

	Field	Description of Field	Input Method	CMS Review
Administrative	State Name	Identify the state	Drop Down Box; Choices = all states and DC	CMS checks for completion
	Name of Pilot	State titles the proposed pilot	Free form text	CMS checks for completion
	Pilot Submission Date	Date the pilot proposal submitted to CMS	Auto generated by PETT website	N/A
	Pilot Findings Due Date	Date the pilot findings are due to CMS	Drop Down Box; Choices = "June 2014"; "December 2014"; "June 2015"; "June 2016"	CMS checks for completion
General Information	State Agency Responsible for Conducting Review	Designate which state agency if conducting the review. Specify if state is hiring contractor to conduct review.	Free form text	CMS checks for independence
	State Contact Name	Name of the state staff person responsible for responding to CMS questions about the pilots	Free form text	CMS checks for completion
	State Contact Email Address	Email address of the state staff person responsible for responding to CMS questions about the pilot	Free form text	CMS checks for completion
	State Contact Phone Number	Phone number of the state staff person responsible for responding to CMS questions about the pilot	Free form text	CMS checks for completion
	Name of State Agencies That Make Eligibility Determinations	Self explanatory	Free form text	CMS checks for completion
	Methodology	Description of Sampling Frame	Description of the sampling frame of cases from which the sample will be drawn	Free form text
Description of Exclusions		Describe any cases that will be excluded from the sampling frame including how beneficiary fraud cases will be addressed (examples of possible exclusions include cases under active fraud investigation, state-only funded cases, Express lane eligibility cases, other cases not matched with Title XIX or XXI funds), including any Administrative Transfers.	Free form text	CMS checks for completion
QC Procedures for Sampling Frame		Describe the quality control procedures that will be applied to ensure the completeness/accuracy of the population from which the sample is drawn. Describe how the state will ensure sample does not include exclusions.	Free form text	CMS checks for completion
Stratification		Specify if the sampling frame will be stratified. States may elect to stratify to ensure representation from particular characteristics	Drop Down Box; Choices = "Yes"; "No"	CMS checks for completion
(If answer yes to stratification) Description of Strata		Describe stratification methodology.	Free form text	CMS checks for completion and ensure state chooses strata that will allow them to report on required results
Sample Size		Enter the total sample size for the pilot.	Free form text	CMS checks to ensure sample size meets minimum standards set forth in technical guidance

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Pilot	Sampling	Sample Program Distribution	Describe how the sample will be distributed between Medicaid and CHIP. The distribution should be proportionate to the number of determinations per program.	Free form text	CMS checks to ensure sample size proportionately distributed
		Sample Timeframe Distribution	Describe the timeframes from which the sample will be drawn. Specify the number of cases sampled from each selected timeframe. 1st round pilot (due June 2014): Sample determinations made October 2013 – March 2014. Sample size must be equally split between October – December 2013 determinations and January – March 2014 determinations	Free form text	CMS checks to ensure timeframes within specified parameters and equal representation between first and second quarters
		Method for drawing sample	Describe sampling methodology	Free form text	CMS checks to ensure sample is random
	Review	Review Process	Describe review process. Specify how errors will be identified and the robustness of review completed. Explain steps taken by reviewers to determine errors.	Free form text	CMS checks for completion
		Payment Review	Specify how the state will identify improper payments associated with active case errors.	Free form text	CMS checks for completion
		QC Procedures for Review	Describe the quality control procedures for ensuring accuracy of the review decision that will be reported in the pilot results (i.e. re-review of 10% of sampled cases)	Free form text	CMS checks for completion
Test Cases	Test Case Information	Describe the frequency and timing of running test cases. Include any other comments the state sees fit to share regarding test cases.	Free form text	CMS checks for completion	
<b>For each field below specify how the proposed pilot will enable the state to report on each measure.</b>					
	Was the decision about program eligibility correct?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness	
	Was the decision about eligibility group correct?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness	
	If the decision has been finalized and denied, was the case transferred to the SBM/FFM appropriately?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness	
	If the decision has been finalized and denied, have appropriate notices been sent?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness	
	If the application was transferred from a SBM/FFM, were appropriate steps taken to ensure reuse of information?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness	
	Were the appropriate attestations or verifications made for data collected in the application as identified in the state's verification plan before disposition?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness	

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Results	If additional information was sought from the applicant or beneficiary, was such information properly requested based on attestation and verifications, or existing data, and utilized properly in the eligibility determination?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness
	Based on the information supplied, attested and verified, was the household composition and income level for the applicant properly established?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness
	Based on the information supplied, attested and verified, was the citizenship and immigration status for the applicant properly established?	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness
	Performance of automated processes and analysis on the results of the test cases.	Describe how state will report on this measure	Free form text	CMS checks for reasonableness
	Analysis by point of application/type of application/channel	Describe how proposed pilot will enable state to report on this measure	Free form text	CMS checks for reasonableness and that analysis meets requirements specified in pilot parameters
	Other factors	Other factors the states will report results on; state can specify that there are none	Free form text	CMS checks for completion
Other	Comments (optional)	Any comments the state would like to enter	Free form text	No review

PRA 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 0938-1148. The time required to complete this information collection is estimated to average 40 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.