Workbook overview
This workbook is for montly reporting to CMS by Connecting Kids to Coverage gr

Cover Sheet
This tab is for basic information about the grant, including the grantee org

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

A. Child data
Grantees should report on this tab:
a) the number of children for whom applications were submitted in the c
b) the number of children verified as newly enrolled or renewed from the
according to the data definitions provided below.

Each month, grantees should complete one additional row of data, so tha

If a grantee can identify which children were already covered by Medicaid or CH
covered, should they enter data in columns 3 and 6, and leave columns 1, 2, 4 a

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

C. Parent data
This tab is similar to the *Child data* tab. Only grantees whose grant applic
below.

B. Child Dashboard and D. Parent Dashboard
The dashboards are designed to update automatically when new data are enter
and renewals, from the Cover Sheet. The other figures show percentage of new

E. Main activities
This tab is for grantees to provide narrative updates on their activities during the
this, as these tables are only intended as a starting point for monthly conversati

Term
Child
Parent

Insurance affordability program

Applied as a direct result of project activities

New applications

Renewal applications

Substantial interactive assistance

Enrolled as a direct result of project activities

Renewed as a direct result of project activities

rantees. It can also be used by grantees to monitor their own progress towards the goals they set themselves when applying fo

ganization's name, the grantee project director, the grant start and end months, and the grantee's targets for new en

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

urrent reporting month, and
e start of the grant through the end of the current reporting month,

at over time, the table reflects the grantee's progress from the start of the grant onwards.

IP when they provided substantial interactive assistance, data should be entered in columns 1, 2, 4 and 5 only; columns 3 and
nd 5 blank.

ified, and/ or when no applications are completed during the current reporting month, grantees should enter a zero in the rele

ation included goals for enrolling or renewing parents are required to complete this tab. Other grantees may choose

ed for applications, enrollments and renewals. The largest figure on each dashboard shows the cumulative number of new enr
enrollments and renewals target achieved, and number of new and renewal applications completed each month.

e reporting month, and to report any areas in which they would particularly like help that CMS may be able to provide. Each tab
ons with CMS project officers.

Definition

Individuals who were age-eligible to be enrolled in Medicaid or Children's Health Insurance Program (CHIP) children
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 childr
are not yet born if the state provides coverage to unborn children under CHIP.

Individuals who:

Were above the age limit for children's Medicaid or CHIP in your state when your organization assisted them (age li
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
when your organization assisted them.

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

CHIP, Medicaid, Qualified Health Plans with Premium Tax Credits sold via state-based or federally facilitated market
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
agency, to a state-based marketplace, or to the federally facilitated Marketplace between the first and last days of t
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 ar
funding source.

Applications submitted by individuals who:

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

AND

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

Applications submitted by individuals who:

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

AND

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

AND

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

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

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

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 pare
they received substantial interactive assistance

AND

They were newly enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) l
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 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 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 a funding source.

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) they received substantial interactive assistance

AND

They were renewed in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) betwe 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 da 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 fun source.

ng Kids to Coverage grant.

nd renewals.

te automatically. Only if a grantee cannot identify which children were already

s.

