AKMPEPA3 RUN DATE: 03/20/2006 PAGE: 1
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM HCFA-416: ANNUAL EPSDT PARTICIPATION REPORT

STATE: ALASKA FY: 2005

		AGE GROUPS							
		TOTAL	<1	1 - 2 *	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
1. TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	89,151	6,041	11,197	14,429	16,999	20,395	15,577	4,513
	MN	0	0	0	0	0	0	0	0
	TOTAL	89,151	6,041	11,197	14,429	16,999	20,395	15,577	4,513
2a. STATE PERIODICITY SCHEDULE		*******	**********						
		*******	**********	5	4	3	2	3	2	1
2b. NUMBER OF YEARS IN AGE GROUP		*******	**********						
		*******	**********	1	2	3	4	5	4	2
2c. ANNUALIZED STATE PERIODICITY SCHEDULE		*******	**********						
		*******	**********	5.00	2.00	1.00	.50	.60	.50	.50
3a. TOTAL MONTHS OF ELIGIBILITY	CN	819,985	37,034	104,532	137,411	164,855	198,403	147,395	30,355
	MN	0	0	0	0	0	0	0	0
	TOTAL	819,985	37,034	104,532	137,411	164,855	198,403	147,395	30,355
3b. AVERAGE PERIOD OF ELIGIBILITY	CN	0.77	0.51	0.78	0.79	0.81	0.81	0.79	0.56
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTAL	0.77	0.51	0.78	0.79	0.81	0.81	0.79	0.56
4. EXPECTED NUMBER OF	CN	*********	2.55	1.56	0.79	0.40	0.48	0.39	0.28

SCREENINGS PER	MN	*********	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ELIGIBLE	TOTAL	*********	2.55	1.56	0.79	0.40	0.48	0.39	0.28
5. EXPECTED NUMBER	CN	68,198	15,404	17,467	11,398	6,799	9,789	6,075	1,263
OF SCREENINGS	MN	0	0	0	0	0	0	0	0
	TOTAL	68,198	15,404	17,467	11,398	6,799	9,789	6,075	1,263
6. TOTAL SCREENS	CN	47,669	17,481	13,181	6,928	3,035	3,813	2,953	278
RECEIVED	MN	0	0	0	0	0	0	0	0
	TOTAL	47,669	17,481	13,181	6,928	3,035	3,813	2,953	278
7. SCREENING RATIO	CN	0.70	1.13	0.75	0.61	0.45	0.39	0.49	0.22
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTAL	0.70	1.13	0.75	0.61	0.45	0.39	0.49	0.22

* INCLUDES 12-MONTHS VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY
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		AGE GROUPS						
	TOTAL	<1	1 - 2 *	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
8. TOTAL ELIGIBLES WHO								
SHOULD RECEIVE AT	CN	52,564	6,041	11,197	11,398	6,799	9,789	6,075	1,263
LEAST ONE INITIAL OR	MN	0	0	0	0	0	0	0	0
PERIODIC SCREEN	TOTAL	52,564	6,041	11,197	11,398	6,799	9,789	6,075	1,263
9. TOTAL ELIGIBLES									

RECEIVING AT LEAST	CN	26,950	5,234	6,710	5,894	2,782	3,450	2,619	261
ONE INITIAL OR	MN	0	0	0	0	0	0	0	0
PERIODIC SCREEN	TOTAL	26,950	5,234	6,710	5,894	2,782	3,450	2,619	261
10. PARTICIPANT RATIO	CN	0.51	0.86	0.59	0.51	0.40	0.35	0.43	0.20
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTAL	0.51	0.86	0.59	0.51	0.40	0.35	0.43	0.20
11. TOTAL ELIGIBLES	CN	4,751	481	1,313	1,117	426	585	618	211
REFERRED FOR	MN	0	0	0	0	0	0	0	0
CORRECTIVE TREATMENT	TOTAL	4,751	481	1,313	1,117	426	585	618	211
12a. TOTAL ELIGIBLES	CN	35,253	32	1,246	6,261	9,110	10,205	7,174	1,225
RECEIVING ANY DENTAL	MN	0	0	0	0	0	0	0	0
SERVICES	TOTAL	35,253	32	1,246	6,261	9,110	10,205	7,174	1,225
12b. TOTAL ELIGIBLES	CN	28,037	4	680	4,844	7,728	8,737	5,349	695
RECEIVING PREVENTIVE	MN	0	0	0	0	0	0	0	0
DENTAL SERVICES	TOTAL	28,037	4	680	4,844	7,728	8,737	5,349	695
12c. TOTAL ELIGIBLES	CN	19,653	7	372	2,908	5,045	5,614	4,804	903
RECEIVING DENTAL	MN	0	0	0	0	0	0	0	0
TREATMENT SERVICES	TOTAL	19,653	7	372	2,908	5,045	5,614	4,804	903
13. TOTAL ELIGIBLES ENROLLED	CN	0	0	0	0	0	0	0	0
IN MANAGED CARE	MN	0	0	0	0	0	0	0	0
	TOTAL	0	0	0	0	0	0	0	0
14. TOTAL NUMBER OF	CN	33	0	15	18	*********	*********	*********	*********
SCREENING BLOOD	MN	0	0	0	0	*********	*********	*********	*********
LEAD TESTS	TOTAL	33	0	15	18	*********	*********	*********	*********

* INCLUDES 12-MONTHS VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY