

Form CMS-416 Crosswalk

2017 (old version)	2020 (new version)	Type of Change	Reason for Change	Burden Change
	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.	Add	To reduce the burden of reporting, this checkbox gives states whose Transformed Medicaid Statistical Information System (T-MSIS) data has been deemed to meet CMS data quality standards the option to allow CMS to calculate the data for this form on their behalf using data from T-MSIS.	Yes--reduces burden of reporting
Continous	Continuous	Rev	Correct a typographical error.	No
Reciving	Receiving	Rev	Correct a typographical error.	No
Total Eligibles Reciving Any Dental Or Oral Health Service	Total Eligibles Receiving Any Preventive Dental or Oral Health Service	Rev	Aligns with revisions to the instructions to capture only preventive dental or oral health services. This change will allow CMS to more fully capture the providers and settings where preventive oral health services are being delivered. This relates to the CMS Oral Health Initiative goal of increasing the percentage of Medicaid-enrolled children receiving preventive services.	No
Methodology used for calculating the Total Number of Screening Blood Lead Tests	Methodology used to Calculate the Total Number of Screening Blood Lead Tests	Rev	Correct grammar	No
* Includes 12-month visit		Rev	Removes superfluous text that no longer corresponds to text on this version of form.	No

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

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<p>Disclosure Statement - 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.</p>	<p>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.</p>	<p>Rev</p>	<p>Updated disclosure statement.</p>	<p>No</p>
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