999 - STATE TOTAL FORM HCFA-416; ANNUAL EPSDT PARTICIPATION REPORT

STATE:NORTH CAROLINA FFY 09/10	CAT	TOTAL	AGE GROUPS <1	1	2	3	4	5	6
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	75827	82847	79074	77051	73597	69188	64217
	MN	XXXXXXXX	71	45	59	68	67	63	75
	TOTAL	XXXXXXXX	75898	82892	79133	77119	73664	69251	64292
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	XXXXXXXX	61822	79935	76517	74475	71225	66854	61280
	MN	XXXXXXXX	43	40	47	57	57	45	59
	TOTAL	XXXXXXXX	61865	79975	76564	74532	71282	66899	61339
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	XXXXXXXX	148	6414	7775	8045	7843	7509	1796
	MN	XXXXXXXX	0	3	1	8	8	9	1
	TOTAL	XXXXXXXX	148	6417	7776	8053	7851	7518	1797
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	4.00	2.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	XXXXXXXX	456614	873827	839177	815880	780781	735019	642891
	MN	XXXXXXXX	260	333	378	456	484	378	466
	TOTAL	XXXXXXXX	456874	874160	839555	816336	781265	735397	643357
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.61	0.91	0.91	0.91	0.91	0.91	0.87
	MN	XXXXXXXX	0.50	0.69	0.67	0.66	0.70	0.70	0.65
	TOTAL	XXXXXXXX	0.61	0.91	0.91	0.91	0.91	0.91	0.87
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	2.44	1.82	0.91	0.91	0.91	0.91	0.87
	MN	XXXXXXXX	2.00	1.38	0.67	0.66	0.70	0.70	0.65
	TOTAL	XXXXXXXX	2.44	1.82	0.91	0.91	0.91	0.91	0.87
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	150845	145481	69630	67772	64814	60837	53313
	MN	XXXXXXXX	86	55	31	37	39	31	38
	TOTAL	XXXXXXXX	150931	145536	69661	67809	64853	60868	53351
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	245945	212731	89238	46688	51438	53744	23859
	MN	XXXXXXXX	45	34	24	16	11	22	5
	TOTAL	XXXXXXXX	245990	212765	89262	46704	51449	53766	23864
7. SCREENING RATIO	CN	XXXXXXXX	1.63	1.46	1.28	0.68	0.79	0.88	0.44
	MN	XXXXXXXX	0.52	0.61	0.77	0.43	0.28	0.70	0.13
	TOTAL	XXXXXXXX	1.62	1.46	1.28	0.68	0.79	0.88	0.44

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STATE:NORTH CAROLINA FFY 09/10	CAT	TOTAL	AGE GROUPS <1	1	2	3	4	5	6
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	61822	79935	69630	67772	64814	60837	53313
	MN	XXXXXXXX	43	40	31	37	39	31	38
	TOTAL	XXXXXXXX	61865	79975	69661	67809	64853	60868	53351
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	59480	72119	59553	43909	47615	50517	22995
	MN	XXXXXXXX	23	18	18	15	10	21	5
	TOTAL	XXXXXXXX	59503	72137	59571	43924	47625	50538	23000
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.96	0.90	0.85	0.64	0.73	0.83	0.43
	MN	XXXXXXXX	0.53	0.45	0.58	0.40	0.25	0.67	0.13
	TOTAL	XXXXXXXX	0.96	0.90	0.85	0.64	0.73	0.83	0.43
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	282	203	117	117	174	185	81
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	282	203	117	117	174	185	81
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	366	8245	18637	27491	34501	36371	34258
	MN	XXXXXXXX	19	13	7	15	10	16	14
	TOTAL	XXXXXXXX	385	8258	18644	27506	34511	36387	34272
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	197	7518	17471	26020	32828	34717	32678
	MN	XXXXXXXX	4	3	2	4	6	15	13
	TOTAL	XXXXXXXX	201	7521	17473	26024	32834	34732	32691
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	38	438	2831	7169	11600	14051	14683
