

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Alabama

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	690,918	35,116	77,067	109,499	138,287	170,080	118,478	42,391
	MN	0	0	0	0	0	0	0	0
	Total	690,918	35,116	77,067	109,499	138,287	170,080	118,478	42,391
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	680,293	33,637	75,921	107,879	136,402	167,775	116,822	41,857
	MN	0	0	0	0	0	0	0	0
	Total	680,293	33,637	75,921	107,879	136,402	167,775	116,822	41,857
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	121,205	DS	DS	143	15,148	29,276	56,462	20,082
	MN	0	0	0	0	0	0	0	0
	Total	121,205	DS	DS	143	15,148	29,276	56,462	20,082
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	7,908,886	340,508	886,022	1,259,592	1,597,146	1,967,220	1,368,371	490,027
	MN	0	0	0	0	0	0	0	0
	Total	7,908,886	340,508	886,022	1,259,592	1,597,146	1,967,220	1,368,371	490,027
3b. Average Period of Eligibility	CN	0.97	0.84	0.97	0.97	0.98	0.98	0.98	0.98
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	0.84	0.97	0.97	0.98	0.98	0.98	0.98
4. Expected Number of Screenings per Eligible	CN		4.20	1.94	0.97	0.98	0.98	0.98	0.98
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.20	1.94	0.97	0.98	0.98	0.98	0.98
5. Expected Number of Screenings	CN	846,805	141,275	147,287	104,643	133,674	164,420	114,486	41,020
	MN	0	0	0	0	0	0	0	0
	Total	846,805	141,275	147,287	104,643	133,674	164,420	114,486	41,020
6. Total Screens Received	CN	506,508	91,589	151,682	68,729	62,031	83,060	44,949	4,468
	MN	0	0	0	0	0	0	0	0
	Total	506,508	91,589	151,682	68,729	62,031	83,060	44,949	4,468
7. SCREENING RATIO	CN	0.60	0.65	1.00	0.66	0.46	0.51	0.39	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.65	1.00	0.66	0.46	0.51	0.39	0.11
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	667,801	33,637	75,921	104,643	133,674	164,420	114,486	41,020
	MN	0	0	0	0	0	0	0	0
	Total	667,801	33,637	75,921	104,643	133,674	164,420	114,486	41,020
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	344,407	29,347	62,081	65,378	60,071	79,791	43,391	4,348
	MN	0	0	0	0	0	0	0	0
	Total	344,407	29,347	62,081	65,378	60,071	79,791	43,391	4,348

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.52	0.87	0.82	0.62	0.45	0.49	0.38	0.11
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.87	0.82	0.62	0.45	0.49	0.38	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	110,949	10,206	20,808	19,361	19,430	24,747	14,905	1,492
	MN	0	0	0	0	0	0	0	0
	Total	110,949	10,206	20,808	19,361	19,430	24,747	14,905	1,492
12a. Total Eligibles Receiving Any Dental Services	CN	305,153	165	16,262	54,150	78,898	90,505	54,542	10,631
	MN	0	0	0	0	0	0	0	0
	Total	305,153	165	16,262	54,150	78,898	90,505	54,542	10,631
12b. Total Eligibles Receiving Preventive Dental Services	CN	298,653	138	15,689	53,308	77,805	89,227	52,625	9,861
	MN	0	0	0	0	0	0	0	0
	Total	298,653	138	15,689	53,308	77,805	89,227	52,625	9,861
12c. Total Eligibles Receiving Dental Treatment Services	CN	100,057	DS	DS	15,800	32,198	27,133	19,943	3,980
	MN	0	0	0	0	0	0	0	0
	Total	100,057	DS	DS	15,800	32,198	27,133	19,943	3,980
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	27,726				16,310	11,416		
	MN	0				0	0		
	Total	27,726				16,310	11,416		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	298,654	154	16,100	53,366	77,236	88,815	52,902	10,081
	MN	0	0	0	0	0	0	0	0
	Total	298,654	154	16,100	53,366	77,236	88,815	52,902	10,081
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	9,077	823	7,898	356	0	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	9,077	823	7,898	356	0	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	306,163	780	22,272	53,593	77,805	89,227	52,625	9,861
	MN	0	0	0	0	0	0	0	0
	Total	306,163	780	22,272	53,593	77,805	89,227	52,625	9,861
13. Total Eligibles Enrolled in Managed Care	CN	675,060	32,754	75,604	107,318	135,701	166,662	115,651	41,370
	MN	0	0	0	0	0	0	0	0
	Total	675,060	32,754	75,604	107,318	135,701	166,662	115,651	41,370
14a. Total Number of Screening Blood Lead Tests	CN	47,002	1,261	36,814	8,927				
	MN	0	0	0	0				
	Total	47,002	1,261	36,814	8,927				

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>CN= Categorically Needy MN=Medically Needy</p> <p>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.</p> <p>States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit.</p> <p style="text-align: right;">Report Generated Time: 10/05/2022 11:34:47 AM</p>									

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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	115,811	5,009	11,333	18,356	24,001	28,414	19,883	8,815
	MN	0	0	0	0	0	0	0	0
	Total	115,811	5,009	11,333	18,356	24,001	28,414	19,883	8,815
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	112,896	4,056	11,008	17,949	23,643	28,053	19,576	8,611
	MN	0	0	0	0	0	0	0	0
	Total	112,896	4,056	11,008	17,949	23,643	28,053	19,576	8,611
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	12,188	28	409	1,176	3,059	4,065	2,774	677
	MN	0	0	0	0	0	0	0	0
	Total	12,188	28	409	1,176	3,059	4,065	2,774	677
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	1,290,433	29,460	124,534	205,552	275,252	327,929	228,801	98,905
	MN	0	0	0	0	0	0	0	0
	Total	1,290,433	29,460	124,534	205,552	275,252	327,929	228,801	98,905
3b. Average Period of Eligibility	CN	0.95	0.61	0.94	0.95	0.97	0.97	0.97	0.96
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.61	0.94	0.95	0.97	0.97	0.97	0.96
4. Expected Number of Screenings per Eligible	CN		3.66	2.35	0.95	0.97	0.97	0.97	0.96
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	2.35	0.95	0.97	0.97	0.97	0.96
5. Expected Number of Screenings	CN	135,167	14,845	25,869	17,052	22,934	27,211	18,989	8,267
	MN	0	0	0	0	0	0	0	0
	Total	135,167	14,845	25,869	17,052	22,934	27,211	18,989	8,267
6. Total Screens Received	CN	56,646	13,954	14,915	8,120	6,275	8,014	4,900	468
	MN	0	0	0	0	0	0	0	0
	Total	56,646	13,954	14,915	8,120	6,275	8,014	4,900	468
7. SCREENING RATIO	CN	0.42	0.94	0.58	0.48	0.27	0.29	0.26	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.94	0.58	0.48	0.27	0.29	0.26	0.06
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	109,517	4,056	11,008	17,052	22,934	27,211	18,989	8,267
	MN	0	0	0	0	0	0	0	0
	Total	109,517	4,056	11,008	17,052	22,934	27,211	18,989	8,267
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	34,554	3,580	6,868	6,930	5,597	6,982	4,182	415
	MN	0	0	0	0	0	0	0	0
	Total	34,554	3,580	6,868	6,930	5,597	6,982	4,182	415

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.32	0.88	0.62	0.41	0.24	0.26	0.22	0.05
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.32	0.88	0.62	0.41	0.24	0.26	0.22	0.05
11. Total Eligibles Referred for Corrective Treatment	CN	21,773	3,339	4,303	3,574	3,068	4,271	2,916	302
	MN	0	0	0	0	0	0	0	0
	Total	21,773	3,339	4,303	3,574	3,068	4,271	2,916	302
12a. Total Eligibles Receiving Any Dental Services	CN	45,508	155	2,834	7,678	11,200	12,958	8,352	2,331
	MN	0	0	0	0	0	0	0	0
	Total	45,508	155	2,834	7,678	11,200	12,958	8,352	2,331
12b. Total Eligibles Receiving Preventive Dental Services	CN	40,066	20	2,215	6,991	10,317	11,837	7,012	1,674
	MN	0	0	0	0	0	0	0	0
	Total	40,066	20	2,215	6,991	10,317	11,837	7,012	1,674
12c. Total Eligibles Receiving Dental Treatment Services	CN	22,285	81	394	3,056	5,681	6,405	5,052	1,616
	MN	0	0	0	0	0	0	0	0
	Total	22,285	81	394	3,056	5,681	6,405	5,052	1,616
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	7,700				3,472	4,228		
	MN	0				0	0		
	Total	7,700				3,472	4,228		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	42,150	134	2,612	7,260	10,535	11,994	7,525	2,090
	MN	0	0	0	0	0	0	0	0
	Total	42,150	134	2,612	7,260	10,535	11,994	7,525	2,090
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	620	15	390	202	13	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	620	15	390	202	13	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	40,516	35	2,508	7,129	10,321	11,837	7,012	1,674
	MN	0	0	0	0	0	0	0	0
	Total	40,516	35	2,508	7,129	10,321	11,837	7,012	1,674
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	1,876	DS	1,580	DS				
	MN	0	0	0	0				
	Total	1,876	DS	1,580	DS				

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

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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	962,572	44,637	97,079	141,019	188,097	235,229	176,153	80,358
	MN	0	0	0	0	0	0	0	0
	Total	962,572	44,637	97,079	141,019	188,097	235,229	176,153	80,358
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	928,458	32,416	94,814	137,421	183,398	229,772	172,239	78,398
	MN	0	0	0	0	0	0	0	0
	Total	928,458	32,416	94,814	137,421	183,398	229,772	172,239	78,398
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	10,569,007	243,298	1,091,127	1,575,886	2,113,105	2,656,028	1,991,061	898,502
	MN	0	0	0	0	0	0	0	0
	Total	10,569,007	243,298	1,091,127	1,575,886	2,113,105	2,656,028	1,991,061	898,502
3b. Average Period of Eligibility	CN	0.95	0.63	0.96	0.96	0.96	0.96	0.96	0.96
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.63	0.96	0.96	0.96	0.96	0.96	0.96
4. Expected Number of Screenings per Eligible	CN		4.41	1.92	0.96	0.96	0.96	0.96	0.96
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.41	1.92	0.96	0.96	0.96	0.96	0.96
5. Expected Number of Screenings	CN	1,094,176	142,955	182,043	131,924	176,062	220,581	165,349	75,262
	MN	0	0	0	0	0	0	0	0
	Total	1,094,176	142,955	182,043	131,924	176,062	220,581	165,349	75,262
6. Total Screens Received	CN	642,923	137,204	159,282	79,446	80,624	108,055	64,863	13,449
	MN	0	0	0	0	0	0	0	0
	Total	642,923	137,204	159,282	79,446	80,624	108,055	64,863	13,449
7. SCREENING RATIO	CN	0.59	0.96	0.87	0.60	0.46	0.49	0.39	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.59	0.96	0.87	0.60	0.46	0.49	0.39	0.18
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	896,408	32,416	94,814	131,924	176,062	220,581	165,349	75,262
	MN	0	0	0	0	0	0	0	0
	Total	896,408	32,416	94,814	131,924	176,062	220,581	165,349	75,262
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	411,022	30,429	66,140	71,834	74,491	97,616	58,176	12,336
	MN	0	0	0	0	0	0	0	0
	Total	411,022	30,429	66,140	71,834	74,491	97,616	58,176	12,336

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.46	0.94	0.70	0.54	0.42	0.44	0.35	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.94	0.70	0.54	0.42	0.44	0.35	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	188,615	26,872	43,895	23,976	25,301	35,678	25,949	6,944
	MN	0	0	0	0	0	0	0	0
	Total	188,615	26,872	43,895	23,976	25,301	35,678	25,949	6,944
12a. Total Eligibles Receiving Any Dental Services	CN	428,644	2,334	31,314	72,075	105,865	121,500	75,310	20,246
	MN	0	0	0	0	0	0	0	0
	Total	428,644	2,334	31,314	72,075	105,865	121,500	75,310	20,246
12b. Total Eligibles Receiving Preventive Dental Services	CN	402,846	1,338	29,195	68,541	101,419	116,527	69,249	16,577
	MN	0	0	0	0	0	0	0	0
	Total	402,846	1,338	29,195	68,541	101,419	116,527	69,249	16,577
12c. Total Eligibles Receiving Dental Treatment Services	CN	161,685	169	2,039	21,603	48,518	47,122	32,365	9,869
	MN	0	0	0	0	0	0	0	0
	Total	161,685	169	2,039	21,603	48,518	47,122	32,365	9,869
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	49,568				26,589	22,979		
	MN	0				0	0		
	Total	49,568				26,589	22,979		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	414,909	2,149	30,308	70,039	102,537	118,007	72,505	19,364
	MN	0	0	0	0	0	0	0	0
	Total	414,909	2,149	30,308	70,039	102,537	118,007	72,505	19,364
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	9,161	655	8,087	354	44	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	9,161	655	8,087	354	44	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	409,244	1,969	34,786	68,703	101,428	116,531	69,250	16,577
	MN	0	0	0	0	0	0	0	0
	Total	409,244	1,969	34,786	68,703	101,428	116,531	69,250	16,577
13. Total Eligibles Enrolled in Managed Care	CN	874,950	30,549	89,618	129,919	173,398	216,755	162,269	72,442
	MN	0	0	0	0	0	0	0	0
	Total	874,950	30,549	89,618	129,919	173,398	216,755	162,269	72,442
14a. Total Number of Screening Blood Lead Tests	CN	29,323	263	20,201	8,859				
	MN	0	0	0	0				
	Total	29,323	263	20,201	8,859				

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Form CMS-416
Fiscal Year: 2021
State: Arizona

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>CN= Categorically Needy MN=Medically Needy</p> <p>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.</p> <p>States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit.</p> <p style="text-align: right;">Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Arkansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	464,005	23,021	48,105	70,721	91,581	112,842	80,214	37,521	
	MN	4,082	250	646	748	801	845	653	139	
	Total	468,087	23,271	48,751	71,469	92,382	113,687	80,867	37,660	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	448,343	16,803	46,622	69,129	89,772	110,847	78,678	36,492	
	MN	3,965	214	622	734	784	834	645	132	
	Total	452,308	17,017	47,244	69,863	90,556	111,681	79,323	36,624	
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	51,653	DS	DS	107	14,931	21,299	14,998	281	
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	5,081,277	125,298	523,221	791,984	1,036,907	1,282,872	908,295	412,700	
	MN	44,472	1,712	6,828	8,328	8,996	9,701	7,386	1,521	
	Total	5,125,749	127,010	530,049	800,312	1,045,903	1,292,573	915,681	414,221	
3b. Average Period of Eligibility	CN	0.94	0.62	0.94	0.95	0.96	0.96	0.96	0.94	
	MN	0.93	0.67	0.91	0.95	0.96	0.97	0.95	0.96	
	Total	0.94	0.62	0.93	0.95	0.96	0.96	0.96	0.94	
4. Expected Number of Screenings per Eligible	CN		4.34	2.35	0.95	0.96	0.96	0.96	0.94	
	MN		4.69	2.28	0.95	0.96	0.97	0.95	0.96	
	Total		4.34	2.33	0.95	0.96	0.96	0.96	0.94	
5. Expected Number of Screenings	CN	550,587	72,925	109,562	65,673	86,181	106,413	75,531	34,302	
	MN	5,421	1,004	1,418	697	753	809	613	127	
	Total	556,008	73,929	110,980	66,370	86,934	107,222	76,144	34,429	
6. Total Screens Received	CN	296,640	61,753	80,630	42,460	34,766	46,847	27,938	2,246	
	MN	3,624	713	1,046	584	458	497	305	21	
	Total	300,264	62,466	81,676	43,044	35,224	47,344	28,243	2,267	
7. SCREENING RATIO	CN	0.54	0.85	0.74	0.65	0.40	0.44	0.37	0.07	
	MN	0.67	0.71	0.74	0.84	0.61	0.61	0.50	0.17	
	Total	0.54	0.84	0.74	0.65	0.41	0.44	0.37	0.07	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	431,525	16,803	46,622	65,673	86,181	106,413	75,531	34,302	
	MN	3,835	214	622	697	753	809	613	127	
	Total	435,360	17,017	47,244	66,370	86,934	107,222	76,144	34,429	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	199,367	15,601	34,700	40,220	34,082	45,537	27,016	2,211	
	MN	2,271	181	474	491	403	434	267	21	
	Total	201,638	15,782	35,174	40,711	34,485	45,971	27,283	2,232	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Arkansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
10. PARTICIPANT RATIO	CN	0.46	0.93	0.74	0.61	0.40	0.43	0.36	0.06	
	MN	0.59	0.85	0.76	0.70	0.54	0.54	0.44	0.17	
	Total	0.46	0.93	0.74	0.61	0.40	0.43	0.36	0.06	
11. Total Eligibles Referred for Corrective Treatment	CN	135,421	15,019	28,043	24,330	20,850	28,036	17,609	1,534	
	MN	1,944	178	423	408	348	352	220	15	
	Total	137,365	15,197	28,466	24,738	21,198	28,388	17,829	1,549	
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	221,921	197	10,809	36,356	55,924	67,173	41,553	9,909	
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	207,695	73	9,219	34,343	53,801	64,220	37,855	8,184	
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	93,263	34	560	10,228	25,642	29,898	21,677	5,224	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	17,843				9,546	8,297			
	MN	201				112	89			
	Total	18,044				9,658	8,386			
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	216,289	194	10,768	35,980	54,898	65,409	39,731	9,309	
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	4,493	103	2,368	889	470	445	200	18	
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	210,744	174	11,152	34,841	54,004	64,417	37,960	8,196	
13. Total Eligibles Enrolled in Managed Care	CN	443,482	16,254	46,015	68,378	89,012	109,915	77,975	35,933	
	MN	3,939	210	618	733	779	831	639	129	
	Total	447,421	16,464	46,633	69,111	89,791	110,746	78,614	36,062	
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS					
	MN	DS	DS	DS	DS					
	Total	13,629	195	10,505	2,929					

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Arkansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: California

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	5,682,501	225,565	491,397	797,086	1,104,285	1,446,633	1,111,357	506,178
	MN	47,567	436	1,707	5,438	10,825	13,214	10,224	5,723
	Total	5,730,068	226,001	493,104	802,524	1,115,110	1,459,847	1,121,581	511,901
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	5,446,231	164,588	469,587	771,504	1,073,059	1,402,189	1,074,146	491,158
	MN	42,760	279	1,541	4,823	9,931	12,150	9,265	4,771
	Total	5,488,991	164,867	471,128	776,327	1,082,990	1,414,339	1,083,411	495,929
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	1,479,575	3,380	48,064	124,790	336,233	483,568	377,410	106,130
	MN	619	0	19	51	138	183	156	72
	Total	1,480,194	3,380	48,083	124,841	336,371	483,751	377,566	106,202
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	63,022,614	1,198,888	5,452,753	9,016,815	12,590,422	16,475,626	12,592,173	5,695,937
	MN	426,285	1,824	14,553	46,937	102,990	122,849	93,296	43,836
	Total	63,448,899	1,200,712	5,467,306	9,063,752	12,693,412	16,598,475	12,685,469	5,739,773
3b. Average Period of Eligibility	CN	0.96	0.61	0.97	0.97	0.98	0.98	0.98	0.97
	MN	0.83	0.54	0.79	0.81	0.86	0.84	0.84	0.77
	Total	0.96	0.61	0.97	0.97	0.98	0.98	0.98	0.96
4. Expected Number of Screenings per Eligible	CN		4.27	2.43	0.97	0.98	0.98	0.98	0.97
	MN		3.78	1.98	0.81	0.86	0.84	0.84	0.77
	Total		4.27	2.43	0.97	0.98	0.98	0.98	0.96
5. Expected Number of Screenings	CN	6,547,075	702,791	1,141,096	748,359	1,051,598	1,374,145	1,052,663	476,423
	MN	38,217	1,055	3,051	3,907	8,541	10,206	7,783	3,674
	Total	6,585,292	703,846	1,144,147	752,266	1,060,139	1,384,351	1,060,446	480,097
6. Total Screens Received	CN	4,890,672	565,576	1,143,767	741,926	723,941	961,128	616,917	137,417
	MN	15,050	715	2,101	2,078	2,942	3,735	2,504	975
	Total	4,905,722	566,291	1,145,868	744,004	726,883	964,863	619,421	138,392
7. SCREENING RATIO	CN	0.75	0.80	1.00	0.99	0.69	0.70	0.59	0.29
	MN	0.39	0.68	0.69	0.53	0.34	0.37	0.32	0.27
	Total	0.74	0.80	1.00	0.99	0.69	0.70	0.58	0.29
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	5,337,363	164,588	469,587	748,359	1,051,598	1,374,145	1,052,663	476,423
	MN	35,931	279	1,541	3,907	8,541	10,206	7,783	3,674
	Total	5,373,294	164,867	471,128	752,266	1,060,139	1,384,351	1,060,446	480,097
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	2,561,533	137,246	355,587	461,543	483,973	639,338	400,139	83,707
	MN	9,601	184	758	1,433	2,157	2,690	1,770	609
	Total	2,571,134	137,430	356,345	462,976	486,130	642,028	401,909	84,316

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: California

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.48	0.83	0.76	0.62	0.46	0.47	0.38	0.18
	MN	0.27	0.66	0.49	0.37	0.25	0.26	0.23	0.17
	Total	0.48	0.83	0.76	0.62	0.46	0.46	0.38	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	2,408,893	122,684	338,314	429,932	453,696	602,562	381,465	80,240
	MN	9,286	164	724	1,356	2,095	2,624	1,733	590
	Total	2,418,179	122,848	339,038	431,288	455,791	605,186	383,198	80,830
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	2,458,730	5,597	124,310	382,423	601,748	721,016	473,484	150,152
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	2,300,302	4,160	116,149	369,588	577,477	683,584	425,359	123,985
12c. Total Eligibles Receiving Dental Treatment Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,442,135	1,546	75,033	287,477	397,104	354,430	244,528	82,017
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	371,688				171,343	200,345		
	MN	1,219				586	633		
	Total	372,907				171,929	200,978		
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	2,300,459	3,820	115,014	363,299	568,767	680,601	434,817	134,141
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	479,762	3,957	56,022	97,516	102,037	119,228	78,029	22,973
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	2,344,675	5,485	134,390	382,405	581,637	687,223	428,157	125,378
13. Total Eligibles Enrolled in Managed Care	CN	5,202,546	141,556	448,552	731,205	1,027,272	1,350,931	1,031,082	471,948
	MN	36,688	227	1,332	3,997	8,461	10,302	7,911	4,458
	Total	5,239,234	141,783	449,884	735,202	1,035,733	1,361,233	1,038,993	476,406
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	264,766	1,299	172,702	90,765				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: California

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Colorado

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	644,164	27,482	62,758	95,628	125,842	159,898	117,762	54,794
	MN	0	0	0	0	0	0	0	0
	Total	644,164	27,482	62,758	95,628	125,842	159,898	117,762	54,794
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	626,076	21,238	61,529	93,850	123,620	157,239	115,473	53,127
	MN	0	0	0	0	0	0	0	0
	Total	626,076	21,238	61,529	93,850	123,620	157,239	115,473	53,127
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	77,946	DS	DS	0	22,161	29,284	20,154	DS
	MN	0	0	0	0	0	0	0	0
	Total	77,946	DS	DS	0	22,161	29,284	20,154	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	7,102,352	154,936	707,255	1,078,208	1,425,114	1,816,845	1,327,690	592,304
	MN	0	0	0	0	0	0	0	0
	Total	7,102,352	154,936	707,255	1,078,208	1,425,114	1,816,845	1,327,690	592,304
3b. Average Period of Eligibility	CN	0.95	0.61	0.96	0.96	0.96	0.96	0.96	0.93
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.61	0.96	0.96	0.96	0.96	0.96	0.93
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.96	0.96	0.96	0.96	0.93
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.40	0.96	0.96	0.96	0.96	0.93
5. Expected Number of Screenings	CN	758,338	90,686	147,670	90,096	118,675	150,949	110,854	49,408
	MN	0	0	0	0	0	0	0	0
	Total	758,338	90,686	147,670	90,096	118,675	150,949	110,854	49,408
6. Total Screens Received	CN	454,333	107,681	115,566	59,564	53,364	70,473	40,036	7,649
	MN	0	0	0	0	0	0	0	0
	Total	454,333	107,681	115,566	59,564	53,364	70,473	40,036	7,649
7. SCREENING RATIO	CN	0.60	1.00	0.78	0.66	0.45	0.47	0.36	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	1.00	0.78	0.66	0.45	0.47	0.36	0.15
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	602,749	21,238	61,529	90,096	118,675	150,949	110,854	49,408
	MN	0	0	0	0	0	0	0	0
	Total	602,749	21,238	61,529	90,096	118,675	150,949	110,854	49,408
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	286,299	20,277	47,644	54,087	51,617	67,311	38,215	7,148
	MN	0	0	0	0	0	0	0	0
	Total	286,299	20,277	47,644	54,087	51,617	67,311	38,215	7,148

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Colorado

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.47	0.95	0.77	0.60	0.43	0.45	0.34	0.14
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.47	0.95	0.77	0.60	0.43	0.45	0.34	0.14
11. Total Eligibles Referred for Corrective Treatment	CN	180,403	17,277	36,318	27,456	26,345	39,748	27,343	5,916
	MN	0	0	0	0	0	0	0	0
	Total	180,403	17,277	36,318	27,456	26,345	39,748	27,343	5,916
12a. Total Eligibles Receiving Any Dental Services	CN	313,580	1,313	23,527	50,419	73,048	90,694	57,092	17,487
	MN	0	0	0	0	0	0	0	0
	Total	313,580	1,313	23,527	50,419	73,048	90,694	57,092	17,487
12b. Total Eligibles Receiving Preventive Dental Services	CN	286,032	493	21,635	48,270	69,874	83,736	48,981	13,043
	MN	0	0	0	0	0	0	0	0
	Total	286,032	493	21,635	48,270	69,874	83,736	48,981	13,043
12c. Total Eligibles Receiving Dental Treatment Services	CN	151,099	233	1,725	16,191	37,947	50,515	33,819	10,669
	MN	0	0	0	0	0	0	0	0
	Total	151,099	233	1,725	16,191	37,947	50,515	33,819	10,669
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	37,140				18,815	18,325		
	MN	0				0	0		
	Total	37,140				18,815	18,325		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	298,743	1,059	21,812	48,908	70,878	86,756	53,123	16,207
	MN	0	0	0	0	0	0	0	0
	Total	298,743	1,059	21,812	48,908	70,878	86,756	53,123	16,207
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	34,984	758	10,627	8,501	5,799	5,722	3,297	280
	MN	0	0	0	0	0	0	0	0
	Total	34,984	758	10,627	8,501	5,799	5,722	3,297	280
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	291,835	685	25,044	49,498	70,292	84,083	49,168	13,065
	MN	0	0	0	0	0	0	0	0
	Total	291,835	685	25,044	49,498	70,292	84,083	49,168	13,065
13. Total Eligibles Enrolled in Managed Care	CN	626,076	21,238	61,529	93,850	123,620	157,239	115,473	53,127
	MN	0	0	0	0	0	0	0	0
	Total	626,076	21,238	61,529	93,850	123,620	157,239	115,473	53,127
14a. Total Number of Screening Blood Lead Tests	CN	23,290	154	18,272	4,864				
	MN	0	0	0	0				
	Total	23,290	154	18,272	4,864				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Colorado

