

Indicator 1: Children ages 1-2;preventive care visit

Annual EPSDT Participation Report  
Form CMS-416  
Fiscal Year: 2021  
State: **Oklahoma**

=10,554/69,667  
=0.1515  
=15.2%

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		State report generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	669,257	33,124	71,536	104,278	136,540	165,959	117,727	40,093
	MN	0	0	0	0	0	0	0	0
	Total	669,257	33,124	71,536	104,278	136,540	165,959	117,727	40,093
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	641,968	23,895	69,667	101,286	132,924	161,550	114,221	38,425
	MN	0	0	0	0	0	0	0	0
	Total	641,968	23,895	69,667	101,286	132,924	161,550	114,221	38,425
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	128,551	1,256	7,074	11,125	27,569	38,303	41,920	1,304
	MN	0	0	0	0	0	0	0	0
	Total	128,551	1,256	7,074	11,125	27,569	38,303	41,920	1,304
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	2.5	1	1	1	1	1
3a. Total Months of Eligibility	CN	7,337,286	187,057	808,165	1,174,801	1,548,586	1,886,425	1,331,556	400,696
	MN	0	0	0	0	0	0	0	0
	Total	7,337,286	187,057	808,165	1,174,801	1,548,586	1,886,425	1,331,556	400,696
3b. Average Period of Eligibility	CN	0.95	0.65	0.97	0.97	0.97	0.97	0.97	0.87
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.95	0.65	0.97	0.97	0.97	0.97	0.97	0.87
4. Expected Number of Screenings per Eligible	CN		4.55	2.43	0.97	0.97	0.97	0.97	0.87
	MN		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total		4.55	2.43	0.97	0.97	0.97	0.97	0.87
5. Expected Number of Screenings	CN	806,124	108,722	169,291	98,247	128,936	156,704	110,794	33,430
	MN	0	0	0	0	0	0	0	0
	Total	806,124	108,722	169,291	98,247	128,936	156,704	110,794	33,430
6. Total Screens Received	CN	435,391	100,353	121,507	60,208	51,058	65,753	33,135	3,377
	MN	0	0	0	0	0	0	0	0
	Total	435,391	100,353	121,507	60,208	51,058	65,753	33,135	3,377
7. SCREENING RATIO	CN	0.54	0.92	0.72	0.61	0.40	0.42	0.30	0.10
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.54	0.92	0.72	0.61	0.40	0.42	0.30	0.10
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	621,673	23,895	69,667	98,247	128,936	156,704	110,794	33,430
	MN	0	0	0	0	0	0	0	0
	Total	621,673	23,895	69,667	98,247	128,936	156,704	110,794	33,430
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	260,466	22,272	49,023	52,333	46,836	58,248	28,894	2,860
	MN	0	0	0	0	0	0	0	0
	Total	260,466	22,272	49,023	52,333	46,836	58,248	28,894	2,860

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Form CMS-416

Fiscal Year: 2021

State: Oklahoma

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
10. PARTICIPANT RATIO	CN	0.42	0.93	0.70	0.53	0.36	0.37	0.26	0.09
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	0.42	0.93	0.70	0.53	0.36	0.37	0.26	0.09
11. Total Eligibles Referred for Corrective Treatment	CN	32,442	DS	DS	4,044	7,534	9,194	7,645	1,844
	MN	0	0	0	0	0	0	0	0
	Total	32,442	DS	DS	4,044	7,534	9,194	7,645	1,844
12a. Total Eligibles Receiving Any Dental Services	CN	301,161	366	13,376	48,857	77,418	92,105	57,895	11,144
	MN	0	0	0	0	0	0	0	0
	Total	301,161	366	13,376	48,857	77,418	92,105	57,895	11,144
12b. Total Eligibles Receiving Preventive Dental Services	CN	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
	MN	0	0	0	0	0	0	0	0
	Total	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
12c. Total Eligibles Receiving Dental Treatment Services	CN	140,699	211	1,332	15,752	37,092	46,554	33,543	6,215
	MN	0	0	0	0	0	0	0	0
	Total	140,699	211	1,332	15,752	37,092	46,554	33,543	6,215
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	25,596				14,119	11,477		
	MN	0				0	0		
	Total	25,596				14,119	11,477		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	292,577	255	13,191	48,103	75,741	89,490	55,249	10,548
	MN	0	0	0	0	0	0	0	0
	Total	292,577	255	13,191	48,103	75,741	89,490	55,249	10,548
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	9,628	144	5,060	2,576	687	674	433	54
	MN	0	0	0	0	0	0	0	0
	Total	9,628	144	5,060	2,576	687	674	433	54
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
	MN	0	0	0	0	0	0	0	0
	Total	278,342	80	10,554	45,151	73,674	87,167	52,420	9,296
13. Total Eligibles Enrolled in Managed Care	CN	548,660	22,594	63,235	88,472	113,379	135,937	94,120	30,923
	MN	0	0	0	0	0	0	0	0
	Total	548,660	22,594	63,235	88,472	113,379	135,937	94,120	30,923
14a. Total Number of Screening Blood Lead Tests	CN	30,583	285	24,296	6,002				
	MN	0	0	0	0				
	Total	30,583	285	24,296	6,002				

