

Preamble

Completing the Children's Health Insurance Program (CHIP) Annual Report is required under sections 2108(a) and 2108(e) of the Social Security Act, and regulations at 42 CFR 457.750.

Each state must assess their CHIP operations and overall progress in reducing the number of uninsured low-income children after each federal fiscal year.

States must complete all relevant sections of the CHIP Annual Report Template System (CARTS) and certify their report by January 1st. After review and acceptance by CMS, CHIP annual reports are published at <https://www.medicaid.gov/chip/reports-evaluations/index.html>

CARTS is organized into sections:

- Basic State Information
- Section 1: Program Fees and Policy Changes
- Section 2: Enrollment and Uninsured Data
- Section 3: Eligibility, Enrollment, and Operations
- Section 4: State Plan Performance Goals and Strategic Objectives
- Section 5: Program Financing
- Section 6: Challenges and Accomplishments

The framework of CARTS is designed to:

- Recognize the diversity of each state and territory, allowing for flexibility to highlight key accomplishments and progress of individual CHIP programs
- Build on data already collected by CMS in quarterly reports
- Make information about the achievements and challenges of each state and territory more accessible to stakeholders
- Provide consistency in the structure, content, and format of reporting across states

PRA Disclosure Statement

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather all data needed, and complete and review the information collection.

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

Basic State Information

Welcome!

1. State or territory name:
2. Program type:
 - ☐ Both Medicaid expansion CHIP and separate CHIP
 - ☐ Medicaid expansion CHIP only
 - ☐ Separate CHIP only
3. CHIP program name(s):

Who should we contact if we have any questions about your report?

4. Contact name:
5. Job title:
6. Email:
7. Full mailing address:
Include city, state and zip code
8. Phone number:

Section 1: Program Fees and Policy Changes

Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems

Part 1 only applies to states with a Medicaid expansion program.

1. Does your program charge an enrollment fee?

- ☐ Yes
- ☐ No

a. How much is your enrollment fee?

2. Does your program charge premiums?

- ☐ Yes
- ☐ No

[If you answered “yes,” please answer 2a. If you answered “no,” please skip to question 5.]

a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

- ☐ Yes
- ☐ No

[If you answered “yes,” please answer 2b. If you answered “no,” please answer 2c.]

b. Indicate the range for premiums and corresponding FPL for one child.

Premiums for one child, tiered by FPL

Premium starts at \$	Premium ends at \$	FPL starts at	FPL ends at

c. How much is the premium for one child?

3. Is the maximum premium a family would be charged each year tiered by FPL?

☐ Yes

☐ No

[If you answered “yes,” please answer 3a. If you answered “no,” please answer 3b.]

a. Indicate the range for premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

Premium starts at \$	Premium ends at \$	FPL starts at	FPL ends at

- b. What's the maximum premium a family would be charged each year?
4. Do premiums differ for different Medicaid expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.
5. Which delivery system(s) does your state use? Select all that apply.
- ☐ Managed Care
 - ☐ Primary Care Case Management (PCCM)
 - ☐ Fee-for-Service
6. Which delivery system(s) are available to which Medicaid expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems

Part 2 only applies to states with a separate CHIP program.

1. Does your program charge an enrollment fee?
- ☐ Yes
 - ☐ No
- a. How much is your enrollment fee?
2. Does your program charge premiums?
- ☐ Yes

☐ No

[If you answered “yes,” please answer 2a. If you answered “no,” please answer 2b.]

a. Are your premiums for one child tiered by Federal Poverty Level (FPL)?

☐ Yes

☐ No

[If you answered “yes,” please answer 2b. If you answered “no,” please answer 2c.]

b. Indicate the range for premiums and corresponding FPL for one child.

Premiums for one child, tiered by FPL

Premium starts at \$	Premium ends at \$	FPL starts at	FPL ends at

c. How much is the premium for one child?

3. Is the maximum premium a family would be charged each year tiered by FPL?

- ☐ Yes
☐ No

[If you answered “yes,” please answer 3a. If you answered “no,” please answer 3b.]

a. Indicate the range for premiums and corresponding FPL for a family.

Maximum premiums for a family, tiered by FPL

Premium starts at \$	Premium ends at \$	FPL starts at	FPL ends at

b. What’s the maximum premium a family would be charged each year?

4. Do your premiums differ for different separate CHIP populations beyond FPL (for example, by age)? If so, briefly explain the fee structure breakdown.

5. Which delivery system(s) do you use? Select all that apply.

- ☐ Managed Care
☐ Primary Care Case Management
☐ Fee-for-Service

6. Which delivery system(s) are available to which separate CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

Part 3: Medicaid Expansion CHIP Program and Policy Changes

Part 3 only applies to states with a Medicaid expansion CHIP program.

Indicate any changes you've made to your Medicaid expansion CHIP program and policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

- ☐ Yes
- ☐ No
- ☐ N/A

2. Have you made any changes to the eligibility redetermination process?

- ☐ Yes
- ☐ No
- ☐ N/A

3. Have you made any changes to the eligibility levels or target populations? For example: increasing income eligibility levels.

- ☐ Yes
- ☐ No
- ☐ N/A

4. Have you made any changes to the benefits available to enrollees? For example: adding benefits or removing benefit limits.

- ☐ Yes
- ☐ No
- ☐ N/A

5. Have you made any changes to the single, streamlined application?

- ☐ Yes
- ☐ No
- ☐ N/A

6. Have you made any changes to your outreach efforts? For example: allotting more or less funding for outreach, or changing your target population.

