

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
ex. AL	20XX								
CMS Generated Reporting of State Form CMS-416 Data Using T-MSIS		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	MN/CN:	0							
	Total:	0	0	0	0	0	0	0	0
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	MN/CN:	0							
	Total:	0	0	0	0	0	0	0	0
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	MN/CN:	0							
	Total:	0	0	0	0	0	0	0	0
2a. State Periodicity Schedule									
2b. Number of Years in Age Group			1	2	3	4	5	4	2
2c. Annualized State Periodicity Schedule			0.00	0.00	0.00	0.00	0.00	0.00	0.00
3a. Total Months of Eligibility	MN/CN:	0							
	Total:	0	0	0	0	0	0	0	0
3b. Average Period of Eligibility	MN/CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Expected Number of Screenings per Eligible	MN/CN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Expected Number of Screenings	MN/CN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
6. Total Screens Received	MN/CN:	0							
	Total:	0	0	0	0	0	0	0	0
7. SCREENING RATIO	MN/CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen	MN/CN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0

* 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	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
10. PARTICIPANT RATIO	MNCN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Total Eligibles Referred for Corrective Treatment	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
12b. Total Eligibles Receiving Preventive Dental Services	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
12c. Total Eligibles Receiving Dental Treatment Services	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	MNCN:	0							
		0				0	0		
	Total:	0				0	0		
12e. Total Eligibles Receiving Dental Diagnostic Services	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
13. Total Eligibles Enrolled in Managed Care	MNCN:	0							
		0							
	Total:	0	0	0	0	0	0	0	0
14a. Total Number of Screening Blood Lead Tests	MNCN:	0							
		0							
	Total:	0	0	0	0				

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14b. Methodology used to Calculate the Total Number of Screening Blood Lead Tests	CPT Code 83655 within certain diagnosis codes (Method I)	Enter X for Method I	HEDIS (Method II)	Enter X for Method II	Combination Methodology (Method III)	Enter X for Method III		

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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 June 30, 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.