Section 3C: Eligibility   
Note to Medicaid Expansion states: The first question may not apply to your state. Answer “N/A” if it doesn’t apply.

# Part 1: Eligibility Renewal and Retention

1. Do you have authority in your CHIP state plan to provide for presumptive eligibility, and have you implemented this?

Answer “Yes,” “No,” or “N/A.”

If you answered YES:

1. What percent of children are presumptively enrolled in CHIP pending a full eligibility determination? [For example, “23.17”]
2. Of those children who are presumptively enrolled, what percent are determined fully eligible and enrolled in the program? [For example, “23.17”]
3. Tell us how your state simplifies the eligibility renewal process for families in order to retain more children in CHIP.
4. Do you conduct follow-up communication with families through caseworkers and outreach workers?   
     
   Answer “Yes” or “No.”
5. Do you send renewal reminder notices to all families?   
     
   Answer “Yes” or “No.”
6. How many notices do you send to families before disenrolling a child from the program? [500 characters max]
7. How many weeks before the end of the eligibility period do you send your reminder notices to families? [500 characters max]
8. What else do you do to simplify the eligibility renewal process for families in order to increase retention? [500 characters max]
9. Which retention strategies have been most effective for your state? How have you evaluated the effectiveness of your strategies? Include any data sources and your methodology for tracking effectiveness. [7500 characters max]

# Part 2: Eligibility Data

A. Denials of Title XXI Coverage in FFY 2019

Enter your data below and the percentages will be automatically calculated in the final report.

1. What is the total number of denials of Title XXI coverage? This is the number of applicants that were denied Title XXI coverage. This only includes denials for Title XXI at the time of initial application, not redetermination.
2. What is the number of procedural denials? This is the number of applicants who were denied Title XXI coverage for procedural reasons (for example: an incomplete application, missing documentation, missing enrollment fee, etc.)
3. What is the number of eligibility denials? This is the number of applicants who were denied Title XXI coverage for eligibility reasons (for example: income was too high, income was too low, they were determined Medicaid eligible instead, they obtained private coverage instead, etc.)
4. What is the number of applicants denied Title XXI and enrolled in Title XIX (of the total number of eligibility denials)? This is the number of applicants who were denied eligibility for Title XXI and determined eligible for Title XIX instead.
5. What is the number of applicants denied for other reasons? This is anyone denied coverage for any other reasons. If this doesn’t apply to your state, enter “0.”
6. Did you have any limitations on reporting data in the above table (such as the Single Streamlined Application)? Anything else you’d like to add about this section that wasn’t already covered?