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests			Enter X for Method I		Enter X for Method II		Enter X for Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	X	HEDIS (Method II)		Combination Methodology (Method III)			
<p>CN= Categorically Needy      MN=Medically Needy          DS = Data suppressed because data cannot be displayed per the Centers for Medicare &amp; Medicaid Services' cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.          States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit.          Report Generated Time: 10/05/2022 11:34:47 AM</p>									

## Annual EPSDT Participation Report

Form CMS-416 (National)

Fiscal Year: 2021

=1,027,576/4,246,417

=.242

=24.2%

CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		28	Total number of state reports generated by CMS using information reported in T-MSIS.						
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
1a. Total Individuals Eligible for EPSDT	CN	41,796,832	2,026,132	4,345,171	6,326,587	8,261,743	10,237,857	7,411,550	3,187,792
	MN	240,756	3,151	7,777	17,768	36,156	56,419	53,950	65,535
	Total	42,037,588	2,029,283	4,352,948	6,344,355	8,297,899	10,294,276	7,465,500	3,253,327
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN	40,412,378	1,541,335	4,239,211	6,181,927	8,086,974	10,022,595	7,247,345	3,092,991
	MN	223,334	2,197	7,206	16,384	34,163	53,538	49,171	60,675
	Total	40,635,712	1,543,532	4,246,417	6,198,311	8,121,137	10,076,133	7,296,516	3,153,666
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	5,315,734	10,849	148,057	335,212	1,254,559	1,802,144	1,404,890	360,023
2a. State Periodicity Schedule			n/a	n/a	n/a	n/a	n/a	n/a	n/a
2b. Number of Years in Age Group			n/a	n/a	n/a	n/a	n/a	n/a	n/a
2c. Annualized State Periodicity Schedule			n/a	n/a	n/a	n/a	n/a	n/a	n/a
3a. Total Months of Eligibility	CN	461,895,898	11,738,669	48,987,416	71,465,475	93,818,840	116,539,239	84,099,807	35,246,452
	MN	2,427,199	15,480	75,369	173,124	372,894	584,002	535,197	671,133
	Total	464,323,097	11,754,149	49,062,785	71,638,599	94,191,734	117,123,241	84,635,004	35,917,585
3b. Average Period of Eligibility	CN	0.95	0.63	0.96	0.96	0.97	0.97	0.97	0.95
	MN	0.95	0.59	0.87	0.88	0.91	0.91	0.91	0.92
	Total	0.95	0.63	0.96	0.96	0.97	0.97	0.97	0.95
4. Expected Number of Screenings per Eligible	CN		4.29	2.34	0.98	0.95	0.96	0.95	0.94
	MN		4.05	2.12	0.94	0.91	0.91	0.91	0.92
	Total		4.29	2.34	0.98	0.95	0.96	0.95	0.94
5. Expected Number of Screenings	CN	49,736,993	6,614,916	9,925,576	6,064,253	7,712,255	9,604,820	6,917,643	2,897,530
	MN	219,849	8,887	15,285	15,368	31,032	48,600	44,639	56,038
	Total	49,956,842	6,623,803	9,940,861	6,079,621	7,743,287	9,653,420	6,962,282	2,953,568
6. Total Screens Received	CN	34,312,925	6,350,829	8,797,324	4,794,468	4,450,722	5,708,522	3,480,124	730,936
	MN	91,672	6,235	9,346	9,047	13,978	22,903	16,943	13,220
	Total	34,404,597	6,357,064	8,806,670	4,803,515	4,464,700	5,731,425	3,497,067	744,156
7. SCREENING RATIO	CN	0.69	0.96	0.89	0.79	0.58	0.59	0.50	0.25
	MN	0.42	0.70	0.61	0.59	0.45	0.47	0.38	0.24
	Total	0.69	0.96	0.89	0.79	0.58	0.59	0.50	0.25
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN	38,876,932	1,541,335	4,238,792	5,964,557	7,712,255	9,604,820	6,917,643	2,897,530
	MN	204,368	2,197	7,206	14,656	31,032	48,600	44,639	56,038
	Total	39,081,300	1,543,532	4,245,998	5,979,213	7,743,287	9,653,420	6,962,282	2,953,568

