

Section	Old Version	New Version	Type of change	Reason for Change	Burden of change (Yes or No)
Multiple Sections/Pages	He/she language used to refer to children/adults for which data are reported for in the system.	Language changed to be gender neutral such as “the child/the pregnant woman/the individual/they”, etc.	Revision	To include gender neutral rather than gender specific language	No
Multiple Sections/Pages	References to waiver adults and waiver forms	No references to waiver adults and waiver forms	Revision	Removed information pertaining to forms that states will no longer be required to report on	No
Title Page	The link to SEDS included is And the date of the document is February 2015	The new link to SEDS included is and the date of the document updated to July 2021	Revision	To reflect the most current information	No
I. Introduction, page 1	“Also included in the system are forms that gather further information about the enrolled populations reported on the statistical forms. These informational forms gather data on employer sponsored insurance (ESI), dental wrap-around benefits and other optional benefits.”	N/A	Deletion	Removed information pertaining to forms that states will no longer be required to report on.	No
II. Submission of Data, page 1	N/A	“States must designate whether their enrollment report is preliminary or final, when they submit their enrollment data. States that submit preliminary data will be able to return to	Addition	Included additional instruction to reflect the updated submission process.	No

		modify the data submission. Once the data are finalized, the report is locked for editing unless it is uncertified.”			
III. Reporting Forms, page 2	“Use one (1) copy of this form to report data for each separate child health program and/or operational entity. If, for example, a state operates one separate child health program that serves children with disabilities and a second separate child health program that serves other children, the state should submit two (2) Form CMS-21Es. The system will combine data from all forms to create an aggregate separate child health program report. States with a separate program for children eligible due to the loss of Medicaid based on the loss of income disregards (the 2101(f) protection) should report those enrollments on this form, but should not use an additional copy of the form.”	“Use one (1) copy of this form to report data for all separate child health programs. If, for example, a state operates one separate child health program that serves children with disabilities and a second separate child health program that serves other children, the single CMS-21E should contain data for both programs.”	Revision	Revised to reflect update for states to use one form for all separate CHIP data, rather than multiple forms for different CHIP programs.	No
III. Reporting Forms, page 2	“All of the above forms collect enrollment data by age category, CMS-defined income levels, and type of service delivery system. Each report consists of screens (pages),	“All of the above forms collect enrollment data by age category, CMS-defined income levels, and type of service delivery system. Each form consists of tabs, one for each specified age group and a	Revision	Revised to reflect the changes to formatting of forms in the SEDS system from different pages for each age group to multiple tabs for each age group all on one page.	No

	one for each specified age group. Separate columns are designated for each income group, and separate rows for each type of delivery system in which enrollees may receive health program benefits.”	summary tab with data for all age groups combined. Separate columns are designated for each income group, and separate rows for each type of delivery system in which enrollees may receive health program benefits.”			
III. Reporting Forms, page 3	“ <ul style="list-style-type: none"> Form CMS-21 Waiver. This form collects data on adults enrolled in a CHIP section 1115 waiver for whom the state receives the title XXI federal matching rate for at least some of the expenditures. ”	N/A	Deletion	Removed information pertaining to forms that states are no longer required to collect data for	No
III. Reporting Forms, page 3	“ <ul style="list-style-type: none"> Form Waiver Gender, Race, Ethnicity. This form collects gender, race and ethnicity data for all enrollees reported on the form CMS-21 Waiver. ”	N/A	Deletion	Removed information pertaining to forms that states are no longer required to collect data for	No
III. Reporting Forms, page 3	<ul style="list-style-type: none"> “Informational Forms 21E, 21PW, 64.21E, 64EC, 21 Waiver. These forms currently collect employer sponsored insurance (ESI) or dental wrap-around 	N/A	Deletion	Removed information pertaining to forms that states are no longer required to collect data for	No

