

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
OH	2019								
	1a. Total individuals eligible for EPSDT	CN: 1,463,519	76,030	164,829	231,961	288,734	351,620	244,200	106,145
	MN: 0	0	0	0	0	0	0	0	0
	Total:	1,463,519	76,030	164,829	231,961	288,734	351,620	244,200	106,145
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN: 1,373,268	54,653	155,149	219,908	276,165	336,957	232,717	97,719	
	MN: 0	0	0	0	0	0	0	0	
	Total: 1,373,268	54,653	155,149	219,908	276,165	336,957	232,717	97,719	
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN: 231,846	975	15,898	26,477	60,388	72,260	50,087	5,761	
	MN: 0	0	0	0	0	0	0	0	
	Total: 231,846	975	15,898	26,477	60,388	72,260	50,087	5,761	
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: 14,990,873	426,076	1,679,625	2,418,838	3,086,429	3,781,063	2,586,544	1,012,298	
	MN: 0	0	0	0	0	0	0	0	
	Total: 14,990,873	426,076	1,679,625	2,418,838	3,086,429	3,781,063	2,586,544	1,012,298	
3b. Average Period of Eligibility	CN: 0.91	0.65	0.90	0.92	0.93	0.94	0.93	0.86	
	MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total: 0.91	0.65	0.90	0.92	0.93	0.94	0.93	0.86	
4. Expected Number of Screenings per Eligible	CN: 4.55	2.25	0.92	0.93	0.94	0.93	0.86		
	MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total: 4.55	2.25	0.92	0.93	0.94	0.93	0.86		
5. Expected Number of Screenings	CN: 1,674,109	248,671	349,085	202,315	256,833	316,740	216,427	84,038	
	MN: 0	0	0	0	0	0	0		
	Total: 1,674,109	248,671	349,085	202,315	256,833	316,740	216,427	84,038	
6. Total Screens Received	CN: 1,100,965	237,712	295,611	160,235	126,518	157,944	103,566	19,379	
	MN: 0	0	0	0	0	0	0		
	Total: 1,100,965	237,712	295,611	160,235	126,518	157,944	103,566	19,379	
7. SCREENING RATIO	CN: 0.66	0.96	0.85	0.79	0.49	0.50	0.48	0.23	
	MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total: 0.66	0.96	0.85	0.79	0.49	0.50	0.48	0.23	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN: 1,286,155	54,653	155,149	202,315	256,833	316,740	216,427	84,038	
	MN: 0	0	0	0	0	0	0		
	Total: 1,286,155	54,653	155,149	202,315	256,833	316,740	216,427	84,038	

* Includes 12-month visit

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

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OH	2019								
	9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN: 690,954	50,926	121,697	141,104	119,452	147,546	93,055	17,174
	MN: 0	0	0	0	0	0	0	0	0
	Total:	690,954	50,926	121,697	141,104	119,452	147,546	93,055	17,174
10. PARTICIPANT RATIO	CN:	0.54	0.93	0.78	0.70	0.47	0.47	0.43	0.20
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.54	0.93	0.78	0.70	0.47	0.47	0.43	0.20
11. Total Eligibles Referred for Corrective Treatment	CN:	459,579	47,093	96,785	80,988	70,571	89,171	62,227	12,744
	MN:	0	0	0	0	0	0	0	0
	Total:	459,579	47,093	96,785	80,988	70,571	89,171	62,227	12,744
12a. Total Eligibles Receiving Any Dental Services	CN:	550,346	345	17,144	93,078	146,917	166,932	98,163	27,767
	MN:	0	0	0	0	0	0	0	0
	Total:	550,346	345	17,144	93,078	146,917	166,932	98,163	27,767
12b. Total Eligibles Receiving Preventive Dental Services	CN:	490,594	114	14,879	86,904	137,858	151,344	80,051	19,444
	MN:	0	0	0	0	0	0	0	0
	Total:	490,594	114	14,879	86,904	137,858	151,344	80,051	19,444
12c. Total Eligibles Receiving Dental Treatment Services	CN:	211,660	142	1,127	21,244	54,544	66,938	51,723	15,942
	MN:	0	0	0	0	0	0	0	0
	Total:	211,660	142	1,127	21,244	54,544	66,938	51,723	15,942
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	81,179				42,000	39,179		
	MN:	0				0	0		
	Total:	81,179				42,000	39,179		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	522,348	271	16,792	91,318	139,311	157,455	91,395	25,806
	MN:	0	0	0	0	0	0	0	0
	Total:	522,348	271	16,792	91,318	139,311	157,455	91,395	25,806
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	224,063	5,045	39,265	46,250	44,664	41,701	31,534	15,604
	MN:	0	0	0	0	0	0	0	0
	Total:	224,063	5,045	39,265	46,250	44,664	41,701	31,534	15,604
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	664,503	5,270	50,431	113,514	161,457	183,251	113,145	37,435
	MN:	0	0	0	0	0	0	0	0
	Total:	664,503	5,270	50,431	113,514	161,457	183,251	113,145	37,435
13. Total Eligibles Enrolled in Managed Care	CN:	1,345,016	52,699	152,016	214,882	272,239	331,475	227,238	94,467
	MN:	0	0	0	0	0	0	0	0
	Total:	1,345,016	52,699	152,016	214,882	272,239	331,475	227,238	94,467
14a. Total Number of Screening Blood Lead Tests	CN:	104,991	952	72,701	31,338				
	MN:	0	0	0	0				
	Total:	104,991	952	72,701	31,338				

* Includes 12-month visit

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OH	2019		Enter X For Method I		Enter X For Method II		Enter X For Method III		
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			

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Disclosure Statement - According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354 (expiration date June 30, 2020). The time required to complete this information collection is estimated to average 28 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C7-26-05, Baltimore, Maryland 21244-1850.

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