

Medicaid and CHIP

MAC

Learning Collaboratives

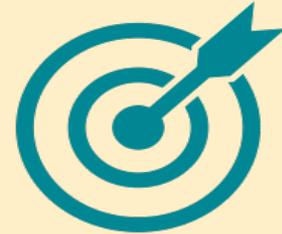
The Coverage Learning Collaborative

*Medicaid and Children's Health Insurance Program
(CHIP) Eligibility and Enrollment Unwinding Data
Reporting & Submission*

April 12, 2022, 3:00 – 4:30 pm EST

- **Objectives**
- **Context Setting**
- **Overview**
 - Unwinding Data Submission Requirements
 - Unwinding Metrics
- **Steps in the Reporting Process**
- **Live Demonstration**
- **Q&A**
- **Appendix: Additional Unwinding Resources**

- **Describe monitoring metrics and submission requirements for pending Medicaid and CHIP eligibility and enrollment actions.**
- **Serve as an additional resource to State Health Official Letters 21-002 and 22-001 and the Medicaid and Children’s Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding.¹**
- **Provide a live demonstration showing how to submit unwinding data metrics, and discuss how states can access technical assistance, if needed.**



¹Centers for Medicare & Medicaid Services (CMS) [Letter 21-002](#), Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency; [Letter 22-001](#), Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP, and the Basic Health Program Upon the Conclusion of the COVID-19 Public Health Emergency; and [Medicaid and Children’s Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding](#).

Context Setting

Unwinding Presents Opportunities and Challenges for States as They Return to Normal Operations

CMS wants to help states return to normal eligibility and enrollment operations in ways that minimize burden for enrollees and promotes continuity of coverage for eligible individuals.

- The COVID-19 public health emergency (PHE) has disrupted state Medicaid and CHIP eligibility and enrollment activities since March 2020; and Section 6008 of Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) has kept most beneficiaries continuously enrolled in Medicaid as a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage (FMAP) increase.¹
- To provide guidance to support states in their efforts to return to normal eligibility and enrollment operations, CMS released State Health Official (SHO) Letter #22-001: *Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP, and the Basic Health Program Upon the Conclusion of the COVID-19 Public Health Emergency*.² The SHO letter:
 - Is part of a series of guidance and tools that outline how states may address the large volume of eligibility and enrollment actions they will need to take after the PHE ends;
 - Further clarifies expectations of states to restore routine operations; and,
 - Describes how states may distribute eligibility and enrollment work when the PHE ends to mitigate churn for eligible enrollees and smoothly transition individuals between coverage programs.
- To monitor and assist with state progress in processing pending eligibility and enrollment actions, states will be required to submit baseline data to CMS and report additional data on a monthly basis, for a minimum of 14 months.

¹[Families First Coronavirus Response Act](#)

²Centers for Medicare & Medicaid Services (CMS) [Letter 22-001](#), Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP, and the Basic Health Program Upon the Conclusion of the COVID-19 Public Health Emergency

Overview

Overview of Unwinding Data Submission Requirements

States will submit two types of reports:
(1) baseline, and (2) monthly thereafter for a minimum of 14 months.



- **What information do states report?**

- The **baseline report** is meant to serve as a starting point to track a state's pending eligibility and enrollment actions that the state will need to address when the state begins its unwinding period. States will be required to report data on pending applications, renewals, and fair hearings.
- The **monthly report** is designed to support CMS in tracking the state's progress in addressing pending eligibility and enrollment actions throughout the unwinding period. States will be required to report data on pending and completed applications and renewals and pending fair hearings.



- **When do states report?**

- **Baseline reports** are due at the end of the month prior to the month in which the state's unwinding period begins.
- **Monthly reports** are due on the 8th calendar day of each month.



- **How do states report?**

- States will submit their data at <https://sdis.medicaid.gov/user/login>, the same site states use to report their monthly Performance Indicator (PI) data.



- **What if a state needs help or has questions about unwinding reporting or submission requirements?**

- Specifications for reporting during unwinding are available at <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.
- States can email UnwindingMetricsTA@mathematica-mpr.com to access technical assistance.

Overview of Unwinding Data Metrics in the Baseline Report

The baseline report is meant to serve as a starting point to track pending actions that the state will need to address when it begins its unwinding. Baseline reports are due at the end of the month prior to the month in which the state’s unwinding period begins.