ta on this tab if they collect data consistent with the data definitions

l renewals, from tabs A and C, and the combined target for new enrollments

ted to 1,000 characters; grantees are encouraged to be more concise than

A, all columns

C, all colums

C, all columns

A and C, columns 1 - 3
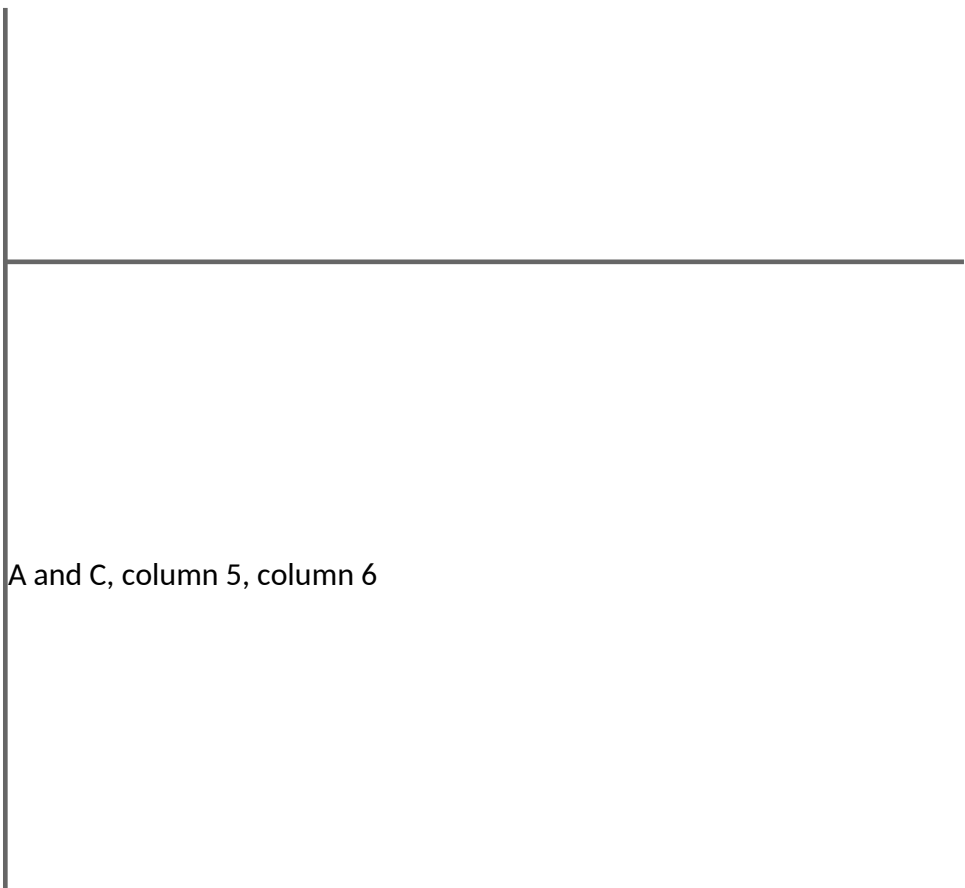
A and C, column 1

A and C, column 2

A and C, all columns

A and C, column 4, column 6

A and C, column 5, column 6

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)	Aug-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 instruct☐. 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. ☐

Please review the instructions tab, including data definitions, before completing

Enter the number of children for whom a Medicaid/ CHIP application was subm
substantial interactive assistance, enter data in columns 1 and 2; column 3 will
columns 1 and 2.

Enter the number of children for whom a Medicaid/ CHIP new enrollment or re
Medicaid or CHIP when you provided them with substantial interactive assistan
verified no new enrollments or renewals to date, enter 0 in columns 4 and 5.

Month	1 Number of children for whom a new application was submitted during the month	2 Number of children for whom a renewal application was submitted during the 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		
Sep-20		
Oct-20		
Nov-20		
Dec-20		
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		
Feb-22		

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

; this table. Then enter data in the row for the current reporting month

itted <u>during the current reporting month</u>, as a direct result of your CKC
calculate automatically. If you cannot identify which children were alre

<u>newal</u> was verified , <u>between the start of the grant and the end of the</u>
ce, enter data in columns 4 and 5; column 6 will calculate automaticall

3 Total: number of children applying this month	4 Number of children newly enrolled to date

n, which you selected on the Cover Sheet and is shaded gray below. Enter data in the columns in order, s

grant activities. If you can identify which children were already covered by Medicaid or CHIP when you
eady covered, enter data in column 3, and leave columns 1 and 2 blank. If you completed no applications

current reporting month, as a direct result of your CKC grant activities. If you can identify which childre
y. If you cannot identify which children were already covered, enter data in column 6, and leave column

5 Number of children renewed to date	6 Total: Number of children enrolled or renewed to date

Data limitations. Explain any li
understand these data, such as
do not reflect the true number
or enrollments or renewals con
by this grant.