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Connecticut

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	390,594	17,170	36,532	55,983	75,662	97,297	73,019	34,931	
	MN	362	0	0	0	0	0	70	292	
	Total	390,956	17,170	36,532	55,983	75,662	97,297	73,089	35,223	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	378,891	12,473	35,747	54,852	74,276	95,604	71,763	34,176	
	MN	359	0	0	0	0	0	70	289	
	Total	379,250	12,473	35,747	54,852	74,276	95,604	71,833	34,465	
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	4,349,684	91,812	411,837	635,552	865,218	1,116,154	836,695	392,416	
	MN	4,198	0	0	0	0	0	826	3,372	
	Total	4,353,882	91,812	411,837	635,552	865,218	1,116,154	837,521	395,788	
3b. Average Period of Eligibility	CN	0.96	0.61	0.96	0.97	0.97	0.97	0.97	0.96	
	MN	0.97	0.00	0.00	0.00	0.00	0.00	0.98	0.97	
	Total	0.96	0.61	0.96	0.97	0.97	0.97	0.97	0.96	
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.97	0.97	0.97	0.97	0.96	
	MN		0.00	0.00	0.00	0.00	0.00	0.98	0.97	
	Total		4.27	2.40	0.97	0.97	0.97	0.97	0.96	
5. Expected Number of Screenings	CN	459,462	53,260	85,793	53,206	72,048	92,736	69,610	32,809	
	MN	349	0	0	0	0	0	69	280	
	Total	459,811	53,260	85,793	53,206	72,048	92,736	69,679	33,089	
6. Total Screens Received	CN	363,034	62,538	83,745	46,672	48,844	65,192	43,801	12,242	
	MN	220	0	0	0	0	0	54	166	
	Total	363,254	62,538	83,745	46,672	48,844	65,192	43,855	12,408	
7. SCREENING RATIO	CN	0.79	1.00	0.98	0.88	0.68	0.70	0.63	0.37	
	MN	0.63	0.00	0.00	0.00	0.00	0.00	0.78	0.59	
	Total	0.79	1.00	0.98	0.88	0.68	0.70	0.63	0.37	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	368,629	12,473	35,747	53,206	72,048	92,736	69,610	32,809	
	MN	349	0	0	0	0	0	69	280	
	Total	368,978	12,473	35,747	53,206	72,048	92,736	69,679	33,089	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	244,258	12,006	30,807	40,906	46,798	62,146	40,728	10,867	
	MN	187	0	0	0	0	0	45	142	
	Total	244,445	12,006	30,807	40,906	46,798	62,146	40,773	11,009	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Connecticut

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.66	0.96	0.86	0.77	0.65	0.67	0.59	0.33
	MN	0.54	0.00	0.00	0.00	0.00	0.00	0.65	0.51
	Total	0.66	0.96	0.86	0.77	0.65	0.67	0.59	0.33
11. Total Eligibles Referred for Corrective Treatment	CN	156,560	11,735	25,303	22,491	25,379	36,734	26,871	8,047
	MN	156	0	0	0	0	0	39	117
	Total	156,716	11,735	25,303	22,491	25,379	36,734	26,910	8,164
12a. Total Eligibles Receiving Any Dental Services	CN	215,209	341	14,050	33,489	50,193	62,297	40,937	13,902
	MN	235	0	0	0	0	0	54	181
	Total	215,444	341	14,050	33,489	50,193	62,297	40,991	14,083
12b. Total Eligibles Receiving Preventive Dental Services	CN	201,398	156	13,293	32,420	48,006	58,730	36,942	11,851
	MN	201	0	0	0	0	0	50	151
	Total	201,599	156	13,293	32,420	48,006	58,730	36,992	12,002
12c. Total Eligibles Receiving Dental Treatment Services	CN	90,107	99	356	7,515	23,134	30,020	21,368	7,615
	MN	123	0	0	0	0	0	34	89
	Total	90,230	99	356	7,515	23,134	30,020	21,402	7,704
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,683				13,466	13,217		
	MN	0				0	0		
	Total	26,683				13,466	13,217		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	204,791	297	13,192	32,190	48,658	59,398	38,102	12,954
	MN	224	0	0	0	0	0	51	173
	Total	205,015	297	13,192	32,190	48,658	59,398	38,153	13,127
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	9,851	596	5,630	2,700	512	212	160	41
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	205,890	588	16,399	33,173	48,118	58,779	36,974	11,859
	MN	201	0	0	0	0	0	50	151
	Total	206,091	588	16,399	33,173	48,118	58,779	37,024	12,010
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	33,852	267	22,690	10,895				
	MN	0	0	0	0				
	Total	33,852	267	22,690	10,895				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
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CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Delaware

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	117,998	5,812	12,619	17,878	22,832	29,163	20,527	9,167	
	MN	0	0	0	0	0	0	0	0	
	Total	117,998	5,812	12,619	17,878	22,832	29,163	20,527	9,167	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	113,595	4,164	12,302	17,403	22,278	28,510	20,055	8,883	
	MN	0	0	0	0	0	0	0	0	
	Total	113,595	4,164	12,302	17,403	22,278	28,510	20,055	8,883	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	2,030	82	462	1,019	402	29	DS	DS	
	MN	0	0	0	0	0	0	0	0	
	Total	2,030	82	462	1,019	402	29	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	1,295,063	30,627	141,799	200,810	257,774	330,938	232,557	100,558	
	MN	0	0	0	0	0	0	0	0	
	Total	1,295,063	30,627	141,799	200,810	257,774	330,938	232,557	100,558	
3b. Average Period of Eligibility	CN	0.95	0.61	0.96	0.96	0.96	0.97	0.97	0.94	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.95	0.61	0.96	0.96	0.96	0.97	0.97	0.94	
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.96	0.96	0.97	0.97	0.94	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.27	2.40	0.96	0.96	0.97	0.97	0.94	
5. Expected Number of Screenings	CN	140,857	17,780	29,525	16,707	21,387	27,655	19,453	8,350	
	MN	0	0	0	0	0	0	0	0	
	Total	140,857	17,780	29,525	16,707	21,387	27,655	19,453	8,350	
6. Total Screens Received	CN	98,834	17,752	26,186	12,996	13,069	16,349	10,331	2,151	
	MN	0	0	0	0	0	0	0	0	
	Total	98,834	17,752	26,186	12,996	13,069	16,349	10,331	2,151	
7. SCREENING RATIO	CN	0.70	1.00	0.89	0.78	0.61	0.59	0.53	0.26	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.70	1.00	0.89	0.78	0.61	0.59	0.53	0.26	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	110,018	4,164	12,302	16,707	21,387	27,655	19,453	8,350	
	MN	0	0	0	0	0	0	0	0	
	Total	110,018	4,164	12,302	16,707	21,387	27,655	19,453	8,350	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	65,960	3,851	10,160	11,751	12,861	15,816	9,525	1,996	
	MN	0	0	0	0	0	0	0	0	
	Total	65,960	3,851	10,160	11,751	12,861	15,816	9,525	1,996	

Annual EPSDT Participation Report

Form CMS-416

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State: Delaware

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report generated by CMS using information reported in T-MSIS.						
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.60	0.92	0.83	0.70	0.60	0.57	0.49	0.24
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.92	0.83	0.70	0.60	0.57	0.49	0.24
11. Total Eligibles Referred for Corrective Treatment	CN	38,726	3,719	7,822	5,179	6,211	8,572	5,858	1,365
	MN	0	0	0	0	0	0	0	0
	Total	38,726	3,719	7,822	5,179	6,211	8,572	5,858	1,365
12a. Total Eligibles Receiving Any Dental Services	CN	53,421	45	2,821	8,684	13,116	16,077	9,864	2,814
	MN	0	0	0	0	0	0	0	0
	Total	53,421	45	2,821	8,684	13,116	16,077	9,864	2,814
12b. Total Eligibles Receiving Preventive Dental Services	CN	50,475	12	2,716	8,409	12,616	15,306	9,014	2,402
	MN	0	0	0	0	0	0	0	0
	Total	50,475	12	2,716	8,409	12,616	15,306	9,014	2,402
12c. Total Eligibles Receiving Dental Treatment Services	CN	24,515	19	295	2,703	6,474	8,202	5,305	1,517
	MN	0	0	0	0	0	0	0	0
	Total	24,515	19	295	2,703	6,474	8,202	5,305	1,517
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	6,247				3,144	3,103		
	MN	0				0	0		
	Total	6,247				3,144	3,103		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	51,694	44	2,778	8,595	12,831	15,504	9,322	2,620
	MN	0	0	0	0	0	0	0	0
	Total	51,694	44	2,778	8,595	12,831	15,504	9,322	2,620
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	888	DS	544	287	37	0	0	DS
	MN	0	0	0	0	0	0	0	0
	Total	888	DS	544	287	37	0	0	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	51,138	DS	3,170	8,587	12,627	15,306	9,014	DS
	MN	0	0	0	0	0	0	0	0
	Total	51,138	DS	3,170	8,587	12,627	15,306	9,014	DS
13. Total Eligibles Enrolled in Managed Care	CN	112,655	4,069	12,191	17,267	22,113	28,314	19,913	8,788
	MN	0	0	0	0	0	0	0	0
	Total	112,655	4,069	12,191	17,267	22,113	28,314	19,913	8,788
14a. Total Number of Screening Blood Lead Tests	CN	7,868	53	5,892	1,923				
	MN	0	0	0	0				
	Total	7,868	53	5,892	1,923				

Annual EPSDT Participation Report
 Form CMS-416
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 State: Delaware

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X		State report generated by CMS using information reported in T-MSIS.					
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: District of Columbia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	99,570	4,414	10,245	16,839	20,957	24,657	15,254	7,204
	MN	0	0	0	0	0	0	0	0
	Total	99,570	4,414	10,245	16,839	20,957	24,657	15,254	7,204
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	97,376	3,475	10,085	16,600	20,709	24,390	15,072	7,045
	MN	0	0	0	0	0	0	0	0
	Total	97,376	3,475	10,085	16,600	20,709	24,390	15,072	7,045
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	17,373	DS	480	1,317	4,008	5,530	5,778	DS
	MN	0	0	0	0	0	0	0	0
	Total	17,373	DS	480	1,317	4,008	5,530	5,778	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	1,137,067	28,591	118,339	194,733	244,858	289,145	178,588	82,813
	MN	0	0	0	0	0	0	0	0
	Total	1,137,067	28,591	118,339	194,733	244,858	289,145	178,588	82,813
3b. Average Period of Eligibility	CN	0.97	0.69	0.98	0.98	0.99	0.99	0.99	0.98
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.97	0.69	0.98	0.98	0.99	0.99	0.99	0.98
4. Expected Number of Screenings per Eligible	CN		4.83	2.45	0.98	0.99	0.99	0.99	0.98
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.83	2.45	0.98	0.99	0.99	0.99	0.98
5. Expected Number of Screenings	CN	124,233	16,784	24,708	16,268	20,502	24,146	14,921	6,904
	MN	0	0	0	0	0	0	0	0
	Total	124,233	16,784	24,708	16,268	20,502	24,146	14,921	6,904
6. Total Screens Received	CN	90,978	14,699	18,014	12,908	15,543	17,632	9,715	2,467
	MN	0	0	0	0	0	0	0	0
	Total	90,978	14,699	18,014	12,908	15,543	17,632	9,715	2,467
7. SCREENING RATIO	CN	0.73	0.88	0.73	0.79	0.76	0.73	0.65	0.36
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	0.88	0.73	0.79	0.76	0.73	0.65	0.36
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	96,301	3,475	10,085	16,268	20,502	24,146	14,921	6,904
	MN	0	0	0	0	0	0	0	0
	Total	96,301	3,475	10,085	16,268	20,502	24,146	14,921	6,904
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	52,382	3,181	7,125	9,025	11,054	12,933	7,192	1,872
	MN	0	0	0	0	0	0	0	0
	Total	52,382	3,181	7,125	9,025	11,054	12,933	7,192	1,872

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: District of Columbia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.54	0.92	0.71	0.55	0.54	0.54	0.48	0.27
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.92	0.71	0.55	0.54	0.54	0.48	0.27
11. Total Eligibles Referred for Corrective Treatment	CN	32,258	2,803	5,344	4,898	5,624	7,539	4,725	1,325
	MN	0	0	0	0	0	0	0	0
	Total	32,258	2,803	5,344	4,898	5,624	7,539	4,725	1,325
12a. Total Eligibles Receiving Any Dental Services	CN	46,522	36	2,864	8,447	11,366	13,512	7,770	2,527
	MN	0	0	0	0	0	0	0	0
	Total	46,522	36	2,864	8,447	11,366	13,512	7,770	2,527
12b. Total Eligibles Receiving Preventive Dental Services	CN	41,049	13	2,372	7,520	10,319	12,254	6,604	1,967
	MN	0	0	0	0	0	0	0	0
	Total	41,049	13	2,372	7,520	10,319	12,254	6,604	1,967
12c. Total Eligibles Receiving Dental Treatment Services	CN	17,126	DS	DS	1,825	4,224	5,534	4,002	1,332
	MN	0	0	0	0	0	0	0	0
	Total	17,126	DS	DS	1,825	4,224	5,534	4,002	1,332
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,188				2,683	2,505		
	MN	0				0	0		
	Total	5,188				2,683	2,505		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	45,209	35	2,810	8,339	11,215	13,161	7,310	2,339
	MN	0	0	0	0	0	0	0	0
	Total	45,209	35	2,810	8,339	11,215	13,161	7,310	2,339
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	3,863	138	2,494	773	209	106	109	34
	MN	0	0	0	0	0	0	0	0
	Total	3,863	138	2,494	773	209	106	109	34
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	42,436	79	3,540	7,647	10,327	12,264	6,611	1,968
	MN	0	0	0	0	0	0	0	0
	Total	42,436	79	3,540	7,647	10,327	12,264	6,611	1,968
13. Total Eligibles Enrolled in Managed Care	CN	92,265	3,216	9,687	15,966	19,866	23,228	14,038	6,264
	MN	0	0	0	0	0	0	0	0
	Total	92,265	3,216	9,687	15,966	19,866	23,228	14,038	6,264
14a. Total Number of Screening Blood Lead Tests	CN	4,861	128	3,368	1,365				
	MN	0	0	0	0				
	Total	4,861	128	3,368	1,365				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: District of Columbia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Florida

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	2,679,848	132,688	292,649	420,473	534,093	654,314	467,395	178,236
	MN	30,503	853	1,218	2,531	4,397	6,499	6,245	8,760
	Total	2,710,351	133,541	293,867	423,004	538,490	660,813	473,640	186,996
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,621,312	107,351	289,107	414,986	526,971	645,314	461,480	176,103
	MN	27,412	620	1,096	2,254	3,984	5,859	5,597	8,002
	Total	2,648,724	107,971	290,203	417,240	530,955	651,173	467,077	184,105
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	157,916	0	DS	DS	45,650	60,295	43,740	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	30,038,411	802,039	3,371,295	4,823,886	6,132,636	7,506,409	5,366,556	2,035,590
	MN	278,268	4,499	11,524	22,619	40,246	59,045	57,085	83,250
	Total	30,316,679	806,538	3,382,819	4,846,505	6,172,882	7,565,454	5,423,641	2,118,840
3b. Average Period of Eligibility	CN	0.95	0.62	0.97	0.97	0.97	0.97	0.97	0.96
	MN	0.85	0.60	0.88	0.84	0.84	0.84	0.85	0.87
	Total	0.95	0.62	0.97	0.97	0.97	0.97	0.97	0.96
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.97	0.97	0.97	0.96
	MN		4.20	2.20	0.84	0.84	0.84	0.85	0.87
	Total		4.34	2.43	0.97	0.97	0.97	0.97	0.96
5. Expected Number of Screenings	CN	3,324,781	465,903	702,530	402,536	511,162	625,955	447,636	169,059
	MN	26,896	2,604	2,411	1,893	3,347	4,922	4,757	6,962
	Total	3,351,677	468,507	704,941	404,429	514,509	630,877	452,393	176,021
6. Total Screens Received	CN	2,335,150	464,408	610,561	337,607	300,722	369,958	214,442	37,452
	MN	10,129	2,627	1,614	1,257	1,135	1,463	1,019	1,014
	Total	2,345,279	467,035	612,175	338,864	301,857	371,421	215,461	38,466
7. SCREENING RATIO	CN	0.70	1.00	0.87	0.84	0.59	0.59	0.48	0.22
	MN	0.38	1.00	0.67	0.66	0.34	0.30	0.21	0.15
	Total	0.70	1.00	0.87	0.84	0.59	0.59	0.48	0.22
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,552,806	107,351	289,107	402,536	511,162	625,955	447,636	169,059
	MN	23,597	620	1,096	1,893	3,347	4,922	4,757	6,962
	Total	2,576,403	107,971	290,203	404,429	514,509	630,877	452,393	176,021
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,457,960	100,141	234,285	285,821	276,327	335,718	192,634	33,034
	MN	5,346	370	573	960	842	1,123	783	695
	Total	1,463,306	100,511	234,858	286,781	277,169	336,841	193,417	33,729

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Florida

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.57	0.93	0.81	0.71	0.54	0.54	0.43	0.20
	MN	0.23	0.60	0.52	0.51	0.25	0.23	0.16	0.10
	Total	0.57	0.93	0.81	0.71	0.54	0.53	0.43	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	938,640	97,574	191,690	159,789	152,604	191,724	121,634	23,625
	MN	2,315	182	309	397	292	430	319	386
	Total	940,955	97,756	191,999	160,186	152,896	192,154	121,953	24,011
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	960,731	1,926	41,674	156,501	257,109	290,919	172,885	39,717
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	870,727	1,132	38,607	146,560	240,004	267,234	147,289	29,901
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	432,123	625	10,219	58,923	126,555	131,748	84,240	19,813
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	146,020				72,324	73,696		
	MN	674				321	353		
	Total	146,694				72,645	74,049		
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	868,399	610	36,259	144,186	235,364	264,475	153,150	34,355
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	114,453	3,732	69,623	34,138	3,722	2,142	1,010	86
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	959,469	4,799	99,709	169,917	241,172	267,333	147,219	29,320
	MN	4,251	12	228	549	984	1,134	708	636
	Total	963,720	4,811	99,937	170,466	242,156	268,467	147,927	29,956
13. Total Eligibles Enrolled in Managed Care	CN	2,571,422	106,741	288,387	411,358	518,550	630,170	447,336	168,880
	MN	11,004	292	640	1,410	1,576	2,019	1,808	3,259
	Total	2,582,426	107,033	289,027	412,768	520,126	632,189	449,144	172,139
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	178,696	1,766	138,876	38,054				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Florida

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Georgia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,511,688	80,249	170,786	235,535	301,207	376,070	260,552	87,289
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	1,458,769	58,951	166,908	230,417	294,777	368,140	254,974	84,602
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	115,730	0	DS	0	29,595	45,668	32,809	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	16,495,312	438,929	1,913,146	2,643,131	3,381,544	4,238,781	2,926,152	953,629
3b. Average Period of Eligibility	CN	0.94	0.62	0.96	0.96	0.96	0.96	0.96	0.94
	MN	0.89	0.92	0.75	0.00	1.00	0.96	0.88	0.89
	Total	0.94	0.62	0.96	0.96	0.96	0.96	0.96	0.94
4. Expected Number of Screenings per Eligible	CN		4.34	2.40	0.96	0.96	0.96	0.96	0.94
	MN		6.44	1.88	0.00	1.00	0.96	0.88	0.89
	Total		4.34	2.40	0.96	0.96	0.96	0.96	0.94
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,838,304	255,849	400,578	221,200	282,986	353,415	244,772	79,504
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,209,570	251,557	338,709	166,694	144,117	186,855	108,177	13,461
7. SCREENING RATIO	CN	0.66	0.98	0.85	0.75	0.51	0.53	0.44	0.17
	MN	0.16	0.00	0.00	0.00	1.00	0.25	0.36	0.14
	Total	0.66	0.98	0.85	0.75	0.51	0.53	0.44	0.17
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	1,407,736	58,951	166,908	221,200	282,986	353,415	244,772	79,504
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	758,505	55,878	132,851	144,852	136,559	175,297	100,430	12,638

Annual EPSDT Participation Report
Form CMS-416
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State: Georgia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.54	0.95	0.80	0.65	0.48	0.50	0.41	0.16
	MN	0.15	0.00	0.00	0.00	1.00	0.25	0.32	0.13
	Total	0.54	0.95	0.80	0.65	0.48	0.50	0.41	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	457,133	53,813	105,420	75,092	66,850	89,414	58,478	8,066
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	647,757	224	28,888	117,464	172,237	197,065	112,276	19,603
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	616,208	115	26,115	113,305	166,630	190,292	103,688	16,063
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	309,606	53	4,893	43,796	92,635	98,035	60,300	9,894
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	88,548				44,706	43,842		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	634,570	172	27,703	116,057	169,429	193,523	108,966	18,720
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	59,299	1,326	28,320	20,288	6,566	2,260	495	44
	MN	0	0	0	0	0	0	0	0
	Total	59,299	1,326	28,320	20,288	6,566	2,260	495	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	649,686	1,424	49,536	120,126	167,662	190,999	103,866	16,073
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	1,386,765	58,059	162,935	221,660	279,586	347,323	240,191	77,011
14a. Total Number of Screening Blood Lead Tests	CN	108,523	579	91,494	16,450				
	MN	0	0	0	0				
	Total	108,523	579	91,494	16,450				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Georgia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Guam

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	25,631	853	2,801	4,406	5,776	6,417	4,233	1,145
	MN	0	0	0	0	0	0	0	0
	Total	25,631	853	2,801	4,406	5,776	6,417	4,233	1,145
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	24,135	655	2,621	4,203	5,529	6,150	4,012	965
	MN	0	0	0	0	0	0	0	0
	Total	24,135	655	2,621	4,203	5,529	6,150	4,012	965
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	251,376	4,525	26,467	44,823	59,343	66,068	42,593	7,557
	MN	0	0	0	0	0	0	0	0
	Total	251,376	4,525	26,467	44,823	59,343	66,068	42,593	7,557
3b. Average Period of Eligibility	CN	0.87	0.58	0.84	0.89	0.89	0.90	0.88	0.65
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.87	0.58	0.84	0.89	0.89	0.90	0.88	0.65
4. Expected Number of Screenings per Eligible	CN		1.74	0.84	0.29	0.45	0.18	0.44	0.33
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		1.74	0.84	0.29	0.45	0.18	0.44	0.33
5. Expected Number of Screenings	CN	10,239	1,140	2,202	1,219	2,488	1,107	1,765	318
	MN	0	0	0	0	0	0	0	0
	Total	10,239	1,140	2,202	1,219	2,488	1,107	1,765	318
6. Total Screens Received	CN	7,191	872	1,661	1,299	1,099	1,658	579	23
	MN	0	0	0	0	0	0	0	0
	Total	7,191	872	1,661	1,299	1,099	1,658	579	23
7. SCREENING RATIO	CN	0.70	0.76	0.75	1.00	0.44	1.00	0.33	0.07
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.70	0.76	0.75	1.00	0.44	1.00	0.33	0.07
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	9,754	655	2,202	1,219	2,488	1,107	1,765	318
	MN	0	0	0	0	0	0	0	0
	Total	9,754	655	2,202	1,219	2,488	1,107	1,765	318
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	5,837	412	1,044	1,219	1,023	1,576	543	20
	MN	0	0	0	0	0	0	0	0
	Total	5,837	412	1,044	1,219	1,023	1,576	543	20

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Guam

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.60	0.63	0.47	1.00	0.41	1.00	0.31	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.60	0.63	0.47	1.00	0.41	1.00	0.31	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	613	0	DS	DS	84	210	233	DS
	MN	0	0	0	0	0	0	0	0
	Total	613	0	DS	DS	84	210	233	DS
12a. Total Eligibles Receiving Any Dental Services	CN	6,627	DS	DS	1,403	1,895	1,780	1,068	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,627	DS	DS	1,403	1,895	1,780	1,068	DS
12b. Total Eligibles Receiving Preventive Dental Services	CN	5,847	DS	300	1,276	1,754	1,617	815	DS
	MN	0	0	0	0	0	0	0	0
	Total	5,847	DS	300	1,276	1,754	1,617	815	DS
12c. Total Eligibles Receiving Dental Treatment Services	CN	4,189	0	107	935	1,240	1,071	739	97
	MN	0	0	0	0	0	0	0	0
	Total	4,189	0	107	935	1,240	1,071	739	97
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	1,623				701	922		
	MN	0				0	0		
	Total	1,623				701	922		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	6,305	DS	DS	1,340	1,803	1,703	995	DS
	MN	0	0	0	0	0	0	0	0
	Total	6,305	DS	DS	1,340	1,803	1,703	995	DS
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	5,847	DS	300	1,276	1,754	1,617	815	DS
	MN	0	0	0	0	0	0	0	0
	Total	5,847	DS	300	1,276	1,754	1,617	815	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	89	0	14	75				
	MN	0	0	0	0				
	Total	89	0	14	75				

Annual EPSDT Participation Report
Form CMS-416
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State: Guam

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Hawaii

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	184,347	8,734	18,532	27,402	36,830	45,249	32,798	14,802
	MN	0	0	0	0	0	0	0	0
	Total	184,347	8,734	18,532	27,402	36,830	45,249	32,798	14,802
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555
	MN	0	0	0	0	0	0	0	0
	Total	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	25,471	187	1,922	3,625	5,726	7,764	5,855	392
	MN	0	0	0	0	0	0	0	0
	Total	25,471	187	1,922	3,625	5,726	7,764	5,855	392
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	1,925,011	42,339	197,768	289,402	396,497	490,054	354,005	154,946
	MN	0	0	0	0	0	0	0	0
	Total	1,925,011	42,339	197,768	289,402	396,497	490,054	354,005	154,946
3b. Average Period of Eligibility	CN	0.95	0.60	0.95	0.96	0.96	0.97	0.96	0.95
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.60	0.95	0.96	0.96	0.97	0.96	0.95
4. Expected Number of Screenings per Eligible	CN		3.60	1.90	0.96	0.48	0.58	0.48	0.48
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.60	1.90	0.96	0.48	0.58	0.48	0.48
5. Expected Number of Screenings	CN	140,183	21,078	32,826	24,123	16,440	24,534	14,676	6,506
	MN	0	0	0	0	0	0	0	0
	Total	140,183	21,078	32,826	24,123	16,440	24,534	14,676	6,506
6. Total Screens Received	CN	145,393	27,375	36,672	19,590	18,360	23,965	16,222	3,209
	MN	0	0	0	0	0	0	0	0
	Total	145,393	27,375	36,672	19,590	18,360	23,965	16,222	3,209
7. SCREENING RATIO	CN	1.00	1.00	1.00	0.81	1.00	0.98	1.00	0.49
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	1.00	1.00	1.00	0.81	1.00	0.98	1.00	0.49
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	109,411	5,855	17,277	24,123	16,440	24,534	14,676	6,506
	MN	0	0	0	0	0	0	0	0
	Total	109,411	5,855	17,277	24,123	16,440	24,534	14,676	6,506
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	89,258	5,537	13,842	16,766	16,005	20,810	13,695	2,603
	MN	0	0	0	0	0	0	0	0
	Total	89,258	5,537	13,842	16,766	16,005	20,810	13,695	2,603

