

CHIP state plan (current version)	2018 (newest version)	Type of Change	Reason for Change	Burden Change
Introduction	Updates introduction and guidance for states regarding the revisions and additions to Section 3	Rev	Providing further clarification	No
Section 3 - Provides states the option of selecting whether it uses Title XXI funds only for expanded eligibility under Medicaid- Provides states the opportunity to select and describe the benefit package(s) provided to individuals covered under the CHIP state plan.	Updates guidance regarding states need to complete the remaining sections within Section 3, when applicable to the state	Rev	Providing further clarification	No
Section 3.1 - Provides states the opportunity to describe the financing and delivery method used for CHIP service delivery	Adds options to clearly select the delivery mechanism (including managed care or Fee-For-Service) and if managed care, the types of managed care entities utilized by the state to deliver care	Rev	To increase clarity in relation to the SPA review process	No
Section 3.2 - Provides states the opportunity to describe the utilization controls utilized by the state so that enrollees receive health care services that are appropriate and medically necessary	Adds assurances related to the state's compliance with the general contracting requirements for use of managed care entities by the state at §§457.940, 457.1207 and 457.1210, 457.1220 and 457.1250	Rev	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.3	Adds assurances related to the state's compliance with rate making and medical loss ratio requirements at §457.1203	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.4	Adds assurances related to the state's compliance with enrollee disenrollment rights and procedures at §§457.1201, 457.1207, 457.1210, 457.1212	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.

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Section 3.5	Adds assurances related to the state's compliance with potential enrollee, enrollee and marketing informational requirements for the state and managed care entities at §457.1207	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.6	Adds assurances related to the state's compliance with benefit and service requirements that must be available for beneficiaries enrolled in managed care entities at §§457.1209, 457.1201, 457.1218, and 457.1230	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.7	Adds assurances related to the state's compliance with operational requirements for managed care entities contracted to operate in the state's CHIP at §§457.1208 and 457.1233	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.8	Adds assurances related to the state's compliance with beneficiary protection requirements for beneficiaries enrolled in managed care at §§457.1201, 457.1220, and 457.1226	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.9	Adds assurances related to the state's compliance with grievance and appeal requirements for beneficiaries enrolled in managed care at §457.1260	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.10	Adds assurances related to the state's compliance with program integrity requirements for managed care entities contracted to operate in the state's CHIP at §§457.1214, 457.1280, 457.1285	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
Section 3.11	Adds assurances related to the state's compliance with sanctions of managed care entities contracted to operate in the state's CHIP at §457.1270	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.

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Section 3.12	Adds assurances related to the state's compliance with quality measurement and improvement and external quality review requirements at §§457.1240 and 457.1250	Add	New regulations effective 5/6/16 with a compliance date for contracts in effect on the first day of the state fiscal year that begins on or after 7/1/18	May slightly increase burden on states to provide additional detail.
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