- ☐ Yes
- ☐ No
- ☐ N/A

7. Have you made any changes to the delivery system(s)? For example: transitioning from fee-for-service to managed care for different Medicaid expansion CHIP populations.

- ☐ Yes
- ☐ No
- ☐ N/A

8. Have you made any changes to cost sharing requirements? For example: changing amounts, populations, or the collection process.

- ☐ Yes
- ☐ No
- ☐ N/A

10. Have you made any changes to the enrollment process for health plan selection?

- ☐ Yes
- ☐ No
- ☐ N/A

11. Have you made any changes to the protections for applicants and enrollees? For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ☐ Yes
- ☐ No
- ☐ N/A

12. Have you made any changes to premium assistance? For example: adding premium assistance or changing the population that receives premium assistance.

- ☐ Yes
- ☐ No
- ☐ N/A

13. Have you made any changes to the methods/procedures for the prevention, investigation, or referral of fraud or abuse cases?

- ☐ Yes
- ☐ No
- ☐ N/A

14. Have you made any changes to eligibility for “lawfully residing pregnant individuals”?

- ☐ Yes
- ☐ No
- ☐ N/A

15. Have you made any changes to eligibility for “lawfully residing children”?

- ☐ Yes
- ☐ No
- ☐ N/A

16. Have you made changes to any other policy or program areas?

- ☐ Yes
- ☐ No
- ☐ N/A

17. Have you already submitted a SPA to reflect any of the changes addressed in this section that require a SPA?

- ☐ Yes
- ☐ No
- ☐ N/A

18. Briefly describe why you made changes to your Medicaid expansion CHIP program (if applicable).

Part 4: Separate CHIP Program and Policy Changes

Part 4 only applies to states with a separate CHIP program.

Indicate any changes you've made to your separate CHIP program and policies in the past federal fiscal year.

1. Have you made any changes to the eligibility determination process?

- ☐ Yes
- ☐ No
- ☐ N/A

2. Have you made any changes to the eligibility redetermination process?

- ☐ Yes
- ☐ No
- ☐ N/A

3. Have you made any changes to the eligibility levels or target populations? For example: increasing income eligibility levels.

- ☐ Yes
- ☐ No
- ☐ N/A

4. Have you made any changes to the benefits available to enrollees? For example: adding benefits or removing benefit limits.

- ☐ Yes
- ☐ No
- ☐ N/A

5. Have you made any changes to the single streamlined application?

- ☐ Yes
- ☐ No
- ☐ N/A

6. Have you made any changes to your outreach efforts? For example: allotting more or less funding for outreach, or changing your target population.

- ☐ Yes
- ☐ No
- ☐ N/A

7. Have you made any changes to the delivery system(s)? For example: transitioning from fee-for-service to managed care for different separate CHIP populations.

- ☐ Yes
- ☐ No
- ☐ N/A

8. Have you made any changes to cost sharing requirements? For example: changing amounts, populations, or the collection process.

- ☐ Yes
- ☐ No
- ☐ N/A

9. Have you made any changes to substitution of coverage policies? For example: removing a waiting period.

- ☐ Yes
- ☐ No
- ☐ N/A

10. Have you made any changes to the implementation of an enrollment

freeze and/or enrollment cap?

- ☐ Yes
- ☐ No
- ☐ N/A

11. Have you made any changes to the enrollment process for health plan selection?

- ☐ Yes
- ☐ No
- ☐ N/A

12. Have you made any changes to the protections for applicants and enrollees? For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

- ☐ Yes
- ☐ No
- ☐ N/A

13. Have you made any changes to premium assistance? For example: adding premium assistance or changing the population that receives premium assistance.

- ☐ Yes
- ☐ No
- ☐ N/A

14. Have you made any changes to the methods/procedures for the prevention, investigation, or referral of fraud or abuse cases?

- ☐ Yes
- ☐ No
- ☐ N/A

15. Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)? For example: expanding eligibility or changing this population's benefit package.

- ☐ Yes
- ☐ No
- ☐ N/A

16. Have you made any changes to coverage for your CHIP pregnant individuals eligibility group? For example: expanding eligibility or changing this population's benefit package.

- ☐ Yes
- ☐ No
- ☐ N/A

17. Have you made any changes to eligibility for "lawfully residing" pregnant individuals?

- ☐ Yes
- ☐ No
- ☐ N/A

18. Have you made any changes to eligibility for "lawfully residing" children?

- ☐ Yes
- ☐ No
- ☐ N/A

19. Have you made changes to any other policy or program areas?

- ☐ Yes
- ☐ No
- ☐ N/A

20. Have you already submitted a SPA to reflect any of the changes addressed in this section that require a SPA?

- ☐ Yes
- ☐ No
- ☐ N/A

21. Briefly describe why you made changes to your separate CHIP program (if applicable).

Section 2: Enrollment and Uninsured Data

Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years. The percent change column in the table above calculates the rate of growth in enrollment over the previous federal fiscal year by subtracting the previous fiscal year enrollment total from the current fiscal year enrollment total (B - A), and dividing that by the previous fiscal year total (A).

If the information is inaccurate, adjust your data in SEDS (go to line 7: “Unduplicated Number Ever Enrolled” in your fourth quarter SEDS report) and then refresh this page. If you’re adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	A. Number of children enrolled in FFY 2024	B. Number of children enrolled in FFY 2025	Percent change
Medicaid expansion CHIP			
Separate CHIP			

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

Part 2: Number of Uninsured Children in Your State

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of FPL based on annual estimates from the American Community Survey (ACS).

