

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Alabama\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	656,359	36,494	74,657	106,869	132,546	164,724	111,340	29,729
	MN	0	0	0	0	0	0	0	0
	Total	656,359	36,494	74,657	106,869	132,546	164,724	111,340	29,729
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	633,785	35,179	72,070	103,864	128,919	160,342	108,151	25,260
	MN	0	0	0	0	0	0	0	0
	Total	633,785	35,179	72,070	103,864	128,919	160,342	108,151	25,260
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	109,128	DS	DS	134	15,188	28,319	54,879	10,537
	MN	0	0	0	0	0	0	0	0
	Total	109,128	DS	DS	134	15,188	28,319	54,879	10,537
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	7,206,770	362,142	819,965	1,193,796	1,487,296	1,855,314	1,243,284	244,973
	MN	0	0	0	0	0	0	0	0
	Total	7,206,770	362,142	819,965	1,193,796	1,487,296	1,855,314	1,243,284	244,973
3b. Average Period of Eligibility	CN	0.95	0.86	0.95	0.96	0.96	0.96	0.96	0.81
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.86	0.95	0.96	0.96	0.96	0.96	0.81
4. Expected Number of Screenings per Eligible	CN		4.30	1.90	0.96	0.96	0.96	0.96	0.81
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.30	1.90	0.96	0.96	0.96	0.96	0.81
5. Expected Number of Screenings	CN	789,888	151,270	136,933	99,709	123,762	153,928	103,825	20,461
	MN	0	0	0	0	0	0	0	0
	Total	789,888	151,270	136,933	99,709	123,762	153,928	103,825	20,461
6. Total Screens Received	CN	465,387	94,225	141,308	60,712	54,010	72,701	39,436	2,995
	MN	0	0	0	0	0	0	0	0
	Total	465,387	94,225	141,308	60,712	54,010	72,701	39,436	2,995
7. SCREENING RATIO	CN	0.59	0.62	1.00	0.61	0.44	0.47	0.38	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.62	1.00	0.61	0.44	0.47	0.38	0.15

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	608,934	35,179	72,070	99,709	123,762	153,928	103,825	20,461
	MN	0	0	0	0	0	0	0	0
	Total	608,934	35,179	72,070	99,709	123,762	153,928	103,825	20,461
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	311,393	30,892	58,809	58,030	52,378	70,212	38,137	2,935
	MN	0	0	0	0	0	0	0	0
	Total	311,393	30,892	58,809	58,030	52,378	70,212	38,137	2,935
10. PARTICIPANT RATIO	CN	0.51	0.88	0.82	0.58	0.42	0.46	0.37	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.88	0.82	0.58	0.42	0.46	0.37	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	108,610	9,976	21,589	18,381	19,022	24,152	14,326	1,164
	MN	0	0	0	0	0	0	0	0
	Total	108,610	9,976	21,589	18,381	19,022	24,152	14,326	1,164
12a. Total Eligibles Receiving Any Dental Services	CN	273,034	156	13,627	48,387	71,855	83,346	48,890	6,773
	MN	0	0	0	0	0	0	0	0
	Total	273,034	156	13,627	48,387	71,855	83,346	48,890	6,773
12b. Total Eligibles Receiving Preventive Dental Services	CN	256,960	108	12,772	46,129	68,147	79,561	44,569	5,674
	MN	0	0	0	0	0	0	0	0
	Total	256,960	108	12,772	46,129	68,147	79,561	44,569	5,674
12c. Total Eligibles Receiving Dental Treatment Services	CN	84,311	0	914	13,348	27,086	23,387	17,129	2,447
	MN	0	0	0	0	0	0	0	0
	Total	84,311	0	914	13,348	27,086	23,387	17,129	2,447
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	24,101				13,861	10,240		
	MN	0				0	0		
	Total	24,101				13,861	10,240		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	263,979	128	13,447	47,275	69,284	80,846	46,683	6,316
	MN	0	0	0	0	0	0	0	0
	Total	263,979	128	13,447	47,275	69,284	80,846	46,683	6,316

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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	8,265	901	7,131	233	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	8,265	901	7,131	233	0	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	264,086	895	18,907	46,333	68,147	79,561	44,569	5,674
	MN	0	0	0	0	0	0	0	0
	Total	264,086	895	18,907	46,333	68,147	79,561	44,569	5,674
13. Total Eligibles Enrolled in Managed Care	CN	628,677	34,358	71,740	103,345	128,203	159,231	106,932	24,868
	MN	0	0	0	0	0	0	0	0
	Total	628,677	34,358	71,740	103,345	128,203	159,231	106,932	24,868
14a. Total Number of Screening Blood Lead Tests	CN	41,927	1,453	32,956	7,518				
	MN	0	0	0	0				
	Total	41,927	1,453	32,956	7,518				
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)			

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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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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	115,428	5,179	11,646	19,066	23,539	28,046	19,300	8,652
	MN	0	0	0	0	0	0	0	0
	Total	115,428	5,179	11,646	19,066	23,539	28,046	19,300	8,652
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	111,305	4,116	11,185	18,512	22,990	27,469	18,856	8,177
	MN	0	0	0	0	0	0	0	0
	Total	111,305	4,116	11,185	18,512	22,990	27,469	18,856	8,177
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	13,789	52	728	1,410	3,802	4,472	2,913	412
	MN	0	0	0	0	0	0	0	0
	Total	13,789	52	728	1,410	3,802	4,472	2,913	412
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	1,249,120	29,901	124,002	209,063	263,885	316,267	216,701	89,301
	MN	0	0	0	0	0	0	0	0
	Total	1,249,120	29,901	124,002	209,063	263,885	316,267	216,701	89,301
3b. Average Period of Eligibility	CN	0.94	0.61	0.92	0.94	0.96	0.96	0.96	0.91
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.61	0.92	0.94	0.96	0.96	0.96	0.91
4. Expected Number of Screenings per Eligible	CN		3.66	2.30	0.94	0.96	0.96	0.96	0.91
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	2.30	0.94	0.96	0.96	0.96	0.91
5. Expected Number of Screenings	CN	132,175	15,065	25,726	17,401	22,070	26,370	18,102	7,441
	MN	0	0	0	0	0	0	0	0
	Total	132,175	15,065	25,726	17,401	22,070	26,370	18,102	7,441
6. Total Screens Received	CN	53,141	14,351	14,648	7,837	5,252	6,610	3,956	487
	MN	0	0	0	0	0	0	0	0
	Total	53,141	14,351	14,648	7,837	5,252	6,610	3,956	487
7. SCREENING RATIO	CN	0.40	0.95	0.57	0.45	0.24	0.25	0.22	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.95	0.57	0.45	0.24	0.25	0.22	0.07

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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	106,685	4,116	11,185	17,401	22,070	26,370	18,102	7,441
	MN	0	0	0	0	0	0	0	0
	Total	106,685	4,116	11,185	17,401	22,070	26,370	18,102	7,441
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	31,755	3,712	6,908	6,714	4,697	5,854	3,429	441
	MN	0	0	0	0	0	0	0	0
	Total	31,755	3,712	6,908	6,714	4,697	5,854	3,429	441
10. PARTICIPANT RATIO	CN	0.30	0.90	0.62	0.39	0.21	0.22	0.19	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.30	0.90	0.62	0.39	0.21	0.22	0.19	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	21,375	3,498	4,841	4,027	2,903	3,591	2,210	305
	MN	0	0	0	0	0	0	0	0
	Total	21,375	3,498	4,841	4,027	2,903	3,591	2,210	305
12a. Total Eligibles Receiving Any Dental Services	CN	43,957	145	2,792	7,595	10,992	12,537	7,815	2,081
	MN	0	0	0	0	0	0	0	0
	Total	43,957	145	2,792	7,595	10,992	12,537	7,815	2,081
12b. Total Eligibles Receiving Preventive Dental Services	CN	39,016	44	2,448	6,962	10,155	11,422	6,554	1,431
	MN	0	0	0	0	0	0	0	0
	Total	39,016	44	2,448	6,962	10,155	11,422	6,554	1,431
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,037	76	348	2,740	5,121	5,968	4,435	1,349
	MN	0	0	0	0	0	0	0	0
	Total	20,037	76	348	2,740	5,121	5,968	4,435	1,349
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,655				3,026	3,629		
	MN	0				0	0		
	Total	6,655				3,026	3,629		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	39,665	121	2,538	7,100	9,981	11,258	6,833	1,834
	MN	0	0	0	0	0	0	0	0
	Total	39,665	121	2,538	7,100	9,981	11,258	6,833	1,834

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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	598	DS	438	140	DS	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	598	DS	438	140	DS	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	39,016	44	2,448	6,962	10,155	11,422	6,554	1,431
	MN	0	0	0	0	0	0	0	0
	Total	39,016	44	2,448	6,962	10,155	11,422	6,554	1,431
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	2,014	DS	1,693	DS				
	MN	0	0	0	0				
	Total	2,014	DS	1,693	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

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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.

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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	947,102	45,967	96,505	142,154	184,078	235,093	168,128	75,177
	MN	0	0	0	0	0	0	0	0
	Total	947,102	45,967	96,505	142,154	184,078	235,093	168,128	75,177
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	895,464	34,025	92,032	135,961	176,341	225,640	161,097	70,368
	MN	0	0	0	0	0	0	0	0
	Total	895,464	34,025	92,032	135,961	176,341	225,640	161,097	70,368
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7	2	1	1	1	1	1
3a. Total Months of Eligibility	CN	9,841,702	256,022	1,018,692	1,510,856	1,967,835	2,530,312	1,800,989	756,996
	MN	0	0	0	0	0	0	0	0
	Total	9,841,702	256,022	1,018,692	1,510,856	1,967,835	2,530,312	1,800,989	756,996
3b. Average Period of Eligibility	CN	0.92	0.63	0.92	0.93	0.93	0.93	0.93	0.90
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.92	0.63	0.92	0.93	0.93	0.93	0.93	0.90
4. Expected Number of Screenings per Eligible	CN		4.41	1.84	0.93	0.93	0.93	0.93	0.90
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	1.84	0.93	0.93	0.93	0.93	0.90
5. Expected Number of Screenings	CN	1,032,826	150,050	169,339	126,444	163,997	209,845	149,820	63,331
	MN	0	0	0	0	0	0	0	0
	Total	1,032,826	150,050	169,339	126,444	163,997	209,845	149,820	63,331
6. Total Screens Received	CN	577,206	138,006	148,825	69,862	67,053	90,263	52,723	10,474
	MN	0	0	0	0	0	0	0	0
	Total	577,206	138,006	148,825	69,862	67,053	90,263	52,723	10,474
7. SCREENING RATIO	CN	0.56	0.92	0.88	0.55	0.41	0.43	0.35	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.56	0.92	0.88	0.55	0.41	0.43	0.35	0.17

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	839,494	34,025	92,032	126,444	163,997	209,845	149,820	63,331
	MN	0	0	0	0	0	0	0	0
	Total	839,494	34,025	92,032	126,444	163,997	209,845	149,820	63,331
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	362,656	31,959	64,037	63,734	62,411	83,033	47,854	9,628
	MN	0	0	0	0	0	0	0	0
	Total	362,656	31,959	64,037	63,734	62,411	83,033	47,854	9,628
10. PARTICIPANT RATIO	CN	0.43	0.94	0.70	0.50	0.38	0.40	0.32	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.94	0.70	0.50	0.38	0.40	0.32	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	166,993	27,632	43,446	21,079	21,343	28,030	20,318	5,145
	MN	0	0	0	0	0	0	0	0
	Total	166,993	27,632	43,446	21,079	21,343	28,030	20,318	5,145
12a. Total Eligibles Receiving Any Dental Services	CN	390,506	2,076	27,263	66,547	97,822	113,561	66,348	16,889
	MN	0	0	0	0	0	0	0	0
	Total	390,506	2,076	27,263	66,547	97,822	113,561	66,348	16,889
12b. Total Eligibles Receiving Preventive Dental Services	CN	363,590	1,407	25,293	62,648	92,552	107,945	60,241	13,504
	MN	0	0	0	0	0	0	0	0
	Total	363,590	1,407	25,293	62,648	92,552	107,945	60,241	13,504
12c. Total Eligibles Receiving Dental Treatment Services	CN	140,680	135	1,468	19,013	42,275	41,933	27,723	8,133
	MN	0	0	0	0	0	0	0	0
	Total	140,680	135	1,468	19,013	42,275	41,933	27,723	8,133
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	43,528				22,822	20,706		
	MN	0				0	0		
	Total	43,528				22,822	20,706		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	374,223	1,966	26,200	64,203	93,198	109,253	63,434	15,969
	MN	0	0	0	0	0	0	0	0
	Total	374,223	1,966	26,200	64,203	93,198	109,253	63,434	15,969



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12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	8,768	754	7,567	392	40	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	8,768	754	7,567	392	40	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	370,098	2,118	30,869	62,853	92,565	107,946	60,241	13,506
	MN	0	0	0	0	0	0	0	0
	Total	370,098	2,118	30,869	62,853	92,565	107,946	60,241	13,506
13. Total Eligibles Enrolled in Managed Care	CN	841,859	32,042	86,707	128,314	166,258	212,364	151,577	64,597
	MN	0	0	0	0	0	0	0	0
	Total	841,859	32,042	86,707	128,314	166,258	212,364	151,577	64,597
14a. Total Number of Screening Blood Lead Tests	CN	28,348	246	19,891	8,211				
	MN	0	0	0	0				
	Total	28,348	246	19,891	8,211				
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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Arkansas\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	461,392	24,151	48,822	71,496	90,340	112,552	77,874	36,157
	MN	5,186	385	1,029	1,011	997	1,043	661	60
	Total	466,578	24,536	49,851	72,507	91,337	113,595	78,535	36,217
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	437,163	17,793	46,546	68,566	86,792	108,537	74,840	34,089
	MN	4,844	282	969	955	956	1,006	620	56
	Total	442,007	18,075	47,515	69,521	87,748	109,543	75,460	34,145
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	53,418	DS	11	DS	16,315	22,283	14,765	32
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	4,776,648	133,317	506,740	759,324	969,665	1,216,137	832,670	358,795
	MN	53,012	2,233	10,651	10,581	10,745	11,313	6,825	664
	Total	4,829,660	135,550	517,391	769,905	980,410	1,227,450	839,495	359,459
3b. Average Period of Eligibility	CN	0.91	0.62	0.91	0.92	0.93	0.93	0.93	0.88
	MN	0.91	0.66	0.92	0.92	0.94	0.94	0.92	0.99
	Total	0.91	0.62	0.91	0.92	0.93	0.93	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		4.34	2.28	0.92	0.93	0.93	0.93	0.88
	MN		4.62	2.30	0.92	0.94	0.94	0.92	0.99
	Total		4.34	2.28	0.92	0.93	0.93	0.93	0.88
5. Expected Number of Screenings	CN	527,683	77,222	106,125	63,081	80,717	100,939	69,601	29,998
	MN	6,881	1,303	2,229	879	899	946	570	55
	Total	534,564	78,525	108,354	63,960	81,616	101,885	70,171	30,053
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	279,466	64,590	77,377	39,056	29,678	41,700	25,272	1,793
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.52	0.82	0.71	0.61	0.36	0.41	0.36	0.06

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Arkansas\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	408,675	17,793	46,546	63,081	80,717	100,939	69,601	29,998
	MN	4,600	282	969	879	899	946	570	55
	Total	413,275	18,075	47,515	63,960	81,616	101,885	70,171	30,053
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	185,186	16,960	34,857	37,414	29,062	40,613	24,520	1,760
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.45	0.94	0.73	0.58	0.36	0.40	0.35	0.06
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	122,317	16,284	28,169	21,602	17,501	22,786	14,819	1,156
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	194,271	164	9,009	31,905	49,434	59,826	35,794	8,139
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	178,448	72	7,905	29,493	46,457	56,047	31,925	6,549
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	73,545	20	460	8,340	20,610	23,665	16,586	3,864
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,496				7,257	6,239		
	MN	202				99	103		
	Total	13,698				7,356	6,342		
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	187,439	159	8,852	31,246	47,802	57,709	34,033	7,638

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Arkansas\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Arkansas*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	4,242	DS	2,629	795	285	285	131	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	181,711	177	10,143	30,021	46,609	56,202	32,004	6,555
13. Total Eligibles Enrolled in Managed Care	CN	434,061	17,504	46,213	68,043	86,305	108,024	74,371	33,601
	MN	4,838	282	968	955	954	1,005	619	55
	Total	438,899	17,786	47,181	68,998	87,259	109,029	74,990	33,656
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	13,770	191	10,591	2,988				
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: 2020

State: California\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	5,690,246	236,788	513,627	820,828	1,106,086	1,447,451	1,081,169	484,297
	MN	45,446	544	1,364	5,369	10,218	12,008	9,425	6,518
	Total	5,735,692	237,332	514,991	826,197	1,116,304	1,459,459	1,090,594	490,815
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	5,396,253	174,696	486,009	785,490	1,064,955	1,393,412	1,035,680	456,011
	MN	42,916	378	1,262	4,936	9,748	11,474	9,039	6,079
	Total	5,439,169	175,074	487,271	790,426	1,074,703	1,404,886	1,044,719	462,090
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	1,640,263	4,031	74,245	157,932	382,680	531,198	397,897	92,280
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	49,781,083	926,441	4,549,832	7,367,648	10,028,926	13,142,671	9,709,031	4,056,534
	MN	380,902	1,798	10,557	41,183	88,417	104,858	82,758	51,331
	Total	50,161,985	928,239	4,560,389	7,408,831	10,117,343	13,247,529	9,791,789	4,107,865
3b. Average Period of Eligibility	CN	0.77	0.44	0.78	0.78	0.78	0.79	0.78	0.74
	MN	0.74	0.40	0.70	0.70	0.76	0.76	0.76	0.70
	Total	0.77	0.44	0.78	0.78	0.78	0.79	0.78	0.74
4. Expected Number of Screenings per Eligible	CN		3.08	1.95	0.78	0.78	0.79	0.78	0.74
	MN		2.80	1.75	0.70	0.76	0.76	0.76	0.70
	Total		3.08	1.95	0.78	0.78	0.79	0.78	0.74
5. Expected Number of Screenings	CN	5,175,202	538,064	947,718	612,682	830,665	1,100,795	807,830	337,448
	MN	33,975	1,058	2,209	3,455	7,408	8,720	6,870	4,255
	Total	5,209,177	539,122	949,927	616,137	838,073	1,109,515	814,700	341,703
6. Total Screens Received	CN	4,332,339	596,989	1,157,142	655,058	573,327	757,226	484,869	107,728
	MN	9,824	810	1,265	1,271	1,850	2,207	1,768	653
	Total	4,342,163	597,799	1,158,407	656,329	575,177	759,433	486,637	108,381
7. SCREENING RATIO	CN	0.84	1.00	1.00	1.00	0.69	0.69	0.60	0.32
	MN	0.29	0.77	0.57	0.37	0.25	0.25	0.26	0.15
	Total	0.83	1.00	1.00	1.00	0.69	0.68	0.60	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: California\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	4,350,125	174,696	486,009	612,682	830,665	1,100,795	807,830	337,448
	MN	32,348	378	1,262	3,455	7,408	8,720	6,870	4,255
	Total	4,382,473	175,074	487,271	616,137	838,073	1,109,515	814,700	341,703
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	2,216,672	145,400	367,208	414,588	389,476	512,010	321,695	66,295
	MN	6,328	240	478	880	1,371	1,641	1,297	421
	Total	2,223,000	145,640	367,686	415,468	390,847	513,651	322,992	66,716
10. PARTICIPANT RATIO	CN	0.51	0.83	0.76	0.68	0.47	0.47	0.40	0.20
	MN	0.20	0.63	0.38	0.25	0.19	0.19	0.19	0.10
	Total	0.51	0.83	0.75	0.67	0.47	0.46	0.40	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	2,076,061	129,654	349,557	384,318	363,727	479,889	305,039	63,877
	MN	6,008	210	434	816	1,313	1,561	1,262	412
	Total	2,082,069	129,864	349,991	385,134	365,040	481,450	306,301	64,289
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	2,269,048	4,366	110,218	357,043	572,867	676,182	423,456	124,916
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	2,071,484	3,016	100,699	338,715	536,597	625,463	368,595	98,399
12c. Total Eligibles Receiving Dental Treatment Services	CN	1,226,676	846	58,920	246,555	347,369	303,709	204,507	64,770
	MN	4,053	0	66	528	1,211	995	779	474
	Total	1,230,729	846	58,986	247,083	348,580	304,704	205,286	65,244
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	313,513				145,020	168,493		
	MN	836				418	418		
	Total	314,349				145,438	168,911		
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	2,063,735	3,154	99,954	330,943	525,017	620,392	376,732	107,543

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: California\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	489,172	3,512	58,718	98,060	105,380	122,693	78,002	22,807
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	2,308,615	5,670	132,497	370,182	574,963	676,657	423,676	124,970
13. Total Eligibles Enrolled in Managed Care	CN	5,118,403	148,307	459,301	738,617	1,017,930	1,334,859	986,149	433,240
	MN	34,770	275	994	3,894	7,933	9,250	7,273	5,151
	Total	5,153,173	148,582	460,295	742,511	1,025,863	1,344,109	993,422	438,391
14a. Total Number of Screening Blood Lead Tests	CN	251,578	1,358	170,711	79,509				
	MN	330	0	191	139				
	Total	251,908	1,358	170,902	79,648				
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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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Colorado\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	633,360	29,337	62,961	96,185	123,481	158,821	112,321	50,254
	MN	0	0	0	0	0	0	0	0
	Total	633,360	29,337	62,961	96,185	123,481	158,821	112,321	50,254
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	593,921	21,508	59,806	91,236	117,390	151,180	106,441	46,360
	MN	0	0	0	0	0	0	0	0
	Total	593,921	21,508	59,806	91,236	117,390	151,180	106,441	46,360
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			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	6,403,257	158,175	659,333	1,000,029	1,289,349	1,662,654	1,159,358	474,359
	MN	0	0	0	0	0	0	0	0
	Total	6,403,257	158,175	659,333	1,000,029	1,289,349	1,662,654	1,159,358	474,359
3b. Average Period of Eligibility	CN	0.90	0.61	0.92	0.91	0.92	0.92	0.91	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.61	0.92	0.91	0.92	0.92	0.91	0.85
4. Expected Number of Screenings per Eligible	CN		4.27	2.30	0.91	0.92	0.92	0.91	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.30	0.91	0.92	0.92	0.91	0.85
5. Expected Number of Screenings	CN	695,770	91,839	137,554	83,025	107,999	139,086	96,861	39,406
	MN	0	0	0	0	0	0	0	0
	Total	695,770	91,839	137,554	83,025	107,999	139,086	96,861	39,406
6. Total Screens Received	CN	399,034	104,128	106,850	51,299	42,906	55,773	32,045	6,033
	MN	0	0	0	0	0	0	0	0
	Total	399,034	104,128	106,850	51,299	42,906	55,773	32,045	6,033
7. SCREENING RATIO	CN	0.57	1.00	0.78	0.62	0.40	0.40	0.33	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	1.00	0.78	0.62	0.40	0.40	0.33	0.15



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Colorado\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	547,691	21,508	59,806	83,025	107,999	139,086	96,861	39,406
	MN	0	0	0	0	0	0	0	0
	Total	547,691	21,508	59,806	83,025	107,999	139,086	96,861	39,406
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	243,776	20,456	45,272	46,811	41,428	53,710	30,512	5,587
	MN	0	0	0	0	0	0	0	0
	Total	243,776	20,456	45,272	46,811	41,428	53,710	30,512	5,587
10. PARTICIPANT RATIO	CN	0.45	0.95	0.76	0.56	0.38	0.39	0.32	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.95	0.76	0.56	0.38	0.39	0.32	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	149,277	17,041	35,173	23,250	20,689	28,858	19,895	4,371
	MN	0	0	0	0	0	0	0	0
	Total	149,277	17,041	35,173	23,250	20,689	28,858	19,895	4,371
12a. Total Eligibles Receiving Any Dental Services	CN	296,046	1,345	21,601	47,676	69,801	88,040	52,718	14,865
	MN	0	0	0	0	0	0	0	0
	Total	296,046	1,345	21,601	47,676	69,801	88,040	52,718	14,865
12b. Total Eligibles Receiving Preventive Dental Services	CN	267,067	570	19,234	45,151	66,195	80,367	44,837	10,713
	MN	0	0	0	0	0	0	0	0
	Total	267,067	570	19,234	45,151	66,195	80,367	44,837	10,713
12c. Total Eligibles Receiving Dental Treatment Services	CN	135,426	183	1,567	14,558	33,763	47,027	29,764	8,564
	MN	0	0	0	0	0	0	0	0
	Total	135,426	183	1,567	14,558	33,763	47,027	29,764	8,564
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,302				16,827	16,475		
	MN	0				0	0		
	Total	33,302				16,827	16,475		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	278,122	1,059	19,676	45,562	66,958	83,009	48,409	13,449
	MN	0	0	0	0	0	0	0	0
	Total	278,122	1,059	19,676	45,562	66,958	83,009	48,409	13,449

