

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



<u>State Code</u>	<u>Fiscal Year</u>								
HI	2021								
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:	184,347	8,734	18,532	27,402	36,830	45,249	32,798	14,802
	MN:	0							
	Total:	184,347	8,734	18,532	27,402	36,830	45,249	32,798	14,802
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555
	MN:	0							
	Total:	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	25,471	187	1,922	3,625	5,726	7,764	5,855	392
	MN:	0							
	Total:	25,471	187	1,922	3,625	5,726	7,764	5,855	392
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:	1,925,011	42,339	197,768	289,402	396,497	490,054	354,005	154,946
	MN:	0							
	Total:	1,925,011	42,339	197,768	289,402	396,497	490,054	354,005	154,946
3b. Average Period of Eligibility	CN:	0.95	0.60	0.95	0.96	0.96	0.97	0.96	0.95
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.95	0.60	0.95	0.96	0.96	0.97	0.96	0.95
4. Expected Number of Screenings per Eligible	CN:		3.60	1.90	0.96	0.48	0.58	0.48	0.48
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.60	1.90	0.96	0.48	0.58	0.48	0.48
5. Expected Number of Screenings	CN:	140,183	21,078	32,826	24,123	16,440	24,534	14,676	6,506
	MN:	0	0	0	0	0	0	0	0
	Total:	140,183	21,078	32,826	24,123	16,440	24,534	14,676	6,506
6. Total Screens Received	CN:	145,393	27,375	36,672	19,590	18,360	23,965	16,222	3,209
	MN:	0							
	Total:	145,393	27,375	36,672	19,590	18,360	23,965	16,222	3,209
7. SCREENING RATIO	CN:	1.00	1.00	1.00	0.81	1.00	0.98	1.00	0.49
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	1.00	1.00	1.00	0.81	1.00	0.98	1.00	0.49
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	109,411	5,855	17,277	24,123	16,440	24,534	14,676	6,506
	MN:	0	0	0	0	0	0	0	0
	Total:	109,411	5,855	17,277	24,123	16,440	24,534	14,676	6,506

\* 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:	89,258	5,537	13,842	16,766	16,005	20,810	13,695	2,603	
	MN:	0								
	Total:	89,258	5,537	13,842	16,766	16,005	20,810	13,695	2,603	
10. PARTICIPANT RATIO	CN:	0.82	0.95	0.80	0.70	0.97	0.85	0.93	0.40	
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	Total:	0.82	0.95	0.80	0.70	0.97	0.85	0.93	0.40	
11. Total Eligibles Referred for Corrective Treatment	CN:	43,414	4,140	8,181	5,804	6,296	9,260	7,685	2,048	
	MN:	0								
	Total:	43,414	4,140	8,181	5,804	6,296	9,260	7,685	2,048	
12a. Total Eligibles Receiving Any Dental Services	CN:	88,675	125	6,473	15,804	22,216	24,585	15,192	4,280	
	MN:	0								
	Total:	88,675	125	6,473	15,804	22,216	24,585	15,192	4,280	
12b. Total Eligibles Receiving Preventive Dental Services	CN:	84,445	65	6,151	15,255	21,490	23,851	14,001	3,632	
	MN:	0								
	Total:	84,445	65	6,151	15,255	21,490	23,851	14,001	3,632	
12c. Total Eligibles Receiving Dental Treatment Services	CN:	44,284	67	1,568	7,403	12,353	11,876	8,493	2,524	
	MN:	0								
	Total:	44,284	67	1,568	7,403	12,353	11,876	8,493	2,524	
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	9,938				5,334	4,604			
	MN:	0								
	Total:	9,938				5,334	4,604			
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	86,229	112	6,387	15,513	21,628	23,967	14,574	4,048	
	MN:	0								
	Total:	86,229	112	6,387	15,513	21,628	23,967	14,574	4,048	
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	1,392	2	1,100	265	25	0	0	0	
	MN:	0								
	Total:	1,392	2	1,100	265	25	0	0	0	
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	85,837	67	7,251	15,520	21,515	23,851	14,001	3,632	
	MN:	0								
	Total:	85,837	67	7,251	15,520	21,515	23,851	14,001	3,632	
13. Total Eligibles Enrolled in Managed Care	CN:	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555	
	MN:	0								
	Total:	168,941	5,855	17,277	25,128	34,251	42,300	30,575	13,555	
14a. Total Number of Screening Blood Lead Tests	CN:	7,313	385	5,713	1,215					
	MN:	0								
	Total:	7,313	385	5,713	1,215					

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