_____
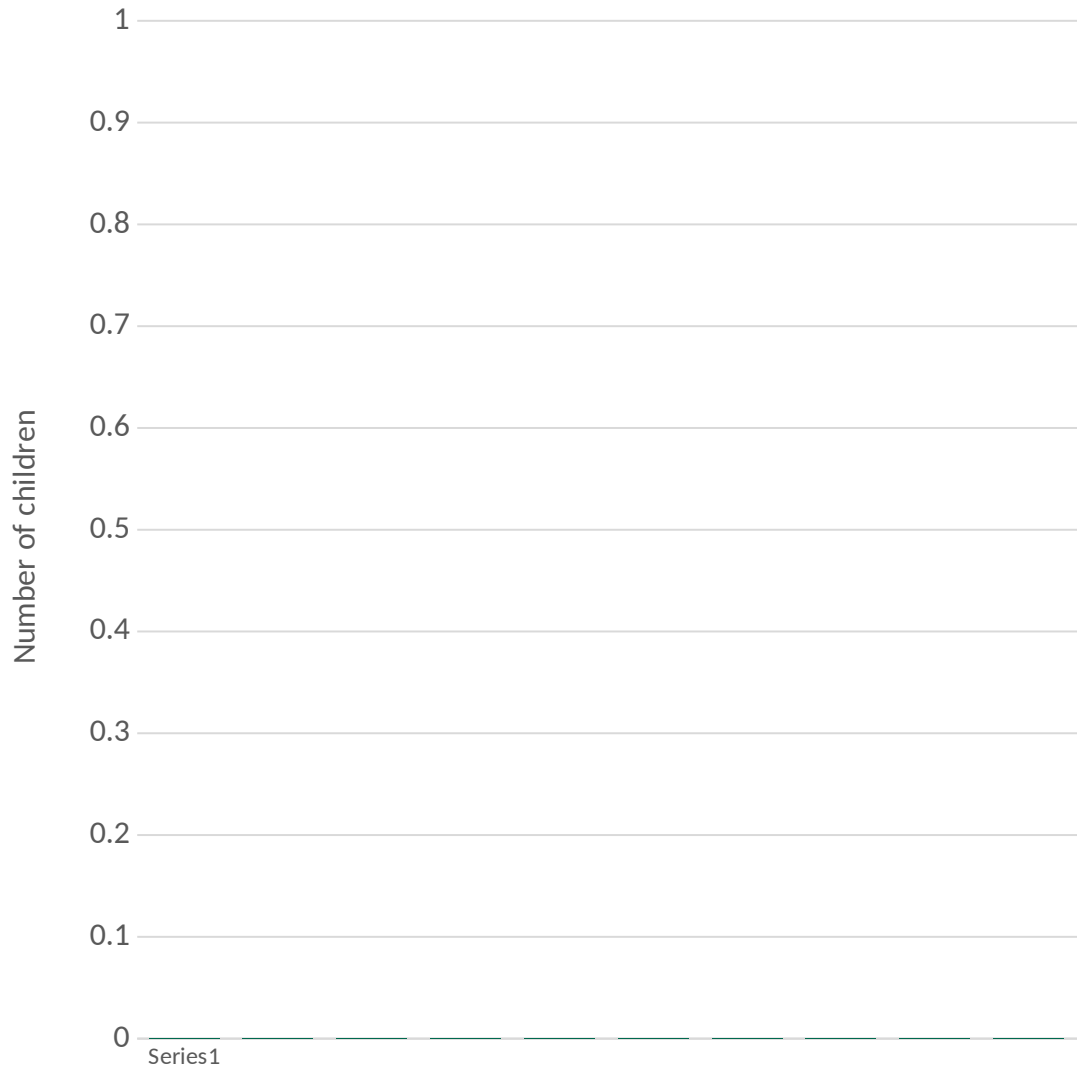*Type here*

starting with column 1.

provided them with
s this month, enter 0 in

n were already covered by
s 4 and 5 blank. If you have

nitations that may help us
reasons the data reported
of applications submitted,
npleted, that were funded