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Colorado\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	31,178	703	11,084	7,380	4,423	4,542	2,772	274
	MN	0	0	0	0	0	0	0	0
	Total	31,178	703	11,084	7,380	4,423	4,542	2,772	274
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	272,385	724	22,579	46,231	66,502	80,653	44,964	10,732
	MN	0	0	0	0	0	0	0	0
	Total	272,385	724	22,579	46,231	66,502	80,653	44,964	10,732
13. Total Eligibles Enrolled in Managed Care	CN	592,076	21,436	59,674	90,921	117,024	150,738	106,082	46,201
	MN	0	0	0	0	0	0	0	0
	Total	592,076	21,436	59,674	90,921	117,024	150,738	106,082	46,201
14a. Total Number of Screening Blood Lead Tests	CN	20,841	183	16,748	3,910				
	MN	0	0	0	0				
	Total	20,841	183	16,748	3,910				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Connecticut\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	384,006	17,077	36,653	56,109	74,649	95,783	70,254	33,481
	MN	353	0	0	0	0	0	115	238
	Total	384,359	17,077	36,653	56,109	74,649	95,783	70,369	33,719
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	367,746	12,496	35,463	54,226	72,411	93,067	68,162	31,921
	MN	350	0	0	0	0	0	115	235
	Total	368,096	12,496	35,463	54,226	72,411	93,067	68,277	32,156
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	4,096,173	93,109	394,349	610,662	821,839	1,058,098	770,667	347,449
	MN	4,061	0	0	0	0	0	1,310	2,751
	Total	4,100,234	93,109	394,349	610,662	821,839	1,058,098	771,977	350,200
3b. Average Period of Eligibility	CN	0.93	0.62	0.93	0.94	0.95	0.95	0.94	0.91
	MN	0.97	0.00	0.00	0.00	0.00	0.00	0.95	0.98
	Total	0.93	0.62	0.93	0.94	0.95	0.95	0.94	0.91
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.94	0.95	0.95	0.94	0.91
	MN		0.00	0.00	0.00	0.00	0.00	0.95	0.98
	Total		4.34	2.33	0.94	0.95	0.95	0.94	0.91
5. Expected Number of Screenings	CN	438,158	54,233	82,629	50,972	68,790	88,414	64,072	29,048
	MN	339	0	0	0	0	0	109	230
	Total	438,497	54,233	82,629	50,972	68,790	88,414	64,181	29,278
6. Total Screens Received	CN	325,956	62,191	81,271	43,232	40,358	53,620	35,676	9,608
	MN	201	0	0	0	0	0	90	111
	Total	326,157	62,191	81,271	43,232	40,358	53,620	35,766	9,719
7. SCREENING RATIO	CN	0.74	1.00	0.98	0.85	0.59	0.61	0.56	0.33
	MN	0.59	0.00	0.00	0.00	0.00	0.00	0.83	0.48
	Total	0.74	1.00	0.98	0.85	0.59	0.61	0.56	0.33

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Connecticut\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	349,255	12,496	35,463	50,972	68,790	88,414	64,072	29,048
	MN	339	0	0	0	0	0	109	230
	Total	349,594	12,496	35,463	50,972	68,790	88,414	64,181	29,278
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	213,294	12,073	30,540	38,034	39,021	51,566	33,429	8,631
	MN	171	0	0	0	0	0	72	99
	Total	213,465	12,073	30,540	38,034	39,021	51,566	33,501	8,730
10. PARTICIPANT RATIO	CN	0.61	0.97	0.86	0.75	0.57	0.58	0.52	0.30
	MN	0.50	0.00	0.00	0.00	0.00	0.00	0.66	0.43
	Total	0.61	0.97	0.86	0.75	0.57	0.58	0.52	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	131,343	11,790	25,465	19,987	20,238	27,908	20,220	5,735
	MN	137	0	0	0	0	0	61	76
	Total	131,480	11,790	25,465	19,987	20,238	27,908	20,281	5,811
12a. Total Eligibles Receiving Any Dental Services	CN	196,773	292	11,786	30,772	46,698	58,558	36,656	12,011
	MN	217	0	0	0	0	0	89	128
	Total	196,990	292	11,786	30,772	46,698	58,558	36,745	12,139
12b. Total Eligibles Receiving Preventive Dental Services	CN	176,988	151	11,063	29,136	42,761	52,557	31,644	9,676
	MN	190	0	0	0	0	0	77	113
	Total	177,178	151	11,063	29,136	42,761	52,557	31,721	9,789
12c. Total Eligibles Receiving Dental Treatment Services	CN	73,502	72	331	5,903	18,376	24,952	17,712	6,156
	MN	108	0	0	0	0	0	46	62
	Total	73,610	72	331	5,903	18,376	24,952	17,758	6,218
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,714				9,756	9,958		
	MN	0				0	0		
	Total	19,714				9,756	9,958		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	181,761	240	10,612	28,815	44,132	54,262	32,927	10,773
	MN	201	0	0	0	0	0	86	115
	Total	181,962	240	10,612	28,815	44,132	54,262	33,013	10,888

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Connecticut\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	8,381	457	5,300	2,012	257	131	171	53
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	181,502	504	14,400	29,876	42,819	52,572	31,653	9,678
	MN	190	0	0	0	0	0	77	113
	Total	181,692	504	14,400	29,876	42,819	52,572	31,730	9,791
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	33,471	312	23,083	10,076				
	MN	0	0	0	0				
	Total	33,471	312	23,083	10,076				
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: 2020

State: Delaware\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	115,296	6,009	12,316	17,766	22,545	28,413	19,494	8,753
	MN	0	0	0	0	0	0	0	0
	Total	115,296	6,009	12,316	17,766	22,545	28,413	19,494	8,753
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	108,904	4,414	11,717	16,997	21,611	27,301	18,653	8,211
	MN	0	0	0	0	0	0	0	0
	Total	108,904	4,414	11,717	16,997	21,611	27,301	18,653	8,211
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	2,634	66	752	1,383	363	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	2,634	66	752	1,383	363	DS	DS	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	1,191,539	32,633	129,430	188,357	240,083	305,377	207,632	88,027
	MN	0	0	0	0	0	0	0	0
	Total	1,191,539	32,633	129,430	188,357	240,083	305,377	207,632	88,027
3b. Average Period of Eligibility	CN	0.91	0.62	0.92	0.92	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	0.92	0.92	0.93	0.93	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		4.34	2.30	0.92	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	2.30	0.92	0.93	0.93	0.93	0.89
5. Expected Number of Screenings	CN	131,886	19,157	26,949	15,637	20,098	25,390	17,347	7,308
	MN	0	0	0	0	0	0	0	0
	Total	131,886	19,157	26,949	15,637	20,098	25,390	17,347	7,308
6. Total Screens Received	CN	83,684	17,735	22,077	11,389	10,267	12,669	7,984	1,563
	MN	0	0	0	0	0	0	0	0
	Total	83,684	17,735	22,077	11,389	10,267	12,669	7,984	1,563
7. SCREENING RATIO	CN	0.63	0.93	0.82	0.73	0.51	0.50	0.46	0.21
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.63	0.93	0.82	0.73	0.51	0.50	0.46	0.21

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Delaware\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	101,911	4,414	11,717	15,637	20,098	25,390	17,347	7,308
	MN	0	0	0	0	0	0	0	0
	Total	101,911	4,414	11,717	15,637	20,098	25,390	17,347	7,308
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	55,070	4,092	9,251	10,326	10,122	12,346	7,460	1,473
	MN	0	0	0	0	0	0	0	0
	Total	55,070	4,092	9,251	10,326	10,122	12,346	7,460	1,473
10. PARTICIPANT RATIO	CN	0.54	0.93	0.79	0.66	0.50	0.49	0.43	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.93	0.79	0.66	0.50	0.49	0.43	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	32,515	3,894	7,014	4,732	4,884	6,595	4,455	941
	MN	0	0	0	0	0	0	0	0
	Total	32,515	3,894	7,014	4,732	4,884	6,595	4,455	941
12a. Total Eligibles Receiving Any Dental Services	CN	47,307	18	2,036	7,518	12,118	14,438	8,645	2,534
	MN	0	0	0	0	0	0	0	0
	Total	47,307	18	2,036	7,518	12,118	14,438	8,645	2,534
12b. Total Eligibles Receiving Preventive Dental Services	CN	43,632	DS	DS	7,164	11,323	13,403	7,673	2,121
	MN	0	0	0	0	0	0	0	0
	Total	43,632	DS	DS	7,164	11,323	13,403	7,673	2,121
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,208	DS	DS	2,214	5,440	6,625	4,449	1,337
	MN	0	0	0	0	0	0	0	0
	Total	20,208	DS	DS	2,214	5,440	6,625	4,449	1,337
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,973				2,493	2,480		
	MN	0				0	0		
	Total	4,973				2,493	2,480		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	45,026	18	1,985	7,371	11,649	13,658	8,009	2,336
	MN	0	0	0	0	0	0	0	0
	Total	45,026	18	1,985	7,371	11,649	13,658	8,009	2,336

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Delaware\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Delaware*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	715	DS	457	189	51	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	715	DS	457	189	51	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	44,170	DS	2,312	7,295	11,347	13,408	7,675	DS
	MN	0	0	0	0	0	0	0	0
	Total	44,170	DS	2,312	7,295	11,347	13,408	7,675	DS
13. Total Eligibles Enrolled in Managed Care	CN	107,874	4,295	11,594	16,834	21,455	27,098	18,479	8,119
	MN	0	0	0	0	0	0	0	0
	Total	107,874	4,295	11,594	16,834	21,455	27,098	18,479	8,119
14a. Total Number of Screening Blood Lead Tests	CN	7,056	55	5,437	1,564				
	MN	0	0	0	0				
	Total	7,056	55	5,437	1,564				
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: 2020

State: District of Columbia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	98,933	4,788	10,237	17,030	21,096	23,973	14,602	7,207
	MN	0	0	0	0	0	0	0	0
	Total	98,933	4,788	10,237	17,030	21,096	23,973	14,602	7,207
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	96,450	3,995	10,045	16,707	20,765	23,611	14,324	7,003
	MN	0	0	0	0	0	0	0	0
	Total	96,450	3,995	10,045	16,707	20,765	23,611	14,324	7,003
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	17,904	17	597	1,604	4,432	5,642	5,612	0
	MN	0	0	0	0	0	0	0	0
	Total	17,904	17	597	1,604	4,432	5,642	5,612	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	1,082,590	31,095	116,180	188,858	236,217	269,237	162,576	78,427
	MN	0	0	0	0	0	0	0	0
	Total	1,082,590	31,095	116,180	188,858	236,217	269,237	162,576	78,427
3b. Average Period of Eligibility	CN	0.94	0.65	0.96	0.94	0.95	0.95	0.95	0.93
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.65	0.96	0.94	0.95	0.95	0.95	0.93
4. Expected Number of Screenings per Eligible	CN		4.55	2.40	0.94	0.95	0.95	0.95	0.93
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.40	0.94	0.95	0.95	0.95	0.93
5. Expected Number of Screenings	CN	120,268	18,177	24,108	15,705	19,727	22,430	13,608	6,513
	MN	0	0	0	0	0	0	0	0
	Total	120,268	18,177	24,108	15,705	19,727	22,430	13,608	6,513
6. Total Screens Received	CN	74,559	15,054	17,116	10,083	10,566	12,651	7,123	1,966
	MN	0	0	0	0	0	0	0	0
	Total	74,559	15,054	17,116	10,083	10,566	12,651	7,123	1,966
7. SCREENING RATIO	CN	0.62	0.83	0.71	0.64	0.54	0.56	0.52	0.30
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.62	0.83	0.71	0.64	0.54	0.56	0.52	0.30

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: District of Columbia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	92,023	3,995	10,045	15,705	19,727	22,430	13,608	6,513
	MN	0	0	0	0	0	0	0	0
	Total	92,023	3,995	10,045	15,705	19,727	22,430	13,608	6,513
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	46,234	3,511	7,404	8,162	8,967	10,629	5,905	1,656
	MN	0	0	0	0	0	0	0	0
	Total	46,234	3,511	7,404	8,162	8,967	10,629	5,905	1,656
10. PARTICIPANT RATIO	CN	0.50	0.88	0.74	0.52	0.45	0.47	0.43	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.88	0.74	0.52	0.45	0.47	0.43	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	27,560	3,099	5,426	3,882	4,200	5,878	3,881	1,194
	MN	0	0	0	0	0	0	0	0
	Total	27,560	3,099	5,426	3,882	4,200	5,878	3,881	1,194
12a. Total Eligibles Receiving Any Dental Services	CN	41,429	17	2,375	8,077	10,481	11,743	6,521	2,215
	MN	0	0	0	0	0	0	0	0
	Total	41,429	17	2,375	8,077	10,481	11,743	6,521	2,215
12b. Total Eligibles Receiving Preventive Dental Services	CN	35,628	14	1,945	6,860	9,374	10,508	5,288	1,639
	MN	0	0	0	0	0	0	0	0
	Total	35,628	14	1,945	6,860	9,374	10,508	5,288	1,639
12c. Total Eligibles Receiving Dental Treatment Services	CN	14,653	0	73	1,438	3,693	4,801	3,498	1,150
	MN	0	0	0	0	0	0	0	0
	Total	14,653	0	73	1,438	3,693	4,801	3,498	1,150
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,841				2,093	1,748		
	MN	0				0	0		
	Total	3,841				2,093	1,748		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	39,025	17	2,314	7,875	10,133	10,983	5,762	1,941
	MN	0	0	0	0	0	0	0	0
	Total	39,025	17	2,314	7,875	10,133	10,983	5,762	1,941

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: District of Columbia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	5,210	346	3,350	1,193	256	DS	31	DS
	MN	0	0	0	0	0	0	0	0
	Total	5,210	346	3,350	1,193	256	DS	31	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	39,285	357	4,507	7,467	9,480	10,524	5,308	1,642
	MN	0	0	0	0	0	0	0	0
	Total	39,285	357	4,507	7,467	9,480	10,524	5,308	1,642
13. Total Eligibles Enrolled in Managed Care	CN	89,774	3,076	9,553	15,853	19,769	22,220	13,152	6,151
	MN	0	0	0	0	0	0	0	0
	Total	89,774	3,076	9,553	15,853	19,769	22,220	13,152	6,151
14a. Total Number of Screening Blood Lead Tests	CN	6,725	289	4,947	1,489				
	MN	0	0	0	0				
	Total	6,725	289	4,947	1,489				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Florida\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	2,506,197	137,189	284,536	401,358	503,653	619,086	423,185	137,190
	MN	39,914	700	1,639	3,195	5,822	7,717	6,895	13,946
	Total	2,546,111	137,889	286,175	404,553	509,475	626,803	430,080	151,136
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,389,294	112,094	275,253	387,934	486,490	597,369	406,579	123,575
	MN	23,792	392	1,029	1,842	3,543	4,575	4,086	8,325
	Total	2,413,086	112,486	276,282	389,776	490,033	601,944	410,665	131,900
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	125,483	DS	DS	DS	38,560	49,584	34,016	3,310
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	26,074,198	833,745	3,102,624	4,352,579	5,428,516	6,647,856	4,483,991	1,224,887
	MN	163,004	2,571	7,572	12,608	24,736	31,409	28,154	55,954
	Total	26,237,202	836,316	3,110,196	4,365,187	5,453,252	6,679,265	4,512,145	1,280,841
3b. Average Period of Eligibility	CN	0.91	0.62	0.94	0.93	0.93	0.93	0.92	0.83
	MN	0.57	0.55	0.61	0.57	0.58	0.57	0.57	0.56
	Total	0.91	0.62	0.94	0.93	0.93	0.92	0.92	0.81
4. Expected Number of Screenings per Eligible	CN		4.34	2.35	0.93	0.93	0.93	0.92	0.83
	MN		3.85	1.53	0.57	0.58	0.57	0.57	0.56
	Total		4.34	2.35	0.93	0.93	0.92	0.92	0.81
5. Expected Number of Screenings	CN	2,978,721	486,488	646,845	360,779	452,436	555,553	374,053	102,567
	MN	15,787	1,509	1,574	1,050	2,055	2,608	2,329	4,662
	Total	2,994,508	487,997	648,419	361,829	454,491	558,161	376,382	107,229
6. Total Screens Received	CN	2,053,428	462,257	557,021	289,728	247,846	303,538	169,893	23,145
	MN	7,221	898	1,220	888	1,067	1,293	872	983
	Total	2,060,649	463,155	558,241	290,616	248,913	304,831	170,765	24,128
7. SCREENING RATIO	CN	0.69	0.95	0.86	0.80	0.55	0.55	0.45	0.23
	MN	0.46	0.60	0.78	0.85	0.52	0.50	0.37	0.21
	Total	0.69	0.95	0.86	0.80	0.55	0.55	0.45	0.23

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Florida\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	2,232,735	112,094	275,253	360,779	452,436	555,553	374,053	102,567
	MN	14,125	392	1,029	1,050	2,055	2,608	2,329	4,662
	Total	2,246,860	112,486	276,282	361,829	454,491	558,161	376,382	107,229
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,258,647	104,576	221,917	250,010	229,035	278,852	153,838	20,419
	MN	5,430	267	655	773	969	1,177	777	812
	Total	1,264,077	104,843	222,572	250,783	230,004	280,029	154,615	21,231
10. PARTICIPANT RATIO	CN	0.56	0.93	0.81	0.69	0.51	0.50	0.41	0.20
	MN	0.38	0.68	0.64	0.74	0.47	0.45	0.33	0.17
	Total	0.56	0.93	0.81	0.69	0.51	0.50	0.41	0.20
11. Total Eligibles Referred for Corrective Treatment	CN	714,736	99,932	169,746	116,577	103,484	128,907	82,752	13,338
	MN	664	50	120	70	54	60	83	227
	Total	715,400	99,982	169,866	116,647	103,538	128,967	82,835	13,565
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	850,093	1,798	42,996	142,615	232,985	258,782	144,880	26,037
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	763,834	1,026	40,196	132,951	214,999	234,751	121,176	18,735
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	325,828	616	6,403	43,961	99,065	99,290	64,483	12,010
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	130,869				64,819	66,050		
	MN	535				270	265		
	Total	131,404				65,089	66,315		
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	748,870	576	31,591	129,745	205,562	230,609	128,043	22,744

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Florida\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	115,774	4,281	71,025	33,888	3,642	2,045	840	53
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	938,423	5,978	104,265	165,967	233,920	258,797	144,563	24,933
	MN	4,805	16	338	517	962	1,059	773	1,140
	Total	943,228	5,994	104,603	166,484	234,882	259,856	145,336	26,073
13. Total Eligibles Enrolled in Managed Care	CN	2,342,799	111,481	274,484	384,130	478,215	582,814	393,774	117,901
	MN	16,628	258	920	1,586	2,670	3,161	2,690	5,343
	Total	2,359,427	111,739	275,404	385,716	480,885	585,975	396,464	123,244
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	164,026	2,481	127,567	33,978				
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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Georgia\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS									
	X								
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	1,452,724	83,423	167,164	232,945	292,578	368,005	243,480	65,129
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	1,365,733	61,886	158,613	223,489	280,660	353,528	232,778	54,779
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	112,689	DS	DS	0	31,298	45,704	30,857	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	14,805,714	463,636	1,733,723	2,472,905	3,113,302	3,932,741	2,568,236	521,171
3b. Average Period of Eligibility	CN	0.90	0.62	0.91	0.92	0.92	0.93	0.92	0.79
	MN	0.81	0.87	0.81	0.38	0.74	0.84	0.81	0.81
	Total	0.90	0.62	0.91	0.92	0.92	0.93	0.92	0.79
4. Expected Number of Screenings per Eligible	CN		4.34	2.28	0.92	0.92	0.93	0.92	0.79
	MN		6.09	2.03	0.38	0.74	0.84	0.81	0.81
	Total		4.34	2.28	0.92	0.92	0.93	0.92	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	1,680,257	268,594	361,635	205,609	258,206	328,776	214,151	43,286
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,100,226	253,777	306,492	150,737	126,249	164,473	90,803	7,695
7. SCREENING RATIO	CN	0.65	0.94	0.85	0.73	0.49	0.50	0.42	0.18
	MN	0.19	0.70	0.75	0.00	0.60	0.44	0.21	0.10
	Total	0.65	0.94	0.85	0.73	0.49	0.50	0.42	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Georgia\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,270,527	61,886	158,613	205,609	258,206	328,776	214,151	43,286
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	680,234	58,254	123,017	132,187	119,924	155,054	84,580	7,218
10. PARTICIPANT RATIO	CN	0.54	0.94	0.78	0.64	0.46	0.47	0.39	0.17
	MN	0.15	1.00	0.63	0.00	0.60	0.42	0.21	0.09
	Total	0.54	0.94	0.78	0.64	0.46	0.47	0.39	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	393,779	55,474	95,525	62,766	56,069	73,748	45,819	4,378
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	574,757	207	23,063	103,735	156,455	181,185	97,893	12,219
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	535,990	121	20,740	98,265	147,747	171,522	87,949	9,646
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	248,530	54	4,305	36,315	75,867	78,995	47,230	5,764
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	71,291				35,984	35,307		
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	554,497	126	21,974	101,510	150,859	175,043	93,498	11,487



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Georgia\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	53,201	1,438	25,897	17,520	5,152	2,505	626	63
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	568,869	1,541	42,729	105,105	148,876	172,645	88,293	9,680
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	1,294,426	61,195	153,072	215,228	265,890	333,273	218,414	47,354
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	95,060	624	79,831	14,605				
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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Report Generated Time: 03/07/2022 11:29:22 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Guam\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	25,442	930	3,023	4,448	5,626	6,213	3,971	1,231
	MN	0	0	0	0	0	0	0	0
	Total	25,442	930	3,023	4,448	5,626	6,213	3,971	1,231
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	24,236	743	2,874	4,258	5,437	6,015	3,827	1,082
	MN	0	0	0	0	0	0	0	0
	Total	24,236	743	2,874	4,258	5,437	6,015	3,827	1,082
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	84	12	12	12	12	12	12	12
	MN	0	0	0	0	0	0	0	0
	Total	84	12	12	12	12	12	12	12
3b. Average Period of Eligibility	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Expected Number of Screenings per Eligible	CN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of Screenings	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
6. Total Screens Received	CN	4,904	826	1,360	806	602	922	367	21
	MN	0	0	0	0	0	0	0	0
	Total	4,904	826	1,360	806	602	922	367	21
7. SCREENING RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Guam\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	4,069	427	963	788	597	911	362	21
	MN	0	0	0	0	0	0	0	0
	Total	4,069	427	963	788	597	911	362	21
10. PARTICIPANT RATIO	CN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Total Eligibles Referred for Corrective Treatment	CN	505	0	0	DS	80	181	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	505	0	0	DS	80	181	DS	DS
12a. Total Eligibles Receiving Any Dental Services	CN	7,397	DS	358	1,525	2,105	2,107	1,105	DS
	MN	0	0	0	0	0	0	0	0
	Total	7,397	DS	358	1,525	2,105	2,107	1,105	DS
12b. Total Eligibles Receiving Preventive Dental Services	CN	6,575	DS	DS	1,364	1,968	1,920	889	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,575	DS	DS	1,364	1,968	1,920	889	DS
12c. Total Eligibles Receiving Dental Treatment Services	CN	4,012	0	89	840	1,124	1,093	736	130
	MN	0	0	0	0	0	0	0	0
	Total	4,012	0	89	840	1,124	1,093	736	130
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	1,514				611	903		
	MN	0				0	0		
	Total	1,514				611	903		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	6,993	DS	355	1,452	1,988	1,995	1,033	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,993	DS	355	1,452	1,988	1,995	1,033	DS

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Guam\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	6,575	DS	307	1,364	1,968	1,920	889	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,575	DS	307	1,364	1,968	1,920	889	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	31	0	DS	DS				
	MN	0	0	0	0				
	Total	31	0	DS	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 & 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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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Hawaii\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	177,824	9,027	17,991	27,112	36,098	43,411	31,115	13,070
	MN	0	0	0	0	0	0	0	0
	Total	177,824	9,027	17,991	27,112	36,098	43,411	31,115	13,070
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043
	MN	0	0	0	0	0	0	0	0
	Total	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	23,949	165	1,920	3,606	5,437	7,207	5,283	331
	MN	0	0	0	0	0	0	0	0
	Total	23,949	165	1,920	3,606	5,437	7,207	5,283	331
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6	2	1	0.5	0.6	0.5	0.5
3a. Total Months of Eligibility	CN	1,711,744	43,858	165,004	269,810	364,625	440,209	310,079	118,159
	MN	0	0	0	0	0	0	0	0
	Total	1,711,744	43,858	165,004	269,810	364,625	440,209	310,079	118,159
3b. Average Period of Eligibility	CN	0.92	0.61	0.89	0.94	0.94	0.94	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	0.94	0.94	0.94	0.94	0.89
4. Expected Number of Screenings per Eligible	CN		3.66	1.78	0.94	0.47	0.56	0.47	0.45
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.78	0.94	0.47	0.56	0.47	0.45
5. Expected Number of Screenings	CN	126,961	22,030	27,480	22,473	15,185	21,860	12,964	4,969
	MN	0	0	0	0	0	0	0	0
	Total	126,961	22,030	27,480	22,473	15,185	21,860	12,964	4,969
6. Total Screens Received	CN	127,103	27,773	33,045	17,345	14,548	19,273	12,792	2,327
	MN	0	0	0	0	0	0	0	0
	Total	127,103	27,773	33,045	17,345	14,548	19,273	12,792	2,327
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.77	0.96	0.88	0.99	0.47
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	0.77	0.96	0.88	0.99	0.47

