

**FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT**  
**REPORT PERIOD : 10/01/2015 - 09/30/2016**



State Code: HI	Fiscal Year								
	2016	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:	181,289	9,963	20,556	29,391	37,589	41,299	29,517	12,974
	MN:	0	0	0	0	0	0	0	0
	Total:	181,289	9,963	20,556	29,391	37,589	41,299	29,517	12,974
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
	MN:	0	0	0	0	0	0	0	0
	Total:	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	20,768	190	1,521	3,377	4,519	6,108	4,820	233
	MN:	0	0	0	0	0	0	0	0
	Total:	20,768	190	1,521	3,377	4,519	6,108	4,820	233
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:	1,644,780	45,332	156,869	283,459	336,991	412,397	292,939	116,793
	MN:	0	0	0	0	0	0	0	0
	Total:	1,644,780	45,332	156,869	283,459	336,991	412,397	292,939	116,793
3b. Average Period of Eligibility	CN:	0.91	0.67	0.84	0.94	0.90	0.95	0.95	0.91
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.91	0.67	0.84	0.94	0.90	0.95	0.95	0.91
4. Expected Number of Screenings per Eligible	CN:		4.02	1.68	0.94	0.45	0.57	0.48	0.46
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.02	1.68	0.94	0.45	0.57	0.48	0.46
5. Expected Number of Screenings	CN:	124,440	22,685	26,156	23,656	14,035	20,633	12,353	4,922
	MN:	0	0	0	0	0	0	0	0
	Total:	124,440	22,685	26,156	23,656	14,035	20,633	12,353	4,922
6. Total Screens Received	CN:	121,938	26,034	33,546	19,171	13,912	16,705	11,185	1,385
	MN:	0	0	0	0	0	0	0	0
	Total:	121,938	26,034	33,546	19,171	13,912	16,705	11,185	1,385
7. SCREENING RATIO	CN:	0.98	1.00	1.00	0.81	0.99	0.81	0.91	0.28
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.98	1.00	1.00	0.81	0.99	0.81	0.91	0.28
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	101,449	6,162	16,825	24,499	14,676	21,351	12,819	5,117
	MN:	0	0	0	0	0	0	0	0
	Total:	101,449	6,162	16,825	24,499	14,676	21,351	12,819	5,117
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	75,914	5,386	12,861	17,466	13,124	15,514	10,274	1,289
	MN:	0	0	0	0	0	0	0	0
	Total:	75,914	5,386	12,861	17,466	13,124	15,514	10,274	1,289
10. PARTICIPANT RATIO	CN:	0.75	0.87	0.76	0.71	0.89	0.73	0.80	0.25
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.75	0.87	0.76	0.71	0.89	0.73	0.80	0.25
11. Total Eligibles Referred for Corrective Treatment	CN:	37,875	3,843	7,721	7,337	5,436	7,187	5,287	1,064
	MN:	0	0	0	0	0	0	0	0
	Total:	37,875	3,843	7,721	7,337	5,436	7,187	5,287	1,064
12a. Total Eligibles Receiving Any Dental Services	CN:	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
	MN:	0							
	Total:	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
12b. Total Eligibles Receiving Preventive Dental Services	CN:	91,546	531	8,020	18,736	24,633	23,461	12,816	3,349
	MN:	0							
	Total:	91,546	531	8,020	18,736	24,633	23,461	12,816	3,349
12c. Total Eligibles Receiving Dental Treatment Services	CN:	48,816	410	3,212	10,040	12,820	11,816	8,056	2,462
	MN:	0							
	Total:	48,816	410	3,212	10,040	12,820	11,816	8,056	2,462
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	10,098	0	0	0	5,801	4,297	0	0
	MN:	0							
	Total:	10,098	0	0	0	5,801	4,297	0	0
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	77,683	234	7,070	15,558	20,230	19,732	11,510	3,349
	MN:	0							
	Total:	77,683	234	7,070	15,558	20,230	19,732	11,510	3,349
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	0	0	0	0	0	0	0	0
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
	MN:	0							
	Total:	98,764	624	9,611	20,179	25,544	24,484	14,246	4,076
13. Total Eligibles Enrolled in Managed Care	CN:	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
	MN:	0							
	Total:	150,201	5,643	15,569	25,166	31,189	36,199	25,735	10,700
14. Total Number of Screening Blood Lead Tests	CN:	8,608	567	6,366	1,617	44	11	3	0
	MN:	0							
	Total:	8,608	567	6,366	1,617	44	11	3	0

\* Includes 12-month visit

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

Disclosure Statement - 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

1. #13 Total eligible enrolled in managed care to use 1b (eligible in EPSDT for 90 continuous days), as all plans reported
2. 12 b Total eligible receiving preventive dental svc to add FQHC data for the first time
3. 12 g Ohana should be removed, as they should use D codes, and included in all dental HDS