	MN	XXXXXXXX	5	1	3	1	3	2	5
	TOTAL	XXXXXXXX	43	439	2834	7170	11603	14053	14688
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	XXXXXXXX	0	1	3	12	36	1178	7665
	MN	XXXXXXXX	0	0	0	0	0	0	3
	TOTAL	XXXXXXXX	0	1	3	12	36	1178	7668
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	XXXXXXXX	355	8159	18337	26805	33444	35134	32980
	MN	XXXXXXXX	17	13	7	15	10	16	12
	TOTAL	XXXXXXXX	372	8172	18344	26820	33454	35150	32992
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	XXXXXXXX	6016	33288	21309	8013	609	0	0
	MN	XXXXXXXX	1	5	5	3	0	0	0
	TOTAL	XXXXXXXX	6017	33293	21314	8016	609	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	XXXXXXXX	6302	41229	41854	36612	38163	39558	37272
	MN	XXXXXXXX	20	15	11	17	11	17	17
	TOTAL	XXXXXXXX	6322	41244	41865	36629	38174	39575	37289
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	60616	79851	76263	73917	70509	66056	61275
	MN	XXXXXXXX	37	35	43	51	55	43	53
	TOTAL	XXXXXXXX	60653	79886	76306	73968	70564	66099	61328
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	472	40251	35111	11537	6087	4097	1248
	MN	XXXXXXXX	0	5	13	6	1	3	0
	TOTAL	XXXXXXXX	472	40256	35124	11543	6088	4100	1248

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1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	XXXXXXXX	53334	50197	49522	47958	45087	43455	40068
	MN	XXXXXXXX	108	126	115	115	122	127	124
	TOTAL	XXXXXXXX	53442	50323	49637	48073	45209	43582	40192
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	XXXXXXXX	49848	47538	46969	45439	42631	41141	37956
	MN	XXXXXXXX	64	95	63	88	85	94	75
	TOTAL	XXXXXXXX	49912	47633	47032	45527	42716	41235	38031
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	XXXXXXXX	0	0	0	1	0	0	1
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	0	0	0	1	0	0	1
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	XXXXXXXX	521654	503585	498081	482637	452515	437972	403810
	MN	XXXXXXXX	501	739	489	599	663	708	592
	TOTAL	XXXXXXXX	522155	504324	498570	483236	453178	438680	404402
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
	MN	XXXXXXXX	0.65	0.64	0.64	0.56	0.65	0.62	0.65
	TOTAL	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
	MN	XXXXXXXX	0.65	0.64	0.64	0.56	0.65	0.62	0.65
	TOTAL	XXXXXXXX	0.87	0.88	0.88	0.88	0.88	0.88	0.88
5. EXPECTED NUMBER OF SCREENINGS	CN	XXXXXXXX	43367	41833	41332	39986	37515	36204	33401
	MN	XXXXXXXX	41	60	40	49	55	58	48
	TOTAL	XXXXXXXX	43408	41893	41372	40035	37570	36262	33449
6. TOTAL SCREENS RECEIVED	CN	XXXXXXXX	17336	16062	16109	15344	19381	15929	14415
	MN	XXXXXXXX	10	15	6	7	22	12	9
	TOTAL	XXXXXXXX	17346	16077	16115	15351	19403	15941	14424
7. SCREENING RATIO	CN	XXXXXXXX	0.39	0.38	0.38	0.38	0.51	0.43	0.43
	MN	XXXXXXXX	0.24	0.25	0.15	0.14	0.40	0.20	0.18
	TOTAL	XXXXXXXX	0.39	0.38	0.38	0.38	0.51	0.43	0.43

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8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	43367	41833	41332	39986	37515	36204	33401
	MN	XXXXXXXX	41	60	40	49	55	58	48
	TOTAL	XXXXXXXX	43408	41893	41372	40035	37570	36262	33449
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	XXXXXXXX	16877	15596	15717	14948	18803	15422	13868
	MN	XXXXXXXX	10	14	6	7	22	12	9
	TOTAL	XXXXXXXX	16887	15610	15723	14955	18825	15434	13877
10. PARTICIPATION RATIO	CN	XXXXXXXX	0.38	0.37	0.38	0.37	0.50	0.42	0.41