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Hawaii\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	98,908	6,019	15,438	22,473	15,185	21,860	12,964	4,969
	MN	0	0	0	0	0	0	0	0
	Total	98,908	6,019	15,438	22,473	15,185	21,860	12,964	4,969
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	76,560	5,775	12,772	15,134	13,046	17,085	10,921	1,827
	MN	0	0	0	0	0	0	0	0
	Total	76,560	5,775	12,772	15,134	13,046	17,085	10,921	1,827
10. PARTICIPANT RATIO	CN	0.77	0.96	0.83	0.67	0.86	0.78	0.84	0.37
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.77	0.96	0.83	0.67	0.86	0.78	0.84	0.37
11. Total Eligibles Referred for Corrective Treatment	CN	37,551	4,101	7,875	5,873	5,340	6,141	5,971	2,250
	MN	0	0	0	0	0	0	0	0
	Total	37,551	4,101	7,875	5,873	5,340	6,141	5,971	2,250
12a. Total Eligibles Receiving Any Dental Services	CN	79,383	127	5,315	14,416	20,458	22,352	13,233	3,482
	MN	0	0	0	0	0	0	0	0
	Total	79,383	127	5,315	14,416	20,458	22,352	13,233	3,482
12b. Total Eligibles Receiving Preventive Dental Services	CN	69,348	73	4,658	12,773	18,111	19,846	11,104	2,783
	MN	0	0	0	0	0	0	0	0
	Total	69,348	73	4,658	12,773	18,111	19,846	11,104	2,783
12c. Total Eligibles Receiving Dental Treatment Services	CN	45,115	85	1,678	7,465	13,507	12,305	7,818	2,257
	MN	0	0	0	0	0	0	0	0
	Total	45,115	85	1,678	7,465	13,507	12,305	7,818	2,257
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,825				3,669	3,156		
	MN	0				0	0		
	Total	6,825				3,669	3,156		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	71,009	104	4,938	13,017	18,157	19,916	11,638	3,239
	MN	0	0	0	0	0	0	0	0
	Total	71,009	104	4,938	13,017	18,157	19,916	11,638	3,239

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Hawaii\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	1,045	DS	810	205	DS	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	1,045	DS	810	205	DS	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	80,428	133	6,125	14,621	20,478	22,355	13,234	3,482
	MN	0	0	0	0	0	0	0	0
	Total	80,428	133	6,125	14,621	20,478	22,355	13,234	3,482
13. Total Eligibles Enrolled in Managed Care	CN	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043
	MN	0	0	0	0	0	0	0	0
	Total	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043
14a. Total Number of Screening Blood Lead Tests	CN	6,883	494	5,319	1,070				
	MN	0	0	0	0				
	Total	6,883	494	5,319	1,070				
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)			

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Idaho\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	204,894	10,418	22,909	33,853	40,920	49,373	34,301	13,120
	MN	744	0	0	27	173	281	263	0
	Total	205,638	10,418	22,909	33,880	41,093	49,654	34,564	13,120
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	195,561	8,380	21,995	32,610	39,614	47,868	33,158	11,936
	MN	704	0	0	26	165	266	247	0
	Total	196,265	8,380	21,995	32,636	39,779	48,134	33,405	11,936
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	2,319	0	0	0	327	918	918	156
	MN	0	0	0	0	0	0	0	0
	Total	2,319	0	0	0	327	918	918	156
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	1,964,888	60,688	226,500	333,089	406,216	493,182	338,003	107,210
	MN	7,020	0	0	237	1,682	2,663	2,438	0
	Total	1,971,908	60,688	226,500	333,326	407,898	495,845	340,441	107,210
3b. Average Period of Eligibility	CN	0.84	0.60	0.86	0.85	0.85	0.86	0.85	0.75
	MN	0.83	0.00	0.00	0.76	0.85	0.83	0.82	0.00
	Total	0.84	0.60	0.86	0.85	0.85	0.86	0.85	0.75
4. Expected Number of Screenings per Eligible	CN		4.20	2.15	0.85	0.85	0.86	0.85	0.75
	MN		0.00	0.00	0.76	0.85	0.83	0.82	0.00
	Total		4.20	2.15	0.85	0.85	0.86	0.85	0.75
5. Expected Number of Screenings	CN	222,178	35,196	47,289	27,719	33,672	41,166	28,184	8,952
	MN	584	0	0	20	140	221	203	0
	Total	222,762	35,196	47,289	27,739	33,812	41,387	28,387	8,952
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	149,266	38,123	43,147	20,089	16,565	19,233	10,482	1,627
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.67	1.00	0.91	0.72	0.49	0.46	0.37	0.18



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Idaho\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	170,068	8,380	21,995	27,719	33,672	41,166	28,184	8,952
	MN	584	0	0	20	140	221	203	0
	Total	170,652	8,380	21,995	27,739	33,812	41,387	28,387	8,952
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	89,580	8,106	17,564	17,957	15,961	18,459	9,976	1,557
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.52	0.97	0.80	0.65	0.47	0.45	0.35	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	60,688	7,871	13,993	10,415	9,722	10,961	6,578	1,148
12a. Total Eligibles Receiving Any Dental Services	CN	95,203	188	6,150	17,648	24,600	27,392	15,972	3,253
	MN	265	0	0	14	73	98	80	0
	Total	95,468	188	6,150	17,662	24,673	27,490	16,052	3,253
12b. Total Eligibles Receiving Preventive Dental Services	CN	87,770	115	5,497	16,576	23,215	25,843	14,092	2,432
	MN	232	0	0	11	64	90	67	0
	Total	88,002	115	5,497	16,587	23,279	25,933	14,159	2,432
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	37,609	38	377	5,231	11,080	11,313	7,808	1,762
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	13,056				6,165	6,891		
	MN	33				14	19		
	Total	13,089				6,179	6,910		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	91,534	114	5,647	17,218	23,879	26,425	15,169	3,082
	MN	245	0	0	12	67	92	74	0
	Total	91,779	114	5,647	17,230	23,946	26,517	15,243	3,082

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Idaho\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Idaho*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	3,359	59	1,873	1,091	133	99	81	23
	MN	0	0	0	0	0	0	0	0
	Total	3,359	59	1,873	1,091	133	99	81	23
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	90,073	174	6,966	17,209	23,281	25,879	14,126	2,438
	MN	232	0	0	11	64	90	67	0
	Total	90,305	174	6,966	17,220	23,345	25,969	14,193	2,438
13. Total Eligibles Enrolled in Managed Care	CN	195,544	8,378	21,990	32,610	39,612	47,866	33,157	11,931
	MN	704	0	0	26	165	266	247	0
	Total	196,248	8,378	21,990	32,636	39,777	48,132	33,404	11,931
14a. Total Number of Screening Blood Lead Tests	CN	6,267	28	5,192	1,047				
	MN	0	0	0	0				
	Total	6,267	28	5,192	1,047				
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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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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Illinois\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	1,414,001	75,832	150,544	217,230	271,060	346,614	245,086	107,635
	MN	27,774	57	287	1,946	5,103	9,216	8,529	2,636
	Total	1,441,775	75,889	150,831	219,176	276,163	355,830	253,615	110,271
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,327,691	52,334	143,354	207,420	259,828	332,453	233,918	98,384
	MN	26,704	33	263	1,861	4,927	8,885	8,216	2,519
	Total	1,354,395	52,367	143,617	209,281	264,755	341,338	242,134	100,903
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	138,929	DS	DS	DS	31,004	57,703	41,447	8,757
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	14,581,392	389,526	1,594,604	2,325,348	2,922,456	3,735,897	2,602,804	1,010,757
	MN	304,403	225	2,851	21,238	56,751	102,075	93,565	27,698
	Total	14,885,795	389,751	1,597,455	2,346,586	2,979,207	3,837,972	2,696,369	1,038,455
3b. Average Period of Eligibility	CN	0.92	0.62	0.93	0.93	0.94	0.94	0.93	0.86
	MN	0.95	0.57	0.90	0.95	0.96	0.96	0.95	0.92
	Total	0.92	0.62	0.93	0.93	0.94	0.94	0.93	0.86
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.93	0.94	0.94	0.93	0.86
	MN		3.99	2.25	0.95	0.96	0.96	0.95	0.92
	Total		4.34	2.33	0.93	0.94	0.94	0.93	0.86
5. Expected Number of Screenings	CN	1,612,944	227,130	334,015	192,901	244,238	312,506	217,544	84,610
	MN	25,874	132	592	1,768	4,730	8,530	7,805	2,317
	Total	1,638,818	227,262	334,607	194,669	248,968	321,036	225,349	86,927
6. Total Screens Received	CN	895,865	202,555	249,739	126,346	87,128	139,515	76,507	14,075
	MN	9,674	63	376	1,136	1,702	3,564	2,430	403
	Total	905,539	202,618	250,115	127,482	88,830	143,079	78,937	14,478
7. SCREENING RATIO	CN	0.56	0.89	0.75	0.65	0.36	0.45	0.35	0.17
	MN	0.37	0.48	0.64	0.64	0.36	0.42	0.31	0.17
	Total	0.55	0.89	0.75	0.65	0.36	0.45	0.35	0.17

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Illinois\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,247,487	52,334	143,354	192,901	244,238	312,506	217,544	84,610
	MN	25,446	33	263	1,768	4,730	8,530	7,805	2,317
	Total	1,272,933	52,367	143,617	194,669	248,968	321,036	225,349	86,927
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	554,365	47,297	106,650	108,655	81,351	127,387	70,113	12,912
	MN	8,615	25	194	983	1,573	3,255	2,217	368
	Total	562,980	47,322	106,844	109,638	82,924	130,642	72,330	13,280
10. PARTICIPANT RATIO	CN	0.44	0.90	0.74	0.56	0.33	0.41	0.32	0.15
	MN	0.34	0.76	0.74	0.56	0.33	0.38	0.28	0.16
	Total	0.44	0.90	0.74	0.56	0.33	0.41	0.32	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	305,931	44,204	80,975	48,780	34,641	55,395	34,194	7,742
	MN	5,784	22	171	667	1,104	2,128	1,438	254
	Total	311,715	44,226	81,146	49,447	35,745	57,523	35,632	7,996
12a. Total Eligibles Receiving Any Dental Services	CN	487,782	354	20,844	77,897	127,628	152,830	86,219	22,010
	MN	8,121	0	28	548	1,851	3,000	2,231	463
	Total	495,903	354	20,872	78,445	129,479	155,830	88,450	22,473
12b. Total Eligibles Receiving Preventive Dental Services	CN	445,840	303	19,857	73,230	118,423	141,731	74,948	17,348
	MN	6,946	0	27	488	1,627	2,635	1,826	343
	Total	452,786	303	19,884	73,718	120,050	144,366	76,774	17,691
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	158,112	34	609	14,526	43,124	53,249	36,431	10,139
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	54,936				25,505	29,431		
	MN	772				279	493		
	Total	55,708				25,784	29,924		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	462,797	220	16,771	75,501	123,954	146,611	79,474	20,266
	MN	7,580	0	22	527	1,792	2,825	2,005	409
	Total	470,377	220	16,793	76,028	125,746	149,436	81,479	20,675

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Illinois\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Illinois*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	9,516	372	7,696	1,431	DS	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	453,806	672	26,483	74,193	118,430	141,732	74,948	17,348
	MN	6,962	0	37	493	1,628	2,635	1,826	343
	Total	460,768	672	26,520	74,686	120,058	144,367	76,774	17,691
13. Total Eligibles Enrolled in Managed Care	CN	1,234,612	50,111	137,204	195,670	243,242	308,004	213,183	87,198
	MN	24,567	23	239	1,698	4,552	8,248	7,582	2,225
	Total	1,259,179	50,134	137,443	197,368	247,794	316,252	220,765	89,423
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	104,348	3,079	57,301	43,968				
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.

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Report Generated Time: 03/07/2022 11:29:22 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Indiana\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	825,564	47,159	93,874	131,939	162,174	197,140	135,726	57,552
	MN	0	0	0	0	0	0	0	0
	Total	825,564	47,159	93,874	131,939	162,174	197,140	135,726	57,552
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	769,439	33,758	89,387	125,616	154,020	188,029	128,179	50,450
	MN	0	0	0	0	0	0	0	0
	Total	769,439	33,758	89,387	125,616	154,020	188,029	128,179	50,450
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	114,354	0	3,988	8,295	30,270	40,641	26,265	4,895
	MN	0	0	0	0	0	0	0	0
	Total	114,354	0	3,988	8,295	30,270	40,641	26,265	4,895
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	8,495,743	251,286	1,014,210	1,412,101	1,729,867	2,123,380	1,438,340	526,559
	MN	0	0	0	0	0	0	0	0
	Total	8,495,743	251,286	1,014,210	1,412,101	1,729,867	2,123,380	1,438,340	526,559
3b. Average Period of Eligibility	CN	0.92	0.62	0.95	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	0.95	0.94	0.94	0.94	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	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	2.38	0.94	0.94	0.94	0.94	0.87
5. Expected Number of Screenings	CN	963,236	146,510	212,741	118,079	144,779	176,747	120,488	43,892
	MN	0	0	0	0	0	0	0	0
	Total	963,236	146,510	212,741	118,079	144,779	176,747	120,488	43,892
6. Total Screens Received	CN	517,455	129,349	147,005	67,190	56,409	71,030	39,487	6,985
	MN	0	0	0	0	0	0	0	0
	Total	517,455	129,349	147,005	67,190	56,409	71,030	39,487	6,985
7. SCREENING RATIO	CN	0.54	0.88	0.69	0.57	0.39	0.40	0.33	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.88	0.69	0.57	0.39	0.40	0.33	0.16

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Indiana\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	727,130	33,758	89,387	118,079	144,779	176,747	120,488	43,892
	MN	0	0	0	0	0	0	0	0
	Total	727,130	33,758	89,387	118,079	144,779	176,747	120,488	43,892
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	316,218	30,430	63,854	59,569	53,129	66,177	36,509	6,550
	MN	0	0	0	0	0	0	0	0
	Total	316,218	30,430	63,854	59,569	53,129	66,177	36,509	6,550
10. PARTICIPANT RATIO	CN	0.43	0.90	0.71	0.50	0.37	0.37	0.30	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.90	0.71	0.50	0.37	0.37	0.30	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	185,164	28,445	46,974	26,121	25,919	32,732	20,615	4,358
	MN	0	0	0	0	0	0	0	0
	Total	185,164	28,445	46,974	26,121	25,919	32,732	20,615	4,358
12a. Total Eligibles Receiving Any Dental Services	CN	100,188	156	5,631	16,139	26,391	29,804	17,890	4,177
	MN	0	0	0	0	0	0	0	0
	Total	100,188	156	5,631	16,139	26,391	29,804	17,890	4,177
12b. Total Eligibles Receiving Preventive Dental Services	CN	90,965	62	5,024	14,709	24,446	27,916	15,624	3,184
	MN	0	0	0	0	0	0	0	0
	Total	90,965	62	5,024	14,709	24,446	27,916	15,624	3,184
12c. Total Eligibles Receiving Dental Treatment Services	CN	35,276	61	316	4,231	10,382	10,558	7,803	1,925
	MN	0	0	0	0	0	0	0	0
	Total	35,276	61	316	4,231	10,382	10,558	7,803	1,925
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,384				5,736	5,648		
	MN	0				0	0		
	Total	11,384				5,736	5,648		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	95,280	93	4,829	15,563	25,268	28,633	16,935	3,959
	MN	0	0	0	0	0	0	0	0
	Total	95,280	93	4,829	15,563	25,268	28,633	16,935	3,959

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Indiana\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Indiana*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	3,014	58	2,309	618	DS	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	3,014	58	2,309	618	DS	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	93,737	119	7,151	15,272	24,469	27,917	15,625	3,184
	MN	0	0	0	0	0	0	0	0
	Total	93,737	119	7,151	15,272	24,469	27,917	15,625	3,184
13. Total Eligibles Enrolled in Managed Care	CN	712,230	33,025	87,320	119,026	141,436	171,471	115,008	44,944
	MN	0	0	0	0	0	0	0	0
	Total	712,230	33,025	87,320	119,026	141,436	171,471	115,008	44,944
14a. Total Number of Screening Blood Lead Tests	CN	42,149	811	33,346	7,992				
	MN	0	0	0	0				
	Total	42,149	811	33,346	7,992				
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: 2020

State: Iowa\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	348,513	20,000	39,893	54,031	68,208	83,399	56,563	26,419
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	327,760	16,194	37,325	51,145	65,001	79,657	53,789	24,649
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	28,196	374	386	14	8,573	10,893	6,798	1,158
	MN	0	0	0	0	0	0	0	0
	Total	28,196	374	386	14	8,573	10,893	6,798	1,158
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	3,541,452	119,741	401,982	560,334	719,177	883,982	592,565	263,671
3b. Average Period of Eligibility	CN	0.90	0.62	0.90	0.91	0.92	0.92	0.92	0.89
	MN	0.75	0.00	0.00	0.00	0.00	0.63	1.00	0.00
	Total	0.90	0.62	0.90	0.91	0.92	0.92	0.92	0.89
4. Expected Number of Screenings per Eligible	CN		4.34	2.25	0.91	0.92	0.92	0.92	0.89
	MN		0.00	0.00	0.00	0.00	0.63	1.00	0.00
	Total		4.34	2.25	0.91	0.92	0.92	0.92	0.89
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	405,314	70,282	83,981	46,542	59,801	73,284	49,486	21,938
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	254,267	67,216	73,528	32,706	25,456	32,692	18,699	3,970
7. SCREENING RATIO	CN	0.63	0.96	0.88	0.70	0.43	0.45	0.38	0.18
	MN	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00
	Total	0.63	0.96	0.88	0.70	0.43	0.45	0.38	0.18

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Iowa\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	304,570	16,194	37,325	46,542	59,801	73,284	49,486	21,938
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	153,734	15,111	29,774	30,296	24,897	31,894	17,973	3,789
10. PARTICIPANT RATIO	CN	0.50	0.93	0.80	0.65	0.42	0.44	0.36	0.17
	MN	1.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00
	Total	0.50	0.93	0.80	0.65	0.42	0.44	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	97,175	14,529	24,036	15,710	13,026	16,590	10,768	2,516
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	145,042	1,047	11,709	26,887	36,043	40,379	23,121	5,856
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	133,088	731	10,732	25,752	33,992	37,487	20,040	4,354
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	59,922	158	2,138	8,501	16,334	17,738	11,875	3,178
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,629				6,456	6,173		
	MN	0				0	0		
	Total	12,629				6,456	6,173		
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	138,527	983	11,196	26,229	34,557	38,530	21,550	5,482

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Iowa\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Iowa*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,507	82	1,208	144	DS	DS	21	40
	MN	0	0	0	0	0	0	0	0
	Total	1,507	82	1,208	144	DS	DS	21	40
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	134,307	810	11,710	25,857	33,997	37,490	20,057	4,386
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	322,649	16,096	37,066	50,575	63,840	78,094	52,625	24,353
14a. Total Number of Screening Blood Lead Tests	CN	26,280	107	19,145	7,028				
	MN	0	0	0	0				
	Total	26,280	107	19,145	7,028				
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

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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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Kansas\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	266,059	16,190	31,243	45,010	53,632	64,977	42,993	12,014
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	253,477	13,185	30,040	43,493	51,897	62,941	41,500	10,421
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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,781,639	97,367	333,023	484,428	585,229	712,106	467,777	101,709
3b. Average Period of Eligibility	CN	0.91	0.62	0.92	0.93	0.94	0.94	0.94	0.81
	MN	0.79	0.00	0.61	0.81	1.00	1.00	0.25	0.80
	Total	0.91	0.62	0.92	0.93	0.94	0.94	0.94	0.81
4. Expected Number of Screenings per Eligible	CN		4.34	2.30	0.93	0.94	0.94	0.94	0.81
	MN		0.00	1.53	0.81	1.00	1.00	0.25	0.80
	Total		4.34	2.30	0.93	0.94	0.94	0.94	0.81
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	322,159	57,223	69,090	40,448	48,783	59,165	39,009	8,441
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	222,349	60,366	61,008	30,442	22,766	28,998	16,998	1,771
7. SCREENING RATIO	CN	0.69	1.00	0.88	0.75	0.47	0.49	0.44	0.21
	MN	0.30	0.00	0.80	0.00	0.00	0.50	0.00	0.18
	Total	0.69	1.00	0.88	0.75	0.47	0.49	0.44	0.21

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Kansas\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	239,071	13,185	30,040	40,448	48,783	59,165	39,009	8,441
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	122,478	12,393	22,892	24,850	20,470	25,639	14,716	1,518
10. PARTICIPANT RATIO	CN	0.51	0.94	0.76	0.61	0.42	0.43	0.38	0.18
	MN	0.19	0.00	0.33	0.00	0.00	0.50	0.00	0.18
	Total	0.51	0.94	0.76	0.61	0.42	0.43	0.38	0.18
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	87,198	11,891	19,592	15,001	12,636	16,522	10,350	1,206
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	101,916	136	5,269	18,642	27,270	30,844	17,323	2,432
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	96,507	64	4,825	17,796	26,136	29,742	15,936	2,008
12c. Total Eligibles Receiving Dental Treatment Services	CN	39,658	51	431	5,624	12,171	11,877	8,229	1,275
	MN	0	0	0	0	0	0	0	0
	Total	39,658	51	431	5,624	12,171	11,877	8,229	1,275
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,910				9,740	12,170		
	MN	0				0	0		
	Total	21,910				9,740	12,170		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	98,000	129	5,124	18,001	26,196	29,655	16,608	2,287
	MN	0	0	0	0	0	0	0	0
	Total	98,000	129	5,124	18,001	26,196	29,655	16,608	2,287

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Kansas\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	24,693	379	3,065	4,560	6,592	6,303	3,378	416
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	115,205	439	7,454	21,051	30,777	34,491	18,616	2,377
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	253,380	13,176	30,026	43,478	51,886	62,929	41,484	10,401
14a. Total Number of Screening Blood Lead Tests	CN	10,901	155	8,431	2,315				
	MN	0	0	0	0				
	Total	10,901	155	8,431	2,315				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Kentucky\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	640,588	33,087	63,224	95,637	125,604	157,100	111,750	54,186
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	613,405	23,945	61,080	93,061	122,452	153,201	108,263	51,403
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	63,261	144	1,663	3,298	18,690	23,243	15,609	614
	MN	0	0	0	0	0	0	0	0
	Total	63,261	144	1,663	3,298	18,690	23,243	15,609	614
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	6,986,361	175,378	704,213	1,081,192	1,423,692	1,776,016	1,246,384	579,486
	MN	31,975	51	1,079	2,377	5,619	12,342	8,531	1,976
	Total	7,018,336	175,429	705,292	1,083,569	1,429,311	1,788,358	1,254,915	581,462
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.95	0.61	0.96	0.97	0.97	0.97	0.97	0.94
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.97	0.97	0.97	0.97	0.94
	MN		3.71	2.18	0.93	0.97	0.99	0.99	0.97
	Total		4.27	2.40	0.97	0.97	0.97	0.97	0.94
5. Expected Number of Screenings	CN	757,006	102,211	146,345	90,063	118,310	147,595	104,322	48,160
	MN	2,825	30	225	198	469	1,031	708	164
	Total	759,831	102,241	146,570	90,261	118,779	148,626	105,030	48,324
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	406,164	100,962	114,138	53,395	41,069	57,527	32,454	6,619
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.53	0.99	0.78	0.59	0.35	0.39	0.31	0.14

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Kentucky\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	596,045	23,945	61,080	90,261	118,779	148,626	105,030	48,324
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	246,789	22,456	47,498	47,970	39,066	53,751	29,862	6,186
10. PARTICIPANT RATIO	CN	0.41	0.94	0.78	0.53	0.33	0.36	0.28	0.13
	MN	0.24	0.13	0.34	0.27	0.23	0.25	0.22	0.16
	Total	0.41	0.94	0.78	0.53	0.33	0.36	0.28	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	165,715	21,618	38,808	26,537	23,410	31,346	19,625	4,371
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	247,535	172	10,829	40,299	66,765	75,095	42,840	11,535
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	217,215	50	9,578	37,254	61,446	66,859	34,346	7,682
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	102,988	78	818	10,989	28,017	33,178	23,245	6,663
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,408				13,932	11,476		
	MN	56				21	35		
	Total	25,464				13,953	11,511		
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	231,400	140	9,707	38,662	63,543	69,899	38,911	10,538



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Kentucky\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Kentucky*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	3,692	63	2,551	967	93	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	219,445	113	11,779	37,846	61,335	66,553	34,158	7,661
	MN	731	0	12	44	150	316	188	21
	Total	220,176	113	11,791	37,890	61,485	66,869	34,346	7,682
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	586,721	23,193	59,928	90,577	118,253	146,020	102,058	46,692
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	34,459	346	25,882	8,231				
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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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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Louisiana\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	850,609	41,689	86,183	129,475	164,902	209,935	148,888	69,537
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	815,757	33,680	82,189	125,249	160,106	204,199	144,392	65,942
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	169,327	496	5,743	13,940	39,618	56,946	43,250	9,334
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	9,238,383	252,699	931,700	1,440,172	1,851,264	2,365,216	1,668,108	729,224
3b. Average Period of Eligibility	CN	0.94	0.63	0.94	0.96	0.96	0.97	0.96	0.92
	MN	0.51	0.30	0.45	0.63	0.69	0.58	0.54	0.00
	Total	0.94	0.63	0.94	0.96	0.96	0.97	0.96	0.92
4. Expected Number of Screenings per Eligible	CN		4.41	2.35	0.96	0.96	0.97	0.96	0.92
	MN		2.10	1.13	0.63	0.69	0.58	0.54	0.00
	Total		4.41	2.35	0.96	0.96	0.97	0.96	0.92
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,012,940	148,511	193,138	120,238	153,701	198,070	138,615	60,667
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	677,486	146,957	161,511	88,234	76,125	111,673	77,615	15,371
7. SCREENING RATIO	CN	0.67	0.99	0.84	0.73	0.50	0.56	0.56	0.25
	MN	0.29	0.29	0.00	0.67	0.00	0.60	0.00	0.00
	Total	0.67	0.99	0.84	0.73	0.50	0.56	0.56	0.25

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Louisiana\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	787,160	33,680	82,189	120,238	153,701	198,070	138,615	60,667
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	389,279	31,897	63,474	69,977	63,586	89,969	58,309	12,067
10. PARTICIPANT RATIO	CN	0.49	0.95	0.77	0.58	0.41	0.45	0.42	0.20
	MN	0.28	0.25	0.00	0.67	0.00	0.60	0.00	0.00
	Total	0.49	0.95	0.77	0.58	0.41	0.45	0.42	0.20
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	238,842	28,529	33,672	33,574	45,041	53,813	36,737	7,476
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	347,879	305	18,619	61,538	86,111	101,545	61,097	18,664
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	319,660	87	17,247	57,953	80,344	95,225	53,946	14,858
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	127,553	113	1,236	16,274	35,789	37,257	27,800	9,084
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	29,680				17,436	12,244		
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	331,675	281	18,247	59,541	81,793	97,075	57,396	17,342

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Louisiana\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	10,368	380	6,358	3,630	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	10,368	380	6,358	3,630	0	0	0	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	330,028	467	23,605	61,583	80,344	95,225	53,946	14,858
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	815,144	33,658	82,052	125,162	160,026	204,100	144,295	65,851
14a. Total Number of Screening Blood Lead Tests	CN	38,709	201	29,435	9,073				
	MN	0	0	0	0				
	Total	38,709	201	29,435	9,073				
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

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.

