

Compare Results

Old File:

**ATTACHMENT 3-HK2019 and HK2020 Monthly
Progress Report Template508.pdf**

8 pages (2.88 MB)
10/14/2022 3:08:27 PM

versus

New File:

**ATTACHMENT 5-HK2022 and HK2023 Monthly
Progress Report Template.pdf**

11 pages (482 KB)
10/14/2022 3:10:43 PM

Total Changes

113

Content

22 Replacements
39 Insertions
18 Deletions

Styling and Annotations

33 Styling
1 Annotation

[Go to First Change \(page 1\)](#)

CKC Monthly Data Report

This form is for monthly reporting to CMS by Connecting Kids to Coverage grantees.

Grantee:

Reporting Month:

Date of Submission:

Instructions

 These instructions provide guidance on how to complete each section of this reporting template. A data dictionary, including official definitions for terms included in this form, is included at the end.

Data confirmations

This section asks you to confirm that the data you are submitting are consistent with reporting requirements.

Child data

You should report:

- a) The number of children for whom applications were submitted in the current reporting month
- b) The number of children verified as newly enrolled or renewed in the current reporting month, according to the data definitions provided below

If you *can* identify which children were already covered by Medicaid or CHIP when you provided substantial interactive assistance, you should enter data in columns 1, 2, 4 and 5 only; columns 3 and 6 will calculate automatically. Only if you *cannot* identify which children were already covered, should you enter data in columns 3 and 6, and leave columns 1, 2, 4 and 5 blank.

In the first months of the grant when no enrollments or renewals have been verified, and/ or when no applications are completed during the current reporting month, you should enter zeros in the relevant columns.

Parent data

This section is similar to the *Child data* section. You are only required to complete this section if your grant application included goals for enrolling or renewing parents. Still, you may choose to enter data in this section if you collect data consistent with the data definitions below.

Pregnant individuals data

This section is similar to the *Child data* section. You are only required to complete this section if your grant application included goals for enrolling pregnant individuals. Still, you may choose to enter data in this section if you collect data consistent with the data definitions below.

Main activities

This section allows you to provide narrative updates on your activities during the reporting month, and to report any areas in which you would like help that CMS may be able to provide. Each table cell is limited to 1,000 characters; you are encouraged to be more concise than this, as these tables are only intended as a starting point for monthly conversations with your CMS project officer.

Data confirmations

- Check this box if all applications, enrollments, and renewals counted in this report resulted from assistance by staff 100% funded by your CKC HEALTHY KIDS grant. If they did not, please estimate the share of applications, enrollments and renewals reported that are attributable to CKC funding (and explain how you arrived at this estimate) in the 'data limitations' field in the following child and parent data sections.
- Check this box if all applications, enrollments, and renewals counted in this report are reported consistently with the data definitions provided in the data dictionary at the end of this reporting template. If they are not, please explain how they differ in the 'data limitations' field in the following child and parent data sections.
- Check this box if all enrollments and renewals counted in this report were verified.

Child data

Application data

Enter the number of children for whom a Medicaid/CHIP application was submitted during the current reporting month, as a direct result of your CKC HEALTHY KIDS grant activities. If you *can* identify which children were already covered by Medicaid/CHIP when you provided them with substantial interactive assistance, enter data in columns 1 and 2 of row A; column 3 will calculate automatically. If you *cannot* identify which children were already covered, leave row A blank and enter the total number of children assisted in the column 3 of row B. If you completed no applications this month, enter 0s in row A.

	1	2	3
	Number of children for whom a new application was submitted during the current reporting month	Number of children for whom a renewal application was submitted during the current reporting month	Total number of children applying during the current reporting month
A			
B	Unavailable	Unavailable	

Denials data

Enter the number of children for whom a Medicaid/CHIP new enrollment or renewal application was denied during the current reporting month, for the applications submitted as a direct result of your CKC HEALTHY KIDS grant activities. If you can identify which children were already covered by Medicaid/CHIP when you provided them with substantial interactive assistance, enter data in columns 4 and 5 of row A; column 6 will calculate automatically. If you cannot identify which children were already covered, leave row A blank and enter the total number of children who were denied coverage in the column 6 of row B. If you have no denials this month, enter 0s in row A.

	4	5	6
	Number of children for whom a new application was denied coverage during the current reporting month	Number of children for whom a renewal application was denied coverage during the current reporting month	Total number of children denied coverage during the current reporting month
A			
B	Unavailable	Unavailable	

Child data

Verified enrollment data

Enter the number of children for whom a Medicaid/CHIP new enrollment or renewal was verified during the current reporting month, as a direct result of your CKC HEALTHY KIDS grant activities. If you *can* identify which children were already covered by Medicaid/CHIP when you provided them with substantial interactive assistance, enter data in columns 7 and 8 of row A; column 9 will calculate automatically. If you *cannot* identify which children were already covered, leave row A blank and enter the total number of children enrolled or renewed in the column 9 of row B. If you have verified no new enrollments or renewals this month, enter 0s in row A.

	7	8	9
	Number of children newly enrolled during the current reporting month	Number of children renewed during the current reporting month	Total number of children newly enrolled or renewed during the current reporting month
A			
B	Unavailable	Unavailable	

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.

Parent data

Application data

Enter the number of parents for whom a Medicaid/CHIP application was submitted during the current reporting month, as a direct result of your CKC HEALTHY KIDS grant activities. If you *can* identify which parents were already covered by Medicaid/CHIP when you provided them with substantial interactive assistance, enter data in columns 1 and 2 row A; column 3 will calculate automatically. If you *cannot* identify which parents were already covered, leave row A blank and enter the total number of parents assisted in column 3 row B. If you completed no applications this month, enter 0s in row A.

	1	2	3
	Number of parents for whom a new application was submitted during the current reporting month	Number of parents for whom a renewal application was submitted during the current reporting month	Total number of parents applying during the current reporting month
A			
B	Unavailable	Unavailable	

Denials data

Enter the number of parents for whom a Medicaid/CHIP new enrollment or renewal application was denied during the current reporting month, for the applications submitted as a direct result of your CKC HEALTHY KIDS grant activities. If you *can* identify which parents were already covered by Medicaid/CHIP when you provided them with substantial interactive assistance, enter data in columns 4 and 5 of row A; column 6 will calculate automatically. If you *cannot* identify which parents were already covered, leave row A blank and enter the total number of parents who were denied coverage in the column 6 of row B. If you have no denials this month, enter 0s in row A.

	4	5	6
	Number of parents for whom a new application was denied coverage during the current reporting month	Number of parents for whom a renewal application was denied coverage during the current reporting month	Total number of parents denied coverage during the current reporting month
A			
B	Unavailable	Unavailable	

Parent data

Verified enrollment data

Enter the number of parents for whom a new enrollment or renewal in Medicaid/CHIP program was verified during the current reporting month, as a direct result of your CKC HEALTHY KIDS grant activities. If you *can* identify which parents were already covered by Medicaid/CHIP when you provided them with substantial interactive assistance, enter data in columns 7 and 8 of row A; column 9 will calculate automatically. If you *cannot* identify which parents were already covered, leave row A blank and enter the total number of parents enrolled or renewed in column 9 of row B. If you have verified no new enrollments or renewals this month, enter 0s in row A.

	7	8	9
	Number of parents newly enrolled during the current reporting month	Number of parents renewed during the current reporting month	Total number of parents newly enrolled or renewed during the current reporting month
A			
B	Unavailable	Unavailable	

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.

Pregnant individuals data

Application data

Enter the number of pregnant individuals for whom a Medicaid/CHIP application was submitted during the current reporting month, as a direct result of your CKC HEALTHY KIDS grant activities in column 1. If you completed no new applications this month, enter 0.

1
Number of pregnant individuals for whom a new application was submitted during the current reporting month

Denials data

Enter the number of pregnant individuals for whom a Medicaid/CHIP new enrollment application was denied during the current reporting month, for the applications submitted as a direct result of your CKC HEALTHY KIDS grant activities in column 2. If you have no denials this month, enter 0.

2
Number of pregnant individuals for whom a new application was denied coverage during the current reporting month

Verified enrollment data

Enter the number of pregnant individuals for whom a new enrollment in Medicaid/CHIP was verified during the current reporting month, as a direct result of your CKC HEALTHY KIDS grant activities in column 3. If you have verified no new enrollments this month, enter 0.

3
Number of pregnant individuals newly enrolled during the current reporting month

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.

Main activities

Major activities, achievements, and challenges

Describe 1 to 6 major activities, achievements, and challenges that you experienced on this grant project during the current reporting period. Each cell is limited to 1,000 characters.

	Major activities, achievements, and challenges	Description/details
1		
2		
3		
4		
5		
6		

Technical assistance

Enter up to 6 topics that you would like help with. Each cell is limited to 1,000 characters.

	I need help with...	Description/details
1		
2		
3		
4		
5		
6		

Data dictionary

Term	Definition
Child	<p>Individuals who were age-eligible to be enrolled in Medicaid or Children’s Health Insurance Program (CHIP) coverage when your organization assisted them. Upper age limits vary by state and range from 18 to 21 years.</p> <p>Include pregnant individuals 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.</p>
Parent	<p>Individuals who:</p> <p>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)</p> <p>AND</p> <p>Were a parent or caretaker relative of a child who was within your state’s age limit for Medicaid or CHIP coverage when your organization assisted them.</p> <p>Include pregnant individuals as 'Pregnant Individuals' whether or not they already have other children.</p>
Pregnant Individuals	<p>Individuals who:</p> <p>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)</p> <p>AND</p> <p>Were pregnant.</p>
Applied as a direct result of project activities	<p>Individuals who meet the following criteria:</p> <p>They, or someone acting on their behalf, received substantial interactive assistance on or after July 1, 2022,</p> <p>AND</p> <p>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.</p> <p>Do not count individuals in these data if you have reported or will be reporting them as applicants assisted under another funding source.</p>
New applications	<p>Applications submitted by children or parents who:</p> <p>Applied for CHIP/Medicaid as a result of your CKC HEALTHY KIDS project activities</p> <p>AND</p> <p>Were not enrolled in Medicaid or CHIP when they applied.</p>
Renewal applications	<p>Applications submitted by children or parents who:</p> <p>Applied for CHIP/Medicaid as a result of your CKC HEALTHY KIDS project activities</p> <p>AND</p> <p>Were already enrolled in Medicaid or CHIP when they applied for coverage</p> <p>AND</p> <p>They did not benefit from an Ex Parte or automatic renewal.</p>

Term	Definition
<p>Substantial interactive assistance</p>	<p>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) CKC HEALTHY KIDS grants. This does not include sending mailings or emails or calling people with pre-recorded messages.</p> <p>This definition of <i>substantial interactive assistance</i> is relevant to the definitions of <i>applied as a direct result of project activities</i>, <i>enrolled as a direct result of project activities</i>, and <i>renewed as a direct result of project activities</i>.</p>
<p>Enrolled as a direct result of project activities</p>	<p>Individuals who meet the following criteria:</p> <p>They, or someone acting on their behalf, received substantial interactive assistance on or after July 1, 2022,</p> <p>AND</p> <p>They were not already enrolled in Medicaid or CHIP when they received substantial interactive assistance</p> <p>AND</p> <p>They were newly enrolled in Medicaid or CHIP between July 1, 2022 and the last day of the current reporting month, after receiving substantial interactive assistance.</p> <p>Only count full eligibility determinations: do not count individuals benefitting from 'presumptive eligibility' unless a full determination has subsequently been made.</p> <p>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.</p> <p>Do not count individuals in these data if you have reported or will be reporting them as applicants enrolled under another funding source.</p>
<p>Renewed as a direct result of project activities</p>	<p>Individuals who meet the following criteria:</p> <p>They, or someone acting on their behalf, received substantial interactive assistance on or after July 1, 2022,</p> <p>AND</p> <p>They were already enrolled in Medicaid or CHIP when they received substantial interactive assistance</p> <p>AND</p> <p>They were renewed in Medicaid or CHIP between July 1, 2022 and the last day of the current reporting month, after receiving substantial interactive assistance</p> <p>AND</p> <p>They did not benefit from an Ex Parte or automatic renewal.</p> <p>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.</p> <p>Do not count individuals in these data if you have reported or will be reporting them as renewed under another funding source.</p>