	MN	XXXXXXXX	0.24	0.23	0.15	0.14	0.40	0.20	0.18
	TOTAL	XXXXXXXX	0.38	0.37	0.38	0.37	0.50	0.42	0.41
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	XXXXXXXX	55	48	40	51	47	47	33
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	55	48	40	51	47	47	33
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	XXXXXXXX	28478	27560	27056	25590	23835	22328	20538
	MN	XXXXXXXX	23	30	20	27	28	25	25
	TOTAL	XXXXXXXX	28501	27590	27076	25617	23863	22353	20563
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	XXXXXXXX	27358	26412	25758	24257	22453	20576	18206
	MN	XXXXXXXX	23	30	17	24	24	23	21
	TOTAL	XXXXXXXX	27381	26442	25775	24281	22477	20599	18227
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	XXXXXXXX	13403	13179	12371	11078	10363	10684	10659
	MN	XXXXXXXX	14	16	9	10	12	15	12
	TOTAL	XXXXXXXX	13417	13195	12380	11088	10375	10699	10671
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	XXXXXXXX	11967	9576	6032	4357	4909	5731	5426
	MN	XXXXXXXX	11	16	6	6	8	8	10
	TOTAL	XXXXXXXX	11978	9592	6038	4363	4917	5739	5436
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	XXXXXXXX	27313	26445	26009	24698	22962	21261	19200
	MN	XXXXXXXX	23	27	18	25	25	24	19
	TOTAL	XXXXXXXX	27336	26472	26027	24723	22987	21285	19219
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	XXXXXXXX	0	0	0	0	0	0	0
	MN	XXXXXXXX	0	0	0	0	0	0	0
	TOTAL	XXXXXXXX	0	0	0	0	0	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	XXXXXXXX	30203	29221	28925	27467	25427	23749	21732
	MN	XXXXXXXX	23	33	22	31	30	25	24
	TOTAL	XXXXXXXX	30226	29254	28947	27498	25457	23774	21756
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	XXXXXXXX	50462	47321	46406	44843	42025	40403	37226
	MN	XXXXXXXX	64	86	67	86	84	90	75
	TOTAL	XXXXXXXX	50526	47407	46473	44929	42109	40493	37301
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	XXXXXXXX	287	165	99	94	77	66	48
	MN	XXXXXXXX	1	0	0	0	0	0	0
	TOTAL	XXXXXXXX	288	165	99	94	77	66	48

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1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	1112182	38379	37154	38004	38788	39503	39091	29841
	MN	3571	149	171	206	239	226	393	902
	TOTAL	1115753	38528	37325	38210	39027	39729	39484	30743
1B. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT FOR 90 CONTINUOUS DAYS	CN	1045144	36237	35061	35750	36453	36793	34419	26801
	MN	2464	104	105	131	163	148	238	663
	TOTAL	1047608	36341	35166	35881	36616	36941	34657	27464
1C. TOTAL INDIVIDUALS ELIGIBLE UNDER A CHIP MEDICAID EXPANSION	CN	39532	0	0	0	0	0	0	0
	MN	30	0	0	0	0	0	0	0
	TOTAL	39562	0	0	0	0	0	0	0
2A. STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2B. NUMBER OF YEARS IN AGE GROUP	CN	XXXXXXXX	1	1	1	1	1	1	1
	MN	XXXXXXXX	1	1	1	1	1	1	1
	TOTAL	XXXXXXXX	1	1	1	1	1	1	1
2C. ANNUALIZED STATE PERIODICITY SCHEDULE	CN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	MN	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	TOTAL	XXXXXXXX	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3A. TOTAL MONTHS OF ELIGIBILITY	CN	10892799	384758	371973	377922	383314	376749	307821	245819
	MN	17956	822	771	957	1164	1094	1450	4652
	TOTAL	10910755	385580	372744	378879	384478	377843	309271	250471
3B. AVERAGE PERIOD OF ELIGIBILITY	CN	0.86	0.88	0.88	0.88	0.87	0.85	0.74	0.76
