

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
	2017	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
OH	CN:	1,521,258	79,307	169,363	242,172	308,846	352,498	256,047	113,025
	MN:	0	0	0	0	0	0	0	0
	Total:	1,521,258	79,307	169,363	242,172	308,846	352,498	256,047	113,025
1a. Total individuals eligible for EPSDT	CN:	1,438,779	56,370	162,038	231,533	297,617	339,608	245,632	105,981
	MN:	0	0	0	0	0	0	0	0
	Total:	1,438,779	56,370	162,038	231,533	297,617	339,608	245,632	105,981
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	246,058	2,061	15,148	26,492	61,479	74,922	56,305	9,651
	MN:	0	0	0	0	0	0	0	0
	Total:	246,058	2,061	15,148	26,492	61,479	74,922	56,305	9,651
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:								
	MN:								
	Total:								
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			7.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	15,907,287	439,374	1,809,210	2,585,599	3,359,523	3,843,422	2,750,080	1,120,079
	MN:	0	0	0	0	0	0	0	0
	Total:	15,907,287	439,374	1,809,210	2,585,599	3,359,523	3,843,422	2,750,080	1,120,079
3b. Average Period of Eligibility	CN:	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.88
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.92	0.65	0.93	0.93	0.94	0.94	0.93	0.88
4. Expected Number of Screenings per Eligible	CN:		4.55	2.33	0.93	0.94	0.94	0.93	0.88
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.55	2.33	0.93	0.94	0.94	0.93	0.88
5. Expected Number of Screenings	CN:	1,770,052	256,484	377,549	215,326	279,760	319,232	228,438	93,263
	MN:	0	0	0	0	0	0	0	0
	Total:	1,770,052	256,484	377,549	215,326	279,760	319,232	228,438	93,263
6. Total Screens Received	CN:	1,084,811	228,524	298,659	159,934	126,427	150,253	102,119	18,895
	MN:	0	0	0	0	0	0	0	0
	Total:	1,084,811	228,524	298,659	159,934	126,427	150,253	102,119	18,895
7. SCREENING RATIO	CN:	0.61	0.89	0.79	0.74	0.45	0.47	0.45	0.20
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.61	0.89	0.79	0.74	0.45	0.47	0.45	0.20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,354,427	56,370	162,038	215,326	279,760	319,232	228,438	93,263
	MN:	0	0	0	0	0	0	0	0
	Total:	1,354,427	56,370	162,038	215,326	279,760	319,232	228,438	93,263

* Includes 12-month visit

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

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9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	671,375	51,559	123,819	139,079	115,883	136,122	88,667	16,246
	MN:	0	0	0	0	0	0	0	0
	Total:	671,375	51,559	123,819	139,079	115,883	136,122	88,667	16,246
10. PARTICIPANT RATIO	CN:	0.50	0.91	0.76	0.65	0.41	0.43	0.39	0.17
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.50	0.91	0.76	0.65	0.41	0.43	0.39	0.17
11. Total Eligibles Referred for Corrective Treatment	CN:	443,664	47,083	97,447	78,600	67,841	81,951	58,896	11,846
	MN:	0	0	0	0	0	0	0	0
	Total:	443,664	47,083	97,447	78,600	67,841	81,951	58,896	11,846
12a. Total Eligibles Receiving Any Dental Services	CN:	546,602	229	16,615	94,264	149,068	159,442	98,672	28,312
	MN:	0	0	0	0	0	0	0	0
	Total:	546,602	229	16,615	94,264	149,068	159,442	98,672	28,312
12b. Total Eligibles Receiving Preventive Dental Services	CN:	482,668	81	14,361	86,691	138,421	143,383	80,095	19,636
	MN:	0	0	0	0	0	0	0	0
	Total:	482,668	81	14,361	86,691	138,421	143,383	80,095	19,636
12c. Total Eligibles Receiving Dental Treatment Services	CN:	208,980	72	1,138	21,099	55,441	63,750	51,569	15,911
	MN:	0	0	0	0	0	0	0	0
	Total:	208,980	72	1,138	21,099	55,441	63,750	51,569	15,911
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	76,576				40903	35673		
	MN:	0				0	0		
	Total:	76,576				40,903	35,673		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	517,279	205	16,362	92,262	141,184	149,915	91,118	26,233
	MN:	0	0	0	0	0	0	0	0
	Total:	517,279	205	16,362	92,262	141,184	149,915	91,118	26,233
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	221,858	4,926	39,822	43,946	43,545	39,674	33,062	16,883
	MN:	0	0	0	0	0	0	0	0
	Total:	221,858	4,926	39,822	43,946	43,545	39,674	33,062	16,883
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	664,933	5,090	50,936	114,025	164,633	176,135	114,976	39,138
	MN:	0	0	0	0	0	0	0	0
	Total:	664,933	5,090	50,936	114,025	164,633	176,135	114,976	39,138
13. Total Eligibles Enrolled in Managed Care	CN:	1,387,853	54,031	157,105	223,597	289,192	329,167	235,138	99,623
	MN:	0	0	0	0	0	0	0	0
	Total:	1,387,853	54,031	157,105	223,597	289,192	329,167	235,138	99,623
14. Total Number of Screening Blood Lead Tests	CN:	106,294	1,070	71,920	33,304				
	MN:	0	0	0	0				
	Total:	106,294	1,070	71,920	33,304				

* Includes 12-month visit

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