

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
		Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group 10-14	Age Group 15-18	Age Group 19-20
1a. Total individuals eligible for EPSDT	CN:	592,031	34,270	69,582	94,909	126,622	139,837	100,619	26,192
	MN:	14,692	105	1,013	2,177	3,382	3,785	3,777	453
	Total:	606,723	34,375	70,595	97,086	130,004	143,622	104,396	26,645
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	558,031	24,581	66,640	91,385	122,112	134,871	96,807	21,635
	MN:	14,173	40	1,000	2,131	3,302	3,712	3,633	355
	Total:	572,204	24,621	67,640	93,516	125,414	138,583	100,440	21,990
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	26,884	0	385	994	7,469	10,305	7,593	138
	MN:	0	0	0	0	0	0	0	0
	Total:	26,884	0	385	994	7,469	10,305	7,593	138
2a. State Periodicity Schedule			5	4	3	2	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	5,943,733	185,783	711,901	1,004,673	1,329,508	1,487,444	1,054,008	170,416
	MN:	155,761	374	10,879	23,818	37,335	41,768	38,648	2,939
	Total:	6,099,494	186,157	722,780	1,028,491	1,366,843	1,529,212	1,092,656	173,355
3b. Average Period of Eligibility	CN:	0.89	0.63	0.89	0.92	0.91	0.92	0.91	0.66
	MN:	0.92	0.78	0.91	0.93	0.94	0.94	0.89	0.69
	Total:	0.89	0.63	0.89	0.92	0.91	0.92	0.91	0.66
4. Expected Number of Screenings per Eligible	CN:		3.15	1.78	0.92	0.46	0.92	0.91	0.66
	MN:		3.90	1.82	0.93	0.47	0.94	0.89	0.69
	Total:		3.15	1.78	0.92	0.46	0.92	0.91	0.66
5. Expected Number of Screenings	CN:	562,749	77,430	118,619	84,074	56,172	124,081	88,094	14,279
	MN:	12,477	156	1,820	1,982	1,552	3,489	3,233	245
	Total:	575,226	77,586	120,439	86,056	57,724	127,570	91,327	14,524
6. Total Screens Received	CN:	484,212	110,600	139,636	69,969	50,723	72,523	36,457	4,304
	MN:	11,159	199	2,387	1,932	1,875	2,434	2,236	96
	Total:	495,371	110,799	142,023	71,901	52,598	74,957	38,693	4,400
7. SCREENING RATIO	CN:	0.86	1.00	1.00	0.83	0.90	0.58	0.41	0.30
	MN:	0.89	1.00	1.00	0.97	1.00	0.70	0.69	0.39
	Total:	0.86	1.00	1.00	0.84	0.91	0.59	0.42	0.30
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	457,921	24,581	66,640	84,074	56,172	124,081	88,094	14,279
	MN:	11,541	40	1,000	1,982	1,552	3,489	3,233	245
	Total:	469,462	24,621	67,640	86,056	57,724	127,570	91,327	14,524
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	268,967	23,442	53,441	56,830	42,602	59,751	29,460	3,441
	MN:	7,337	37	860	1,458	1,544	1,815	1,548	75
	Total:	276,304	23,479	54,301	58,288	44,146	61,566	31,008	3,516
	CN:	0.59	0.95	0.80	0.68	0.76	0.48	0.33	0.24

* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy

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	2016								
10. PARTICIPANT RATIO	MN:	0.64	0.93	0.86	0.74	0.99	0.52	0.48	0.31
	Total:	0.59	0.95	0.80	0.68	0.76	0.48	0.34	0.24
	CN:	132,981	21,129	34,439	23,481	15,821	23,537	12,917	1,657
11. Total Eligibles Referred for Corrective Treatment	MN:	3,883	37	677	719	636	882	896	36
	Total:	136,864	21,166	35,116	24,200	16,457	24,419	13,813	1,693
	CN:	277,353	173	13,570	51,961	78,312	79,512	47,032	6,793
12a. Total Eligibles Receiving Any Dental Services	MN:	8,700	0	381	1,442	2,222	2,330	2,189	136
	Total:	286,053	173	13,951	53,403	80,534	81,842	49,221	6,929
	CN:	247,904	60	11,115	47,655	72,922	72,368	38,989	4,795
12b. Total Eligibles Receiving Preventive Dental Services	MN:	8,032	0	312	1,366	2,131	2,175	1,937	111
	Total:	255,936	60	11,427	49,021	75,053	74,543	40,926	4,906
	CN:	123,130	55	1,394	16,178	35,461	38,331	27,435	4,276
12c. Total Eligibles Receiving Dental Treatment Services	MN:	3,508	0	22	294	841	1,046	1,223	82
	Total:	126,638	55	1,416	16,472	36,302	39,377	28,658	4,358
	CN:	32,651				18882	13769		
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	MN:	903				489	414		
	Total:	33,554				19,371	14,183		
	CN:	265,115	148	13,338	50,747	75,370	75,477	43,789	6,246
12e. Total Eligibles Receiving Dental Diagnostic Services	MN:	8,397	0	375	1,424	2,166	2,231	2,076	125
	Total:	273,512	148	13,713	52,171	77,536	77,708	45,865	6,371
	CN:	18,842	13	537	2,738	6,165	5,887	3,079	423
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	MN:	381	0	19	63	105	95	94	5
	Total:	19,223	13	556	2,801	6,270	5,982	3,173	428
	CN:	277,353	173	13,570	51,961	78,312	79,512	47,032	6,793
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	MN:	8,700	0	381	1,442	2,222	2,330	2,189	136
	Total:	286,053	173	13,951	53,403	80,534	81,842	49,221	6,929
	CN:	557,882	24,575	66,608	91,351	122,080	134,856	96,787	21,625
13. Total Eligibles Enrolled in Managed Care	MN:	14,172	40	1,000	2,131	3,302	3,712	3,632	355
	Total:	572,054	24,615	67,608	93,482	125,382	138,568	100,419	21,980
	CN:	39,324	614	27,783	10,927				
14. Total Number of Screening Blood Lead Tests	MN:	683	5	432	246				
	Total:	40,007	619	28,215	11,173				

* Includes 12-month visit

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