FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	CENTERS for MEDICARE & MEDICAID SERVICES							
		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	CN:	0	0	0	0	0	-	•	C
eligible for EPSDT	MN:	0	0	0	0				C
eligible for E1 OD 1	Total:	0	0	0	0	•	Age Group 10-14 15-18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C	
1b. Total Individuals eligible for	CN:	0	0	0	0				C
EPSDT for 90 Continous Days	MN:	0	0	0	0				C
El CD1 for 50 Continious Days	Total:	0	0	0	0	0			C
1c. Total Individuals Eligible under	CN:	0	0	0	0				C
a CHIP Medicaid Expansion	MN:	0	0	0	0	-			C
a of iii wedidala Expansion	Total:	0	0	0	0	0	0	0	C
2a. State Periodicity Schedule			0	0	0	0	0	0	0
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			0.00	0.00	0.00	0.00		0.00	0.00
3a. Total Months of	CN:	0	0	0	0	0	0	0	C
Eligibility	MN:	0	0	0	0	0	0	0	0
Liigibility	Total:	0	0	0	0	0		0	0
3b. Average Period of	CN:	0.00	0.00	0.00	0.00	0.00		0.00	0.00
Eligibility	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Expected Number of Screenings per Eligible	CN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of	CN:	0	0	0	0	0	0	0	C
	MN:	0	0	0	0	0	0	0	C
Screenings	Total:	0	0	0	0	0	0	0	C
Total Screens Received	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
Received	Total:	0	0	0	0	0	0	0	0
7. SCREENING RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Total Eligibles Who	CN:	0	0	0	0		0	0	0
Should Receive at Least	MN:	0	0	0	0	0	0	0	0
One Initial or Periodic Screen	Total:	0	0	0	0	0	0	0	0

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<u>State Gode</u>	<u>Year</u>	Totals	Age Group <1	Age Group 1-2	Age Group 3-5	Age Group 6-9	Age Group	Age Group	Age Group 19-20			
Total Eligibles Receiving at least	CN:	0							10 20			
One Initial or Periodic	MN:	0	0			-						
Screen	Total:	0		ļ	<u> </u>		ļ					
Corcon	CN:	0.00	0.00	U		J	Ŭ.	J	0.00			
10. PARTICIPANT RATIO	MN:	0.00	0.00						0.00			
10.1 ARTION ART RATIO	Total:	0.00	0.00						0.00			
	CN:	0.00	0.00						0.00			
Total Eligibles Referred for	MN:	0	0					-				
Corrective Treatment	Total:	0	0					-				
	CN:	0	0				_	-				
12a. Total Eligibles Receiving		Ŭ			·	-			<u> </u>			
Any Dental Services	MN:	0	·									
•	Total:	0	0		·		_		0			
12b. Total Eligibles Receiving	CN:	0	0			·			0			
Preventive Dental Services	MN:	0	0	ļ		·			0			
	Total:	0	0			-		-	0			
12c. Total Eligibles Receiving	CN:	0	0	·	· · ·			-	0			
Dental Treatment Services	MN:	0	0						0			
	Total:	0	0	0	0	· ·			0			
12d. Total Eligibles Receiving a	CN:	0										
Sealant on a Permanent Molar	MN:	0										
Tooth	Total:	0				•						
12e. Total Eligibles Reciving Dental	CN:	0	0	0				0	0			
Diagnostic Services	MN:	0	0	0	0	0	0	0	0			
•	Total:	0	0	0	0	0	10-14	0				
12f. Total Eligibles Receiving Oral Health Services provided by a	CN:	0	0	0	0	0	0	0	0			
	MN:	0	0	0	0	0	0	0	0			
Non-Dentist provider	Total:	0	0	0	0	0	0	0	0			
12g Total Eligibles Besiving Any	CN:	0	0	0	0	0	0	0	0			
12g. Total Eligibles Reciving Any	MN:	0	0	0	0	0	0	0	0			
Dental Or Oral Health Service	Total:	0	0	0	0	0	0	0	0			
40 Total Elizibles Francisco	CN:	0	0	0	0	0	0	0	C			
 Total Eligibles Enrolled in Managed Care 	MN:	0	0	0	0	0	0	0	0			
	Total:	0	0	0	0	0	0	0	0			
44 7 111 1 10	CN:	0	0			•						
14a. Total Number of Screening Blood Lead Tests	MN:	0	0	-								
	Total:	0	0	ļ								
	i otai.		Enter X For Method I		Enter X For Method II		Enter X For Method III					
14b. Methodology used for calculating		CPT Code 83655				Combination						
the Total Number of Screening Blood		within certain		HEDIS (Method II)		Methodology						
Lead Tests		diagnoses codes				(Method III)						
		(Method I)	0		0	(IVICTION III)	0					

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

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

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