	15,042
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	110,681	6,818	16,593	20,251	21,595	26,002	16,571	2,851
10. PARTICIPANT RATIO	CN	0.54	0.90	0.79	0.69	0.54	0.51	0.41	0.19
	MN	0.36	0.00	1.00	0.00	1.00	0.25	0.50	0.00
	Total	0.54	0.90	0.79	0.69	0.54	0.51	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	73,731	6,561	13,637	11,633	13,074	15,778	11,110	1,938
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	113,684	113	4,674	18,455	28,680	33,665	22,692	5,405
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	101,306	37	3,575	17,113	26,807	30,452	19,304	4,018
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	55,434	60	497	5,533	13,932	18,225	13,955	3,232
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,460				5,672	5,788		
	MN	0				0	0		
	Total	11,460				5,672	5,788		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	108,261	76	4,208	17,950	27,651	32,074	21,294	5,008

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: West Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,468	55	1,225	613	181	186	149	59
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	102,939	92	4,656	17,463	26,852	30,493	19,348	4,035
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	215,957	7,363	20,837	32,236	42,604	53,451	42,414	17,052
14a. Total Number of Screening Blood Lead Tests	CN	11,230	107	8,383	2,740				
	MN	0	0	0	0				
	Total	11,230	107	8,383	2,740				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

Report Generated Time: 07/21/2025 7:46:50 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Wisconsin

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	632,194	28,483	60,246	95,003	126,472	151,155	120,298	50,537
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	598,732	20,938	58,385	91,243	121,706	145,373	115,281	45,806
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	31,715	0	DS	DS	8,715	12,077	9,424	DS
	MN	0	0	0	0	0	0	0	0
	Total	31,715	0	DS	DS	8,715	12,077	9,424	DS
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	6,402,579	162,076	634,016	992,014	1,339,990	1,606,269	1,262,057	406,157
3b. Average Period of Eligibility	CN	0.89	0.65	0.91	0.91	0.92	0.92	0.91	0.74
	MN	0.51	0.33	0.50	0.53	0.50	0.53	0.51	0.51
	Total	0.89	0.65	0.90	0.91	0.92	0.92	0.91	0.74
4. Expected Number of Screenings per Eligible	CN		4.55	2.28	0.91	0.92	0.92	0.91	0.74
	MN		2.31	1.25	0.53	0.50	0.53	0.51	0.51
	Total		4.55	2.25	0.91	0.92	0.92	0.91	0.74
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	695,848	95,265	133,094	83,021	111,961	133,728	104,889	33,890
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	452,071	99,896	114,132	58,705	58,117	67,833	44,640	8,748
7. SCREENING RATIO	CN	0.65	1.00	0.86	0.71	0.52	0.51	0.43	0.26
	MN	1.00	0.00	1.00	1.00	1.00	0.90	0.80	0.38
	Total	0.65	1.00	0.86	0.71	0.52	0.51	0.43	0.26

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Wisconsin

CMS Generated Reporting of State Form CMS-416  
Data Using T-MSIS

State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	546,812	20,938	58,385	83,021	111,961	133,728	104,889	33,890
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	290,502	19,730	45,843	52,089	56,269	65,463	42,796	8,312
10. PARTICIPANT RATIO	CN	0.53	0.94	0.79	0.63	0.50	0.49	0.41	0.25
	MN	0.81	0.00	0.74	1.00	1.00	0.86	0.80	0.38
	Total	0.53	0.94	0.79	0.63	0.50	0.49	0.41	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	196,239	18,746	39,475	31,622	31,973	38,974	28,772	6,677
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	242,786	531	8,924	37,739	68,649	72,669	44,385	9,889
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	219,136	184	8,074	35,854	64,751	66,498	36,726	7,049
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	96,014	125	348	9,139	25,687	30,473	24,478	5,764
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	44,810				22,048	22,762		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	229,208	516	8,819	36,747	66,118	68,682	39,800	8,526

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Wisconsin

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report 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
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	28,112	806	9,723	7,435	5,043	3,501	1,401	203
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	235,618	547	15,993	39,933	66,579	68,074	37,387	7,105
13. Total Eligibles Enrolled in Managed Care	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	527,623	19,030	53,910	82,578	106,986	125,177	98,652	41,290
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	44,215	540	29,284	14,391				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

CN = Categorically Needy      MN = Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; 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.

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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.

