

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



State Code	Fiscal Year								
OH	2024	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
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	X	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.							
1a. Total Individuals Eligible for EPSDT	CN:	1,490,756	68,528	143,999	219,763	298,855	356,210	282,472	120,929
	MN:	0	0	0	0	0	0	0	0
	Total:	1,490,756	68,528	143,999	219,763	298,855	356,210	282,472	120,929
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	1,407,008	49,483	136,774	208,900	285,763	342,644	270,893	112,551
	MN:	0	0	0	0	0	0	0	0
	Total:	1,407,008	49,483	136,774	208,900	285,763	342,644	270,893	112,551
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	272,649	1,972	16,555	29,272	70,340	84,524	64,336	5,650
	MN:	0	0	0	0	0	0	0	0
	Total:	272,649	1,972	16,555	29,272	70,340	84,524	64,336	5,650
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:	15,495,271	363,901	1,490,040	2,313,277	3,211,748	3,886,126	3,045,381	1,184,798
	MN:	0	0	0	0	0	0	0	0
	Total:	15,495,271	363,901	1,490,040	2,313,277	3,211,748	3,886,126	3,045,381	1,184,798
3b. Average Period of Eligibility	CN:	0.92	0.61	0.91	0.92	0.94	0.95	0.94	0.88
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.92	0.61	0.91	0.92	0.94	0.95	0.94	0.88
4. Expected Number of Screenings per Eligible	CN:		4.27	2.28	0.92	0.94	0.95	0.94	0.88
	MN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		4.27	2.28	0.92	0.94	0.95	0.94	0.88
5. Expected Number of Screenings	CN:	1,663,138	211,292	311,845	192,188	268,617	325,512	254,639	99,045
	MN:	0	0	0	0	0	0	0	0
	Total:	1,663,138	211,292	311,845	192,188	268,617	325,512	254,639	99,045
6. Total Screens Received	CN:	970,579	202,528	235,576	136,939	123,076	145,998	106,623	19,839
	MN:	0	0	0	0	0	0	0	0
	Total:	970,579	202,528	235,576	136,939	123,076	145,998	106,623	19,839
7. SCREENING RATIO	CN:	0.58	0.96	0.76	0.71	0.46	0.45	0.42	0.20
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.58	0.96	0.76	0.71	0.46	0.45	0.42	0.20
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,326,258	49,483	136,774	192,188	268,617	325,512	254,639	99,045
	MN:	0	0	0	0	0	0	0	0
	Total:	1,326,258	49,483	136,774	192,188	268,617	325,512	254,639	99,045
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	646,047	45,382	104,089	121,857	118,704	139,415	98,364	18,236
	MN:	0	0	0	0	0	0	0	0
	Total:	646,047	45,382	104,089	121,857	118,704	139,415	98,364	18,236
10. PARTICIPANT RATIO	CN:	0.49	0.92	0.76	0.63	0.44	0.43	0.39	0.18
	MN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.49	0.92	0.76	0.63	0.44	0.43	0.39	0.18

11. Total Eligibles Referred for Corrective Treatment	CN:	395,355	43,683	77,333	63,188	64,875	76,234	58,099	11,943
	MN:	0	0	0	0	0	0	0	0
	Total:	395,355	43,683	77,333	63,188	64,875	76,234	58,099	11,943
12a. Total Eligibles Receiving Any Dental Services	CN:	406,067	314	10,651	59,394	111,193	122,757	81,184	20,574
	MN:	0	0	0	0	0	0	0	0
	Total:	406,067	314	10,651	59,394	111,193	122,757	81,184	20,574
12b. Total Eligibles Receiving Preventive Dental Services	CN:	337,725	123	9,499	53,672	99,009	103,724	59,087	12,611
	MN:	0	0	0	0	0	0	0	0
	Total:	337,725	123	9,499	53,672	99,009	103,724	59,087	12,611
12c. Total Eligibles Receiving Dental Treatment Services	CN:	138,030	113	476	10,084	33,972	43,813	39,294	10,278
	MN:	0	0	0	0	0	0	0	0
	Total:	138,030	113	476	10,084	33,972	43,813	39,294	10,278
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	63,045				33,935	29,110		
	MN:	0				0	0		
	Total:	63,045				33,935	29,110		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	370,183	207	9,326	56,697	102,531	111,773	71,386	18,263
	MN:	0	0	0	0	0	0	0	0
	Total:	370,183	207	9,326	56,697	102,531	111,773	71,386	18,263
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	179,636	539	28,347	35,896	44,647	40,756	23,693	5,758
	MN:	0	0	0	0	0	0	0	0
	Total:	179,636	539	28,347	35,896	44,647	40,756	23,693	5,758
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	436,535	578	34,843	74,976	119,069	122,686	69,597	14,786
	MN:	0	0	0	0	0	0	0	0
	Total:	436,535	578	34,843	74,976	119,069	122,686	69,597	14,786
13. Total Eligibles Enrolled in Managed Care	CN:	1,365,350	47,913	131,861	203,779	277,510	333,359	262,983	107,945
	MN:	0	0	0	0	0	0	0	0
	Total:	1,365,350	47,913	131,861	203,779	277,510	333,359	262,983	107,945
14a. Total Number of Screening Blood Lead Tests	CN:	82,234	470	60,269	21,495				
	MN:	0	0	0	0				
	Total:	82,234	470	60,269	21,495				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests		CPT Code 83655 within certain diagnoses codes (Method I)	Enter X for Method I X	HEDIS (Method II)	Enter X for Method II	Combination Methodology (Method III)	Enter X for Method III		

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

Disclosure Statement - Annual completion of the Form CMS-416 is mandatory for states pursuant to section 1902(a)(43)(D) of the Social Security Act which requires states to annually report on the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 OMB control number for this information collection is 0938-0354 (expiration date May 31, 2023). The time required to complete this information collection is estimated to average 29 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop: C4-26-05, Baltimore, Maryland 21244-1850.