

**FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT**



State Code	Fiscal Year								
HI	2023								
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:	193,396	7,727	17,919	28,228	38,095	46,861	35,999	18,567
	MN:	0							
	Total:	193,396	7,727	17,919	28,228	38,095	46,861	35,999	18,567
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	181,360	5,049	16,755	26,782	36,313	44,829	34,341	17,291
	MN:	0							
	Total:	181,360	5,049	16,755	26,782	36,313	44,829	34,341	17,291
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	24,726	138	1,642	3,370	5,309	7,299	6,110	858
	MN:	0							
	Total:	24,726	138	1,642	3,370	5,309	7,299	6,110	858
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:	2,033,573	36,264	186,401	302,047	413,579	513,454	392,327	189,501
	MN:	0							
	Total:	2,033,573	36,264	186,401	302,047	413,579	513,454	392,327	189,501
3b. Average Period of Eligibility	CN:	0.93	0.60	0.93	0.94	0.95	0.95	0.95	0.91
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.93	0.60	0.93	0.94	0.95	0.95	0.95	0.91
4. Expected Number of Screenings per Eligible	CN:		4.20	2.33	0.94	0.95	0.95	0.95	0.91
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.20	2.33	0.94	0.95	0.95	0.95	0.91
5. Expected Number of Screenings	CN:	210,864	21,206	39,039	25,175	34,497	42,588	32,624	15,735
	MN:	0	0	0	0	0	0	0	0
	Total:	210,864	21,206	39,039	25,175	34,497	42,588	32,624	15,735
6. Total Screens Received	CN:	168,251	25,910	43,004	23,588	22,277	29,425	20,275	3,772
	MN:	0							
	Total:	168,251	25,910	43,004	23,588	22,277	29,425	20,275	3,772
7. SCREENING RATIO	CN:	0.80	1.00	1.00	0.94	0.65	0.69	0.62	0.24
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.80	1.00	1.00	0.94	0.65	0.69	0.62	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	172,423	5,049	16,755	25,175	34,497	42,588	32,624	15,735
	MN:	0	0	0	0	0	0	0	0
	Total:	172,423	5,049	16,755	25,175	34,497	42,588	32,624	15,735

\* 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:	95,622	4,964	13,627	17,719	17,820	23,013	15,615	2,864	
	MN:	0								
	Total:	95,622	4,964	13,627	17,719	17,820	23,013	15,615	2,864	
10. PARTICIPANT RATIO	CN:	0.55	0.98	0.81	0.70	0.52	0.54	0.48	0.18	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.55	0.98	0.81	0.70	0.52	0.54	0.48	0.18	
11. Total Eligibles Referred for Corrective Treatment	CN:	51,285	3,803	9,971	8,996	8,598	9,880	7,816	2,221	
	MN:	0								
	Total:	51,285	3,803	9,971	8,996	8,598	9,880	7,816	2,221	
12a. Total Eligibles Receiving Any Dental Services	CN:	92,826	167	6,659	15,904	23,463	25,793	16,416	4,424	
	MN:	0								
	Total:	92,826	167	6,659	15,904	23,463	25,793	16,416	4,424	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	88,023	81	6,298	15,337	22,648	24,870	15,106	3,683	
	MN:	0								
	Total:	88,023	81	6,298	15,337	22,648	24,870	15,106	3,683	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	45,544	80	1,528	6,970	12,903	12,636	8,899	2,528	
	MN:	0								
	Total:	45,544	80	1,528	6,970	12,903	12,636	8,899	2,528	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	10,592				5,626	4,966			
	MN:	0								
	Total:	10,592				5,626	4,966			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	88,990	137	6,608	15,496	22,318	24,698	15,588	4,145	
	MN:	0								
	Total:	88,990	137	6,608	15,496	22,318	24,698	15,588	4,145	
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	1,646	4	941	443	160	55	39	4	
	MN:	0								
	Total:	1,646	4	941	443	160	55	39	4	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	94,472	171	7,600	16,347	23,623	25,848	16,455	4,428	
	MN:	0								
	Total:	94,472	171	7,600	16,347	23,623	25,848	16,455	4,428	
13. Total Eligibles Enrolled in Managed Care	CN:	181,341	5,049	16,753	26,780	36,310	44,820	34,341	17,288	
	MN:	0								
	Total:	181,341	5,049	16,753	26,780	36,310	44,820	34,341	17,288	
14a. Total Number of Screening Blood Lead Tests	CN:	7,817	320	5,742	1,755					
	MN:	0								
	Total:	7,817	320	5,742	1,755					

\* Includes 12-month visit

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