	<p>enrollment data for the applicable program. Other future categories of interest may also be added as an informational form. The enrollment data is a subset of the enrollment already reported on the program that the child or eligible adult is enrolled. (Aggregate enrollment reports count only the program forms, not informational forms.) For example: If the state reports 1,000 children on the CMS- 21E, and, of that total, 60 children are enrolled in an ESI program, then the state would additionally report on a CMS-21EI form indicating the 60 children enrolled in the ESI program.</p> <p>”</p>				
<p>III. Reporting Forms, page 3</p>	<p>“Note on the “CHIPRA 214” lawfully residing option: Some states have elected the option provided by section 214 of the Children’s Health Insurance</p>	<p>“Note on the “CHIPRA 214” lawfully residing option: Some states have elected the option provided by section 214 of the Children’s Health Insurance</p>	<p>Deletion</p>	<p>Removing information about reporting separate CHIP groups on multiple forms since the new system will only have one</p>	<p>No</p>

	<p>Program Reauthorization Act of 2009 to lift the 5-year bar on coverage in Medicaid or CHIP for certain pregnant women and/or children who are lawfully residing in the United States. For those states that cover such lawfully residing children in Medicaid or CHIP, or pregnant women in CHIP (pregnant women in Medicaid are not captured in SEDS), those enrolled individuals should be reported in the same categories as other children and pregnant women. For children enrolled in a separate CHIP, it is not necessary to use an additional copy of the form to report lawfully residing children's enrollment."</p>	<p>Program Reauthorization Act of 2009 to lift the 5-year bar on coverage in Medicaid or CHIP for certain pregnant women and/or children who are lawfully residing in the United States. For those states that cover such lawfully residing children in Medicaid or CHIP, or pregnant women in CHIP (pregnant women in Medicaid are not captured in SEDS), those enrolled individuals should be reported in the same categories as other children and pregnant women"</p>		<p>form for all separate CHIP programs.</p>	
<p>IV. Reporting Changes Associated with the Affordable Care Act, pages 4-5 of old version</p>	<p>"The Affordable Care Act (ACA) makes many changes to eligibility and enrollment that affect both Medicaid and CHIP. Starting January 1, 2014, the law requires the application of new, standardized income counting rules based on Modified Adjusted Gross Income (MAGI), which may cause some shifts in eligibility;</p>	<p>N/A</p>	<p>Deletion</p>	<p>Removing outdated information</p>	<p>No</p>