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CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS	28	Total number of state reports generated by CMS using information reported in T-MSIS.							
Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN	21,059,596	1,417,863	3,356,074	3,902,506	3,900,645	4,931,945	2,947,753	602,810
	MN	69,905	1,355	3,926	7,190	11,892	19,623	14,573	11,346
	Total	21,129,501	1,419,218	3,360,000	3,909,696	3,912,537	4,951,568	2,962,326	614,156
10. PARTICIPANT RATIO	CN	0.54	0.92	0.79	0.65	0.51	0.51	0.43	0.21
	MN	0.34	0.62	0.54	0.49	0.38	0.40	0.33	0.20
	Total	0.54	0.92	0.79	0.65	0.51	0.51	0.43	0.21
11. Total Eligibles Referred for Corrective Treatment	CN	13,462,589	1,230,563	2,497,426	2,178,571	2,231,268	2,952,998	1,938,117	433,646
	MN	55,380	1,082	3,228	5,414	9,514	16,064	11,909	8,169
	Total	13,517,969	1,231,645	2,500,654	2,183,985	2,240,782	2,969,062	1,950,026	441,815
12a. Total Eligibles Receiving Any Dental Services	CN	18,310,539	57,146	1,094,899	3,044,918	4,572,126	5,319,791	3,313,581	908,078
	MN	63,729	23	1,062	4,808	11,504	17,870	13,971	14,491
	Total	18,374,268	57,169	1,095,961	3,049,726	4,583,630	5,337,661	3,327,552	922,569
12b. Total Eligibles Receiving Preventive Dental Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	17,079,787	44,455	1,027,576	2,914,937	4,376,199	5,025,142	2,949,308	742,170
12c. Total Eligibles Receiving Dental Treatment Services	CN	DS	DS	DS	DS	DS	DS	DS	DS
	MN	DS	DS	DS	DS	DS	DS	DS	DS
	Total	8,362,009	8,473	178,796	1,134,049	2,298,666	2,499,121	1,743,177	499,727
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN	2,321,084				1,155,255	1,165,829		
	MN	5,567				2,323	3,244		
	Total	2,326,651				1,157,578	1,169,073		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN	17,416,666	50,107	1,040,298	2,940,605	4,400,659	5,072,719	3,081,232	831,046
	MN	58,001	16	982	4,555	10,682	16,309	12,367	13,090
	Total	17,474,667	50,123	1,041,280	2,945,160	4,411,341	5,089,028	3,093,599	844,136
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN	1,568,578	51,183	625,426	378,279	190,327	182,559	110,822	29,982
	MN	2,261	33	635	474	331	371	258	159
	Total	1,570,839	51,216	626,061	378,753	190,658	182,930	111,080	30,141

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Description	Cat	Total	< 1	1-2	3-5	6-9	10-14	15-18	19-20
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN	17,776,534	83,191	1,444,076	3,069,207	4,414,775	5,056,824	2,967,145	741,316
	MN	54,071	38	1,356	4,564	10,194	15,484	11,307	11,128
	Total	17,830,605	83,229	1,445,432	3,073,771	4,424,969	5,072,308	2,978,452	752,444
13. Total Eligibles Enrolled in Managed Care	CN	38,270,856	1,452,840	4,078,365	5,896,540	7,677,232	9,482,758	6,818,146	2,864,975
	MN	171,444	1,533	5,243	12,668	25,732	40,022	35,474	50,772
	Total	38,442,300	1,454,373	4,083,608	5,909,208	7,702,964	9,522,780	6,853,620	2,915,747
14a. Total Number of Screening Blood Lead Tests	CN	2,624,623	32,737	1,868,106	723,780				
	MN	3,186	25	1,889	1,272				
	Total	2,627,809	32,762	1,869,995	725,052				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests			Enter X for Method I		Enter X for Method II		Enter X for Method III		
		CPT Code 83655 within certain diagnoses codes (Method I)	53	HEDIS (Method II)	0	Combination Methodology (Method III)	0		

CN= Categorically Needy

MN=Medically Needy

DS = Data suppressed because data cannot be displayed per the Centers for Medicare & Medicaid Services' cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.  
States are not required to provide the EPSDT benefits to children enrolled in Medicaid through the medically needy benefit.  
n/a = Not Applicable

Report Generated Time: 10/05/2022 11:34:47 AM