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CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.82	0.95	0.80	0.70	0.97	0.85	0.93	0.40
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.82	0.95	0.80	0.70	0.97	0.85	0.93	0.40
11. Total Eligibles Referred for Corrective Treatment	CN	43,414	4,140	8,181	5,804	6,296	9,260	7,685	2,048
	MN	0	0	0	0	0	0	0	0
	Total	43,414	4,140	8,181	5,804	6,296	9,260	7,685	2,048
12a. Total Eligibles Receiving Any Dental Services	CN	88,675	125	6,473	15,804	22,216	24,585	15,192	4,280
	MN	0	0	0	0	0	0	0	0
	Total	88,675	125	6,473	15,804	22,216	24,585	15,192	4,280
12b. Total Eligibles Receiving Preventive Dental Services	CN	84,445	65	6,151	15,255	21,490	23,851	14,001	3,632
	MN	0	0	0	0	0	0	0	0
	Total	84,445	65	6,151	15,255	21,490	23,851	14,001	3,632
12c. Total Eligibles Receiving Dental Treatment Services	CN	44,284	67	1,568	7,403	12,353	11,876	8,493	2,524
	MN	0	0	0	0	0	0	0	0
	Total	44,284	67	1,568	7,403	12,353	11,876	8,493	2,524
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,938				5,334	4,604		
	MN	0				0	0		
	Total	9,938				5,334	4,604		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	86,229	112	6,387	15,513	21,628	23,967	14,574	4,048
	MN	0	0	0	0	0	0	0	0
	Total	86,229	112	6,387	15,513	21,628	23,967	14,574	4,048
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,392	DS	1,100	265	DS	0	0	0
	MN	0	0	0	0	0	0	0	0
	Total	1,392	DS	1,100	265	DS	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	85,837	67	7,251	15,520	21,515	23,851	14,001	3,632
	MN	0	0	0	0	0	0	0	0
	Total	85,837	67	7,251	15,520	21,515	23,851	14,001	3,632
13. Total Eligibles Enrolled in Managed Care	CN	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555
	MN	0	0	0	0	0	0	0	0
	Total	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555
14a. Total Number of Screening Blood Lead Tests	CN	7,313	385	5,713	1,215				
	MN	0	0	0	0				
	Total	7,313	385	5,713	1,215				

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CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

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Fiscal Year: 2021
State: Idaho

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	203,778	10,016	22,375	32,127	41,107	48,446	34,673	15,034
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	194,986	8,002	21,493	30,937	39,768	46,994	33,629	14,163
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	3,295	0	0	0	0	489	2,352	454
	MN	0	0	0	0	0	0	0	0
	Total	3,295	0	0	0	0	489	2,352	454
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	2,107,899	57,552	234,274	337,173	435,597	518,435	372,322	152,546
3b. Average Period of Eligibility	CN	0.90	0.60	0.91	0.91	0.91	0.92	0.92	0.90
	MN	0.92	0.00	1.00	0.91	0.91	0.93	0.92	0.91
	Total	0.90	0.60	0.91	0.91	0.91	0.92	0.92	0.90
4. Expected Number of Screenings per Eligible	CN		4.20	2.28	0.91	0.91	0.92	0.92	0.90
	MN		0.00	2.50	0.91	0.91	0.93	0.92	0.91
	Total		4.20	2.28	0.91	0.91	0.92	0.92	0.90
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	233,887	33,608	49,005	28,153	36,189	43,245	30,939	12,748
6. Total Screens Received	CN	145,554	34,774	41,613	19,737	17,432	19,105	10,599	2,294
	MN	1,124	0	0	13	175	537	381	18
	Total	146,678	34,774	41,613	19,750	17,607	19,642	10,980	2,312
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.63	1.00	0.85	0.70	0.49	0.45	0.35	0.18
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	180,769	8,002	21,493	28,153	36,189	43,245	30,939	12,748
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	89,919	7,693	17,127	17,629	16,863	18,353	10,086	2,168
	MN	1,077	0	0	12	173	509	366	17
	Total	90,996	7,693	17,127	17,641	17,036	18,862	10,452	2,185

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CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.50	0.96	0.80	0.63	0.47	0.43	0.34	0.17
	MN	0.42	0.00	0.00	0.60	0.47	0.49	0.34	0.23
	Total	0.50	0.96	0.80	0.63	0.47	0.44	0.34	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	57,197	7,418	12,690	8,795	9,075	10,760	6,889	1,570
12a. Total Eligibles Receiving Any Dental Services	CN	97,895	160	6,119	17,613	25,677	27,570	16,559	4,197
	MN	1,516	0	0	16	246	651	577	26
	Total	99,411	160	6,119	17,629	25,923	28,221	17,136	4,223
12b. Total Eligibles Receiving Preventive Dental Services	CN	91,284	55	5,381	16,738	24,633	26,334	14,934	3,209
	MN	1,391	0	0	15	232	618	509	17
	Total	92,675	55	5,381	16,753	24,865	26,952	15,443	3,226
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	40,341	42	398	5,535	11,930	11,778	8,339	2,319
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	14,217				6,893	7,324		
	MN	243				72	171		
	Total	14,460				6,965	7,495		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	95,366	151	6,024	17,377	25,161	26,852	15,868	3,933
	MN	1,451	0	0	15	235	629	546	26
	Total	96,817	151	6,024	17,392	25,396	27,481	16,414	3,959
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	4,582	100	2,316	1,204	335	317	250	60
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	94,251	154	7,155	17,418	24,779	26,466	15,046	3,233
	MN	1,404	0	0	15	235	621	516	17
	Total	95,655	154	7,155	17,433	25,014	27,087	15,562	3,250
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	194,963	8,000	21,491	30,932	39,768	46,988	33,626	14,158
14a. Total Number of Screening Blood Lead Tests	CN	5,285	16	4,540	729				
	MN	0	0	0	0				
	Total	5,285	16	4,540	729				

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CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

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Fiscal Year: 2021
State: Illinois

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	1,393,367	66,877	145,592	211,836	269,603	338,694	249,148	111,617	
	MN	28,223	119	309	1,703	4,824	9,062	8,541	3,665	
	Total	1,421,590	66,996	145,901	213,539	274,427	347,756	257,689	115,282	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,341,445	48,766	142,172	206,542	263,406	331,113	242,826	106,620	
	MN	27,419	45	279	1,639	4,706	8,817	8,338	3,595	
	Total	1,368,864	48,811	142,451	208,181	268,112	339,930	251,164	110,215	
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	110,683	0	DS	DS	17,935	46,163	35,560	10,995	
2a. State Periodicity Schedule			7	5	3	4	5	4	2	
2b. Number of Years in Age Group			1	2	3	4	5	4	2	
2c. Annualized State Periodicity Schedule			7	2.5	1	1	1	1	1	
3a. Total Months of Eligibility	CN	15,398,726	361,610	1,654,980	2,402,755	3,075,485	3,874,282	2,829,198	1,200,416	
	MN	320,148	317	3,096	19,034	55,115	103,151	97,560	41,875	
	Total	15,718,874	361,927	1,658,076	2,421,789	3,130,600	3,977,433	2,926,758	1,242,291	
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.97	0.97	0.98	0.97	0.94	
	MN	0.97	0.59	0.92	0.97	0.98	0.97	0.98	0.97	
	Total	0.96	0.62	0.97	0.97	0.97	0.98	0.97	0.94	
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.97	0.98	0.97	0.94	
	MN		4.13	2.30	0.97	0.98	0.97	0.98	0.97	
	Total		4.34	2.43	0.97	0.97	0.98	0.97	0.94	
5. Expected Number of Screenings	CN	1,673,227	211,644	345,478	200,346	255,504	324,491	235,541	100,223	
	MN	27,240	186	642	1,590	4,612	8,552	8,171	3,487	
	Total	1,700,467	211,830	346,120	201,936	260,116	333,043	243,712	103,710	
6. Total Screens Received	CN	1,032,784	199,869	260,077	148,128	121,680	180,163	104,594	18,273	
	MN	13,094	103	394	1,187	2,402	4,800	3,486	722	
	Total	1,045,878	199,972	260,471	149,315	124,082	184,963	108,080	18,995	
7. SCREENING RATIO	CN	0.62	0.94	0.75	0.74	0.48	0.56	0.44	0.18	
	MN	0.48	0.55	0.61	0.75	0.52	0.56	0.43	0.21	
	Total	0.62	0.94	0.75	0.74	0.48	0.56	0.44	0.18	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,307,043	48,766	142,172	200,346	255,504	324,491	235,541	100,223	
	MN	26,736	45	279	1,590	4,612	8,552	8,171	3,487	
	Total	1,333,779	48,811	142,451	201,936	260,116	333,043	243,712	103,710	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	659,419	44,959	107,629	124,851	110,858	160,781	93,663	16,678	
	MN	11,407	33	197	1,010	2,150	4,255	3,099	663	
	Total	670,826	44,992	107,826	125,861	113,008	165,036	96,762	17,341	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Illinois

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.50	0.92	0.76	0.62	0.43	0.50	0.40	0.17
	MN	0.43	0.73	0.71	0.64	0.47	0.50	0.38	0.19
	Total	0.50	0.92	0.76	0.62	0.43	0.50	0.40	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	364,121	42,391	78,446	57,167	48,707	77,308	49,533	10,569
	MN	8,259	30	176	732	1,574	3,110	2,167	470
	Total	372,380	42,421	78,622	57,899	50,281	80,418	51,700	11,039
12a. Total Eligibles Receiving Any Dental Services	CN	479,101	287	20,883	75,653	121,187	144,305	91,476	25,310
	MN	8,306	0	41	530	1,690	2,931	2,375	739
	Total	487,407	287	20,924	76,183	122,877	147,236	93,851	26,049
12b. Total Eligibles Receiving Preventive Dental Services	CN	443,184	219	20,040	72,292	114,309	134,761	80,964	20,599
	MN	7,329	0	38	495	1,555	2,650	2,031	560
	Total	450,513	219	20,078	72,787	115,864	137,411	82,995	21,159
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	161,788	21	561	13,846	43,527	53,084	39,126	11,623
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	49,261				22,488	26,773		
	MN	793				255	538		
	Total	50,054				22,743	27,311		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	456,406	156	17,626	74,092	118,048	138,361	84,768	23,355
	MN	7,853	0	32	520	1,648	2,790	2,193	670
	Total	464,259	156	17,658	74,612	119,696	141,151	86,961	24,025
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	9,188	305	7,288	1,505	50	25	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	450,675	519	26,146	73,329	114,332	134,779	80,970	20,600
	MN	7,349	0	51	501	1,556	2,650	2,031	560
	Total	458,024	519	26,197	73,830	115,888	137,429	83,001	21,160
13. Total Eligibles Enrolled in Managed Care	CN	1,250,268	47,448	136,798	195,184	246,493	306,826	221,721	95,798
	MN	25,455	31	241	1,500	4,366	8,246	7,776	3,295
	Total	1,275,723	47,479	137,039	196,684	250,859	315,072	229,497	99,093
14a. Total Number of Screening Blood Lead Tests	CN	102,507	2,556	53,790	46,161				
	MN	376	0	70	306				
	Total	102,883	2,556	53,860	46,467				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Illinois

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Indiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	875,337	46,748	97,273	137,229	173,364	206,973	147,500	66,250	
	MN	0	0	0	0	0	0	0	0	
	Total	875,337	46,748	97,273	137,229	173,364	206,973	147,500	66,250	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	841,145	33,147	95,037	134,089	169,395	202,370	143,669	63,438	
	MN	0	0	0	0	0	0	0	0	
	Total	841,145	33,147	95,037	134,089	169,395	202,370	143,669	63,438	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	84,063	0	1,289	5,379	18,867	30,312	21,144	7,072	
	MN	0	0	0	0	0	0	0	0	
	Total	84,063	0	1,289	5,379	18,867	30,312	21,144	7,072	
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	9,597,282	245,119	1,107,788	1,553,342	1,957,428	2,345,489	1,662,706	725,410	
	MN	0	0	0	0	0	0	0	0	
	Total	9,597,282	245,119	1,107,788	1,553,342	1,957,428	2,345,489	1,662,706	725,410	
3b. Average Period of Eligibility	CN	0.95	0.62	0.97	0.97	0.96	0.97	0.96	0.95	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.95	0.62	0.97	0.97	0.96	0.97	0.96	0.95	
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.96	0.97	0.96	0.95	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.43	0.97	0.96	0.97	0.96	0.95	
5. Expected Number of Screenings	CN	1,061,970	143,858	230,940	130,066	162,619	196,299	137,922	60,266	
	MN	0	0	0	0	0	0	0	0	
	Total	1,061,970	143,858	230,940	130,066	162,619	196,299	137,922	60,266	
6. Total Screens Received	CN	638,848	141,828	177,906	84,330	75,139	93,770	54,705	11,170	
	MN	0	0	0	0	0	0	0	0	
	Total	638,848	141,828	177,906	84,330	75,139	93,770	54,705	11,170	
7. SCREENING RATIO	CN	0.60	0.99	0.77	0.65	0.46	0.48	0.40	0.19	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.60	0.99	0.77	0.65	0.46	0.48	0.40	0.19	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	815,356	33,147	95,037	130,066	162,619	196,299	137,922	60,266	
	MN	0	0	0	0	0	0	0	0	
	Total	815,356	33,147	95,037	130,066	162,619	196,299	137,922	60,266	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	394,496	30,753	72,434	73,853	70,681	86,232	50,143	10,400	
	MN	0	0	0	0	0	0	0	0	
	Total	394,496	30,753	72,434	73,853	70,681	86,232	50,143	10,400	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Indiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.48	0.93	0.76	0.57	0.43	0.44	0.36	0.17
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.48	0.93	0.76	0.57	0.43	0.44	0.36	0.17
11. Total Eligibles Referred for Corrective Treatment	CN	245,304	29,399	54,879	36,735	37,426	48,214	31,457	7,194
	MN	0	0	0	0	0	0	0	0
	Total	245,304	29,399	54,879	36,735	37,426	48,214	31,457	7,194
12a. Total Eligibles Receiving Any Dental Services	CN	289,170	341	14,804	49,407	77,323	83,081	50,478	13,736
	MN	0	0	0	0	0	0	0	0
	Total	289,170	341	14,804	49,407	77,323	83,081	50,478	13,736
12b. Total Eligibles Receiving Preventive Dental Services	CN	264,768	20	12,978	45,771	72,543	78,399	44,704	10,353
	MN	0	0	0	0	0	0	0	0
	Total	264,768	20	12,978	45,771	72,543	78,399	44,704	10,353
12c. Total Eligibles Receiving Dental Treatment Services	CN	106,078	238	1,232	13,542	31,834	30,221	22,102	6,909
	MN	0	0	0	0	0	0	0	0
	Total	106,078	238	1,232	13,542	31,834	30,221	22,102	6,909
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	33,745				17,405	16,340		
	MN	0				0	0		
	Total	33,745				17,405	16,340		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	278,258	303	14,689	48,191	74,243	79,883	48,017	12,932
	MN	0	0	0	0	0	0	0	0
	Total	278,258	303	14,689	48,191	74,243	79,883	48,017	12,932
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	5,045	128	3,741	1,104	56	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	5,045	128	3,741	1,104	56	DS	DS	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	269,082	147	16,302	46,589	72,577	78,407	44,707	10,353
	MN	0	0	0	0	0	0	0	0
	Total	269,082	147	16,302	46,589	72,577	78,407	44,707	10,353
13. Total Eligibles Enrolled in Managed Care	CN	782,722	32,438	92,748	128,589	156,382	185,364	129,981	57,220
	MN	0	0	0	0	0	0	0	0
	Total	782,722	32,438	92,748	128,589	156,382	185,364	129,981	57,220
14a. Total Number of Screening Blood Lead Tests	CN	44,484	767	34,188	9,529				
	MN	0	0	0	0				
	Total	44,484	767	34,188	9,529				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Indiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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.
Report Generated Time: 10/05/2022 11:34:47 AM

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Iowa

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	356,536	19,551	40,944	53,915	70,348	83,820	59,244	28,714
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	341,296	15,764	39,606	51,953	68,034	81,257	57,272	27,410
	MN	0	0	0	0	0	0	0	0
	Total	341,296	15,764	39,606	51,953	68,034	81,257	57,272	27,410
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	23,561	471	445	74	7,100	8,504	5,673	1,294
	MN	0	0	0	0	0	0	0	0
	Total	23,561	471	445	74	7,100	8,504	5,673	1,294
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	3,828,239	115,891	450,347	590,120	776,985	931,761	656,091	307,044
	MN	0	0	0	0	0	0	0	0
	Total	3,828,239	115,891	450,347	590,120	776,985	931,761	656,091	307,044
3b. Average Period of Eligibility	CN	0.93	0.61	0.95	0.95	0.95	0.96	0.95	0.93
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.93	0.61	0.95	0.95	0.95	0.96	0.95	0.93
4. Expected Number of Screenings per Eligible	CN		4.27	2.38	0.95	0.95	0.96	0.95	0.93
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.27	2.38	0.95	0.95	0.96	0.95	0.93
5. Expected Number of Screenings	CN	433,467	67,312	94,262	49,355	64,632	78,007	54,408	25,491
	MN	0	0	0	0	0	0	0	0
	Total	433,467	67,312	94,262	49,355	64,632	78,007	54,408	25,491
6. Total Screens Received	CN	283,778	69,232	80,206	36,481	30,656	38,736	23,447	5,020
	MN	0	0	0	0	0	0	0	0
	Total	283,778	69,232	80,206	36,481	30,656	38,736	23,447	5,020
7. SCREENING RATIO	CN	0.65	1.00	0.85	0.74	0.47	0.50	0.43	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	1.00	0.85	0.74	0.47	0.50	0.43	0.20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	327,263	15,764	39,606	49,355	64,632	78,007	54,408	25,491
	MN	0	0	0	0	0	0	0	0
	Total	327,263	15,764	39,606	49,355	64,632	78,007	54,408	25,491
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	174,515	14,820	31,595	33,528	29,914	37,578	22,368	4,712
	MN	0	0	0	0	0	0	0	0
	Total	174,515	14,820	31,595	33,528	29,914	37,578	22,368	4,712

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Iowa

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.53	0.94	0.80	0.68	0.46	0.48	0.41	0.18
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.94	0.80	0.68	0.46	0.48	0.41	0.18
11. Total Eligibles Referred for Corrective Treatment	CN	108,225	14,422	25,065	16,852	14,808	19,790	13,939	3,349
	MN	0	0	0	0	0	0	0	0
	Total	108,225	14,422	25,065	16,852	14,808	19,790	13,939	3,349
12a. Total Eligibles Receiving Any Dental Services	CN	154,270	1,120	11,594	28,044	38,960	42,489	25,343	6,720
	MN	0	0	0	0	0	0	0	0
	Total	154,270	1,120	11,594	28,044	38,960	42,489	25,343	6,720
12b. Total Eligibles Receiving Preventive Dental Services	CN	144,180	824	10,755	27,119	37,414	40,184	22,699	5,185
	MN	0	0	0	0	0	0	0	0
	Total	144,180	824	10,755	27,119	37,414	40,184	22,699	5,185
12c. Total Eligibles Receiving Dental Treatment Services	CN	68,924	172	2,619	10,091	19,165	19,648	13,487	3,742
	MN	0	0	0	0	0	0	0	0
	Total	68,924	172	2,619	10,091	19,165	19,648	13,487	3,742
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	15,647				8,533	7,114		
	MN	0				0	0		
	Total	15,647				8,533	7,114		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	149,437	956	11,326	27,653	37,914	41,134	24,122	6,332
	MN	0	0	0	0	0	0	0	0
	Total	149,437	956	11,326	27,653	37,914	41,134	24,122	6,332
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	2,442	120	1,796	425	26	DS	DS	50
	MN	0	0	0	0	0	0	0	0
	Total	2,442	120	1,796	425	26	DS	DS	50
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	145,975	940	12,128	27,350	37,433	40,185	22,713	5,226
	MN	0	0	0	0	0	0	0	0
	Total	145,975	940	12,128	27,350	37,433	40,185	22,713	5,226
13. Total Eligibles Enrolled in Managed Care	CN	339,288	15,714	39,469	51,795	67,722	80,732	56,744	27,112
	MN	0	0	0	0	0	0	0	0
	Total	339,288	15,714	39,469	51,795	67,722	80,732	56,744	27,112
14a. Total Number of Screening Blood Lead Tests	CN	28,491	107	20,718	7,666				
	MN	0	0	0	0				
	Total	28,491	107	20,718	7,666				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Iowa

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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.
Report Generated Time: 10/05/2022 11:34:47 AM

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Kansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	285,440	15,591	33,412	46,317	57,736	68,828	47,150	16,406	
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	275,217	11,470	32,694	45,149	56,370	67,329	46,138	16,067	
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	18,144	0	DS	DS	3,899	7,492	5,093	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	3,104,461	85,018	375,406	514,086	644,958	773,400	529,398	182,195	
	MN	4,072	94	63	36	443	1,292	1,653	491	
	Total	3,108,533	85,112	375,469	514,122	645,401	774,692	531,051	182,686	
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	0.95	0.96	0.96	0.95	
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS	
	MN		DS	DS	DS	DS	DS	DS	DS	
	Total		4.34	2.40	0.95	0.95	0.96	0.96	0.95	
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	348,861	49,761	78,464	42,892	53,552	64,636	44,291	15,265	
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	227,796	51,617	62,454	32,386	26,593	33,146	19,001	2,599	
7. SCREENING RATIO	CN	0.65	1.00	0.80	0.76	0.50	0.51	0.43	0.17	
	MN	0.22	0.07	0.00	0.67	0.27	0.34	0.20	0.12	
	Total	0.65	1.00	0.80	0.76	0.50	0.51	0.43	0.17	
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	264,800	11,470	32,694	42,892	53,552	64,636	44,291	15,265	
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	139,453	10,840	25,352	27,997	25,102	30,424	17,311	2,427	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Kansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.53	0.95	0.78	0.65	0.47	0.47	0.39	0.16
	MN	0.22	0.18	0.00	0.33	0.24	0.32	0.17	0.12
	Total	0.53	0.95	0.78	0.65	0.47	0.47	0.39	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	85,272	10,491	19,356	13,858	12,464	16,638	10,815	1,650
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	133,335	309	8,153	23,752	35,184	39,037	22,448	4,452
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	127,556	149	7,537	22,924	34,238	37,958	21,060	3,690
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	51,334	134	609	7,102	15,414	15,115	10,598	2,362
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	25,203				11,289	13,914		
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	126,332	234	7,416	22,616	33,310	37,156	21,377	4,223
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	6,414	150	2,483	1,459	885	881	515	41
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	131,192	296	9,531	23,635	34,505	38,235	21,273	3,717
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	275,178	11,468	32,690	45,145	56,369	67,325	46,126	16,055
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	13,900	186	10,655	3,059				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Kansas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Kentucky

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	646,983	32,458	63,848	95,285	127,025	157,751	115,254	55,362	
	MN	2,632	16	85	249	442	970	732	138	
	Total	649,615	32,474	63,933	95,534	127,467	158,721	115,986	55,500	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	625,454	23,535	62,382	93,596	124,888	154,863	112,828	53,362	
	MN	2,594	11	78	240	434	964	731	136	
	Total	628,048	23,546	62,460	93,836	125,322	155,827	113,559	53,498	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	73,314	DS	1,359	4,510	16,951	29,704	19,862	DS	
	MN	0	0	0	0	0	0	0	0	
	Total	73,314	DS	1,359	4,510	16,951	29,704	19,862	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	7,199,957	172,850	725,723	1,094,694	1,464,564	1,816,198	1,316,780	609,148	
	MN	30,581	69	871	2,781	5,084	11,472	8,700	1,604	
	Total	7,230,538	172,919	726,594	1,097,475	1,469,648	1,827,670	1,325,480	610,752	
3b. Average Period of Eligibility	CN	0.96	0.61	0.97	0.97	0.98	0.98	0.97	0.95	
	MN	0.98	0.52	0.93	0.97	0.98	0.99	0.99	0.98	
	Total	0.96	0.61	0.97	0.97	0.98	0.98	0.97	0.95	
4. Expected Number of Screenings per Eligible	CN		4.27	2.43	0.97	0.98	0.98	0.97	0.95	
	MN		3.64	2.33	0.97	0.98	0.99	0.99	0.98	
	Total		4.27	2.43	0.97	0.98	0.98	0.97	0.95	
5. Expected Number of Screenings	CN	777,163	100,494	151,588	90,788	122,390	151,766	109,443	50,694	
	MN	2,691	40	182	233	425	954	724	133	
	Total	779,854	100,534	151,770	91,021	122,815	152,720	110,167	50,827	
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	454,101	103,958	122,429	63,515	50,331	68,948	37,284	7,636	
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	0.58	1.00	0.81	0.70	0.41	0.45	0.34	0.15	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	610,998	23,535	62,382	90,788	122,390	151,766	109,443	50,694	
	MN	2,558	11	78	233	425	954	724	133	
	Total	613,556	23,546	62,460	91,021	122,815	152,720	110,167	50,827	
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	281,687	22,160	49,614	56,290	48,014	64,104	34,426	7,079	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Kentucky

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.46	0.94	0.79	0.62	0.39	0.42	0.31	0.14
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	194,919	21,561	39,998	34,112	29,383	40,820	23,746	5,299
12a. Total Eligibles Receiving Any Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	255,871	281	11,558	45,292	67,964	74,500	44,090	12,186
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	230,177	67	10,283	42,646	64,154	68,021	36,570	8,436
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	109,903	122	887	13,208	30,791	34,268	23,860	6,767
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	26,939				15,117	11,822		
	MN	51				15	36		
	Total	26,990				15,132	11,858		
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	244,781	252	11,430	44,625	65,982	70,648	40,634	11,210
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	5,757	130	3,763	1,606	150	72	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	234,622	196	13,449	43,628	64,246	68,068	36,596	8,439
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	618,791	23,510	62,254	93,082	124,001	152,797	111,046	52,101
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	36,220	305	26,038	9,877				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Kentucky

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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.</p> <p style="text-align: right;">Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Louisiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	860,345	41,409	86,271	127,018	168,265	210,441	154,295	72,646	
	MN	0	0	0	0	0	0	0	0	
	Total	860,345	41,409	86,271	127,018	168,265	210,441	154,295	72,646	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	843,755	33,424	85,171	125,602	166,562	208,547	152,717	71,732	
	MN	0	0	0	0	0	0	0	0	
	Total	843,755	33,424	85,171	125,602	166,562	208,547	152,717	71,732	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	183,811	520	5,008	13,874	42,918	60,288	47,476	13,727	
	MN	0	0	0	0	0	0	0	0	
	Total	183,811	520	5,008	13,874	42,918	60,288	47,476	13,727	
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	9,764,025	250,632	995,211	1,471,166	1,958,366	2,455,532	1,796,113	837,005	
	MN	0	0	0	0	0	0	0	0	
	Total	9,764,025	250,632	995,211	1,471,166	1,958,366	2,455,532	1,796,113	837,005	
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.97	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.97	
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.98	0.98	0.98	0.98	0.97	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.43	0.98	0.98	0.98	0.98	0.97	
5. Expected Number of Screenings	CN	1,061,966	145,060	206,966	123,090	163,231	204,376	149,663	69,580	
	MN	0	0	0	0	0	0	0	0	
	Total	1,061,966	145,060	206,966	123,090	163,231	204,376	149,663	69,580	
6. Total Screens Received	CN	697,553	142,788	164,666	91,352	81,020	118,740	81,055	17,932	
	MN	0	0	0	0	0	0	0	0	
	Total	697,553	142,788	164,666	91,352	81,020	118,740	81,055	17,932	
7. SCREENING RATIO	CN	0.66	0.98	0.80	0.74	0.50	0.58	0.54	0.26	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.66	0.98	0.80	0.74	0.50	0.58	0.54	0.26	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	828,535	33,424	85,171	123,090	163,231	204,376	149,663	69,580	
	MN	0	0	0	0	0	0	0	0	
	Total	828,535	33,424	85,171	123,090	163,231	204,376	149,663	69,580	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	430,249	31,741	66,929	76,433	72,785	100,953	66,243	15,165	
	MN	0	0	0	0	0	0	0	0	
	Total	430,249	31,741	66,929	76,433	72,785	100,953	66,243	15,165	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Louisiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.52	0.95	0.79	0.62	0.45	0.49	0.44	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.95	0.79	0.62	0.45	0.49	0.44	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	295,350	30,726	54,782	44,827	45,094	63,694	45,220	11,007
	MN	0	0	0	0	0	0	0	0
	Total	295,350	30,726	54,782	44,827	45,094	63,694	45,220	11,007
12a. Total Eligibles Receiving Any Dental Services	CN	365,165	297	20,873	63,000	91,107	104,229	64,829	20,830
	MN	0	0	0	0	0	0	0	0
	Total	365,165	297	20,873	63,000	91,107	104,229	64,829	20,830
12b. Total Eligibles Receiving Preventive Dental Services	CN	338,074	81	19,065	59,503	85,991	98,693	57,962	16,779
	MN	0	0	0	0	0	0	0	0
	Total	338,074	81	19,065	59,503	85,991	98,693	57,962	16,779
12c. Total Eligibles Receiving Dental Treatment Services	CN	133,116	27	1,172	16,619	38,602	38,031	28,641	10,024
	MN	0	0	0	0	0	0	0	0
	Total	133,116	27	1,172	16,619	38,602	38,031	28,641	10,024
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	34,053				20,303	13,750		
	MN	0				0	0		
	Total	34,053				20,303	13,750		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	354,021	287	20,499	61,755	88,304	101,275	62,136	19,765
	MN	0	0	0	0	0	0	0	0
	Total	354,021	287	20,499	61,755	88,304	101,275	62,136	19,765
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	12,878	DS	7,426	4,716	384	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	12,878	DS	7,426	4,716	384	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	347,159	425	25,124	61,987	86,189	98,693	57,962	16,779
	MN	0	0	0	0	0	0	0	0
	Total	347,159	425	25,124	61,987	86,189	98,693	57,962	16,779
13. Total Eligibles Enrolled in Managed Care	CN	843,343	33,348	84,980	125,565	166,542	208,514	152,682	71,712
	MN	0	0	0	0	0	0	0	0
	Total	843,343	33,348	84,980	125,565	166,542	208,514	152,682	71,712
14a. Total Number of Screening Blood Lead Tests	CN	56,224	254	41,501	14,469				
	MN	0	0	0	0				
	Total	56,224	254	41,501	14,469				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Louisiana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Maine

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	129,100	5,763	12,238	18,242	25,400	32,327	23,938	11,192	
	MN	0	0	0	0	0	0	0	0	
	Total	129,100	5,763	12,238	18,242	25,400	32,327	23,938	11,192	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	125,265	4,610	11,977	17,834	24,847	31,680	23,442	10,875	
	MN	0	0	0	0	0	0	0	0	
	Total	125,265	4,610	11,977	17,834	24,847	31,680	23,442	10,875	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	19,360	0	1,749	3,407	4,379	5,288	3,793	744	
	MN	0	0	0	0	0	0	0	0	
	Total	19,360	0	1,749	3,407	4,379	5,288	3,793	744	
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	1,429,227	33,613	138,546	205,488	287,956	368,473	271,570	123,581	
	MN	0	0	0	0	0	0	0	0	
	Total	1,429,227	33,613	138,546	205,488	287,956	368,473	271,570	123,581	
3b. Average Period of Eligibility	CN	0.95	0.61	0.96	0.96	0.97	0.97	0.97	0.95	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.95	0.61	0.96	0.96	0.97	0.97	0.97	0.95	
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.96	0.97	0.97	0.97	0.95	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.27	2.40	0.96	0.97	0.97	0.97	0.95	
5. Expected Number of Screenings	CN	153,453	19,685	28,745	17,121	24,102	30,730	22,739	10,331	
	MN	0	0	0	0	0	0	0	0	
	Total	153,453	19,685	28,745	17,121	24,102	30,730	22,739	10,331	
6. Total Screens Received	CN	106,180	20,559	26,428	13,140	14,180	18,006	11,137	2,730	
	MN	0	0	0	0	0	0	0	0	
	Total	106,180	20,559	26,428	13,140	14,180	18,006	11,137	2,730	
7. SCREENING RATIO	CN	0.69	1.00	0.92	0.77	0.59	0.59	0.49	0.26	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.69	1.00	0.92	0.77	0.59	0.59	0.49	0.26	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	121,610	4,610	11,977	17,121	24,102	30,730	22,739	10,331	
	MN	0	0	0	0	0	0	0	0	
	Total	121,610	4,610	11,977	17,121	24,102	30,730	22,739	10,331	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	71,098	4,295	10,050	11,773	13,923	17,620	10,811	2,626	
	MN	0	0	0	0	0	0	0	0	
	Total	71,098	4,295	10,050	11,773	13,923	17,620	10,811	2,626	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Maine

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.58	0.93	0.84	0.69	0.58	0.57	0.48	0.25
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.58	0.93	0.84	0.69	0.58	0.57	0.48	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	44,313	4,143	7,863	5,787	7,436	10,147	7,064	1,873
	MN	0	0	0	0	0	0	0	0
	Total	44,313	4,143	7,863	5,787	7,436	10,147	7,064	1,873
12a. Total Eligibles Receiving Any Dental Services	CN	53,983	277	4,694	8,389	12,930	15,348	9,647	2,698
	MN	0	0	0	0	0	0	0	0
	Total	53,983	277	4,694	8,389	12,930	15,348	9,647	2,698
12b. Total Eligibles Receiving Preventive Dental Services	CN	48,359	79	4,067	7,855	12,077	14,081	8,191	2,009
	MN	0	0	0	0	0	0	0	0
	Total	48,359	79	4,067	7,855	12,077	14,081	8,191	2,009
12c. Total Eligibles Receiving Dental Treatment Services	CN	20,550	118	185	1,844	5,170	6,813	4,925	1,495
	MN	0	0	0	0	0	0	0	0
	Total	20,550	118	185	1,844	5,170	6,813	4,925	1,495
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	5,155				2,613	2,542		
	MN	0				0	0		
	Total	5,155				2,613	2,542		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	46,567	225	3,287	6,925	11,533	13,705	8,524	2,368
	MN	0	0	0	0	0	0	0	0
	Total	46,567	225	3,287	6,925	11,533	13,705	8,524	2,368
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,420	DS	808	358	138	76	23	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,420	DS	808	358	138	76	23	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	49,424	92	4,687	8,125	12,160	14,137	8,210	2,013
	MN	0	0	0	0	0	0	0	0
	Total	49,424	92	4,687	8,125	12,160	14,137	8,210	2,013
13. Total Eligibles Enrolled in Managed Care	CN	108,793	4,140	11,092	16,152	21,661	27,056	19,631	9,061
	MN	0	0	0	0	0	0	0	0
	Total	108,793	4,140	11,092	16,152	21,661	27,056	19,631	9,061
14a. Total Number of Screening Blood Lead Tests	CN	7,695	24	6,264	1,407				
	MN	0	0	0	0				
	Total	7,695	24	6,264	1,407				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Maine

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X		State report generated by CMS using information reported in T-MSIS.					
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Maryland

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	747,904	35,092	76,694	113,745	149,165	187,351	128,743	57,114	
	MN	1,488	0	28	114	185	369	487	305	
	Total	749,392	35,092	76,722	113,859	149,350	187,720	129,230	57,419	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	732,361	28,563	75,353	112,244	147,324	185,215	127,303	56,359	
	MN	1,477	0	28	113	183	369	483	301	
	Total	733,838	28,563	75,381	112,357	147,507	185,584	127,786	56,660	
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	172,007	535	7,088	20,152	38,057	55,818	39,089	11,268	
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	8,467,472	211,720	878,743	1,314,113	1,730,885	2,178,280	1,496,275	657,456	
	MN	17,270	0	328	1,335	2,145	4,346	5,605	3,511	
	Total	8,484,742	211,720	879,071	1,315,448	1,733,030	2,182,626	1,501,880	660,967	
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.97	
	MN	0.97	0.00	0.98	0.98	0.98	0.98	0.97	0.97	
	Total	0.96	0.62	0.97	0.98	0.98	0.98	0.98	0.97	
4. Expected Number of Screenings per Eligible	CN		3.72	2.43	0.98	0.98	0.98	0.98	0.97	
	MN		0.00	2.45	0.98	0.98	0.98	0.97	0.97	
	Total		3.72	2.43	0.98	0.98	0.98	0.98	0.97	
5. Expected Number of Screenings	CN	904,675	106,254	183,108	109,999	144,378	181,511	124,757	54,668	
	MN	1,482	0	69	111	179	362	469	292	
	Total	906,157	106,254	183,177	110,110	144,557	181,873	125,226	54,960	
6. Total Screens Received	CN	670,744	119,788	159,054	91,161	91,693	116,374	71,773	20,901	
	MN	623	0	13	77	104	156	194	79	
	Total	671,367	119,788	159,067	91,238	91,797	116,530	71,967	20,980	
7. SCREENING RATIO	CN	0.74	1.00	0.87	0.83	0.64	0.64	0.58	0.38	
	MN	0.42	0.00	0.19	0.69	0.58	0.43	0.41	0.27	
	Total	0.74	1.00	0.87	0.83	0.64	0.64	0.57	0.38	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	719,229	28,563	75,353	109,999	144,378	181,511	124,757	54,668	
	MN	1,441	0	28	111	179	362	469	292	
	Total	720,670	28,563	75,381	110,110	144,557	181,873	125,226	54,960	
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	446,021	26,543	62,599	78,440	85,763	108,469	65,528	18,679	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Maryland

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.62	0.93	0.83	0.71	0.59	0.60	0.52	0.34
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	269,163	25,091	48,153	37,940	42,122	61,123	41,755	12,979
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	400,071	1,231	32,775	68,598	93,955	112,848	69,198	21,466
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	368,722	1,112	30,843	64,845	87,980	104,786	61,252	17,904
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	161,381	68	942	16,290	41,902	52,619	37,651	11,909
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	49,854				24,719	25,135		
	MN	74				20	54		
	Total	49,928				24,739	25,189		
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	375,738	270	22,948	64,046	92,626	109,961	65,613	20,274
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,540	41	1,007	341	73	48	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,540	41	1,007	341	73	48	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	369,262	1,132	31,260	64,941	87,984	104,788	61,253	17,904
13. Total Eligibles Enrolled in Managed Care	CN	726,994	28,212	74,908	111,487	146,374	183,956	126,332	55,725
	MN	1,091	0	24	102	157	296	289	223
	Total	728,085	28,212	74,932	111,589	146,531	184,252	126,621	55,948
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	62,672	802	42,667	19,203				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Maryland

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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.
 Report Generated Time: 10/05/2022 11:34:47 AM

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Massachusetts

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	639,427	30,951	65,159	91,561	120,483	154,871	116,257	60,145
	MN	0	0	0	0	0	0	0	0
	Total	639,427	30,951	65,159	91,561	120,483	154,871	116,257	60,145
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	609,857	21,954	63,116	88,374	116,573	149,935	112,242	57,663
	MN	0	0	0	0	0	0	0	0
	Total	609,857	21,954	63,116	88,374	116,573	149,935	112,242	57,663
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	163,805	471	13,872	16,176	30,302	40,293	43,372	19,319
	MN	0	0	0	0	0	0	0	0
	Total	163,805	471	13,872	16,176	30,302	40,293	43,372	19,319
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	6,930,752	161,804	731,011	1,018,861	1,345,629	1,736,367	1,291,997	645,083
	MN	0	0	0	0	0	0	0	0
	Total	6,930,752	161,804	731,011	1,018,861	1,345,629	1,736,367	1,291,997	645,083
3b. Average Period of Eligibility	CN	0.95	0.61	0.97	0.96	0.96	0.97	0.96	0.93
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.61	0.97	0.96	0.96	0.97	0.96	0.93
4. Expected Number of Screenings per Eligible	CN		3.66	1.94	0.96	0.96	0.97	0.96	0.93
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.66	1.94	0.96	0.96	0.97	0.96	0.93
5. Expected Number of Screenings	CN	706,362	80,352	122,445	84,839	111,910	145,437	107,752	53,627
	MN	0	0	0	0	0	0	0	0
	Total	706,362	80,352	122,445	84,839	111,910	145,437	107,752	53,627
6. Total Screens Received	CN	561,044	95,278	144,868	66,734	74,897	94,450	64,248	20,569
	MN	0	0	0	0	0	0	0	0
	Total	561,044	95,278	144,868	66,734	74,897	94,450	64,248	20,569
7. SCREENING RATIO	CN	0.79	1.00	1.00	0.79	0.67	0.65	0.60	0.38
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	1.00	1.00	0.79	0.67	0.65	0.60	0.38
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	588,635	21,954	63,116	84,839	111,910	145,437	107,752	53,627
	MN	0	0	0	0	0	0	0	0
	Total	588,635	21,954	63,116	84,839	111,910	145,437	107,752	53,627
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	382,075	20,338	54,047	61,309	72,913	92,086	62,030	19,352
	MN	0	0	0	0	0	0	0	0
	Total	382,075	20,338	54,047	61,309	72,913	92,086	62,030	19,352

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Massachusetts

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.65	0.93	0.86	0.72	0.65	0.63	0.58	0.36
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.93	0.86	0.72	0.65	0.63	0.58	0.36
11. Total Eligibles Referred for Corrective Treatment	CN	243,394	7,707	36,796	39,957	46,842	58,279	40,396	13,417
	MN	0	0	0	0	0	0	0	0
	Total	243,394	7,707	36,796	39,957	46,842	58,279	40,396	13,417
12a. Total Eligibles Receiving Any Dental Services	CN	292,405	294	14,159	42,128	66,670	86,755	59,796	22,603
	MN	0	0	0	0	0	0	0	0
	Total	292,405	294	14,159	42,128	66,670	86,755	59,796	22,603
12b. Total Eligibles Receiving Preventive Dental Services	CN	264,793	94	13,412	40,871	63,744	78,696	49,566	18,410
	MN	0	0	0	0	0	0	0	0
	Total	264,793	94	13,412	40,871	63,744	78,696	49,566	18,410
12c. Total Eligibles Receiving Dental Treatment Services	CN	145,601	169	643	9,249	31,234	50,684	39,541	14,081
	MN	0	0	0	0	0	0	0	0
	Total	145,601	169	643	9,249	31,234	50,684	39,541	14,081
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,308				19,634	24,674		
	MN	0				0	0		
	Total	44,308				19,634	24,674		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	274,058	198	13,947	41,603	65,370	80,443	52,099	20,398
	MN	0	0	0	0	0	0	0	0
	Total	274,058	198	13,947	41,603	65,370	80,443	52,099	20,398
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	37,616	128	2,402	6,164	8,812	10,236	7,204	2,670
	MN	0	0	0	0	0	0	0	0
	Total	37,616	128	2,402	6,164	8,812	10,236	7,204	2,670
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	291,075	163	15,319	45,355	69,924	86,043	54,219	20,052
	MN	0	0	0	0	0	0	0	0
	Total	291,075	163	15,319	45,355	69,924	86,043	54,219	20,052
13. Total Eligibles Enrolled in Managed Care	CN	527,640	10,176	58,200	79,851	103,814	131,568	96,144	47,887
	MN	0	0	0	0	0	0	0	0
	Total	527,640	10,176	58,200	79,851	103,814	131,568	96,144	47,887
14a. Total Number of Screening Blood Lead Tests	CN	84,279	2,292	44,558	37,429				
	MN	0	0	0	0				
	Total	84,279	2,292	44,558	37,429				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Massachusetts

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Michigan

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	1,209,929	57,704	125,661	183,669	240,360	289,941	213,754	98,840
	MN	5,423	342	345	301	279	425	555	3,176
	Total	1,215,352	58,046	126,006	183,970	240,639	290,366	214,309	102,016
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,182,583	46,932	123,891	180,863	237,066	286,015	210,652	97,164
	MN	4,837	205	309	254	236	359	459	3,015
	Total	1,187,420	47,137	124,200	181,117	237,302	286,374	211,111	100,179
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	112,620	DS	DS	11,699	23,588	29,190	29,377	11,279
	MN	0	0	0	0	0	0	0	0
	Total	112,620	DS	DS	11,699	23,588	29,190	29,377	11,279
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	13,613,389	342,631	1,444,885	2,109,221	2,773,444	3,353,266	2,462,755	1,127,187
	MN	52,732	1,336	3,478	2,696	2,498	3,772	4,512	34,440
	Total	13,666,121	343,967	1,448,363	2,111,917	2,775,942	3,357,038	2,467,267	1,161,627
3b. Average Period of Eligibility	CN	0.96	0.61	0.97	0.97	0.97	0.98	0.97	0.97
	MN	0.91	0.54	0.94	0.88	0.88	0.88	0.82	0.95
	Total	0.96	0.61	0.97	0.97	0.97	0.98	0.97	0.97
4. Expected Number of Screenings per Eligible	CN		4.27	2.43	0.97	0.97	0.98	0.97	0.97
	MN		3.78	2.35	0.88	0.88	0.88	0.82	0.95
	Total		4.27	2.43	0.97	0.97	0.98	0.97	0.97
5. Expected Number of Screenings	CN	1,485,722	200,400	301,055	175,437	229,954	280,295	204,332	94,249
	MN	5,489	775	726	224	208	316	376	2,864
	Total	1,491,211	201,175	301,781	175,661	230,162	280,611	204,708	97,113
6. Total Screens Received	CN	995,457	207,558	254,929	141,265	124,985	150,971	90,213	25,536
	MN	2,347	813	419	114	93	114	103	691
	Total	997,804	208,371	255,348	141,379	125,078	151,085	90,316	26,227
7. SCREENING RATIO	CN	0.67	1.00	0.85	0.81	0.54	0.54	0.44	0.27
	MN	0.43	1.00	0.58	0.51	0.45	0.36	0.27	0.24
	Total	0.67	1.00	0.85	0.80	0.54	0.54	0.44	0.27
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,155,090	46,932	123,891	175,437	229,954	280,295	204,332	94,249
	MN	4,502	205	309	224	208	316	376	2,864
	Total	1,159,592	47,137	124,200	175,661	230,162	280,611	204,708	97,113
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	569,705	42,640	92,032	108,723	105,177	125,493	74,722	20,918
	MN	1,224	182	150	87	70	85	90	560
	Total	570,929	42,822	92,182	108,810	105,247	125,578	74,812	21,478

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Michigan

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.49	0.91	0.74	0.62	0.46	0.45	0.37	0.22
	MN	0.27	0.89	0.49	0.39	0.34	0.27	0.24	0.20
	Total	0.49	0.91	0.74	0.62	0.46	0.45	0.37	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	78,548	38,921	33,028	DS	961	1,408	1,351	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	437,388	282	15,296	71,102	117,358	127,831	81,396	24,123
12b. Total Eligibles Receiving Preventive Dental Services	CN	403,121	84	13,213	66,697	110,864	121,224	72,658	18,381
	MN	996	0	20	59	75	93	85	664
	Total	404,117	84	13,233	66,756	110,939	121,317	72,743	19,045
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	191,369	110	1,358	22,998	57,977	55,792	40,337	12,797
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	44,917				25,813	19,104		
	MN	28				16	12		
	Total	44,945				25,829	19,116		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	421,915	199	14,866	69,427	113,906	123,839	77,613	22,065
	MN	1,106	0	24	62	75	96	92	757
	Total	423,021	199	14,890	69,489	113,981	123,935	77,705	22,822
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	62,752	1,541	17,765	14,726	12,098	12,774	3,715	133
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	459,288	1,620	29,326	78,321	121,385	133,227	76,238	19,171
13. Total Eligibles Enrolled in Managed Care	CN	1,043,063	41,620	114,257	163,351	211,050	249,709	180,455	82,621
	MN	3,271	180	199	129	125	196	219	2,223
	Total	1,046,334	41,800	114,456	163,480	211,175	249,905	180,674	84,844
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	73,668	1,283	50,946	21,439				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Michigan

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Minnesota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	621,160	27,186	62,734	97,364	127,129	151,910	108,401	46,436
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	606,051	22,202	61,588	95,587	125,051	149,594	106,669	45,360
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	706	55	651	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	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	6,952,835	163,176	714,070	1,108,171	1,456,358	1,745,438	1,243,262	522,360
3b. Average Period of Eligibility	CN	0.96	0.61	0.97	0.97	0.97	0.97	0.97	0.96
	MN	0.80	0.54	0.85	0.86	0.75	0.88	0.75	0.91
	Total	0.96	0.61	0.97	0.97	0.97	0.97	0.97	0.96
4. Expected Number of Screenings per Eligible	CN		3.05	2.43	0.97	0.97	0.97	0.97	0.96
	MN		2.70	2.13	0.86	0.75	0.88	0.75	0.91
	Total		3.05	2.43	0.97	0.97	0.97	0.97	0.96
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	723,502	67,711	149,658	92,719	121,300	145,105	103,465	43,544
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	453,902	89,423	117,095	67,457	59,332	71,687	39,965	8,943
7. SCREENING RATIO	CN	0.63	1.00	0.78	0.73	0.49	0.49	0.39	0.21
	MN	0.56	0.93	0.09	0.60	0.00	0.31	0.47	0.44
	Total	0.63	1.00	0.78	0.73	0.49	0.49	0.39	0.21
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	589,923	22,202	61,588	92,719	121,300	145,105	103,465	43,544
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	300,221	20,645	48,592	59,503	56,890	68,113	38,021	8,457

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Minnesota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.51	0.93	0.79	0.64	0.47	0.47	0.37	0.19
	MN	0.41	0.60	0.20	0.40	0.00	0.31	0.47	0.41
	Total	0.51	0.93	0.79	0.64	0.47	0.47	0.37	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	44,263	3,080	7,220	8,084	8,983	10,331	5,818	747
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	228,764	106	7,908	36,163	58,964	68,713	43,721	13,189
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	205,651	62	6,797	33,803	55,397	62,669	36,923	10,000
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	103,391	15	959	12,545	29,230	31,341	22,165	7,136
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	32,190				16,701	15,489		
	MN	0				0	0		
	Total	32,190				16,701	15,489		
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	212,938	91	7,429	34,248	55,464	63,771	39,840	12,095
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	101,374	4,982	38,109	41,192	9,633	5,000	2,149	309
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	277,624	5,015	40,164	58,162	60,375	65,412	38,296	10,200
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	536,578	19,847	57,926	86,795	109,983	129,473	91,974	40,580
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	39,501	437	31,450	7,614				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Minnesota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Mississippi

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	426,510	24,893	51,216	68,530	81,000	101,981	73,059	25,831	
	MN	0	0	0	0	0	0	0	0	
	Total	426,510	24,893	51,216	68,530	81,000	101,981	73,059	25,831	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	412,486	20,085	50,513	67,403	78,830	99,092	71,075	25,488	
	MN	0	0	0	0	0	0	0	0	
	Total	412,486	20,085	50,513	67,403	78,830	99,092	71,075	25,488	
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	4,703,266	150,428	590,981	785,302	909,292	1,147,081	823,328	296,854	
	MN	0	0	0	0	0	0	0	0	
	Total	4,703,266	150,428	590,981	785,302	909,292	1,147,081	823,328	296,854	
3b. Average Period of Eligibility	CN	0.95	0.62	0.97	0.97	0.96	0.96	0.97	0.97	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.95	0.62	0.97	0.97	0.96	0.96	0.97	0.97	
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.96	0.96	0.97	0.97	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.43	0.97	0.96	0.96	0.97	0.97	
5. Expected Number of Screenings	CN	539,768	87,169	122,747	65,381	75,677	95,128	68,943	24,723	
	MN	0	0	0	0	0	0	0	0	
	Total	539,768	87,169	122,747	65,381	75,677	95,128	68,943	24,723	
6. Total Screens Received	CN	315,480	84,231	101,228	45,547	26,265	37,464	18,791	1,954	
	MN	0	0	0	0	0	0	0	0	
	Total	315,480	84,231	101,228	45,547	26,265	37,464	18,791	1,954	
7. SCREENING RATIO	CN	0.58	0.97	0.82	0.70	0.35	0.39	0.27	0.08	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.58	0.97	0.82	0.70	0.35	0.39	0.27	0.08	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	400,450	20,085	50,513	65,381	75,677	95,128	68,943	24,723	
	MN	0	0	0	0	0	0	0	0	
	Total	400,450	20,085	50,513	65,381	75,677	95,128	68,943	24,723	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	176,088	19,506	40,408	38,662	24,508	34,087	17,059	1,858	
	MN	0	0	0	0	0	0	0	0	
	Total	176,088	19,506	40,408	38,662	24,508	34,087	17,059	1,858	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Mississippi