	<p>increases the mandatory Medicaid upper income limit for children from ages 6 up to 19 years old, which may cause some CHIP children to transition to Medicaid; protects certain children who lose Medicaid as a result of the loss of income disregards (2101(f) protection); and requires the use of a new, streamlined application for health benefits that includes more granular racial and ethnic categories. These changes may affect the way in which states currently report data into SEDS. The changes are summarized in Table 1 below.</p> <p>To align with MAGI-based eligibility methodologies, effective with the second fiscal quarter of 2014, all SEDS forms that gather enrollment data based on income use the MAGI income and household methodologies. Enrollments are to be grouped based on the percent of FPL as determined using MAGI methods, rather than including the previous income disregards. In addition, we</p>				
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	<p>understand that because MAGI rules took effect during a fiscal year that the year 2014 will necessarily have inconsistent enrollment data between first fiscal quarter and the three following quarters.</p> <p>States that covered children with family income below 133 percent of the FPL in a separate CHIP through calendar year 2013 must transition these children to Medicaid in 2014. Because expenditures for these children are still funded through CHIP, enrollment data must be entered on the CMS-64.21E for Medicaid Expansion. And a few states that enroll children protected by 2101(f) in a separate CHIP but do not otherwise use the CMS-21E form for separate child health program must enter 2101(f) children on this form.</p> <p>States should begin to implement the changes in reporting to account for MAGI- based rules, transitioning children to Medicaid expansion and the</p>				
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	<p>2101(f) protection effective at the beginning of the second federal fiscal quarter of 2014 (January 1 through March 31, 2014), for which reporting was due April 30, 2014. We are directing states that have already certified data for Quarter 2 and later to go back in the forms to make any necessary revisions to enrollment data and then recertify the data.</p> <p>In addition, we are taking this opportunity to revise the income range groups on all of the forms such that the first group is now 0-133 percent FPL and the second group is now 134-200 percent FPL. The other income groups are unchanged. We have also modified the Gender, Race, Ethnicity form to give states the opportunity to report additional granularity for the Hispanic, Asian, and Native Hawaiian or Other Pacific</p> <p>Islander categories. Please see Section V on Definitions and Rules below for more detail on</p>				
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	<p>the reporting changes associated with the ACA. Changes to the income range groups on all forms and the categories and definitions for the Form Gender, Race, Ethnicity are effective as of a different date: the first fiscal quarter of 2015 (October 1 through December 31, 2014), for which reporting is due January 30, 2015.”</p>				
<p>IV. Reporting Changes Associated with the Affordable Care Act, page 6 of old version</p>	<p>Table 1 includes information about ACA policy considerations for SEDS, Programmatic Changes, Reporting Considerations, and Effective Dates</p>	N/A	Deletion	Removing outdated information	No
<p>Definitions and Rules – V, page 7 (old version); IV, page 4 (new version)</p>	<p>“Quarter and Year. Enter the quarter (1-4) and the Federal Fiscal Year (FFY) to which the data pertain. The FFY runs from October 1 through September 30. For example, the first quarter of FFY 2015 is October 1 through December 31, 2014; the second quarter is January 1 through March 31, 2015; the third quarter is April 1 through June 30, 2015;</p>	<p>“Quarter and Year. Select the quarter (1-4) and the Federal Fiscal Year (FFY) to which the data pertain. The FFY runs from October 1 through September 30. For example, the first quarter of FFY 2021 is October 1 through December 31, 2020; the second quarter is January 1 through March 31, 2021; the third quarter is April 1 through June 30, 2021;</p>	Revision	Updated to make dates more current	No

	and the fourth quarter is July 1 through September 30, 2015.”	and the fourth quarter is July 1 through September 30, 2021.”			
Definitions and Rules – V, page 7 (old version)	<p>“Program Code. (This item appears only on Form CMS-21E, the separate child health program form.) States should report enrollment data for each separate child health program and/or operational entity on a separate copy of Form CMS-21E. The program code uniquely identifies the separate child health program to which the report pertains. To create a program code, enter the two-letter state abbreviation followed by a descriptive letter or number from 1 to 9. For example, the State of Florida would enter FL1, for its first separate child health program, FL2 for its second separate child health program, and so forth.</p> <p>Type of Eligible. (This item appears only on Form CMS-64.21E, the Medicaid expansion form.) This two-character code identifies the Medicaid expansion group or groups to which the data pertain.</p>	N/A	Deletion	Removal of information that is no longer applicable	No

	<p>U2. Select "U2" if the state's Medicaid expansion covers only the 1905(u)(2) expansion group, optional targeted low income children. These are uninsured children under age 19 who meet Title XXI eligibility requirements who would not be eligible for traditional Medicaid under the state plan in effect on 3/31/97. Note: U3 is no longer a valid selection.</p>				
<p>Definitions and Rules – V, page 7 (old version); IV, page 4 (new version)</p>	<p>"Age of Children or Pregnant Women. Each reporting form has screens (pages) for each age group of eligible individuals. The age groups are defined as follows:</p> <ul style="list-style-type: none"> • "Under 0": conception to birth (CMS-21E only); • "0-1": infants from birth to under age one (up to the first birthday); • "1-5": age one through age five; • "6-12": age six through age 12; • "13-18": age 13 through age 18 inclusive (up to but 	<p>"Age of Children or Pregnant Women. Each reporting form has tabs for each age group of eligible individuals. The age groups are defined as follows:</p> <ul style="list-style-type: none"> • "Under 0": conception to birth (CMS-21E only); • "0-1": infants from birth to under age one (up to the first birthday); • "1-5": age one through age five; • "6-12": age six through age 12; • "13-18": age 13 through age 18 inclusive (up to but not including age 19); • "19-20": age 19 through age 21 inclusive (up to 	<p>Revision</p>	<p>Updated instructions to reflect changes to formatting of forms and removed reference to forms that are no longer required.</p>	<p>No</p>

