

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
OH	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
1a. Total individuals eligible for EPSDT	CN:	1,522,328	79,567	169,440	242,263	308,985	352,706	256,208	113,159
	MN:	0	0	0	0	0	0	0	0
	Total:	1,522,328	79,567	169,440	242,263	308,985	352,706	256,208	113,159
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	1,438,135	56,362	161,987	231,363	297,439	339,432	245,505	106,047
	MN:	0	0	0	0	0	0	0	0
	Total:	1,438,135	56,362	161,987	231,363	297,439	339,432	245,505	106,047
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	246,018	2,067	15,159	26,495	61,448	74,897	56,306	9,646
	MN:	0	0	0	0	0	0	0	0
	Total:	246,018	2,067	15,159	26,495	61,448	74,897	56,306	9,646
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:	15,899,551	439,258	1,808,584	2,583,585	3,357,605	3,841,215	2,748,568	1,120,736
	MN:	0	0	0	0	0	0	0	0
	Total:	15,899,551	439,258	1,808,584	2,583,585	3,357,605	3,841,215	2,748,568	1,120,736
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:	1,769,345	256,447	377,430	215,168	279,593	319,066	228,320	93,321
	MN:	0	0	0	0	0	0	0	0
	Total:	1,769,345	256,447	377,430	215,168	279,593	319,066	228,320	93,321
6. Total Screens Received	CN:	1,086,688	229,141	298,918	160,209	126,587	150,507	102,366	18,960
	MN:	0	0	0	0	0	0	0	0
	Total:	1,086,688	229,141	298,918	160,209	126,587	150,507	102,366	18,960
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:	1,353,817	56,362	161,987	215,168	279,593	319,066	228,320	93,321
	MN:	0	0	0	0	0	0	0	0
	Total:	1,353,817	56,362	161,987	215,168	279,593	319,066	228,320	93,321
9. Total Eligibles Receiving at least	CN:	672,280	51,594	123,878	139,292	116,028	136,331	88,863	16,294

One Initial or Periodic Screen	MN:	0	0	0	0	0	0	0	0
	Total:	672,280	51,594	123,878	139,292	116,028	136,331	88,863	16,294
10. PARTICIPANT RATIO	CN:	0.50	0.92	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	0.92	0.76	0.65	0.41	0.43	0.39	0.17
11. Total Eligibles Referred for Corrective Treatment	CN:	444,847	47,182	97,558	78,832	68,036	82,238	59,105	11,896
	MN:	0	0	0	0	0	0	0	0
	Total:	444,847	47,182	97,558	78,832	68,036	82,238	59,105	11,896
12a. Total Eligibles Receiving Any Dental Services	CN:	546,583	232	16,626	94,266	149,055	159,419	98,663	28,322
	MN:	0	0	0	0	0	0	0	0
	Total:	546,583	232	16,626	94,266	149,055	159,419	98,663	28,322
12b. Total Eligibles Receiving Preventive Dental Services	CN:	482,643	83	14,364	86,696	138,414	143,361	80,081	19,644
	MN:	0	0	0	0	0	0	0	0
	Total:	482,643	83	14,364	86,696	138,414	143,361	80,081	19,644
12c. Total Eligibles Receiving Dental Treatment Services	CN:	209,010	73	1,140	21,105	55,429	63,757	51,581	15,925
	MN:	0	0	0	0	0	0	0	0
	Total:	209,010	73	1,140	21,105	55,429	63,757	51,581	15,925
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	76,664				40,967	35,697		
	MN:	0				0	0		
	Total:	76,664				40,967	35,697		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	517,224	207	16,370	92,264	141,126	149,895	91,116	26,246
	MN:	0	0	0	0	0	0	0	0
	Total:	517,224	207	16,370	92,264	141,126	149,895	91,116	26,246
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	222,358	4,933	39,880	44,042	43,635	39,768	33,153	16,947
	MN:	0	0	0	0	0	0	0	0
	Total:	222,358	4,933	39,880	44,042	43,635	39,768	33,153	16,947
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	665,051	5,099	50,990	114,018	164,619	176,135	115,000	39,190
	MN:	0	0	0	0	0	0	0	0
	Total:	665,051	5,099	50,990	114,018	164,619	176,135	115,000	39,190
13. Total Eligibles Enrolled in Managed Care	CN:	1,386,543	53,980	156,973	223,293	288,922	328,856	234,913	99,606
	MN:	0	0	0	0	0	0	0	0
	Total:	1,386,543	53,980	156,973	223,293	288,922	328,856	234,913	99,606
14a. Total Number of Screening Blood Lead Tests	CN:	106,479	1,073	72,028	33,378				
	MN:	0	0	0	0				
	Total:	106,479	1,073	72,028	33,378				
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	<u>Enter X for Method</u> X	HEDIS (Method II)	<u>Enter X for Method</u>	Combination Methodology (Method III)	<u>Enter X for Method</u>		

* Includes 12-month visit

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

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