

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year									
MS	2020									
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		X	Enter X if your state gives CMS permission to generate the data for this form on behalf of your state using information reported in T-MSIS.							
		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:	412,161	25,789	50,085	67,776	78,878	102,112	68,276	19,245	
	MN:	0	0	0	0	0	0	0	0	
	Total:	412,161	25,789	50,085	67,776	78,878	102,112	68,276	19,245	
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	390,164	20,995	48,116	65,402	75,482	98,252	65,690	16,227	
	MN:	0	0	0	0	0	0	0	0	
	Total:	390,164	20,995	48,116	65,402	75,482	98,252	65,690	16,227	
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			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:	4,226,999	158,147	536,441	728,044	827,388	1,092,207	731,243	153,529	
	MN:	0	0	0	0	0	0	0	0	
	Total:	4,226,999	158,147	536,441	728,044	827,388	1,092,207	731,243	153,529	
3b. Average Period of Eligibility	CN:	0.90	0.63	0.93	0.93	0.91	0.93	0.93	0.79	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.90	0.63	0.93	0.93	0.91	0.93	0.93	0.79	
4. Expected Number of Screenings per Eligible	CN:	4.41	2.33	0.93	0.91	0.93	0.93	0.93	0.79	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	4.41	2.33	0.93	0.91	0.93	0.93	0.93	0.79	
5. Expected Number of Screenings	CN:	499,496	92,588	112,110	60,824	68,689	91,374	61,092	12,819	
	MN:	0	0	0	0	0	0	0	0	
	Total:	499,496	92,588	112,110	60,824	68,689	91,374	61,092	12,819	
6. Total Screens Received	CN:	287,607	86,465	90,172	37,782	22,789	33,343	15,592	1,464	
	MN:	0	0	0	0	0	0	0	0	
	Total:	287,607	86,465	90,172	37,782	22,789	33,343	15,592	1,464	
7. SCREENING RATIO	CN:	0.58	0.93	0.80	0.62	0.33	0.36	0.26	0.11	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.58	0.93	0.80	0.62	0.33	0.36	0.26	0.11	
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	363,909	20,995	48,116	60,824	68,689	91,374	61,092	12,819	
	MN:	0	0	0	0	0	0	0	0	
	Total:	363,909	20,995	48,116	60,824	68,689	91,374	61,092	12,819	
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	157,078	20,339	36,719	32,450	21,245	30,655	14,298	1,372	
	MN:	0	0	0	0	0	0	0	0	
	Total:	157,078	20,339	36,719	32,450	21,245	30,655	14,298	1,372	
10. PARTICIPANT RATIO	CN:	0.43	0.97	0.76	0.53	0.31	0.34	0.23	0.11	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.43	0.97	0.76	0.53	0.31	0.34	0.23	0.11	
11. Total Eligibles Referred for Corrective Treatment	CN:	104,412	19,710	29,874	17,175	11,686	16,416	8,668	883	
	MN:	0	0	0	0	0	0	0	0	
	Total:	104,412	19,710	29,874	17,175	11,686	16,416	8,668	883	
12a. Total Eligibles Receiving Any Dental Services	CN:	177,375	159	9,653	32,828	42,864	54,880	32,165	4,826	
	MN:	0	0	0	0	0	0	0	0	
	Total:	177,375	159	9,653	32,828	42,864	54,880	32,165	4,826	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	156,960	62	8,514	30,507	40,013	48,427	25,983	3,454	
	MN:	0	0	0	0	0	0	0	0	
	Total:	156,960	62	8,514	30,507	40,013	48,427	25,983	3,454	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	74,381	34	734	8,838	16,841	26,191	18,947	2,796	
	MN:	0	0	0	0	0	0	0	0	
	Total:	74,381	34	734	8,838	16,841	26,191	18,947	2,796	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	17,901				9,030	8,871			
	MN:	0				0	0			
	Total:	17,901				9,030	8,871			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	167,529	145	9,376	32,254	41,777	51,072	28,618	4,287	
	MN:	0	0	0	0	0	0	0	0	
	Total:	167,529	145	9,376	32,254	41,777	51,072	28,618	4,287	
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	12,522	1,658	8,553	2,159	111	31	9	1	
	MN:	0	0	0	0	0	0	0	0	
	Total:	12,522	1,658	8,553	2,159	111	31	9	1	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	163,245	476	13,539	31,305	40,049	48,436	25,986	3,454	
	MN:	0	0	0	0	0	0	0	0	
	Total:	163,245	476	13,539	31,305	40,049	48,436	25,986	3,454	
13. Total Eligibles Enrolled in Managed Care	CN:	375,302	20,758	47,442	63,783	72,871	93,669	61,785	14,994	
	MN:	0	0	0	0	0	0	0	0	
	Total:	375,302	20,758	47,442	63,783	72,871	93,669	61,785	14,994	
14a. Total Number of Screening Blood Lead Tests	CN:	32,047	130	22,960	8,957					
	MN:	0	0	0	0					
	Total:	32,047	130	22,960	8,957					
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	Enter X for Method I	HEDIS (Method II)	Enter X for Method II	Combination Methodology (Method III)	Enter X for Method III			
			X			0	0			

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

Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 May 31, 2023). The time required to complete this information collection is estimated to average 29 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: C4-26-05, Baltimore, Maryland 21244-1850.