	<p>not including age 19);</p> <ul style="list-style-type: none"> • “19-20”: age 19 through age 21 inclusive (up to but not including age 21) (CMS-64EC only); and • “19-64”: age 19 through age 64 (CMS-21PW and 21 Waiver only). <p>”</p>	<p>but not including age 21) (CMS-64EC only); and</p> <ul style="list-style-type: none"> • “19-64”: age 19 through age 64 (CMS-21PW only). <p>”</p>			
<p>Definitions and Rules – V, page 8 (old version); IV, page 5 (new version)</p>	<p>“Family Income. States report data separately for all income range groups, as applicable. Each income range group is specified in relation to the federal poverty level (FPL). Beginning in the second federal fiscal quarter of 2014, the FPL is determined using MAGI-based income counting and household composition rules. Each form provides five (5) columns, to allow states to report data in the five (5) income range groups defined as a percent of the FPL using MAGI. For all quarters through the fourth federal fiscal quarter of 2014 (July 1 through September 30, 2014),</p>	<p>“Family Income. States report data separately for all income range groups, as applicable. Each income range group is specified in relation to the federal poverty level (FPL). The FPL is determined using Modified Adjusted Gross Income (MAGI) based income counting and household composition rules. Each form provides five (5) columns, to allow states to report data in the five (5) income range groups defined as a percent of the FPL using MAGI. The income groups appear on each form as follows:</p> <ul style="list-style-type: none"> • 0-133; • 134-200; • 201-250; • 251-300; 	<p>Revision</p>	<p>Removal of outdated information about previous FPL ranges and additional clarifying instructions included</p>	<p>No</p>

	<p>the income groups are as follows:</p> <ul style="list-style-type: none"> • 0-100; • 101-200; • 201-250; • 251-300; • 301-state specified. <p>Beginning in the first federal fiscal quarter of 2015 (October 1 through December 31, 2014), for which reporting is due January 30, 2015, the 100 percent break point is modified to 133 percent. Beginning in this quarter, the income groups appear on each form as follows:</p> <ul style="list-style-type: none"> • 0-133; • 134-200; • 201-250; • 251-300; • 301-state specified. <p>Please note that the upper limit in income range group 5 is state-defined. Therefore, each state with a maximum income level exceeding 300 percent of the FPL must enter the maximum income level as approved in the state plan. For example, if a state program has a MAGI upper income limit of 228 percent of</p>	<ul style="list-style-type: none"> • 301-state specified. <p>Please note that the upper limit in income range group 5 is state-defined. Therefore, each state with a maximum income level exceeding 300 percent of the FPL must enter the maximum income level as approved in the state plan.</p> <p>For example, if a state program has a MAGI upper income limit of 228 percent of the FPL, then an enrollee with a MAGI family income at 220 percent of the FPL is counted in the 201-250 FPL group and an enrollee with a MAGI family income at 182 percent of the FPL is counted in the 134-200 FPL group.</p> <p>If a state is unable to provide enrollment data by the above FPL groups, please report enrollment in the lowest applicable income category.</p> <p>”</p>			
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	<p>the FPL, then an enrollee with a MAGI family income at 220 percent of the FPL is counted in the 201-250 FPL group and an enrollee with a MAGI family income at 182 percent of the FPL is counted in the 134-200 FPL group.</p> <p>”</p>				
<p>Definitions and Rules – V, page 10 (old version); IV, page 6 (new version)</p>	<p>“Quarter and Year. Enter the quarter (1-4) and the Federal Fiscal Year (FFY) to which the data pertain. The FFY runs from October 1 through September 30. For example, the first quarter of FFY 2015 is October 1 through December 31, 2014; the second quarter is January 1 through March 31, 2015; the third quarter is April 1 through June 30, 2015; and the fourth quarter is July 1 through September 30, 2015.</p> <p>”</p>	<p>“Quarter and Year. Enter the quarter (1-4) and the Federal Fiscal Year (FFY) to which the data pertain. The FFY runs from October 1 through September 30. For example, the first quarter of FFY 2021 is October 1 through December 31, 2020; the second quarter is January 1 through March 31, 2021; the third quarter is April 1 through June 30, 2021; and the fourth quarter is July 1 through September 30, 2021.</p> <p>”</p>	Revision	Updated to make dates more current	No
<p>Definitions and Rules – V, page 10 (old version); IV, page 6 (new version)</p>	<p>“Program Forms. States must report each enrollee’s gender, race, and ethnicity on the Gender, Race, Ethnicity forms. Each of these forms have five (5) columns, the first column “21E Enrolled”, the second column “64.21E Enrolled”, the third column “Total CHIP</p>	<p>“Program Forms. States must report each enrollee’s gender, race, and ethnicity on the Gender, Race, Ethnicity forms. Each of these forms have five (5) columns, the first column “21E Enrolled”, the second column “64.21E Enrolled”, the third column “Total CHIP Enrolled”, totals the first two</p>	Revision	Removed information that is no longer applicable	No

