

Section	2011 (old Version)	2020 (New Version)	Type of change	Reason for Change	Burden of change (Yes or No)
<b>Section I</b>	1) To provide a summary at-a-glance of your CHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different CHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table. Please note that the numbers in brackets, e.g., [500] are character limits in the Children’s Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.	1) To provide a summary at-a-glance of your CHIP program, please provide the following information. If you would like to make any comments on your responses, please explain in the narrative section below this table. Provide an assurance that your state’s CHIP program eligibility criteria as set forth in the CHIP state plan in section 4, inclusive of PDF pages related to Modified Adjusted Gross Income eligibility, is accurate as of the date of this report. Please note that the numbers in brackets, e.g., [500] are character limits in the Children’s Health Insurance Program (CHIP) Annual Report Template System (CARTS). You will not be able to enter responses with characters greater than the limit indicated in the brackets.	Revision	Revised to collect information that is needed and clarify instructions	No
	Is income calculated as gross or net income?	N/A	Deletion	Question no longer needed	Yes, reduced burden
	Eligibility	N/A	Deletion	Question no longer needed	Yes, reduced burden

	Is presumptive eligibility provided for children?	1. Do you have authority in your CHIP State Plan to provide for presumptive eligibility in your Separate CHIP program, and have you implemented this?	Revision	Question revised for clarity and moved to Section IIIC, Subpart A	No
	Is retroactive eligibility available?	N/A	Deletion	Question no longer needed	Yes, burden reduced
	Does your State Plan contain authority to implement a waiting list?	Do you have a waiting list for your program?	Revision	Moved to Section IIIE	No
	Please check all the methods of application utilized by your state.	N/A	Deletion	Question no longer needed	No
	Does your program require a face-to-face interview during initial application	N/A	Deletion	Question no longer needed	No
	Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	1. Does your Separate CHIP program require a child to be uninsured for a minimum amount of time before enrollment (the waiting period)?	Revision	Modified for clarity and moved to Section IIIB	No
	Does your program match prospective enrollees to a database that details private insurance status?	2. Does your program match prospective enrollees to a database that also details their private insurance status?	Revision	Moved to Section IIIB	No
	Does your program provide period of continuous coverage regardless of income changes?	N/A	Deletion	Question no longer needed	No
	Does your program require premiums or an enrollment fee?	Does your program require premiums or an enrollment fee? (see page 6 of PRA CARTS 2019 Template)	Revision	Question and tables reformatted to be 508 compliant	Yes, reduced burden

Does your program require premiums or an enrollment fee?

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
Enrollment fee amount	
Premium amount	
If premiums are tiered by FPL, please breakout by FPL	
Premium Amount	
Range from	Range to
\$ _____	\$ _____
	% of FPL
	% of FPL
\$ _____	\$ _____
	% of FPL
	% of FPL
\$ _____	\$ _____
	% of FPL
	% of FPL
If premiums are tiered by FPL, please breakout by FPL	
Yearly Maximum Premium Amount per Family	\$ _____
Range from	Range to
\$ _____	\$ _____
	% of FPL
	% of FPL
\$ _____	\$ _____
	% of FPL
	% of FPL
\$ _____	\$ _____
	% of FPL
	% of FPL
If yes, briefly explain fee structure in the box below	
[500]	

Does your program impose copayments or coinsurance?

N/A

Deletion

Question no longer needed

Yes, reduced burden

	Does your program impose deductibles?	N/A	Deletion	Question no longer needed	Yes, reduced burden									
	Does your program require an assets test?	N/A	Deletion	Question no longer needed	Yes, reduced burden									
	Does your program require income disregards?	N/A	Deletion	Question no longer needed	Yes, reduced burden									
	<table border="1" data-bbox="268 521 1129 654"> <tr> <td rowspan="4">Which delivery system(s) does your program use?</td> <td><input type="checkbox"/> Managed Care</td> <td><input type="checkbox"/> Managed Care</td> </tr> <tr> <td><input type="checkbox"/> Primary Care Case Management</td> <td><input type="checkbox"/> Primary Care Case Management</td> </tr> <tr> <td><input type="checkbox"/> Fee for Service</td> <td><input type="checkbox"/> Fee for Service</td> </tr> <tr> <td colspan="2">Please describe which groups receive which delivery system [500]</td> </tr> </table>	Which delivery system(s) does your program use?	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Primary Care Case Management	<input type="checkbox"/> Primary Care Case Management	<input type="checkbox"/> Fee for Service	<input type="checkbox"/> Fee for Service	Please describe which groups receive which delivery system [500]		<p>Which delivery system(s) does your program use?</p> <p><input type="checkbox"/> Managed Care  <input type="checkbox"/> Primary Care Case Management  <input type="checkbox"/> Fee for Service</p> <p>Please describe which groups receive which delivery system:  <b>[500]</b></p>	Revision	Question reformatted to be 508 compliant	No
Which delivery system(s) does your program use?	<input type="checkbox"/> Managed Care		<input type="checkbox"/> Managed Care											
	<input type="checkbox"/> Primary Care Case Management		<input type="checkbox"/> Primary Care Case Management											
	<input type="checkbox"/> Fee for Service		<input type="checkbox"/> Fee for Service											
	Please describe which groups receive which delivery system [500]													
	Is a preprinted renewal form sent prior to eligibility expiring?	N/A	Deletion	Question no longer needed	Yes, reduced burden									
	2. Is there an assets test for children in your Medicaid program?	N/A	Deletion	Question no longer needed	Yes, reduced burden									
	3. Is it different from the assets test in your separate child health program?	N/A	Deletion	Question no longer needed	Yes, reduced burden									
	4. Are there income disregards for your Medicaid program?	N/A	Deletion	Question no longer needed	Yes, reduced burden									

	5. Are they different from the income disregards in your separate child health program?	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				
	6. Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				
	7. If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and CHIP?	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				
	8. Indicate what documentation is required at initial application for	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				
	<p>9. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.</p> <table border="1" data-bbox="283 738 682 860"> <thead> <tr> <th colspan="3">Medicaid Expansion CHIP Program</th> <th colspan="3">Separate Child Health Program</th> </tr> <tr> <th>Yes</th> <th>No Change</th> <th>N/A</th> <th>Yes</th> <th>No Change</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Medicaid Expansion CHIP Program			Separate Child Health Program			Yes	No Change	N/A	Yes	No Change	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>2) Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking the appropriate column.</p> <table border="1" data-bbox="1207 917 1543 1015"> <thead> <tr> <th colspan="3">Medicaid expansion CHIP Program</th> <th colspan="3">Separate Child Health Program</th> </tr> <tr> <th>Yes</th> <th>No Change</th> <th>N/A</th> <th>Yes</th> <th>No Change</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Medicaid expansion CHIP Program			Separate Child Health Program			Yes	No Change	N/A	Yes	No Change	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Revision	Question 9 in previous version is now question 2 in new version. Response Table reformatted to be more 508 compliant.	No
Medicaid Expansion CHIP Program			Separate Child Health Program																																						
Yes	No Change	N/A	Yes	No Change	N/A																																				
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	9. c) Application documentation requirements	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				
	9. k) Asset tests	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				
	9. l) Income disregards	N/A	Deletion	Question no longer needed	Yes, reduced burden																																				

