

Connecting Kids to Coverage

Outreach and Enrollment

Final Report Template

Full Title of Grant Award: Medical Access and CHIP Reauthorization Act (MACRA) Funding Opportunity: Connecting Kids to Coverage: Outreach and Enrollment

Funding Opportunity:

Report Due Date:

Cooperative Agreement Number: Start typing here.

State: Start typing here.

Name of Awardee: Start typing here.

Name and Title of Person Completing Report: Start typing here.

Authentication

I certify the accuracy of all report content:

Type name in lieu of signature

Enter date

Authorized Certifying Official (typed name in lieu of signature; add date)

CMS Project Officer Approval

I have approved the content of this report:

Type name in lieu of signature

Enter date

CMS Project Officer (type name in lieu of signature; add date)

Reporting Requirements

To meet congressional requirements, as expressed in the special terms and conditions of your cooperative agreement, you are required to report on strategies and outcomes—specifically, the number of enrollments and renewals in CHIP and Medicaid that resulted from your Connecting Kids to Coverage (CKC) grant. The Centers for Medicare & Medicaid Services (CMS) will use awardees' reports to prepare a report to the U.S. Congress.

This report to Congress will describe awardees' progress toward their CMS-approved goals—as a group and individually—and will highlight successful outreach and enrollment strategies, discuss common enrollment and renewal challenges and barriers, and present lessons learned about strategies to increase coverage in Medicaid and CHIP among uninsured eligible children and their parents.

Completing the Final Report

Use this final report template to describe and summarize the outcomes of your CKC Outreach and Enrollment grant.

This final report covers the duration of your cooperative agreement; it also specifically asks for the number of enrollments, renewals, and applications that resulted from your project for the last reporting period: January 1, 2019 to June 30, 2019.

This final report must be submitted to CMS through [Grantsolutions.gov](https://www.grantsolutions.gov), as described in the special terms and conditions of your cooperative agreement.

This template is formatted for Microsoft Word software (.docx format), and the template must be returned as a Word document. Please do not submit a PDF file.

- ◆ Some questions provide tables for entering numbers, as well as sections for providing brief narrative answers. These questions include specific instructions for entering the data. Please also provide an explanation of any data limitations that may help the reader better understand the quantitative data reported in each table.
- ◆ Narrative responses should be entered in the template under each question, in single-spaced, 12-point, Times New Roman font. Length guidelines are indicated for each question; 600 words are equal to approximately one page of single-spaced, Times New Roman 12-point type. Please aim for clarity when writing your narrative responses.
- ◆ To check boxes in questions 1 - 4, double-click on the box and select 'checked.'
- ◆ You may attach up to two pages of additional narrative, tables, graphs, or other documents that contain project information that is not covered by the questions in the template.

Upload the completed report into [Grantsolutions.gov](https://www.grantsolutions.gov) for review by your CMS Project Officer by July 31, 2019.

1. How many children applied for CHIP/Medicaid as a direct result of your CKC grant activities?

In the table below, enter the number of children for whom an application was submitted as a direct result of your CKC grant activities. Please review the accompanying data dictionary before completing this table.

The table below requests data for both target children and other children for whom applications have been submitted as part of your CKC grant project. If your grant project was targeting all children in your geographic area, or a specific group of children (such as AI/AN children or Latino teenagers) but you cannot distinguish between target/non-target status, please report the total number of children who applied in the Total column, and leave the other columns blank.

Report separately the number of children who newly applied and those who applied to renew. If you do not have separate data for these groups of children, then just enter the combined number in the Total row.

Table 1. Children applying

Children for whom applications have been submitted as a result of your CKC grant activities	Targeted children	Other children	Total
Number of children for whom a new CHIP/Medicaid application has been submitted this reporting period, January 1, 2019 to June 30, 2019.	Enter number	Enter number	Enter number
Number of children for whom a renewal CHIP/Medicaid application has been submitted this reporting period, January 1, 2019 to June 30, 2019.	Enter number	Enter number	Enter number
<i>Total</i>	Enter number	Enter number	Enter number
Cumulative number of children for whom a new CHIP/Medicaid application has been submitted from the start of this grant through the final reporting period, July 1, 2017 to June 30, 2019.	Enter number	Enter number	Enter number
Cumulative number of children for whom a renewal CHIP/Medicaid application has been submitted from the start of this grant through the final reporting period, July 1, 2017 to June 30, 2019.	Enter number	Enter number	Enter number
<i>Cumulative Total</i>	Enter number	Enter number	Enter number

- Check this box if all applications reported in this table were submitted as a result of assistance from staff 100% funded by your CKC grant. If they were not, please estimate the share of applications reported in this table that are attributable to CKC funding, and explain how you arrived at this estimate.