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.44	0.97	0.80	0.59	0.32	0.36	0.25	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.44	0.97	0.80	0.59	0.32	0.36	0.25	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	120,996	19,009	33,198	22,405	13,886	20,052	11,156	1,290
	MN	0	0	0	0	0	0	0	0
	Total	120,996	19,009	33,198	22,405	13,886	20,052	11,156	1,290
12a. Total Eligibles Receiving Any Dental Services	CN	195,809	158	11,844	36,331	47,083	56,816	36,037	7,540
	MN	0	0	0	0	0	0	0	0
	Total	195,809	158	11,844	36,331	47,083	56,816	36,037	7,540
12b. Total Eligibles Receiving Preventive Dental Services	CN	177,633	62	10,466	34,524	44,963	51,819	30,118	5,681
	MN	0	0	0	0	0	0	0	0
	Total	177,633	62	10,466	34,524	44,963	51,819	30,118	5,681
12c. Total Eligibles Receiving Dental Treatment Services	CN	86,684	44	876	10,629	20,420	28,485	21,745	4,485
	MN	0	0	0	0	0	0	0	0
	Total	86,684	44	876	10,629	20,420	28,485	21,745	4,485
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	19,859				10,121	9,738		
	MN	0				0	0		
	Total	19,859				10,121	9,738		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	187,321	146	11,695	35,954	46,240	53,772	32,635	6,879
	MN	0	0	0	0	0	0	0	0
	Total	187,321	146	11,695	35,954	46,240	53,772	32,635	6,879
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	14,986	1,589	10,437	2,782	109	27	26	16
	MN	0	0	0	0	0	0	0	0
	Total	14,986	1,589	10,437	2,782	109	27	26	16
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	184,764	414	16,272	35,463	44,991	51,823	30,120	5,681
	MN	0	0	0	0	0	0	0	0
	Total	184,764	414	16,272	35,463	44,991	51,823	30,120	5,681
13. Total Eligibles Enrolled in Managed Care	CN	382,128	19,918	48,585	64,014	74,410	92,435	65,574	17,192
	MN	0	0	0	0	0	0	0	0
	Total	382,128	19,918	48,585	64,014	74,410	92,435	65,574	17,192
14a. Total Number of Screening Blood Lead Tests	CN	32,719	86	23,506	9,127				
	MN	0	0	0	0				
	Total	32,719	86	23,506	9,127				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Mississippi

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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.
 Report Generated Time: 10/05/2022 11:34:47 AM

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Missouri

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	733,315	37,239	80,259	111,948	152,454	179,223	127,243	44,949
	MN	0	0	0	0	0	0	0	0
	Total	733,315	37,239	80,259	111,948	152,454	179,223	127,243	44,949
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	709,826	27,448	78,743	109,529	149,549	175,956	124,958	43,643
	MN	0	0	0	0	0	0	0	0
	Total	709,826	27,448	78,743	109,529	149,549	175,956	124,958	43,643
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	1,791	0	110	290	397	511	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,791	0	110	290	397	511	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	8,131,592	215,426	915,133	1,261,888	1,738,830	2,049,232	1,456,182	494,901
	MN	0	0	0	0	0	0	0	0
	Total	8,131,592	215,426	915,133	1,261,888	1,738,830	2,049,232	1,456,182	494,901
3b. Average Period of Eligibility	CN	0.95	0.65	0.97	0.96	0.97	0.97	0.97	0.94
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.65	0.97	0.96	0.97	0.97	0.97	0.94
4. Expected Number of Screenings per Eligible	CN		4.55	2.43	0.96	0.97	0.97	0.97	0.94
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.43	0.96	0.97	0.97	0.97	0.94
5. Expected Number of Screenings	CN	899,354	124,888	191,345	105,148	145,063	170,677	121,209	41,024
	MN	0	0	0	0	0	0	0	0
	Total	899,354	124,888	191,345	105,148	145,063	170,677	121,209	41,024
6. Total Screens Received	CN	656,097	144,788	175,642	82,205	71,957	100,082	67,029	14,394
	MN	0	0	0	0	0	0	0	0
	Total	656,097	144,788	175,642	82,205	71,957	100,082	67,029	14,394
7. SCREENING RATIO	CN	0.73	1.00	0.92	0.78	0.50	0.59	0.55	0.35
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.73	1.00	0.92	0.78	0.50	0.59	0.55	0.35
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	689,312	27,448	78,743	105,148	145,063	170,677	121,209	41,024
	MN	0	0	0	0	0	0	0	0
	Total	689,312	27,448	78,743	105,148	145,063	170,677	121,209	41,024
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	312,579	25,851	57,174	57,745	55,208	68,602	41,298	6,701
	MN	0	0	0	0	0	0	0	0
	Total	312,579	25,851	57,174	57,745	55,208	68,602	41,298	6,701

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Missouri

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.45	0.94	0.73	0.55	0.38	0.40	0.34	0.16
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.45	0.94	0.73	0.55	0.38	0.40	0.34	0.16
11. Total Eligibles Referred for Corrective Treatment	CN	71,934	8,439	12,092	9,290	11,216	15,784	12,145	2,968
	MN	0	0	0	0	0	0	0	0
	Total	71,934	8,439	12,092	9,290	11,216	15,784	12,145	2,968
12a. Total Eligibles Receiving Any Dental Services	CN	254,215	167	11,793	41,275	68,822	76,719	46,844	8,595
	MN	0	0	0	0	0	0	0	0
	Total	254,215	167	11,793	41,275	68,822	76,719	46,844	8,595
12b. Total Eligibles Receiving Preventive Dental Services	CN	229,253	91	9,900	38,144	64,327	70,989	39,660	6,142
	MN	0	0	0	0	0	0	0	0
	Total	229,253	91	9,900	38,144	64,327	70,989	39,660	6,142
12c. Total Eligibles Receiving Dental Treatment Services	CN	109,575	17	765	12,143	32,269	34,248	25,264	4,869
	MN	0	0	0	0	0	0	0	0
	Total	109,575	17	765	12,143	32,269	34,248	25,264	4,869
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	34,025				17,602	16,423		
	MN	0				0	0		
	Total	34,025				17,602	16,423		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	243,446	156	11,629	40,302	66,626	73,453	43,423	7,857
	MN	0	0	0	0	0	0	0	0
	Total	243,446	156	11,629	40,302	66,626	73,453	43,423	7,857
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	7,145	257	1,314	1,572	1,251	941	1,267	543
	MN	0	0	0	0	0	0	0	0
	Total	7,145	257	1,314	1,572	1,251	941	1,267	543
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	233,178	345	11,021	38,794	64,652	71,417	40,385	6,564
	MN	0	0	0	0	0	0	0	0
	Total	233,178	345	11,021	38,794	64,652	71,417	40,385	6,564
13. Total Eligibles Enrolled in Managed Care	CN	684,459	27,189	77,404	105,992	145,334	170,709	120,680	37,151
	MN	0	0	0	0	0	0	0	0
	Total	684,459	27,189	77,404	105,992	145,334	170,709	120,680	37,151
14a. Total Number of Screening Blood Lead Tests	CN	52,130	274	35,707	16,149				
	MN	0	0	0	0				
	Total	52,130	274	35,707	16,149				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Missouri

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Montana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	117,747	5,135	11,358	17,874	24,078	28,804	20,706	9,792
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	114,634	4,239	11,144	17,507	23,635	28,281	20,314	9,514
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	7,040	0	0	0	1,372	2,896	2,157	615
	MN	0	0	0	0	0	0	0	0
	Total	7,040	0	0	0	1,372	2,896	2,157	615
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	1,311,657	30,951	128,277	202,779	274,839	330,040	236,801	107,970
3b. Average Period of Eligibility	CN	0.95	0.61	0.96	0.97	0.97	0.97	0.97	0.95
	MN	0.76	0.00	0.42	0.38	0.97	0.80	0.25	0.83
	Total	0.95	0.61	0.96	0.97	0.97	0.97	0.97	0.95
4. Expected Number of Screenings per Eligible	CN		4.27	2.40	0.97	0.97	0.97	0.97	0.95
	MN		0.00	1.05	0.38	0.97	0.80	0.25	0.83
	Total		4.27	2.40	0.97	0.97	0.97	0.97	0.95
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	140,798	18,101	26,744	16,981	22,926	27,432	19,646	8,968
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	72,118	17,324	19,209	9,957	7,969	11,009	5,756	894
7. SCREENING RATIO	CN	0.51	0.96	0.72	0.59	0.35	0.40	0.29	0.10
	MN	0.07	0.00	0.00	1.00	0.33	0.50	0.19	0.06
	Total	0.51	0.96	0.72	0.59	0.35	0.40	0.29	0.10
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	111,336	4,239	11,144	16,981	22,926	27,432	19,646	8,968
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	45,146	3,988	8,296	9,019	7,620	10,108	5,272	843

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Montana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.41	0.94	0.74	0.53	0.33	0.37	0.27	0.10
	MN	0.03	0.00	0.00	1.00	0.33	0.50	0.10	0.02
	Total	0.41	0.94	0.74	0.53	0.33	0.37	0.27	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	28,280	3,823	5,910	4,476	4,087	5,822	3,560	602
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	62,844	183	4,128	10,671	15,992	18,100	10,767	3,003
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	56,661	93	3,890	10,197	15,293	16,453	8,725	2,010
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	34,717	105	896	4,832	9,184	10,664	7,059	1,977
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	7,156				4,018	3,138		
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	59,938	143	4,090	10,547	15,589	17,131	9,740	2,698
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	77	DS	DS	DS	DS	DS	0	0
	MN	0	0	0	0	0	0	0	0
	Total	77	DS	DS	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	56,722	94	3,937	10,206	15,295	16,455	8,725	2,010
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	111,590	3,783	10,842	17,049	23,192	27,728	19,799	9,197
14a. Total Number of Screening Blood Lead Tests	CN	2,146	17	1,768	361				
	MN	0	0	0	0				
	Total	2,146	17	1,768	361				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Montana

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Nebraska

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	211,920	11,559	24,085	33,514	43,219	51,557	35,404	12,582
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	204,193	9,442	23,486	32,554	42,025	50,237	34,444	12,005
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	40,156	322	3,285	5,504	9,275	12,012	8,616	1,142
	MN	0	0	0	0	0	0	0	0
	Total	40,156	322	3,285	5,504	9,275	12,012	8,616	1,142
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	2,291,939	68,786	268,963	369,788	480,833	576,877	394,954	131,738
3b. Average Period of Eligibility	CN	0.94	0.61	0.95	0.95	0.95	0.96	0.96	0.91
	MN	0.84	0.61	0.92	1.00	0.77	1.00	1.00	0.89
	Total	0.94	0.61	0.95	0.95	0.95	0.96	0.96	0.91
4. Expected Number of Screenings per Eligible	CN		3.66	2.38	0.95	0.95	0.96	0.96	0.91
	MN		3.66	2.30	1.00	0.77	1.00	1.00	0.89
	Total		3.66	2.38	0.95	0.95	0.96	0.96	0.91
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	253,523	34,558	55,896	30,926	39,923	48,228	33,067	10,925
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	174,165	44,892	50,022	23,304	16,632	24,547	12,861	1,907
7. SCREENING RATIO	CN	0.69	1.00	0.90	0.75	0.42	0.51	0.39	0.17
	MN	0.14	0.08	0.22	0.00	0.00	0.20	0.11	0.40
	Total	0.69	1.00	0.89	0.75	0.42	0.51	0.39	0.17
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	195,997	9,442	23,486	30,926	39,923	48,228	33,067	10,925
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	93,419	8,859	17,821	18,529	14,771	21,131	10,832	1,476

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Nebraska

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.48	0.94	0.76	0.60	0.37	0.44	0.33	0.13
	MN	0.17	0.11	0.13	0.00	0.00	0.20	0.11	0.40
	Total	0.48	0.94	0.76	0.60	0.37	0.44	0.33	0.14
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	13,457	2,230	2,366	2,547	1,855	2,747	1,499	213
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	84,158	54	5,089	15,045	22,464	24,130	14,260	3,116
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	80,758	38	4,860	14,697	21,914	23,321	13,233	2,695
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	28,645	DS	DS	4,036	8,843	7,857	6,081	1,614
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	12,440				6,616	5,824		
	MN	0				0	0		
	Total	12,440				6,616	5,824		
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	80,840	53	5,052	14,613	21,407	23,178	13,606	2,931
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	34	0	DS	DS	DS	0	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	34	0	DS	DS	DS	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	80,779	38	4,870	14,706	21,916	23,321	13,233	2,695
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	204,147	9,435	23,483	32,547	42,014	50,225	34,442	12,001
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	16,397	34	10,619	5,744				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Nebraska

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Nevada

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	387,776	19,418	42,741	62,299	77,695	93,405	64,771	27,447	
	MN	0	0	0	0	0	0	0	0	
	Total	387,776	19,418	42,741	62,299	77,695	93,405	64,771	27,447	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	369,771	13,874	41,382	60,225	75,114	90,310	62,580	26,286	
	MN	0	0	0	0	0	0	0	0	
	Total	369,771	13,874	41,382	60,225	75,114	90,310	62,580	26,286	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	31,943	53	677	1,004	8,870	11,831	8,233	1,275	
	MN	0	0	0	0	0	0	0	0	
	Total	31,943	53	677	1,004	8,870	11,831	8,233	1,275	
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	4,121,093	102,446	470,433	681,668	847,458	1,024,752	706,649	287,687	
	MN	0	0	0	0	0	0	0	0	
	Total	4,121,093	102,446	470,433	681,668	847,458	1,024,752	706,649	287,687	
3b. Average Period of Eligibility	CN	0.93	0.62	0.95	0.94	0.94	0.95	0.94	0.91	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.93	0.62	0.95	0.94	0.94	0.95	0.94	0.91	
4. Expected Number of Screenings per Eligible	CN		4.34	2.38	0.94	0.94	0.95	0.94	0.91	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.38	0.94	0.94	0.95	0.94	0.91	
5. Expected Number of Screenings	CN	454,461	60,213	98,489	56,612	70,607	85,795	58,825	23,920	
	MN	0	0	0	0	0	0	0	0	
	Total	454,461	60,213	98,489	56,612	70,607	85,795	58,825	23,920	
6. Total Screens Received	CN	271,353	59,429	72,150	38,994	33,592	40,881	22,719	3,588	
	MN	0	0	0	0	0	0	0	0	
	Total	271,353	59,429	72,150	38,994	33,592	40,881	22,719	3,588	
7. SCREENING RATIO	CN	0.60	0.99	0.73	0.69	0.48	0.48	0.39	0.15	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.60	0.99	0.73	0.69	0.48	0.48	0.39	0.15	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	351,015	13,874	41,382	56,612	70,607	85,795	58,825	23,920	
	MN	0	0	0	0	0	0	0	0	
	Total	351,015	13,874	41,382	56,612	70,607	85,795	58,825	23,920	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	161,563	12,933	29,802	31,658	29,455	35,240	19,264	3,211	
	MN	0	0	0	0	0	0	0	0	
	Total	161,563	12,933	29,802	31,658	29,455	35,240	19,264	3,211	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Nevada

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.46	0.93	0.72	0.56	0.42	0.41	0.33	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.93	0.72	0.56	0.42	0.41	0.33	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	112,077	12,258	22,375	18,697	19,037	23,375	13,849	2,486
	MN	0	0	0	0	0	0	0	0
	Total	112,077	12,258	22,375	18,697	19,037	23,375	13,849	2,486
12a. Total Eligibles Receiving Any Dental Services	CN	150,657	194	8,167	25,591	38,877	44,792	26,228	6,808
	MN	0	0	0	0	0	0	0	0
	Total	150,657	194	8,167	25,591	38,877	44,792	26,228	6,808
12b. Total Eligibles Receiving Preventive Dental Services	CN	138,785	85	7,289	24,033	37,037	42,315	22,836	5,190
	MN	0	0	0	0	0	0	0	0
	Total	138,785	85	7,289	24,033	37,037	42,315	22,836	5,190
12c. Total Eligibles Receiving Dental Treatment Services	CN	88,228	57	2,002	12,413	24,068	27,904	17,207	4,577
	MN	0	0	0	0	0	0	0	0
	Total	88,228	57	2,002	12,413	24,068	27,904	17,207	4,577
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,824				11,258	12,566		
	MN	0				0	0		
	Total	23,824				11,258	12,566		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	146,700	173	8,135	25,278	37,993	43,640	25,057	6,424
	MN	0	0	0	0	0	0	0	0
	Total	146,700	173	8,135	25,278	37,993	43,640	25,057	6,424
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	18,027	278	5,225	4,602	3,168	3,192	1,504	58
	MN	0	0	0	0	0	0	0	0
	Total	18,027	278	5,225	4,602	3,168	3,192	1,504	58
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	149,699	358	11,609	26,833	38,411	43,659	23,601	5,228
	MN	0	0	0	0	0	0	0	0
	Total	149,699	358	11,609	26,833	38,411	43,659	23,601	5,228
13. Total Eligibles Enrolled in Managed Care	CN	310,970	12,475	36,117	51,820	63,141	74,916	50,445	22,056
	MN	0	0	0	0	0	0	0	0
	Total	310,970	12,475	36,117	51,820	63,141	74,916	50,445	22,056
14a. Total Number of Screening Blood Lead Tests	CN	10,312	112	7,199	3,001				
	MN	0	0	0	0				
	Total	10,312	112	7,199	3,001				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Nevada

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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.
Report Generated Time: 10/05/2022 11:34:47 AM

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New Hampshire

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	113,061	4,658	10,463	16,402	22,845	28,825	20,891	8,977
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	108,800	3,350	10,146	15,969	22,280	28,130	20,269	8,656
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	19,843	205	1,713	3,093	4,279	5,364	4,057	1,132
	MN	0	0	0	0	0	0	0	0
	Total	19,843	205	1,713	3,093	4,279	5,364	4,057	1,132
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	1,253,450	25,987	117,459	185,259	259,926	328,898	236,139	99,782
3b. Average Period of Eligibility	CN	0.96	0.65	0.96	0.97	0.97	0.97	0.97	0.96
	MN	0.93	0.42	0.91	0.85	0.97	0.94	0.94	0.93
	Total	0.96	0.65	0.96	0.97	0.97	0.97	0.97	0.96
4. Expected Number of Screenings per Eligible	CN		4.55	2.40	0.97	0.97	0.97	0.97	0.96
	MN		2.94	2.28	0.85	0.97	0.94	0.94	0.93
	Total		4.55	2.40	0.97	0.97	0.97	0.97	0.96
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	131,945	15,241	24,349	15,488	21,612	27,285	19,661	8,309
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	96,443	15,211	22,262	12,386	14,318	18,201	11,237	2,828
7. SCREENING RATIO	CN	0.73	1.00	0.91	0.80	0.66	0.67	0.57	0.34
	MN	0.28	0.00	0.37	0.20	0.08	0.21	0.38	0.31
	Total	0.73	1.00	0.91	0.80	0.66	0.67	0.57	0.34
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	105,851	3,350	10,146	15,488	21,612	27,285	19,661	8,309
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	64,891	3,154	8,319	10,955	13,447	16,648	9,948	2,420

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: New Hampshire

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.61	0.94	0.82	0.71	0.62	0.61	0.51	0.29
	MN	0.27	0.00	0.58	0.20	0.08	0.21	0.29	0.31
	Total	0.61	0.94	0.82	0.71	0.62	0.61	0.51	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	30,054	2,718	5,709	4,252	4,911	6,333	4,788	1,343
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	57,555	161	3,633	8,854	14,320	17,247	10,644	2,696
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	53,815	59	3,167	8,462	13,763	16,375	9,740	2,249
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	24,756	72	514	2,580	6,794	8,035	5,373	1,388
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	7,292				3,911	3,381		
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	55,025	158	3,519	8,533	13,805	16,539	9,989	2,482
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,704	52	739	751	667	297	143	55
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	54,864	106	3,647	8,688	13,917	16,479	9,776	2,251
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	108,127	3,332	10,117	15,897	22,172	27,982	20,151	8,476
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	7,541	28	6,135	1,378				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New Hampshire

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New Jersey

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	853,710	52,865	90,913	126,532	161,799	200,611	144,150	76,840
	MN	0	0	0	0	0	0	0	0
	Total	853,710	52,865	90,913	126,532	161,799	200,611	144,150	76,840
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	813,620	31,397	88,795	123,525	158,245	196,334	141,135	74,189
	MN	0	0	0	0	0	0	0	0
	Total	813,620	31,397	88,795	123,525	158,245	196,334	141,135	74,189
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	128,414	DS	0	DS	33,339	50,223	37,093	DS
	MN	0	0	0	0	0	0	0	0
	Total	128,414	DS	0	DS	33,339	50,223	37,093	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	9,242,392	215,995	1,023,490	1,426,802	1,834,437	2,280,234	1,634,608	826,826
	MN	0	0	0	0	0	0	0	0
	Total	9,242,392	215,995	1,023,490	1,426,802	1,834,437	2,280,234	1,634,608	826,826
3b. Average Period of Eligibility	CN	0.95	0.57	0.96	0.96	0.97	0.97	0.97	0.93
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.57	0.96	0.96	0.97	0.97	0.97	0.93
4. Expected Number of Screenings per Eligible	CN		3.99	2.40	0.96	0.97	0.97	0.97	0.93
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		3.99	2.40	0.96	0.97	0.97	0.97	0.93
5. Expected Number of Screenings	CN	1,006,805	125,274	213,108	118,584	153,498	190,444	136,901	68,996
	MN	0	0	0	0	0	0	0	0
	Total	1,006,805	125,274	213,108	118,584	153,498	190,444	136,901	68,996
6. Total Screens Received	CN	793,294	107,343	204,879	106,979	108,412	139,064	95,310	31,307
	MN	0	0	0	0	0	0	0	0
	Total	793,294	107,343	204,879	106,979	108,412	139,064	95,310	31,307
7. SCREENING RATIO	CN	0.79	0.86	0.96	0.90	0.71	0.73	0.70	0.45
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.79	0.86	0.96	0.90	0.71	0.73	0.70	0.45
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	788,615	31,397	88,795	118,584	153,498	190,444	136,901	68,996
	MN	0	0	0	0	0	0	0	0
	Total	788,615	31,397	88,795	118,584	153,498	190,444	136,901	68,996
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	512,758	28,361	75,146	88,123	96,312	121,300	78,845	24,671
	MN	0	0	0	0	0	0	0	0
	Total	512,758	28,361	75,146	88,123	96,312	121,300	78,845	24,671

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: New Jersey

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.65	0.90	0.85	0.74	0.63	0.64	0.58	0.36
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.65	0.90	0.85	0.74	0.63	0.64	0.58	0.36
11. Total Eligibles Referred for Corrective Treatment	CN	90,779	90	3,114	20,615	21,692	22,314	15,253	7,701
	MN	0	0	0	0	0	0	0	0
	Total	90,779	90	3,114	20,615	21,692	22,314	15,253	7,701
12a. Total Eligibles Receiving Any Dental Services	CN	385,557	339	18,638	61,943	94,318	112,975	71,356	25,988
	MN	0	0	0	0	0	0	0	0
	Total	385,557	339	18,638	61,943	94,318	112,975	71,356	25,988
12b. Total Eligibles Receiving Preventive Dental Services	CN	357,367	193	17,702	59,843	89,973	105,776	62,733	21,147
	MN	0	0	0	0	0	0	0	0
	Total	357,367	193	17,702	59,843	89,973	105,776	62,733	21,147
12c. Total Eligibles Receiving Dental Treatment Services	CN	205,086	159	4,845	24,237	53,903	64,839	41,986	15,117
	MN	0	0	0	0	0	0	0	0
	Total	205,086	159	4,845	24,237	53,903	64,839	41,986	15,117
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	57,604				25,939	31,665		
	MN	0				0	0		
	Total	57,604				25,939	31,665		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	306,607	189	15,934	46,915	77,967	91,837	54,973	18,792
	MN	0	0	0	0	0	0	0	0
	Total	306,607	189	15,934	46,915	77,967	91,837	54,973	18,792
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	22,362	608	13,033	7,328	1,036	114	135	108
	MN	0	0	0	0	0	0	0	0
	Total	22,362	608	13,033	7,328	1,036	114	135	108
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	400,449	925	28,888	65,609	94,697	112,980	71,358	25,992
	MN	0	0	0	0	0	0	0	0
	Total	400,449	925	28,888	65,609	94,697	112,980	71,358	25,992
13. Total Eligibles Enrolled in Managed Care	CN	803,588	29,229	87,829	122,494	157,020	194,555	139,186	73,275
	MN	0	0	0	0	0	0	0	0
	Total	803,588	29,229	87,829	122,494	157,020	194,555	139,186	73,275
14a. Total Number of Screening Blood Lead Tests	CN	102,207	1,911	56,960	43,336				
	MN	0	0	0	0				
	Total	102,207	1,911	56,960	43,336				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New Jersey