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Report Generated Time: 03/07/2022 11:29:22 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Maine\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	125,336	5,612	11,930	18,295	25,063	31,579	22,899	9,958
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	120,870	4,647	11,606	17,795	24,365	30,714	22,253	9,490
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	13,774	0	1,252	2,407	3,131	3,812	2,731	441
	MN	0	0	0	0	0	0	0	0
	Total	13,774	0	1,252	2,407	3,131	3,812	2,731	441
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	1,329,366	33,785	129,261	197,715	272,860	346,123	249,628	99,994
3b. Average Period of Eligibility	CN	0.92	0.61	0.93	0.93	0.93	0.94	0.94	0.88
	MN	0.26	0.00	0.25	0.17	0.16	0.24	0.31	0.38
	Total	0.92	0.61	0.93	0.93	0.93	0.94	0.93	0.88
4. Expected Number of Screenings per Eligible	CN		4.27	2.33	0.93	0.93	0.94	0.94	0.88
	MN		0.00	0.63	0.17	0.16	0.24	0.31	0.38
	Total		4.27	2.33	0.93	0.93	0.94	0.93	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	144,209	19,843	27,041	16,547	22,653	28,864	20,912	8,349
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	114,432	23,685	29,874	14,670	14,751	17,878	11,006	2,568
7. SCREENING RATIO	CN	0.79	1.00	1.00	0.89	0.65	0.62	0.53	0.31
	MN	0.33	0.00	1.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	1.00	1.00	0.89	0.65	0.62	0.53	0.31

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Maine\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	113,578	4,647	11,606	16,547	22,653	28,864	20,912	8,349
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	56,921	4,412	9,360	9,864	10,864	12,868	7,759	1,794
10. PARTICIPANT RATIO	CN	0.50	0.95	0.81	0.60	0.48	0.45	0.37	0.21
	MN	0.22	0.00	1.00	0.00	0.00	0.00	0.00	0.00
	Total	0.50	0.95	0.81	0.60	0.48	0.45	0.37	0.21
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	35,584	3,553	6,727	5,161	6,113	7,633	5,083	1,314
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	37,448	126	1,405	5,584	10,139	11,663	6,742	1,789
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	32,351	16	1,257	5,084	9,149	10,202	5,393	1,250
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	14,212	100	130	1,494	3,832	4,598	3,127	931
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	4,668				2,280	2,388		
	MN	0				0	0		
	Total	4,668				2,280	2,388		
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	30,418	117	1,188	4,732	7,980	9,242	5,637	1,522

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Maine\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	28,068	331	3,953	4,448	5,715	6,712	5,011	1,898
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	57,979	447	4,920	8,680	13,740	16,424	10,469	3,299
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	105,149	4,214	10,789	15,934	21,223	26,353	18,742	7,894
14a. Total Number of Screening Blood Lead Tests	CN	3,323	DS	2,654	DS				
	MN	0	0	0	0				
	Total	3,323	DS	2,654	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 & 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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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Maryland\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	730,578	37,027	76,443	113,072	145,858	183,418	121,515	53,245
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	704,925	30,516	73,985	110,193	142,314	179,102	118,182	50,633
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	181,364	473	10,098	22,921	42,344	59,099	39,182	7,247
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	7,928,674	227,657	836,596	1,264,236	1,635,823	2,058,142	1,348,311	557,909
	MN	28,901	51	1,227	2,014	4,170	7,355	8,333	5,751
	Total	7,957,575	227,708	837,823	1,266,250	1,639,993	2,065,497	1,356,644	563,660
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.94	0.62	0.94	0.96	0.96	0.96	0.96	0.93
4. Expected Number of Screenings per Eligible	CN		3.72	2.35	0.96	0.96	0.96	0.96	0.93
	MN		5.10	2.40	0.90	0.93	0.93	0.94	0.91
	Total		3.72	2.35	0.96	0.96	0.96	0.96	0.93
5. Expected Number of Screenings	CN	859,634	113,501	173,613	105,607	136,261	171,307	112,745	46,600
	MN	2,583	26	257	167	349	611	695	478
	Total	862,217	113,527	173,870	105,774	136,610	171,918	113,440	47,078
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	603,980	131,029	153,280	79,309	73,326	93,142	57,623	16,271
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	0.88	0.75	0.54	0.54	0.51	0.35



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Maryland\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	679,321	30,516	73,985	105,774	136,610	171,918	113,440	47,078
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	385,576	28,718	62,136	69,497	69,554	88,079	53,019	14,573
10. PARTICIPANT RATIO	CN	0.57	0.94	0.84	0.66	0.51	0.51	0.47	0.31
	MN	0.39	0.20	0.53	0.57	0.49	0.37	0.37	0.26
	Total	0.57	0.94	0.84	0.66	0.51	0.51	0.47	0.31
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	230,615	27,194	48,727	32,989	34,150	46,455	31,703	9,397
12a. Total Eligibles Receiving Any Dental Services	CN	362,768	1,193	30,200	62,991	87,835	103,512	59,496	17,541
	MN	1,171	0	37	87	220	331	359	137
	Total	363,939	1,193	30,237	63,078	88,055	103,843	59,855	17,678
12b. Total Eligibles Receiving Preventive Dental Services	CN	325,226	1,001	28,304	58,194	80,032	93,324	50,430	13,941
	MN	1,020	0	36	81	197	301	306	99
	Total	326,246	1,001	28,340	58,275	80,229	93,625	50,736	14,040
12c. Total Eligibles Receiving Dental Treatment Services	CN	136,611	60	835	13,846	35,544	45,374	31,322	9,630
	MN	475	0	0	19	76	128	166	86
	Total	137,086	60	835	13,865	35,620	45,502	31,488	9,716
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,219				19,351	18,868		
	MN	135				45	90		
	Total	38,354				19,396	18,958		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	332,677	282	19,570	58,064	84,839	98,781	54,978	16,163
	MN	1,097	0	28	79	212	314	341	123
	Total	333,774	282	19,598	58,143	85,051	99,095	55,319	16,286

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Maryland\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Maryland*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,853	43	1,406	378	DS	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	326,025	1,016	28,956	58,320	80,037	93,324	50,431	13,941
	MN	1,020	0	36	81	197	301	306	99
	Total	327,045	1,016	28,992	58,401	80,234	93,625	50,737	14,040
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	699,108	30,186	73,578	109,438	141,288	177,734	116,945	49,939
14a. Total Number of Screening Blood Lead Tests	CN	57,162	816	41,210	15,136				
	MN	51	0	39	12				
	Total	57,213	816	41,249	15,148				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Massachusetts\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	634,147	32,100	63,541	91,757	120,189	153,939	112,974	59,647
	MN	0	0	0	0	0	0	0	0
	Total	634,147	32,100	63,541	91,757	120,189	153,939	112,974	59,647
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	583,046	23,285	58,457	85,317	112,095	143,828	105,021	55,043
	MN	0	0	0	0	0	0	0	0
	Total	583,046	23,285	58,457	85,317	112,095	143,828	105,021	55,043
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	384,824	20,562	43,294	57,583	75,106	97,191	71,955	19,133
	MN	0	0	0	0	0	0	0	0
	Total	384,824	20,562	43,294	57,583	75,106	97,191	71,955	19,133
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	6,378,844	170,398	650,716	944,843	1,247,039	1,604,527	1,163,474	597,847
	MN	0	0	0	0	0	0	0	0
	Total	6,378,844	170,398	650,716	944,843	1,247,039	1,604,527	1,163,474	597,847
3b. Average Period of Eligibility	CN	0.91	0.61	0.93	0.92	0.93	0.93	0.92	0.91
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.91	0.61	0.93	0.92	0.93	0.93	0.92	0.91
4. Expected Number of Screenings per Eligible	CN		3.66	1.86	0.92	0.93	0.93	0.92	0.91
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.86	0.92	0.93	0.93	0.92	0.91
5. Expected Number of Screenings	CN	657,161	85,223	108,730	78,492	104,248	133,760	96,619	50,089
	MN	0	0	0	0	0	0	0	0
	Total	657,161	85,223	108,730	78,492	104,248	133,760	96,619	50,089
6. Total Screens Received	CN	492,689	89,488	131,754	61,199	64,080	80,262	52,233	13,673
	MN	0	0	0	0	0	0	0	0
	Total	492,689	89,488	131,754	61,199	64,080	80,262	52,233	13,673
7. SCREENING RATIO	CN	0.75	1.00	1.00	0.78	0.61	0.60	0.54	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.75	1.00	1.00	0.78	0.61	0.60	0.54	0.27

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Massachusetts\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	544,950	23,285	58,457	78,492	104,248	133,760	96,619	50,089
	MN	0	0	0	0	0	0	0	0
	Total	544,950	23,285	58,457	78,492	104,248	133,760	96,619	50,089
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	328,621	18,407	49,930	56,123	62,411	78,384	50,433	12,933
	MN	0	0	0	0	0	0	0	0
	Total	328,621	18,407	49,930	56,123	62,411	78,384	50,433	12,933
10. PARTICIPANT RATIO	CN	0.60	0.79	0.85	0.72	0.60	0.59	0.52	0.26
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.79	0.85	0.72	0.60	0.59	0.52	0.26
11. Total Eligibles Referred for Corrective Treatment	CN	223,471	8,588	35,202	39,129	42,851	53,210	35,439	9,052
	MN	0	0	0	0	0	0	0	0
	Total	223,471	8,588	35,202	39,129	42,851	53,210	35,439	9,052
12a. Total Eligibles Receiving Any Dental Services	CN	259,973	209	10,190	36,793	61,783	78,972	52,327	19,699
	MN	0	0	0	0	0	0	0	0
	Total	259,973	209	10,190	36,793	61,783	78,972	52,327	19,699
12b. Total Eligibles Receiving Preventive Dental Services	CN	227,949	86	9,626	35,320	57,762	68,662	41,208	15,285
	MN	0	0	0	0	0	0	0	0
	Total	227,949	86	9,626	35,320	57,762	68,662	41,208	15,285
12c. Total Eligibles Receiving Dental Treatment Services	CN	124,309	107	483	7,690	25,855	44,403	33,776	11,995
	MN	0	0	0	0	0	0	0	0
	Total	124,309	107	483	7,690	25,855	44,403	33,776	11,995
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,507				16,507	20,000		
	MN	0				0	0		
	Total	36,507				16,507	20,000		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	234,204	142	9,943	35,733	58,143	69,628	43,579	17,036
	MN	0	0	0	0	0	0	0	0
	Total	234,204	142	9,943	35,733	58,143	69,628	43,579	17,036

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Massachusetts\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	41,319	34	2,211	6,306	12,189	11,795	6,396	2,388
	MN	0	0	0	0	0	0	0	0
	Total	41,319	34	2,211	6,306	12,189	11,795	6,396	2,388
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	287,136	243	12,145	41,208	69,140	86,430	56,577	21,393
	MN	0	0	0	0	0	0	0	0
	Total	287,136	243	12,145	41,208	69,140	86,430	56,577	21,393
13. Total Eligibles Enrolled in Managed Care	CN	495,045	11,316	53,576	76,518	99,420	125,627	88,996	39,592
	MN	0	0	0	0	0	0	0	0
	Total	495,045	11,316	53,576	76,518	99,420	125,627	88,996	39,592
14a. Total Number of Screening Blood Lead Tests	CN	75,440	2,406	39,921	33,113				
	MN	0	0	0	0				
	Total	75,440	2,406	39,921	33,113				
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)		

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Michigan\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	1,188,308	60,824	126,409	181,848	235,312	283,561	205,318	95,036
	MN	4,594	357	279	227	306	426	603	2,396
	Total	1,192,902	61,181	126,688	182,075	235,618	283,987	205,921	97,432
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,141,510	50,000	122,000	176,250	228,777	275,795	199,011	89,677
	MN	3,053	167	187	130	178	268	370	1,753
	Total	1,144,563	50,167	122,187	176,380	228,955	276,063	199,381	91,430
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	110,111	DS	DS	14,839	18,635	22,454	34,880	10,553
	MN	0	0	0	0	0	0	0	0
	Total	110,111	DS	DS	14,839	18,635	22,454	34,880	10,553
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	12,688,279	367,640	1,369,141	1,989,056	2,599,425	3,145,366	2,254,232	963,419
	MN	25,533	1,018	1,688	988	1,445	2,095	2,779	15,520
	Total	12,713,812	368,658	1,370,829	1,990,044	2,600,870	3,147,461	2,257,011	978,939
3b. Average Period of Eligibility	CN	0.93	0.61	0.94	0.94	0.95	0.95	0.94	0.90
	MN	0.70	0.51	0.75	0.63	0.68	0.65	0.63	0.74
	Total	0.93	0.61	0.93	0.94	0.95	0.95	0.94	0.89
4. Expected Number of Screenings per Eligible	CN		4.27	2.35	0.94	0.95	0.95	0.94	0.90
	MN		3.57	1.88	0.63	0.68	0.65	0.63	0.74
	Total		4.27	2.33	0.94	0.95	0.95	0.94	0.89
5. Expected Number of Screenings	CN	1,412,997	213,500	286,700	165,675	217,338	262,005	187,070	80,709
	MN	2,855	596	352	82	121	174	233	1,297
	Total	1,415,852	214,096	287,052	165,757	217,459	262,179	187,303	82,006
6. Total Screens Received	CN	854,098	206,507	231,237	113,586	96,327	116,249	70,225	19,967
	MN	1,254	606	147	42	38	62	70	289
	Total	855,352	207,113	231,384	113,628	96,365	116,311	70,295	20,256
7. SCREENING RATIO	CN	0.60	0.97	0.81	0.69	0.44	0.44	0.38	0.25
	MN	0.44	1.00	0.42	0.51	0.31	0.36	0.30	0.22
	Total	0.60	0.97	0.81	0.69	0.44	0.44	0.38	0.25

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Michigan\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	1,084,797	50,000	122,000	165,675	217,338	262,005	187,070	80,709
	MN	2,261	167	187	82	121	174	233	1,297
	Total	1,087,058	50,167	122,187	165,757	217,459	262,179	187,303	82,006
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	478,657	45,376	88,384	89,666	81,663	98,171	58,848	16,549
	MN	639	146	64	35	34	50	62	248
	Total	479,296	45,522	88,448	89,701	81,697	98,221	58,910	16,797
10. PARTICIPANT RATIO	CN	0.44	0.91	0.72	0.54	0.38	0.37	0.31	0.21
	MN	0.28	0.87	0.34	0.43	0.28	0.29	0.27	0.19
	Total	0.44	0.91	0.72	0.54	0.38	0.37	0.31	0.20
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	75,646	40,538	29,694	1,577	831	1,175	1,234	597
12a. Total Eligibles Receiving Any Dental Services	CN	390,094	171	13,195	62,734	109,389	115,526	70,098	18,981
	MN	581	0	11	18	43	67	60	382
	Total	390,675	171	13,206	62,752	109,432	115,593	70,158	19,363
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	356,246	60	11,348	58,333	102,094	108,208	61,403	14,800
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	157,116	54	1,082	18,448	48,205	46,644	32,942	9,741
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	38,862				21,820	17,042		
	MN	22				11	11		
	Total	38,884				21,831	17,053		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	372,360	129	12,818	60,779	104,782	110,490	65,758	17,604
	MN	548	0	11	17	38	63	57	362
	Total	372,908	129	12,829	60,796	104,820	110,553	65,815	17,966

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Michigan\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	63,049	1,557	17,874	12,707	13,045	13,957	3,811	98
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	412,139	1,608	27,648	68,533	113,330	121,126	65,002	14,892
13. Total Eligibles Enrolled in Managed Care	CN	1,004,676	44,449	112,598	159,154	203,198	240,262	169,854	75,161
	MN	1,939	144	99	72	95	140	169	1,220
	Total	1,006,615	44,593	112,697	159,226	203,293	240,402	170,023	76,381
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	76,978	1,548	51,884	23,546				
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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Minnesota\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	607,032	28,531	63,766	96,852	123,088	148,259	102,414	44,122
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	581,511	23,469	61,595	93,445	119,016	143,687	98,919	41,380
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	DS	DS	856	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	6,418,360	173,517	691,942	1,049,108	1,342,641	1,624,463	1,109,035	427,654
	MN	1,163	97	72	78	80	173	262	401
	Total	6,419,523	173,614	692,014	1,049,186	1,342,721	1,624,636	1,109,297	428,055
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.92	0.62	0.94	0.94	0.94	0.94	0.93	0.86
4. Expected Number of Screenings per Eligible	CN		3.10	2.35	0.94	0.94	0.94	0.93	0.86
	MN		2.70	2.15	0.72	0.83	0.80	0.78	0.86
	Total		3.10	2.35	0.94	0.94	0.94	0.93	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	679,847	72,748	144,747	87,836	111,875	135,063	91,991	35,587
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	390,952	92,117	109,525	56,124	44,681	53,285	28,943	6,277
7. SCREENING RATIO	CN	0.58	1.00	0.76	0.64	0.40	0.39	0.31	0.18
	MN	0.50	0.71	0.73	0.67	0.14	0.29	0.36	0.35
	Total	0.58	1.00	0.76	0.64	0.40	0.39	0.31	0.18

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Minnesota\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	547,416	23,469	61,595	87,836	111,875	135,063	91,991	35,587
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	247,511	22,003	47,711	50,230	43,024	50,920	27,599	6,024
10. PARTICIPANT RATIO	CN	0.45	0.94	0.77	0.57	0.38	0.38	0.30	0.17
	MN	0.40	0.53	0.71	0.67	0.14	0.29	0.36	0.35
	Total	0.45	0.94	0.77	0.57	0.38	0.38	0.30	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	32,474	2,719	6,295	6,343	6,133	6,901	3,708	375
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	202,394	94	6,665	32,587	53,688	61,742	36,875	10,743
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	178,978	47	5,678	30,002	49,287	55,541	30,642	7,781
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	86,177	14	805	11,223	24,882	26,075	17,496	5,682
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	25,614				12,826	12,788		
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	184,445	86	6,337	30,585	48,765	56,040	32,958	9,674

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Minnesota\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	89,718	5,423	36,906	34,641	7,211	3,898	1,428	211
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	244,283	5,450	38,675	51,304	52,536	57,137	31,298	7,883
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	514,271	21,188	57,697	84,494	104,349	124,191	84,987	37,365
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	34,549	463	28,575	5,511				
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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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Mississippi\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	412,161	25,789	50,085	67,776	78,878	102,112	68,276	19,245
	MN	0	0	0	0	0	0	0	0
	Total	412,161	25,789	50,085	67,776	78,878	102,112	68,276	19,245
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	390,164	20,995	48,116	65,402	75,482	98,252	65,690	16,227
	MN	0	0	0	0	0	0	0	0
	Total	390,164	20,995	48,116	65,402	75,482	98,252	65,690	16,227
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	4,226,999	158,147	536,441	728,044	827,388	1,092,207	731,243	153,529
	MN	0	0	0	0	0	0	0	0
	Total	4,226,999	158,147	536,441	728,044	827,388	1,092,207	731,243	153,529
3b. Average Period of Eligibility	CN	0.90	0.63	0.93	0.93	0.91	0.93	0.93	0.79
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.63	0.93	0.93	0.91	0.93	0.93	0.79
4. Expected Number of Screenings per Eligible	CN		4.41	2.33	0.93	0.91	0.93	0.93	0.79
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	2.33	0.93	0.91	0.93	0.93	0.79
5. Expected Number of Screenings	CN	499,496	92,588	112,110	60,824	68,689	91,374	61,092	12,819
	MN	0	0	0	0	0	0	0	0
	Total	499,496	92,588	112,110	60,824	68,689	91,374	61,092	12,819
6. Total Screens Received	CN	287,607	86,465	90,172	37,782	22,789	33,343	15,592	1,464
	MN	0	0	0	0	0	0	0	0
	Total	287,607	86,465	90,172	37,782	22,789	33,343	15,592	1,464
7. SCREENING RATIO	CN	0.58	0.93	0.80	0.62	0.33	0.36	0.26	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.93	0.80	0.62	0.33	0.36	0.26	0.11

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Mississippi\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	363,909	20,995	48,116	60,824	68,689	91,374	61,092	12,819
	MN	0	0	0	0	0	0	0	0
	Total	363,909	20,995	48,116	60,824	68,689	91,374	61,092	12,819
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	157,078	20,339	36,719	32,450	21,245	30,655	14,298	1,372
	MN	0	0	0	0	0	0	0	0
	Total	157,078	20,339	36,719	32,450	21,245	30,655	14,298	1,372
10. PARTICIPANT RATIO	CN	0.43	0.97	0.76	0.53	0.31	0.34	0.23	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.97	0.76	0.53	0.31	0.34	0.23	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	104,412	19,710	29,874	17,175	11,686	16,416	8,668	883
	MN	0	0	0	0	0	0	0	0
	Total	104,412	19,710	29,874	17,175	11,686	16,416	8,668	883
12a. Total Eligibles Receiving Any Dental Services	CN	177,375	159	9,653	32,828	42,864	54,880	32,165	4,826
	MN	0	0	0	0	0	0	0	0
	Total	177,375	159	9,653	32,828	42,864	54,880	32,165	4,826
12b. Total Eligibles Receiving Preventive Dental Services	CN	156,960	62	8,514	30,507	40,013	48,427	25,983	3,454
	MN	0	0	0	0	0	0	0	0
	Total	156,960	62	8,514	30,507	40,013	48,427	25,983	3,454
12c. Total Eligibles Receiving Dental Treatment Services	CN	74,381	34	734	8,838	16,841	26,191	18,947	2,796
	MN	0	0	0	0	0	0	0	0
	Total	74,381	34	734	8,838	16,841	26,191	18,947	2,796
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,901				9,030	8,871		
	MN	0				0	0		
	Total	17,901				9,030	8,871		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	167,529	145	9,376	32,254	41,777	51,072	28,618	4,287
	MN	0	0	0	0	0	0	0	0
	Total	167,529	145	9,376	32,254	41,777	51,072	28,618	4,287

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Mississippi\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Mississippi*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	12,522	1,658	8,553	2,159	111	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	12,522	1,658	8,553	2,159	111	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	163,245	476	13,539	31,305	40,049	48,436	25,986	3,454
	MN	0	0	0	0	0	0	0	0
	Total	163,245	476	13,539	31,305	40,049	48,436	25,986	3,454
13. Total Eligibles Enrolled in Managed Care	CN	375,302	20,758	47,442	63,783	72,871	93,669	61,785	14,994
	MN	0	0	0	0	0	0	0	0
	Total	375,302	20,758	47,442	63,783	72,871	93,669	61,785	14,994
14a. Total Number of Screening Blood Lead Tests	CN	32,047	130	22,960	8,957				
	MN	0	0	0	0				
	Total	32,047	130	22,960	8,957				
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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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Missouri\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	686,363	38,308	75,689	110,035	141,632	171,225	116,475	32,999
	MN	0	0	0	0	0	0	0	0
	Total	686,363	38,308	75,689	110,035	141,632	171,225	116,475	32,999
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	640,014	28,241	71,059	104,267	134,892	163,086	110,794	27,675
	MN	0	0	0	0	0	0	0	0
	Total	640,014	28,241	71,059	104,267	134,892	163,086	110,794	27,675
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	4,058	0	435	679	933	1,112	790	109
	MN	0	0	0	0	0	0	0	0
	Total	4,058	0	435	679	933	1,112	790	109
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5	2	1	0.5	0.6	0.5	0.5
3a. Total Months of Eligibility	CN	7,070,920	221,371	786,533	1,165,470	1,519,508	1,843,578	1,247,167	287,293
	MN	0	0	0	0	0	0	0	0
	Total	7,070,920	221,371	786,533	1,165,470	1,519,508	1,843,578	1,247,167	287,293
3b. Average Period of Eligibility	CN	0.92	0.65	0.92	0.93	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	0.65	0.92	0.93	0.94	0.94	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		3.25	1.84	0.93	0.47	0.56	0.47	0.44
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.25	1.84	0.93	0.47	0.56	0.47	0.44
5. Expected Number of Screenings	CN	538,477	91,783	130,749	96,968	63,399	91,328	52,073	12,177
	MN	0	0	0	0	0	0	0	0
	Total	538,477	91,783	130,749	96,968	63,399	91,328	52,073	12,177
6. Total Screens Received	CN	525,083	124,510	135,112	65,555	59,450	78,360	50,503	11,593
	MN	0	0	0	0	0	0	0	0
	Total	525,083	124,510	135,112	65,555	59,450	78,360	50,503	11,593
7. SCREENING RATIO	CN	0.98	1.00	1.00	0.68	0.94	0.86	0.97	0.95
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.98	1.00	1.00	0.68	0.94	0.86	0.97	0.95

