

**Workbook overview**

This workbook is for monthly reporting to CMS by Connecting Kids to Coverage Kids to Coverage grant.

**Cover Sheet**

This tab is for basic information about the grant, including the grantee renewals.

Once this sheet is completed, only the 'current reporting month' and the th

**A. Child data**

Grantees should report on this tab:

- a) the number of children for whom applications were submitted in t
- b) the number of children verified as newly enrolled or renewed from according to the data definitions provided on this Instructions tab.

Each month, grantees should complete one additional row of data, s

If a grantee can identify which children were already covered by Medicaid c automatically. Only if a grantee cannot identify which children were already targeted children, data should be entered in columns 4 ,5, 9 and 10; if not

In the first months of the grant when no enrollments or renewals have bee

**C. Parent data**

This tab is similar to the *Child data* tab. Only grantees whose grant ap this tab if they collect data consistent with the data definitions below

**B. Child Dashboard and D. Parent Dashboard**

The dashboards are designed to update automatically when new data are e shows the the cumulative number of enrollments to date, broken down by dashboard shows the cumulative number of enrollments, broken down in enrollments and renewals goal achieved, as measured by the number of ta applications were new or renewal applications, and whether the applicatio

**E. Main activities**

This tab is for grantees to provide narrative updates on their activities durir to 1,000 characters; grantees are encouraged to be more concise than this,

**Term**

Child

**Targeted children**

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**Other children**

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**Parent**

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**Parents of targeted children**

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**Other parents**

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**Insurance affordability program**

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**Applied as a direct result of project activities**

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***New applications***

---

***Renewal applications***

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**Substantial interactive assistance**

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**Enrolled as a direct result of project activities**

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**Renewed as a direct result of project activities**

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age grantees. It can also be used by grantees to monitor their own progress t

the organization's name, the grantee project director, the grant start an

three check boxes will need to be updated on a monthly basis.

the current reporting month, and

on the start of the grant through the end of the current reporting mont

so that over time, the table reflects the grantee's progress from the sta

for CHIP when they provided substantial interactive assistance, data should b  
y covered, should they enter data in columns 3 and 8, and leave columns 1, 2  
, columns 4, 5, 9 and 10 should be left blank.

on verified, and/ or when no applications are completed during the current re

application included goals for enrolling or renewing parents are require  
d.

entered for applications, enrollments and renewals. (If they do not update a  
target and non-target population, and the combined new enrollments and r  
to new enrollments and renewals, and the combined target for new enrollm  
target children/ parents enrolled and renewed. The other two figures show th  
ns were for people in the target population or other people.

ng the reporting month, and to report any areas in which they would particu  
as these tables are only intended as a starting point for monthly conversati

### Definition

Individuals who were age-eligible to be enrolled in Medicaid or Children's Health Insurance Program (CHIP) children's coverage when your organization assisted them. Upper age limits vary by state and range from 18 to 21 years.

Include pregnant women if they are age-eligible for Medicaid or CHIP children's health coverage. Only include children who are not yet born if the state provides coverage to unborn children under CHIP.

Children who are part of the population you were targeting. For example, if you were targeting Latino teenagers and you assisted 100 teenagers identifying as Latino, you should report 100 targeted children.

Children who are not part of the population you were targeting. For example, if you were targeting Latino teenagers and you assisted 20 teenagers identifying as non-Latino, you should report 20 other children.

Individuals who:

Were above the age limit for children's Medicaid or CHIP in your state when your organization assisted them (age limits vary by state and range from 18 to 21 years)

AND

Were a parent or caretaker relative of a child who was within your state's age limit for Medicaid or CHIP children's coverage when your organization assisted them.

Include pregnant women who already have other children as parents. Do not count pregnant women who are pregnant with their first child as parents.

Parents of children who were part of the population you were targeting. For example, if you were targeting Latino teenagers and you assisted 100 parents of teenagers identifying as Latino, you should report 100 parents of targeted children.

Parents of children who are not part of the population you were targeting. For example, if you were targeting Latino teenagers and you assisted 20 parents of teenagers identifying as non-Latino, you should report 20 parents of other children.

CHIP, Medicaid, Qualified Health Plans with Premium Tax Credits sold via state-based or federally facilitated marketplaces, or a Basic Health Program (MinnesotaCare in Minnesota or the Essential Plan in New York).

