

## 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, data should be entered in columns 1, 2, 6, and 7; column 3 and 8 will calculate automatically. Only if you *cannot* identify which children were already covered, should you enter data in columns 3 and 8 and leave columns 1, 2, 6, and 7 blank. Similarly, if you *can* identify which children were targeted children, data should be entered in columns 4, 5, 9, and 10; if not, columns 4, 5, 9, and 10 should be left 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 a zero 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.

#### 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 column 3 of row B. If you *can* identify which children were in your target population, enter data in columns 4 and 5 of row A; if you *cannot*, leave these columns 4 and 5 blank. The sum of columns 4 and 5 *must* equal the total number of children in column 3; an error will appear in the DATA CHECK box if they do not match. If you completed no applications this month, enter 0s in columns 1, 2, 4, and 5.

	1	2	3	4	5
	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	Number of targeted children for whom an application was submitted during the current reporting month	Number of other children for whom an application was submitted during the current reporting month
A					
B	Unavailable	Unavailable		Unavailable	Unavailable

#### DATA CHECK

### 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 6 and 7 of row A; column 8 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 column 8 of row B. If you *can* identify which children were in your target population, enter data in columns 9 and 10 of row A; if you *cannot*, leave columns 9 and 10 blank. The sum of columns 9 and 10 *must* equal the total number of children in column 8; an error will appear in the DATA CHECK box if they do not match. If you verified no new enrollments or renewals this month, enter 0s in columns 6, 7, 9, and 10.

	6	7	8	9	10
	Number of children newly enrolled during the current reporting month	Number of children renewed during the current reporting month	Total number of children enrolled or renewed during the current reporting month	Number of targeted children enrolled or renewed during the current reporting month	Number of other children enrolled or renewed during the current reporting month
A					
B	Unavailable	Unavailable		Unavailable	Unavailable

#### DATA CHECK

### 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 an insurance affordability 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 an insurance affordability program 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 parents were already covered, leave row A blank and enter the total number of parents assisted in column 3 of row B. If you *can* identify which parents were parents of children in your target population, enter data in columns 4 and 5 of row A; if you *cannot*, leave columns 4 and 5 blank. The sum of columns 4 and 5 *must* equal the total number of parents in column 3; an error will appear in the DATA CHECK box if they do not match. If you completed no applications this month, enter 0s in columns 1, 2, 4, and 5.

	1	2	3	4	5
	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	Number of targeted parents for whom an application was submitted during the current reporting month	Number of other parents for whom an application was submitted during the current reporting month
A					
B	Unavailable	Unavailable		Unavailable	Unavailable

DATA CHECK

Verified enrollment data

Enter the number of parents for whom an insurance affordability 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 parents were already covered by an insurance affordability program when you provided them with substantial interactive assistance, enter data in columns 6 and 7 and row A; column 8 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 8 of row B. If you *can* identify which parents were parents of children in your target population, enter data in columns 9 and 10 of row A; if you *cannot*, leave columns 9 and 10 blank. The sum of columns 9 and 10 *must* equal the total number of parents in column 8; an error will appear in the DATA CHECK box if they do not match. If you verified no new enrollments or renewals this month, enter 0s in columns 6, 7, 9, and 10.

	6	7	8	9	10
	Number of parents newly enrolled during the current reporting month	Number of parents renewed during the current reporting month	Total number of parents enrolled or renewed during the current reporting month	Number of targeted parents enrolled or renewed during the current reporting month	Number of other parents enrolled or renewed during the current reporting month
A					
B	Unavailable	Unavailable		Unavailable	Unavailable

DATA CHECK

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
<b>Child</b>	<p>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.</p> <p>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.</p>
<b>Targeted children</b>	Children who are part of the population you were targeting. For example, if you were targeting American Indian or Alaska Native (AI/AN) teenagers and you assisted 100 teenagers identifying as AI/AN, you should report 100 targeted children.
<b>Other children</b>	Children who are not part of the population you were targeting. For example, if you were targeting AI/AN teenagers and you assisted 20 teenagers identifying as non-AI/AN, you should report 20 other children.
<b>Parent</b>	<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 children's coverage when your organization assisted them.</p> <p>Include pregnant women who already have other children as parents. Do not count pregnant women who are pregnant with their first child as parents.</p>
<b>Parents of targeted children</b>	Parents of children who were part of the population you were targeting. For example, if you were targeting AI/AN teenagers and you assisted 100 parents of teenagers identifying as AI/AN, you should report 100 parents of targeted children.
<b>Other parents</b>	Parents of children who are not part of the population you were targeting. For example, if you were targeting AI/AN teenagers and you assisted 20 parents of teenagers identifying as non-AI/AN, you should report 20 parents of other children.
<b>Insurance affordability program</b>	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).
<b>Applied as a direct result of project activities</b>	<p>Individuals who meet the following criteria:</p> <p>They, or someone acting on their behalf, received substantial interactive assistance on or after January 1, 2019,</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>

Term	Definition
<b>New applications</b>	<p>Applications submitted by individuals who:</p> <p>Applied for CHIP/Medicaid (for children) or for any insurance affordability program (for parents) as a result of your CKC HEALTHY KIDS project activities</p> <p>AND</p> <p>Were not enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they applied.</p>
<b>Renewal applications</b>	<p>Applications submitted by individuals who:</p> <p>Applied for CHIP/Medicaid (for children) or for any insurance affordability program (for parents) as a result of your CKC HEALTHY KIDS project activities</p> <p>AND</p> <p>Were already enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they applied for coverage</p> <p>AND</p> <p>They did not benefit from an Ex Parte or automatic renewal.</p>
<b>Substantial interactive assistance</b>	<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><i>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.</i></p>
<b>Enrolled as a direct result of project activities</b>	<p>Individuals who meet the following criteria:</p> <p>They, or someone acting on their behalf, received substantial interactive assistance on or after January 1, 2019,</p> <p>AND</p> <p>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</p> <p>AND</p> <p>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.</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>



Term	Definition
<b>Renewed as a direct result of project activities</b>	<p>Individuals who meet the following criteria:</p> <p>They, or someone acting on their behalf, received substantial interactive assistance on or after January 1, 2019,</p> <p>AND</p> <p>They were already enrolled in Medicaid or CHIP (for children) or in any insurance affordability program (for parents) when they received substantial interactive assistance</p> <p>AND</p> <p>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</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>