	9. o) family coverage	N/A	Deletion	Question no longer needed	Yes, reduced burden
	9. v) Waiver populations (funded under title XXI)	N/A	Deletion	Question no longer needed	Yes, reduced burden
	8. For each topic you responded yes to above, please explain the change and why the change was made, below:	3) For each topic you responded "yes" to above, please explain the change and why the change was made, below:	Revision	Response table reformatted to be more 508 compliant	No
	8. c) Application documentation requirements	N/A	Deletion	Question no longer needed	Yes, reduced burden
	8. k) Assets test in Medicaid and/or CHIP	N/A	Deletion	Question no longer needed	Yes, reduced burden
	8. l) Income disregards in Medicaid and/or CHIP	N/A	Deletion	Question no longer needed	Yes, reduced burden
	8. o) Family coverage	N/A	Deletion	Question no longer needed	Yes, reduced burden
	8. v) Waiver populations (funded under title XXI)	N/A	Deletion	Question no longer needed	Yes, reduced burden
<b>Section IIA (2011 version)</b>	This section consists of three subsections that gather information on the initial core set of children's health care quality measures for the CHIP and/or Medicaid program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the initial core set of measures to the extent data are available. Section IIB captures your enrollment progress as well	N/A	Deletion	Core Set Quality Measure questions in Section IIA of the older template	Yes, reduced burden

	<p>as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.</p> <p>SECTION IIA: REPORTING OF THE INITIAL CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES</p>			(pages 14-76) removed because they were moved to MACPRO.	
<p><b>Section IIB</b> (Section IIA in 2019 version)</p>	<p>1. The information in the table below is the Unduplicated Number of Children Ever Enrolled in CHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 (Unduplicated # Ever Enrolled Year) in your State's 4th quarter data report (submitted in October) in the CHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by CARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.</p>	<p>Table 1: Children enrolled in CHIP</p> <p>This table is pre-filled with the state's your SEDS data for the two most recent federal fiscal years. If the information is inaccurate, adjust the data in your the SEDS report (See line 7: Unduplicated Number Ever Enrolled in your fourth quarter SEDS report) and refresh this page. (Note: It may take some time to see updated data.)</p>	Revision	Question revised for clarity and conciseness	No
	<p>1.A. Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.</p>	<p>1. If the percent change exceeds a 10% increase or decrease, what are some possible reasons for this change? (For example: Changes in outreach strategies or an expansion of programs.)</p>	Revision	Question revised for plain language and clarity	No
	<p>2. The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between</p>	<p>Table 2: Uninsured children (under</p>	Revision	Question revised for clarity and	No

	<p>1996-1998 and 2009-2010. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. CARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2011 Annual Report Template.</p>	<p>age 19) below 200% FPL Current Population Survey This table is pre-filled with rates of uninsured children below 200% of the Federal Poverty Line (FPL) based on three-year averages from the Current Population Survey. Significant changes are denoted with an asterisk (*).</p>		<p>conciseness</p>	
<p>N/A</p>		<p>Table 3: Uninsured children (under age 19) below 200% FPL American Community Survey This table is pre-filled with numbers of uninsured children below 200% of the Federal Poverty Line (FPL) based on single year estimates from the American Community Survey. Significant changes are denoted with an asterisk (*).</p>	<p>Addition</p>	<p>Change in data source</p>	<p>No</p>
	<p>2.A. Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.</p>	<p>2. What are some possible reasons for increases or decreases in the number of uninsured children in your state?</p>	<p>Revision</p>	<p>Plain language revision</p>	<p>No</p>



	<p>2.B. Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.</p>	<p>3. Were there any limitations on the American Community Survey data that could affect the reliability or precision of this data?</p>	Revision	Revised to add plain language and change data source	No
	<p>3. Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.</p> <p><input type="checkbox"/> Yes (please report your data in the table below)</p> <p><input type="checkbox"/> No (skip to Question #4)</p> <p>Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.</p>	<p>4. Do you have any alternate data source(s) or methodology for measuring the number and/or rate of uninsured children in your state?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured</p>	Revision	Plain language revision	No
	<p>4. How many children do you estimate have been enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.</p>	N/A	Deletion	Question no longer needed	Yes, reduced burden
	N/A	<p>5. Anything else you'd like to share about your data on enrollment and uninsured children?</p>	Addition	Space for state to provide additional information if needed	No
<b>Section</b>	Instructions on page 79: Note that the term performance measure is	Instructions on page 16: In this	Revision	Instructions	No

<p><b>IIC</b> (Section IIB in 2019 version)</p>	<p>used differently in Section IIA versus IIC. In Section IIA, the term refers to the 24 core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, “objectives” refer to the five broad categories listed above, while “goals” are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.</p>	<p>section, the term performance measure is used to refer to any data your state provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, “objectives” refer to the five broad categories listed above, while “goals” are state-specific, and should be listed in the appropriate subsections within the space provided for each objective.</p>		<p>revised to remove reference to an older version of Section IIA has been removed from the report.</p>	
	<p>Instructions on page 79: In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.</p>	<p>Instructions on page 16: In addition, please do not report the same data that were reported for Child Core Set reporting. The intent of this section is to capture goals and measures that your state did not report elsewhere. As a reminder, Child Core Set reporting migrated to MACPRO in December 2015. Historical data are still available for viewing in CARTS.</p>	<p>Revision</p>	<p>Instructions revised to clarify information that should not be included in this section.</p>	<p>No</p>
	<p>Instructions on page 82: Note: CARTS will calculate the rate when you enter the numerator and denominator.</p> <p>For CARTS versions prior to 2011 States were able to enter a rate without entering a numerator and denominator (If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure [or component]. The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator.) Beginning in 2011, CARTS will be</p>	<p>Instructions on pages 19-20: The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator). The reporting unit for each measure is the state as a whole. If states calculate rates for</p>	<p>Revision</p>	<p>Updated to further clarify instructions and remove outdated information.</p>	<p>No</p>

