

**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>2015</b>								
1a. Total individuals eligible for EPSDT	CN:	470,000	28,486	57,484	79,035	110,681	105,319	72,646	16,349
	MN:	0	0	0	0	0	0	0	0
	Total:	470,000	28,486	57,484	79,035	110,681	105,319	72,646	16,349
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	452,031	22,860	56,598	77,418	108,144	102,990	70,899	13,122
	MN:	0	0	0	0	0	0	0	0
	Total:	452,031	22,860	56,598	77,418	108,144	102,990	70,899	13,122
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			5	4	3	4	5	4	2
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			5.00	2.00	1.00	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	5,167,373	174,771	660,773	903,443	1,267,344	1,208,491	831,231	121,320
	MN:	0	0	0	0	0	0	0	0
	Total:	5,167,373	174,771	660,773	903,443	1,267,344	1,208,491	831,231	121,320
3b. Average Period of Eligibility	CN:	0.95	0.64	0.97	0.97	0.98	0.98	0.98	0.77
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.95	0.64	0.97	0.97	0.98	0.98	0.98	0.77
4. Expected Number of Screenings per Eligible	CN:		3.20	1.94	0.97	0.98	0.98	0.98	0.77
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.20	1.94	0.97	0.98	0.98	0.98	0.77
5. Expected Number of Screenings	CN:	544,543	73,152	109,800	75,095	105,981	100,930	69,481	10,104
	MN:	0	0	0	0	0	0	0	0
	Total:	544,543	73,152	109,800	75,095	105,981	100,930	69,481	10,104
6. Total Screens Received	CN:	309,239	81,567	96,852	43,855	32,549	35,158	18,002	1,256
	MN:	0	0	0	0	0	0	0	0
	Total:	309,239	81,567	96,852	43,855	32,549	35,158	18,002	1,256
7. SCREENING RATIO	CN:	0.57	1.00	0.88	0.58	0.31	0.35	0.26	0.12
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.57	1.00	0.88	0.58	0.31	0.35	0.26	0.12
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	441,049	22,860	56,598	75,095	105,981	100,930	69,481	10,104
	MN:	0	0	0	0	0	0	0	0
	Total:	441,049	22,860	56,598	75,095	105,981	100,930	69,481	10,104

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

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<b>MS</b>	<b>2015</b>								
	9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN: 176,615	21,933	40,546	37,750	29,180	30,513	15,562	1,131
		MN: 0	0	0	0	0	0	0	0
	Total:	176,615	21,933	40,546	37,750	29,180	30,513	15,562	1,131
10. PARTICIPANT RATIO	CN:	0.40	0.96	0.72	0.50	0.28	0.30	0.22	0.11
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.40	0.96	0.72	0.50	0.28	0.30	0.22	0.11
11. Total Eligibles Referred for Corrective Treatment	CN:	110,690	20,904	28,061	19,091	15,748	17,374	8,836	676
	MN:	0	0	0	0	0	0	0	0
	Total:	110,690	20,904	28,061	19,091	15,748	17,374	8,836	676
12a. Total Eligibles Receiving Any Dental Services	CN:	224,099	142	11,491	45,775	67,674	60,401	34,531	4,085
	MN:	0	0	0	0	0	0	0	0
	Total:	224,099	142	11,491	45,775	67,674	60,401	34,531	4,085
12b. Total Eligibles Receiving Preventive Dental Services	CN:	203,634	51	10,105	42,897	63,588	54,968	28,945	3,080
	MN:	0	0	0	0	0	0	0	0
	Total:	203,634	51	10,105	42,897	63,588	54,968	28,945	3,080
12c. Total Eligibles Receiving Dental Treatment Services	CN:	99,107	5	1,212	14,755	29,828	29,817	21,000	2,490
	MN:	0	0	0	0	0	0	0	0
	Total:	99,107	5	1,212	14,755	29,828	29,817	21,000	2,490
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	38,276				19,070	19,206		
	MN:	0				0	0		
	Total:	38,276				19,070	19,206		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	212,888	133	11,235	44,054	65,515	56,898	31,383	3,670
	MN:	0	0	0	0	0	0	0	0
	Total:	212,888	133	11,235	44,054	65,515	56,898	31,383	3,670
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	23,067	1,428	8,088	6,574	3,393	1,749	1,621	214
	MN:	0	0	0	0	0	0	0	0
	Total:	23,067	1,428	8,088	6,574	3,393	1,749	1,621	214
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	234,190	1,562	17,478	46,727	68,273	60,988	35,006	4,156
	MN:	0	0	0	0	0	0	0	0
	Total:	234,190	1,562	17,478	46,727	68,273	60,988	35,006	4,156
13. Total Eligibles Enrolled in Managed Care	CN:	408,338	22,602	54,137	69,550	97,553	92,734	63,635	8,127
	MN:	0	0	0	0	0	0	0	0
	Total:	408,338	22,602	54,137	69,550	97,553	92,734	63,635	8,127
14. Total Number of Screening Blood Lead Tests	CN:	49,325	899	27,796	20,630				
	MN:	0							
	Total:	49,325	899	27,796	20,630				

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