

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	2018								
	1a. Total individuals eligible for EPSDT	CN: 1,490,149	77,200	164,230	237,511	298,266	353,765	249,838	109,339
	MN: 0	0	0	0	0	0	0	0	0
	Total:	1,490,149	77,200	164,230	237,511	298,266	353,765	249,838	109,339
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN: 1,406,324	56,097	156,645	225,992	286,532	340,453	239,238	101,367	
	MN: 0	0	0	0	0	0	0	0	
	Total:	1,406,324	56,097	156,645	225,992	286,532	340,453	239,238	101,367
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN: 251,919	1,451	16,665	27,282	64,035	78,517	57,537	6,432	
	MN: 0	0	0	0	0	0	0	0	
	Total:	251,919	1,451	16,665	27,282	64,035	78,517	57,537	6,432
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: 15,460,881	438,982	1,741,035	2,504,273	3,216,091	3,836,554	2,669,355	1,054,591	
	MN: 0	0	0	0	0	0	0	0	
	Total:	15,460,881	438,982	1,741,035	2,504,273	3,216,091	3,836,554	2,669,355	1,054,591
3b. Average Period of Eligibility	CN: 0.92	0.65	0.93	0.92	0.94	0.94	0.93	0.87	
	MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.92	0.65	0.93	0.92	0.94	0.94	0.93	0.87
4. Expected Number of Screenings per Eligible	CN: 4.55	2.33	0.92	0.94	0.94	0.93	0.87		
	MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total:	4.55	2.33	0.92	0.94	0.94	0.93	0.87	
5. Expected Number of Screenings	CN: 1,728,183	255,241	364,983	207,913	269,340	320,026	222,491	88,189	
	MN: 0	0	0	0	0	0	0		
	Total:	1,728,183	255,241	364,983	207,913	269,340	320,026	222,491	88,189
6. Total Screens Received	CN: 1,073,844	228,219	293,617	157,999	123,669	150,808	100,789	18,743	
	MN: 0	0	0	0	0	0	0		
	Total:	1,073,844	228,219	293,617	157,999	123,669	150,808	100,789	18,743
7. SCREENING RATIO	CN: 0.62	0.89	0.80	0.76	0.46	0.47	0.45	0.21	
	MN: 0.00	0.00	0.00	0.00	0.00	0.00	0.00		
	Total:	0.62	0.89	0.80	0.76	0.46	0.47	0.45	0.21
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN: 1,320,701	56,097	156,645	207,913	269,340	320,026	222,491	88,189	
	MN: 0	0	0	0	0	0	0		
	Total:	1,320,701	56,097	156,645	207,913	269,340	320,026	222,491	88,189

* Includes 12-month visit

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

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OH	2018								
	9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN: 680,181	51,480	122,255	140,381	117,234	141,603	90,646	16,582
	MN: 0	0	0	0	0	0	0	0	0
	Total:	680,181	51,480	122,255	140,381	117,234	141,603	90,646	16,582
10. PARTICIPANT RATIO	CN:	0.52	0.92	0.78	0.68	0.44	0.44	0.41	0.19
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.52	0.92	0.78	0.68	0.44	0.44	0.41	0.19
11. Total Eligibles Referred for Corrective Treatment	CN:	448,090	47,349	97,045	79,434	68,238	84,074	59,832	12,118
	MN:	0	0	0	0	0	0	0	0
	Total:	448,090	47,349	97,045	79,434	68,238	84,074	59,832	12,118
12a. Total Eligibles Receiving Any Dental Services	CN:	553,219	291	16,813	93,793	149,938	165,561	98,867	27,956
	MN:	0	0	0	0	0	0	0	0
	Total:	553,219	291	16,813	93,793	149,938	165,561	98,867	27,956
12b. Total Eligibles Receiving Preventive Dental Services	CN:	492,480	107	14,581	87,077	140,175	150,154	80,760	19,626
	MN:	0	0	0	0	0	0	0	0
	Total:	492,480	107	14,581	87,077	140,175	150,154	80,760	19,626
12c. Total Eligibles Receiving Dental Treatment Services	CN:	214,021	81	1,123	21,094	56,783	66,530	52,426	15,984
	MN:	0	0	0	0	0	0	0	0
	Total:	214,021	81	1,123	21,094	56,783	66,530	52,426	15,984
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	79,534				41,629	37,905		
	MN:	0				0	0		
	Total:	79,534				41,629	37,905		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	526,191	246	16,500	92,037	142,822	156,964	91,675	25,947
	MN:	0	0	0	0	0	0	0	0
	Total:	526,191	246	16,500	92,037	142,822	156,964	91,675	25,947
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	218,064	4,546	38,769	44,445	43,458	39,860	31,374	15,612
	MN:	0	0	0	0	0	0	0	0
	Total:	218,064	4,546	38,769	44,445	43,458	39,860	31,374	15,612
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	666,420	4,765	49,861	113,839	164,753	181,386	114,012	37,804
	MN:	0	0	0	0	0	0	0	0
	Total:	666,420	4,765	49,861	113,839	164,753	181,386	114,012	37,804
13. Total Eligibles Enrolled in Managed Care	CN:	1,377,004	54,750	154,209	221,123	282,074	334,232	233,056	97,560
	MN:	0	0	0	0	0	0	0	0
	Total:	1,377,004	54,750	154,209	221,123	282,074	334,232	233,056	97,560
14a. Total Number of Screening Blood Lead Tests	CN:	108,438	996	72,440	35,002				
	MN:	0	0	0	0				
	Total:	108,438	996	72,440	35,002				

* Includes 12-month visit

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OH	2018		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.