

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
	20XX								
ex. AL									
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	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
1b. Total Individuals Eligible for EPSDT for 90 Continuous Days	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
1c. Total Individuals Eligible under a CHIP Medicaid Expansion	CN:	0							
	MN:	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	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
3b. Average Period of Eligibility	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	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	CN:		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:		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	CN:	0	0	0	0	0	0	0	0
	MN:	0	0	0	0	0	0	0	0
	Total:	0	0	0	0	0	0	0	0
6. Total Screens Received	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
7. SCREENING RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	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	CN:	0	0	0	0	0	0	0	0
	MN:	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

FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT



State Code	Fiscal Year								
	20XX	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
ex. AL	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
9. Total Eligibles Receiving at Least One Initial or Periodic Screen	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
10. PARTICIPANT RATIO	CN:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	MN:	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	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12a. Total Eligibles Receiving Any Dental Services	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12b. Total Eligibles Receiving Preventive Dental Services	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12c. Total Eligibles Receiving Dental Treatment Services	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12d. Total Eligibles Receiving a Sealant on a Permanent Molar Tooth	CN:	0							
	MN:	0							
	Total:	0				0	0		
12e. Total Eligibles Receiving Dental Diagnostic Services	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12f. Total Eligibles Receiving Oral Health Services provided by a Non-Dentist Provider	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
12g. Total Eligibles Receiving Any Preventive Dental or Oral Health Service	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
13. Total Eligibles Enrolled in Managed Care	CN:	0							
	MN:	0							
	Total:	0	0	0	0	0	0	0	0
14a. Total Number of Screening Blood Lead Tests	CN:	0							
	MN:	0							
	Total:	0	0	0	0				

* Includes 12-month visit
Note: "CN" = Categorically Needy, "MN" = Medically Needy

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		

Note: "CN"=Categorically Needy, "MN"= Medically Needy

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: C7-26-05, Baltimore, Maryland 21244-1850.