	<p>requiring States to report numerators and denominators rather than providing them the option of only reporting the rate. If States reported a rate in years prior to 2011, that data will be able to be edited if the need arises.</p>	<p>multiple reporting units (e.g., individual health plans, different health care delivery systems), states must aggregate data from all these sources into one state rate before reporting the data to CMS. In the situation where a state combines data across multiple reporting units, all or some of which use the hybrid method to calculate the rates, the state should enter zeroes in the “Numerator” and “Denominator” fields. In these cases, it should report the state-level rate in the “Rate” field and, when possible, include individual reporting unit numerators, denominators, and rates in the field labeled “Additional Notes on Measure,” along with a description of the method used to derive the state-level rate.</p>					
	<p>Year row in all goals tables in objective section</p> <table border="1" data-bbox="258 1049 1129 1123"> <tr> <td data-bbox="258 1049 1129 1084"><b>Year of Data:</b></td> </tr> <tr> <td data-bbox="258 1084 1129 1123"></td> </tr> </table>	<b>Year of Data:</b>		<p>Date range row in all goals tables in objective section  <b>Date Range:</b>  <b>From: (mm/yyyy) To: (mm/yyyy)</b></p>	Revision	Revised to clarify the information needed	No
<b>Year of Data:</b>							
	<p>Explanation of progress and other comments and measures rows in all goals tables in objectives section (see table on page 84 as example)</p>	<p>Explanation of progress and other comments and measures rows in all goals tables in objectives section (see table on page 19 as example)</p>	Revision	Goal tables revised to be more 508 compliant	No		

	<p><b>Explanation of Progress:</b></p> <p>How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?</p> <p>What quality improvement activities that involve the CHIP program and benefit CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p><b>Annual Performance Objective for FFY 2012:</b></p> <p><b>Annual Performance Objective for FFY 2013:</b></p> <p><b>Annual Performance Objective for FFY 2014:</b></p> <p><i>Explain how these objectives were set:</i></p>				
	<p><b>Other Comments on Measure:</b></p>	<p>Deviations from Measure Specific row in all goal tables for objectives related to access to care and use of preventative care</p> <p><b>Deviations from Measure Specifications:</b></p> <p><input type="checkbox"/> Year of Data, <i>Explain.</i></p> <p><input type="checkbox"/> Data Source, <i>Explain.</i></p> <p><input type="checkbox"/> Numerator, <i>Explain.</i></p>	<p>Addition</p>	<p>Revised to include information that was asked for in the instructions of previous reports but not previously included in</p>	<p>Yes, burden added</p>

		<input type="checkbox"/> Denominator, <i>Explain</i> . <input type="checkbox"/> Other, <i>Explain</i> .		the goal tables for this section.	
	Page 114: Please list attachments here and summarize findings or list main findings	N/A	Deletion	Question no longer needed	Yes, reduced burden
<b>Section IIIA</b> (both versions)	Section III A: Outreach	Section III A: Program Outreach	Revision	More accurate title	No
	1. How have you redirected/changed your outreach strategies during the reporting period?	1. Have you changed your outreach methods over the past federal fiscal year? If so, what have you done differently?	Revision	Plain language revision	No
	2. What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?	3. What methods have been most effective in reaching low-income, uninsured children? (For example: TV, school outreach, or word of mouth)	Revision	Plain language revision	No
	3. Which of the methods described in Question 2 would you consider a best practice(s)?	N/A	Deletion	Question removed because it is duplicative.	Yes, reduced burden.
	4. Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have these efforts been successful, and how have you measured effectiveness?	2. Are you targeting specific populations in your outreach? (For example: minorities, immigrants, or children living in rural areas.)  If you answered YES:	Revision	Plain language revision	No

		<p>Have these efforts been successful?</p> <p>How have you measured the effectiveness?</p>			
	<p>5. What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? (Identify the data source used).</p>	<p>4. What percent of children below 200% of the Federal Poverty Level (FPL) who are eligible for Medicaid or CHIP have been enrolled in those programs? [For example: "23.78%"]</p> <p>a. Where did you source this data from?</p>	Revision	Plain language revision	No
	N/A	<p>5. Anything else you'd like to add about your state's outreach efforts?</p>	Addition	Addition of question to capture any additional information states would like to share	No
<b>Section III B</b> (Both versions)	N/A	<p>Substitution of coverage (also known as crowd-out) occurs when someone with private insurance decides to drop their private coverage and substitute it with publicly funded insurance coverage such as CHIP.</p>	Addition	Addition of description of the section.	No
	<p>1. Do you have substitution prevention policies in place?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>1. Does your separate CHIP program require a child to be uninsured for a minimum amount</p>	Revision	Revised this question to better reflect	No

	<p>If yes, indicate if you have the following policies:</p> <p><input type="checkbox"/> Imposing waiting periods between terminating private coverage and enrolling in CHIP</p> <p><input type="checkbox"/> Imposing cost sharing in approximation to the cost of private coverage</p> <p><input type="checkbox"/> Monitoring health insurance status at the time of application</p> <p><input type="checkbox"/> [7500][7500]</p>	<p>of time before enrollment (the waiting period)?</p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes  <input type="checkbox"/> N/A</p> <p>If you answered YES:</p> <p>a. How long does your program require a child to be uninsured before enrollment?</p> <p>b. Which population groups does the period of uninsurance apply to? (Include Federal Poverty Levels for each group.)</p> <p>c. What exemptions apply to the period of uninsurance?</p>		current policies.	
	<p>2. Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. [7500]</p>	N/A	Deletion	Deleted this question.	Yes, reduced burden.
	<p>3. Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. [7500]</p>	N/A	Deletion	Deleted this question.	Yes, reduced burden.
	<p>4. At the time of application, what percent of CHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] [5] and what percent of applicants are found to have other group health insurance [(#</p>	<p>3. What percent of individuals screened for CHIP eligibility can't be enrolled because they have group health plan coverage? [For</p>	Revision	Revised this question to better reflect current policies.	No.

	<p>applicants found to have other insurance/total # applicants) * 100] [5]? Provide a combined percent if you cannot calculate separate percentages. [5]</p>	<p>example "23.17%"]</p>			
	<p>5. What percent of CHIP applicants cannot be enrolled because they have group health plan coverage? [5]</p> <p>a. Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # of new applicants who were enrolled)* 100]? [5]</p>	<p>5. Do you track the number of individuals who have access to private insurance?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If you answered YES:</p> <p>a. How many individuals who enrolled in CHIP over the last FFY (federal fiscal year) had access to private insurance when they applied?</p> <p>b. How many individuals were enrolled in CHIP during the last FFY?</p> <p>c. What percent of individuals that enrolled in CHIP had access to private health insurance when they applied? [Divide 5a by 5b]</p>	<p>Revision</p>	<p>Revised the question to more accurately reflect the information we need to collect.</p>	<p>No.</p>
	<p>N/A</p>	<p>2. Does your program match prospective enrollees to a database that also details their</p>	<p>Addition</p>	<p>Additional question to capture necessary</p>	<p>No</p>