Report Generated Time: 07/21/2025 7:46:50 PM

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2024  
State: Wyoming

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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	59,577	2,649	5,761	9,058	12,398	14,544	11,352	3,815
	MN	0	0	0	0	0	0	0	0
	Total	59,577	2,649	5,761	9,058	12,398	14,544	11,352	3,815
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	55,985	2,156	5,400	8,506	11,855	13,915	10,831	3,322
	MN	0	0	0	0	0	0	0	0
	Total	55,985	2,156	5,400	8,506	11,855	13,915	10,831	3,322
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	6,812	37	319	538	1,731	2,195	1,664	328
	MN	0	0	0	0	0	0	0	0
	Total	6,812	37	319	538	1,731	2,195	1,664	328
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	572,916	15,319	53,966	87,557	126,022	148,825	114,815	26,412
	MN	0	0	0	0	0	0	0	0
	Total	572,916	15,319	53,966	87,557	126,022	148,825	114,815	26,412
3b. Average Period of Eligibility	CN	0.85	0.59	0.83	0.86	0.89	0.89	0.88	0.66
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.85	0.59	0.83	0.86	0.89	0.89	0.88	0.66
4. Expected Number of Screenings per Eligible	CN		4.13	2.07	0.86	0.89	0.89	0.88	0.66
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	2.07	0.86	0.89	0.89	0.88	0.66
5. Expected Number of Screenings	CN	62,056	8,904	11,178	7,315	10,551	12,384	9,531	2,193
	MN	0	0	0	0	0	0	0	0
	Total	62,056	8,904	11,178	7,315	10,551	12,384	9,531	2,193
6. Total Screens Received	CN	32,426	8,761	8,941	4,136	3,354	4,628	2,433	173
	MN	0	0	0	0	0	0	0	0
	Total	32,426	8,761	8,941	4,136	3,354	4,628	2,433	173
7. SCREENING RATIO	CN	0.52	0.98	0.80	0.57	0.32	0.37	0.26	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.98	0.80	0.57	0.32	0.37	0.26	0.08



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Wyoming

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report 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
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	49,530	2,156	5,400	7,315	10,551	12,384	9,531	2,193
	MN	0	0	0	0	0	0	0	0
	Total	49,530	2,156	5,400	7,315	10,551	12,384	9,531	2,193
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	19,241	1,970	3,802	3,644	3,182	4,237	2,239	167
	MN	0	0	0	0	0	0	0	0
	Total	19,241	1,970	3,802	3,644	3,182	4,237	2,239	167
10. PARTICIPANT RATIO	CN	0.39	0.91	0.70	0.50	0.30	0.34	0.23	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.39	0.91	0.70	0.50	0.30	0.34	0.23	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	13,865	1,896	3,101	2,303	2,059	2,772	1,615	119
	MN	0	0	0	0	0	0	0	0
	Total	13,865	1,896	3,101	2,303	2,059	2,772	1,615	119
12a. Total Eligibles Receiving Any Dental Services	CN	26,997	80	1,641	4,434	7,027	7,778	5,212	825
	MN	0	0	0	0	0	0	0	0
	Total	26,997	80	1,641	4,434	7,027	7,778	5,212	825
12b. Total Eligibles Receiving Preventive Dental Services	CN	24,535	22	1,468	4,137	6,574	7,215	4,509	610
	MN	0	0	0	0	0	0	0	0
	Total	24,535	22	1,468	4,137	6,574	7,215	4,509	610
12c. Total Eligibles Receiving Dental Treatment Services	CN	13,129	48	204	1,581	3,655	3,923	3,179	539
	MN	0	0	0	0	0	0	0	0
	Total	13,129	48	204	1,581	3,655	3,923	3,179	539
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,578				1,793	1,785		
	MN	0				0	0		
	Total	3,578				1,793	1,785		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	25,751	62	1,477	4,303	6,790	7,459	4,912	748
	MN	0	0	0	0	0	0	0	0
	Total	25,751	62	1,477	4,303	6,790	7,459	4,912	748

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2024

State: Wyoming

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	240	99	46	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	DS	DS	240	99	46	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	24,760	32	1,636	4,171	6,586	7,216	4,509	610
	MN	0	0	0	0	0	0	0	0
	Total	24,760	32	1,636	4,171	6,586	7,216	4,509	610
13. Total Eligibles Enrolled in Managed Care	CN	437	0	0	15	94	169	140	19
	MN	0	0	0	0	0	0	0	0
	Total	437	0	0	15	94	169	140	19
14a. Total Number of Screening Blood Lead Tests	CN	1,101	DS	871	DS				
	MN	0	0	0	0				
	Total	1,101	DS	871	DS				
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)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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