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Missouri\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	415,245	28,241	71,059	96,968	63,399	91,328	52,073	12,177
	MN	0	0	0	0	0	0	0	0
	Total	415,245	28,241	71,059	96,968	63,399	91,328	52,073	12,177
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	267,391	26,402	50,106	49,409	45,386	57,774	33,639	4,675
	MN	0	0	0	0	0	0	0	0
	Total	267,391	26,402	50,106	49,409	45,386	57,774	33,639	4,675
10. PARTICIPANT RATIO	CN	0.64	0.93	0.71	0.51	0.72	0.63	0.65	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.93	0.71	0.51	0.72	0.63	0.65	0.38
11. Total Eligibles Referred for Corrective Treatment	CN	58,199	7,748	10,042	7,641	8,816	12,400	9,400	2,152
	MN	0	0	0	0	0	0	0	0
	Total	58,199	7,748	10,042	7,641	8,816	12,400	9,400	2,152
12a. Total Eligibles Receiving Any Dental Services	CN	220,859	165	9,321	35,361	61,127	69,258	40,182	5,445
	MN	0	0	0	0	0	0	0	0
	Total	220,859	165	9,321	35,361	61,127	69,258	40,182	5,445
12b. Total Eligibles Receiving Preventive Dental Services	CN	194,751	106	7,627	31,999	56,010	62,555	32,767	3,687
	MN	0	0	0	0	0	0	0	0
	Total	194,751	106	7,627	31,999	56,010	62,555	32,767	3,687
12c. Total Eligibles Receiving Dental Treatment Services	CN	80,814	19	629	629	26,746	29,073	20,733	2,985
	MN	0	0	0	0	0	0	0	0
	Total	80,814	19	629	629	26,746	29,073	20,733	2,985
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	28,321				14,322	13,999		
	MN	0				0	0		
	Total	28,321				14,322	13,999		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	208,140	158	9,169	34,320	58,385	65,059	36,201	4,848
	MN	0	0	0	0	0	0	0	0
	Total	208,140	158	9,169	34,320	58,385	65,059	36,201	4,848



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Missouri\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	3,126	39	1,314	1,119	441	110	86	17
	MN	0	0	0	0	0	0	0	0
	Total	3,126	39	1,314	1,119	441	110	86	17
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	196,663	144	8,787	32,535	56,108	62,590	32,799	3,700
	MN	0	0	0	0	0	0	0	0
	Total	196,663	144	8,787	32,535	56,108	62,590	32,799	3,700
13. Total Eligibles Enrolled in Managed Care	CN	619,627	28,063	70,013	101,697	131,683	159,008	107,319	21,844
	MN	0	0	0	0	0	0	0	0
	Total	619,627	28,063	70,013	101,697	131,683	159,008	107,319	21,844
14a. Total Number of Screening Blood Lead Tests	CN	43,120	252	28,650	14,218				
	MN	0	0	0	0				
	Total	43,120	252	28,650	14,218				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

Report Generated Time: 03/07/2022 11:29:22 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Montana\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	122,963	5,288	12,172	19,502	25,115	30,459	20,811	9,616
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	122,963	5,288	12,172	19,502	25,115	30,459	20,811	9,616
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	9,528	0	DS	0	2,230	3,988	2,782	DS
	MN	0	0	0	0	0	0	0	0
	Total	9,528	0	DS	0	2,230	3,988	2,782	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	1,236,026	31,892	123,011	202,160	260,781	316,077	213,377	88,728
3b. Average Period of Eligibility	CN	0.84	0.50	0.84	0.86	0.87	0.86	0.85	0.76
	MN	0.87	0.00	0.00	0.29	0.79	0.65	0.94	0.87
	Total	0.84	0.50	0.84	0.86	0.87	0.86	0.85	0.77
4. Expected Number of Screenings per Eligible	CN		3.50	2.10	0.86	0.87	0.86	0.85	0.76
	MN		0.00	0.00	0.29	0.79	0.65	0.94	0.87
	Total		3.50	2.10	0.86	0.87	0.86	0.85	0.77
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	133,922	18,501	25,561	16,771	21,850	26,193	17,697	7,349
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	66,687	16,492	18,665	9,085	6,908	9,796	5,019	722
7. SCREENING RATIO	CN	0.50	0.89	0.73	0.54	0.32	0.37	0.28	0.10
	MN	0.08	0.00	0.00	0.00	0.50	0.67	0.05	0.08
	Total	0.50	0.89	0.73	0.54	0.32	0.37	0.28	0.10

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Montana\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	107,318	5,286	12,172	16,771	21,850	26,193	17,697	7,349
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	40,318	3,891	7,875	8,142	6,404	8,811	4,513	682
10. PARTICIPANT RATIO	CN	0.38	0.74	0.65	0.49	0.29	0.34	0.26	0.10
	MN	0.03	0.00	0.00	0.00	0.50	0.67	0.03	0.03
	Total	0.38	0.74	0.65	0.49	0.29	0.34	0.26	0.09
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	26,714	3,830	6,183	4,242	3,738	5,183	3,039	499
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	60,614	146	3,763	10,612	15,602	17,883	9,964	2,644
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	53,007	88	3,454	9,845	14,431	15,815	7,689	1,685
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	30,539	54	725	4,203	7,865	9,641	6,308	1,743
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	6,740				3,730	3,010		
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	56,102	127	3,700	10,401	14,611	16,186	8,735	2,342

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Montana\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	142	DS	118	DS	DS	DS	0	0
	MN	0	0	0	0	0	0	0	0
	Total	142	DS	118	DS	DS	DS	0	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	53,051	89	3,457	9,853	14,443	15,828	7,695	1,686
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	111,204	3,923	11,076	17,841	23,075	27,946	18,950	8,393
14a. Total Number of Screening Blood Lead Tests	CN	2,069	19	1,677	373				
	MN	0	0	0	0				
	Total	2,069	19	1,677	373				
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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Nebraska\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	200,722	11,683	23,486	33,175	41,535	50,210	32,826	7,807
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	188,095	9,372	22,259	31,453	39,492	47,923	31,177	6,419
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	47,833	283	4,108	7,444	11,148	14,135	9,388	1,327
	MN	0	0	0	0	0	0	0	0
	Total	47,833	283	4,108	7,444	11,148	14,135	9,388	1,327
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	2,034,397	68,875	244,389	345,323	438,263	534,847	344,228	58,472
3b. Average Period of Eligibility	CN	0.90	0.61	0.91	0.91	0.92	0.93	0.92	0.76
	MN	0.91	0.47	1.00	1.00	0.96	1.00	0.96	1.00
	Total	0.90	0.61	0.91	0.91	0.92	0.93	0.92	0.76
4. Expected Number of Screenings per Eligible	CN		3.66	2.28	0.91	0.92	0.93	0.92	0.76
	MN		2.82	2.50	1.00	0.96	1.00	0.96	1.00
	Total		3.66	2.28	0.91	0.92	0.93	0.92	0.76
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	228,137	34,295	50,752	28,622	36,333	44,569	28,684	4,882
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	139,952	39,148	41,989	19,051	12,664	17,889	8,481	730
7. SCREENING RATIO	CN	0.61	1.00	0.83	0.67	0.35	0.40	0.30	0.15
	MN	0.30	0.17	0.20	0.00	0.00	0.55	0.50	0.43
	Total	0.61	1.00	0.83	0.67	0.35	0.40	0.30	0.15

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Nebraska\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	174,721	9,372	22,259	28,622	36,333	44,569	28,684	4,882
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	76,542	8,705	15,961	15,993	11,507	16,216	7,538	622
10. PARTICIPANT RATIO	CN	0.44	0.93	0.72	0.56	0.32	0.36	0.26	0.13
	MN	0.32	0.13	0.13	0.00	0.00	0.55	0.50	0.36
	Total	0.44	0.93	0.72	0.56	0.32	0.36	0.26	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	570	153	122	DS	64	97	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	570	153	122	DS	64	97	DS	DS
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	80,279	31	4,570	14,654	21,642	24,380	13,282	1,720
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	76,061	26	4,299	14,186	20,887	23,192	12,071	1,400
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	24,393	DS	DS	3,268	7,448	7,215	5,439	846
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	11,985				6,089	5,896		
	MN	0				0	0		
	Total	11,985				6,089	5,896		
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	75,589	31	4,499	14,006	20,138	22,960	12,407	1,548

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Nebraska\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	13	DS	DS	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	DS	DS	13	DS	DS	DS	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	80,250	33	4,579	14,650	21,627	24,367	13,276	1,718
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	187,811	9,353	22,221	31,409	39,433	47,877	31,139	6,379
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	18,243	68	11,803	6,372				
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.

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Report Generated Time: 03/07/2022 11:29:22 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Nevada\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	370,570	20,159	42,204	60,590	73,936	89,470	59,465	24,746
	MN	0	0	0	0	0	0	0	0
	Total	370,570	20,159	42,204	60,590	73,936	89,470	59,465	24,746
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	341,956	14,329	39,674	56,852	69,028	83,999	55,747	22,327
	MN	0	0	0	0	0	0	0	0
	Total	341,956	14,329	39,674	56,852	69,028	83,999	55,747	22,327
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	24,848	0	DS	DS	7,211	10,003	6,537	1,078
	MN	0	0	0	0	0	0	0	0
	Total	24,848	0	DS	DS	7,211	10,003	6,537	1,078
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	3,573,832	105,491	425,265	607,236	731,799	895,931	588,488	219,622
	MN	0	0	0	0	0	0	0	0
	Total	3,573,832	105,491	425,265	607,236	731,799	895,931	588,488	219,622
3b. Average Period of Eligibility	CN	0.87	0.61	0.89	0.89	0.88	0.89	0.88	0.82
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.61	0.89	0.89	0.88	0.89	0.88	0.82
4. Expected Number of Screenings per Eligible	CN		4.27	2.23	0.89	0.88	0.89	0.88	0.82
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.23	0.89	0.88	0.89	0.88	0.82
5. Expected Number of Screenings	CN	403,125	61,185	88,473	50,598	60,745	74,759	49,057	18,308
	MN	0	0	0	0	0	0	0	0
	Total	403,125	61,185	88,473	50,598	60,745	74,759	49,057	18,308
6. Total Screens Received	CN	243,353	60,540	68,641	34,008	27,347	32,360	17,469	2,988
	MN	0	0	0	0	0	0	0	0
	Total	243,353	60,540	68,641	34,008	27,347	32,360	17,469	2,988
7. SCREENING RATIO	CN	0.60	0.99	0.78	0.67	0.45	0.43	0.36	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.99	0.78	0.67	0.45	0.43	0.36	0.16



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Nevada\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	307,470	14,329	39,674	50,598	60,745	74,759	49,057	18,308
	MN	0	0	0	0	0	0	0	0
	Total	307,470	14,329	39,674	50,598	60,745	74,759	49,057	18,308
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	140,042	13,351	28,789	27,840	23,904	28,332	15,151	2,675
	MN	0	0	0	0	0	0	0	0
	Total	140,042	13,351	28,789	27,840	23,904	28,332	15,151	2,675
10. PARTICIPANT RATIO	CN	0.46	0.93	0.73	0.55	0.39	0.38	0.31	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.93	0.73	0.55	0.39	0.38	0.31	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	96,149	12,696	21,989	16,031	15,085	17,826	10,500	2,022
	MN	0	0	0	0	0	0	0	0
	Total	96,149	12,696	21,989	16,031	15,085	17,826	10,500	2,022
12a. Total Eligibles Receiving Any Dental Services	CN	127,039	131	6,454	21,815	33,653	38,467	21,446	5,073
	MN	0	0	0	0	0	0	0	0
	Total	127,039	131	6,454	21,815	33,653	38,467	21,446	5,073
12b. Total Eligibles Receiving Preventive Dental Services	CN	116,444	45	5,888	20,495	31,757	35,860	18,565	3,834
	MN	0	0	0	0	0	0	0	0
	Total	116,444	45	5,888	20,495	31,757	35,860	18,565	3,834
12c. Total Eligibles Receiving Dental Treatment Services	CN	62,754	48	980	8,581	17,915	20,144	12,072	3,014
	MN	0	0	0	0	0	0	0	0
	Total	62,754	48	980	8,581	17,915	20,144	12,072	3,014
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,469				9,112	10,357		
	MN	0				0	0		
	Total	19,469				9,112	10,357		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	121,990	125	6,376	21,391	32,485	36,826	20,089	4,698
	MN	0	0	0	0	0	0	0	0
	Total	121,990	125	6,376	21,391	32,485	36,826	20,089	4,698

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Nevada\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Nevada*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	14,523	269	4,747	3,858	2,419	2,299	899	32
	MN	0	0	0	0	0	0	0	0
	Total	14,523	269	4,747	3,858	2,419	2,299	899	32
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	125,993	311	9,905	23,046	32,882	36,943	19,050	3,856
	MN	0	0	0	0	0	0	0	0
	Total	125,993	311	9,905	23,046	32,882	36,943	19,050	3,856
13. Total Eligibles Enrolled in Managed Care	CN	284,944	12,824	34,617	48,588	57,476	68,546	44,372	18,521
	MN	0	0	0	0	0	0	0	0
	Total	284,944	12,824	34,617	48,588	57,476	68,546	44,372	18,521
14a. Total Number of Screening Blood Lead Tests	CN	10,410	167	7,217	3,026				
	MN	0	0	0	0				
	Total	10,410	167	7,217	3,026				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Hampshire\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	110,482	4,888	10,457	16,619	22,512	28,298	20,023	7,685
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	102,524	3,491	9,765	15,672	21,336	26,801	18,847	6,612
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	15,921	210	1,431	2,618	3,501	4,388	3,325	448
	MN	0	0	0	0	0	0	0	0
	Total	15,921	210	1,431	2,618	3,501	4,388	3,325	448
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	1,148,740	27,305	109,928	177,421	243,261	306,510	214,293	70,022
	MN	1,076	0	90	91	92	216	380	207
	Total	1,149,816	27,305	110,018	177,512	243,353	306,726	214,673	70,229
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.93	0.65	0.94	0.94	0.95	0.95	0.95	0.89
4. Expected Number of Screenings per Eligible	CN		4.55	2.35	0.94	0.95	0.95	0.95	0.89
	MN		0.00	2.08	0.95	0.85	0.95	0.96	0.86
	Total		4.55	2.35	0.94	0.95	0.95	0.95	0.89
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	123,081	15,884	22,946	14,732	20,269	25,461	17,905	5,884
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	84,603	14,956	19,878	11,453	12,262	14,907	9,272	1,875
7. SCREENING RATIO	CN	0.69	0.94	0.87	0.78	0.61	0.59	0.52	0.32
	MN	0.34	0.00	0.58	0.38	0.38	0.28	0.25	0.29
	Total	0.69	0.94	0.87	0.78	0.60	0.59	0.52	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Hampshire\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	97,507	3,491	9,765	14,732	20,269	25,461	17,905	5,884
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	56,716	3,232	7,908	10,177	11,566	13,862	8,346	1,625
10. PARTICIPANT RATIO	CN	0.58	0.93	0.81	0.69	0.57	0.54	0.47	0.28
	MN	0.32	0.00	0.56	0.38	0.38	0.28	0.25	0.29
	Total	0.58	0.93	0.81	0.69	0.57	0.54	0.47	0.28
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	27,060	3,079	5,965	4,079	4,310	5,030	3,723	874
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	51,846	129	2,977	8,180	13,259	15,737	9,588	1,976
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	47,460	49	2,577	7,761	12,463	14,571	8,468	1,571
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	20,328	51	202	2,042	5,730	6,757	4,589	957
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	6,367				3,389	2,978		
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	48,817	121	2,892	7,809	12,541	14,815	8,837	1,802

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Hampshire\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	3,424	49	784	806	1,004	564	173	44
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	48,949	94	3,156	8,037	12,709	14,771	8,585	1,597
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	102,129	3,471	9,755	15,622	21,260	26,683	18,760	6,578
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	6,539	35	5,412	1,092				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Jersey\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	833,312	52,357	91,265	124,536	160,319	198,551	139,564	66,720
	MN	0	0	0	0	0	0	0	0
	Total	833,312	52,357	91,265	124,536	160,319	198,551	139,564	66,720
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	778,937	32,658	87,504	119,283	153,955	190,515	133,388	61,634
	MN	0	0	0	0	0	0	0	0
	Total	778,937	32,658	87,504	119,283	153,955	190,515	133,388	61,634
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	103,516	DS	DS	804	29,282	42,078	30,649	578
	MN	0	0	0	0	0	0	0	0
	Total	103,516	DS	DS	804	29,282	42,078	30,649	578
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	8,437,210	227,186	966,516	1,316,330	1,702,421	2,112,996	1,469,497	642,264
	MN	0	0	0	0	0	0	0	0
	Total	8,437,210	227,186	966,516	1,316,330	1,702,421	2,112,996	1,469,497	642,264
3b. Average Period of Eligibility	CN	0.90	0.58	0.92	0.92	0.92	0.92	0.92	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.58	0.92	0.92	0.92	0.92	0.92	0.87
4. Expected Number of Screenings per Eligible	CN		4.06	2.30	0.92	0.92	0.92	0.92	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.06	2.30	0.92	0.92	0.92	0.92	0.87
5. Expected Number of Screenings	CN	936,842	132,591	201,259	109,740	141,639	175,274	122,717	53,622
	MN	0	0	0	0	0	0	0	0
	Total	936,842	132,591	201,259	109,740	141,639	175,274	122,717	53,622
6. Total Screens Received	CN	727,895	110,747	201,012	98,191	93,124	121,317	80,763	22,741
	MN	0	0	0	0	0	0	0	0
	Total	727,895	110,747	201,012	98,191	93,124	121,317	80,763	22,741
7. SCREENING RATIO	CN	0.78	0.84	1.00	0.89	0.66	0.69	0.66	0.42
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.84	1.00	0.89	0.66	0.69	0.66	0.42

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Jersey\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	723,154	32,658	87,504	109,740	141,639	175,274	122,717	53,622
	MN	0	0	0	0	0	0	0	0
	Total	723,154	32,658	87,504	109,740	141,639	175,274	122,717	53,622
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	443,856	29,238	72,561	77,669	79,541	101,635	65,675	17,537
	MN	0	0	0	0	0	0	0	0
	Total	443,856	29,238	72,561	77,669	79,541	101,635	65,675	17,537
10. PARTICIPANT RATIO	CN	0.61	0.90	0.83	0.71	0.56	0.58	0.54	0.33
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.61	0.90	0.83	0.71	0.56	0.58	0.54	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	66,223	76	4,319	14,986	16,048	15,683	10,370	4,741
	MN	0	0	0	0	0	0	0	0
	Total	66,223	76	4,319	14,986	16,048	15,683	10,370	4,741
12a. Total Eligibles Receiving Any Dental Services	CN	345,790	301	15,998	55,996	86,449	104,285	63,178	19,583
	MN	0	0	0	0	0	0	0	0
	Total	345,790	301	15,998	55,996	86,449	104,285	63,178	19,583
12b. Total Eligibles Receiving Preventive Dental Services	CN	312,016	155	15,040	53,015	80,394	94,605	53,503	15,304
	MN	0	0	0	0	0	0	0	0
	Total	312,016	155	15,040	53,015	80,394	94,605	53,503	15,304
12c. Total Eligibles Receiving Dental Treatment Services	CN	176,322	139	4,219	21,420	45,777	57,519	35,971	11,277
	MN	0	0	0	0	0	0	0	0
	Total	176,322	139	4,219	21,420	45,777	57,519	35,971	11,277
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	45,228				20,525	24,703		
	MN	0				0	0		
	Total	45,228				20,525	24,703		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	279,003	159	12,367	44,251	72,528	85,550	49,489	14,659
	MN	0	0	0	0	0	0	0	0
	Total	279,003	159	12,367	44,251	72,528	85,550	49,489	14,659

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Jersey\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	23,040	698	11,892	8,235	1,820	123	158	114
	MN	0	0	0	0	0	0	0	0
	Total	23,040	698	11,892	8,235	1,820	123	158	114
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	360,485	947	25,392	60,004	87,067	104,295	63,190	19,590
	MN	0	0	0	0	0	0	0	0
	Total	360,485	947	25,392	60,004	87,067	104,295	63,190	19,590
13. Total Eligibles Enrolled in Managed Care	CN	767,864	30,069	86,780	118,206	152,543	188,527	131,341	60,398
	MN	0	0	0	0	0	0	0	0
	Total	767,864	30,069	86,780	118,206	152,543	188,527	131,341	60,398
14a. Total Number of Screening Blood Lead Tests	CN	89,788	1,981	51,522	36,285				
	MN	0	0	0	0				
	Total	89,788	1,981	51,522	36,285				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Mexico\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	390,906	17,275	36,036	56,534	75,792	100,151	72,936	32,182
	MN	0	0	0	0	0	0	0	0
	Total	390,906	17,275	36,036	56,534	75,792	100,151	72,936	32,182
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	377,936	14,092	35,132	55,234	74,116	97,993	71,060	30,309
	MN	0	0	0	0	0	0	0	0
	Total	377,936	14,092	35,132	55,234	74,116	97,993	71,060	30,309
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	65,639	228	2,403	4,978	15,791	22,062	16,955	3,222
	MN	0	0	0	0	0	0	0	0
	Total	65,639	228	2,403	4,978	15,791	22,062	16,955	3,222
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	4,252,265	104,663	400,657	634,605	852,765	1,126,754	810,447	322,374
	MN	0	0	0	0	0	0	0	0
	Total	4,252,265	104,663	400,657	634,605	852,765	1,126,754	810,447	322,374
3b. Average Period of Eligibility	CN	0.94	0.62	0.95	0.96	0.96	0.96	0.95	0.89
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.94	0.62	0.95	0.96	0.96	0.96	0.95	0.89
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	0.96	0.96	0.96	0.95	0.89
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.38	0.96	0.96	0.96	0.95	0.89
5. Expected Number of Screenings	CN	457,504	61,159	83,614	53,025	71,151	94,073	67,507	26,975
	MN	0	0	0	0	0	0	0	0
	Total	457,504	61,159	83,614	53,025	71,151	94,073	67,507	26,975
6. Total Screens Received	CN	234,640	57,338	63,897	30,603	25,696	35,285	18,860	2,961
	MN	0	0	0	0	0	0	0	0
	Total	234,640	57,338	63,897	30,603	25,696	35,285	18,860	2,961
7. SCREENING RATIO	CN	0.51	0.94	0.76	0.58	0.36	0.38	0.28	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.94	0.76	0.58	0.36	0.38	0.28	0.11

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Mexico\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	361,955	14,092	35,132	53,025	71,151	94,073	67,507	26,975
	MN	0	0	0	0	0	0	0	0
	Total	361,955	14,092	35,132	53,025	71,151	94,073	67,507	26,975
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	145,185	13,250	26,675	27,426	24,227	33,168	17,638	2,801
	MN	0	0	0	0	0	0	0	0
	Total	145,185	13,250	26,675	27,426	24,227	33,168	17,638	2,801
10. PARTICIPANT RATIO	CN	0.40	0.94	0.76	0.52	0.34	0.35	0.26	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.94	0.76	0.52	0.34	0.35	0.26	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	89,886	12,804	21,553	13,739	12,781	16,833	10,301	1,875
	MN	0	0	0	0	0	0	0	0
	Total	89,886	12,804	21,553	13,739	12,781	16,833	10,301	1,875
12a. Total Eligibles Receiving Any Dental Services	CN	186,911	270	9,921	30,867	46,091	56,451	34,285	9,026
	MN	0	0	0	0	0	0	0	0
	Total	186,911	270	9,921	30,867	46,091	56,451	34,285	9,026
12b. Total Eligibles Receiving Preventive Dental Services	CN	168,069	114	9,167	28,590	42,415	51,216	29,661	6,906
	MN	0	0	0	0	0	0	0	0
	Total	168,069	114	9,167	28,590	42,415	51,216	29,661	6,906
12c. Total Eligibles Receiving Dental Treatment Services	CN	76,004	118	957	9,629	20,822	24,557	15,497	4,424
	MN	0	0	0	0	0	0	0	0
	Total	76,004	118	957	9,629	20,822	24,557	15,497	4,424
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,511				9,797	9,714		
	MN	0				0	0		
	Total	19,511				9,797	9,714		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	179,942	175	9,565	30,294	44,701	54,025	32,628	8,554
	MN	0	0	0	0	0	0	0	0
	Total	179,942	175	9,565	30,294	44,701	54,025	32,628	8,554

