

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
HI	2020								
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		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:	177,824	9,027	17,991	27,112	36,098	43,411	31,115	13,070
	MN:	0							
	Total:	177,824	9,027	17,991	27,112	36,098	43,411	31,115	13,070
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043
	MN:	0							
	Total:	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	23,949	165	1,920	3,606	5,437	7,207	5,283	331
	MN:	0							
	Total:	23,949	165	1,920	3,606	5,437	7,207	5,283	331
2a. State Periodicity Schedule			6	4	3	2	3	2	1
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			6.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN:	1,711,744	43,858	165,004	269,810	364,625	440,209	310,079	118,159
	MN:	0							
	Total:	1,711,744	43,858	165,004	269,810	364,625	440,209	310,079	118,159
3b. Average Period of Eligibility	CN:	0.92	0.61	0.89	0.94	0.94	0.94	0.94	0.89
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.92	0.61	0.89	0.94	0.94	0.94	0.94	0.89
4. Expected Number of Screenings per Eligible	CN:		3.66	1.78	0.94	0.47	0.56	0.47	0.45
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.66	1.78	0.94	0.47	0.56	0.47	0.45
5. Expected Number of Screenings	CN:	126,961	22,030	27,480	22,473	15,185	21,860	12,964	4,969
	MN:	0	0	0	0	0	0	0	0
	Total:	126,961	22,030	27,480	22,473	15,185	21,860	12,964	4,969
6. Total Screens Received	CN:	127,103	27,773	33,045	17,345	14,548	19,273	12,792	2,327
	MN:	0							
	Total:	127,103	27,773	33,045	17,345	14,548	19,273	12,792	2,327
7. SCREENING RATIO	CN:	1.00	1.00	1.00	0.77	0.96	0.88	0.99	0.47
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	1.00	1.00	1.00	0.77	0.96	0.88	0.99	0.47
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	98,908	6,019	15,438	22,473	15,185	21,860	12,964	4,969
	MN:	0	0	0	0	0	0	0	0
	Total:	98,908	6,019	15,438	22,473	15,185	21,860	12,964	4,969

* Includes 12-month visit

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

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9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	76,560	5,775	12,772	15,134	13,046	17,085	10,921	1,827	
	MN:	0								
	Total:	76,560	5,775	12,772	15,134	13,046	17,085	10,921	1,827	
10. PARTICIPANT RATIO	CN:	0.77	0.96	0.83	0.67	0.86	0.78	0.84	0.37	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.77	0.96	0.83	0.67	0.86	0.78	0.84	0.37	
11. Total Eligibles Referred for Corrective Treatment	CN:	37,551	4,101	7,875	5,873	5,340	6,141	5,971	2,250	
	MN:	0								
	Total:	37,551	4,101	7,875	5,873	5,340	6,141	5,971	2,250	
12a. Total Eligibles Receiving Any Dental Services	CN:	79,383	127	5,315	14,416	20,458	22,352	13,233	3,482	
	MN:	0								
	Total:	79,383	127	5,315	14,416	20,458	22,352	13,233	3,482	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	69,348	73	4,658	12,773	18,111	19,846	11,104	2,783	
	MN:	0								
	Total:	69,348	73	4,658	12,773	18,111	19,846	11,104	2,783	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	45,115	85	1,678	7,465	13,507	12,305	7,818	2,257	
	MN:	0								
	Total:	45,115	85	1,678	7,465	13,507	12,305	7,818	2,257	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	6,825				3,669	3,156			
	MN:	0								
	Total:	6,825				3,669	3,156			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	71,009	104	4,938	13,017	18,157	19,916	11,638	3,239	
	MN:	0								
	Total:	71,009	104	4,938	13,017	18,157	19,916	11,638	3,239	
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	1,045	6	810	205	20	3	1	0	
	MN:	0							0	
	Total:	1,045	6	810	205	20	3	1	0	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	80,428	133	6,125	14,621	20,478	22,355	13,234	3,482	
	MN:	0								
	Total:	80,428	133	6,125	14,621	20,478	22,355	13,234	3,482	
13. Total Eligibles Enrolled in Managed Care	CN:	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043	
	MN:	0								
	Total:	155,335	6,019	15,438	23,907	32,308	39,036	27,584	11,043	
14a. Total Number of Screening Blood Lead Tests	CN:	6,883	494	5,319	1,070					
	MN:	0								
	Total:	6,883	494	5,319	1,070					

* Includes 12-month visit

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