Individuals who meet the following criteria:

They, or someone acting on their behalf, received substantial interactive assistance on or after January 1, 2019,

AND

They submitted (or someone submitted on their behalf) an application for health coverage to the state Medicaid or CHIP agency, to a state-based marketplace, or to the federally facilitated Marketplace between the first and last days of the current reporting month, after receiving substantial interactive assistance

Do not count individuals in these data if you have reported or will be reporting them as applicants assisted under another funding source.

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Applications submitted by individuals who:

Applied for CHIP/Medicaid (for children) or for any insurance affordability program (for parents) as a result of your MACRA project activities

AND

Were not enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they applied.

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Applications submitted by individuals who:

Applied for CHIP/Medicaid (for children) or for any insurance affordability program (for parents) as a result of your MACRA project activities

AND

Were already enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they applied for coverage

AND

They did not benefit from an Ex Parte or automatic renewal.

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Person-to-person assistance provided in person, by phone, or online, by a member of your organization or project partner, resulting from funding from the Centers for Medicare and Medicaid Services (CMS) under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). This does not include sending mailings or emails or calling people with pre-recorded messages.



This definition of *substantial interactive assistance* is relevant to the definitions of *applied as a direct result of project activities*, *enrolled as a direct result of project activities*, and *renewed as a direct result of project activities*.

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Individuals who meet the following criteria:

They, or someone acting on their behalf, received substantial interactive assistance on or after January 1, 2019,

AND

They were not already enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they received substantial interactive assistance

AND

They were newly enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) between January 1, 2019 and the last day of the current reporting month, after receiving substantial interactive assistance.

Only count full eligibility determinations: do not count individuals benefitting from 'presumptive eligibility' unless a full determination has subsequently been made.

Enrollment data should be verified by state or county enrollment records. If you are unable to verify, explain in the data limitations note how you calculated new enrollments.

Do not count individuals in these data if you have reported or will be reporting them as applicants enrolled under another funding source.

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Individuals who meet the following criteria:

They, or someone acting on their behalf, received substantial interactive assistance on or after January 1, 2019,

AND

They were already enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they received substantial interactive assistance

AND

They were renewed in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) between January 1, 2019 and the last day of the current reporting month, after receiving substantial interactive assistance

AND

They did not benefit from an Ex Parte or automatic renewal.

Renewals data should be verified by state or county enrollment records. If you are unable to verify, explain in the data limitations note how you calculated renewals.

Do not count individuals in these data if you have reported or will be reporting them as renewed under another funding source.

owards the goals they set themselves when applying for a Connecting

d end months, and the grantee's targets for new enrollments and

h,

rt of the grant onwards.

e entered in columns 1, 2, 6 and 7; columns 3 and 8 will calculate  
2, 6 and 7 blank. Similarly, if a grantee can identify which children were

reporting month, grantees should enter a zero in the relevant columns.

d to complete this tab. Other grantees may choose to enter data on

utomatically, press 'F9' to refresh.) The top-left figure on each dashboard  
enewals target from the cover sheet. The bottom-left figure on each  
ents and renewals. The top-right figure shows percentage of new  
e number of applications completed in the month, by whether the

larly like help that CMS may be able to provide. Each table cell is limited  
ons with grant monitors.

### Applicable data tabs and column numbers

A, all columns

A, columns 4 and 9

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A, columns 5 and 10

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C, all columns

---

C, columns 4 and 9

---

C, columns 5 and 10

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C, all columns

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A and C, columns 1 - 5

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A and C, column 1

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A and C, column 2

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A and C, all columns

A and C, columns 6, 8, 9 and 10

A and C, column 7, 8, 9 and 10

## Connecting Kids to Coverage: Monthly Report

	Complete the boxes below. Select from drop-down menu where applicable.	Notes
Grantee Name		
Project Director		
Target for new child enrollments (from grant application)		
Target for child renewals (from grant application)		
Target for child enrollments and renewals combined		
Target for new parent enrollments (from grant application)		
Target for parent renewals (from grant application)		
Target for parent enrollments and renewals combined		
Grant start month (drop-down)	Jul-19	
Grant end month (drop-down)	Jun-22	
Current Reporting Month (drop-down)	Dec-19	

Check this box if all applications, enrollments and renewals counted in this report resulted from assistance by staff 100% funded by your CKC grant. If they did not, please estimate the shares of applications, enrollments and renewals reported that are attributable to CKC funding, and explain how you arrived at this estimate, in the 'data limitations' fields on tabs A and B.