		<p>private insurance status?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> N/A</p> <p>If you answered YES:</p> <p>Which database do you use?</p>		information	
	N/A	<p>4. What percent of individuals with group health insurance who are subject to the waiting period meet state and federal exemptions?</p> <p>To calculate this number: Divide the number of individuals subject to the waiting period who meet an exemption by the total number of individuals subject to the waiting period, then multiply this number by 100.</p>	Addition	Additional question to capture necessary information	No
	N/A	<p>6. Anything else to add about this section that wasn't already covered? Did you run into any limitations when collecting data? [Max 7500 characters]</p>	Addition	Addition of narrative question to capture any additional information states would	No.

				like to share.	
	<p>6. Does your State have an affordability exception to its waiting period?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please respond to the following questions. If no, skip to question 7.</p> <p>a. Has the State established a specific threshold for defining affordability (e.g., when the cost of the child's portion of the family's employer-based health insurance premium is more than X percent of family income)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the State has established a specific threshold, please provide this figure and whether this applies to net or gross income. If no, how does the State determine who meets the affordability exception? <b>[7500]</b></p> <p>b. What expenses are counted for purposes of determining when the family exceeds the affordability threshold? (e.g., Does the State consider only premiums, or premiums and other cost-sharing charges? Does the State base the calculation on the total premium for family coverage under the employer plan or on the difference between the amount of the premium for employee-only coverage and the amount of the premium for family coverage? Other approach?) <b>[7500]</b></p> <p>c. What percentage of enrollees at initial application qualified for this exception in the last Federal Fiscal Year? (e.g., Number of applicants who were exempted because of affordability exception/total number of applicants who were enrolled). <b>[5]</b></p> <p>d. Does the State conduct surveys or focus groups that examine whether</p>	N/A	Deletion	Question no longer required	Yes, reduced burden

	<p>affordability is a concern?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide relevant findings. [7500]</p>				
	<p>7. If your State does not have an affordability exception, does your State collect data on the cost of health insurance for an individual or family? [7500]</p>	N/A	Deletion	Question no longer required	Yes, reduced burden
	<p>8. Does the State's CHIP application ask whether applicants have access to private health insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, do you track the number of individuals who have access to private insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what percent of individuals that enrolled in CHIP had access to private health insurance at the time of application during the last Federal Fiscal Year [(# of individuals that had access to private health insurance/total # of individuals enrolled in CHIP)* 100]? [5]</p>	N/A	Deletion	Question no longer required	Yes, reduced burden
<p><b>Section III C, Subpart A (2020 version)</b></p>	<p>Section IIIC: Subpart A: Overall CHIP and Medicaid Eligibility Coordination</p>	<p>Subpart A: Eligibility Renewal and Retention</p>	Revision	Revised language to better reflect content of the section	No

	<p>1. Does the State use a joint application for establishing eligibility for Medicaid or CHIP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please describe the screen and enroll process. <b>[7500]</b></p>	N/A	Deletion	Deleted question, no longer needed	Yes, reduced burden
	<p>2. Please explain the process that occurs when a child's eligibility status changes from Medicaid to CHIP and from CHIP to Medicaid. Have you identified any challenges? If so, please explain. <b>[7500]</b></p>	N/A	Deletion	Deleted question, no longer needed	Yes, reduced burden
	<p>3. Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and CHIP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain. <b>[7500]</b></p>	N/A	Deletion	Deleted question, no longer needed	Yes, reduced burden
	<p>4. Do you have authority in your CHIP State plan to provide for presumptive eligibility, and have you implemented this?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes</p> <p>a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? <b>[5]</b></p> <p>b. Of those children who are presumptively enrolled, what percent of those children are determined eligible and enrolled upon completion of the full eligibility determination those children are determined eligible and enrolled? <b>[5]</b></p>	<p>1. Do your state have authority in the CHIP State Plan to provide for presumptive eligibility in your Separate CHIP program, and has your state implemented this?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> N/A, Medicaid</p>	Revision	Revised language to provide clarity	No

		<p style="text-align: center;">Expansion CHIP only</p> <p>If YES:</p> <p>a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination?</p> <p>b. Of those children who are presumptively enrolled, what percent are determined fully eligible and enrolled in the program?</p>			
	<p>What additional measures, besides those described in Tables B1 or C1, does your State employ to simplify an eligibility renewal and retain eligible children in CHIP?</p> <p><input type="checkbox"/> Conducts follow-up with clients through caseworkers/outreach workers</p> <p><input type="checkbox"/> Sends renewal reminder notices to all families</p> <ul style="list-style-type: none"> <li>• How many notices are sent to the family prior to disenrolling the child from the program? <b>[500]</b></li> <li>• At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent received by the State?) <b>[500]</b></li> </ul> <p><input type="checkbox"/> Other, please explain: <b>[500]</b></p>	<p>2. In an effort to retain more children in CHIP, does your state conduct follow-up communication with families through caseworkers and outreach workers?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>3. Does your state send renewal reminder notices to families?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>If YES:</p>	Revision	Revised language to provide clarity	No

		<p>a. How many notices does your state send to families before disenrolling a child from the program?</p> <p>b. When does your state send your reminder notices to families? (How many days before the end of the eligibility period?)</p> <p>4. What other strategies does your state do to simplify the eligibility renewal process for families in order to increase retention?</p>			
	<p>2. How does your state measure the effectiveness? What data sources and methodology does your state use to track retention?</p>	<p>5. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. [7500]</p> <p>6. Which retention strategies are the most effective?</p>	Revision	Revised language to provide clarity	No
	<p>Section IIIC: Subpart B: Initial Eligibility, Enrollment, and Renewal for CHIP (Title XXI) and Medicaid (Title XIX) Programs Table B1</p>	<p>N/A - This entire subsection has been removed.</p>	Deletion	Questions no longer needed	Yes, burden reduced

<p><b>Section III C, Subpart B (2020 version)</b></p>	<p>States are required to report on questions 1 and 2 in FFY 2011. Reporting on questions 2.a., 2.b., and 2.c. is voluntary in FFY 2011, FFY 2011, and FFY 2012. Reporting on questions 2.a., 2.b., and 2.c. is required in 2013. Please enter the data requested in the table below and the template will tabulate the requested percentages.</p>	<p>States are required to report on all questions (1, 1.a., 1.b., and 1.c) in FFY 2020. Please enter the data requested in the table below and the template will tabulate the requested percentages.</p> <p>If your state is unable to provide data in this section due to the single streamlined application, please note this in the response to question 2.</p>	<p>Revision</p>	<p>Revised language to provide clarity</p>	<p>No</p>
	<p><b>Definitions:</b></p> <ol style="list-style-type: none"> <li>1. The “total number of title XXI applicants,” including those that applied using a joint application form, is defined as the total number of applicants that had an eligibility decision made for title XXI in FFY 2011. This measure is for applicants that have not been previously enrolled in title XXI or they were previously enrolled in title XXI but had a break in coverage, thus requiring a new application. Please include only those applicants that have had a Title XXI <i>eligibility determination made</i> in FFY 2011 (e.g., an application that was determined eligible in September 2011, but coverage was effective October 1, 2011 is counted in FFY 2011).</li> <li>2. The “the total number of denials” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2011. This definition only includes denials for title XXI at the time of initial application (not redetermination).</li> </ol>	<p><b>Definitions:</b></p> <ol style="list-style-type: none"> <li>1. The “the total number of denials of title XXI coverage” is defined as the total number of applicants that have had an eligibility decision made for title XXI and denied enrollment for title XXI in FFY 2020. This definition only includes denials for title XXI at the time of initial application (not redetermination).</li> <li>a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2020 (i.e., incomplete application, missing documentation, missing</li> </ol>	<p>Revision</p>	<p>Revised language to provide clarity</p>	<p>No</p>

