

2011 (old version)	2013 (new version)	Type of Change	Reason for Change	Burden Change
Description of Dental Benefits Provided Under Medicaid and the Children's Health Insurance Program (CHIP) - paper form	Description of Dental Benefits Provided Under Medicaid and the Children's Health Insurance Program (CHIP) - the previous form was paper-based.	Rev	CMS created an electronic form for states to use. The electronic form is more convenient for states, and enhances accuracy and tracking.	Yes. The electronic form streamlines the data collection. It also eliminates the need for a separate email communication to CMS. Estimate: 1 hour savings.
Description of Dental Benefits Provided Under Medicaid and the Children's Health Insurance Program (CHIP) - the paper form offers four check-box choices for states to choose from: (1) Medicaid; (2) CHIP Medicaid Expansion Program ONLY; (3) CHIP Stand-Alone/Separate Program ONLY; (4) CHIP Medicaid Expansion and Stand-Alone Program. For each of the four choices the form offers a brief description. Option (3) offers three sub-options: (a) Dental Services Provided through a State-defined benefit package; (b) Benchmark program; (c) Optional Supplemental Dental Coverage for CHIP eligible children with private or group insurance. For options 1, 2, and 3 there is a space to write in the state program name. For option 3(b) there is a space to write in the name of the benchmark plan.	Description of Dental Benefits Provided Under Medicaid and the Children's Health Insurance Program (CHIP) - the electronic form offers five check-box choices for states to choose from, with an instruction to check all that apply: (1) Medicaid; (2) Title XXI funded Medicaid expansion; (3) Separate CHIP program that uses a Medicaid benefit package; (4) separate CHIP program that has a unique benefit package; and (5) optional supplemental coverage for CHIP eligible children with private or group coverage. For options 1, 2, 3 and 4 there is a space to type in the relevant state program name.	Rev	CMS revised the choices to more accurately reflect the way states implement their CHIP dental programs. The revised form collects only the information essential to creating a Summary of Benefits that is accurate and comprehensible by the public.	No.

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