

**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
<b>MS</b>	<b>2018</b>								
1a. Total individuals eligible for EPSDT	CN:	431,718	26,848	52,918	73,728	96,891	111,728	52,361	17,244
	MN:	0	0	0	0	0	0	0	0
	Total:	431,718	26,848	52,918	73,728	96,891	111,728	52,361	17,244
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	407,475	21,505	50,661	70,735	92,965	107,237	50,203	14,169
	MN:	0	0	0	0	0	0	0	0
	Total:	407,475	21,505	50,661	70,735	92,965	107,237	50,203	14,169
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule			6	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			6.00	2.50	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	4,497,452	164,620	569,678	795,641	1,054,659	1,224,450	567,058	121,346
	MN:	0	0	0	0	0	0	0	0
	Total:	4,497,452	164,620	569,678	795,641	1,054,659	1,224,450	567,058	121,346
3b. Average Period of Eligibility	CN:	0.92	0.64	0.94	0.94	0.95	0.95	0.94	0.71
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.92	0.64	0.94	0.94	0.95	0.95	0.94	0.71
4. Expected Number of Screenings per Eligible	CN:		3.84	2.35	0.94	0.95	0.95	0.94	0.71
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.84	2.35	0.94	0.95	0.95	0.94	0.71
5. Expected Number of Screenings	CN:	515,566	82,579	119,053	66,491	88,317	101,875	47,191	10,060
	MN:	0	0	0	0	0	0	0	0
	Total:	515,566	82,579	119,053	66,491	88,317	101,875	47,191	10,060
6. Total Screens Received	CN:	311,627	89,236	94,997	45,222	30,532	37,724	12,610	1,306
	MN:	0	0	0	0	0	0	0	0
	Total:	311,627	89,236	94,997	45,222	30,532	37,724	12,610	1,306
7. SCREENING RATIO	CN:	0.60	1.00	0.80	0.68	0.35	0.37	0.27	0.13
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.60	1.00	0.80	0.68	0.35	0.37	0.27	0.13
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	386,100	21,505	50,661	66,491	88,317	101,875	47,191	10,060
	MN:	0	0	0	0	0	0	0	0
	Total:	386,100	21,505	50,661	66,491	88,317	101,875	47,191	10,060
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	172,470	20,856	38,730	38,289	27,681	34,401	11,343	1,170
	MN:	0	0	0	0	0	0	0	0
	Total:	172,470	20,856	38,730	38,289	27,681	34,401	11,343	1,170
10. PARTICIPANT RATIO	CN:	0.45	0.97	0.76	0.58	0.31	0.34	0.24	0.12
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

\* Includes 12-month visit  
Note: "CN" = Categorically Needy, "MN"= Medically Needy

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<b>MS</b>	<b>2018</b>	Totals	0.45	0.97	0.76	0.58	0.31	0.34	0.24	0.12
11. Total Eligibles Referred for Corrective Treatment	CN:	82,756	15,844	26,696	14,968	10,189	11,276	3,502	281	
	MN:	0	0	0	0	0	0	0	0	
	Total:	82,756	15,844	26,696	14,968	10,189	11,276	3,502	281	
12a. Total Eligibles Receiving Any Dental Services	CN:	56,094	202	12,959	42,933					
	MN:	0								
	Total:	216,490	202	12,959	42,933	61,138	68,026	26,585	4,647	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	11,425	71	11,354	0	0	0	0	0	
	MN:	0	0	0	0	0	0	0	0	
	Total:	198,948	71	11,354	40,479	58,313	62,825	22,403	3,503	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	34	34	0	0	0	0	0	0	
	MN:	0	0	0	0	0	0	0	0	
	Total:	90,332	34	968	11,905	25,868	32,431	16,265	2,861	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	35,683				16,888	18,795			
	MN:	0				0	0			
	Total:	35,683				16,888	18,795			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	207,578	190	12,829	42,125	59,600	64,734	24,025	4,075	
	MN:	0	0	0	0	0	0	0	0	
	Total:	207,578	190	12,829	42,125	59,600	64,734	24,025	4,075	
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	28,318	1,453	9,390	8,024	4,206	3,454	1,529	262	
	MN:	0	0	0	0	0	0	0	0	
	Total:	28,318	1,453	9,390	8,024	4,206	3,454	1,529	262	
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	230,132	1,636	19,432	44,886	62,481	69,548	27,326	4,823	
	MN:	0	0	0	0	0	0	0	0	
	Total:	230,132	1,636	19,432	44,886	62,481	69,548	27,326	4,823	
13. Total Eligibles Enrolled in Managed Care	CN:	392,771	21,404	49,951	68,840	89,652	102,264	47,308	13,352	
	MN:	0	0	0	0	0	0	0	0	
	Total:	392,771	21,404	49,951	68,840	89,652	102,264	47,308	13,352	
14a. Total Number of Screening Blood Lead Tests	CN:	32,494	239	19,613	12,642					
	MN:	0								
	Total:	32,494	239	19,613	12,642					
14b. Methodology used for calculating the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	Enter X For Method I X	HEDIS (Method II)	Enter X For Method II	Combination Methodology (Method III)	Enter X For Method III			

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<b>MS</b>	<b>2018</b>	Totals	<1	1-2	3-5	6-9	10-14	15-18	19-20

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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