Year	Number of uninsured children	Margin of error	Percent of children who are uninsured (of total children in your state)	Margin of error
2020				
2021				
2022				
2023				
2024				

Change in the number of uninsured children between 2023 and 2024	

1. What are some reasons why the number and/or percent of uninsured children has changed?
2. Are there any reasons why the ACS estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

☐ Yes
☐ No

- a. What are some reasons why the ACS estimates might not reflect the number of uninsured children in your state?
3. Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

- ☐ Yes
☐ No

- a. What is the alternate data source or methodology?
- b. Tell us the date range for your data.

Start date (mm/yyyy)	End date (mm/yyyy)

- c. Define the population you're measuring, including ages and federal poverty levels.
- d. Give numbers and/or the percent of uninsured children for at least two points in time.
- e. Why did your state choose to adopt this alternate data source?
- f. How reliable are these estimates? Provide standard errors, confidence intervals, and/or p-values if available.
- g. What are the limitations of this alternate data source or methodology?
4. How do you use this alternate data source in CHIP program planning?

5. Is there anything else you'd like to add about your enrollment and uninsured data?
6. Optional: Attach any additional documents for this section.

Section 3: Eligibility, Enrollment, and Operations

Section 3A: Program Outreach

1. Have you changed your outreach methods in the last federal fiscal year?
☐ Yes
☐ No
 - a. What are you doing differently?
2. What methods have been most effective in reaching uninsured, low-income children? How have you measured the effectiveness of your outreach efforts? For example: TV, school outreach, or word of mouth.
3. Are you targeting specific populations in your outreach efforts? For example: minorities, immigrants, or children living in rural areas.
☐ Yes
☐ No
 - a. Have these efforts been successful? How have you measured the effectiveness of your outreach efforts?

4. Is there anything else you'd like to add about your outreach efforts?
5. Optional: Attach any additional documents here.

Section 3B: Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1. Do you track the number of CHIP enrollees who have access to private insurance?
 - ☐ Yes
 - ☐ No
 - ☐ N/A
 - a. What percent of CHIP enrollees had access to private insurance at the time of application?
2. Do you match prospective enrollees to a database that details private insurance status?
 - ☐ Yes
 - ☐ No
 - ☐ N/A
 - a. Which database do you use?
3. What percent of applicants screened for CHIP eligibility cannot be enrolled because they have group health plan coverage?
4. Does the state implement a waiting period in its separate CHIP?

- ☐ Yes
- ☐ No
- ☐ N/A

- a. How long is the waiting period?
 - b. Which populations does the waiting period apply to? (Include FPL for each group.)
 - c. What exemptions apply to the waiting period?
 - d. What percent of individuals subject to the waiting period meet a state or federal exemption?
5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting these data?
6. Optional: Attach any additional documents here.

Section 3C: Eligibility, Enrollment, and Operations

Part 1: Eligibility Renewal and Retention

1. Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

- ☐ Yes
- ☐ No
- ☐ N/A

- a. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination?

- b. Of the children who are presumptively enrolled, what percent are determined fully eligible and enrolled in the program (upon completion of the full eligibility determination)?

2. In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

- ☐ Yes
- ☐ No

3. Do you send renewal reminder notices to families?

- ☐ Yes
- ☐ No

- a. How many notices do you send to families before disenrolling a child from the program?
 - b. How many days before the end of the eligibility period did you send reminder notices to families?
4. What else have you done to simplify the eligibility renewal process for families?
5. Which retention strategies have you found to be most effective?
6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?
7. Is there anything else you'd like to add about eligibility and retention in your CHIP program?

Part 2: CHIP Eligibility Denials (Not Redetermination)

1. How many applicants were denied CHIP coverage in FFY 2025? This number should be equal to the total of reported numbers for questions 2-4 below. Don't include applicants who are being considered for redetermination — these data will be collected in Part 3.

Please note: numbers reported in questions 2-4 of this part are a subset of the total reported in question 1. Therefore, the totals reported in questions 2-4 should be smaller than the number reported in question 1.

2. How many applicants were denied CHIP coverage for procedural reasons? For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

3. How many applicants were denied CHIP coverage for eligibility reasons? For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.
 - a. How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead? Please note this is a subset of the number reported for question 3, and that a smaller number should be reported here than the total provided in response to question 3.
4. How many applicants were denied CHIP coverage for other reasons?
5. Did you have any limitations in collecting these data?

Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: no longer a resident of the state or aging out of the program).

1. How many children were eligible for redetermination in CHIP in FFY 2025?
2. Of the eligible children, how many were then screened for redetermination?
3. How many children were retained in CHIP after redetermination?
4. How many children were disenrolled in CHIP after redetermination?
This number should be equal to the total of 4a, 4b, and 4c below.

- a. How many children were disenrolled for procedural reasons?
For example: They were disenrolled due to an incomplete application, missing documentation, or a missing enrollment fee.
- b. How many children were disenrolled for eligibility reasons?
For example: They were disenrolled because their income was too high or too low, they were eligible for Medicaid (Title XIX) instead, or they had access to private coverage.
- c. How many children were disenrolled for other reasons?

5. Did you have any limitations in collecting these data?

Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances affecting eligibility (such as no longer a resident of the state or aging out of the program).