Cumulative number of children enrolled or renew

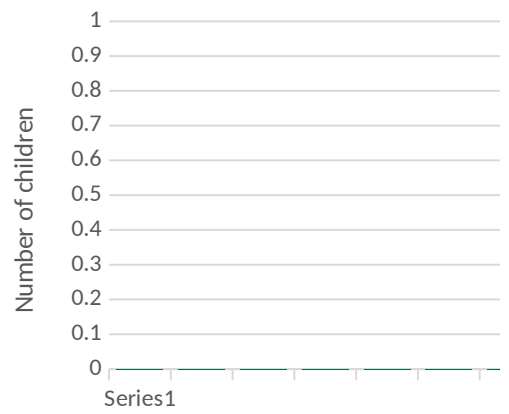Number of children

1

0.9

0.8

0.7

0.6

0.5

0.4

0.3

0.2

0.1

0

Series1

ed, by month

Cumulative progress towards targ

■ New/ renewal breakdown
   not available

■ Number of children
   renewed to date

■ Number of children newly
   enrolled to date

Number of childre

Number of children

1
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0

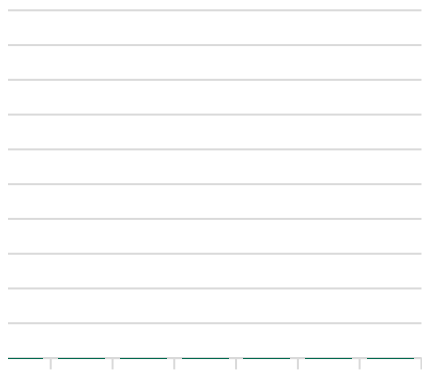Series1

et for children newly enrolled and renewed

- ■ Percentage of target achieved
- □ Remaining progress needed

n applying during the month

- ■ New/renewal breakdown not available
- ■ Number of children with renewal applications
- ■ Number of children with new applications

Please review the instructions tab, including data definitions, before completing

Enter the number of parents for whom an insurance affordability program appli
when you provided them with substantial interactive assistance, enter data in c
applications this month, enter 0 in columns 1 and 2.

Enter the number of parents for whom a new enrollment or renewal in an insur
were already covered by an insurance affordability program when you provided
and leave columns 4 and 5 blank. If you have verified no new enrollments or rer

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
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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Dec-21		
Jan-22		

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

; this table. Then enter data in the row for the current reporting month

cation was submitted during the current reporting month, as a direct r
olumns 1 and 2; column 3 will calculate automatically. If you cannot id

ance affordability program was verified, between the start of the gran
them with substantial interactive assistance, enter data in columns 4 a
newals to date, enter 0 in columns 4 and 5.

3 Total: number of parents applying this month	4 Number of parents newly enrolled to date

h, which you selected on the Cover Sheet and is shaded gray below. Enter data in the columns in order

result of your CKC grant activities. If you can identify which parents were already covered by an insurar
Ientify which parents were already covered, enter data in column 3, and leave columns 1 and 2 blank.

t and the end of the current reporting month, as a direct result of your CKC grant activities. If you can
and 5; column 6 will calculate automatically. If you cannot identify which parents were already covered