	<p>a. The “total number of procedural denials” is defined as the total number of applicants denied for title XXI procedural reasons in FFY 2011 (i.e., incomplete application, missing documentation, missing enrollment fee, etc.).</p> <p>b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2011 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.)</p> <p>i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX</p> <p>c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.</p>	<p>enrollment fee, etc.).</p> <p>b. The “total number of eligibility denials” is defined as the total number of applicants denied for title XXI eligibility reasons in FFY 2020 (i.e., income too high, income too low for title XXI /referred for Medicaid eligibility determination/determined Medicaid eligible , obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.)</p> <p>i. The total number of applicants that are denied eligibility for title XXI and determined eligible for title XIX.</p> <p>c. The “total number of applicants denied for other reasons” is defined as any other type of denial that does not fall into 2a or 2b. Please check the box provided if there are no additional categories.</p>			
	<p><b>Table 2. <u>Redetermination Status of Children Enrolled in Title XXI</u></b></p> <p>For this table, States may voluntarily report in 2011 and 2012. Reporting is required for 2013.</p> <p><b>Is the State reporting this data in the 2011 CARTS?</b></p> <p><input type="checkbox"/> Yes (complete)      State is reporting <u>all</u> measures in the</p>	<p>Table 2. Redetermination Status of Children</p> <p>For tables 2a and 2b, reporting is required for FFY 2019FFY 2020.</p>	Revision	Reporting is no longer optional	Yes, burden increased



	<p>redetermination table.</p> <p><input type="checkbox"/> Yes (but incomplete) Please describe which measures the State did not report on, and why the State did not report on these measures. Explain: [7500]</p> <p><input type="checkbox"/> No If the State is not reporting any data, please explain why. Explain: [7500]</p>				
	<p><b>Definitions:</b></p> <ol style="list-style-type: none"> <li>1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in Federal Fiscal Year (FFY) 2011, and <u>did not age out</u> (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total number may include children whose eligibility can be renewed through administrative redeterminations, whereby the State sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes. This total may also include ex parte redeterminations, the process when a State uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility.</li> <li>2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the State for redetermination in FFY 2011 (i.e., those children</li> </ol>	<p><b>Definitions:</b></p> <ol style="list-style-type: none"> <li>1. The “total number of children who are eligible to be redetermined” is defined as the total number of children due to renew their eligibility in federal fiscal year (FFY) 2020, and did not age out (did not exceed the program’s maximum age requirement) of the program by or before redetermination. This total number may include those children who are eligible to renew prior to their 12 month eligibility redetermination anniversary date. This total must include ex parte redeterminations, the process when a state uses information available to it through other databases, such as wage and labor records, to verify ongoing eligibility. This total number must also include children whose</li> </ol>	Revision	Revised language to provide clarity	No

	<p>whose families have returned redetermination forms to the State, as well as administrative redeterminations and ex parte redeterminations).</p> <ol style="list-style-type: none"> <li>3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2011.</li> <li>4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of children who are disenrolled from <u>title XXI</u> following the redetermination process in FFY 2011. This includes those children that States may define as “transferred” to Medicaid for title XIX eligibility screening. <ol style="list-style-type: none"> <li>a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2011 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).</li> <li>b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their State’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your State’s specified waiting period, etc.). If possible, please break out the reasons for failure to meet eligibility criteria in i.-iv.</li> <li>c. The “total number of children disenrolled for other</li> </ol> </li> </ol>	<p>eligibility can be renewed through administrative redeterminations, whereby the state sends the family a renewal form that is pre-populated with eligibility information already available through program records and requires the family to report any changes.</p> <ol style="list-style-type: none"> <li>2. The “total number of children screened for redetermination” is defined as the total number of children that were screened by the state for redetermination in FFY 2020 (i.e., ex parte redeterminations and administrative redeterminations, as well as those children whose families have returned redetermination forms to the state ).</li> <li>3. The “total number of children retained after the redetermination process” is defined as the total number of children who were found eligible and remained in the program after the redetermination process in FFY 2020.</li> <li>4. The “total number of children disenrolled from title XXI after the redetermination process” is defined as the total number of</li> </ol>			
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	<p>reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b. The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).</p>	<p>children who are disenrolled from title XXI following the redetermination process in FFY 2020. This includes those children that states may define as “transferred” to Medicaid for title XIX eligibility screening.</p> <p>a. The “total number of children disenrolled for failure to comply with procedures” is defined as the total number of children disenrolled from title XXI for failure to successfully complete the redetermination process in FFY 2020 (i.e., families that failed to submit a complete application, failed to provide complete documentation, failed to pay premium or enrollment fee, etc.).</p> <p>b. The “total number of children disenrolled for failure to meet eligibility criteria” is defined as the total number of children disenrolled from title XXI for no longer meeting one or more of their state’s CHIP eligibility criteria (i.e., income too low, income too high, obtained private coverage or if applicable, had access to private coverage during your state’s specified waiting period, etc.). If possible, please break out the</p>			
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		<p>reasons for failure to meet eligibility criteria in i.-iv.</p> <p>c. The “total number of children disenrolled for other reason(s)” is defined as the total number of children disenrolled from title XXI for a reason other than failure to comply with procedures or failure to meet eligibility criteria, and are not already captured in 4.a. or 4.b. The data entered in 4.a., 4.b., and 4.c. should sum to the total number of children disenrolled from title XXI (line 4).</p>			
	<p><b><u>Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XXI, Second Quarter FFY 2012</u></b></p> <p>The purpose of this table is to measure title XXI enrollees’ duration, or continuity, of public coverage (title XIX and title XXI). This information is required by CHIPRA, Section 402(a). <b>Reporting is not required until 2013, but States will need to identify newly enrolled children in the second quarter of FFY 2012 (January, February, and March of 2011). If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary.</b></p> <p><b>Instructions:</b> For this prospective duration measure, please identify <u>newly enrolled</u> children in title XXI in the second quarter of FFY 2012, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2012 must have birthdates after July 1995 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18<sup>th</sup> month of coverage. Similarly, children enrolled in February 2012 must have birthdates after August 1995, and</p>	<p><i>Table 3. Duration Measure of Selected Children, Ages 0-16, Enrolled in Title XIX and Title XXI, Second Quarter FFY 2020</i></p> <p>The purpose of tables 3a and 3b is to measure the duration, or continuity, of Medicaid and CHIP enrollees’ coverage. This information is required by Section 402(a) of CHIPRA. <b>Reporting on this table is required.</b></p> <p>The measure is designed to capture continuity of coverage for a cohort of children in title XIX and title XXI for 18 months of enrollment. This means that reporting spans two CARTS reports</p>	Revision	Revised language to provide clarity	No