Start typing here.

Final Report Template for Awardees

- Check this box to confirm that all applications reported in this table are reported consistently with the data dictionary issued with this report template. If they are not, please explain how they differ.

Start typing here.

Explain any other limitations that may help us understand the data in Table 1, such as reasons the data reported do not reflect the true number of applications submitted.

Start typing here.

2. How many children were enrolled or renewed in CHIP/Medicaid as a direct result of your CKC grant activities?

Please enter the number of all children newly enrolled and renewed as a direct result of your CKC grant activities. Please review the accompanying data dictionary before completing these tables.

Report only the numbers of verified enrollments and renewals. If you believe the verified numbers do not accurately reflect the numbers of enrollments and renewals, explain that in the data limitations field below the tables.

The tables below request data for both target children and other children. If your project was targeting all children in your geographic area, or if you were targeting a specific group of children (such as AI/AN children or Latino teenagers) but you cannot distinguish by target/non-target status, please report the total number of children who enrolled or renewed in the Total column, and leave the other columns blank.

If you cannot distinguish between newly enrolled and renewed children, enter the combined number of CHIP/Medicaid new enrollments and renewals in the Total row.

Table 2. Newly enrolled and renewed children (verified)

	Number of children enrolled or renewed as a direct result of this CKC grant, in this reporting period, January 1, 2019 to June 30, 2019			Cumulative number of children enrolled or renewed, as a direct result of substantial interactive assistance given between the start of the grant through the final reporting period, July 1, 2017 to June 30, 2019		
	Targeted children	Other children	Total	Targeted children	Other children	Total
Newly enrolled	Enter number	Enter number	Enter number	Enter number	Enter number	Enter number
Renewed	Enter number	Enter number	Enter number	Enter number	Enter number	Enter number
<i>Total</i>	Enter number	Enter number	Enter number	Enter number	Enter number	Enter number

- Check this box if all enrollments and renewals reported in this table were done by staff 100% funded by your CKC grant. If they were not, please estimate the share of enrollments and renewals reported in this table that are attributable to CKC funding, and explain how you arrived at this estimate.

Start typing here.

Final Report Template for Awardees

- Check this box to confirm that all enrollments and renewals reported in this table were verified.
- Check this box to confirm that all enrollments and renewals reported in this table are reported consistently with the data dictionary issued with this report template. If they are not, please explain how they differ.

Start typing here.

Explain any other limitations that may help us understand the data in Table 2, such as reasons the data reported do not reflect the true numbers of children enrolled or renewed.

Start typing here.

3. How many parents have applied for CHIP, Medicaid, or another insurance affordability program as a direct result of your CKC grant activities?

Please enter the number of parents for whom an application was submitted as a direct result of your CKC grant activities. Please review the accompanying data dictionary before completing these tables. Be sure to exclude pregnant women who do not yet have children and other adults who are not parents. You may report on applications submitted for these adults in the data limitations field below the table.

The table below requests data for both (i) parents of the children your project was targeting, and (ii) other parents. If your project was targeting all children in your geographic area, or was targeting a specific group of children (such as AI/AN children or Latino teenagers) but you cannot distinguish target/non-target status, please report the total number of parents who applied in the Total column, and leave the other columns blank.

Report separately the number of parents who newly applied and those who renewed. If you cannot distinguish between these groups of parents, then enter the combined number in the Total rows.

Table 3. Parents applying

Parents for whom applications have been submitted as a direct result of your CKC grant activities	Parents of targeted children	Other parents	Total
Number of parents for whom a new application has been submitted this reporting period, January 1, 2019 to June 30, 2019	Enter number	Enter number	Enter number
Number of parents for whom a renewal application has been submitted this reporting period, January 1, 2019 to June 30, 2019	Enter number	Enter number	Enter number
<i>Total</i>	Enter number	Enter number	Enter number
Cumulative number of parents for whom a new application has been submitted from the start of this CKC grant through the final reporting period, July 1, 2017 to June 30, 2019.	Enter number	Enter number	Enter number
Cumulative number of parents for whom a renewal application has been submitted from the start of this CKC grant through the final reporting period, July 1, 2017 to June 30, 2019.	Enter number	Enter number	Enter number
<i>Cumulative Total</i>	Enter number	Enter number	Enter number

Final Report Template for Awardees

- Check this box if all applications reported in this table were submitted as a result of assistance from staff 100% funded by your CKC grant. If they were not, please estimate the share of applications reported in this table that are attributable to CKC funding, and explain how you arrived at this estimate.