1. How many children were eligible for redetermination in Medicaid in FFY 2025?
2. How many children were screened for redetermination in Medicaid?
3. How many children were retained in Medicaid after redetermination?
4. How many children were disenrolled in Medicaid after the redetermination process? This number should be equal to the total of 4a, 4b, and 4c below.
 - a. How many children were disenrolled for procedural reasons?
This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

- b. How many children were disenrolled for eligibility reasons?
This could be due to having an income that's too high and/or eligibility in CHIP instead.
 - c. How many children were disenrolled for other reasons?
5. Did you have any limitations in collecting these data?

Part 5: Tracking a CHIP Cohort Over 18 Months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2024 (the second quarter of FFY 2024). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. Last year, you reported on the number of children at the start of the cohort (Jan–Mar 2024) and six months later (July–Sept 2024). **This year, you'll report on the same cohort for their enrollment status at 12 months (Jan–Mar 2025) and 18 months later (July–Sept 2025).** If data are unknown or unavailable, leave it blank — don't enter a zero unless these data are known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2024. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13–16" group who are newly enrolled in January 2024 must be born after January 2008. Similarly, children who are newly enrolled in February 2024 must be born after February 2008, and children newly enrolled in March 2024 must be born after March 2008.

1. How does your state define “newly enrolled” for this cohort?

☐ **Newly enrolled in CHIP:** Children in this cohort weren’t enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2024 weren’t enrolled in CHIP in December 2023.

☐ **Newly enrolled in CHIP and Medicaid:** Children in this cohort weren’t enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2024 weren’t enrolled in CHIP or Medicaid in December 2023.

2. Do you have data for individual age groups? If not, you’ll report the total number for all age groups (0-16 years) instead.

☐ Yes

☐ No

January - March 2024 (start of the cohort): included in 2024 report.

3. How many children were newly enrolled in CHIP between January and March 2024?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

July - September 2024 (6 months later): included in 2024 report.

4. How many children were continuously enrolled in CHIP six months later? Only include children that didn’t have a break in coverage during the six-month period.

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

5. How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

5a. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

6. How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

6a. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

7. Is there anything else you'd like to add about your data?

January - March 2025 (12 months later): to be completed this year.

This year, please report data about your cohort for this section.

8. How many children were continuously enrolled in CHIP 12 months later? Only include children that didn't have a break in coverage during the 12-month period.

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

9. How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

9a. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

10. How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria any more
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

10a. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

July - September of 2025 (18 months later): to be completed this year.

This year, please report data about your cohort for this section.

11. How many children were continuously enrolled in CHIP 18 months later? Only include children that didn't have a break in coverage throughout the 18-month period.

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

12. How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

- 12a. Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

13. How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore

- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

13a. Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

14. Is there anything else you'd like to add about your data?

Part 6: Tracking a Medicaid Cohort Over 18 Months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2024 (the second quarter of FFY 2024). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. Last year, you reported on the number of children at the start of the cohort (Jan–Mar 2024) and six months later (July–Sept 2024). **This year, you'll report on the same cohort for their enrollment status at 12 months (Jan–Mar 2025) and 18 months later (July–Sept 2025).** If data are unknown or unavailable, leave it blank — don't enter a zero unless these data are known to be zero.

Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2024. For example, if a child is four years old at the start of the cohort, they should continue to be reported in the "ages 1–5" group at 6 months, 12 months, and 18 months later as well.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13–16" group who are newly enrolled in January 2024 must be born after January 2008. Similarly, children who are newly enrolled in February 2024 must be born after February 2008, and children newly enrolled in March 2024 must be born after March 2008.

1. How does your state define “newly enrolled” for this cohort?

☐ **Newly enrolled in Medicaid:** Children in this cohort weren’t enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2024 weren’t enrolled in Medicaid in December 2023.

☐ **Newly enrolled in Medicaid and CHIP:** Children in this cohort weren’t enrolled in Medicaid (Title XIX) or CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2024 weren’t enrolled in Medicaid or CHIP in December 2023.

2. Do you have data for individual age groups? If not, you’ll report the total number for all age groups (0-16 years) instead.

☐ Yes

☐ No

January - March 2024 (start of the cohort): included in 2024 report.

3. How many children were newly enrolled in Medicaid between January and March 2024?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

July - September 2024 (6 months later): included in 2024 report.

4. How many children were continuously enrolled in Medicaid six months later? Only include children that didn’t have a break in coverage during the six-month period.

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

5. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

- 5a. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

6. How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:

- Transferred to another health insurance program other than CHIP
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

6a. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

7. Is there anything else you'd like to add about your data?

January - March 2025 (12 months later): to be completed this year.

This year, please report data about your cohort for this section.

8. How many children were continuously enrolled in Medicaid 12 months later? Only include children that didn't have a break in coverage during the 12-month period.

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

9. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

9a. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

10. How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

10a. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

July - September of 2025 (18 months later): to be completed this year.

This year, please report data about your cohort for this section.

11. How many children were continuously enrolled in Medicaid 18 months later? Only include children that didn't have a break in coverage throughout the 18-month period.

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

12. How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

- 12a. Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

13. How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:

- Transferred to another health insurance program other than Medicaid
- Didn't meet eligibility criteria anymore
- Didn't complete documentation
- Didn't pay a premium or enrollment fee

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

- 13a. Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Total for all ages (0–16)	Ages 0–1	Ages 1–5	Ages 6–12	Ages 13–16

14. Is there anything else you'd like to add about your data?

Section 3D: Cost Sharing (Out-of-Pocket Costs)

This section only applies to states with a separate CHIP program.

States can choose to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1. Does your state require cost sharing?

- ☐ Yes
☐ No

[If you answered “no,” skip to Section 3E.]

2. Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- ☐ Families (“the shoebox method”)
☐ Health plans
☐ State
☐ Third party administrator
☐ Other

a. If you answered “families,” what information or tools do you provide families with so they can track cost sharing?

b. If you answered “other,” who tracks cost sharing?

3. How are healthcare providers notified that they shouldn’t charge families once they’ve reached the 5% cap?

4. Approximately how many children exceeded the 5% cap in the last federal fiscal year?

5. Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

☐ Yes

☐ No

a. What did you find in your assessment?

6. Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

☐ Yes

☐ No

a. What did you find in your assessment?

7. If you indicated in Section 1 that you changed your cost sharing requirements in the past federal fiscal year: How are you monitoring the impact of these changes on whether families apply, enroll, disenroll, and use CHIP health services? What have you found when monitoring the impact?

8. Is there anything else you’d like to add about cost sharing that wasn’t already covered?

9. Optional: Attach any additional documents here.

Section 3E: Employer Sponsored Insurance and Premium Assistance

Part 1

1. Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

- ☐ Yes
- ☐ No

[If you answered “no,” please skip to Section 3F.]

Part 2

1. Under which authority and statutes does your state offer premium assistance? Check all that apply.

- ☐ Purchase of Family Coverage under CHIP State Plan [2105(c)(3)]
- ☐ Additional Premium Assistance Option under CHIP State Plan [2105(c)(10)]
- ☐ Section 1115 Demonstration (Title XXI)

2. Does your premium assistance program include coverage for adults?

- ☐ Yes
- ☐ No

3. What benefit package is offered as part of your premium assistance program, including any applicable minimum coverage requirements? This only applies to states operating an 1115 demo.

4. Does your premium assistance program provide wrap-around coverage for gaps in coverage? This only applies to states operating an 1115 demo.

- ☐ Yes

☐ No

5. Does your premium assistance program meet the same cost sharing requirements as that of the CHIP program? This only applies to states operating an 1115 demo.

☐ Yes

☐ No

6. Are there protections on cost sharing for children (such as the 5% out-of-pocket maximum) in your premium assistance program? This only applies to states operating an 1115 demo.

☐ Yes

☐ No

- a. How do you track cost sharing to ensure families don't pay more than 5% of the aggregate household income in a year?

7. How many children were enrolled in the premium assistance program on average each month in FFY 2025?

8. What's the average monthly contribution the **state** pays towards coverage of a child?

9. What's the average monthly contribution the **employer** pays towards coverage of a child?

10. What's the average monthly contribution the **employee** pays towards coverage of a child?

11. What's the range in the average monthly contribution paid by the state on behalf of a child?

Starts at \$	Ends at \$

12. What's the range in the average monthly contribution paid by the state on behalf of a parent?

Starts at \$	Ends at \$

13. What's the range in income levels for children who receive premium assistance (if it's different from the range covering the general CHIP population)?

FPL starts at %	FPL ends at %

14. What strategies have been most effective in reducing the administrative barriers in order to provide premium assistance?
15. What challenges did you experience with your premium assistance program in FFY 2025?
16. What accomplishments did you experience with your premium assistance program in FFY 2025?
17. Is there anything else you'd like to add about your premium assistance program?
18. Optional: Attach any additional documents here.

Section 3F: Program Integrity

This section only applies to states with a separate CHIP program.

1. Do you have a written plan with safeguards and procedures in place for the **prevention** of fraud and abuse cases?

- ☐ Yes
- ☐ No

2. Do you have a written plan with safeguards and procedures in place for the **investigation** of fraud and abuse cases?

- ☐ Yes
- ☐ No

3. Do you have a written plan with safeguards and procedures in place for the **referral** of fraud and abuse cases?

- ☐ Yes
- ☐ No

4. What safeguards and procedures do you have in place for the prevention, investigation, and referral of fraud and abuse cases?
Attach any relevant documents.

5. Do the managed care plans contracted by your separate CHIP program have written plans with safeguards and procedures in place?

- ☐ Yes
- ☐ No
- ☐ N/A

a. What safeguards and procedures do the managed care plans have in place? Attach any relevant documents.

6. How many eligibility denials have been appealed in a fair hearing in FFY 2025?

7. How many cases have been found in favor of the beneficiary in FFY 2025?

8. How many cases related to provider credentialing were investigated in FFY 2025?

9. How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2025?
10. How many cases related to provider billing were investigated in FFY 2025?
11. How many cases related to provider billing were referred to appropriate law enforcement officials in FFY 2025?
12. How many cases related to beneficiary eligibility were investigated in FFY 2025?
13. How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2025?
14. Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

☐ CHIP only
☐ Medicaid and CHIP combined
15. Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

☐ Yes
☐ No
 - a. How do you provide oversight of the contractors?

16. Do you contract with managed care health plans and/or a third-party contractor to provide this oversight?

☐ Yes

☐ No

a. What specifically are the contractors responsible for in terms of oversight?

17. Is there anything else you'd like to add about your state's program integrity?

☐ Yes

☐ No

18. Optional: Attach any additional documents here.

Section 3G: Dental Benefits

This section only applies to states with a separate CHIP program.

Tell us about the children receiving dental benefits in your separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (managed care, PCCM, and fee-for-service).

Helpful hint on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the “ages 3–5” group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1. Do you have data for individual age groups? If not, you’ll report the total number for all age groups (0–18 years) instead.

- ☐ Yes
☐ No

2. How many children were enrolled in separate CHIP for at least 90 continuous days during FFY 2025?

Total for all ages (0–18)	Ages 0–1	Ages 1–2	Ages 3–5	Ages 6–9	Ages 10–14	Ages 15–18

3. How many children (who were enrolled in separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2025?

Total for all ages (0–18)	Ages 0–1	Ages 1–2	Ages 3–5	Ages 6–9	Ages 10–14	Ages 15–18

Dental service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D1000–D9999 (or equivalent CDT codes D1000–D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4. How many children (who were enrolled in separate CHIP for at least 90 continuous days) received at least one preventive dental care service during FFY 2025?

Total for all ages (0–18)	Ages 0–1	Ages 1–2	Ages 3–5	Ages 6–9	Ages 10–14	Ages 15–18

Preventive dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D1000–D1999 (or equivalent CDT codes D1000–D1999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416)

5. How many children (who were enrolled in separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2025? This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Total for all ages (0–18)	Ages 0–1	Ages 1–2	Ages 3–5	Ages 6–9	Ages 10–14	Ages 15–18

Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes 2000–9999 (or equivalent CDT codes D2000–D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6. How many children in the “ages 6–9” group received a sealant on at least one permanent molar tooth during FFY 2025?

Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It’s defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally — for states covering sealants on third molars (“wisdom teeth”) — teeth numbered 1, 16, 17, and 32.

All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7. Do you provide supplemental dental coverage?

- ☐ Yes
☐ No

- a. How many children were enrolled in supplemental dental coverage during FFY 2025?
- b. How many children were enrolled in separate CHIP for at least 90 continuous days during FFY 2025? This is the total number for all children between 0–18 years from question 1.

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.
9. Optional: Attach any additional documents here.

Section 3H: CAHPS Survey Results

Section 2108(e)(4) of the Social Security Act requires that all States annually submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. Beginning with the 2025 CARTS report, the only option for reporting CAHPS results will be through the submission of raw data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database.

Part 1: Did you collect the CAHPS survey?

1. Did you collect the CAHPS survey?
☐ Yes
☐ No

1a. Did you submit your raw CAHPS data to the AHRQ CAHPS database? Please note this is a requirement for CAHPS reporting.

If you did not complete the CAHPS survey, please complete Part 2.

Part 2: You didn't collect the CAHPS survey

1. Why didn't you collect CAHPS survey results? Select all reasons that apply.
☐ Entire population wasn't included in the survey
☐ Part of the population wasn't included in the survey
☐ Data wasn't available due to budget constraints
☐ Data wasn't available due to staff constraints

- ☐ Data wasn't consistent or accurate
- ☐ Data source wasn't easily accessible
- ☐ Data source wasn't easily accessible: requires medical records
- ☐ Data source wasn't easily accessible: requires data linkage that doesn't currently exist
- ☐ Data wasn't collected by a provider
- ☐ Sample size was too small
- ☐ Other

2. Explain in more detail why you weren't able to collect the CAHPS survey.

Section 3I: Health Services Initiatives (HSI) Programs

All states with approved HSI program(s) should complete this section.

States can use up to 10% of the total computable amount of their fiscal year allotment to develop HSIs that provide direct services and other public health initiatives for low-income children. [See Section 2105(a)(1)(D)(ii) of the Social Security Act, 42 CFR 457.10 and 457.618.] States may only claim HSI expenditures after funding other costs to administer their CHIP State Plan.

Part 1

1. Does your state operate Health Services Initiatives using CHIP (Title XXI) funds? Even if you're no longer operating the HSI program, if it's in your current approved CHIP State Plan, answer "yes."

☐ Yes

☐ No

[If you answered "yes," move on to Part 2. If you answered "no," skip to Section 4.]

Part 2

Please answer the following questions for all of the state's approved HSIs as listed in section 2.2 of the CHIP state plan.

HSI Program 1

1. What is the name of your HSI program?
2. Are you currently operating this HSI program, or plan to in the future?

☐ Yes

☐ No

[If you answered "no," please amend your CHIP State Plan to either remove or deactivate the HSI, and you can skip the remaining

questions.]

3. Which populations does your HSI program serve?
4. How many children do you estimate are being served by your HSI program?
5. How many children in the HSI program are below your state's FPL threshold?

CARTS will auto-calculate the percent of children served by your HSI program who are below the CHIP FPL

[Skip questions 6–8 if you're already reporting HSI metrics and outcomes to CMS through a monthly or quarterly CMS Lead HSI reporting template.]

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.
7. What outcomes have you found when measuring the impact?
8. Is there anything else you'd like to add about your HSI program(s)?
9. Optional: Attach any additional documents here.

HSI Program 2

1. What is the name of your HSI program?
2. Are you currently operating this HSI program, or plan to in the future?
☐ Yes
☐ No

[If you answered “no,” please amend your CHIP State Plan to either remove or deactivate the HSI, and you can skip the remaining

questions.]

3. Which populations does your HSI program serve?
4. How many children do you estimate are being served by your HSI program?
5. How many children in the HSI program are below your state's FPL threshold?

CARTS will auto-calculate the percent of children served by your HSI program who are below the CHIP FPL.

[Skip questions 6–8 if you're already reporting HSI metrics and outcomes to CMS through a monthly or quarterly CMS Lead HSI reporting template.]

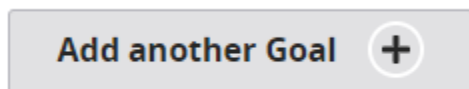
6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.
7. What outcomes have you found when measuring the impact?
8. Is there anything else you'd like to add about your HSI program(s)?
9. Optional: Attach any additional documents here.

Does the state have additional HSIs to report?

Section 4: State Plan Strategic Objectives and Performance Goals

Please tell us about the progress you've made on your performance goals in the past year. The strategic objectives and performance goals you add to this section should match those reflected in section 9 of your CHIP State Plan. If the performance goals and/or strategic objectives listed in your CHIP State Plan are not currently aligned with the performance goals and strategic objectives you report in this section of CARTS, please submit a CHIP State Plan Amendment (SPA) by the end of the State fiscal year to align them.

All states must report on at least one performance goal related to Objective 1 to reduce the number of uninsured children. Please report outcomes for any additional performance goals related to Objective 1 and any other strategic objectives the state collects (for example, increasing access to care or increasing the use of preventive care). Please specify one or more performance goals for each strategic objective identified. You can add additional strategic objectives and performance goals as needed to align with your CHIP State Plan. To add additional performance goals under a strategic objective, select the "Add another Goal" button:



Performance goals should be specific, measurable, attainable, relevant, and time-bound. We have provided example performance goals below. For each performance goal, please select if it is new, continuing, or a discontinued goal. All discontinued performance goals must be reported as "Discontinued goal" either for the final year that the State has collected data for the discontinued goal, or the following fiscal year but with no data reported. Please provide a brief explanation for each discontinued performance goal.

Objective 1 (required): Reduce the number of uninsured children

1. Briefly describe your performance goal.
For example: In an effort to reduce the number of uninsured children, our goal is to increase enrollment by 1.5% annually until the state achieves 90% enrollment of all eligible children in the CHIP program.
2. What type of goal is it?
 - ☐ New goal
 - ☐ Continuing goal
 - ☐ Discontinued goal
 - a. If you selected “discontinued goal,” why was your goal discontinued?

Define the numerator you’re measuring

3. Which population are you measuring in the numerator?
For example: The number of children enrolled in CHIP in the last federal fiscal year.
4. Numerator (total number):

Define the denominator you’re measuring

5. Which population are you measuring in the denominator?
For example: The total estimated number of children eligible for CHIP within the state in the last federal fiscal year.
6. Denominator (total number):
7. What is the date range of your data?

Start date (mm/yyyy)	End date (mm/yyyy)

8. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

9. Did you make progress on your goal?

10. What are you doing to continually make progress on your goal?

11. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

12. Is there anything else you'd like to add about this goal?

13. Optional: Attach any additional documents here.

[For additional goals for this objective, answer the same questions.]

Objective 2 (suggested): Increase access to care

1. What is your objective?

You can revise the suggested objective so it matches what's in your CHIP State Plan.

2. Briefly describe your performance goal as it relates to this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5% annually over the next five years (ending in 2030).

3. What type of goal is it?

- ☐ New goal
- ☐ Continuing goal
- ☐ Discontinued goal

- a. If you selected “discontinued goal,” why was your goal discontinued?

Define the numerator you're measuring

4. Which population are you measuring in the numerator?

For example: The number of children of Hispanic ethnicity enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

5. Numerator (total number):

Define the denominator you're measuring

6. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

7. Denominator (total number):

8. What is the date range of your data?

Start date (mm/yyyy)	End date (mm/yyyy)

9. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

10. Did you make progress on your goal?

11. What are you doing to continually make progress on your goal?

12. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

13. Is there anything else you'd like to add about this goal?

14. Optional: Attach any additional documents here.

[For additional goals for this objective, answer the same questions.]

Objective 3 (suggested): Increase the use of preventive care

1. What is your objective?

You can revise the suggested objective to match what's in your CHIP State Plan.

2. Briefly describe your performance goal as it relates to this objective.

For example: In an effort to increase the use of preventive care in rural communities, our goal is to increase the number of rural children who receive one or more well child visits by 5% annually until relative utilization is equivalent to all other CHIP populations within the state.

3. What type of goal is it?

- ☐ New goal

- ☐ Continuing goal
- ☐ Discontinued goal

- a. If you selected “discontinued goal,” why was your goal discontinued?

Define the numerator you’re measuring

- 4. Which population are you measuring in the numerator?
For example: The number of rural children who received one or more well child visits in the last federal fiscal year.
- 5. Numerator (total number):

Define the denominator you’re measuring

- 6. Which population are you measuring in the denominator?
For example: The total number of rural children enrolled in CHIP.
- 7. Denominator (total number):
- 8. What is the date range of your data?

Start date (mm/yyyy)	End date (mm/yyyy)

- 9. Which data source did you use?
 - ☐ Eligibility or enrollment data
 - ☐ Survey data
 - ☐ Another data source
- 10. Did you make progress on your goal?
- 11. What are you doing to continually make progress on your goal?

12. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?
13. Is there anything else you'd like to add about this goal?
14. Optional: Attach any additional documents here.

[For additional goals for this objective, answer the same questions.]

Objective 4

1. What is your objective?
2. Briefly describe your performance goal as it relates to this objective.
3. What type of goal is it?
 - ☐ New goal
 - ☐ Continuing goal
 - ☐ Discontinued goal
 - a. If you selected "discontinued goal," why was your goal discontinued?