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New Mexico\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: New Mexico*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	6,379	DS	2,245	1,077	1,345	1,174	364	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,379	DS	2,245	1,077	1,345	1,174	364	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	171,880	276	10,873	29,116	43,076	51,794	29,835	6,910
	MN	0	0	0	0	0	0	0	0
	Total	171,880	276	10,873	29,116	43,076	51,794	29,835	6,910
13. Total Eligibles Enrolled in Managed Care	CN	347,857	13,207	32,772	51,170	68,450	89,688	64,787	27,783
	MN	0	0	0	0	0	0	0	0
	Total	347,857	13,207	32,772	51,170	68,450	89,688	64,787	27,783
14a. Total Number of Screening Blood Lead Tests	CN	11,161	233	8,389	2,539				
	MN	0	0	0	0				
	Total	11,161	233	8,389	2,539				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New York\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	2,457,242	131,592	266,130	363,121	465,535	574,851	420,535	235,478
	MN	41,820	438	898	2,732	6,519	10,329	13,757	7,147
	Total	2,499,062	132,030	267,028	365,853	472,054	585,180	434,292	242,625
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,348,505	119,844	253,081	348,534	448,270	554,082	403,600	221,094
	MN	35,672	375	809	2,589	6,380	10,019	10,781	4,719
	Total	2,384,177	120,219	253,890	351,123	454,650	564,101	414,381	225,813
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			7	4	4	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7	2	1.33	1	1	1	1
3a. Total Months of Eligibility	CN	25,938,226	1,118,776	2,789,117	3,889,143	5,029,632	6,232,842	4,509,504	2,369,212
	MN	394,787	2,979	8,573	28,245	72,623	115,125	117,282	49,960
	Total	26,333,013	1,121,755	2,797,690	3,917,388	5,102,255	6,347,967	4,626,786	2,419,172
3b. Average Period of Eligibility	CN	0.92	0.78	0.92	0.93	0.94	0.94	0.93	0.89
	MN	0.92	0.66	0.88	0.91	0.95	0.96	0.91	0.88
	Total	0.92	0.78	0.92	0.93	0.94	0.94	0.93	0.89
4. Expected Number of Screenings per Eligible	CN		5.46	1.84	1.24	0.94	0.94	0.93	0.89
	MN		4.62	1.76	1.21	0.95	0.96	0.91	0.88
	Total		5.46	1.84	1.24	0.94	0.94	0.93	0.89
5. Expected Number of Screenings	CN	3,066,532	654,348	465,669	432,182	421,374	520,837	375,348	196,774
	MN	35,933	1,733	1,424	3,133	6,061	9,618	9,811	4,153
	Total	3,102,465	656,081	467,093	435,315	427,435	530,455	385,159	200,927
6. Total Screens Received	CN	2,152,322	442,310	535,487	292,024	270,467	331,457	217,386	63,191
	MN	11,320	527	757	1,152	2,182	3,365	2,596	741
	Total	2,163,642	442,837	536,244	293,176	272,649	334,822	219,982	63,932
7. SCREENING RATIO	CN	0.70	0.68	1.00	0.68	0.64	0.64	0.58	0.32
	MN	0.32	0.30	0.53	0.37	0.36	0.35	0.26	0.18
	Total	0.70	0.67	1.00	0.67	0.64	0.63	0.57	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New York\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	2,235,792	119,844	253,081	348,534	421,374	520,837	375,348	196,774
	MN	33,416	375	809	2,589	6,061	9,618	9,811	4,153
	Total	2,269,208	120,219	253,890	351,123	427,435	530,455	385,159	200,927
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,321,879	107,869	207,185	228,756	238,364	293,344	190,402	55,959
	MN	9,323	170	348	916	1,935	2,957	2,332	665
	Total	1,331,202	108,039	207,533	229,672	240,299	296,301	192,734	56,624
10. PARTICIPANT RATIO	CN	0.59	0.90	0.82	0.66	0.57	0.56	0.51	0.28
	MN	0.28	0.45	0.43	0.35	0.32	0.31	0.24	0.16
	Total	0.59	0.90	0.82	0.65	0.56	0.56	0.50	0.28
11. Total Eligibles Referred for Corrective Treatment	CN	1,110,510	104,932	192,326	193,064	191,814	229,539	151,990	46,845
	MN	8,373	163	324	830	1,754	2,652	2,061	589
	Total	1,118,883	105,095	192,650	193,894	193,568	232,191	154,051	47,434
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	900,449	866	31,189	140,132	231,974	270,084	164,194	62,010
12b. Total Eligibles Receiving Preventive Dental Services	CN	736,090	257	27,966	125,752	195,590	219,453	122,526	44,546
	MN	5,821	0	39	487	1,452	2,003	1,394	446
	Total	741,911	257	28,005	126,239	197,042	221,456	123,920	44,992
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	403,409	551	3,960	40,037	103,392	132,465	89,657	33,347
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	86,862				43,790	43,072		
	MN	518				229	289		
	Total	87,380				44,019	43,361		
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	806,500	619	28,719	131,276	205,923	240,087	144,242	55,634

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: New York\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	29,700	832	12,795	9,798	3,811	1,405	822	237
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	756,869	1,075	38,949	131,586	197,237	220,245	123,050	44,727
	MN	5,902	0	72	515	1,460	2,007	1,398	450
	Total	762,771	1,075	39,021	132,101	198,697	222,252	124,448	45,177
13. Total Eligibles Enrolled in Managed Care	CN	2,251,136	116,680	247,394	338,527	433,007	532,188	383,456	199,884
	MN	17,782	263	574	1,548	3,362	5,054	4,584	2,397
	Total	2,268,918	116,943	247,968	340,075	436,369	537,242	388,040	202,281
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	183,773	4,099	118,400	61,274				
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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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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states. The FFY 2020 medically needy total is significantly different from previous years due to a change in state reporting.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: North Carolina\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	1,284,952	70,132	145,946	215,359	252,876	310,120	212,485	78,034
	MN	2,014	46	82	129	291	492	489	485
	Total	1,286,966	70,178	146,028	215,488	253,167	310,612	212,974	78,519
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,224,019	56,840	141,370	209,308	241,796	297,876	203,568	73,261
	MN	1,472	18	65	103	224	360	326	376
	Total	1,225,491	56,858	141,435	209,411	242,020	298,236	203,894	73,637
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	173,159	187	18,024	36,239	39,915	45,201	30,799	2,794
	MN	0	0	0	0	0	0	0	0
	Total	173,159	187	18,024	36,239	39,915	45,201	30,799	2,794
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	13,668,019	423,872	1,613,984	2,397,672	2,733,861	3,385,846	2,307,920	804,864
	MN	15,313	149	700	1,098	2,294	3,675	3,369	4,028
	Total	13,683,332	424,021	1,614,684	2,398,770	2,736,155	3,389,521	2,311,289	808,892
3b. Average Period of Eligibility	CN	0.93	0.62	0.95	0.95	0.94	0.95	0.94	0.92
	MN	0.87	0.69	0.90	0.89	0.85	0.85	0.86	0.89
	Total	0.93	0.62	0.95	0.95	0.94	0.95	0.94	0.92
4. Expected Number of Screenings per Eligible	CN		3.10	1.90	0.95	0.94	0.95	0.94	0.92
	MN		3.45	1.80	0.89	0.85	0.85	0.86	0.89
	Total		3.10	1.90	0.95	0.94	0.95	0.94	0.92
5. Expected Number of Screenings	CN	1,412,674	176,204	268,603	198,843	227,288	282,982	191,354	67,400
	MN	1,382	62	117	92	190	306	280	335
	Total	1,414,056	176,266	268,720	198,935	227,478	283,288	191,634	67,735
6. Total Screens Received	CN	1,026,251	261,515	291,251	143,919	105,079	133,031	78,417	13,039
	MN	542	29	83	41	78	138	103	70
	Total	1,026,793	261,544	291,334	143,960	105,157	133,169	78,520	13,109
7. SCREENING RATIO	CN	0.73	1.00	1.00	0.72	0.46	0.47	0.41	0.19
	MN	0.39	0.47	0.71	0.45	0.41	0.45	0.37	0.21
	Total	0.73	1.00	1.00	0.72	0.46	0.47	0.41	0.19

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: North Carolina\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	1,166,077	56,840	141,370	198,843	227,288	282,982	191,354	67,400
	MN	1,286	18	65	92	190	306	280	335
	Total	1,167,363	56,858	141,435	198,935	227,478	283,288	191,634	67,735
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	617,594	54,718	117,816	131,076	100,674	127,194	73,901	12,215
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.53	0.96	0.83	0.66	0.44	0.45	0.39	0.18
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	317,220	51,518	84,314	51,009	40,925	49,870	33,318	6,266
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	566,868	685	28,613	102,565	141,795	169,330	101,903	21,977
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	520,225	252	27,352	98,339	134,571	156,792	86,462	16,457
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	243,189	286	1,941	29,237	63,846	77,622	57,441	12,816
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	57,279				30,417	26,862		
	MN	53				20	33		
	Total	57,332				30,437	26,895		
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	544,130	664	28,496	101,178	137,682	162,252	93,729	20,129



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: North Carolina\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	88,055	5,238	67,525	15,195	49	33	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	588,861	5,418	81,680	107,450	134,588	156,801	86,465	16,459
13. Total Eligibles Enrolled in Managed Care	CN	1,201,631	52,304	139,711	207,046	239,201	294,553	200,347	68,469
	MN	1,353	15	64	99	214	336	298	327
	Total	1,202,984	52,319	139,775	207,145	239,415	294,889	200,645	68,796
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	97,329	225	84,688	12,416				
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

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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: North Dakota\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	58,405	3,289	7,462	10,486	12,037	13,222	8,321	3,588
	MN	449	76	105	41	37	57	61	72
	Total	58,854	3,365	7,567	10,527	12,074	13,279	8,382	3,660
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	54,096	2,606	6,955	9,722	11,287	12,480	7,817	3,229
	MN	288	29	76	29	18	29	46	61
	Total	54,384	2,635	7,031	9,751	11,305	12,509	7,863	3,290
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	2,456	34	168	330	653	764	465	42
	MN	0	0	0	0	0	0	0	0
	Total	2,456	34	168	330	653	764	465	42
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	555,025	18,291	72,932	101,701	119,230	133,060	83,079	26,732
	MN	2,525	100	608	310	173	269	430	635
	Total	557,550	18,391	73,540	102,011	119,403	133,329	83,509	27,367
3b. Average Period of Eligibility	CN	0.86	0.58	0.87	0.87	0.88	0.89	0.89	0.69
	MN	0.73	0.29	0.67	0.89	0.80	0.77	0.78	0.87
	Total	0.85	0.58	0.87	0.87	0.88	0.89	0.89	0.69
4. Expected Number of Screenings per Eligible	CN		4.06	2.18	0.87	0.88	0.89	0.89	0.69
	MN		2.03	1.68	0.89	0.80	0.77	0.78	0.87
	Total		4.06	2.18	0.87	0.88	0.89	0.89	0.69
5. Expected Number of Screenings	CN	64,425	10,580	15,162	8,458	9,933	11,107	6,957	2,228
	MN	338	59	128	26	14	22	36	53
	Total	64,763	10,639	15,290	8,484	9,947	11,129	6,993	2,281
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	33,836	9,016	9,488	4,617	3,660	4,569	2,211	275
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.52	0.85	0.62	0.54	0.37	0.41	0.32	0.12

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: North Dakota\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	48,244	2,606	6,955	8,458	9,933	11,107	6,957	2,228
	MN	256	29	76	26	14	22	36	53
	Total	48,500	2,635	7,031	8,484	9,947	11,129	6,993	2,281
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	20,297	2,345	4,387	4,009	3,341	4,034	1,961	220
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.42	0.89	0.62	0.47	0.34	0.36	0.28	0.10
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	20,288	2,350	4,399	4,014	3,342	4,037	1,961	185
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	16,600	DS	764	3,149	4,788	4,840	2,599	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	14,816	DS	526	2,834	4,454	4,459	2,206	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	6,922	DS	DS	1,032	2,151	1,990	1,427	255
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	2,296				1,331	965		
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	15,536	DS	759	3,077	4,435	4,470	2,409	DS

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: North Dakota\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	3,205	47	1,168	828	452	437	197	76
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	17,237	51	1,627	3,431	4,734	4,706	2,324	364
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	47,737	2,477	5,846	8,483	10,123	10,996	6,713	3,099
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	1,560	DS	976	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 & 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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Ohio\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	1,426,829	72,989	155,066	222,812	282,905	346,115	241,795	105,147
	MN	0	0	0	0	0	0	0	0
	Total	1,426,829	72,989	155,066	222,812	282,905	346,115	241,795	105,147
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,347,558	53,314	147,303	212,326	271,887	333,375	231,815	97,538
	MN	0	0	0	0	0	0	0	0
	Total	1,347,558	53,314	147,303	212,326	271,887	333,375	231,815	97,538
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	194,559	1,025	12,046	22,045	51,914	64,715	42,814	0
	MN	0	0	0	0	0	0	0	0
	Total	194,559	1,025	12,046	22,045	51,914	64,715	42,814	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	14,959,024	394,561	1,648,590	2,375,939	3,080,516	3,794,186	2,614,479	1,050,753
	MN	0	0	0	0	0	0	0	0
	Total	14,959,024	394,561	1,648,590	2,375,939	3,080,516	3,794,186	2,614,479	1,050,753
3b. Average Period of Eligibility	CN	0.93	0.62	0.93	0.93	0.94	0.95	0.94	0.90
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.62	0.93	0.93	0.94	0.95	0.94	0.90
4. Expected Number of Screenings per Eligible	CN		4.34	2.33	0.93	0.94	0.95	0.94	0.90
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.33	0.93	0.94	0.95	0.94	0.90
5. Expected Number of Screenings	CN	1,650,032	231,383	343,216	197,463	255,574	316,706	217,906	87,784
	MN	0	0	0	0	0	0	0	0
	Total	1,650,032	231,383	343,216	197,463	255,574	316,706	217,906	87,784
6. Total Screens Received	CN	987,032	227,164	272,833	135,409	107,596	134,430	92,009	17,591
	MN	0	0	0	0	0	0	0	0
	Total	987,032	227,164	272,833	135,409	107,596	134,430	92,009	17,591
7. SCREENING RATIO	CN	0.60	0.98	0.79	0.69	0.42	0.42	0.42	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.98	0.79	0.69	0.42	0.42	0.42	0.20

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Ohio\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,276,050	53,314	147,303	197,463	255,574	316,706	217,906	87,784
	MN	0	0	0	0	0	0	0	0
	Total	1,276,050	53,314	147,303	197,463	255,574	316,706	217,906	87,784
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	619,997	50,007	114,652	121,809	103,894	128,571	84,973	16,091
	MN	0	0	0	0	0	0	0	0
	Total	619,997	50,007	114,652	121,809	103,894	128,571	84,973	16,091
10. PARTICIPANT RATIO	CN	0.49	0.94	0.78	0.62	0.41	0.41	0.39	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.94	0.78	0.62	0.41	0.41	0.39	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	375,721	47,757	87,713	57,241	54,039	67,513	50,436	11,022
	MN	0	0	0	0	0	0	0	0
	Total	375,721	47,757	87,713	57,241	54,039	67,513	50,436	11,022
12a. Total Eligibles Receiving Any Dental Services	CN	446,597	229	14,111	69,696	118,880	137,328	82,782	23,571
	MN	0	0	0	0	0	0	0	0
	Total	446,597	229	14,111	69,696	118,880	137,328	82,782	23,571
12b. Total Eligibles Receiving Preventive Dental Services	CN	381,978	86	12,483	63,664	108,046	119,417	63,058	15,224
	MN	0	0	0	0	0	0	0	0
	Total	381,978	86	12,483	63,664	108,046	119,417	63,058	15,224
12c. Total Eligibles Receiving Dental Treatment Services	CN	164,694	68	907	15,697	41,758	51,767	41,734	12,763
	MN	0	0	0	0	0	0	0	0
	Total	164,694	68	907	15,697	41,758	51,767	41,734	12,763
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	54,928				27,746	27,182		
	MN	0				0	0		
	Total	54,928				27,746	27,182		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	414,610	170	11,561	67,180	112,008	127,507	74,676	21,508
	MN	0	0	0	0	0	0	0	0
	Total	414,610	170	11,561	67,180	112,008	127,507	74,676	21,508

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Ohio\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Ohio*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	30,207	350	20,011	8,690	714	203	187	52
	MN	0	0	0	0	0	0	0	0
	Total	30,207	350	20,011	8,690	714	203	187	52
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	407,480	432	30,670	69,976	108,441	119,539	63,166	15,256
	MN	0	0	0	0	0	0	0	0
	Total	407,480	432	30,670	69,976	108,441	119,539	63,166	15,256
13. Total Eligibles Enrolled in Managed Care	CN	1,330,196	52,631	145,716	210,273	269,079	329,583	227,830	95,084
	MN	0	0	0	0	0	0	0	0
	Total	1,330,196	52,631	145,716	210,273	269,079	329,583	227,830	95,084
14a. Total Number of Screening Blood Lead Tests	CN	87,935	764	64,721	22,450				
	MN	0	0	0	0				
	Total	87,935	764	64,721	22,450				
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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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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Oklahoma\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	621,697	33,462	68,837	100,187	128,074	157,760	107,364	26,013
	MN	0	0	0	0	0	0	0	0
	Total	621,697	33,462	68,837	100,187	128,074	157,760	107,364	26,013
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	576,421	24,364	64,797	94,432	121,321	149,597	100,863	21,047
	MN	0	0	0	0	0	0	0	0
	Total	576,421	24,364	64,797	94,432	121,321	149,597	100,863	21,047
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	124,803	1,350	7,048	10,811	26,903	38,301	39,809	581
	MN	0	0	0	0	0	0	0	0
	Total	124,803	1,350	7,048	10,811	26,903	38,301	39,809	581
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	6,442,674	192,929	736,973	1,068,919	1,380,220	1,706,508	1,141,233	215,892
	MN	0	0	0	0	0	0	0	0
	Total	6,442,674	192,929	736,973	1,068,919	1,380,220	1,706,508	1,141,233	215,892
3b. Average Period of Eligibility	CN	0.93	0.66	0.95	0.94	0.95	0.95	0.94	0.85
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.66	0.95	0.94	0.95	0.95	0.94	0.85
4. Expected Number of Screenings per Eligible	CN		4.62	2.38	0.94	0.95	0.95	0.94	0.85
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.62	2.38	0.94	0.95	0.95	0.94	0.85
5. Expected Number of Screenings	CN	725,618	112,562	154,217	88,766	115,255	142,117	94,811	17,890
	MN	0	0	0	0	0	0	0	0
	Total	725,618	112,562	154,217	88,766	115,255	142,117	94,811	17,890
6. Total Screens Received	CN	397,044	98,920	113,612	52,830	44,496	57,181	28,209	1,796
	MN	0	0	0	0	0	0	0	0
	Total	397,044	98,920	113,612	52,830	44,496	57,181	28,209	1,796
7. SCREENING RATIO	CN	0.55	0.88	0.74	0.60	0.39	0.40	0.30	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.55	0.88	0.74	0.60	0.39	0.40	0.30	0.10



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Oklahoma\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	548,000	24,364	64,797	88,766	115,255	142,117	94,811	17,890
	MN	0	0	0	0	0	0	0	0
	Total	548,000	24,364	64,797	88,766	115,255	142,117	94,811	17,890
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	236,206	22,626	46,955	46,678	41,152	51,770	25,406	1,619
	MN	0	0	0	0	0	0	0	0
	Total	236,206	22,626	46,955	46,678	41,152	51,770	25,406	1,619
10. PARTICIPANT RATIO	CN	0.43	0.93	0.72	0.53	0.36	0.36	0.27	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.93	0.72	0.53	0.36	0.36	0.27	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	31,129	901	1,231	4,118	7,401	9,129	7,108	1,241
	MN	0	0	0	0	0	0	0	0
	Total	31,129	901	1,231	4,118	7,401	9,129	7,108	1,241
12a. Total Eligibles Receiving Any Dental Services	CN	269,282	350	11,899	44,897	69,633	84,884	51,063	6,556
	MN	0	0	0	0	0	0	0	0
	Total	269,282	350	11,899	44,897	69,633	84,884	51,063	6,556
12b. Total Eligibles Receiving Preventive Dental Services	CN	246,375	98	9,650	41,129	65,591	79,309	45,318	5,280
	MN	0	0	0	0	0	0	0	0
	Total	246,375	98	9,650	41,129	65,591	79,309	45,318	5,280
12c. Total Eligibles Receiving Dental Treatment Services	CN	123,301	226	1,234	13,891	32,903	41,889	29,371	3,787
	MN	0	0	0	0	0	0	0	0
	Total	123,301	226	1,234	13,891	32,903	41,889	29,371	3,787
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	21,925				11,844	10,081		
	MN	0				0	0		
	Total	21,925				11,844	10,081		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	260,017	279	11,715	44,131	67,669	81,828	48,239	6,156
	MN	0	0	0	0	0	0	0	0
	Total	260,017	279	11,715	44,131	67,669	81,828	48,239	6,156

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Oklahoma\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	8,502	168	4,631	2,388	457	537	301	20
	MN	0	0	0	0	0	0	0	0
	Total	8,502	168	4,631	2,388	457	537	301	20
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	246,375	98	9,650	41,129	65,591	79,309	45,318	5,280
	MN	0	0	0	0	0	0	0	0
	Total	246,375	98	9,650	41,129	65,591	79,309	45,318	5,280
13. Total Eligibles Enrolled in Managed Care	CN	498,222	23,080	59,608	83,365	104,395	126,823	83,709	17,242
	MN	0	0	0	0	0	0	0	0
	Total	498,222	23,080	59,608	83,365	104,395	126,823	83,709	17,242
14a. Total Number of Screening Blood Lead Tests	CN	32,029	312	25,236	6,481				
	MN	0	0	0	0				
	Total	32,029	312	25,236	6,481				
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

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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Oregon\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	423,821	21,834	44,628	62,968	81,240	101,515	72,658	38,978
	MN	0	0	0	0	0	0	0	0
	Total	423,821	21,834	44,628	62,968	81,240	101,515	72,658	38,978
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	396,844	16,107	42,094	59,664	77,358	96,701	68,916	36,004
	MN	0	0	0	0	0	0	0	0
	Total	396,844	16,107	42,094	59,664	77,358	96,701	68,916	36,004
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	56,552	0	0	0	16,446	22,372	14,988	2,746
	MN	0	0	0	0	0	0	0	0
	Total	56,552	0	0	0	16,446	22,372	14,988	2,746
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	4,231,075	119,164	447,514	642,932	840,961	1,056,860	748,084	375,560
	MN	0	0	0	0	0	0	0	0
	Total	4,231,075	119,164	447,514	642,932	840,961	1,056,860	748,084	375,560
3b. Average Period of Eligibility	CN	0.89	0.62	0.89	0.90	0.91	0.91	0.90	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.89	0.62	0.89	0.90	0.91	0.91	0.90	0.87
4. Expected Number of Screenings per Eligible	CN		4.34	2.23	0.90	0.91	0.91	0.90	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.34	2.23	0.90	0.91	0.91	0.90	0.87
5. Expected Number of Screenings	CN	469,213	69,904	93,870	53,698	70,396	87,998	62,024	31,323
	MN	0	0	0	0	0	0	0	0
	Total	469,213	69,904	93,870	53,698	70,396	87,998	62,024	31,323
6. Total Screens Received	CN	277,728	67,606	80,793	35,084	30,637	36,559	21,673	5,376
	MN	0	0	0	0	0	0	0	0
	Total	277,728	67,606	80,793	35,084	30,637	36,559	21,673	5,376
7. SCREENING RATIO	CN	0.59	0.97	0.86	0.65	0.44	0.42	0.35	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.97	0.86	0.65	0.44	0.42	0.35	0.17

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Oregon\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	363,640	16,107	42,094	53,698	70,396	87,998	62,024	31,323
	MN	0	0	0	0	0	0	0	0
	Total	363,640	16,107	42,094	53,698	70,396	87,998	62,024	31,323
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	171,375	15,400	34,073	31,964	29,360	34,915	20,521	5,142
	MN	0	0	0	0	0	0	0	0
	Total	171,375	15,400	34,073	31,964	29,360	34,915	20,521	5,142
10. PARTICIPANT RATIO	CN	0.47	0.96	0.81	0.60	0.42	0.40	0.33	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.96	0.81	0.60	0.42	0.40	0.33	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	99,436	14,756	25,403	14,195	13,493	16,707	11,753	3,129
	MN	0	0	0	0	0	0	0	0
	Total	99,436	14,756	25,403	14,195	13,493	16,707	11,753	3,129
12a. Total Eligibles Receiving Any Dental Services	CN	160,617	264	8,520	27,421	43,062	45,994	26,217	9,139
	MN	0	0	0	0	0	0	0	0
	Total	160,617	264	8,520	27,421	43,062	45,994	26,217	9,139
12b. Total Eligibles Receiving Preventive Dental Services	CN	141,683	135	7,410	25,359	39,340	41,739	21,436	6,264
	MN	0	0	0	0	0	0	0	0
	Total	141,683	135	7,410	25,359	39,340	41,739	21,436	6,264
12c. Total Eligibles Receiving Dental Treatment Services	CN	58,275	90	811	7,610	17,270	15,785	11,873	4,836
	MN	0	0	0	0	0	0	0	0
	Total	58,275	90	811	7,610	17,270	15,785	11,873	4,836
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,862				11,828	12,034		
	MN	0				0	0		
	Total	23,862				11,828	12,034		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	149,232	200	7,929	26,512	40,847	42,671	22,955	8,118
	MN	0	0	0	0	0	0	0	0
	Total	149,232	200	7,929	26,512	40,847	42,671	22,955	8,118