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New Mexico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	395,890	16,146	36,084	55,417	76,778	100,625	76,406	34,434	
	MN	0	0	0	0	0	0	0	0	
	Total	395,890	16,146	36,084	55,417	76,778	100,625	76,406	34,434	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	387,075	13,142	35,553	54,673	75,782	99,261	75,217	33,447	
	MN	0	0	0	0	0	0	0	0	
	Total	387,075	13,142	35,553	54,673	75,782	99,261	75,217	33,447	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	58,992	196	1,219	4,111	13,549	18,971	15,449	5,497	
	MN	0	0	0	0	0	0	0	0	
	Total	58,992	196	1,219	4,111	13,549	18,971	15,449	5,497	
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	4,458,659	97,552	414,351	638,452	888,182	1,164,456	877,681	377,985	
	MN	0	0	0	0	0	0	0	0	
	Total	4,458,659	97,552	414,351	638,452	888,182	1,164,456	877,681	377,985	
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.97	0.98	0.98	0.97	0.94	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.96	0.62	0.97	0.97	0.98	0.98	0.97	0.94	
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.98	0.98	0.97	0.94	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.43	0.97	0.98	0.98	0.97	0.94	
5. Expected Number of Screenings	CN	472,405	57,036	86,394	53,033	74,266	97,276	72,960	31,440	
	MN	0	0	0	0	0	0	0	0	
	Total	472,405	57,036	86,394	53,033	74,266	97,276	72,960	31,440	
6. Total Screens Received	CN	271,033	55,476	68,227	35,371	33,619	47,621	26,787	3,932	
	MN	0	0	0	0	0	0	0	0	
	Total	271,033	55,476	68,227	35,371	33,619	47,621	26,787	3,932	
7. SCREENING RATIO	CN	0.57	0.97	0.79	0.67	0.45	0.49	0.37	0.13	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.57	0.97	0.79	0.67	0.45	0.49	0.37	0.13	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	377,670	13,142	35,553	53,033	74,266	97,276	72,960	31,440	
	MN	0	0	0	0	0	0	0	0	
	Total	377,670	13,142	35,553	53,033	74,266	97,276	72,960	31,440	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	173,840	12,390	27,434	31,187	31,493	43,365	24,309	3,662	
	MN	0	0	0	0	0	0	0	0	
	Total	173,840	12,390	27,434	31,187	31,493	43,365	24,309	3,662	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: New Mexico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.46	0.94	0.77	0.59	0.42	0.45	0.33	0.12
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.46	0.94	0.77	0.59	0.42	0.45	0.33	0.12
11. Total Eligibles Referred for Corrective Treatment	CN	107,943	11,996	21,218	15,709	16,729	24,321	15,321	2,649
	MN	0	0	0	0	0	0	0	0
	Total	107,943	11,996	21,218	15,709	16,729	24,321	15,321	2,649
12a. Total Eligibles Receiving Any Dental Services	CN	195,587	327	11,126	31,852	47,655	57,900	36,631	10,096
	MN	0	0	0	0	0	0	0	0
	Total	195,587	327	11,126	31,852	47,655	57,900	36,631	10,096
12b. Total Eligibles Receiving Preventive Dental Services	CN	178,074	143	10,346	29,768	44,564	53,306	32,007	7,940
	MN	0	0	0	0	0	0	0	0
	Total	178,074	143	10,346	29,768	44,564	53,306	32,007	7,940
12c. Total Eligibles Receiving Dental Treatment Services	CN	83,963	135	1,018	10,540	23,269	26,624	17,286	5,091
	MN	0	0	0	0	0	0	0	0
	Total	83,963	135	1,018	10,540	23,269	26,624	17,286	5,091
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	20,909				10,596	10,313		
	MN	0				0	0		
	Total	20,909				10,596	10,313		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	188,621	263	10,802	31,241	46,287	55,548	34,932	9,548
	MN	0	0	0	0	0	0	0	0
	Total	188,621	263	10,802	31,241	46,287	55,548	34,932	9,548
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	7,278	129	2,611	1,500	1,085	1,274	665	14
	MN	0	0	0	0	0	0	0	0
	Total	7,278	129	2,611	1,500	1,085	1,274	665	14
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	181,947	265	12,201	30,412	44,963	53,825	32,331	7,950
	MN	0	0	0	0	0	0	0	0
	Total	181,947	265	12,201	30,412	44,963	53,825	32,331	7,950
13. Total Eligibles Enrolled in Managed Care	CN	357,816	12,362	33,346	50,940	70,275	91,284	68,905	30,704
	MN	0	0	0	0	0	0	0	0
	Total	357,816	12,362	33,346	50,940	70,275	91,284	68,905	30,704
14a. Total Number of Screening Blood Lead Tests	CN	12,636	238	9,535	2,863				
	MN	0	0	0	0				
	Total	12,636	238	9,535	2,863				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New Mexico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X		State report generated by CMS using information reported in T-MSIS.					
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: New York

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	2,478,188	126,144	266,735	363,136	467,986	581,683	430,832	241,672
	MN	46,253	329	957	3,091	7,920	12,516	14,057	7,383
	Total	2,524,441	126,473	267,692	366,227	475,906	594,199	444,889	249,055
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	2,415,570	111,467	260,287	356,056	459,723	571,942	422,724	233,371
	MN	42,131	276	931	2,967	7,795	12,232	12,208	5,722
	Total	2,457,701	111,743	261,218	359,023	467,518	584,174	434,932	239,093
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	297,377	0	DS	DS	59,756	115,847	91,281	30,480
	MN	0	0	0	0	0	0	0	0
	Total	297,377	0	DS	DS	59,756	115,847	91,281	30,480
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	27,592,097	997,356	2,990,907	4,101,738	5,325,410	6,643,738	4,900,819	2,632,129
	MN	481,337	2,035	10,475	32,997	89,930	141,958	139,010	64,932
	Total	28,073,434	999,391	3,001,382	4,134,735	5,415,340	6,785,696	5,039,829	2,697,061
3b. Average Period of Eligibility	CN	0.95	0.75	0.96	0.96	0.97	0.97	0.97	0.94
	MN	0.95	0.61	0.94	0.93	0.96	0.97	0.95	0.95
	Total	0.95	0.75	0.96	0.96	0.97	0.97	0.97	0.94
4. Expected Number of Screenings per Eligible	CN		5.25	1.92	1.28	0.97	0.97	0.97	0.94
	MN		4.27	1.88	1.24	0.96	0.97	0.95	0.95
	Total		5.25	1.92	1.28	0.97	0.97	0.97	0.94
5. Expected Number of Screenings	CN	3,170,831	585,202	499,751	455,752	445,931	554,784	410,042	219,369
	MN	42,990	1,179	1,750	3,679	7,483	11,865	11,598	5,436
	Total	3,213,821	586,381	501,501	459,431	453,414	566,649	421,640	224,805
6. Total Screens Received	CN	2,495,626	430,246	597,876	339,736	342,760	420,826	282,743	81,439
	MN	17,036	291	974	1,609	3,506	5,474	3,963	1,219
	Total	2,512,662	430,537	598,850	341,345	346,266	426,300	286,706	82,658
7. SCREENING RATIO	CN	0.79	0.74	1.00	0.75	0.77	0.76	0.69	0.37
	MN	0.40	0.25	0.56	0.44	0.47	0.46	0.34	0.22
	Total	0.78	0.73	1.00	0.74	0.76	0.75	0.68	0.37
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	2,357,936	111,467	260,287	356,056	445,931	554,784	410,042	219,369
	MN	40,556	276	931	2,967	7,483	11,865	11,598	5,436
	Total	2,398,492	111,743	261,218	359,023	453,414	566,649	421,640	224,805
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	1,550,485	101,045	217,841	260,241	296,186	363,850	241,007	70,315
	MN	14,095	98	418	1,278	3,035	4,695	3,483	1,088
	Total	1,564,580	101,143	218,259	261,519	299,221	368,545	244,490	71,403

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: New York

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.66	0.91	0.84	0.73	0.66	0.66	0.59	0.32
	MN	0.35	0.36	0.45	0.43	0.41	0.40	0.30	0.20
	Total	0.65	0.91	0.84	0.73	0.66	0.65	0.58	0.32
11. Total Eligibles Referred for Corrective Treatment	CN	1,282,481	98,815	201,927	204,490	228,058	287,281	199,698	62,212
	MN	12,501	94	384	1,109	2,666	4,169	3,116	963
	Total	1,294,982	98,909	202,311	205,599	230,724	291,450	202,814	63,175
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	1,009,795	1,179	40,681	159,008	248,226	295,990	191,110	73,601
12b. Total Eligibles Receiving Preventive Dental Services	CN	881,748	262	36,846	148,096	228,984	260,441	151,523	55,596
	MN	8,867	0	54	702	2,191	3,153	2,114	653
	Total	890,615	262	36,900	148,798	231,175	263,594	153,637	56,249
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	485,337	706	5,802	49,920	125,466	155,339	107,290	40,814
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	119,713				60,861	58,852		
	MN	972				405	567		
	Total	120,685				61,266	59,419		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	952,911	847	39,487	154,112	238,421	278,882	173,842	67,320
	MN	9,961	0	63	726	2,329	3,440	2,526	877
	Total	962,872	847	39,550	154,838	240,750	282,322	176,368	68,197
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	33,930	769	15,294	11,576	4,088	1,263	713	227
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	905,077	1,026	49,878	154,707	230,722	261,102	151,902	55,740
	MN	8,957	0	86	734	2,206	3,158	2,119	654
	Total	914,034	1,026	49,964	155,441	232,928	264,260	154,021	56,394
13. Total Eligibles Enrolled in Managed Care	CN	2,329,956	108,935	255,750	347,909	446,689	552,673	405,717	212,283
	MN	23,866	165	726	1,897	4,659	6,954	6,162	3,303
	Total	2,353,822	109,100	256,476	349,806	451,348	559,627	411,879	215,586
14a. Total Number of Screening Blood Lead Tests	CN	199,499	3,698	126,757	69,044				
	MN	459	0	211	248				
	Total	199,958	3,698	126,968	69,292				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: New York

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: North Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	1,344,803	68,674	147,703	218,126	266,112	318,454	226,864	98,870	
	MN	3,034	89	151	226	376	708	705	779	
	Total	1,347,837	68,763	147,854	218,352	266,488	319,162	227,569	99,649	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,308,010	55,436	145,375	214,447	261,531	312,313	222,314	96,594	
	MN	2,712	61	144	203	334	650	626	694	
	Total	1,310,722	55,497	145,519	214,650	261,865	312,963	222,940	97,288	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	249,239	283	19,044	48,122	61,619	63,525	45,381	11,265	
	MN	0	0	0	0	0	0	0	0	
	Total	249,239	283	19,044	48,122	61,619	63,525	45,381	11,265	
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	14,991,613	410,472	1,696,316	2,498,917	3,051,027	3,635,075	2,587,997	1,111,809	
	MN	29,619	477	1,679	2,262	3,738	7,207	6,827	7,429	
	Total	15,021,232	410,949	1,697,995	2,501,179	3,054,765	3,642,282	2,594,824	1,119,238	
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.97	0.97	0.97	0.97	0.96	
	MN	0.91	0.65	0.97	0.93	0.93	0.92	0.91	0.89	
	Total	0.96	0.62	0.97	0.97	0.97	0.97	0.97	0.96	
4. Expected Number of Screenings per Eligible	CN		3.10	2.43	0.97	0.97	0.97	0.97	0.96	
	MN		3.25	2.43	0.93	0.93	0.92	0.91	0.89	
	Total		3.10	2.43	0.97	0.97	0.97	0.97	0.96	
5. Expected Number of Screenings	CN	1,598,131	171,852	353,261	208,014	253,685	302,944	215,645	92,730	
	MN	2,834	198	350	189	311	598	570	618	
	Total	1,600,965	172,050	353,611	208,203	253,996	303,542	216,215	93,348	
6. Total Screens Received	CN	1,101,588	241,561	287,721	155,931	136,466	164,846	96,691	18,372	
	MN	1,064	144	130	64	130	303	194	99	
	Total	1,102,652	241,705	287,851	155,995	136,596	165,149	96,885	18,471	
7. SCREENING RATIO	CN	0.69	1.00	0.81	0.75	0.54	0.54	0.45	0.20	
	MN	0.38	0.73	0.37	0.34	0.42	0.51	0.34	0.16	
	Total	0.69	1.00	0.81	0.75	0.54	0.54	0.45	0.20	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,273,829	55,436	145,375	208,014	253,685	302,944	215,645	92,730	
	MN	2,491	61	144	189	311	598	570	618	
	Total	1,276,320	55,497	145,519	208,203	253,996	303,542	216,215	93,348	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	710,921	52,749	119,482	141,310	130,818	157,563	91,606	17,393	
	MN	865	42	64	61	127	293	186	92	
	Total	711,786	52,791	119,546	141,371	130,945	157,856	91,792	17,485	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: North Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.56	0.95	0.82	0.68	0.52	0.52	0.42	0.19
	MN	0.35	0.69	0.44	0.32	0.41	0.49	0.33	0.15
	Total	0.56	0.95	0.82	0.68	0.52	0.52	0.42	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	425,624	51,063	91,440	70,499	65,930	81,454	53,652	11,586
	MN	577	37	53	45	83	181	118	60
	Total	426,201	51,100	91,493	70,544	66,013	81,635	53,770	11,646
12a. Total Eligibles Receiving Any Dental Services	CN	634,561	889	33,880	111,221	157,495	182,409	116,532	32,135
	MN	966	0	12	55	154	333	248	164
	Total	635,527	889	33,892	111,276	157,649	182,742	116,780	32,299
12b. Total Eligibles Receiving Preventive Dental Services	CN	590,457	309	32,615	107,943	151,890	172,012	100,961	24,727
	MN	835	0	12	49	146	305	203	120
	Total	591,292	309	32,627	107,992	152,036	172,317	101,164	24,847
12c. Total Eligibles Receiving Dental Treatment Services	CN	286,451	364	1,986	32,753	76,250	88,435	67,738	18,925
	MN	478	0	0	17	75	144	140	102
	Total	286,929	364	1,986	32,770	76,325	88,579	67,878	19,027
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	71,717				39,528	32,189		
	MN	78				32	46		
	Total	71,795				39,560	32,235		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	614,152	884	33,755	110,209	154,743	176,631	108,271	29,659
	MN	901	0	12	51	148	321	220	149
	Total	615,053	884	33,767	110,260	154,891	176,952	108,491	29,808
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	84,092	4,709	64,192	15,094	50	24	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	654,221	4,873	82,430	116,526	152,050	172,325	101,169	24,848
13. Total Eligibles Enrolled in Managed Care	CN	1,307,873	55,360	145,343	214,442	261,529	312,311	222,310	96,578
	MN	2,703	59	142	201	334	649	625	693
	Total	1,310,576	55,419	145,485	214,643	261,863	312,960	222,935	97,271
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	87,373	123	74,369	12,881				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: North Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: North Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	60,439	3,032	6,821	10,334	12,577	13,760	9,122	4,793
	MN	3,458	219	1,101	798	384	410	334	212
	Total	63,897	3,251	7,922	11,132	12,961	14,170	9,456	5,005
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	57,341	2,431	6,543	9,933	12,093	13,253	8,803	4,285
	MN	3,314	180	1,065	782	368	399	316	204
	Total	60,655	2,611	7,608	10,715	12,461	13,652	9,119	4,489
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	5,789	32	224	403	1,602	1,990	1,356	182
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	621,769	17,614	72,323	110,480	135,710	149,741	99,271	36,630
	MN	34,830	1,126	10,779	8,845	4,127	4,528	3,540	1,885
	Total	656,599	18,740	83,102	119,325	139,837	154,269	102,811	38,515
3b. Average Period of Eligibility	CN	0.90	0.60	0.92	0.93	0.94	0.94	0.94	0.71
	MN	0.88	0.52	0.84	0.94	0.93	0.95	0.93	0.77
	Total	0.90	0.60	0.91	0.93	0.94	0.94	0.94	0.71
4. Expected Number of Screenings per Eligible	CN		4.20	2.30	0.93	0.94	0.94	0.94	0.71
	MN		3.64	2.10	0.94	0.93	0.95	0.93	0.77
	Total		4.20	2.28	0.93	0.94	0.94	0.94	0.71
5. Expected Number of Screenings	CN	69,639	10,210	15,049	9,238	11,367	12,458	8,275	3,042
	MN	4,799	655	2,237	735	342	379	294	157
	Total	74,438	10,865	17,286	9,973	11,709	12,837	8,569	3,199
6. Total Screens Received	CN	38,521	9,226	10,208	5,472	4,469	5,795	3,023	328
	MN	1,836	271	938	285	94	136	82	30
	Total	40,357	9,497	11,146	5,757	4,563	5,931	3,105	358
7. SCREENING RATIO	CN	0.55	0.90	0.68	0.59	0.39	0.47	0.37	0.11
	MN	0.38	0.41	0.42	0.39	0.27	0.36	0.28	0.19
	Total	0.54	0.87	0.64	0.58	0.39	0.46	0.36	0.11
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	53,354	2,431	6,543	9,238	11,367	12,458	8,275	3,042
	MN	3,152	180	1,065	735	342	379	294	157
	Total	56,506	2,611	7,608	9,973	11,709	12,837	8,569	3,199
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	23,660	2,242	4,493	4,716	4,141	5,083	2,676	309
	MN	1,079	83	456	238	85	119	69	29
	Total	24,739	2,325	4,949	4,954	4,226	5,202	2,745	338

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: North Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.44	0.92	0.69	0.51	0.36	0.41	0.32	0.10
	MN	0.34	0.46	0.43	0.32	0.25	0.31	0.23	0.18
	Total	0.44	0.89	0.65	0.50	0.36	0.41	0.32	0.11
11. Total Eligibles Referred for Corrective Treatment	CN	23,598	2,242	4,498	4,720	4,142	5,086	2,676	234
	MN	1,083	83	457	241	85	119	69	29
	Total	24,681	2,325	4,955	4,961	4,227	5,205	2,745	263
12a. Total Eligibles Receiving Any Dental Services	CN	19,661	28	885	3,713	5,623	5,513	3,156	743
	MN	839	0	140	173	157	178	140	51
	Total	20,500	28	1,025	3,886	5,780	5,691	3,296	794
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	18,433	DS	685	3,520	5,403	5,293	2,932	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	8,949	13	84	1,256	2,782	2,515	1,809	490
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,773				1,579	1,194		
	MN	67				35	32		
	Total	2,840				1,614	1,226		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	18,659	DS	883	3,636	5,342	5,201	2,976	DS
	MN	806	0	140	171	148	169	133	45
	Total	19,465	DS	1,023	3,807	5,490	5,370	3,109	DS
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	3,125	41	1,228	847	379	362	146	122
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	20,749	46	1,818	4,099	5,629	5,502	3,005	650
13. Total Eligibles Enrolled in Managed Care	CN	51,026	DS	6,173	DS	11,117	11,923	7,815	DS
	MN	1,414	91	272	460	138	151	145	157
	Total	52,440	DS	6,445	DS	11,255	12,074	7,960	DS
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	1,572	13	1,029	530				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: North Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Ohio

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	1,451,181	70,640	153,134	222,985	289,100	350,979	252,071	112,272	
	MN	0	0	0	0	0	0	0	0	
	Total	1,451,181	70,640	153,134	222,985	289,100	350,979	252,071	112,272	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,401,436	50,845	149,409	217,419	283,121	344,363	246,786	109,493	
	MN	0	0	0	0	0	0	0	0	
	Total	1,401,436	50,845	149,409	217,419	283,121	344,363	246,786	109,493	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	217,224	1,788	12,446	25,498	57,690	71,762	48,040	0	
	MN	0	0	0	0	0	0	0	0	
	Total	217,224	1,788	12,446	25,498	57,690	71,762	48,040	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	16,077,450	375,742	1,727,603	2,512,904	3,297,478	4,025,529	2,871,049	1,267,145	
	MN	0	0	0	0	0	0	0	0	
	Total	16,077,450	375,742	1,727,603	2,512,904	3,297,478	4,025,529	2,871,049	1,267,145	
3b. Average Period of Eligibility	CN	0.96	0.62	0.96	0.96	0.97	0.97	0.97	0.96	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.96	0.62	0.96	0.96	0.97	0.97	0.97	0.96	
4. Expected Number of Screenings per Eligible	CN		4.34	2.40	0.96	0.97	0.97	0.97	0.96	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.40	0.96	0.97	0.97	0.97	0.96	
5. Expected Number of Screenings	CN	1,741,125	220,667	358,582	208,722	274,627	334,032	239,382	105,113	
	MN	0	0	0	0	0	0	0	0	
	Total	1,741,125	220,667	358,582	208,722	274,627	334,032	239,382	105,113	
6. Total Screens Received	CN	1,082,273	219,930	286,598	154,699	131,295	160,167	107,717	21,867	
	MN	0	0	0	0	0	0	0	0	
	Total	1,082,273	219,930	286,598	154,699	131,295	160,167	107,717	21,867	
7. SCREENING RATIO	CN	0.62	1.00	0.80	0.74	0.48	0.48	0.45	0.21	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.62	1.00	0.80	0.74	0.48	0.48	0.45	0.21	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,362,130	50,845	149,409	208,722	274,627	334,032	239,382	105,113	
	MN	0	0	0	0	0	0	0	0	
	Total	1,362,130	50,845	149,409	208,722	274,627	334,032	239,382	105,113	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	702,105	47,233	118,056	138,213	126,374	152,953	99,339	19,937	
	MN	0	0	0	0	0	0	0	0	
	Total	702,105	47,233	118,056	138,213	126,374	152,953	99,339	19,937	

Annual EPSDT Participation Report
Form CMS-416
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State: Ohio

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.52	0.93	0.79	0.66	0.46	0.46	0.41	0.19
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.52	0.93	0.79	0.66	0.46	0.46	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN	423,343	45,256	88,323	65,543	64,251	83,746	61,937	14,287
	MN	0	0	0	0	0	0	0	0
	Total	423,343	45,256	88,323	65,543	64,251	83,746	61,937	14,287
12a. Total Eligibles Receiving Any Dental Services	CN	471,046	287	15,519	76,495	121,651	140,456	89,689	26,949
	MN	0	0	0	0	0	0	0	0
	Total	471,046	287	15,519	76,495	121,651	140,456	89,689	26,949
12b. Total Eligibles Receiving Preventive Dental Services	CN	407,503	97	13,963	70,728	112,047	123,429	69,485	17,754
	MN	0	0	0	0	0	0	0	0
	Total	407,503	97	13,963	70,728	112,047	123,429	69,485	17,754
12c. Total Eligibles Receiving Dental Treatment Services	CN	179,864	125	971	17,590	45,649	55,702	45,437	14,390
	MN	0	0	0	0	0	0	0	0
	Total	179,864	125	971	17,590	45,649	55,702	45,437	14,390
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	52,847				28,065	24,782		
	MN	0				0	0		
	Total	52,847				28,065	24,782		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	445,548	209	13,118	74,140	117,231	133,425	82,410	25,015
	MN	0	0	0	0	0	0	0	0
	Total	445,548	209	13,118	74,140	117,231	133,425	82,410	25,015
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	33,270	290	21,633	9,974	951	240	141	41
	MN	0	0	0	0	0	0	0	0
	Total	33,270	290	21,633	9,974	951	240	141	41
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	434,272	370	32,981	77,529	112,512	123,545	69,564	17,771
	MN	0	0	0	0	0	0	0	0
	Total	434,272	370	32,981	77,529	112,512	123,545	69,564	17,771
13. Total Eligibles Enrolled in Managed Care	CN	1,383,255	50,055	147,592	215,304	280,165	340,416	242,658	107,065
	MN	0	0	0	0	0	0	0	0
	Total	1,383,255	50,055	147,592	215,304	280,165	340,416	242,658	107,065
14a. Total Number of Screening Blood Lead Tests	CN	94,699	634	68,244	25,821				
	MN	0	0	0	0				
	Total	94,699	634	68,244	25,821				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Ohio

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

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Form CMS-416

Fiscal Year: 2021

State: Oklahoma

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	669,257	33,124	71,536	104,278	136,540	165,959	117,727	40,093
	MN	0	0	0	0	0	0	0	0
	Total	669,257	33,124	71,536	104,278	136,540	165,959	117,727	40,093
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	641,968	23,895	69,667	101,286	132,924	161,550	114,221	38,425
	MN	0	0	0	0	0	0	0	0
	Total	641,968	23,895	69,667	101,286	132,924	161,550	114,221	38,425
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	128,551	1,256	7,074	11,125	27,569	38,303	41,920	1,304
	MN	0	0	0	0	0	0	0	0
	Total	128,551	1,256	7,074	11,125	27,569	38,303	41,920	1,304
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	7,337,286	187,057	808,165	1,174,801	1,548,586	1,886,425	1,331,556	400,696
	MN	0	0	0	0	0	0	0	0
	Total	7,337,286	187,057	808,165	1,174,801	1,548,586	1,886,425	1,331,556	400,696
3b. Average Period of Eligibility	CN	0.95	0.65	0.97	0.97	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	0.65	0.97	0.97	0.97	0.97	0.97	0.87
4. Expected Number of Screenings per Eligible	CN		4.55	2.43	0.97	0.97	0.97	0.97	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.43	0.97	0.97	0.97	0.97	0.87
5. Expected Number of Screenings	CN	806,124	108,722	169,291	98,247	128,936	156,704	110,794	33,430
	MN	0	0	0	0	0	0	0	0
	Total	806,124	108,722	169,291	98,247	128,936	156,704	110,794	33,430
6. Total Screens Received	CN	435,391	100,353	121,507	60,208	51,058	65,753	33,135	3,377
	MN	0	0	0	0	0	0	0	0
	Total	435,391	100,353	121,507	60,208	51,058	65,753	33,135	3,377
7. SCREENING RATIO	CN	0.54	0.92	0.72	0.61	0.40	0.42	0.30	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.92	0.72	0.61	0.40	0.42	0.30	0.10
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	621,673	23,895	69,667	98,247	128,936	156,704	110,794	33,430
	MN	0	0	0	0	0	0	0	0
	Total	621,673	23,895	69,667	98,247	128,936	156,704	110,794	33,430
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	260,466	22,272	49,023	52,333	46,836	58,248	28,894	2,860
	MN	0	0	0	0	0	0	0	0
	Total	260,466	22,272	49,023	52,333	46,836	58,248	28,894	2,860

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Oklahoma

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.42	0.93	0.70	0.53	0.36	0.37	0.26	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.93	0.70	0.53	0.36	0.37	0.26	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	32,442	DS	DS	4,044	7,534	9,194	7,645	1,844
	MN	0	0	0	0	0	0	0	0
	Total	32,442	DS	DS	4,044	7,534	9,194	7,645	1,844
12a. Total Eligibles Receiving Any Dental Services	CN	301,161	366	13,376	48,857	77,418	92,105	57,895	11,144
	MN	0	0	0	0	0	0	0	0
	Total	301,161	366	13,376	48,857	77,418	92,105	57,895	11,144
12b. Total Eligibles Receiving Preventive Dental Services	CN	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
	MN	0	0	0	0	0	0	0	0
	Total	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
12c. Total Eligibles Receiving Dental Treatment Services	CN	140,699	211	1,332	15,752	37,092	46,554	33,543	6,215
	MN	0	0	0	0	0	0	0	0
	Total	140,699	211	1,332	15,752	37,092	46,554	33,543	6,215
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,596				14,119	11,477		
	MN	0				0	0		
	Total	25,596				14,119	11,477		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	292,577	255	13,191	48,103	75,741	89,490	55,249	10,548
	MN	0	0	0	0	0	0	0	0
	Total	292,577	255	13,191	48,103	75,741	89,490	55,249	10,548
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	9,628	144	5,060	2,576	687	674	433	54
	MN	0	0	0	0	0	0	0	0
	Total	9,628	144	5,060	2,576	687	674	433	54
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
	MN	0	0	0	0	0	0	0	0
	Total	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
13. Total Eligibles Enrolled in Managed Care	CN	548,660	22,594	63,235	88,472	113,379	135,937	94,120	30,923
	MN	0	0	0	0	0	0	0	0
	Total	548,660	22,594	63,235	88,472	113,379	135,937	94,120	30,923
14a. Total Number of Screening Blood Lead Tests	CN	30,583	285	24,296	6,002				
	MN	0	0	0	0				
	Total	30,583	285	24,296	6,002				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Oklahoma

