

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



State Code	Fiscal Year								
HI	2022	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.							
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:	188,248	7,976	18,090	27,767	37,550	45,809	34,374	16,682
	MN:	0							
	Total:	188,248	7,976	18,090	27,767	37,550	45,809	34,374	16,682
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	172,123	5,138	16,622	25,767	35,010	42,886	32,099	14,601
	MN:	0							
	Total:	172,123	5,138	16,622	25,767	35,010	42,886	32,099	14,601
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	22,895	120	1,432	3,201	5,074	7,151	5,556	361
	MN:	0							
	Total:	22,895	120	1,432	3,201	5,074	7,151	5,556	361
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:	2,007,066	38,370	194,873	303,141	415,847	506,128	376,971	171,736
	MN:	0							
	Total:	2,007,066	38,370	194,873	303,141	415,847	506,128	376,971	171,736
3b. Average Period of Eligibility	CN:	0.97	0.62	0.98	0.98	0.99	0.98	0.98	0.98
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.97	0.62	0.98	0.98	0.99	0.98	0.98	0.98
4. Expected Number of Screenings per Eligible	CN:		4.34	2.45	0.98	0.99	0.98	0.98	0.98
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.34	2.45	0.98	0.99	0.98	0.98	0.98
5. Expected Number of Screenings	CN:	210,729	22,299	40,724	25,252	34,660	42,028	31,457	14,309
	MN:	0	0	0	0	0	0	0	0
	Total:	210,729	22,299	40,724	25,252	34,660	42,028	31,457	14,309
6. Total Screens Received	CN:	152,623	24,428	39,161	20,741	20,590	26,272	18,031	3,400
	MN:	0							
	Total:	152,623	24,428	39,161	20,741	20,590	26,272	18,031	3,400
7. SCREENING RATIO	CN:	0.72	1.00	0.96	0.82	0.59	0.63	0.57	0.24
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.72	1.00	0.96	0.82	0.59	0.63	0.57	0.24
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	169,466	5,138	16,622	25,252	34,660	42,028	31,457	14,309
	MN:	0	0	0	0	0	0	0	0
	Total:	169,466	5,138	16,622	25,252	34,660	42,028	31,457	14,309

\* 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:	94,232	4,868	13,494	16,592	18,194	22,737	15,717	2,630	
	MN:	0								
	Total:	94,232	4,868	13,494	16,592	18,194	22,737	15,717	2,630	
10. PARTICIPANT RATIO	CN:	0.56	0.95	0.81	0.66	0.52	0.54	0.50	0.18	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.56	0.95	0.81	0.66	0.52	0.54	0.50	0.18	
11. Total Eligibles Referred for Corrective Treatment	CN:	45,622	3,658	8,892	7,460	7,497	9,072	7,178	1,865	
	MN:	0								
	Total:	45,622	3,658	8,892	7,460	7,497	9,072	7,178	1,865	
12a. Total Eligibles Receiving Any Dental Services	CN:	91,141	135	6,637	15,822	23,228	25,337	15,655	4,327	
	MN:	0								
	Total:	91,141	135	6,637	15,822	23,228	25,337	15,655	4,327	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	86,408	76	6,303	15,228	22,430	24,463	14,340	3,568	
	MN:	0								
	Total:	86,408	76	6,303	15,228	22,430	24,463	14,340	3,568	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	43,928	71	1,474	6,869	12,593	12,096	8,402	2,423	
	MN:	0								
	Total:	43,928	71	1,474	6,869	12,593	12,096	8,402	2,423	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	9,955				5,234	4,721			
	MN:	0								
	Total:	9,955				5,234	4,721			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	87,979	121	6,579	15,462	22,341	24,473	14,952	4,051	
	MN:	0								
	Total:	87,979	121	6,579	15,462	22,341	24,473	14,952	4,051	
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	1,341	15	976	315	33	1	1	0	
	MN:	0								
	Total:	1,341	15	976	315	33	1	1	0	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	86,408	76	6,303	15,228	22,430	24,463	14,340	3,568	
	MN:	0								
	Total:	86,408	76	6,303	15,228	22,430	24,463	14,340	3,568	
13. Total Eligibles Enrolled in Managed Care	CN:	172,123	5,138	16,622	25,767	35,010	42,886	32,099	14,601	
	MN:	0								
	Total:	172,123	5,138	16,622	25,767	35,010	42,886	32,099	14,601	
14a. Total Number of Screening Blood Lead Tests	CN:	7,275	287	5,521	1,467					
	MN:	0								
	Total:	7,275	287	5,521	1,467					

\* Includes 12-month visit

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