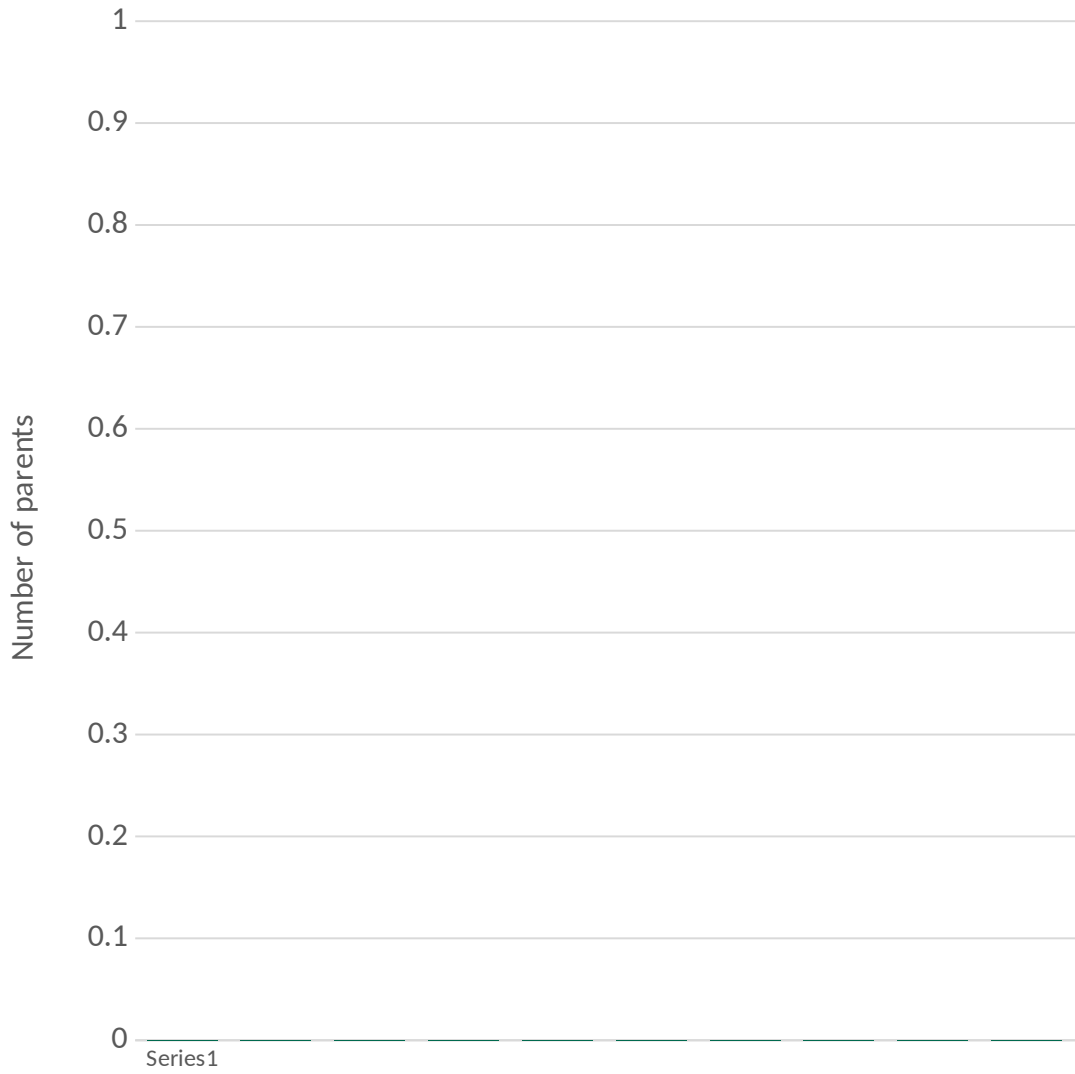| 5 Number of parents renewed to date	6 Total: Number of parents enrolled or renewed to date	Data limitations. Explain any us understand these data, sud reported do not reflect the tru submitted, or enrollments or were funded by this grant.
		Type here

, starting with column 1.

nce affordability program
If you completed no

identify which parents
d, enter data in column 6,

limitations that may help
h as reasons the data
ue number of applications
renewals completed, that
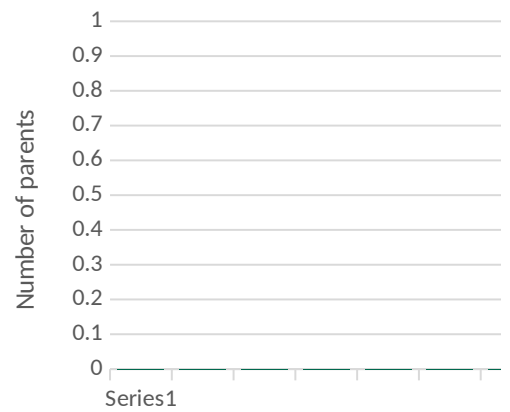
Cumulative number of parents enrolled or renewe

Number of parents

1

0.9

0.8

0.7

0.6

0.5

0.4

0.3

0.2

0.1

0

Series1

ed, by month

■ New/ renewal breakdown not available

■ Number of parents renewed to date

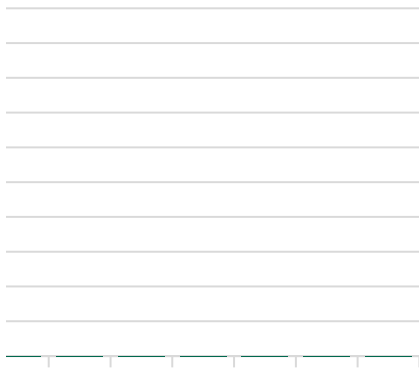■ Number of parents newly enrolled to date

Number of parent

Number of parents

1
0.9
0.8
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0.6
0.5
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0.1
0

Series1

get for parents newly enrolled and renewed

- ■ Percentage of target achieved
- ■ Remaining progress needed

s applying during the month

- ■ New/ renewal breakdown not available
- ■ Number of parents with renewal applications
- ■ Number of 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 project 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