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Oregon

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	445,059	22,090	45,072	63,909	85,688	106,090	78,140	44,070	
	MN	0	0	0	0	0	0	0	0	
	Total	445,059	22,090	45,072	63,909	85,688	106,090	78,140	44,070	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	422,031	16,140	43,029	61,113	82,430	102,251	75,132	41,936	
	MN	0	0	0	0	0	0	0	0	
	Total	422,031	16,140	43,029	61,113	82,430	102,251	75,132	41,936	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	70,665	0	0	0	19,802	27,480	18,792	4,591	
	MN	0	0	0	0	0	0	0	0	
	Total	70,665	0	0	0	19,802	27,480	18,792	4,591	
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	4,551,833	117,761	462,415	661,428	901,898	1,128,176	826,819	453,336	
	MN	0	0	0	0	0	0	0	0	
	Total	4,551,833	117,761	462,415	661,428	901,898	1,128,176	826,819	453,336	
3b. Average Period of Eligibility	CN	0.90	0.61	0.90	0.90	0.91	0.92	0.92	0.90	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.90	0.61	0.90	0.90	0.91	0.92	0.92	0.90	
4. Expected Number of Screenings per Eligible	CN		4.27	2.25	0.90	0.91	0.92	0.92	0.90	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.27	2.25	0.90	0.91	0.92	0.92	0.90	
5. Expected Number of Screenings	CN	496,680	68,918	96,815	55,002	75,011	94,071	69,121	37,742	
	MN	0	0	0	0	0	0	0	0	
	Total	496,680	68,918	96,815	55,002	75,011	94,071	69,121	37,742	
6. Total Screens Received	CN	312,061	70,611	83,580	40,072	37,693	47,227	26,943	5,935	
	MN	0	0	0	0	0	0	0	0	
	Total	312,061	70,611	83,580	40,072	37,693	47,227	26,943	5,935	
7. SCREENING RATIO	CN	0.63	1.00	0.86	0.73	0.50	0.50	0.39	0.16	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.63	1.00	0.86	0.73	0.50	0.50	0.39	0.16	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	390,116	16,140	43,029	55,002	75,011	94,071	69,121	37,742	
	MN	0	0	0	0	0	0	0	0	
	Total	390,116	16,140	43,029	55,002	75,011	94,071	69,121	37,742	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	197,816	15,335	34,333	36,241	36,012	44,823	25,380	5,692	
	MN	0	0	0	0	0	0	0	0	
	Total	197,816	15,335	34,333	36,241	36,012	44,823	25,380	5,692	

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Oregon

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.51	0.95	0.80	0.66	0.48	0.48	0.37	0.15
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.51	0.95	0.80	0.66	0.48	0.48	0.37	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	112,762	14,728	24,315	15,237	16,224	22,864	15,614	3,780
	MN	0	0	0	0	0	0	0	0
	Total	112,762	14,728	24,315	15,237	16,224	22,864	15,614	3,780
12a. Total Eligibles Receiving Any Dental Services	CN	172,518	431	10,581	29,244	44,455	47,899	28,835	11,073
	MN	0	0	0	0	0	0	0	0
	Total	172,518	431	10,581	29,244	44,455	47,899	28,835	11,073
12b. Total Eligibles Receiving Preventive Dental Services	CN	157,732	205	9,365	27,632	42,164	44,940	25,033	8,393
	MN	0	0	0	0	0	0	0	0
	Total	157,732	205	9,365	27,632	42,164	44,940	25,033	8,393
12c. Total Eligibles Receiving Dental Treatment Services	CN	70,592	204	2,178	9,792	20,264	18,348	13,620	6,186
	MN	0	0	0	0	0	0	0	0
	Total	70,592	204	2,178	9,792	20,264	18,348	13,620	6,186
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	23,049				11,932	11,117		
	MN	0				0	0		
	Total	23,049				11,932	11,117		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	165,802	328	10,386	28,691	43,185	45,985	26,951	10,276
	MN	0	0	0	0	0	0	0	0
	Total	165,802	328	10,386	28,691	43,185	45,985	26,951	10,276
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	17,705	465	7,185	5,310	2,407	1,692	616	30
	MN	0	0	0	0	0	0	0	0
	Total	17,705	465	7,185	5,310	2,407	1,692	616	30
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	165,765	454	13,920	29,520	42,839	45,417	25,210	8,405
	MN	0	0	0	0	0	0	0	0
	Total	165,765	454	13,920	29,520	42,839	45,417	25,210	8,405
13. Total Eligibles Enrolled in Managed Care	CN	416,015	15,963	42,491	60,509	81,367	100,688	73,824	41,173
	MN	0	0	0	0	0	0	0	0
	Total	416,015	15,963	42,491	60,509	81,367	100,688	73,824	41,173
14a. Total Number of Screening Blood Lead Tests	CN	11,890	52	9,656	2,182				
	MN	0	0	0	0				
	Total	11,890	52	9,656	2,182				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Oregon

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Pennsylvania

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	1,387,012	64,919	140,513	210,392	275,177	337,170	244,395	114,446
	MN	18,003	158	564	1,019	1,999	3,172	4,072	7,019
	Total	1,405,015	65,077	141,077	211,411	277,176	340,342	248,467	121,465
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	1,325,702	46,229	133,209	202,141	267,877	329,222	238,274	108,750
	MN	16,594	118	538	994	1,917	3,058	3,639	6,330
	Total	1,342,296	46,347	133,747	203,135	269,794	332,280	241,913	115,080
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	179,389	0	0	0	50,764	69,016	49,737	9,872
	MN	2,622	0	0	0	413	709	911	589
	Total	182,011	0	0	0	51,177	69,725	50,648	10,461
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	15,035,506	338,563	1,472,905	2,303,340	3,085,623	3,839,144	2,772,636	1,223,295
	MN	181,105	831	5,930	11,185	21,881	34,849	40,657	65,772
	Total	15,216,611	339,394	1,478,835	2,314,525	3,107,504	3,873,993	2,813,293	1,289,067
3b. Average Period of Eligibility	CN	0.95	0.61	0.92	0.95	0.96	0.97	0.97	0.94
	MN	0.91	0.59	0.92	0.94	0.95	0.95	0.93	0.87
	Total	0.94	0.61	0.92	0.95	0.96	0.97	0.97	0.93
4. Expected Number of Screenings per Eligible	CN		4.27	2.30	0.95	0.96	0.97	0.97	0.94
	MN		4.13	2.30	0.94	0.95	0.95	0.93	0.87
	Total		4.27	2.30	0.95	0.96	0.97	0.97	0.93
5. Expected Number of Screenings	CN	1,605,671	197,398	306,381	192,034	257,162	319,345	231,126	102,225
	MN	16,275	487	1,237	934	1,821	2,905	3,384	5,507
	Total	1,621,946	197,885	307,618	192,968	258,983	322,250	234,510	107,732
6. Total Screens Received	CN	1,100,234	190,606	274,376	149,145	149,365	180,846	122,828	33,068
	MN	8,184	340	988	758	1,030	1,637	1,717	1,714
	Total	1,108,418	190,946	275,364	149,903	150,395	182,483	124,545	34,782
7. SCREENING RATIO	CN	0.69	0.97	0.90	0.78	0.58	0.57	0.53	0.32
	MN	0.50	0.70	0.80	0.81	0.57	0.56	0.51	0.31
	Total	0.68	0.96	0.90	0.78	0.58	0.57	0.53	0.32
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	1,281,330	46,229	133,209	192,034	257,162	319,345	231,126	102,225
	MN	15,207	118	538	934	1,821	2,905	3,384	5,507
	Total	1,296,537	46,347	133,747	192,968	258,983	322,250	234,510	107,732
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	751,407	43,506	110,659	132,962	145,370	174,821	114,361	29,728
	MN	6,934	97	430	680	1,008	1,583	1,591	1,545
	Total	758,341	43,603	111,089	133,642	146,378	176,404	115,952	31,273

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Pennsylvania

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
10. PARTICIPANT RATIO	CN	0.59	0.94	0.83	0.69	0.57	0.55	0.49	0.29	
	MN	0.46	0.82	0.80	0.73	0.55	0.54	0.47	0.28	
	Total	0.58	0.94	0.83	0.69	0.57	0.55	0.49	0.29	
11. Total Eligibles Referred for Corrective Treatment	CN	422,883	41,608	82,690	58,690	66,947	87,495	66,010	19,443	
	MN	3,970	90	324	326	518	824	933	955	
	Total	426,853	41,698	83,014	59,016	67,465	88,319	66,943	20,398	
12a. Total Eligibles Receiving Any Dental Services	CN	645,453	828	35,960	110,171	162,496	187,476	114,141	34,381	
	MN	6,467	0	154	541	1,125	1,677	1,491	1,479	
	Total	651,920	828	36,114	110,712	163,621	189,153	115,632	35,860	
12b. Total Eligibles Receiving Preventive Dental Services	CN	600,660	635	33,809	106,727	156,877	175,939	99,015	27,658	
	MN	5,749	0	145	514	1,082	1,538	1,272	1,198	
	Total	606,409	635	33,954	107,241	157,959	177,477	100,287	28,856	
12c. Total Eligibles Receiving Dental Treatment Services	CN	269,025	225	4,631	30,648	71,400	85,892	58,850	17,379	
	MN	3,046	0	22	137	511	846	786	744	
	Total	272,071	225	4,653	30,785	71,911	86,738	59,636	18,123	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	76,585				39,698	36,887			
	MN	604				271	333			
	Total	77,189				39,969	37,220			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	556,952	352	29,448	98,291	147,400	162,606	92,150	26,705	
	MN	5,509	0	128	490	1,027	1,459	1,201	1,204	
	Total	562,461	352	29,576	98,781	148,427	164,065	93,351	27,909	
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	41,441	1,309	25,616	13,252	687	341	201	35	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	626,654	1,887	52,444	112,537	157,080	176,000	99,046	27,660	
	MN	5,828	0	199	537	1,083	1,539	1,272	1,198	
	Total	632,482	1,887	52,643	113,074	158,163	177,539	100,318	28,858	
13. Total Eligibles Enrolled in Managed Care	CN	1,310,693	45,949	132,333	200,144	264,779	325,130	235,011	107,347	
	MN	16,064	113	525	958	1,834	2,933	3,506	6,195	
	Total	1,326,757	46,062	132,858	201,102	266,613	328,063	238,517	113,542	
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS					
	MN	DS	DS	DS	DS					
	Total	123,277	5,880	85,784	31,613					

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Pennsylvania

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X		State report generated by CMS using information reported in T-MSIS.					
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Puerto Rico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	369,241	8,420	30,813	48,142	71,947	92,594	73,995	43,330
	MN	11,748	13	184	591	1,691	4,259	3,317	1,693
	Total	380,989	8,433	30,997	48,733	73,638	96,853	77,312	45,023
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	354,578	6,794	28,530	47,225	69,175	89,289	72,830	40,735
	MN	11,677	11	173	588	1,675	4,242	3,308	1,680
	Total	366,255	6,805	28,703	47,813	70,850	93,531	76,138	42,415
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	60,756	115	2,437	7,313	12,044	16,875	15,170	6,802
	MN	1,762	0	20	90	259	663	548	182
	Total	62,518	115	2,457	7,403	12,303	17,538	15,718	6,984
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	3,699,288	37,943	293,821	495,249	727,959	944,786	770,624	428,906
	MN	113,222	72	1,657	5,653	16,203	40,953	32,193	16,491
	Total	3,812,510	38,015	295,478	500,902	744,162	985,739	802,817	445,397
3b. Average Period of Eligibility	CN	0.87	0.47	0.86	0.87	0.88	0.88	0.88	0.88
	MN	0.81	0.55	0.80	0.80	0.81	0.80	0.81	0.82
	Total	0.87	0.47	0.86	0.87	0.88	0.88	0.88	0.88
4. Expected Number of Screenings per Eligible	CN		3.29	2.15	0.87	0.88	0.88	0.88	0.88
	MN		3.85	2.00	0.80	0.81	0.80	0.81	0.82
	Total		3.29	2.15	0.87	0.88	0.88	0.88	0.88
5. Expected Number of Screenings	CN	364,163	22,352	61,340	41,086	60,874	78,574	64,090	35,847
	MN	9,666	42	346	470	1,357	3,394	2,679	1,378
	Total	373,829	22,394	61,686	41,556	62,231	81,968	66,769	37,225
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	230,934	6,413	31,474	40,416	44,566	52,656	39,112	16,297
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.62	0.29	0.51	0.97	0.72	0.64	0.59	0.44
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	315,795	6,794	28,530	41,086	60,874	78,574	64,090	35,847
	MN	9,462	11	173	470	1,357	3,394	2,679	1,378
	Total	325,257	6,805	28,703	41,556	62,231	81,968	66,769	37,225
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	144,163	2,769	16,113	23,995	29,176	34,740	25,903	11,467

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Puerto Rico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.44	0.41	0.56	0.58	0.47	0.42	0.39	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	159,609	2,759	17,231	25,215	31,098	39,203	29,982	14,121
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	148,343	80	4,107	18,719	34,949	44,287	32,297	13,904
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	142,679	76	4,010	18,344	33,570	42,505	30,931	13,243
12c. Total Eligibles Receiving Dental Treatment Services	CN	53,095	0	147	3,269	14,798	17,617	11,991	5,273
	MN	1,476	0	0	21	162	625	471	197
	Total	54,571	0	147	3,290	14,960	18,242	12,462	5,470
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	9,614				4,481	5,133		
	MN	267				48	219		
	Total	9,881				4,529	5,352		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	142,691	79	4,073	18,429	33,713	42,459	30,704	13,234
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	3,627	30	155	321	365	612	1,321	823
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	148,559	92	4,130	18,713	34,881	44,274	32,414	14,055
13. Total Eligibles Enrolled in Managed Care	CN	354,578	6,794	28,530	47,225	69,175	89,289	72,830	40,735
	MN	11,677	11	173	588	1,675	4,242	3,308	1,680
	Total	366,255	6,805	28,703	47,813	70,850	93,531	76,138	42,415
14a. Total Number of Screening Blood Lead Tests	CN	6,368	53	2,717	3,598				
	MN	87	0	39	48				
	Total	6,455	53	2,756	3,646				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Puerto Rico

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Rhode Island

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	136,882	5,642	12,560	19,811	26,748	34,025	25,909	12,187
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	133,700	4,148	12,323	19,544	26,428	33,657	25,598	12,002
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	41,533	123	2,862	4,981	9,598	12,135	9,988	1,846
	MN	0	0	0	0	0	0	0	0
	Total	41,533	123	2,862	4,981	9,598	12,135	9,988	1,846
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	1,548,832	32,384	143,100	227,701	309,885	395,501	300,561	139,700
	MN	971	0	0	0	0	62	252	657
	Total	1,549,803	32,384	143,100	227,701	309,885	395,563	300,813	140,357
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.97	0.65	0.97	0.97	0.98	0.98	0.98	0.97
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		3.90	1.94	0.97	0.98	0.98	0.98	0.97
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	154,754	16,177	23,907	18,958	25,899	32,982	25,079	11,752
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	110,935	18,665	27,208	14,632	14,991	18,957	12,682	3,800
7. SCREENING RATIO	CN	0.72	1.00	1.00	0.77	0.58	0.57	0.51	0.32
	MN	0.05	0.00	0.00	0.00	0.00	0.20	0.00	0.05
	Total	0.72	1.00	1.00	0.77	0.58	0.57	0.51	0.32
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	131,141	4,148	12,323	18,958	25,899	32,982	25,079	11,752
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	76,557	3,803	10,330	13,063	14,754	18,697	12,366	3,544

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Rhode Island

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.58	0.92	0.84	0.69	0.57	0.57	0.49	0.30
	MN	0.04	0.00	0.00	0.00	0.00	0.20	0.00	0.04
	Total	0.58	0.92	0.84	0.69	0.57	0.57	0.49	0.30
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	47,061	3,461	8,199	7,183	7,346	10,358	7,982	2,532
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	59,024	60	3,301	9,326	14,621	17,404	11,235	3,077
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	52,673	35	3,054	8,941	13,551	15,403	9,392	2,297
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	24,478	17	129	1,995	6,495	8,520	5,754	1,568
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	8,157				4,161	3,996		
	MN	0				0	0		
	Total	8,157				4,161	3,996		
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	56,854	60	3,295	9,268	14,413	16,537	10,387	2,894
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,539	50	1,133	333	DS	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	1,539	50	1,133	333	DS	DS	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	53,939	60	3,301	9,256	13,767	15,790	9,450	2,315
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	120,983	3,986	12,010	18,673	24,908	31,327	23,560	6,519
14a. Total Number of Screening Blood Lead Tests	CN	10,288	176	5,473	4,639				
	MN	0	0	0	0				
	Total	10,288	176	5,473	4,639				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Rhode Island

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: South Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	771,762	35,861	78,412	116,325	156,535	197,088	136,291	51,250	
	MN	0	0	0	0	0	0	0	0	
	Total	771,762	35,861	78,412	116,325	156,535	197,088	136,291	51,250	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	755,948	29,147	77,108	114,529	154,587	194,964	134,814	50,799	
	MN	0	0	0	0	0	0	0	0	
	Total	755,948	29,147	77,108	114,529	154,587	194,964	134,814	50,799	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	114,994	420	4,153	10,855	26,116	38,077	26,894	8,479	
	MN	0	0	0	0	0	0	0	0	
	Total	114,994	420	4,153	10,855	26,116	38,077	26,894	8,479	
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	8,736,787	217,220	896,864	1,334,275	1,812,966	2,292,366	1,585,051	598,045	
	MN	0	0	0	0	0	0	0	0	
	Total	8,736,787	217,220	896,864	1,334,275	1,812,966	2,292,366	1,585,051	598,045	
3b. Average Period of Eligibility	CN	0.96	0.62	0.97	0.97	0.98	0.98	0.98	0.98	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.96	0.62	0.97	0.97	0.98	0.98	0.98	0.98	
4. Expected Number of Screenings per Eligible	CN		4.34	2.43	0.97	0.98	0.98	0.98	0.98	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.34	2.43	0.97	0.98	0.98	0.98	0.98	
5. Expected Number of Screenings	CN	949,424	126,498	187,372	111,093	151,495	191,065	132,118	49,783	
	MN	0	0	0	0	0	0	0	0	
	Total	949,424	126,498	187,372	111,093	151,495	191,065	132,118	49,783	
6. Total Screens Received	CN	562,321	119,929	152,544	74,119	67,851	92,156	48,733	6,989	
	MN	0	0	0	0	0	0	0	0	
	Total	562,321	119,929	152,544	74,119	67,851	92,156	48,733	6,989	
7. SCREENING RATIO	CN	0.59	0.95	0.81	0.67	0.45	0.48	0.37	0.14	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.59	0.95	0.81	0.67	0.45	0.48	0.37	0.14	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	741,809	29,147	77,108	111,093	151,495	191,065	132,118	49,783	
	MN	0	0	0	0	0	0	0	0	
	Total	741,809	29,147	77,108	111,093	151,495	191,065	132,118	49,783	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	360,081	27,428	61,433	67,694	64,921	86,697	45,354	6,554	
	MN	0	0	0	0	0	0	0	0	
	Total	360,081	27,428	61,433	67,694	64,921	86,697	45,354	6,554	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: South Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.49	0.94	0.80	0.61	0.43	0.45	0.34	0.13
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.49	0.94	0.80	0.61	0.43	0.45	0.34	0.13
11. Total Eligibles Referred for Corrective Treatment	CN	231,204	26,544	48,492	35,484	37,467	50,266	28,633	4,318
	MN	0	0	0	0	0	0	0	0
	Total	231,204	26,544	48,492	35,484	37,467	50,266	28,633	4,318
12a. Total Eligibles Receiving Any Dental Services	CN	361,478	269	20,327	60,489	93,233	109,072	63,736	14,352
	MN	0	0	0	0	0	0	0	0
	Total	361,478	269	20,327	60,489	93,233	109,072	63,736	14,352
12b. Total Eligibles Receiving Preventive Dental Services	CN	341,946	111	19,229	58,183	89,471	104,708	58,300	11,944
	MN	0	0	0	0	0	0	0	0
	Total	341,946	111	19,229	58,183	89,471	104,708	58,300	11,944
12c. Total Eligibles Receiving Dental Treatment Services	CN	143,633	85	1,106	17,827	43,479	43,641	30,342	7,153
	MN	0	0	0	0	0	0	0	0
	Total	143,633	85	1,106	17,827	43,479	43,641	30,342	7,153
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	43,210				22,615	20,595		
	MN	0				0	0		
	Total	43,210				22,615	20,595		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	353,201	215	19,947	59,586	91,250	106,710	61,743	13,750
	MN	0	0	0	0	0	0	0	0
	Total	353,201	215	19,947	59,586	91,250	106,710	61,743	13,750
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	38,001	613	16,061	9,260	4,905	4,549	2,296	317
	MN	0	0	0	0	0	0	0	0
	Total	38,001	613	16,061	9,260	4,905	4,549	2,296	317
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	363,733	702	30,866	62,524	91,167	106,738	59,592	12,144
	MN	0	0	0	0	0	0	0	0
	Total	363,733	702	30,866	62,524	91,167	106,738	59,592	12,144
13. Total Eligibles Enrolled in Managed Care	CN	715,008	27,881	73,943	108,400	145,716	184,892	126,905	47,271
	MN	0	0	0	0	0	0	0	0
	Total	715,008	27,881	73,943	108,400	145,716	184,892	126,905	47,271
14a. Total Number of Screening Blood Lead Tests	CN	43,525	488	36,436	6,601				
	MN	0	0	0	0				
	Total	43,525	488	36,436	6,601				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: South Carolina

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: South Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	95,461	4,690	10,317	15,410	20,166	23,837	16,311	4,730	
	MN	0	0	0	0	0	0	0	0	
	Total	95,461	4,690	10,317	15,410	20,166	23,837	16,311	4,730	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	92,128	3,783	10,032	14,953	19,618	23,198	15,917	4,627	
	MN	0	0	0	0	0	0	0	0	
	Total	92,128	3,783	10,032	14,953	19,618	23,198	15,917	4,627	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	19,273	179	1,084	2,058	4,826	6,176	4,054	896	
	MN	0	0	0	0	0	0	0	0	
	Total	19,273	179	1,084	2,058	4,826	6,176	4,054	896	
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	1,034,118	27,532	113,342	168,763	223,738	265,407	182,300	53,036	
	MN	0	0	0	0	0	0	0	0	
	Total	1,034,118	27,532	113,342	168,763	223,738	265,407	182,300	53,036	
3b. Average Period of Eligibility	CN	0.94	0.61	0.94	0.94	0.95	0.95	0.95	0.96	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.94	0.61	0.94	0.94	0.95	0.95	0.95	0.96	
4. Expected Number of Screenings per Eligible	CN		4.27	2.35	0.94	0.95	0.95	0.95	0.96	
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total		4.27	2.35	0.94	0.95	0.95	0.95	0.96	
5. Expected Number of Screenings	CN	114,022	16,153	23,575	14,056	18,637	22,038	15,121	4,442	
	MN	0	0	0	0	0	0	0	0	
	Total	114,022	16,153	23,575	14,056	18,637	22,038	15,121	4,442	
6. Total Screens Received	CN	51,685	13,425	14,418	7,031	5,038	7,618	3,802	353	
	MN	0	0	0	0	0	0	0	0	
	Total	51,685	13,425	14,418	7,031	5,038	7,618	3,802	353	
7. SCREENING RATIO	CN	0.45	0.83	0.61	0.50	0.27	0.35	0.25	0.08	
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total	0.45	0.83	0.61	0.50	0.27	0.35	0.25	0.08	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	88,109	3,783	10,032	14,056	18,637	22,038	15,121	4,442	
	MN	0	0	0	0	0	0	0	0	
	Total	88,109	3,783	10,032	14,056	18,637	22,038	15,121	4,442	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	32,481	3,439	6,498	6,467	4,897	7,247	3,596	337	
	MN	0	0	0	0	0	0	0	0	
	Total	32,481	3,439	6,498	6,467	4,897	7,247	3,596	337	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: South Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.37	0.91	0.65	0.46	0.26	0.33	0.24	0.08
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.37	0.91	0.65	0.46	0.26	0.33	0.24	0.08
11. Total Eligibles Referred for Corrective Treatment	CN	20,791	3,245	4,914	3,330	2,679	4,026	2,368	229
	MN	0	0	0	0	0	0	0	0
	Total	20,791	3,245	4,914	3,330	2,679	4,026	2,368	229
12a. Total Eligibles Receiving Any Dental Services	CN	30,269	53	1,808	5,461	8,043	8,714	5,302	888
	MN	0	0	0	0	0	0	0	0
	Total	30,269	53	1,808	5,461	8,043	8,714	5,302	888
12b. Total Eligibles Receiving Preventive Dental Services	CN	26,369	12	1,566	4,983	7,228	7,733	4,256	591
	MN	0	0	0	0	0	0	0	0
	Total	26,369	12	1,566	4,983	7,228	7,733	4,256	591
12c. Total Eligibles Receiving Dental Treatment Services	CN	11,922	31	141	1,670	3,447	3,559	2,583	491
	MN	0	0	0	0	0	0	0	0
	Total	11,922	31	141	1,670	3,447	3,559	2,583	491
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,891				2,108	1,783		
	MN	0				0	0		
	Total	3,891				2,108	1,783		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	27,577	50	1,715	5,181	7,250	7,906	4,701	774
	MN	0	0	0	0	0	0	0	0
	Total	27,577	50	1,715	5,181	7,250	7,906	4,701	774
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	2,889	87	1,480	839	271	153	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	2,889	87	1,480	839	271	153	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	28,481	98	2,781	5,471	7,386	7,851	4,302	592
	MN	0	0	0	0	0	0	0	0
	Total	28,481	98	2,781	5,471	7,386	7,851	4,302	592
13. Total Eligibles Enrolled in Managed Care	CN	81,810	3,365	9,453	13,673	17,658	20,413	13,385	3,863
	MN	0	0	0	0	0	0	0	0
	Total	81,810	3,365	9,453	13,673	17,658	20,413	13,385	3,863
14a. Total Number of Screening Blood Lead Tests	CN	2,860	DS	2,125	DS				
	MN	0	0	0	0				
	Total	2,860	DS	2,125	DS				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: South Dakota

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Tennessee

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	928,727	48,908	103,776	151,689	189,354	227,769	160,915	46,316
	MN	29,093	18	189	406	910	1,615	1,365	24,590
	Total	957,820	48,926	103,965	152,095	190,264	229,384	162,280	70,906
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	929,180	35,721	102,238	149,173	186,901	225,611	159,671	69,865
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	12,231	DS	DS	2,021	2,853	3,432	2,482	747
2a. State Periodicity Schedule			7	5	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			7	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	10,428,899	264,781	1,199,343	1,744,515	2,185,720	2,635,864	1,863,036	535,640
	MN	333,837	63	1,951	4,249	9,943	17,887	14,981	284,763
	Total	10,762,736	264,844	1,201,294	1,748,764	2,195,663	2,653,751	1,878,017	820,403
3b. Average Period of Eligibility	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.97	0.62	0.98	0.98	0.98	0.98	0.98	0.98
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		4.34	2.45	0.98	0.98	0.98	0.98	0.98
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	1,180,753	155,023	250,462	146,174	183,137	221,052	156,438	68,467
6. Total Screens Received	CN	796,190	150,336	213,927	118,314	102,067	127,568	71,278	12,700
	MN	7,990	15	307	289	483	905	604	5,387
	Total	804,180	150,351	214,234	118,603	102,550	128,473	71,882	18,087
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.68	0.97	0.86	0.81	0.56	0.58	0.46	0.26
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	913,227	35,721	102,238	146,174	183,137	221,052	156,438	68,467
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	512,101	34,047	84,139	101,336	95,128	117,350	64,792	15,309