Metric Name	Time Period Covered	Metric Details
Total pending applications received between March 1, 2020 and the end of the month prior to the state’s unwinding period	March 1, 2020, through the end of the month prior to the state’s unwinding period	Report applications separately by pending MAGI and other non-disability applications versus disability-related applications.
Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period	As of the last day of the month prior to the state’s unwinding period	Report the count of beneficiaries receiving both full and partial benefits enrolled in Medicaid or CHIP.
State’s timeline for the renewal process	N.A.	Report the state’s policy for completing renewals (the number of days between when a renewal is initiated to when a final eligibility determination is expected).
Total Medicaid fair hearings pending more than 90 days at the end of the month prior to the state’s unwinding period	As of the last day of the month prior to the state’s unwinding period	Report Medicaid fair hearings pending more than 90 days for which the state has not taken final administrative action.

Overview of Unwinding Data Metrics in the Monthly Report

The monthly report is designed to support CMS in tracking the state’s progress in addressing pending eligibility and enrollment actions when the state’s unwinding period begins. States will be required to report data on pending and completed applications and renewals and pending fair hearings.

Metric Name	Time Period Covered	Metric Details
Total pending applications received between March 1, 2020 and the end of the month prior to the state’s unwinding period	March 1, 2020, through the end of the month prior to the state’s unwinding period	Report applications separately by pending MAGI and other non-disability applications versus disability-related applications; same metrics reported in baseline.
Total applications completed as of the last day of the reporting period, remain pending	From the start of unwinding period to the last day of the prior calendar month	Report completed and pending applications separately by MAGI and other non-disability applications versus disability-related applications. These are cumulative metrics.
Renewals initiated and outcomes	Prior calendar month	Report (1) renewals due, (2) renewals completed, with separate counts of the number completed by ex parte means, use of pre-populated form, (3) number determined ineligible and transferred to the Marketplace, (4) number terminated for procedural reasons, (5) number of renewals due but not completed, (6) month in which renewals due in the month were initiated, (7) number due for a renewal since the start of unwinding that have not been completed.
Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	Prior calendar month	Report Medicaid fair hearings pending more than 90 days for which the state has not taken final administrative action.

Steps in the Reporting Process

Step 1: Login

States will use the SDIS portal to submit both baseline and monthly data to CMS.

Steps in the Login Process

1. When your state is ready to submit data, navigate to <https://sdis.medicaid.gov/user/login> for state reporting
2. Login using your existing credentials
 - a. *Note: The tool is set up to accept submissions from those with Medicaid and CHIP Performance Indicator (PI) submission credentials*
3. After logging in, select the “Unwinding Reports” tab at the top of the screen
4. Select Start Baseline Report or Start Monthly Report, depending on the report you plan to submit

The screenshot shows the login interface for the SDIS Medicaid portal. At the top left, there is a "Home" link and a "Log in" heading. Below the heading are two buttons: "Log in" (highlighted with a blue underline) and "Reset your password". A message states: "If you're having trouble accessing your account, please contact your state administrator." Below this are two input fields: "Email*" and "Password*", each with a red border and a placeholder text "Enter your email address." and "Enter the password that accompanies your email address." respectively. A blue link "Log in using CMS SDIS MEDICAID IMP SAML" is located below the password field. At the bottom, there is a grey "Log in" button.

Step 2: Complete the Submission Information Fields

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Steps to Complete the Submission Information Fields

5. Submission information at the top of the form that must be completed includes:
 - a. Submission Date (Baseline Report and Monthly Report)
 - i. This is automatically populated with the current date; however, users can revise the submission date, which is in MM/DD/YYYY format, by clicking the calendar picker.
 - b. Unwinding Period Start Date (Baseline Report only)
 - i. States will enter an Unwinding Period Start Date from a drop-down date picker in MM/YYYY format.

The screenshot shows a form with two date input fields. The first field is labeled "Submission Date*" and contains the text "03/31/2022" with a calendar icon to its right. The second field is labeled "Unwinding Period Start Date*" and contains a dashed line "-----" with a calendar icon to its right. To the right of these fields is a rectangular button labeled "Print".

Step 3: Saving and Submitting Data

States may save their submission if they need to return to the form later to complete; states use the “submit” button to complete submission and can print the submission at any point during data entry.