	<p>Enrolled”, totals the first two columns, and the fourth column “64EC Enrolled”, the fifth column “21PW Enrolled”. However, the Gender, Race, Ethnicity form for waivers has only one (1) column, “Waiver Adults.”</p> <p>”</p>	<p>columns, and the fourth column “64EC Enrolled”, the fifth column “21PW Enrolled”.</p> <p>”</p>			
<p>Appendix, page 1</p>	<ul style="list-style-type: none"> • “Effective January 1, 2014, each form that gathers enrollment data based on income uses MAGI-based methodologies for income counting and household composition. States must report enrollments in the income groups based on income as a percent of FPL determined using MAGI methods. Effective October 1, 2014, the income range groups on all of these forms are revised such that the first group is now 0-133 percent FPL and the second group is now 134-200 percent FPL. <p>”</p>	<ul style="list-style-type: none"> • “Each form that gathers enrollment data based on income uses MAGI-based methodologies for income counting and household composition. States must report enrollments in the income groups based on income as a percent of FPL determined using MAGI methods. If a state is not able to provide enrollment data by the specified FPL range breakouts, the state should report all enrollment in the lowest applicable income category. <p>”</p>	<p>Revision</p>	<p>Removal of outdated information and additional clarifying information included</p>	<p>No</p>

<p>Appendix, page 1</p>	<p>“• States transitioning children with family income below 133 percent of the FPL from a separate CHIP to a Medicaid Expansion must report these enrollments on the CMS- 64-21E form. States with a separate program for children eligible due to the loss of Medicaid based on the loss of income disregards (the 2101(f) protection) should report those enrollments on the CMS-21E form. Both effective January 1, 2014.”</p>	<p>N/A</p>	<p>Deletion</p>	<p>Removed outdated information</p>	<p>No</p>
<p>Appendix, pages 1-2 (old version) and page 2 (new version)</p>	<p>“• Children, pregnant women, or waiver adults whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.”</p>	<p>“• Children or pregnant women whose eligibility is retroactive to an earlier quarter should be reported as new enrollees in the quarter in which their coverage became effective, not in the quarter in which they applied. They should be reported as ever enrolled in both quarters.”</p>	<p>Revision</p>	<p>Removed language regarding waiver populations that is no longer applicable.</p>	<p>No</p>