

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	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
	2012								
HI	CN:	172,452	9,902	20,301	30,143	34,936	37,734	27,557	11,879
	MN:	0	0	0	0	0	0	0	0
	Total:	172,452	9,902	20,301	30,143	34,936	37,734	27,557	11,879
1a. Total individuals eligible for EPSDT	CN:	154,414	6,329	18,465	27,694	32,204	35,006	25,356	9,360
	MN:	0	0	0	0	0	0	0	0
	Total:	154,414	6,329	18,465	27,694	32,204	35,006	25,356	9,360
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	27,206	172	1,722	3,219	6,660	8,496	6,519	418
	MN:	0	0	0	0	0	0	0	0
	Total:	27,206	172	1,722	3,219	6,660	8,496	6,519	418
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	27,206	172	1,722	3,219	6,660	8,496	6,519	418
	MN:	0	0	0	0	0	0	0	0
	Total:	27,206	172	1,722	3,219	6,660	8,496	6,519	418
2a. State Periodicity Schedule			5	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			5.00	2.00	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN:	1,649,670	44,655	199,902	303,286	354,275	385,826	278,998	82,729
	MN:	0	0	0	0	0	0	0	0
	Total:	1,649,670	44,655	199,902	303,286	354,275	385,826	278,998	82,729
3b. Average Period of Eligibility	CN:	0.89	0.59	0.90	0.91	0.92	0.92	0.92	0.74
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.89	0.59	0.90	0.91	0.92	0.92	0.92	0.74
4. Expected Number of Screenings per Eligible	CN:		2.95	1.80	0.91	0.46	0.55	0.46	0.37
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		2.95	1.80	0.91	0.46	0.55	0.46	0.37
5. Expected Number of Screenings	CN:	126,304	18,671	33,237	25,202	14,814	19,253	11,664	3,463
	MN:	0	0	0	0	0	0	0	0
	Total:	126,304	18,671	33,237	25,202	14,814	19,253	11,664	3,463
6. Total Screens Received	CN:	124,561	25,840	39,121	20,091	13,248	15,098	10,040	1,123
	MN:	0	0	0	0	0	0	0	0
	Total:	124,561	25,840	39,121	20,091	13,248	15,098	10,040	1,123
7. SCREENING RATIO	CN:	0.99	1.00	1.00	0.80	0.89	0.78	0.86	0.32
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.99	1.00	1.00	0.80	0.89	0.78	0.86	0.32
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	99,190	6,329	18,465	25,202	14,814	19,253	11,664	3,463
	MN:	0	0	0	0	0	0	0	0
	Total:	99,190	6,329	18,465	25,202	14,814	19,253	11,664	3,463

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

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year	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
	2012								
HI									
	CN:	76,808	6,128	15,601	18,307	12,487	14,074	9,168	1,043
	MN:	0	0	0	0	0	0	0	0
	Total:	76,808	6,128	15,601	18,307	12,487	14,074	9,168	1,043
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	0.77	0.97	0.84	0.73	0.84	0.73	0.79	0.30
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.77	0.97	0.84	0.73	0.84	0.73	0.79	0.30
10. PARTICIPANT RATIO	CN:	46,941	4,603	11,596	9,829	6,614	7,667	5,653	979
	MN:	0	0	0	0	0	0	0	0
	Total:	46,941	4,603	11,596	9,829	6,614	7,667	5,653	979
11. Total Eligibles Referred for Corrective Treatment	CN:	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
	MN:	0							
	Total:	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
12a. Total Eligibles Receiving Any Dental Services	CN:	60,430	18	976	15,350	16,376	16,188	9,403	2,119
	MN:	0							
	Total:	60,430	18	976	15,350	16,376	16,188	9,403	2,119
12b. Total Eligibles Receiving Preventive Dental Services	CN:	48,307	44	778	12,024	13,886	11,684	7,816	2,075
	MN:	0							
	Total:	48,307	44	778	12,024	13,886	11,684	7,816	2,075
12c. Total Eligibles Receiving Dental Treatment Services	CN:	6,171				3,507	2,664		
	MN:	0							
	Total:	6,171				3,507	2,664		
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	62,692	26	1,228	16,262	16,497	16,315	9,918	2,446
	MN:	0							
	Total:	62,692	26	1,228	16,262	16,497	16,315	9,918	2,446
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	0	0	0	0	0	0	0	0
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
	MN:	0							
	Total:	79,424	70	1,900	21,097	20,922	20,074	12,307	3,054
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	168,695	9,805	20,518	29,132	33,900	36,425	26,984	11,931
	MN:	0	0	0	0	0	0	0	0
	Total:	168,695	9,805	20,518	29,132	33,900	36,425	26,984	11,931
13. Total Eligibles Enrolled in Managed Care	CN:	9,545	531	7,365	1,649				
	MN:	0	0	0	0				
	Total:	9,545	531	7,365	1,649				
14. Total Number of Screening Blood Lead Tests									

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