Steps in the Saving/Submission Process

6. If your state needs to gather more information or return to the form later to complete, click “Save Draft.” Information from your entry will be saved for future submission.
7. Once you are finished, click “Submit” to complete submission. Submitters can also print the data collection form following submission using the “Print” button at the top right of the form.
 - a. If you are revising a previous submission, you must hit “Save” to submit your revised data.

▼ RENEWALS

▼ STATE'S POLICY FOR COMPLETING RENEWALS

▼ MEDICAID FAIR HEARINGS

Save Draft Submit

Live Demonstration

Important Reminders



- **States will be able to update their baseline and monthly reports, if needed.** If a state submits a baseline or monthly report and later discovers it made a mistake or did not have all of the data needed when the form was initially submitted, the report can be edited and saved.



- **States should submit their baseline and monthly reports even if they have incomplete data.**
 - Most metrics include (1) an “Unable to report” box that can be checked if the state cannot report a particular metric, and (2) a “Metric Notes” field, for states to report if they deviate from the metric definition or wish to provide additional context to help CMS understand the data.
 - The Metric Notes field is not mandatory; however, state should be aware that if CMS has questions about information included in the Metric Notes field, a technical assistant may follow up with the state.



- **States will combine Medicaid and CHIP data for unwinding reporting purposes.** Data will NOT be reported separately by program.
 - **Exception: Medicaid fair hearings data should not include separate CHIP reviews.**



- **Help is available!**
 - Specifications for reporting during unwinding are available at <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.
 - States can email UnwindingMetricsTA@mathematica-mpr.com to access technical assistance.



If you have any questions or would like technical assistance to address state-specific challenges, please contact UnwindingMetricsTA@mathematica-mpr.com.

If you have any updates to your contact information or would like more information about the Coverage LC, please contact MACLC@mathematica-mpr.com.

Appendix: Additional Unwinding Resources

Helpful Navigation Tips for Submitting State Unwinding Data

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- **Navigating *within* a metric section**
 - Striking **Tab** will navigate users through the metrics of a *specific section* of the form



- **Navigating *between* the metric sections**
 - Selecting the metric section tabs will navigate users between the metric sections; there is no back button
 - Anything entered in the data collection form fields will be saved when the user selects “Submit” (in the case of a new report) or “Save” (in the case of a revised report); users do not need to select “Save Draft” after completing each metric section



- **Including Metric Notes**
 - States should use the free-text field to report if the state deviates from the specifications or has additional context that impacts the data (for example, if there is a large spike or drop in the data); it is fine for states to leave the Metric Notes field blank if there is not additional contextual information to share
 - If CMS has questions about information included in the Metric Notes field, there may be follow up



- **Warnings triggered by validations**
 - A warning will appear if a metric’s sub-metrics do not sum to the metric
 - A warning will appear if a negative or non-numeric character is entered in a numeric field
 - Users can submit their data with warnings



- **Saving and submitting**
 - If a user needs to gather more information and plans to return to the form later, select “Save Draft”
 - If a user is ready to submit the report, select “Submit”
 - To revise a previous submission, users will select “Save” to submit revised data

Medicaid and Children's Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding

- The guide that defines the data specifications for the unwinding metrics states must report is available at <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>
- Other resources for state reporting on unwinding metrics:
 - [Unwinding Eligibility and Enrollment Data Reporting Template \(Unwinding Data Report\)](#) – States may use the Unwinding Data Report excel workbook as a planning tool to review the metrics before submitting their baseline and monthly reports to the website.
 - <https://sdis.medicaid.gov/user/login> – This is the website where states will submit their unwinding data.
 - Help is available at UnwindingMetricsTA@mathematica-mpr.com.

- Visit the CMS [Unwinding and Returning to Regular Operations after COVID-19](https://www.Medicaid.gov/unwinding) page at www.Medicaid.gov/unwinding for these resources and other tools CMS has released:
 - [Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations](#) – A CMS guide with policy and operational strategies that states can implement to support unwinding activities
 - [Eligibility and Enrollment Pending Actions Resolution Planning Tool, Version 2.0](#) – This tool is a resource to assist states with planning efforts for unwinding; it includes a readiness assessment, planning prompts and sample templates, and a roll-up summary template.
- **State Health Official (SHO) Letters related to Unwinding:**
 - [Letter 21-002](#), Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency
 - [Letter 22-001](#), Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP, and the Basic Health Program Upon the Conclusion of the COVID-19 Public Health Emergency; and Medicaid and Children’s Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding