FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

CMS CENTERS for MEDICARE & MEDICAID SERVICES

State Code RI

Fiscal Year 2011

		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:	114,534	6,245	13,065	19,330	22,816	26,207	20,339	6,532
	MN:	147	0	0	0	1	1	38	107
	Total:	114,681	6,245	13,065	19,330	22,817	26,208	20,377	6,639
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	107,104	4,305	12,399	18,458	21,799	25,036	19,414	5,693
	MN:	122	0	0	0	0	1	29	92
	Total:	107,226	4,305	12,399	18,458	21,799	25,037	19,443	5,785
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	12,529				2,268	5,880	4,321	60
	MN:	0				0	0	0	0
	Total:	12,529	0	0	0	2,268	5,880	4,321	60
2a. State Periodicity Schedule			6	4	3	4	5	4	2
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	1.00	1.00	1.00	1.00
3a. Total Months of Eligibility	CN:	1,103,070	32,076	130,084	193,062	230,024	264,880	203,256	49,688
	MN:	660	0	0	0	0	3	149	508
	Total:	1,103,730	32,076	130,084	193,062	230,024	264,883	203,405	50,196
3b. Average Period of Eligibility	CN:	0.86	0.62	0.87	0.87	0.88	0.88	0.87	0.73
	MN:	0.45	0.00	0.00	0.00	0.00	0.25	0.43	0.46
	Total:	0.86	0.62	0.87	0.87	0.88	0.88	0.87	0.72
4. Expected Number of Screenings per Eligible	CN:		3.72	1.74	0.87	0.88	0.88	0.87	0.73
	MN:		0.00	0.00	0.00	0.00	0.25	0.43	0.46
	Total:		3.72	1.74	0.87	0.88	0.88	0.87	0.72
5. Expected Number of Screenings	CN:	115,908	16,015	21,574	16,058	19,183	22,032	16,890	4,156
	MN:	54	0	0	0	0	0	12	42
	Total:	115,962	16,015	21,574	16,058	19,183	22,032	16,902	4,198
6. Total Screens Received	CN:	84,916	17,244	23,309	11,446	10,446	12,561	8,568	1,342
	MN:	8	0	0	0	0	0	0	8
	Total:	84,924	17,244	23,309	11,446	10,446	12,561	8,568	1,350
7. SCREENING RATIO	CN:	0.73	1.00	1.00	0.71	0.54	0.57	0.51	0.32
	MN:	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.19
	Total:	0.73	1.00	1.00	0.71	0.54	0.57	0.51	0.32
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	95,023	4,305	12,399	16,058	19,183	22,032	16,890	4,156
	MN:	54	0	0	0	0	0	12	42
	Total:	95,077	4,305	12,399	16,058	19,183	22,032	16,902	4,198

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

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

CMS CENTERS for MEDICARE & MEDICAID SERVICES

State Code RI

Fiscal Year 2011

		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
9. Total Eligibles Receiving at least One Initial or Periodic Screen	CN:	55,538	4,150	9,716	10,378	10,175	11,953	7,934	1,232
	MN:	8	0	0	0	0	0	0	8
	Total:	55,546	4,150	9,716	10,378	10,175	11,953	7,934	1,240
10. PARTICIPANT RATIO	CN:	0.58	0.96	0.78	0.65	0.53	0.54	0.47	0.30
	MN:	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.19
	Total:	0.58	0.96	0.78	0.65	0.53	0.54	0.47	0.30
11. Total Eligibles Referred for Corrective Treatment	CN:	89,339	4,110	10,978	15,067	17,582	21,025	16,216	4,361
	MN:	98	0	0	0	0	1	27	70
	Total:	89,437	4,110	10,978	15,067	17,582	21,026	16,243	4,431
12a. Total Eligibles Receiving Any Dental Services	CN:	50,036	36	2,146	8,702	13,667	14,718	9,198	1,569
	MN:	37	0	0	0	0	1	6	30
	Total:	50,073	36	2,146	8,702	13,667	14,719	9,204	1,599
12b. Total Eligibles Receiving Preventive Dental Services	CN:	43,792	16	1,654	7,656	12,584	12,996	7,707	1,179
	MN:	28	0	0	0	0	1	5	22
	Total:	43,820	16	1,654	7,656	12,584	12,997	7,712	1,201
12c. Total Eligibles Receiving Dental Treatment Services	CN:	21,070	3	132	1,986	5,608	7,315	5,142	884
	MN:	22	0	0	0	0	0	3	19
	Total:	21,092	3	132	1,986	5,608	7,315	5,145	903
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	5,741				3249	2492		
	MN:	0				0	0		
	Total:	5,741				3,249	2,492		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	43,323	31	2,011	7,937	12,115	12,332	7,588	1,309
	MN:	34	0	0	0	0	1	5	28
	Total:	43,357	31	2,011	7,937	12,115	12,333	7,593	1,337
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	305	0	201	96	3	0	5	0
	MN:	0	0	0	0	0	0	0	0
	Total:	305	0	201	96	3	0	5	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	50,036	36	2,146	8,702	13,667	14,718	9,198	1,569
	MN:	37	0	0	0	0	1	6	30
	Total:	50,073	36	2,146	8,702	13,667	14,719	9,204	1,599
13. Total Eligibles Enrolled in Managed Care	CN:	103,682	5,919	12,363	17,871	20,664	23,239	17,974	5,652
	MN:	120	0	0	0	0	1	31	88
	Total:	103,802	5,919	12,363	17,871	20,664	23,240	18,005	5,740
14. Total Number of Screening Blood Lead Tests	CN:	12,142	334	6,644	5,164				
	MN:	0	0	0	0				
	Total:	12,142	334	6,644	5,164				

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