Start typing here.

- Check this box to confirm that all applications reported in this table are reported consistently with the data dictionary issued with this report template. If they are not, please explain how they differ.

Start typing here.

Explain any other limitations that may help us understand the data in Table 3, such as reasons the data reported do not reflect the true number of applications submitted.

Start typing here.

Final Report Template for Awardees

- Check this box if all enrollments and renewals reported in this table were done by staff 100% funded by your CKC grant. If they were not, please estimate the share of enrollments and renewals reported in this table that are attributable to CKC funding, and explain how you arrived at this estimate.

Start typing here.

- Check this box to confirm that all enrollments and renewals reported in this table were verified.

- Check this box to confirm that all enrollments and renewals reported in this table are reported consistently with the data dictionary issued with this report template. If they are not, please explain how they differ.

Start typing here.

Explain any other limitations that may help us understand the data in Table 4, such as reasons the data reported do not reflect the true number of applications submitted.

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5. Most effective strategies

- 5.1.** If you could continue just one or two of the most effective strategies you used to help children newly enroll and stay enrolled through renewal, which would you choose to continue and why? Consider strategies used under your current cooperative agreement and any previous rounds of CKC funding. Please be specific. For example, if your use of application assistors or navigators to help people submit applications was effective, were there particular kinds of staff (e.g. bilingual, experienced outreach or application assistance workers) who were most effective, or were particular kinds of locations (e.g. grocery stores, middle schools) more productive than others? If attending education and outreach events was an effective strategy, which kinds of events (e.g. community-organized health fairs, assemblies at schools in low-income areas) were the most effective? (300 words)

Start typing here.

- 5.2.** Please also explain why you think a particular strategy was effective. For example, do you keep track of which staff at which locations complete the most applications? Do you ask applicants how they heard about the help you offer?

Start typing here.

6. Most cost-effective strategies

If you compare the amount of funding you used with the number of children your project newly enrolled or renewed, which strategies do you think were the most cost-effective? Explain why. Consider strategies used under your current cooperative agreement and any previous rounds of CKC funding. Please be as specific as possible about which strategies were the most cost-effective, discuss the particular attributes of the strategy that make it cost-effective and explain why. For example, are staff with particular types of attributes, or partnerships with particular types of organization, relatively cost-effective? Why? (300 words)

Start typing here.

7. Continuation of activities after the cooperative agreement period

Will you continue implementing any project activities once the CKC funding ends? If so, which activities, and how will they be funded? (300 words)

Start typing here.

8. Lessons learned

What are the three most important things your organization has learned over the course of the grant period? You may list lessons learned about any aspect of your grant activities, including identifying, contacting, and engaging eligible families, helping children and their parents to apply for coverage, or helping them to stay covered. In your answers, consider whether you would have done anything differently if you had known at the start of the grant period what you know now. (300 words)

8.1. Lesson 1

Start typing here.

8.2. Lesson 2

Start typing here.

8.3. Lesson 3

Start typing here.

9. Primary challenges in increasing the percentage of eligible children enrolled and retained, and the most effective approaches to overcome them

Looking ahead over the next year or two, what do you think are the two biggest challenges in increasing the percentage of eligible children enrolled in CHIP and Medicaid in your state? Please discuss any types of challenges: state policies, cultural belief, language, transportation, administrative issues, funding, or anything else you think important. For each challenge, what are the best ways organizations like yours can overcome it? (300 words)

9.1. Biggest challenge

Start typing here.

9.2. Best way organizations like yours can overcome it

Start typing here.

9.3. Second biggest challenge

Start typing here.

9.4. Best way organizations like yours can overcome it

Start typing here.

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 Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is CMS-10398, OMB 0938-1148. The time required to complete this information collection is estimated to average 16 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, MD 21244-1850.