

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	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
OK	CN:	638,155	37,220	76,231	104,457	139,647	151,682	102,737	26,181
	MN:	0							
	Total:	638,155	37,220	76,231	104,457	139,647	151,682	102,737	26,181
1a. Total individuals eligible for EPSDT	CN:	638,155	37,220	76,231	104,457	139,647	151,682	102,737	26,181
	MN:	0							
	Total:	638,155	37,220	76,231	104,457	139,647	151,682	102,737	26,181
1b. Total Individuals eligible for EPSDT for 90 Continuous Days	CN:	584,881	26,754	71,078	97,302	131,005	142,267	95,429	21,046
	MN:	0							
	Total:	584,881	26,754	71,078	97,302	131,005	142,267	95,429	21,046
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	96,900	1,251	5,837	8,371	22,114	28,293	30,722	312
	MN:	0							
	Total:	96,900	1,251	5,837	8,371	22,114	28,293	30,722	312
2a. State Periodicity Schedule			6	3	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	1.50	1.00	0.50	0.60	0.50	0.50
3a. Total Months of Eligibility	CN:	6,160,125	208,515	759,399	1,045,787	1,419,238	1,544,431	1,015,948	166,807
	MN:	0							
	Total:	6,160,125	208,515	759,399	1,045,787	1,419,238	1,544,431	1,015,948	166,807
3b. Average Period of Eligibility	CN:	0.88	0.65	0.89	0.90	0.90	0.90	0.89	0.66
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.88	0.65	0.89	0.90	0.90	0.90	0.89	0.66
4. Expected Number of Screenings per Eligible	CN:		3.90	1.34	0.90	0.45	0.54	0.45	0.33
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		3.90	1.34	0.90	0.45	0.54	0.45	0.33
5. Expected Number of Screenings	CN:	472,822	104,341	95,245	87,572	58,952	76,824	42,943	6,945
	MN:	0	0	0	0	0	0	0	0
	Total:	472,822	104,341	95,245	87,572	58,952	76,824	42,943	6,945
6. Total Screens Received	CN:	407,231	104,526	120,987	55,981	45,033	53,938	25,021	1,745
	MN:	0							
	Total:	407,231	104,526	120,987	55,981	45,033	53,938	25,021	1,745
7. SCREENING RATIO	CN:	0.86	1.00	1.00	0.64	0.76	0.70	0.58	0.25
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.86	1.00	1.00	0.64	0.76	0.70	0.58	0.25
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	371,068	26,754	71,078	87,572	58,952	76,824	42,943	6,945
	MN:	0	0	0	0	0	0	0	0
	Total:	371,068	26,754	71,078	87,572	58,952	76,824	42,943	6,945

* 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
	2016								
OK	CN:	232,773	24,486	50,714	47,610	40,107	46,651	21,689	1,516
	MN:	0							
	Total:	232,773	24,486	50,714	47,610	40,107	46,651	21,689	1,516
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	0.63	0.92	0.71	0.54	0.68	0.61	0.51	0.22
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.63	0.92	0.71	0.54	0.68	0.61	0.51	0.22
10. PARTICIPANT RATIO	CN:	33,481	812	1,472	5,044	8,777	9,129	6,975	1,272
	MN:	0							
	Total:	33,481	812	1,472	5,044	8,777	9,129	6,975	1,272
11. Total Eligibles Referred for Corrective Treatment	CN:	290,514	185	14,031	51,398	81,568	86,436	50,497	6,399
	MN:	0							
	Total:	290,514	185	14,031	51,398	81,568	86,436	50,497	6,399
12a. Total Eligibles Receiving Any Dental Services	CN:	265,859	77	10,865	46,738	77,381	81,311	44,492	4,995
	MN:	0							
	Total:	265,859	77	10,865	46,738	77,381	81,311	44,492	4,995
12b. Total Eligibles Receiving Preventive Dental Services	CN:	137,631	53	1,490	17,074	40,291	44,406	30,497	3,820
	MN:	0							
	Total:	137,631	53	1,490	17,074	40,291	44,406	30,497	3,820
12c. Total Eligibles Receiving Dental Treatment Services	CN:	25,259				14,423	10,836		
	MN:	0							
	Total:	25,259				14,423	10,836		
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	280,753	166	13,847	50,440	79,403	83,474	47,502	5,921
	MN:	0							
	Total:	280,753	166	13,847	50,440	79,403	83,474	47,502	5,921
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	7,765	135	3,488	1,964	798	880	470	30
	MN:	0							
	Total:	7,765	135	3,488	1,964	798	880	470	30
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	294,046	314	16,710	52,091	81,586	86,444	50,501	6,400
	MN:	0							
	Total:	294,046	314	16,710	52,091	81,586	86,444	50,501	6,400
12g. Total Eligibles Receiving Any Dental Or Oral Health Service	CN:	508,567	25,465	65,896	86,541	113,711	120,639	79,129	17,186
	MN:	0							
	Total:	508,567	25,465	65,896	86,541	113,711	120,639	79,129	17,186
13. Total Eligibles Enrolled in Managed Care	CN:	38,499	566	27,346	10,587				
	MN:	0							
	Total:	38,499	566	27,346	10,587				
14. Total Number of Screening Blood Lead Tests	CN:								
	MN:								
	Total:								

* Includes 12-month visit

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