Check this box if all applications, enrollments and renewals counted in this report are reported consistently with the data definitions on the instruction sheet. If they are not, please explain how they differ in the 'data limitations' field on tabs A and B.

Check this box if all enrollments and renewals counted in this report were verified.

**PRA Disclosure Statement:** This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) with the data needed to reflect the aggregate goals and accomplishments for this cooperative agreement program. This mandatory information collection (42 U.S.C. 1396a) will be used to demonstrate the outcomes that result directly from this funding opportunity, and will also be used to help evaluate the success of outreach and enrollment strategies and identify areas that need improvement or mid-course corrections. This request does not collect personally identifiable information. Consequently, the Privacy Act of 1974 does not apply. 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 0938-1148 (CMS-10398 #7). Public burden for all of the collection of information requirements under this control number is estimated to range from 16 to 20 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Please review the instructions tab, including data definitions, before completing this table. The

Enter the number of children for whom a Medicaid/ CHIP application was submitted during the month automatically. If you cannot identify which children were already covered, enter data in column 3, and

Enter the number of children for whom a Medicaid/ CHIP new enrollment or renewal was verified, enter data in columns 6 and 7; column 8 will calculate automatically. If you cannot verify no new enrollments or renewals to date, enter 0 in columns 6, 7, 9 and 10.

Month	<b>1</b> <b>Number of children for whom a new application was submitted during the month</b>	<b>2</b> <b>Number of children for whom a renewal application was submitted during the month</b>	<b>3</b> <b>Total: number of children applying this month</b>
Jul-19			
Aug-19			
Sep-19			
Oct-19			
Nov-19			
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			
Jul-20			
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Jan-21			
Feb-21			
Mar-21			
Apr-21			
May-21			
Jun-21			
Jul-21			
Aug-21			
Sep-21			
Oct-21			

Nov-21  
Dec-21  
Jan-22  
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Mar-22  
Apr-22  
May-22  
Jun-22  
Jul-22  
Aug-22  
Sep-22  
Oct-22  
Nov-22  
Dec-22  
Jan-23  
Feb-23  
Mar-23  
Apr-23  
May-23  
Jun-23

en enter data in the row for the current reporting month, which you selected on the C  
e current reporting month, as a direct result of your CKC grant activities. If you can ide  
leave columns 1 and 2 blank. If you can identify which children were in your target pop

fied , between the start of the grant and the end of the current reporting month, as :  
identify which children were already covered, enter data in column 8, and leave colu

<b>4</b> Number of targeted children for whom an application was submitted during the month	<b>5</b> Number of other children for whom an application was submitted during the month	<b>6</b> Number of children newly enrolled to date
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Cover Sheet and is shaded gray below. Enter data in the columns in order, starting with

Identify which children were already covered by Medicaid or CHIP when you provided them with  
population, enter data in columns 4 and 5; if you cannot, leave columns 4 and 5 blank. If

a direct result of your CKC grant activities. If you can identify which children were already  
columns 6 and 7 blank. If you can identify which children were in your target population,

<b>7</b> Number of children renewed to date	<b>8</b> Total: Number of children enrolled or renewed to date	<b>9</b> Number of targeted children newly enrolled or renewed to date
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th column 1.

