

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT									
State Code	Fiscal Year								
IL	2021								
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.							
		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:	1,393,367	66,877	145,592	211,836	269,603	338,694	249,148	111,617
	MN:	28,223	119	309	1,703	4,824	9,062	8,541	3,665
	Total:	1,421,590	66,996	145,901	213,539	274,427	347,756	257,689	115,282
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	1,341,445	48,766	142,172	206,542	263,406	331,113	242,826	106,620
	MN:	27,419	45	279	1,639	4,706	8,817	8,338	3,595
	Total:	1,368,864	48,811	142,451	208,181	268,112	339,930	251,164	110,215
1c. Total Individuals Eligible Under a CHIP Medicaid Expansion	CN:	109,341	0	2	28	17,769	45,672	35,077	10,793
	MN:	1,342	0	0	0	166	491	483	202
	Total:	110,683	0	2	28	17,935	46,163	35,560	10,995
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:	15,398,726	361,610	1,654,980	2,402,755	3,075,485	3,874,282	2,829,198	1,200,416
	MN:	320,148	317	3,096	19,034	55,115	103,151	97,560	41,875
	Total:	15,718,874	361,927	1,658,076	2,421,789	3,130,600	3,977,433	2,926,758	1,242,291
3b. Average Period of Eligibility	CN:	0.96	0.62	0.97	0.97	0.97	0.98	0.97	0.94
	MN:	0.97	0.59	0.52	0.97	0.98	0.97	0.98	0.97
	Total:	0.96	0.62	0.97	0.97	0.97	0.98	0.97	0.94
4. Expected Number of Screenings per Eligible	CN:	4.34	2.43	0.97	0.97	0.97	0.98	0.97	0.94
	MN:	4.13	2.30	0.97	0.98	0.97	0.98	0.97	0.97
	Total:	4.34	2.43	0.97	0.97	0.97	0.98	0.97	0.94
5. Expected Number of Screenings	CN:	1,673,227	211,644	345,478	200,346	255,504	324,491	235,541	100,223
	MN:	27,240	186	642	1,590	4,612	8,552	8,171	3,487
	Total:	1,700,467	211,830	346,120	201,936	260,116	333,043	243,712	103,710
6. Total Screens Received	CN:	1,032,784	199,869	260,077	148,128	121,680	180,163	104,594	18,273
	MN:	13,094	103	394	1,187	2,402	4,800	3,486	722
	Total:	1,045,878	199,972	260,471	149,315	124,082	184,963	108,080	18,995
7. SCREENING RATIO	CN:	0.62	0.94	0.75	0.74	0.48	0.56	0.44	0.18
	MN:	0.48	0.55	0.61	0.75	0.52	0.56	0.43	0.21
	Total:	0.62	0.94	0.75	0.74	0.48	0.56	0.44	0.18
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	CN:	1,307,043	48,766	142,172	200,346	255,504	324,491	235,541	100,223
	MN:	26,736	45	279	1,590	4,612	8,552	8,171	3,487
	Total:	1,333,779	48,811	142,451	201,936	260,116	333,043	243,712	103,710
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	659,419	44,959	107,629	124,851	110,858	160,781	93,663	16,678
	MN:	11,407	33	197	1,010	2,150	4,255	3,099	663
	Total:	670,826	44,992	107,826	125,861	113,008	165,036	96,762	17,341
10. PARTICIPANT RATIO	CN:	0.50	0.92	0.76	0.62	0.43	0.50	0.40	0.17
	MN:	0.43	0.73	0.71	0.64	0.47	0.50	0.38	0.19
	Total:	0.50	0.92	0.76	0.62	0.43	0.50	0.40	0.17
11. Total Eligibles Referred for Corrective Treatment	CN:	364,121	42,391	78,446	57,167	48,707	77,308	49,533	10,569
	MN:	8,259	30	176	732	1,574	3,110	2,167	470
	Total:	372,380	42,421	78,622	57,899	50,281	80,418	51,700	11,039
12a. Total Eligibles Receiving Any Dental Services	CN:	479,101	287	20,883	75,853	121,187	144,305	91,476	25,310
	MN:	8,306	0	41	530	1,690	2,931	2,375	739
	Total:	487,407	287	20,924	76,383	122,877	147,236	93,851	26,049
12b. Total Eligibles Receiving Preventive Dental Services	CN:	443,184	219	20,040	72,292	114,309	134,761	80,964	20,599
	MN:	7,329	0	38	495	1,555	2,650	2,031	560
	Total:	450,513	219	20,078	72,787	115,864	137,411	82,995	21,159
12c. Total Eligibles Receiving Dental Treatment Services	CN:	159,119	21	559	13,770	43,079	52,222	38,184	11,284
	MN:	2,669	0	2	76	448	862	942	339
	Total:	161,788	21	561	13,846	43,527	53,084	39,126	11,623
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	49,261				22,488	26,773		
	MN:	793				255	538		
	Total:	50,054				22,743	27,311		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	456,406	156	17,626	74,092	118,048	138,361	84,768	23,355
	MN:	7,853	0	32	520	1,648	2,790	2,193	670
	Total:	464,259	156	17,658	74,612	119,696	141,151	86,961	24,025
12f. Total Eligibles Receiving Oral Health Services Provided by a Non-Dentist Provider	CN:	9,166	305	7,274	1,498	49	25	14	1
	MN:	22	0	14	7	1	0	0	0
	Total:	9,188	305	7,288	1,505	50	25	14	1
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	450,675	519	26,146	73,329	114,332	134,779	80,970	20,600
	MN:	7,349	0	51	501	1,556	2,650	2,031	560
	Total:	458,024	519	26,197	73,830	115,888	137,429	83,001	21,160
13. Total Eligibles Enrolled in Managed Care	CN:	1,250,268	47,448	136,798	195,184	246,493	306,826	221,721	95,798
	MN:	25,455	31	241	1,500	4,366	8,246	7,776	3,295
	Total:	1,275,723	47,479	137,039	196,684	250,859	315,072	229,497	99,093
14a. Total Number of Screening Blood Lead Tests	CN:	102,507	2,556	53,790	46,161				
	MN:	376	0	70	306				
	Total:	102,883	2,556	53,860	46,467				
14b. Methodology Used to Calculate the Total Number of Screening Blood Lead Tests		within certain diagnoses codes (Method I)	Enter X for Method I		Enter X for Method II		Enter X for Method III		
		(Method II)	X	HEDIS (Method II)	Combination Methodology (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.