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Oregon\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Oregon*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	12,116	348	5,996	3,755	1,114	487	393	23
	MN	0	0	0	0	0	0	0	0
	Total	12,116	348	5,996	3,755	1,114	487	393	23
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	147,400	308	11,196	26,618	39,571	41,908	21,529	6,270
	MN	0	0	0	0	0	0	0	0
	Total	147,400	308	11,196	26,618	39,571	41,908	21,529	6,270
13. Total Eligibles Enrolled in Managed Care	CN	389,761	15,803	41,663	58,985	76,228	95,115	67,299	34,668
	MN	0	0	0	0	0	0	0	0
	Total	389,761	15,803	41,663	58,985	76,228	95,115	67,299	34,668
14a. Total Number of Screening Blood Lead Tests	CN	10,322	73	8,448	1,801				
	MN	0	0	0	0				
	Total	10,322	73	8,448	1,801				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

Report Generated Time: 03/07/2022 11:29:22 PM

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Pennsylvania\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	1,322,222	67,003	138,378	205,957	259,104	323,466	228,824	99,490
	MN	17,110	116	765	1,098	2,210	3,287	4,370	5,264
	Total	1,339,332	67,119	139,143	207,055	261,314	326,753	233,194	104,754
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,204,581	47,180	126,829	191,980	238,786	303,159	211,649	84,998
	MN	13,178	94	708	1,018	2,013	2,983	3,655	2,707
	Total	1,217,759	47,274	127,537	192,998	240,799	306,142	215,304	87,705
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	174,807	0	0	0	52,081	68,163	46,948	7,615
	MN	3,261	0	0	0	646	1,054	1,196	365
	Total	178,068	0	0	0	52,727	69,217	48,144	7,980
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	12,770,235	345,801	1,331,159	2,094,368	2,559,402	3,335,215	2,244,862	859,428
	MN	128,088	688	6,573	10,433	20,527	31,179	36,400	22,288
	Total	12,898,323	346,489	1,337,732	2,104,801	2,579,929	3,366,394	2,281,262	881,716
3b. Average Period of Eligibility	CN	0.88	0.61	0.87	0.91	0.89	0.92	0.88	0.84
	MN	0.81	0.61	0.77	0.85	0.85	0.87	0.83	0.69
	Total	0.88	0.61	0.87	0.91	0.89	0.92	0.88	0.84
4. Expected Number of Screenings per Eligible	CN		4.27	2.18	0.91	0.89	0.92	0.88	0.84
	MN		4.27	1.93	0.85	0.85	0.87	0.83	0.69
	Total		4.27	2.18	0.91	0.89	0.92	0.88	0.84
5. Expected Number of Screenings	CN	1,401,723	201,459	276,487	174,702	212,520	278,906	186,251	71,398
	MN	11,840	401	1,366	865	1,711	2,595	3,034	1,868
	Total	1,413,563	201,860	277,853	175,567	214,231	281,501	189,285	73,266
6. Total Screens Received	CN	949,837	190,216	257,001	130,338	112,251	140,364	96,139	23,528
	MN	7,021	305	1,399	750	969	1,359	1,590	649
	Total	956,858	190,521	258,400	131,088	113,220	141,723	97,729	24,177
7. SCREENING RATIO	CN	0.68	0.94	0.93	0.75	0.53	0.50	0.52	0.33
	MN	0.59	0.76	1.00	0.87	0.57	0.52	0.52	0.35
	Total	0.68	0.94	0.93	0.75	0.53	0.50	0.52	0.33

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Pennsylvania\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,097,786	47,180	126,829	174,702	212,520	278,906	186,251	71,398
	MN	10,875	94	708	865	1,711	2,595	3,034	1,868
	Total	1,108,661	47,274	127,537	175,567	214,231	281,501	189,285	73,266
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	621,731	44,333	104,835	117,027	109,195	135,780	89,544	21,017
	MN	5,657	80	600	648	943	1,322	1,465	599
	Total	627,388	44,413	105,435	117,675	110,138	137,102	91,009	21,616
10. PARTICIPANT RATIO	CN	0.57	0.94	0.83	0.67	0.51	0.49	0.48	0.29
	MN	0.52	0.85	0.85	0.75	0.55	0.51	0.48	0.32
	Total	0.57	0.94	0.83	0.67	0.51	0.49	0.48	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	351,126	42,100	80,196	51,444	49,974	65,320	49,271	12,821
	MN	3,057	75	460	308	453	640	780	341
	Total	354,183	42,175	80,656	51,752	50,427	65,960	50,051	13,162
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	539,108	535	28,838	95,539	133,361	158,555	95,917	26,363
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	490,844	407	27,439	91,681	125,819	144,597	80,329	20,572
12c. Total Eligibles Receiving Dental Treatment Services	CN	224,702	56	4,123	27,117	56,642	72,623	50,443	13,698
	MN	2,380	0	29	153	452	696	735	315
	Total	227,082	56	4,152	27,270	57,094	73,319	51,178	14,013
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	50,375				25,731	24,644		
	MN	460				220	240		
	Total	50,835				25,951	24,884		
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	445,358	270	21,565	80,483	117,005	131,721	74,445	19,869

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Pennsylvania\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Pennsylvania*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	40,208	1,514	24,610	13,495	432	89	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	517,517	1,888	45,936	98,156	126,000	144,621	80,343	20,573
13. Total Eligibles Enrolled in Managed Care	CN	1,190,872	46,838	125,890	189,956	236,098	299,347	208,692	84,051
	MN	12,738	92	694	980	1,938	2,875	3,534	2,625
	Total	1,203,610	46,930	126,584	190,936	238,036	302,222	212,226	86,676
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	108,929	6,190	76,302	26,437				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

Report Generated Time: 03/07/2022 11:29:22 PM



## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Puerto Rico\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	388,908	10,044	31,963	51,187	74,794	96,085	78,579	46,256
	MN	13,908	50	233	1,099	2,054	4,637	3,957	1,878
	Total	402,816	10,094	32,196	52,286	76,848	100,722	82,536	48,134
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	366,404	8,294	30,198	48,359	70,961	91,007	74,248	43,337
	MN	13,420	36	212	1,065	1,975	4,490	3,825	1,817
	Total	379,824	8,330	30,410	49,424	72,936	95,497	78,073	45,154
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	60,355	363	3,462	7,628	12,189	17,307	15,127	4,279
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	3,931,148	57,123	323,534	521,320	767,925	989,844	804,901	466,501
	MN	144,469	241	2,350	11,519	21,484	48,410	41,101	19,364
	Total	4,075,617	57,364	325,884	532,839	789,409	1,038,254	846,002	485,865
3b. Average Period of Eligibility	CN	0.89	0.57	0.89	0.90	0.90	0.91	0.90	0.90
	MN	0.90	0.56	0.92	0.90	0.91	0.90	0.90	0.89
	Total	0.89	0.57	0.89	0.90	0.90	0.91	0.90	0.90
4. Expected Number of Screenings per Eligible	CN		3.99	2.23	0.90	0.90	0.91	0.90	0.90
	MN		3.92	2.30	0.90	0.91	0.90	0.90	0.89
	Total		3.99	2.23	0.90	0.90	0.91	0.90	0.90
5. Expected Number of Screenings	CN	396,465	33,093	67,342	43,523	63,865	82,816	66,823	39,003
	MN	12,486	141	488	959	1,797	4,041	3,443	1,617
	Total	408,951	33,234	67,830	44,482	65,662	86,857	70,266	40,620
6. Total Screens Received	CN	205,477	8,254	36,906	36,230	38,600	42,078	30,987	12,422
	MN	6,398	44	300	763	1,053	2,076	1,601	561
	Total	211,875	8,298	37,206	36,993	39,653	44,154	32,588	12,983
7. SCREENING RATIO	CN	0.52	0.25	0.55	0.83	0.60	0.51	0.46	0.32
	MN	0.51	0.31	0.61	0.80	0.59	0.51	0.47	0.35
	Total	0.52	0.25	0.55	0.83	0.60	0.51	0.46	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Puerto Rico\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	334,522	8,294	30,198	43,523	63,865	82,816	66,823	39,003
	MN	12,105	36	212	959	1,797	4,041	3,443	1,617
	Total	346,627	8,330	30,410	44,482	65,662	86,857	70,266	40,620
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	102,856	3,193	14,213	17,152	20,346	23,440	17,366	7,146
	MN	3,839	15	92	392	650	1,330	1,028	332
	Total	106,695	3,208	14,305	17,544	20,996	24,770	18,394	7,478
10. PARTICIPANT RATIO	CN	0.31	0.38	0.47	0.39	0.32	0.28	0.26	0.18
	MN	0.32	0.42	0.43	0.41	0.36	0.33	0.30	0.21
	Total	0.31	0.39	0.47	0.39	0.32	0.29	0.26	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	47,306	1,538	6,411	7,840	9,194	10,893	8,016	3,414
	MN	1,350	13	67	185	273	386	309	117
	Total	48,656	1,551	6,478	8,025	9,467	11,279	8,325	3,531
12a. Total Eligibles Receiving Any Dental Services	CN	144,673	61	4,484	19,040	35,069	40,950	30,466	14,603
	MN	5,703	0	36	415	902	2,140	1,563	647
	Total	150,376	61	4,520	19,455	35,971	43,090	32,029	15,250
12b. Total Eligibles Receiving Preventive Dental Services	CN	130,831	50	4,178	17,820	31,330	37,065	27,307	13,081
	MN	5,132	0	35	380	829	1,914	1,408	566
	Total	135,963	50	4,213	18,200	32,159	38,979	28,715	13,647
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	57,114	DS	DS	4,252	16,117	17,746	12,619	6,092
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,345				3,907	4,438		
	MN	383				118	265		
	Total	8,728				4,025	4,703		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	135,739	59	4,446	18,459	32,695	38,032	28,256	13,792
	MN	5,356	0	36	405	856	1,991	1,464	604
	Total	141,095	59	4,482	18,864	33,551	40,023	29,720	14,396

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Puerto Rico\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	11,873	DS	DS	1,061	2,843	3,201	2,927	1,648
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	131,921	51	4,235	18,032	31,600	37,320	27,485	13,198
	MN	5,141	0	35	380	830	1,915	1,411	570
	Total	137,062	51	4,270	18,412	32,430	39,235	28,896	13,768
13. Total Eligibles Enrolled in Managed Care	CN	308,219	7,555	25,157	40,419	59,872	76,380	62,225	36,611
	MN	13,420	36	212	1,065	1,975	4,490	3,825	1,817
	Total	321,639	7,591	25,369	41,484	61,847	80,870	66,050	38,428
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	4,227	22	2,001	2,204				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Rhode Island\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	136,971	5,844	12,718	20,748	26,633	34,054	25,342	11,632
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	130,650	4,297	12,268	19,969	25,782	33,036	24,547	10,751
	MN	76	0	0	0	0	0	18	58
	Total	130,726	4,297	12,268	19,969	25,782	33,036	24,565	10,809
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	47,361	82	2,780	6,130	10,770	14,226	10,853	2,520
	MN	0	0	0	0	0	0	0	0
	Total	47,361	82	2,780	6,130	10,770	14,226	10,853	2,520
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	1,480,334	33,749	139,755	227,062	296,695	382,507	283,070	117,496
	MN	645	0	0	0	0	0	175	470
	Total	1,480,979	33,749	139,755	227,062	296,695	382,507	283,245	117,966
3b. Average Period of Eligibility	CN	0.94	0.65	0.95	0.95	0.96	0.96	0.96	0.91
	MN	0.71	0.00	0.00	0.00	0.00	0.00	0.81	0.68
	Total	0.94	0.65	0.95	0.95	0.96	0.96	0.96	0.91
4. Expected Number of Screenings per Eligible	CN		3.90	1.90	0.95	0.96	0.96	0.96	0.91
	MN		0.00	0.00	0.00	0.00	0.00	0.81	0.68
	Total		3.90	1.90	0.95	0.96	0.96	0.96	0.91
5. Expected Number of Screenings	CN	148,852	16,758	23,309	18,971	24,751	31,715	23,565	9,783
	MN	54	0	0	0	0	0	15	39
	Total	148,906	16,758	23,309	18,971	24,751	31,715	23,580	9,822
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	99,559	18,727	25,620	13,016	12,442	16,025	10,778	2,951
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.67	1.00	1.00	0.69	0.50	0.51	0.46	0.30

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Rhode Island\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	125,350	4,297	12,268	18,971	24,751	31,715	23,565	9,783
	MN	54	0	0	0	0	0	15	39
	Total	125,404	4,297	12,268	18,971	24,751	31,715	23,580	9,822
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	67,284	3,927	10,137	11,785	12,290	15,809	10,526	2,810
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.54	0.91	0.83	0.62	0.50	0.50	0.45	0.29
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	40,843	3,522	8,175	6,322	6,132	8,288	6,495	1,909
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	54,958	38	2,722	8,490	13,724	16,843	10,541	2,600
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	47,847	25	2,504	7,931	12,361	14,660	8,542	1,824
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	22,944	DS	DS	1,927	6,145	8,093	5,276	1,257
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,217				3,071	3,146		
	MN	0				0	0		
	Total	6,217				3,071	3,146		
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	51,733	38	2,708	8,358	13,204	15,595	9,478	2,352

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Rhode Island\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	1,454	DS	997	385	40	DS	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,454	DS	997	385	40	DS	0	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	54,958	38	2,722	8,490	13,724	16,843	10,541	2,600
13. Total Eligibles Enrolled in Managed Care	CN	116,862	4,131	11,835	18,603	24,012	30,501	22,409	5,371
	MN	70	0	0	0	0	0	17	53
	Total	116,932	4,131	11,835	18,603	24,012	30,501	22,426	5,424
14a. Total Number of Screening Blood Lead Tests	CN	8,873	144	4,935	3,794				
	MN	0	0	0	0				
	Total	8,873	144	4,935	3,794				
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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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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: South Carolina\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	763,345	36,384	79,289	120,002	155,535	196,801	129,971	45,363
	MN	0	0	0	0	0	0	0	0
	Total	763,345	36,384	79,289	120,002	155,535	196,801	129,971	45,363
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	720,887	29,618	75,549	114,059	149,154	189,589	124,734	38,184
	MN	0	0	0	0	0	0	0	0
	Total	720,887	29,618	75,549	114,059	149,154	189,589	124,734	38,184
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	96,206	434	4,137	9,151	23,284	32,839	21,919	4,442
	MN	0	0	0	0	0	0	0	0
	Total	96,206	434	4,137	9,151	23,284	32,839	21,919	4,442
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	8,199,297	223,796	862,648	1,309,798	1,735,874	2,216,796	1,453,023	397,362
	MN	0	0	0	0	0	0	0	0
	Total	8,199,297	223,796	862,648	1,309,798	1,735,874	2,216,796	1,453,023	397,362
3b. Average Period of Eligibility	CN	0.95	0.63	0.95	0.96	0.97	0.97	0.97	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.63	0.95	0.96	0.97	0.97	0.97	0.87
4. Expected Number of Screenings per Eligible	CN		4.41	2.38	0.96	0.97	0.97	0.97	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	2.38	0.96	0.97	0.97	0.97	0.87
5. Expected Number of Screenings	CN	902,711	130,615	179,807	109,497	144,679	183,901	120,992	33,220
	MN	0	0	0	0	0	0	0	0
	Total	902,711	130,615	179,807	109,497	144,679	183,901	120,992	33,220
6. Total Screens Received	CN	510,378	119,319	144,830	64,103	57,729	79,150	40,631	4,616
	MN	0	0	0	0	0	0	0	0
	Total	510,378	119,319	144,830	64,103	57,729	79,150	40,631	4,616
7. SCREENING RATIO	CN	0.57	0.91	0.81	0.59	0.40	0.43	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.57	0.91	0.81	0.59	0.40	0.43	0.34	0.14

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: South Carolina\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	697,456	29,618	75,549	109,497	144,679	183,901	120,992	33,220
	MN	0	0	0	0	0	0	0	0
	Total	697,456	29,618	75,549	109,497	144,679	183,901	120,992	33,220
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	317,866	27,633	58,765	59,251	55,110	74,750	38,018	4,339
	MN	0	0	0	0	0	0	0	0
	Total	317,866	27,633	58,765	59,251	55,110	74,750	38,018	4,339
10. PARTICIPANT RATIO	CN	0.46	0.93	0.78	0.54	0.38	0.41	0.31	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.93	0.78	0.54	0.38	0.41	0.31	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	192,156	22,847	44,792	28,035	30,581	39,781	23,228	2,892
	MN	0	0	0	0	0	0	0	0
	Total	192,156	22,847	44,792	28,035	30,581	39,781	23,228	2,892
12a. Total Eligibles Receiving Any Dental Services	CN	329,607	216	17,778	55,065	87,247	103,339	56,724	9,238
	MN	0	0	0	0	0	0	0	0
	Total	329,607	216	17,778	55,065	87,247	103,339	56,724	9,238
12b. Total Eligibles Receiving Preventive Dental Services	CN	307,365	93	16,715	52,169	82,211	97,923	50,836	7,418
	MN	0	0	0	0	0	0	0	0
	Total	307,365	93	16,715	52,169	82,211	97,923	50,836	7,418
12c. Total Eligibles Receiving Dental Treatment Services	CN	126,027	42	1,036	15,652	38,529	39,631	26,668	4,469
	MN	0	0	0	0	0	0	0	0
	Total	126,027	42	1,036	15,652	38,529	39,631	26,668	4,469
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	36,542				18,725	17,817		
	MN	0				0	0		
	Total	36,542				18,725	17,817		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	315,638	210	17,525	53,862	82,814	98,406	54,118	8,703
	MN	0	0	0	0	0	0	0	0
	Total	315,638	210	17,525	53,862	82,814	98,406	54,118	8,703



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: South Carolina\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	32,895	630	16,293	8,650	3,913	2,555	800	54
	MN	0	0	0	0	0	0	0	0
	Total	32,895	630	16,293	8,650	3,913	2,555	800	54
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	327,112	718	29,062	56,388	83,499	98,811	51,190	7,444
	MN	0	0	0	0	0	0	0	0
	Total	327,112	718	29,062	56,388	83,499	98,811	51,190	7,444
13. Total Eligibles Enrolled in Managed Care	CN	672,251	27,979	71,903	105,957	139,371	177,572	115,437	34,032
	MN	0	0	0	0	0	0	0	0
	Total	672,251	27,979	71,903	105,957	139,371	177,572	115,437	34,032
14a. Total Number of Screening Blood Lead Tests	CN	41,156	797	34,991	5,368				
	MN	0	0	0	0				
	Total	41,156	797	34,991	5,368				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: South Dakota\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	91,586	4,813	10,174	15,297	19,689	23,195	15,090	3,328
	MN	0	0	0	0	0	0	0	0
	Total	91,586	4,813	10,174	15,297	19,689	23,195	15,090	3,328
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	85,932	3,928	9,589	14,530	18,726	22,104	14,264	2,791
	MN	0	0	0	0	0	0	0	0
	Total	85,932	3,928	9,589	14,530	18,726	22,104	14,264	2,791
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	18,740	193	1,155	2,096	4,960	6,165	3,688	483
	MN	0	0	0	0	0	0	0	0
	Total	18,740	193	1,155	2,096	4,960	6,165	3,688	483
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	925,056	28,355	103,855	158,561	206,094	244,930	156,986	26,275
	MN	0	0	0	0	0	0	0	0
	Total	925,056	28,355	103,855	158,561	206,094	244,930	156,986	26,275
3b. Average Period of Eligibility	CN	0.90	0.60	0.90	0.91	0.92	0.92	0.92	0.78
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.90	0.60	0.90	0.91	0.92	0.92	0.92	0.78
4. Expected Number of Screenings per Eligible	CN		4.20	2.25	0.91	0.92	0.92	0.92	0.78
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	2.25	0.91	0.92	0.92	0.92	0.78
5. Expected Number of Screenings	CN	104,159	16,498	21,575	13,222	17,228	20,336	13,123	2,177
	MN	0	0	0	0	0	0	0	0
	Total	104,159	16,498	21,575	13,222	17,228	20,336	13,123	2,177
6. Total Screens Received	CN	44,800	12,937	12,847	5,892	4,149	6,061	2,729	185
	MN	0	0	0	0	0	0	0	0
	Total	44,800	12,937	12,847	5,892	4,149	6,061	2,729	185
7. SCREENING RATIO	CN	0.43	0.78	0.60	0.45	0.24	0.30	0.21	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.43	0.78	0.60	0.45	0.24	0.30	0.21	0.08

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: South Dakota\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	79,603	3,928	9,589	13,222	17,228	20,336	13,123	2,177
	MN	0	0	0	0	0	0	0	0
	Total	79,603	3,928	9,589	13,222	17,228	20,336	13,123	2,177
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	27,403	3,450	5,750	5,499	4,028	5,874	2,624	178
	MN	0	0	0	0	0	0	0	0
	Total	27,403	3,450	5,750	5,499	4,028	5,874	2,624	178
10. PARTICIPANT RATIO	CN	0.34	0.88	0.60	0.42	0.23	0.29	0.20	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.34	0.88	0.60	0.42	0.23	0.29	0.20	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	17,317	3,244	4,478	2,691	2,117	3,016	1,642	129
	MN	0	0	0	0	0	0	0	0
	Total	17,317	3,244	4,478	2,691	2,117	3,016	1,642	129
12a. Total Eligibles Receiving Any Dental Services	CN	25,540	32	1,378	4,464	7,075	7,808	4,280	503
	MN	0	0	0	0	0	0	0	0
	Total	25,540	32	1,378	4,464	7,075	7,808	4,280	503
12b. Total Eligibles Receiving Preventive Dental Services	CN	22,131	DS	1,166	4,045	6,363	6,859	3,373	DS
	MN	0	0	0	0	0	0	0	0
	Total	22,131	DS	1,166	4,045	6,363	6,859	3,373	DS
12c. Total Eligibles Receiving Dental Treatment Services	CN	9,197	22	120	1,270	2,722	2,812	1,987	264
	MN	0	0	0	0	0	0	0	0
	Total	9,197	22	120	1,270	2,722	2,812	1,987	264
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,281				1,710	1,571		
	MN	0				0	0		
	Total	3,281				1,710	1,571		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	22,360	31	1,330	4,111	6,026	6,683	3,749	430
	MN	0	0	0	0	0	0	0	0
	Total	22,360	31	1,330	4,111	6,026	6,683	3,749	430

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: South Dakota\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: South Dakota*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	1,575	45	991	495	DS	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	1,575	45	991	495	DS	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	23,342	49	1,987	4,370	6,381	6,861	3,373	321
	MN	0	0	0	0	0	0	0	0
	Total	23,342	49	1,987	4,370	6,381	6,861	3,373	321
13. Total Eligibles Enrolled in Managed Care	CN	76,882	3,569	9,078	13,488	16,996	19,526	12,009	2,216
	MN	0	0	0	0	0	0	0	0
	Total	76,882	3,569	9,078	13,488	16,996	19,526	12,009	2,216
14a. Total Number of Screening Blood Lead Tests	CN	2,410	DS	1,813	DS				
	MN	0	0	0	0				
	Total	2,410	DS	1,813	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 & 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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Tennessee\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	911,891	49,741	105,528	147,001	184,798	225,046	153,504	46,273
	MN	25,502	16	151	297	809	1,343	1,139	21,747
	Total	937,393	49,757	105,679	147,298	185,607	226,389	154,643	68,020
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	890,775	36,429	102,184	141,518	179,347	218,662	149,256	63,379
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	1,093	0	0	181	DS	345	236	DS
	MN	232	0	0	11	40	81	64	36
	Total	1,325	0	0	192	DS	426	300	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	9,776,692	271,654	1,180,081	1,618,126	2,049,982	2,496,872	1,701,395	458,582
	MN	279,796	64	1,694	3,153	8,534	14,241	11,771	240,339
	Total	10,056,488	271,718	1,181,775	1,621,279	2,058,516	2,511,113	1,713,166	698,921
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.94	0.62	0.96	0.95	0.96	0.96	0.96	0.92
4. Expected Number of Screenings per Eligible	CN		4.34	2.40	0.95	0.96	0.96	0.96	0.90
	MN		4.13	2.38	0.92	0.92	0.92	0.91	0.96
	Total		4.34	2.40	0.95	0.96	0.96	0.96	0.92
5. Expected Number of Screenings	CN	1,097,653	158,063	244,884	134,171	171,433	208,682	142,253	38,167
	MN	23,656	37	355	262	709	1,182	979	20,132
	Total	1,121,309	158,100	245,239	134,433	172,142	209,864	143,232	58,299
6. Total Screens Received	CN	762,255	146,917	208,267	108,968	99,964	121,488	64,874	11,777
	MN	6,821	23	294	203	466	741	482	4,612
	Total	769,076	146,940	208,561	109,171	100,430	122,229	65,356	16,389
7. SCREENING RATIO	CN	0.69	0.93	0.85	0.81	0.58	0.58	0.46	0.31
	MN	0.29	0.62	0.83	0.77	0.66	0.63	0.49	0.23
	Total	0.69	0.93	0.85	0.81	0.58	0.58	0.46	0.28

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Tennessee\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	856,583	36,429	102,184	134,433	172,142	209,864	143,232	58,299
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	479,196	34,516	82,046	92,863	89,272	109,011	58,036	13,452
10. PARTICIPANT RATIO	CN	0.57	0.95	0.80	0.69	0.52	0.52	0.40	0.25
	MN	0.25	0.78	0.84	0.65	0.60	0.58	0.44	0.20
	Total	0.56	0.95	0.80	0.69	0.52	0.52	0.41	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	292,570	32,686	64,667	45,889	47,360	57,650	34,929	9,389
12a. Total Eligibles Receiving Any Dental Services	CN	377,012	195	18,374	64,495	98,175	115,598	68,431	11,744
	MN	7,786	0	36	137	461	747	504	5,901
	Total	384,798	195	18,410	64,632	98,636	116,345	68,935	17,645
12b. Total Eligibles Receiving Preventive Dental Services	CN	346,914	103	15,942	60,690	93,305	108,359	59,367	9,148
	MN	6,334	0	31	123	438	701	442	4,599
	Total	353,248	103	15,973	60,813	93,743	109,060	59,809	13,747
12c. Total Eligibles Receiving Dental Treatment Services	CN	153,596	38	1,143	17,731	42,672	49,804	35,708	6,500
	MN	4,125	0	0	33	202	330	267	3,293
	Total	157,721	38	1,143	17,764	42,874	50,134	35,975	9,793
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	43,648				23,275	20,373		
	MN	236				122	114		
	Total	43,884				23,397	20,487		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	360,329	186	18,106	63,133	94,683	110,173	63,293	10,755
	MN	7,204	0	34	136	438	710	466	5,420
	Total	367,533	186	18,140	63,269	95,121	110,883	63,759	16,175

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Tennessee\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	33,572	350	10,516	6,243	9,615	6,403	392	53
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	367,273	450	24,813	64,319	97,534	111,507	59,491	9,159
	MN	6,373	0	42	131	446	712	442	4,600
	Total	373,646	450	24,855	64,450	97,980	112,219	59,933	13,759
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	890,775	36,429	102,184	141,518	179,347	218,662	149,256	63,379
14a. Total Number of Screening Blood Lead Tests	CN	65,391	603	52,876	11,912				
	MN	93	0	79	14				
	Total	65,484	603	52,955	11,926				
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.