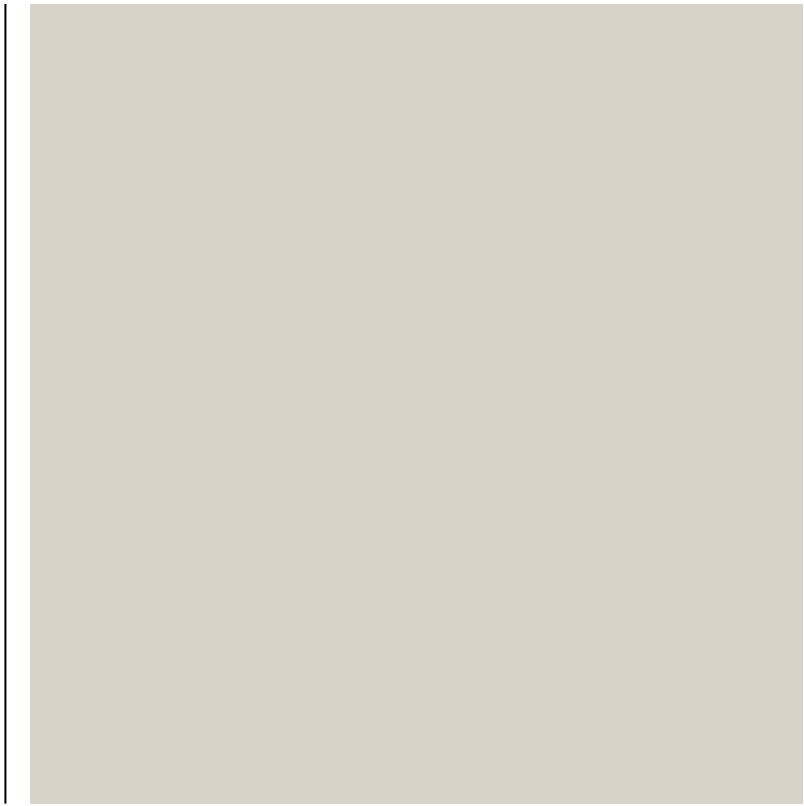
h substantial interactive assistance, enter data in columns 1 and 2; column 3 will calculate you completed no applications this month, just enter 0 in columns 1, 2, 4 and 5.

eady covered by Medicaid or CHIP when you provided them with substantial interactive enter data in columns 9 and 10; if you cannot, leave columns 9 and 10 blank. If you have

**10  
Number of other children  
newly enrolled or renewed  
to date**

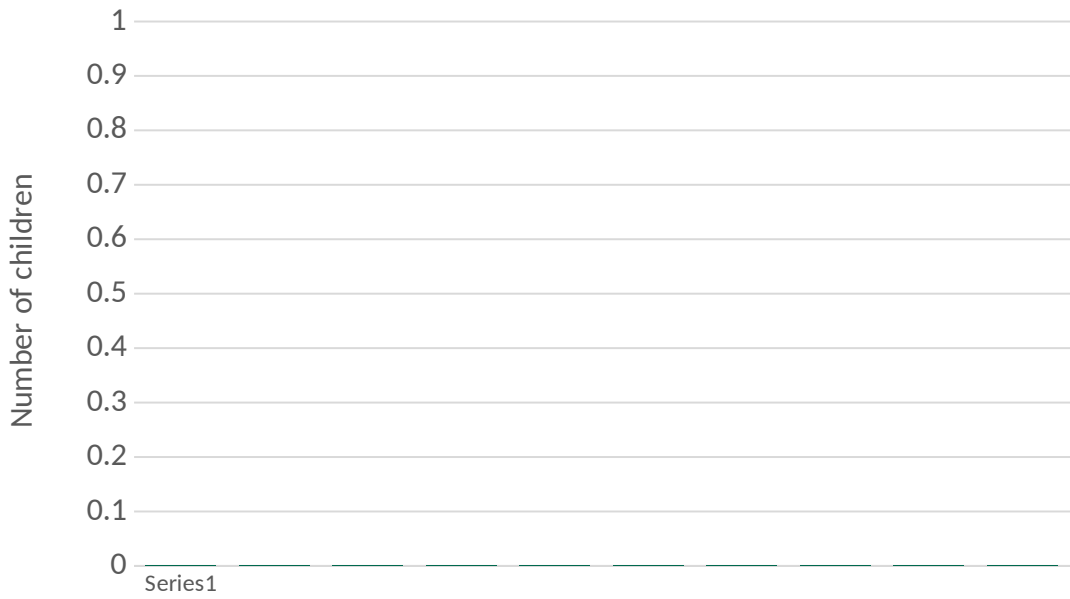
**Data limitations.** Explain any limitations that may help us understand these data, such as reasons the data reported do not reflect the true number of applications submitted, or enrollments or renewals completed, that were funded by this grant.

