FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

CMS CENTERS for MEDICARE & MEDICAID SERVICES

State Code TX

Fiscal Year 2013

		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:	3,509,736	252,819	468,107	661,965	757,978	749,891	465,136	153,840
	MN:	3,396	248	235	339	585	752	759	478
	Total:	3,513,132	253,067	468,342	662,304	758,563	750,643	465,895	154,318
1b. Total Individuals eligible for EPSDT for 90 Continous Days	CN:	3,294,262	184,215	451,632	636,765	725,249	714,354	439,045	143,002
	MN:	1,410	58	117	125	188	209	200	513
	Total:	3,295,672	184,273	451,749	636,890	725,437	714,563	439,245	143,515
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
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:	33,347,765	1,612,158	4,656,837	6,692,337	7,495,826	7,392,740	4,401,793	1,096,074
	MN:	9,525	457	819	870	1,287	1,463	1,378	3,251
	Total:	33,357,290	1,612,615	4,657,656	6,693,207	7,497,113	7,394,203	4,403,171	1,099,325
3b. Average Period of Eligibility	CN:	0.84	0.73	0.86	0.88	0.86	0.86	0.84	0.64
	MN:	0.56	0.66	0.58	0.58	0.57	0.58	0.57	0.53
	Total:	0.84	0.73	0.86	0.88	0.86	0.86	0.84	0.64
4. Expected Number of Screenings per Eligible	CN:		5.11	2.15	0.88	0.86	0.86	0.84	0.64
	MN:		4.62	1.45	0.58	0.57	0.58	0.57	0.53
	Total:		5.11	2.15	0.88	0.86	0.86	0.84	0.64
5. Expected Number of Screenings	CN:	4,171,078	941,339	971,009	560,353	623,714	614,344	368,798	91,521
	MN:	1,125	268	170	73	107	121	114	272
	Total:	4,172,203	941,607	971,179	560,426	623,821	614,465	368,912	91,793
6. Total Screens Received	CN:	3,160,323	769,750	858,639	503,049	417,302	414,311	185,291	11,981
	MN:	543	130	119	57	65	77	44	51
	Total:	3,160,866	769,880	858,758	503,106	417,367	414,388	185,335	12,032
7. SCREENING RATIO	CN:	0.76	0.82	0.88	0.90	0.67	0.67	0.50	0.13
	MN:	0.48	0.49	0.70	0.78	0.61	0.64	0.39	0.19
	Total:	0.76	0.82	0.88	0.90	0.67	0.67	0.50	0.13
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	2,894,577	184,215	451,632	560,353	623,714	614,344	368,798	91,521
	MN:	862	58	117	73	107	121	114	272
	Total:	2,895,439	184,273	451,749	560,426	623,821	614,465	368,912	91,793

* 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:	1,869,337	175,952	369,057	414,756	371,035	363,857	163,713	10,967
	MN:	391	47	80	51	56	69	41	47
	Total:	1,869,728	175,999	369,137	414,807	371,091	363,926	163,754	11,014
10. PARTICIPANT RATIO	CN:	0.65	0.96	0.82	0.74	0.59	0.59	0.44	0.12
	MN:	0.45	0.81	0.68	0.70	0.52	0.57	0.36	0.17
	Total:	0.65	0.96	0.82	0.74	0.59	0.59	0.44	0.12
11. Total Eligibles Referred for Corrective Treatment	CN:	30,665	4,263	5,926	5,671	5,574	5,796	3,102	333
	MN:	6	0	2	2	1	0	1	0
	Total:	30,671	4,263	5,928	5,673	5,575	5,796	3,103	333
12a. Total Eligibles Receiving Any Dental Services	CN:	2,039,056	42,215	260,718	437,922	511,719	484,678	257,620	44,184
	MN:	597	12	50	66	96	94	93	186
	Total:	2,039,653	42,227	260,768	437,988	511,815	484,772	257,713	44,370
12b. Total Eligibles Receiving Preventive Dental Services	CN:	1,640,760	907	29,655	390,184	494,111	462,683	228,704	34,516
	MN:	474	1	6	57	87	87	77	159
	Total:	1,641,234	908	29,661	390,241	494,198	462,770	228,781	34,675
12c. Total Eligibles Receiving Dental Treatment Services	CN:	949,217	92	17501	173860	290902	274390	165653	26819
	MN:	360	0	4	20	58	53	64	161
	Total:	949,577	92	17,505	173,880	290,960	274,443	165,717	26,980
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	273,160				142905	130255		
	MN:	62				30	32		
	Total:	273,222				142,935	130,287		
12e. Total Eligibles Reciving Dental Diagnostic Services	CN:	1,975,750	42,146	259,845	430,723	500,060	466,940	236,963	39,073
	MN:	559	12	50	60	89	84	85	179
	Total:	1,976,309	42,158	259,895	430,783	500,149	467,024	237,048	39,252
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	132,059	22,319	96,548	13,192	0	0	0	0
	MN:	23	5	16	2	0	0	0	0
	Total:	132,082	22,324	96,564	13,194	0	0	0	0
12g. Total Eligibles Reciving Any Dental Or Oral Health Service	CN:	2,088,742	55,742	293,702	441,097	511,719	484,678	257,620	44,184
	MN:	607	15	57	66	96	94	93	186
	Total:	2,089,349	55,757	293,759	441,163	511,815	484,772	257,713	44,370
13. Total Eligibles Enrolled in Managed Care	CN:	3,360,723	222,705	456,854	640,959	732,715	720,848	444,505	142,137
	MN:	0	0	0	0	0	0	0	0
	Total:	3,360,723	222,705	456,854	640,959	732,715	720,848	444,505	142,137
14. Total Number of Screening Blood Lead Tests	CN:	0							
	MN:	0							
	Total:	0	0	0	0				

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