\*States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit. CMS recommends that FFY 2020 data are not trended with data from other fiscal years due to both the significant change in delivery of services as a result of the COVID-19 public health emergency and the initial use of T-MSIS as a data source in 19 states.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Texas\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	3,682,069	227,804	435,704	602,889	745,823	918,764	609,745	141,340
	MN	1,145	58	103	160	159	313	318	34
	Total	3,683,214	227,862	435,807	603,049	745,982	919,077	610,063	141,374
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	3,447,388	167,715	414,823	577,457	712,707	878,154	579,482	117,050
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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	37,046,053	1,331,716	4,570,349	6,352,066	7,807,529	9,619,175	6,280,118	1,085,100
3b. Average Period of Eligibility	CN	0.90	0.66	0.92	0.92	0.91	0.91	0.90	0.77
	MN	0.41	0.38	0.41	0.42	0.50	0.40	0.40	0.42
	Total	0.90	0.66	0.92	0.92	0.91	0.91	0.90	0.77
4. Expected Number of Screenings per Eligible	CN		4.62	2.30	0.92	0.91	0.91	0.90	0.77
	MN		2.66	1.03	0.42	0.50	0.40	0.40	0.42
	Total		4.62	2.30	0.92	0.91	0.91	0.90	0.77
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	4,319,501	774,839	954,075	531,255	648,563	799,113	521,528	90,128
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,286,249	738,896	880,115	445,541	407,477	515,193	276,224	22,803
7. SCREENING RATIO	CN	0.76	0.95	0.92	0.84	0.63	0.64	0.53	0.25
	MN	0.74	0.00	1.00	0.75	0.00	0.80	0.80	0.00
	Total	0.76	0.95	0.92	0.84	0.63	0.64	0.53	0.25



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Texas\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	3,173,125	167,715	414,823	531,255	648,563	799,113	521,528	90,128
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	1,979,267	161,343	347,032	368,981	367,789	464,566	249,112	20,444
10. PARTICIPANT RATIO	CN	0.62	0.96	0.84	0.69	0.57	0.58	0.48	0.23
	MN	0.69	0.00	0.79	0.75	0.00	0.80	0.80	0.00
	Total	0.62	0.96	0.84	0.69	0.57	0.58	0.48	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	1,485,215	157,127	303,358	242,372	247,761	325,474	192,007	17,116
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	2,025,710	28,753	229,590	366,129	473,922	558,463	325,867	42,986
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	1,961,497	27,934	228,213	354,434	458,184	544,303	309,961	38,468
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	802,104	251	7,071	105,993	231,506	266,088	168,801	22,394
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	260,376				116,632	143,744		
	MN	0				0	0		
	Total	260,376				116,632	143,744		
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	1,999,262	28,175	227,870	363,368	467,185	551,330	319,656	41,678

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Texas\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	139,326	18,365	97,775	20,164	1,177	1,189	625	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	2,015,589	39,865	263,724	360,109	458,516	544,698	310,193	38,484
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	3,432,194	166,723	413,723	575,337	709,844	874,495	576,525	115,547
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	258,280	1,410	206,860	50,010				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Utah\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	225,593	15,034	28,749	36,810	45,409	55,147	35,074	9,370
	MN	283	12	23	50	60	73	53	12
	Total	225,876	15,046	28,772	36,860	45,469	55,220	35,127	9,382
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	202,456	12,501	25,916	33,303	41,287	50,381	31,710	7,358
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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,142,364	122,210	273,067	352,597	442,710	544,631	337,738	69,411
3b. Average Period of Eligibility	CN	0.88	0.81	0.88	0.88	0.89	0.90	0.89	0.79
	MN	0.65	0.46	0.55	0.58	0.66	0.60	0.78	0.81
	Total	0.88	0.81	0.88	0.88	0.89	0.90	0.89	0.79
4. Expected Number of Screenings per Eligible	CN		5.67	2.20	0.88	0.89	0.90	0.89	0.79
	MN		3.22	1.38	0.58	0.66	0.60	0.78	0.81
	Total		5.67	2.20	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	273,287	70,871	57,009	29,300	36,739	45,335	28,220	5,813
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	158,997	49,389	48,733	18,689	14,286	17,809	9,342	749
7. SCREENING RATIO	CN	0.58	0.70	0.85	0.64	0.39	0.39	0.33	0.13
	MN	0.36	0.08	0.45	0.83	0.44	0.35	0.13	0.22
	Total	0.58	0.70	0.85	0.64	0.39	0.39	0.33	0.13

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Utah\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	183,824	12,501	25,916	29,300	36,739	45,335	28,220	5,813
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	89,102	11,675	20,024	17,083	13,740	17,073	8,813	694
10. PARTICIPANT RATIO	CN	0.48	0.93	0.77	0.58	0.37	0.38	0.31	0.12
	MN	0.40	0.25	0.50	0.83	0.44	0.35	0.13	0.22
	Total	0.48	0.93	0.77	0.58	0.37	0.38	0.31	0.12
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	22,407	7,193	12,427	1,340	431	589	395	32
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	97,606	200	6,273	18,155	25,862	29,447	15,776	1,893
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	96,874	189	6,261	18,070	25,718	29,228	15,555	1,853
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	14,931	65	282	2,186	4,299	4,475	3,061	563
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	17,551				7,458	10,093		
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	95,807	189	6,228	17,946	25,352	28,876	15,390	1,826

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Utah\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	DS	0	0	0	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	DS	0	DS	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	97,609	200	6,275	18,155	25,862	29,447	15,777	1,893
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	178,095	11,445	23,685	30,361	37,068	44,966	26,991	3,579
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	7,316	18	5,902	1,396				
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.

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Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Vermont\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	70,948	2,774	6,392	10,491	14,419	18,074	13,416	5,382
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	68,055	2,041	6,156	10,163	13,984	17,603	13,063	5,045
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	DS	0	0	DS	DS	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	DS	0	0	DS	DS	DS	DS	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	761,745	14,933	69,428	115,046	159,241	200,725	148,295	54,077
3b. Average Period of Eligibility	CN	0.93	0.61	0.94	0.94	0.95	0.95	0.95	0.89
	MN	0.95	0.79	0.97	0.95	0.96	0.96	0.95	0.96
	Total	0.93	0.61	0.94	0.94	0.95	0.95	0.95	0.89
4. Expected Number of Screenings per Eligible	CN		4.27	2.35	0.94	0.95	0.95	0.95	0.89
	MN		5.53	2.43	0.95	0.96	0.96	0.95	0.96
	Total		4.27	2.35	0.94	0.95	0.95	0.95	0.89
5. Expected Number of Screenings	CN	78,597	8,707	14,335	9,437	13,133	16,498	12,146	4,341
	MN	1,071	11	136	118	154	228	264	160
	Total	79,668	8,718	14,471	9,555	13,287	16,726	12,410	4,501
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	53,589	9,810	13,517	7,268	7,376	9,072	5,550	996
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.67	1.00	0.93	0.76	0.56	0.54	0.45	0.22

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Vermont\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	64,676	2,041	6,156	9,555	13,287	16,726	12,410	4,501
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	36,405	1,925	5,320	6,582	7,250	8,936	5,433	959
10. PARTICIPANT RATIO	CN	0.57	0.94	0.87	0.69	0.55	0.54	0.44	0.22
	MN	0.25	0.50	0.59	0.35	0.27	0.23	0.22	0.11
	Total	0.56	0.94	0.86	0.69	0.55	0.53	0.44	0.21
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	22,280	1,852	4,283	3,262	3,799	5,087	3,379	618
12a. Total Eligibles Receiving Any Dental Services	CN	34,111	20	1,562	5,109	8,742	10,361	6,671	1,646
	MN	297	0	11	35	58	70	81	42
	Total	34,408	20	1,573	5,144	8,800	10,431	6,752	1,688
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	30,311	DS	1,237	4,702	8,082	9,427	5,661	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	12,928	DS	DS	1,343	3,575	3,799	3,115	891
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	3,160				1,583	1,577		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	31,397	19	1,448	4,743	8,124	9,584	6,025	1,454
	MN	264	0	11	32	51	64	68	38
	Total	31,661	19	1,459	4,775	8,175	9,648	6,093	1,492

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Vermont\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Vermont*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	686	50	481	133	DS	DS	0	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	30,693	25	1,506	4,786	8,094	9,429	5,661	1,192
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	3,214	DS	2,881	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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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Virginia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	783,817	40,957	86,577	122,450	154,812	191,858	129,235	57,928
	MN	1,056	74	131	86	112	221	216	216
	Total	784,873	41,031	86,708	122,536	154,924	192,079	129,451	58,144
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	741,908	30,038	83,126	117,401	148,961	185,159	124,133	53,090
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	144,915	0	DS	DS	33,743	44,416	DS	36,965
	MN	0	0	0	0	0	0	0	0
	Total	144,915	0	DS	DS	33,743	44,416	DS	36,965
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	8,188,645	236,122	928,106	1,313,143	1,674,837	2,088,656	1,392,648	555,133
	MN	4,684	327	755	383	640	1,350	1,175	54
	Total	8,193,329	236,449	928,861	1,313,526	1,675,477	2,090,006	1,393,823	555,187
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.92	0.66	0.93	0.93	0.94	0.94	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		4.62	2.33	0.93	0.94	0.94	0.94	0.87
	MN		3.85	1.48	0.44	0.58	0.60	0.58	0.50
	Total		4.62	2.33	0.93	0.94	0.94	0.94	0.87
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	918,261	138,738	193,592	109,147	139,990	173,985	116,624	46,185
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	650,147	148,274	187,089	92,758	70,323	89,555	51,263	10,885
7. SCREENING RATIO	CN	0.71	1.00	0.97	0.85	0.50	0.51	0.44	0.24
	MN	0.76	0.94	1.00	0.63	0.36	0.31	0.37	0.40
	Total	0.71	1.00	0.97	0.85	0.50	0.51	0.44	0.24

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Virginia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	699,095	30,038	83,126	109,147	139,990	173,985	116,624	46,185
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	351,090	27,942	67,390	74,519	58,894	73,227	40,682	8,436
10. PARTICIPANT RATIO	CN	0.50	0.93	0.81	0.68	0.42	0.42	0.35	0.18
	MN	0.45	0.88	0.61	0.56	0.32	0.28	0.29	0.20
	Total	0.50	0.93	0.81	0.68	0.42	0.42	0.35	0.18
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	208,221	26,887	53,223	33,943	28,357	36,541	23,694	5,576
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	330,943	175	16,927	54,972	84,368	101,630	59,237	13,634
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	302,424	88	15,877	52,225	79,851	93,242	50,749	10,392
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	173,952	66	3,843	20,782	43,878	58,266	38,281	8,836
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	32,660				17,718	14,942		
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	312,402	147	16,619	53,625	80,950	94,705	54,006	12,350

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Virginia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	27,054	1,360	16,024	5,461	2,260	1,028	665	256
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	348,346	1,520	29,873	57,138	84,763	101,883	59,417	13,752
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	732,913	29,444	82,488	116,603	147,851	183,510	122,584	50,433
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	53,485	616	36,813	16,056				
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: 2020

State: Washington\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	901,907	41,288	90,072	140,265	182,313	225,909	156,286	65,774
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	862,346	33,695	86,666	135,260	176,358	218,761	150,983	60,623
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	0	0	0	0	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			5	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5	2	1	0.5	0.6	0.5	0.5
3a. Total Months of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	9,538,250	246,450	969,540	1,521,769	1,990,741	2,476,789	1,700,216	632,745
3b. Average Period of Eligibility	CN	0.92	0.61	0.93	0.94	0.94	0.94	0.94	0.87
	MN	0.44	0.42	0.42	0.38	0.45	0.45	0.44	0.71
	Total	0.92	0.61	0.93	0.94	0.94	0.94	0.94	0.87
4. Expected Number of Screenings per Eligible	CN		3.05	1.86	0.94	0.47	0.56	0.47	0.44
	MN		2.10	0.84	0.38	0.23	0.27	0.22	0.36
	Total		3.05	1.86	0.94	0.47	0.56	0.47	0.44
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	694,117	102,768	161,194	127,138	82,885	122,500	70,958	26,674
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	559,226	123,484	169,556	75,484	65,786	74,642	41,790	8,484
7. SCREENING RATIO	CN	0.81	1.00	1.00	0.59	0.79	0.61	0.59	0.32
	MN	0.81	0.75	1.00	0.60	1.00	0.50	0.50	1.00
	Total	0.81	1.00	1.00	0.59	0.79	0.61	0.59	0.32

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Washington\*

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	550,515	33,695	86,665	127,138	82,885	122,500	70,958	26,674
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	353,291	30,715	68,719	70,808	63,604	72,049	39,890	7,506
10. PARTICIPANT RATIO	CN	0.64	0.91	0.79	0.56	0.77	0.59	0.56	0.28
	MN	0.75	1.00	1.00	0.60	1.00	0.50	0.50	1.00
	Total	0.64	0.91	0.79	0.56	0.77	0.59	0.56	0.28
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	210,010	28,209	52,054	31,988	31,458	37,206	23,805	5,290
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	444,651	1,543	33,932	79,796	112,435	127,347	72,407	17,191
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	411,766	1,024	32,244	76,930	106,785	118,904	63,084	12,795
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	231,733	904	20,745	52,053	54,764	55,784	37,933	9,550
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	52,567				26,520	26,047		
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	418,866	1,297	32,383	77,336	107,757	119,817	65,068	15,208

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Washington\*

Annual EPSDT Participation Report									
Form CMS-416									
Fiscal Year: 2020									
State: Washington*									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X								
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	30,331	430	8,896	11,622	5,998	1,792	1,302	291
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	419,609	1,406	36,538	78,802	107,415	119,347	63,300	12,801
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	843,886	33,112	84,881	132,403	172,740	213,950	147,697	59,103
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	20,739	170	16,764	3,805				
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.

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## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: West Virginia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	233,549	11,738	23,910	34,602	46,130	57,203	40,953	19,013
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	223,586	9,392	22,996	33,428	44,770	55,571	39,682	17,747
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	9,478	0	0	DS	3,046	4,120	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	9,478	0	0	DS	3,046	4,120	DS	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	2,298,013	66,339	239,107	348,712	467,149	582,591	412,185	181,930
3b. Average Period of Eligibility	CN	0.86	0.59	0.87	0.87	0.87	0.87	0.87	0.85
	MN	0.58	0.00	0.08	1.00	0.22	0.67	0.73	0.00
	Total	0.86	0.59	0.87	0.87	0.87	0.87	0.87	0.85
4. Expected Number of Screenings per Eligible	CN		3.54	2.18	0.87	0.87	0.87	0.87	0.85
	MN		0.00	0.20	1.00	0.22	0.67	0.73	0.00
	Total		3.54	2.18	0.87	0.87	0.87	0.87	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	249,361	33,248	50,129	29,082	38,948	48,346	34,523	15,085
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	199,242	48,749	53,239	25,700	23,035	27,607	17,146	3,766
7. SCREENING RATIO	CN	0.80	1.00	1.00	0.88	0.59	0.57	0.50	0.25
	MN	0.78	0.00	0.00	1.00	1.00	0.75	0.67	0.00
	Total	0.80	1.00	1.00	0.88	0.59	0.57	0.50	0.25

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: West Virginia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	198,371	9,392	22,995	29,082	38,948	48,346	34,523	15,085
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	102,666	8,752	18,414	19,070	18,633	21,997	13,097	2,703
10. PARTICIPANT RATIO	CN	0.52	0.93	0.80	0.66	0.48	0.45	0.38	0.18
	MN	0.67	0.00	0.00	1.00	1.00	0.50	0.67	0.00
	Total	0.52	0.93	0.80	0.66	0.48	0.45	0.38	0.18
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	72,145	7,060	14,501	10,864	12,400	14,738	10,249	2,333
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	98,288	78	3,203	15,416	25,656	30,154	18,756	5,025
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	86,510	27	2,361	13,977	23,430	27,083	15,846	3,786
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	43,665	44	323	4,559	11,423	14,031	10,362	2,923
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	10,251				4,974	5,277		
	MN	0				0	0		
	Total	10,251				4,974	5,277		
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	93,762	71	3,161	15,011	24,474	28,791	17,560	4,694



Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: West Virginia\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	3,579	13	219	551	1,018	1,150	518	110
	MN	0	0	0	0	0	0	0	0
	Total	3,579	13	219	551	1,018	1,150	518	110
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	87,567	40	2,504	14,105	23,736	27,418	15,954	3,810
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	202,505	8,800	21,455	30,466	40,283	49,623	35,460	16,418
14a. Total Number of Screening Blood Lead Tests	CN	12,142	104	9,508	2,530				
	MN	0	0	0	0				
	Total	12,142	104	9,508	2,530				
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: 2020

State: Wisconsin\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	570,403	30,078	61,868	90,740	114,025	140,648	96,428	36,616
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	536,272	22,301	58,968	86,941	108,805	134,664	91,941	32,652
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	78,736	0	DS	DS	22,762	31,462	20,833	DS
	MN	0	0	0	0	0	0	0	0
	Total	78,736	0	DS	DS	22,762	31,462	20,833	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	5,797,590	173,802	645,942	960,282	1,196,343	1,487,102	1,008,505	325,614
	MN	1,725	0	36	72	218	556	606	237
	Total	5,799,315	173,802	645,978	960,354	1,196,561	1,487,658	1,009,111	325,851
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.90	0.65	0.91	0.92	0.92	0.92	0.91	0.83
4. Expected Number of Screenings per Eligible	CN		4.55	2.28	0.92	0.92	0.92	0.91	0.83
	MN		0.00	1.50	0.60	0.57	0.58	0.61	0.58
	Total		4.55	2.28	0.92	0.92	0.92	0.91	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	650,584	101,470	134,444	79,983	100,089	123,863	83,642	27,093
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	391,798	102,940	108,583	49,322	42,386	52,952	29,569	6,046
7. SCREENING RATIO	CN	0.60	1.00	0.81	0.62	0.42	0.43	0.35	0.22
	MN	0.63	0.00	0.13	1.00	0.61	0.80	0.63	0.30
	Total	0.60	1.00	0.81	0.62	0.42	0.43	0.35	0.22

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Wisconsin\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	495,939	22,301	58,968	79,983	100,089	123,863	83,642	27,093
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	238,640	21,145	46,007	44,863	41,139	51,275	28,434	5,777
10. PARTICIPANT RATIO	CN	0.48	0.95	0.78	0.56	0.41	0.41	0.34	0.21
	MN	0.58	0.00	0.20	0.83	0.56	0.74	0.57	0.30
	Total	0.48	0.95	0.78	0.56	0.41	0.41	0.34	0.21
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	155,136	19,278	38,001	24,441	21,305	28,849	18,730	4,532
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	191,613	151	6,528	30,955	54,797	59,784	32,204	7,194
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	170,917	71	5,892	28,932	50,996	54,237	25,933	4,856
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	69,039	59	372	7,829	19,288	21,335	16,115	4,041
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	29,129				14,320	14,809		
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	176,231	148	6,343	29,704	50,880	54,808	28,087	6,261

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Wisconsin\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	29,994	819	8,328	7,345	6,942	4,899	1,419	242
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	190,129	407	13,063	33,522	54,587	56,958	26,653	4,939
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	476,821	21,223	55,156	79,650	96,272	116,406	77,938	30,176
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	39,832	777	27,030	12,025				
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: 2020

State: Wyoming\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	48,415	2,645	5,578	7,825	9,967	12,224	8,270	1,906
	MN	0	0	0	0	0	0	0	0
	Total	48,415	2,645	5,578	7,825	9,967	12,224	8,270	1,906
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	44,928	2,110	5,168	7,295	9,388	11,592	7,772	1,603
	MN	0	0	0	0	0	0	0	0
	Total	44,928	2,110	5,168	7,295	9,388	11,592	7,772	1,603
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	469,167	14,874	54,040	76,633	100,278	125,330	83,304	14,708
	MN	0	0	0	0	0	0	0	0
	Total	469,167	14,874	54,040	76,633	100,278	125,330	83,304	14,708
3b. Average Period of Eligibility	CN	0.87	0.59	0.87	0.88	0.89	0.90	0.89	0.76
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.59	0.87	0.88	0.89	0.90	0.89	0.76
4. Expected Number of Screenings per Eligible	CN		4.13	2.18	0.88	0.89	0.90	0.89	0.76
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.13	2.18	0.88	0.89	0.90	0.89	0.76
5. Expected Number of Screenings	CN	53,323	8,714	11,266	6,420	8,355	10,433	6,917	1,218
	MN	0	0	0	0	0	0	0	0
	Total	53,323	8,714	11,266	6,420	8,355	10,433	6,917	1,218
6. Total Screens Received	CN	28,708	8,788	8,666	3,538	2,243	3,543	1,785	145
	MN	0	0	0	0	0	0	0	0
	Total	28,708	8,788	8,666	3,538	2,243	3,543	1,785	145
7. SCREENING RATIO	CN	0.54	1.00	0.77	0.55	0.27	0.34	0.26	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	1.00	0.77	0.55	0.27	0.34	0.26	0.12

## Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Wyoming\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	40,621	2,110	5,168	6,420	8,355	10,433	6,917	1,218
	MN	0	0	0	0	0	0	0	0
	Total	40,621	2,110	5,168	6,420	8,355	10,433	6,917	1,218
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	16,130	1,977	3,727	3,179	2,147	3,321	1,659	120
	MN	0	0	0	0	0	0	0	0
	Total	16,130	1,977	3,727	3,179	2,147	3,321	1,659	120
10. PARTICIPANT RATIO	CN	0.40	0.94	0.72	0.50	0.26	0.32	0.24	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.94	0.72	0.50	0.26	0.32	0.24	0.10
11. Total Eligibles Referred for Corrective Treatment	CN	13,018	1,845	3,140	2,365	1,647	2,596	1,349	76
	MN	0	0	0	0	0	0	0	0
	Total	13,018	1,845	3,140	2,365	1,647	2,596	1,349	76
12a. Total Eligibles Receiving Any Dental Services	CN	20,037	55	1,248	3,708	5,167	5,830	3,551	478
	MN	0	0	0	0	0	0	0	0
	Total	20,037	55	1,248	3,708	5,167	5,830	3,551	478
12b. Total Eligibles Receiving Preventive Dental Services	CN	18,380	20	1,116	3,467	4,841	5,469	3,102	365
	MN	0	0	0	0	0	0	0	0
	Total	18,380	20	1,116	3,467	4,841	5,469	3,102	365
12c. Total Eligibles Receiving Dental Treatment Services	CN	9,387	21	146	1,339	2,729	2,765	2,074	313
	MN	0	0	0	0	0	0	0	0
	Total	9,387	21	146	1,339	2,729	2,765	2,074	313
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,484				1,260	1,224		
	MN	0				0	0		
	Total	2,484				1,260	1,224		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	19,181	50	1,240	3,625	4,945	5,572	3,305	444
	MN	0	0	0	0	0	0	0	0
	Total	19,181	50	1,240	3,625	4,945	5,572	3,305	444

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2020

State: Wyoming\*

CMS Generated Reporting of State Form CMS-416 Data Using 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	839	DS	25	111	282	265	132	DS
	MN	0	0	0	0	0	0	0	0
	Total	839	DS	25	111	282	265	132	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	19,088	21	1,135	3,543	5,071	5,706	3,226	386
	MN	0	0	0	0	0	0	0	0
	Total	19,088	21	1,135	3,543	5,071	5,706	3,226	386
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	1,089	DS	DS	DS				
	MN	0	0	0	0				
	Total	1,089	DS	DS	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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