*Type here*





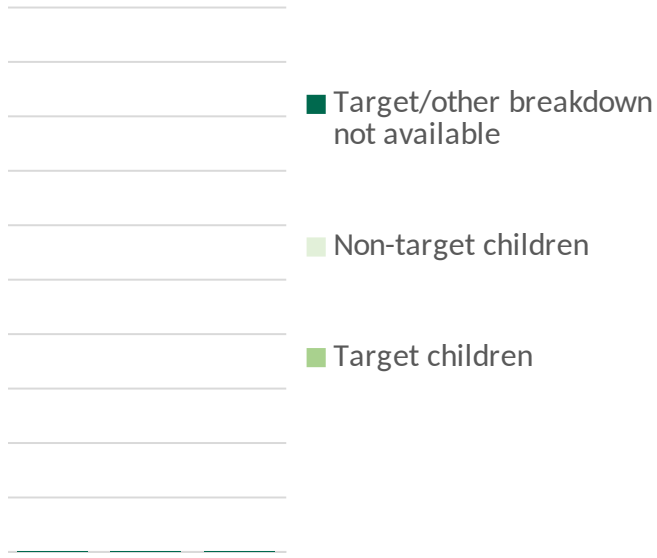
Cumulative number of children enrolled or renewed, by target



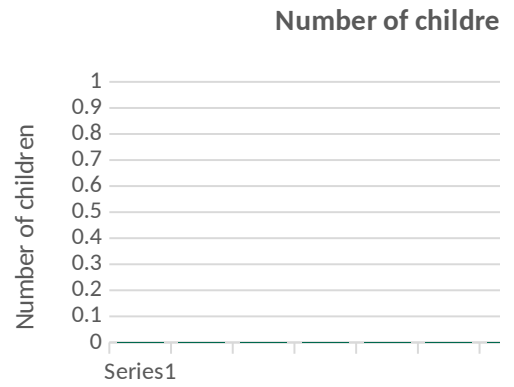
Cumulative number of children enrolled or renewed, by new/ r



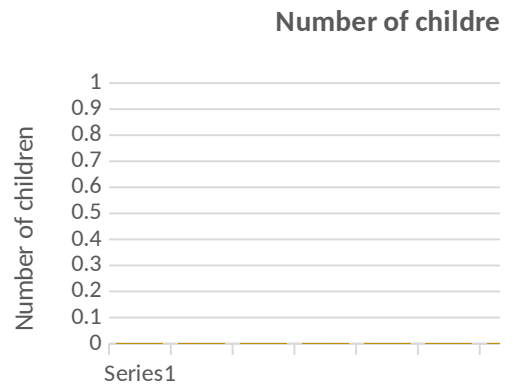
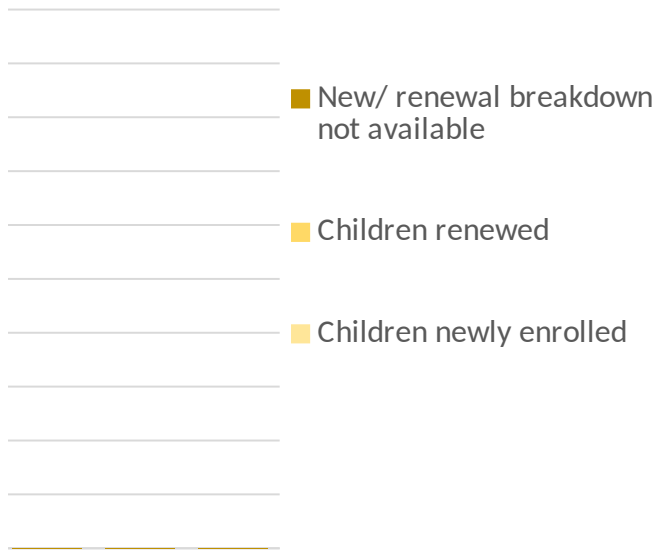
t/other status and month



Cumulative progress towards target: childr



renewal status and month



### Children in target population newly enrolled and renewed

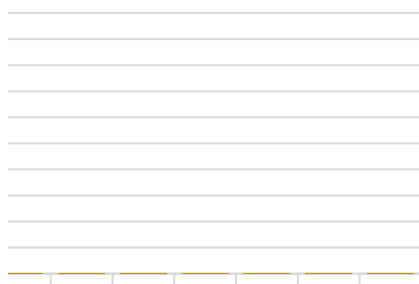
- Percentage of child target achieved
- Remaining progress needed

### Children applying during the month



- Target/other breakdown not available
- Non-target children
- Target children

### Children applying during the month



- New/renewal breakdown not available
- Children with renewal applications
- Children with new applications

Please review the instructions tab, including data definitions, before completing this table. The

Enter the number of parents for whom an insurance affordability application was submitted d column 3 will calculate automatically. If you cannot identify which parents were already covered, enter 0 in columns 1, 2, 4 and 5.