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Tennessee

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.57	0.95	0.82	0.69	0.52	0.53	0.41	0.23
	MN	0.25	0.70	0.79	0.71	0.55	0.57	0.44	0.20
	Total	0.56	0.95	0.82	0.69	0.52	0.53	0.41	0.22
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	322,636	32,702	66,628	54,153	51,042	65,741	41,456	10,914
12a. Total Eligibles Receiving Any Dental Services	CN	416,522	276	21,709	72,835	108,460	124,093	75,788	13,361
	MN	9,327	0	41	171	528	959	677	6,951
	Total	425,849	276	21,750	73,006	108,988	125,052	76,465	20,312
12b. Total Eligibles Receiving Preventive Dental Services	CN	388,922	135	18,888	69,232	104,498	118,261	67,221	10,687
	MN	7,762	0	37	161	505	910	611	5,538
	Total	396,684	135	18,925	69,393	105,003	119,171	67,832	16,225
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	177,905	51	1,327	20,595	49,396	54,676	40,406	11,454
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	41,569				23,739	17,830		
	MN	227				104	123		
	Total	41,796				23,843	17,953		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	403,890	269	21,595	71,882	106,074	120,221	71,334	12,515
	MN	8,790	0	40	169	514	930	640	6,497
	Total	412,680	269	21,635	72,051	106,588	121,151	71,974	19,012
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	13,911	422	5,770	3,459	2,963	1,205	74	18
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	397,738	523	23,622	71,119	105,730	118,816	67,238	10,690
	MN	7,785	0	47	166	509	912	611	5,540
	Total	405,523	523	23,669	71,285	106,239	119,728	67,849	16,230
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	929,180	35,721	102,238	149,173	186,901	225,611	159,671	69,865
14a. Total Number of Screening Blood Lead Tests	CN	66,384	559	53,144	12,681				
	MN	103	0	87	16				
	Total	66,487	559	53,231	12,697				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Tennessee

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Texas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	3,956,612	221,801	460,240	622,705	801,265	969,892	672,865	207,844
	MN	764	56	34	72	104	202	279	17
	Total	3,957,376	221,857	460,274	622,777	801,369	970,094	673,144	207,861
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	3,834,840	162,210	454,924	612,472	788,316	953,553	661,254	202,111
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	416,931	0	DS	DS	114,187	164,419	112,703	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	43,775,672	1,285,036	5,332,274	7,084,887	9,124,851	11,032,078	7,628,025	2,288,521
3b. Average Period of Eligibility	CN	0.95	0.66	0.98	0.96	0.96	0.96	0.96	0.94
	MN	0.48	0.33	0.83	0.00	0.42	0.00	0.53	0.00
	Total	0.95	0.66	0.98	0.96	0.96	0.96	0.96	0.94
4. Expected Number of Screenings per Eligible	CN		4.62	2.45	0.96	0.96	0.96	0.96	0.94
	MN		2.31	2.08	0.00	0.42	0.00	0.53	0.00
	Total		4.62	2.45	0.96	0.96	0.96	0.96	0.94
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	4,948,919	749,403	1,114,563	587,973	756,782	915,411	634,803	189,984
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	3,853,734	729,398	999,913	534,440	517,626	654,526	370,184	47,647
7. SCREENING RATIO	CN	0.78	0.97	0.90	0.91	0.68	0.72	0.58	0.25
	MN	0.09	0.00	0.50	0.00	0.00	0.00	0.00	0.00
	Total	0.78	0.97	0.90	0.91	0.68	0.72	0.58	0.25
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	3,702,087	162,210	454,924	587,973	756,782	915,411	634,803	189,984
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	2,379,340	155,846	383,466	433,014	461,246	576,243	326,569	42,956

Annual EPSDT Participation Report

Form CMS-416

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State: Texas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.64	0.96	0.84	0.74	0.61	0.63	0.51	0.23
	MN	0.17	0.00	1.00	0.00	0.00	0.00	0.00	0.00
	Total	0.64	0.96	0.84	0.74	0.61	0.63	0.51	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	1,819,317	152,640	337,699	294,391	315,205	422,816	259,745	36,821
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	2,397,165	30,978	265,903	414,904	559,579	645,501	395,562	84,738
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	2,338,577	30,015	264,667	404,600	547,462	633,741	380,284	77,808
12c. Total Eligibles Receiving Dental Treatment Services	CN	981,648	256	7,804	122,938	280,718	313,421	210,442	46,069
	MN	0	0	0	0	0	0	0	0
	Total	981,648	256	7,804	122,938	280,718	313,421	210,442	46,069
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	333,952				153,985	179,967		
	MN	0				0	0		
	Total	333,952				153,985	179,967		
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	2,376,324	30,881	264,662	412,915	554,694	640,098	390,081	82,993
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	147,871	16,643	105,570	21,591	1,490	1,599	894	84
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	2,391,136	40,476	300,059	410,121	547,834	634,203	380,596	77,847
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	3,812,206	160,524	453,207	608,858	783,527	947,975	657,156	200,959
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	302,952	1,299	236,559	65,094				

Annual EPSDT Participation Report
Form CMS-416
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State: Texas

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Utah

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	238,786	14,148	30,481	37,968	47,678	57,105	38,356	13,050
	MN	1,390	153	149	239	232	301	259	57
	Total	240,176	14,301	30,630	38,207	47,910	57,406	38,615	13,107
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	228,570	10,310	29,692	36,755	46,362	55,637	37,322	12,492
	MN	1,163	101	131	200	189	264	231	47
	Total	229,733	10,411	29,823	36,955	46,551	55,901	37,553	12,539
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	23,827	0	DS	0	7,840	9,581	5,705	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	2,562,945	75,070	339,805	414,980	528,749	637,515	427,506	139,320
	MN	10,638	693	1,231	1,863	1,755	2,466	2,190	440
	Total	2,573,583	75,763	341,036	416,843	530,504	639,981	429,696	139,760
3b. Average Period of Eligibility	CN	0.93	0.61	0.95	0.94	0.95	0.95	0.95	0.93
	MN	0.76	0.57	0.78	0.78	0.77	0.78	0.79	0.78
	Total	0.93	0.61	0.95	0.94	0.95	0.95	0.95	0.93
4. Expected Number of Screenings per Eligible	CN		4.27	2.38	0.94	0.95	0.95	0.95	0.93
	MN		3.99	1.95	0.78	0.77	0.78	0.79	0.78
	Total		4.27	2.38	0.94	0.95	0.95	0.95	0.93
5. Expected Number of Screenings	CN	293,214	44,024	70,667	34,550	44,044	52,855	35,456	11,618
	MN	1,385	403	255	156	146	206	182	37
	Total	294,599	44,427	70,922	34,706	44,190	53,061	35,638	11,655
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	151,693	33,201	51,226	19,912	16,594	19,662	10,117	981
7. SCREENING RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.51	0.75	0.72	0.57	0.38	0.37	0.28	0.08
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	218,525	10,310	29,692	34,550	44,044	52,855	35,456	11,618
	MN	959	101	131	156	146	206	182	37
	Total	219,484	10,411	29,823	34,706	44,190	53,061	35,638	11,655
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	92,923	8,502	20,772	18,144	15,999	18,922	9,645	939

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Utah

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	0.42	0.82	0.70	0.52	0.36	0.36	0.27	0.08
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	61,086	7,716	15,690	10,232	9,587	11,110	6,135	616
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	106,400	159	7,262	19,861	28,167	31,469	17,556	1,926
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	98,757	45	6,393	18,689	26,894	29,874	15,458	1,404
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	46,599	53	842	7,570	14,074	13,905	9,108	1,047
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	70				39	31		
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	102,849	144	7,164	19,452	27,170	30,444	16,704	1,771
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	3,659	132	2,711	746	45	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	101,311	176	8,482	19,007	26,906	29,875	15,461	1,404
13. Total Eligibles Enrolled in Managed Care	CN	228,302	10,305	29,668	36,730	46,347	55,611	37,277	12,364
	MN	989	92	116	165	163	219	193	41
	Total	229,291	10,397	29,784	36,895	46,510	55,830	37,470	12,405
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	8,012	18	6,420	1,574				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Utah

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X		State report generated by CMS using information reported in T-MSIS.					
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Vermont

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	76,067	2,727	6,518	10,695	15,379	19,510	14,643	6,595
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	74,292	1,961	6,396	10,525	15,172	19,273	14,478	6,487
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	5,101	95	394	644	1,032	1,420	1,174	342
	MN	0	0	0	0	0	0	0	0
	Total	5,101	95	394	644	1,032	1,420	1,174	342
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	862,124	14,333	74,308	122,761	178,420	226,792	169,994	75,516
3b. Average Period of Eligibility	CN	0.97	0.61	0.97	0.97	0.98	0.98	0.98	0.97
	MN	0.98	0.39	0.88	0.97	0.98	0.98	0.99	0.99
	Total	0.97	0.61	0.97	0.97	0.98	0.98	0.98	0.97
4. Expected Number of Screenings per Eligible	CN		4.27	2.43	0.97	0.98	0.98	0.98	0.97
	MN		2.73	2.20	0.97	0.98	0.98	0.99	0.99
	Total		4.27	2.43	0.97	0.98	0.98	0.98	0.97
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	88,357	8,369	15,537	10,209	14,868	18,888	14,191	6,295
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	62,844	9,818	15,020	8,406	9,241	11,493	7,227	1,639
7. SCREENING RATIO	CN	0.72	1.00	0.97	0.83	0.63	0.61	0.51	0.26
	MN	0.25	1.00	0.30	0.29	0.20	0.30	0.18	0.24
	Total	0.71	1.00	0.97	0.82	0.62	0.61	0.51	0.26
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	72,808	1,961	6,396	10,209	14,868	18,888	14,191	6,295
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	44,066	1,870	5,644	7,521	9,101	11,300	7,064	1,566

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Vermont

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.61	0.95	0.88	0.74	0.62	0.60	0.50	0.25
	MN	0.24	0.67	0.42	0.26	0.19	0.30	0.17	0.23
	Total	0.61	0.95	0.88	0.74	0.61	0.60	0.50	0.25
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	27,689	1,825	4,546	3,818	4,935	6,737	4,738	1,090
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	39,970	DS	DS	5,856	9,918	12,076	7,716	2,426
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	36,407	13	1,612	5,527	9,422	11,217	6,777	1,839
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	16,330	DS	DS	1,532	4,318	4,955	3,924	1,395
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	4,983				2,457	2,526		
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	37,910	DS	DS	5,571	9,519	11,538	7,210	2,214
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	956	80	626	229	DS	DS	DS	0
	MN	0	0	0	0	0	0	0	0
	Total	956	80	626	229	DS	DS	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	36,874	35	1,910	5,659	9,431	11,221	6,779	1,839
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	4,284	DS	3,752	DS				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Vermont

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.								
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20	
1a. Total Individuals Eligible for EPSDT	CN	815,442	39,504	87,876	126,758	161,541	198,119	138,723	62,921	
	MN	476	19	28	49	87	147	129	17	
	Total	815,918	39,523	87,904	126,807	161,628	198,266	138,852	62,938	
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	785,981	29,039	85,704	123,448	157,582	193,694	135,480	61,034	
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	106,421	0	0	0	30,897	40,271	28,068	7,185	
	MN	0	0	0	0	0	0	0	0	
	Total	106,421	0	0	0	30,897	40,271	28,068	7,185	
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	8,949,452	215,407	988,219	1,422,040	1,820,118	2,242,685	1,565,460	695,523	
	MN	4,278	61	223	401	765	1,407	1,240	181	
	Total	8,953,730	215,468	988,442	1,422,441	1,820,883	2,244,092	1,566,700	695,704	
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	0.62	0.96	0.96	0.96	0.97	0.96	0.95	
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS	
	MN		DS	DS	DS	DS	DS	DS	DS	
	Total		4.34	2.40	0.96	0.96	0.97	0.96	0.95	
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	977,400	126,031	205,683	118,507	151,271	187,872	130,054	57,982	
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS	
	MN	DS	DS	DS	DS	DS	DS	DS	DS	
	Total	639,999	118,168	176,921	94,147	77,321	100,867	59,972	12,603	
7. SCREENING RATIO	CN	0.65	0.94	0.86	0.79	0.51	0.54	0.46	0.22	
	MN	0.45	0.61	0.89	0.65	0.41	0.37	0.31	0.07	
	Total	0.65	0.94	0.86	0.79	0.51	0.54	0.46	0.22	
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	760,429	29,039	85,704	118,507	151,271	187,872	130,054	57,982	
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	419,155	26,349	69,802	84,504	75,034	96,148	55,633	11,685	

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.55	0.91	0.81	0.71	0.50	0.51	0.43	0.20
	MN	0.38	0.75	0.68	0.62	0.41	0.35	0.28	0.07
	Total	0.55	0.91	0.81	0.71	0.50	0.51	0.43	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	247,148	24,841	54,194	40,660	36,243	49,884	33,449	7,877
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	366,729	233	20,088	61,315	91,014	108,694	67,261	18,124
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	340,564	122	19,082	59,001	87,505	101,596	58,945	14,313
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	210,072	98	5,468	26,531	52,981	67,060	45,744	12,190
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	39,601				21,845	17,756		
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	352,359	197	19,854	60,296	89,262	103,689	62,308	16,753
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	21,404	927	17,281	3,128	54	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	357,530	1,041	33,040	61,049	87,537	101,603	58,947	14,313
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	749,149	28,031	84,433	120,541	151,290	182,686	126,288	55,880
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	45,784	450	31,348	13,986				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Washington

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	919,826	40,742	88,793	138,262	184,523	228,761	163,914	74,831
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	891,530	33,165	86,659	134,915	180,423	223,754	160,253	72,361
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	10,112,536	243,241	991,520	1,549,985	2,081,700	2,586,797	1,847,598	811,695
	MN	1,225	0	75	145	281	308	379	37
	Total	10,113,761	243,241	991,595	1,550,130	2,081,981	2,587,105	1,847,977	811,732
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	0.95	0.96	0.96	0.96	0.96	0.93
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		3.05	1.90	0.96	0.48	0.58	0.48	0.47
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	722,620	101,153	164,647	129,515	86,601	129,775	76,920	34,009
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	644,528	125,459	178,133	85,534	82,902	102,686	58,530	11,284
7. SCREENING RATIO	CN	0.89	1.00	1.00	0.66	0.96	0.79	0.76	0.33
	MN	0.80	0.00	1.00	0.67	1.00	0.63	0.38	1.00
	Total	0.89	1.00	1.00	0.66	0.96	0.79	0.76	0.33
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	576,644	33,165	86,659	129,515	86,601	129,775	76,920	34,009
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	420,905	30,075	68,808	79,537	79,606	97,772	55,134	9,973

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Washington

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.73	0.91	0.79	0.61	0.92	0.75	0.72	0.29
	MN	0.66	0.00	0.67	0.67	1.17	0.56	0.38	0.50
	Total	0.73	0.91	0.79	0.61	0.92	0.75	0.72	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	233,723	27,758	49,590	33,831	36,537	47,653	31,586	6,768
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	469,901	1,626	36,175	81,174	115,491	133,841	80,886	20,708
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	440,525	860	34,488	78,693	111,638	127,035	71,983	15,828
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	257,069	1,091	22,544	54,780	61,018	62,164	43,970	11,502
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	60,405				30,458	29,947		
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	452,281	1,586	35,669	79,722	112,490	128,651	75,240	18,923
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	32,384	483	7,829	12,239	7,577	1,834	1,870	552
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	448,555	1,300	38,648	80,719	112,375	127,481	72,197	15,835
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	872,161	32,634	84,907	131,942	176,608	218,789	156,639	70,642
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	22,992	125	18,346	4,521				

Annual EPSDT Participation Report
 Form CMS-416
 Fiscal Year: 2021
 State: Washington

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: West Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	238,253	11,390	24,183	34,594	47,054	58,174	42,395	20,463
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	229,908	8,173	23,561	33,786	46,072	56,978	41,529	19,809
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	12,444	0	0	94	4,242	5,297	2,811	0
	MN	0	0	0	0	0	0	0	0
	Total	12,444	0	0	94	4,242	5,297	2,811	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	2,619,089	59,901	269,556	388,475	533,293	661,931	481,163	224,770
3b. Average Period of Eligibility	CN	0.95	0.61	0.95	0.96	0.96	0.97	0.97	0.95
	MN	0.99	0.00	1.00	1.00	0.98	1.00	0.97	1.00
	Total	0.95	0.61	0.95	0.96	0.96	0.97	0.97	0.95
4. Expected Number of Screenings per Eligible	CN		4.27	2.38	0.96	0.96	0.97	0.97	0.95
	MN		0.00	2.50	1.00	0.98	1.00	0.97	1.00
	Total		4.27	2.38	0.96	0.96	0.97	0.97	0.95
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	282,011	34,899	56,076	32,435	44,229	55,269	40,284	18,819
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	160,414	30,791	42,046	22,811	21,421	25,011	15,220	3,114
7. SCREENING RATIO	CN	0.57	0.88	0.75	0.70	0.48	0.45	0.38	0.17
	MN	0.52	0.00	0.33	1.00	0.40	0.80	0.38	0.20
	Total	0.57	0.88	0.75	0.70	0.48	0.45	0.38	0.17
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	222,770	8,173	23,561	32,435	44,229	55,269	40,284	18,819
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	106,184	7,235	18,344	19,991	20,400	23,528	13,871	2,815

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: West Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.48	0.89	0.78	0.62	0.46	0.43	0.34	0.15
	MN	0.50	0.00	1.00	1.00	0.40	0.67	0.38	0.20
	Total	0.48	0.89	0.78	0.62	0.46	0.43	0.34	0.15
11. Total Eligibles Referred for Corrective Treatment	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	69,862	6,899	14,086	11,070	11,739	14,418	9,633	2,017
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	106,421	97	3,999	17,469	27,382	31,635	20,185	5,654
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	93,924	21	2,934	15,988	25,298	28,353	17,055	4,275
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	49,279	52	374	5,124	12,598	16,080	11,812	3,239
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	11,038				5,511	5,527		
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	100,821	80	3,827	16,992	26,196	29,737	18,736	5,253
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,790	70	1,245	438	DS	DS	0	DS
	MN	0	0	0	0	0	0	0	0
	Total	1,790	70	1,245	438	DS	DS	0	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	95,378	91	4,048	16,241	25,313	28,355	17,055	4,275
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	223,695	8,141	23,502	33,523	45,613	56,177	40,849	15,890
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	10,484	83	7,980	2,421				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: West Virginia

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Wisconsin

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	589,615	29,187	62,873	91,557	117,035	143,115	102,317	43,531
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	569,815	21,418	61,519	89,523	114,412	140,144	100,164	42,635
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	28,575	0	0	0	7,905	10,777	7,562	2,331
	MN	0	0	0	0	0	0	0	0
	Total	28,575	0	0	0	7,905	10,777	7,562	2,331
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	6,484,736	166,143	707,107	1,030,456	1,316,604	1,620,363	1,156,386	487,677
	MN	2,253	0	48	140	294	648	714	409
	Total	6,486,989	166,143	707,155	1,030,596	1,316,898	1,621,011	1,157,100	488,086
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	0.65	0.96	0.96	0.96	0.96	0.96	0.95
4. Expected Number of Screenings per Eligible	CN		DS	DS	DS	DS	DS	DS	DS
	MN		DS	DS	DS	DS	DS	DS	DS
	Total		4.55	2.40	0.96	0.96	0.96	0.96	0.95
5. Expected Number of Screenings	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	712,055	97,452	147,646	85,941	109,832	134,534	96,153	40,497
6. Total Screens Received	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	442,740	101,923	116,473	57,506	52,872	66,189	38,801	8,976
7. SCREENING RATIO	CN	0.62	1.00	0.79	0.67	0.48	0.49	0.40	0.22
	MN	0.49	0.00	0.00	0.83	0.68	0.52	0.49	0.32
	Total	0.62	1.00	0.79	0.67	0.48	0.49	0.40	0.22
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	549,894	21,418	61,519	85,941	109,832	134,534	96,153	40,497
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	280,921	20,335	47,651	51,877	51,375	64,001	37,202	8,480

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Wisconsin

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.51	0.95	0.77	0.60	0.47	0.48	0.39	0.21
	MN	0.49	0.00	0.00	0.83	0.68	0.52	0.46	0.32
	Total	0.51	0.95	0.77	0.60	0.47	0.48	0.39	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	182,161	18,825	39,113	28,469	25,934	37,421	25,601	6,798
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	198,761	231	7,171	32,211	53,231	59,526	36,477	9,914
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	179,464	80	6,552	30,388	49,881	54,836	30,526	7,201
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	83,782	91	404	8,912	22,852	25,552	20,115	5,856
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	DS				DS	DS		
	MN	DS				DS	DS		
	Total	34,331				16,279	18,052		
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	187,765	221	7,052	31,256	51,144	56,506	32,694	8,892
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	27,351	893	9,981	7,763	4,236	2,925	1,271	282
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	197,449	480	15,089	35,233	51,883	56,345	31,146	7,273
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	504,576	20,367	57,461	81,589	100,769	120,758	84,724	38,908
14a. Total Number of Screening Blood Lead Tests	CN	DS	DS	DS	DS				
	MN	DS	DS	DS	DS				
	Total	40,468	730	27,233	12,505				

Annual EPSDT Participation Report
Form CMS-416
Fiscal Year: 2021
State: Wisconsin

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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)			
<p>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. Report Generated Time: 10/05/2022 11:34:47 AM</p>									

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Wyoming

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report generated by CMS using information reported in T-MSIS.						
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	51,594	2,561	5,674	8,055	10,735	12,831	9,079	2,659
	MN	0	0	0	0	0	0	0	0
	Total	51,594	2,561	5,674	8,055	10,735	12,831	9,079	2,659
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	49,634	2,091	5,507	7,801	10,425	12,494	8,792	2,524
	MN	0	0	0	0	0	0	0	0
	Total	49,634	2,091	5,507	7,801	10,425	12,494	8,792	2,524
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	5,776	12	196	451	1,417	2,079	1,378	243
	MN	0	0	0	0	0	0	0	0
	Total	5,776	12	196	451	1,417	2,079	1,378	243
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	554,919	14,947	62,469	87,896	118,297	142,867	100,201	28,242
	MN	0	0	0	0	0	0	0	0
	Total	554,919	14,947	62,469	87,896	118,297	142,867	100,201	28,242
3b. Average Period of Eligibility	CN	0.93	0.60	0.95	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	0.93	0.60	0.95	0.94	0.95	0.95	0.95	0.93
4. Expected Number of Screenings per Eligible	CN		4.20	2.38	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		4.20	2.38	0.94	0.95	0.95	0.95	0.93
5. Expected Number of Screenings	CN	61,694	8,782	13,107	7,333	9,904	11,869	8,352	2,347
	MN	0	0	0	0	0	0	0	0
	Total	61,694	8,782	13,107	7,333	9,904	11,869	8,352	2,347
6. Total Screens Received	CN	32,969	8,649	9,843	4,229	3,095	4,668	2,342	143
	MN	0	0	0	0	0	0	0	0
	Total	32,969	8,649	9,843	4,229	3,095	4,668	2,342	143
7. SCREENING RATIO	CN	0.53	0.98	0.75	0.58	0.31	0.39	0.28	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.53	0.98	0.75	0.58	0.31	0.39	0.28	0.06
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	47,403	2,091	5,507	7,333	9,904	11,869	8,352	2,347
	MN	0	0	0	0	0	0	0	0
	Total	47,403	2,091	5,507	7,333	9,904	11,869	8,352	2,347
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	19,194	1,913	4,059	3,748	2,958	4,238	2,140	138
	MN	0	0	0	0	0	0	0	0
	Total	19,194	1,913	4,059	3,748	2,958	4,238	2,140	138

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Wyoming

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	State report generated by CMS using information reported in T-MSIS.						
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.40	0.91	0.74	0.51	0.30	0.36	0.26	0.06
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.40	0.91	0.74	0.51	0.30	0.36	0.26	0.06
11. Total Eligibles Referred for Corrective Treatment	CN	13,471	1,841	3,272	2,200	1,771	2,745	1,547	95
	MN	0	0	0	0	0	0	0	0
	Total	13,471	1,841	3,272	2,200	1,771	2,745	1,547	95
12a. Total Eligibles Receiving Any Dental Services	CN	25,156	DS	1,489	4,315	6,653	7,306	4,558	DS
	MN	0	0	0	0	0	0	0	0
	Total	25,156	DS	1,489	4,315	6,653	7,306	4,558	DS
12b. Total Eligibles Receiving Preventive Dental Services	CN	23,017	DS	1,311	4,058	6,266	6,817	3,967	DS
	MN	0	0	0	0	0	0	0	0
	Total	23,017	DS	1,311	4,058	6,266	6,817	3,967	DS
12c. Total Eligibles Receiving Dental Treatment Services	CN	12,253	32	219	1,686	3,610	3,532	2,664	510
	MN	0	0	0	0	0	0	0	0
	Total	12,253	32	219	1,686	3,610	3,532	2,664	510
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	3,542				1,824	1,718		
	MN	0				0	0		
	Total	3,542				1,824	1,718		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	24,227	45	1,464	4,211	6,425	7,039	4,318	725
	MN	0	0	0	0	0	0	0	0
	Total	24,227	45	1,464	4,211	6,425	7,039	4,318	725
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	802	DS	578	144	38	DS	DS	DS
	MN	0	0	0	0	0	0	0	0
	Total	802	DS	578	144	38	DS	DS	DS
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	23,556	46	1,727	4,122	6,287	6,818	3,968	588
	MN	0	0	0	0	0	0	0	0
	Total	23,556	46	1,727	4,122	6,287	6,818	3,968	588
13. Total Eligibles Enrolled in Managed Care	CN	405	0	0	DS	74	157	153	DS
	MN	0	0	0	0	0	0	0	0
	Total	405	0	0	DS	74	157	153	DS
14a. Total Number of Screening Blood Lead Tests	CN	1,388	DS	1,055	DS				
	MN	0	0	0	0				
	Total	1,388	DS	1,055	DS				

Annual EPSDT Participation Report

Form CMS-416

Fiscal Year: 2021

State: Wyoming

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
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.
 Report Generated Time: 10/05/2022 11:34:47 AM