	MN	0.60	0.65	0.61	0.60	0.59	0.61	0.50	0.58
	TOTAL	0.86	0.88	0.88	0.87	0.87	0.85	0.74	0.75
4. EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	XXXXXXXX	0.88	0.88	0.88	0.87	0.85	0.74	0.76
	MN	XXXXXXXX	0.65	0.61	0.60	0.59	0.61	0.50	0.58
	TOTAL	XXXXXXXX	0.88	0.88	0.87	0.87	0.85	0.74	0.75
5. EXPECTED NUMBER OF SCREENINGS	CN	1089357	31888	30853	31460	31714	31274	25470	20368
	MN	1566	67	64	78	96	90	119	384
	TOTAL	1090923	31955	30917	31538	31810	31364	25589	20752
6. TOTAL SCREENS RECEIVED	CN	895485	13270	11896	10627	9405	7121	3200	1747
	MN	376	14	16	15	15	13	21	44
	TOTAL	895861	13284	11912	10642	9420	7134	3221	1791
7. SCREENING RATIO	CN	0.82	0.41	0.38	0.33	0.29	0.22	0.12	0.08
	MN	0.24	0.20	0.25	0.19	0.15	0.14	0.17	0.11
	TOTAL	0.82	0.41	0.38	0.33	0.29	0.22	0.12	0.08

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		TOTAL	14	15	16	17	18	19	20
8. TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	934788	31888	30853	31460	31714	31274	25470	20368
	MN	1508	67	64	78	96	90	119	384
	TOTAL	936296	31955	30917	31538	31810	31364	25589	20752
9. TOTAL ELIGIBILES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREENING	CN	522248	12728	11419	10143	8975	6772	3091	1701
	MN	324	14	15	15	14	12	21	43
	TOTAL	522572	12742	11434	10158	8989	6784	3112	1744
10. PARTICIPATION RATIO	CN	0.55	0.39	0.37	0.32	0.28	0.21	0.12	0.08
	MN	0.21	0.20	0.23	0.19	0.14	0.13	0.17	0.11
	TOTAL	0.55	0.39	0.36	0.32	0.28	0.21	0.12	0.08
11. TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	1570	32	12	19	20	4	2	1
	MN	0	0	0	0	0	0	0	0
	TOTAL	1570	32	12	19	20	4	2	1
12A. TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	436205	19008	17597	16928	16242	14133	10033	7010
	MN	739	31	32	41	46	30	80	207
	TOTAL	436944	19039	17629	16969	16288	14163	10113	7217
12B. TOTAL ELIGIBILES RECEIVING PREVENTIVE DENTAL SERVICES	CN	395593	16329	14969	13947	12800	10374	6546	4179
	MN	520	24	28	34	34	21	54	116
	TOTAL	396113	16353	14997	13981	12834	10395	6600	4295
12C. TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	193651	10570	10004	10047	10038	8962	6596	4887
	MN	442	17	17	27	31	24	63	155
	TOTAL	194093	10587	10021	10074	10069	8986	6659	5042
12D. TOTAL INDIVIDUALS RECEIVING A SEALANT ON A PERMANENT MOLAR	CN	64847	4004	2656	1043	136	71	33	11
	MN	90	7	8	6	0	1	0	0
	TOTAL	64937	4011	2664	1049	136	72	33	11
12E. TOTAL INDIVIDUALS RECEIVING DENTAL DIAGNOSTIC SERVICES	CN	415272	17469	16150	15444	14869	12836	8965	6437
	MN	696	28	33	40	44	27	77	196
	TOTAL	415968	17497	16183	15484	14913	12863	9042	6633
12F. TOTAL INDIVIDUALS RECEIVING ORAL HEALTH SRVICES BY A NON-DENTIST	CN	69235	0	0	0	0	0	0	0
	MN	14	0	0	0	0	0	0	0
	TOTAL	69249	0	0	0	0	0	0	0
12G. TOTAL INDIVIDUALS RECEIVING ANY DENTAL OR ORAL HEALTH SERVICE	CN	536750	20162	18810	18160	17563	15530	11269	7542
	MN	793	34	34	44	49	31	80	225
	TOTAL	537543	20196	18844	18204	17612	15561	11349	7767
13. TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	1022975	35469	34081	34441	34697	34661	32499	19954
	MN	2280	101	103	126	159	153	198	571
	TOTAL	1025255	35570	34184	34567	34856	34814	32697	20525
14. TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	99852	41	46	49	27	22	16	12
	MN	30	1	0	0	0	0	0	0
	TOTAL	99882	42	46	49	27	22	16	12