Define the numerator you're measuring

4. Which population are you measuring in the numerator?
For example: The number of children who received one or more well child visits in the last federal fiscal year.
5. Numerator (total number):

Define the denominator you're measuring

6. Which population are you measuring in the denominator?
For example: The total number of children enrolled in CHIP.

7. Denominator (total number):

8. What is the date range of your data?

Start date (mm/yyyy)	End date (mm/yyyy)

9. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

10. Did you make progress on your goal?

11. What are you doing to continually make progress on your goal?

12. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

13. Is there anything else you'd like to add about this goal?

14. Optional: Attach any additional documents here.

[For additional goals for this objective, answer the same questions.]

Objective 5

1. What is your objective?
2. Briefly describe your performance goal as it relates to this objective.
3. What type of goal is it?
 - ☐ New goal
 - ☐ Continuing goal
 - ☐ Discontinued goal
 - a. If you selected “discontinued goal,” why was your goal discontinued?

Define the numerator you’re measuring

4. Which population are you measuring in the numerator?
For example: The number of children who received one or more well child visits in the last federal fiscal year.
5. Numerator (total number):

Define the denominator you’re measuring

6. Which population are you measuring in the denominator?
For example: The total number of children enrolled in CHIP.
7. Denominator (total number):
8. What is the date range of your data?

Start date (mm/yyyy)	End date (mm/yyyy)

9. Which data source did you use?

- ☐ Eligibility or enrollment data
- ☐ Survey data
- ☐ Another data source

10. Did you make progress on your goal?

11. What are you doing to continually make progress on your goal?

12. Do you plan to keep this goal in future years? If so, do you plan to maintain the same goal or change it over the next three years?

13. Is there anything else you'd like to add about this goal?

14. Optional: Attach any additional documents here.

[For additional goals for this objective, answer the same questions.]

Additional questions about your goals and objectives

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will these data become available?

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, behavioral health services access, health care disparities, special health care needs, or other emerging health care needs.) What have you discovered through this research?

4. Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

Section 5: Program Financing

Tell us how much you spent on your CHIP program in FFY 2025, and how much you anticipate spending in FFY 2026 and 2027.

States with a combination program should combine costs for both Medicaid expansion CHIP and separate CHIP programs into one budget for Parts 1 and 2.

Part 1: Benefit Costs

1. How much did you spend on managed care in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

2. How much did you spend on fee-for-service in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

3. How much did you spend on anything else related to benefit costs in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

4. How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

Part 2: Administrative Costs

1. How much did you spend on personnel in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027? This includes wages, salaries, and other employee costs.

FFY 2025	FFY 2026	FFY 2027

2. How much did you spend on general administration in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

3. How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

4. How much did you spend on claims processing in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

5. How much did you spend on outreach and marketing in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

6. How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

7. How much did you spend on anything else related to administrative costs in FFY 2025? How much do you anticipate spending in FFY 2026 and 2027?

FFY 2025	FFY 2026	FFY 2027

Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's enhanced Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding.

CMS will enter the eFMAP rates for each year and auto-calculate the total program costs, as well as the federal and state shares.

FMAP Table	FFY 2025	FFY 2026	FFY 2027
Total program costs			
eFMAP			
Federal share			
State share			

8. What were your state funding sources in FFY 2025?

Select all that apply.

- ☐ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☐ Other

a. If you answered "other," what other type of funding did you receive?

9. Did you experience a short fall in federal CHIP funds this year?

- ☐ Yes
☐ No

- a. If you answered “yes,” briefly explain why your state didn’t have enough federal funding to cover your CHIP program costs.

Part 3: Managed Care Costs

Complete this section only if you have a managed care delivery system. To the extent feasible, states with a combination program should report the following metrics separately for Medicaid expansion CHIP and separate CHIP.

1. How many children were eligible for managed care in FFY 2025? How many do you anticipate will be eligible in FFY 2026 and 2027?

Program	FFY 2025	FFY 2026	FFY 2027

2. What was your per member per month (PMPM) cost based on the number of children eligible for managed care in FFY 2025? What is your projected PMPM cost for FFY 2026 and 2027? Round to the nearest whole number.

Program	FFY 2025	FFY 2026	FFY 2027

Part 4: Fee-for-Service Costs

Complete this section only if you have a fee-for-service delivery system. To the extent feasible, states with a combination program should report the following metrics separately for Medicaid expansion CHIP and separate CHIP.

1. How many children were eligible for fee-for-service in FFY 2025? How many do you anticipate will be eligible in FFY 2026 and 2027?

Program	FFY 2025	FFY 2026	FFY 2027

2. What was your per member per month (PMPM) cost based on the number of children eligible for fee-for-service in FFY 2025? What is your projected PMPM cost for FFY 2026 and 2027? Round to the nearest whole number.

Program	FFY 2025	FFY 2026	FFY 2027

Part 5

1. Is there anything else you'd like to add about your program finances that wasn't already covered?

2. Optional: Attach any additional documents here.

Section 6: Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide health care to low-income children and families?
2. What's the greatest challenge your CHIP program has faced in FFY 2025?
3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2025?
4. What changes have you made to your CHIP program in FFY 2025 or plan to make in FFY 2026? Why have you decided to make these changes?
5. Is there anything else you'd like to add about your state's challenges and accomplishments?
6. Optional: Attach any additional documents here.