children enrolled in March 2012 must have birthdates after September 1995. Each child newly enrolled during this time frame needs a unique identifier or “flag” so that the cohort can be tracked over time. If your eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary. Please follow the child based on the child’s age category at the time of enrollment (e.g., the child’s age at enrollment creates an age cohort that does not change over the 18 month time span). Please enter the data requested in the table below and the template will tabulate the percentages.

Specify how your “newly enrolled” population is defined:

**Not Previously Enrolled in CHIP or Medicaid**—“Newly enrolled” is defined as not enrolled in either title XXI or title XIX in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in either title XXI or title XIX in December 2011, etc.)

**Not Previously Enrolled in CHIP**—“Newly enrolled” is defined as not enrolled in title XXI in the month before enrollment (i.e., for a child enrolled in January 2012, he/she would not be enrolled in title XXI in December 2011, etc.)

over two years, with enrollment status at 6 months being reported in the first reporting year, and 12 and 18 month enrollment status reported in the second reporting year. **States identify a new cohort of children every two years. States identify newly enrolled children in the second quarter of FFY 2020 (January, February, and March of 2020) for the FFY 2020 CARTS report. This same cohort of children will be reported on in the FFY 2021 CARTS report for the 12 and 18 month status of children newly identified in quarter 2 of FFY 2020. If your state’s eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary.**

**The FFY 2020 CARTS report is the second year of reporting in the cycle of two CARTS reports on the cohort of children identified in the second quarter of FFY 2018. For the FFY 2018 report, States only reported on lines 1-4a of the tables. In the FFY 2020 report, no updates will be made to lines 1-4a. For the FFY 2020 report, data will be added to lines 5-10a.**The

		<p>next cohort of children will be identified in the second quarter of the FFY 2020 (January, February and March of 2020).</p> <p><b>Instructions:</b> For this measure, please identify newly enrolled children in both title XIX (for Table 3a) and title XXI (for Table 3b) in the second quarter of FFY 2020, ages 0 months to 16 years at time of enrollment. Children enrolled in January 2018 must have birthdates after July 2001 (e.g., children must be younger than 16 years and 5 months) to ensure that they will not age out of the program at the 18th month of coverage. Similarly, children enrolled in February 2020 must have birthdates after August 2001, and children enrolled in March 2020 must have birthdates after September 2001. Each child newly enrolled during this time frame needs a unique identifier or “flag” so that the cohort can be tracked over time. If your state’s eligibility system already has the capability to track a cohort of enrollees over time, an additional “flag” or unique identifier may not be necessary. Please follow the child based on the child’s age category</p>			
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		<p>at the time of enrollment (e.g., the child's age at enrollment creates an age cohort that does not change over the 18 month time span)</p> <p>Please enter the data requested in the tables below, and the template will tabulate the percentages. In the FFY 2020 report your state will enter data on lines 5-7a related to the 12-month enrollment status of children identified on line 1. Your state will also enter data on lines 8-10a related to the 18-month enrollment status of children identified on line 1. <b>Only enter a "0" (zero) if the data are known to be zero. If data are unknown or unavailable, leave the field blank.</b></p> <p><b>Note that all data must sum correctly in order to save and move to the next page.</b> The data in each individual row must add across to sum to the total in the "All Children Ages 0-16" column for that row. And in each column, the data within each time period (6, 12 and 18 months) must each sum up to the data in row 1, which is the number of children in the</p>			
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cohort. This means that in each column, rows 2, 3 and 4 must sum to the total in row 1; rows 5, 6 and 7 must sum to row 1; and rows 8, 9 and 10 must sum to row 1. These tables track a child's enrollment status over time, so when data are added or modified at each milestone (6, 12, and 18 months), there should always be the same total number of children accounted for in line 1 "All Children Ages 0-16" over the entire 18 month period. **Rows numbered with an "a" (e.g., rows 3a and 4a) are excluded from the totals because they are subsets of their respective rows. The system will not move to the next section of the report until all applicable sections of the table for the reporting year are complete and sum correctly to line 1.**

*Table 3 a. Duration Measure of Children Enrolled in Title XIX*

Not Previously Enrolled in CHIP or Medicaid  
— "Newly enrolled" is defined as not enrolled in either title XXI or title XIX in the month before



		<p>enrollment (i.e., for a child enrolled in January 2020, he/she would not be enrolled in either title XXI or title XIX in December 2019, etc.)</p> <p><input type="checkbox"/> Not Previously Enrolled in Medicaid—“Newly enrolled” is defined as not enrolled in title XIX in the month before enrollment (i.e., for a child enrolled in January 2020, he/she would not be enrolled in title XIX in December 2019, etc.)</p>			
	<p><b><u>Definitions:</u></b></p> <p>1. The “total number of children newly enrolled in title XXI in the second quarter of FFY 2012” is defined as those children either new to public coverage or new to title XXI, in the month before enrollment. Please define your population of “newly enrolled” in the Instructions section.</p>	<p><b><u>Definitions:</u></b></p> <p>1. The “total number of children newly enrolled in title XIX in the second quarter of FFY 2020” is defined as those children either new to public coverage or new to title XIX, in the month before enrollment. Please define your state’s population of “newly enrolled” in the Instructions section.</p>	Revision	Revised language to provide clarity	No

	<u>N/A</u>	Enter any Narrative text related to Section IIIC below. [7500]	Addition	Addition of Narrative question for any other information the state would like to share	No
<b>Section III D</b>	<p>1. Describe how the State tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year?</p> <p>a. Cost sharing is tracked by:</p> <p><input type="checkbox"/> Enrollees (shoebox method)</p> <p><input type="checkbox"/> Health Plan(s)</p> <p><input type="checkbox"/> State</p> <p><input type="checkbox"/> Third Party Administrator</p> <p><input type="checkbox"/> N/A (No cost sharing required)</p> <p><input type="checkbox"/> Other, please explain. [7500]</p> <p>If the State uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. [7500]</p>	<p>1. Describe how the state tracks cost sharing to ensure enrollees do not pay more than 5 percent aggregate maximum in the year? If the state checks N/A for this question because no cost sharing is required, please skip to Section IIIE.</p> <p>a. Cost sharing is tracked by:</p> <p><input type="checkbox"/> Enrollees (shoebox method)</p> <p>If the state uses the shoebox method, please describe informational tools provided to enrollees to track cost sharing. [7500]</p>	Revision	Revised language to provide clarity	No