Enter the number of parents for whom an insurance affordability program new enrollment or them with substantial interactive assistance, enter data in columns 6 and 7; column 8 will calculate 10; if you cannot, leave columns 9 and 10 blank. If you have verified no new enrollments or re

Month	1 Number of parents for whom a new application was submitted during the month	2 Number of parents for whom a renewal application was submitted during the month	3 Total: number of parents applying this month
Jul-19			
Aug-19			
Sep-19			
Oct-19			
Nov-19			
Dec-19			
Jan-20			
Feb-20			
Mar-20			
Apr-20			
May-20			
Jun-20			
Jul-20			
Aug-20			
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Nov-20			
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May-21			
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Jul-21			
Aug-21			
Sep-21			
Oct-21			

Nov-21  
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Oct-22  
Nov-22  
Dec-22  
Jan-23  
Feb-23  
Mar-23  
Apr-23  
May-23  
Jun-23

en enter data in the row for the current reporting month, which you selected on the C  
uring the current reporting month, as a direct result of your CKC grant activities. If you  
r data in column 3, and leave columns 1 and 2 blank. If you can identify which parents we

renewal was verified , between the start of the grant and the end of the current repc  
ulate automatically. If you cannot identify which parents were already covered, enter  
newals to date, enter 0 in columns 6, 7, 9 and 10.

<b>4</b> Number of parents of targeted children for whom an application was submitted during the month	<b>5</b> Number of parents of other children for whom an application was submitted during the month	<b>6</b> Number of parents newly enrolled to date
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Cover Sheet and is shaded gray below. Enter data in the columns in order, starting with

you can identify which parents were already covered by an insurance affordability program who are parents of children in your target population, enter data in columns 4 and 5; if you

reporting month, as a direct result of your CKC grant activities. If you can identify which parents, enter data in column 8, and leave columns 6 and 7 blank. If you can identify which parents

<b>7</b> <b>Number of parents renewed to date</b>	<b>8</b> <b>Total: Number of parents enrolled or renewed to date</b>	<b>9</b> <b>Number of parents of targeted children newly enrolled or renewed to date</b>
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th column 1.

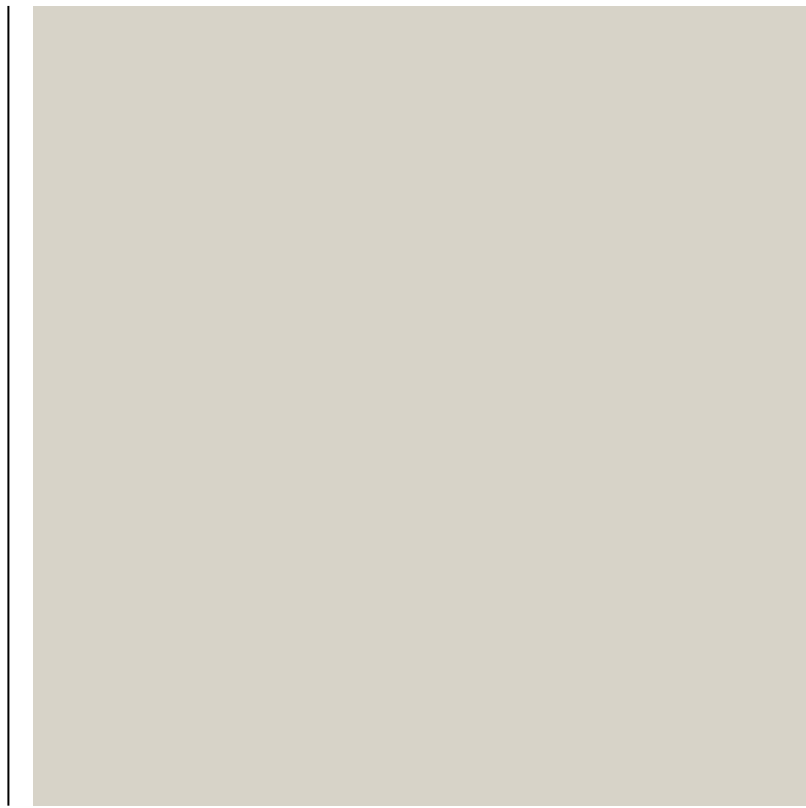
en you provided them with substantial interactive assistance, enter data in columns 1 and 2; if you cannot, leave columns 4 and 5 blank. If you completed no applications this month, just

parents were already covered by an insurance affordability program when you provided assistance; if parents of children were in your target population, enter data in columns 9 and 10.

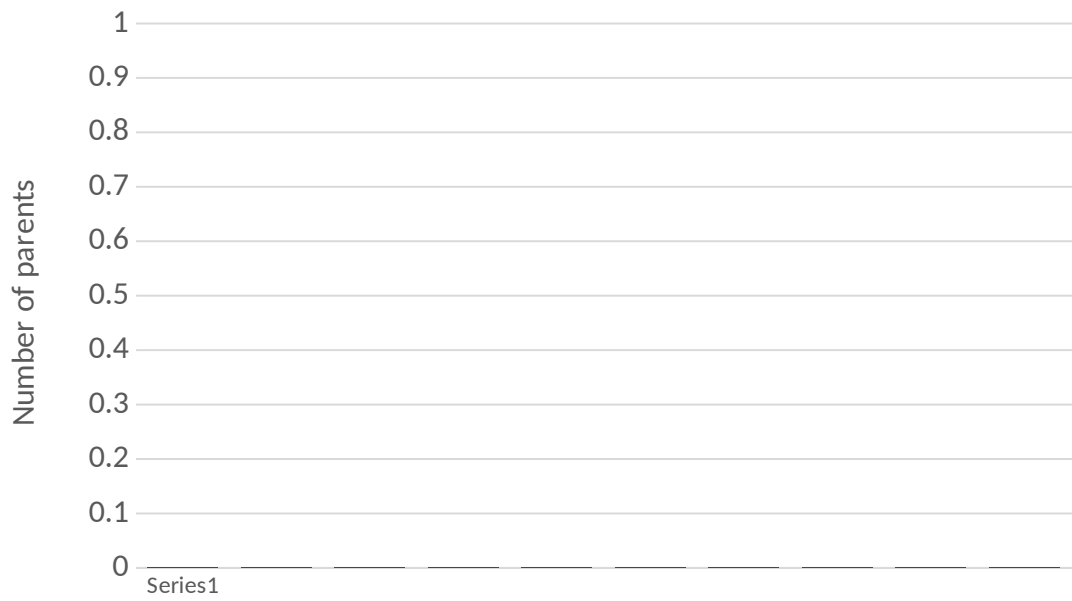
**10**  
**Number of other parents newly enrolled and renewed to date**

**Data limitations.** Explain any limitations that may help us understand these data, such as reasons the data reported do not reflect the true number of applications submitted, or enrollments or renewals completed, that were funded by this grant.

*Type here*



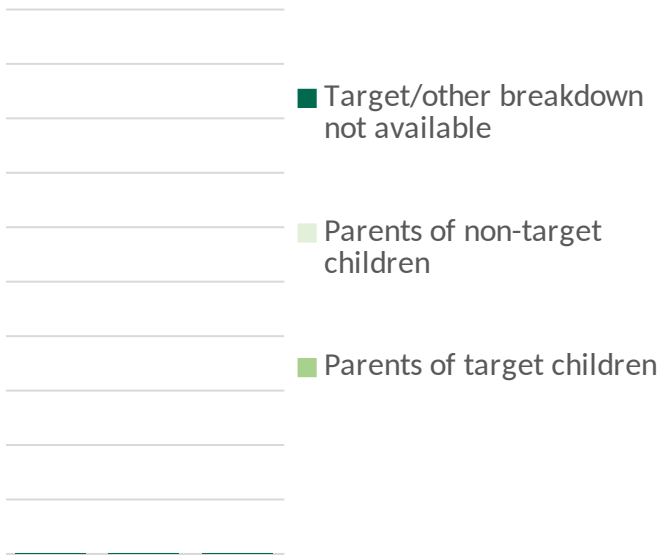
Cumulative number of parents enrolled or renewed, by target