		<input type="checkbox"/> Health Plan(s) <input type="checkbox"/> State <input type="checkbox"/> Third Party Administrator <input type="checkbox"/> N/A (No cost sharing required) <input type="checkbox"/> Other, please explain. <b>[7500]</b>			
	<p>5. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If so, what have you found?  <b>[7500]</b></p>	<p>5. Has your state undertaken any assessment of the effects of premiums/enrollment fees on participation in CHIP?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If so, what are the findings?  <b>[7500]</b></p>	Revision	Revised language for clarity	No
	<p>6. Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If so, what have you found?  <b>[7500]</b></p>	<p>6. Has your state undertaken any assessment of the effects of cost sharing on utilization of health services in CHIP?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If so, what are the findings?</p>	Revision	Revised language for clarity	No

		[7500]			
	7. If your State has increased or decreased cost sharing in the past Federal Fiscal year, how is the State monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children’s health services in CHIP. If so, what have you found? [7500]	7. If your state has increased or decreased cost sharing in the past federal fiscal year, how is the state monitoring the impact of these changes on application, enrollment, disenrollment, and utilization of children’s health services in CHIP. If so, what are the findings? [7500]	Revision	Revised language for clarity	No
	N/A	Enter any Narrative text related to Section IIID below. [7500]	Addition	Addition of narrative question to capture any additional information states would like to share.	No
<b>Section III E</b>	E. EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE CHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION	Section IIIE: Employer sponsored insurance Program (including Premium Assistance)	Revision	Revised language for clarity	No
	1. Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?  <input type="checkbox"/> Yes, please answer questions below. <input type="checkbox"/> No, skip to Program Integrity subsection.	1. Does your state offer an employer sponsored insurance program (including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI Demonstration) for	Revision	Revised language to capture the necessary information only	No

	<p><b>Children</b></p> <p><input type="checkbox"/> Yes, Check all that apply and complete each question for each authority.</p> <p><input type="checkbox"/> Purchase of Family Coverage under the CHIP State Plan (2105(c)(3))</p> <p><input type="checkbox"/> Additional Premium Assistance Option under CHIP State Plan (2105(c)(10))</p> <p><input type="checkbox"/> Section 1115 Demonstration (Title XXI)</p> <p><input type="checkbox"/> Premium Assistance Option (applicable to Medicaid expansion) children (1906)</p> <p><input type="checkbox"/> Premium Assistance Option (applicable to Medicaid expansion) children (1906A)</p> <p><b>Adults</b></p> <p><input type="checkbox"/> Yes, Check all that apply and complete each question for each authority.</p> <p><input type="checkbox"/> Purchase of Family Coverage under the CHIP State Plan (2105(c)(10))</p> <p><input type="checkbox"/> Additional Premium Assistance Option under the CHIP State Plan (2105(c)(3))</p>	<p>children and/or adults using Title XXI funds?</p> <p><input type="checkbox"/> Yes, please answer questions below.</p> <p><input type="checkbox"/> No, skip to Program Integrity subsection.</p> <p>Check all that apply and complete each question for each authority</p> <p><input type="checkbox"/> Purchase of Family Coverage under the CHIP state plan (2105(c)(3))</p> <p><input type="checkbox"/> Additional Premium Assistance Option under CHIP state plan (2105(c)(10))</p> <p><input type="checkbox"/> Section 1115 Demonstration (Title XXI)</p>			
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	<input type="checkbox"/> Section 1115 Demonstration (Title XXI)  <input type="checkbox"/> Premium Assistance option under the Medicaid State Plan (1906)  <input type="checkbox"/> Premium Assistance option under the Medicaid State Plan (1906A)				
	<p>2. Please indicate which adults your State covers with premium assistance. (Check all that apply.)</p> <input type="checkbox"/> Parents and Caretaker Relatives <input type="checkbox"/> Childless Adults <input type="checkbox"/> Pregnant Women	<p>2. Please indicate which adults your state covers with premium assistance. (Check all that apply.)</p> <input type="checkbox"/> Parents and Caretaker Relatives <input type="checkbox"/> Pregnant Women	Revision	Removed a response that is no longer an option	No
	<p>7. Are there limits on cost sharing for children in your ESI program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>7. Are there limits on cost sharing for children in your state's ESI program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	Revision	Editorial revision	No
	<p>8. Are there any limits on cost sharing for adults in your ESI program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>8. Are there any limits on cost sharing for adults in your state's ESI program?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	Revision	Editorial revision	No

	<p>9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your premium assistance program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?</p>	<p>9. Are there protections on cost sharing for children (e.g., the 5 percent out-of-pocket maximum) in your state's premium assistance program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how is the cost sharing tracked to ensure it remains within the 5 percent yearly aggregate maximum [7500]?</p>	Revision	Editorial revision	No
	<p>10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).</p> <p>_____ Number of childless adults ever-enrolled during the reporting period</p> <p>_____ Number of adults ever-enrolled during the reporting period</p> <p>_____ Number of children ever-enrolled during the reporting period</p>	<p>10. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).</p> <p>Number of adults ever-enrolled during the reporting period</p> <p>Number of children ever-enrolled during the reporting period</p>	Revision	Removed an outdated question	No

	12. During the reporting period, what has been the greatest challenge your ESI program has experienced? [7500]	12. During the reporting period, what has been the greatest challenge your state's ESI program has experienced? [7500]	Revision	Editorial revision	No
	13. During the reporting period, what accomplishments have been achieved in your ESI program? [7500]	13. During the reporting period, what accomplishments have been achieved in your state's ESI program? [7500]	Revision	Editorial revision	No
	14. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. [7500]	14. What changes has your state made or planning to make to the ESI program during the next fiscal year? Please comment on why the changes are planned. [7500]	Revision	Editorial revision	No
	15. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? [7500]	15. What do you estimate is the impact of your state's ESI program (including premium assistance) on enrollment and retention of children? How was this measured? [7500]	Revision	Editorial revision	No
	16. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. [7500]	N/A	Deletion	Question removed	Yes, reduced burden
	17. Provide the average amount each entity pays towards coverage of the dependent child/parent under your ESI program:	16. Provide the average amount each entity pays towards coverage of the dependent child/parent	Revision	Editorial revision	No



		under your state's ESI program:			
	18. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.	17. Indicate the range in the average monthly dollar amount of premium assistance provided by the state on behalf of a child or parent.	Revision	Editorial revision	No
	19. If you offer a premium assistance program, what, if any, is the minimum employer contribution? <b>[500]</b>	18. If your state offers a premium assistance program, what, if any, is the minimum employer contribution? <b>[500]</b>	Revision	Editorial revision	No
	20. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	Deletion	Question removed, no longer needed	Yes, reduced burden
	23. Do you have a waiting list for your program? <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Does your state have a waiting list for its program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Revision	Editorial revision	No
	24. Can you cap enrollment for your program? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Does your state cap enrollment for its program? <input type="checkbox"/> Yes	Revision	Editorial revision	No

		<input type="checkbox"/> No			
<b>Section III F</b>	1. Do managed health care plans with which your program contracts have <u>written</u> plans?	1. Do managed health care plans with which your state's program contracts have written plans?	Revision	Editorial revision	No
	6. Do you contract with managed care health plans and/or a third party contractor to provide this oversight? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: [500]	6. Does your state contract with managed care health plans and/or a third party contractor to provide this oversight? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: [500]	Revision	Editorial revision	No
	N/A	Enter any Narrative text related to Section III F below. [7500]	Addition	Addition of narrative question to capture any additional information the state wants to share	No
<b>Section III G</b>	<b>Is the State reporting this data in the 2011 CARTS?</b> <input type="checkbox"/> Yes If yes, then please complete G1 and G2. <input type="checkbox"/> No If the State is not reporting data, please explain why. Explain: [7500]	N/A	Deletion	Question no longer needed	Yes, burden reduced

	N/A	Please <b>ONLY</b> report data in this section for children in <b>Separate CHIP</b> programs. Reporting is required for all states with <b>Separate CHIP</b> programs. If your state has a <b>Separate CHIP</b> program but data are not reported in this section, please <b>explain why</b> . Explain: [7500]	Addition	Instructions added to section for clarity	No
	<p><b>1. Information on Dental Care for CHIP Children (Include all delivery types, i.e. MCO, PCCM, FFS).</b></p> <p><b>Data for this table are based from the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)</b></p>	<p>1. Information on dental care for children in Separate CHIP programs. Include all delivery system types, e.g. MCO, PCCM, FFS.</p> <p>Data for this table are based on the definitions provided on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)</p>	Revision	Question revised to clarify the information being requested	No
	<p><b>1.a. Annual Dental Participation Table for CHIP Enrolled Children (Include children receiving full CHIP benefits and supplemental benefits) .</b></p> <p><b>Please check which populations of CHIP children are included in the following table:</b></p> <p><input type="checkbox"/> Medicaid Expansion</p> <p><input type="checkbox"/> Separate CHIP</p> <p><input type="checkbox"/> Both Medicaid Expansion and Separate CHIP</p>	<p>1. a. Annual dental participation table for children enrolled in Separate CHIP programs (please include <b>ONLY</b> children receiving full CHIP benefits and supplemental benefits).</p>	Revision	Instructions revised to clarify the information being requested	No

	<b>Table 1a on page 133</b>	Table 1a on pages 68-69	Revision	Table reformatted to be more 508 compliant, also new row added to table in 2020 template to collect the Total Individuals Enrolled for at Least 90 Continuous Days. Table footnotes revised for clarity.	Yes, burden added
	N/A	Enter any Narrative text related to Section III G below. [7500]	Addition	Optional Space added for states to expand on any of the responses provided in Section III G	No
<b>Section III H (2020 Version)</b>	N/A	Section IIIH: CHIPRA CAHPS Requirement:  CHIPRA section 402(a)(2), which amends reporting requirements in section 2108 of the Social Security	Addition	Section III H was added to meet CHIPRA Quality Measure Requirement	Yes, burden added

		<p>Act, requires Title XXI Programs (i.e., CHIP Medicaid Expansion programs, Separate Child Health Programs, or a combination of the two) to report CAHPS results to CMS starting December 2013. While Title XXI Programs may select any CAHPS survey to fulfill this requirement, CMS encourages these programs to align with the CAHPS measure in the Children’s Core Set of Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Starting in 2013, Title XXI Programs should submit summary level information from the CAHPS survey to CMS via the CARTS attachment facility. We also encourage states to submit raw data to the Agency for Healthcare Research and Quality’s CAHPS Database. More information is available in the Technical Assistance fact sheet, Collecting and Reporting the CAHPS Survey as Required Under the CHIPRA: <a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf</a></p>		S	
<b>Section III I (2020</b>	N/A	Section III I: Health Services Initiatives Under the CHIP State Plan	Addition	Section III I was added in order to	Yes, burden increased

version)									collect information related to states' CHIP HSIs. This information is not collected through any other source.																																				
Section IV	<table border="1"> <thead> <tr> <th></th> <th>2011</th> <th></th> <th>2012</th> <th></th> <th>2013</th> <th></th> </tr> <tr> <th></th> <th># of eligible s</th> <th>\$ PMPM</th> <th># of eligible s</th> <th>\$ PMPM</th> <th># of eligible s</th> <th>\$ PMPM</th> </tr> </thead> <tbody> <tr> <td><b>Managed Care</b></td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> <td>\$</td> </tr> <tr> <td><b>Fee for Service</b></td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> <td>\$</td> </tr> </tbody> </table>		2011		2012		2013			# of eligible s	\$ PMPM	# of eligible s	\$ PMPM	# of eligible s	\$ PMPM	<b>Managed Care</b>		\$		\$		\$	<b>Fee for Service</b>		\$		\$		\$	<table border="1"> <thead> <tr> <th>Year</th> <th>Number of Eligibles</th> <th>PMPM (\$)</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td></td> <td>\$</td> </tr> <tr> <td>2020</td> <td></td> <td>\$</td> </tr> <tr> <td>2021</td> <td></td> <td>\$</td> </tr> </tbody> </table>	Year	Number of Eligibles	PMPM (\$)	2019		\$	2020		\$	2021		\$	Revision	Instead of everything in one table. There are two tables, one for managed care and the other for Fee for service.	No
	2011		2012		2013																																								
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Section V (Section 6 in 2011)	For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted CHIP. [7500]	Tell us about your state's political and fiscal environment. How has the environment impacted your ability to provide healthcare to low-income, uninsured children?	Revision	Revised language for clarity	No																																								
	During the reporting period, what has been the greatest challenge your program has experienced? [7500]	What's the greatest challenge your program has experienced in the past FFY (federal fiscal year)?	Revision	Revised language for clarity	No																																								
	During the reporting period, what accomplishments have been achieved in your program? [7500]	What are some of the greatest accomplishments your program has experienced in the past FFY?	Revision	Revised language for clarity	No																																								

	<p>What changes have you made or are planning to make in your CHIP program during the next fiscal year? Please comment on why the changes are planned. <b>[7500]</b></p>	<p>Anything else you'd like to add about your state's challenges and accomplishments that wasn't already covered? [Max 7500 characters]</p>	Revision	Plain language revision	No
Section V in 2011 Removed					