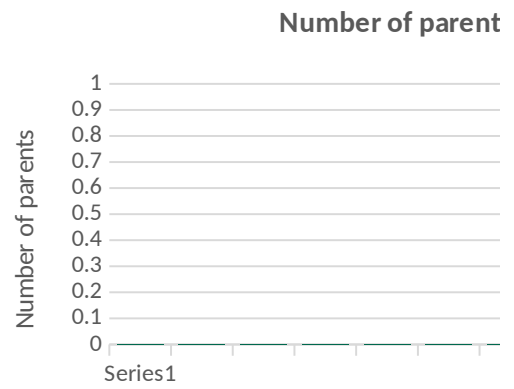
Cumulative number of parents enrolled or renewed, by new/ r



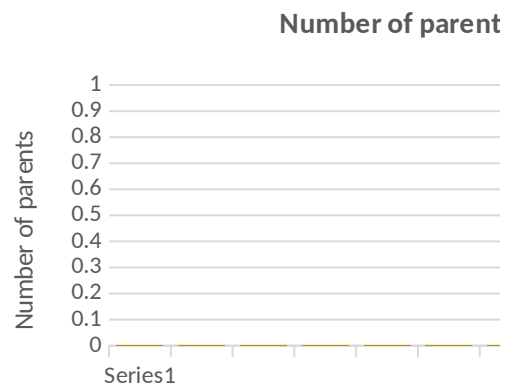
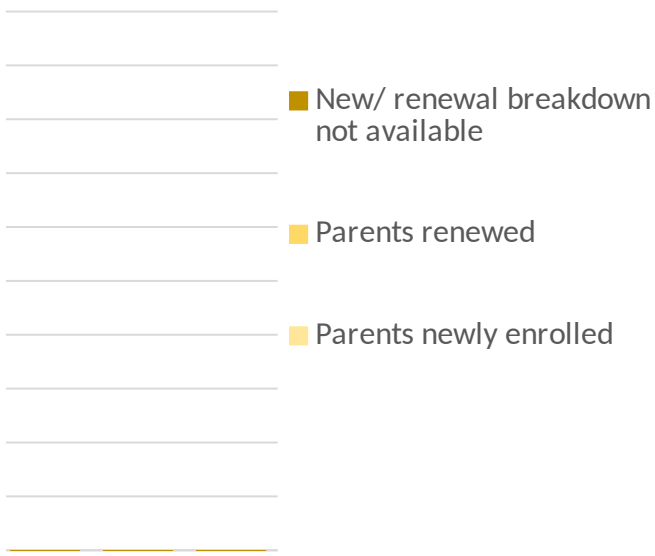
Target/other status and month



Cumulative progress towards target: parent renewed



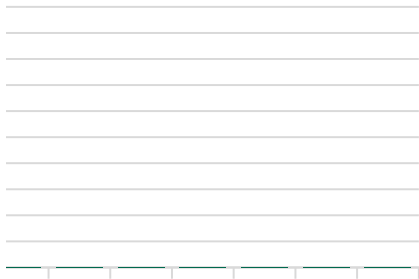
Renewal status and month



ts of children in target population newly enrolled and

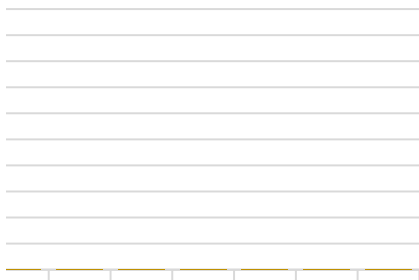
- Percentage of parent target achieved
- Remaining progress needed

s applying during the month



- Target/other breakdown not available
- Parents of non-target children
- Parents of target children

s applying during the month



- New/renewal breakdown not available
- Parents with renewal applications
- Parents with new applications

**Tab E. Major activities, achievements, challenges, and help topics this month**

Instructions: Describe 1 - 6 major activities, achievements and challenges that you experienced on this grant during the current reporting period. Enter up to 6 topics that you would like help with. Each cell is limited to 1,000 characters.

**Table E.1 Major activities, achievements and challenges**

Major activities, achievements and challenges	Description/details

**Table E.2. Help topics**

I need help with...	Description/details