



SHO# 24-002

**RE: Continuation of
Certain Medicaid and
CHIP Eligibility Processing
Data Reporting**

May 30, 2024

Dear State Health Official:

To prepare for the end of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) Medicaid continuous enrollment condition on March 31, 2023, CMS undertook new data collection and monitoring efforts to provide greater insight into state activities, comply with new reporting requirements specified in section 1902(tt)(1) of the Social Security Act (Act) (added by the Consolidated Appropriations Act, 2023 (CAA, 2023) (P.L. 117-328)), and increase CMS's capacity for oversight as states returned to regular eligibility and enrollment operations and resumed routine renewals, often referred to as "unwinding." Collecting this data has provided states, the public, and CMS with unprecedented transparency into, and operational understanding of, Medicaid and CHIP eligibility and enrollment processes. This improved transparency and understanding of renewal outcomes during each state's "unwinding period" has helped states, CMS, and the public understand whether eligible individuals have been able to retain Medicaid and CHIP coverage and whether those no longer eligible for Medicaid or CHIP have been able to transition to other coverage (including insurance through the Marketplaces). This data has better positioned CMS to take action to help protect beneficiaries during unwinding, and supported CMS efforts to ensure state compliance with federal requirements.

CMS is issuing this State Health Official Letter to inform states that CMS is extending current state reporting of certain metrics contained in the Unwinding Data Report. CMS is extending reporting of these metrics in order to support continued insight into state eligibility and enrollment operations and further strengthen CMS's ability to identify and address areas of noncompliance with federal renewal and fair hearing requirements. Monthly state reporting about renewal actions occurring on or after July 1, 2024, and fair hearing requests that have been pending for more than 90 days as of the end of the reporting period, will continue on an ongoing basis. We also intend to continue reporting data publicly to maintain transparency into Medicaid and CHIP renewal outcomes at the national and state level.

Background

Medicaid and CHIP Eligibility and Enrollment Data Collection and Reporting to Date

In March 2022, CMS released SHO #22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance

Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency,”¹ along with technical data specifications.² This guidance informed states that CMS would be collecting data to monitor progress towards completing required eligibility and enrollment actions. We have referred to this reporting as the “Unwinding Data Report.” SHO #22-001 further explained that we expected states to submit the Unwinding Data Report for a minimum of 14 months. When states began their unwinding, they submitted a one-time baseline report and were expected to submit subsequent monthly reports containing data about applications pending as of the beginning of the state’s unwinding period, renewals initiated and the disposition of renewals, and fair hearing requests pending more than 90 days.

States regularly provide a variety of data about Medicaid and CHIP applications, enrollment, and call-center activity through the submission of the Medicaid and CHIP Eligibility and Enrollment Performance Indicator (PI) data and the Transformed Medicaid Statistical Information System (T-MSIS) data. These datasets pre-date unwinding and the Unwinding Data Report and are part of established data collection efforts. This SHO letter is not announcing any changes to state reporting through the PI or T-MSIS datasets.

In 2023, CMS issued guidance and regulations related to new requirements in section 1902(tt)(1) of the Act, which requires states to report and CMS to publish some of the same data metrics that CMS planned to collect through the Unwinding Data Report. Specifically, section 1902(tt)(1) of the Act requires that, for each month occurring during the period that begins on April 1, 2023, and ends on June 30, 2024, each state submit to CMS a report on the activities of the state relating to eligibility redeterminations conducted during such period.³ In January 2023, CMS released SHO #23-002, “Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act, 2023,”⁴ which discussed the reporting requirements under section 1902(tt)(1) of the Act, including requirements for states to report and CMS to make public certain metrics on renewals, CHIP enrollment, call center operation, and enrollment in the Marketplaces. All of the metrics states are required to report under section 1902(tt)(1) of the Act are aligned with metrics that CMS was already collecting or planned to collect through the Unwinding Data Report or other existing reports. In June 2023, CMS provided additional information on the section 1902(tt)(1) reporting requirements through a Frequently Asked Questions document.⁵ In December 2023, CMS published an interim final rule with comment period (IFC), “Medicaid; CMS Enforcement of State Compliance With Reporting and Federal Medicaid Renewal Requirements Under Section 1902(tt) of the Social Security Act,”⁶ to implement the data reporting requirements under section 1902(tt)(1) of the Act and related enforcement authorities in section 1902(tt)(2) of the Act, by adding new 42 CFR §§ 430.49, 435.927, and 435.928 to the CFR and amending 42 CFR §§ 430.3 and 430.5, and 45 CFR part 16.

¹ Available here: <https://www.medicaid.gov/sites/default/files/2022-03/sho22001.pdf>

² *Medicaid and Children’s Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding*. The most recent version is available here: <https://www.medicaid.gov/media/136536>

³ See 42 CFR § 435.927 for a detailed list of metrics required by Section 1902(tt)(1).

⁴ Available here: <https://www.medicaid.gov/sites/default/files/2023-08/sho23002.pdf>

⁵ Available here: <https://www.medicaid.gov/media/158831>.

⁶ Available here: <https://www.federalregister.gov/documents/2023/12/06/2023-26640/medicaid-cms-enforcement-of-state-compliance-with-reporting-and-federal-medicaid-renewal>.

The data that states have been reporting pursuant to section 1902(tt)(1) of the Act and 42 CFR § 435.927, along with the data states have been reporting through the Unwinding Data Report described in SHO #22-001, have been invaluable in helping CMS, states, and the public understand Medicaid and CHIP eligibility and enrollment operations. The data has also enabled CMS to identify where states needed technical assistance and areas in which state renewal and fair hearing processes may have resulted in avoidable loss of coverage. As states have progressed through unwinding, this data has provided CMS with timely and detailed information to monitor states' progress, identify potential challenges, and rapidly engage with state Medicaid and CHIP agencies to provide needed technical assistance and guidance. States, informed by this data, have been able to make necessary policy or operational changes or adopt flexibilities to ensure effective and efficient program operations. In addition, the public has appreciated the transparency into the renewal outcomes and the trends in such outcomes, including insight into how many people have continued enrollment in Medicaid or CHIP, and how many people previously enrolled in Medicaid or CHIP have enrolled into a Basic Health Program (BHP) or a Marketplace qualified health plan.

As states continue their unwinding-related renewals and transition to routine annual renewals for all beneficiaries, it is important for CMS to have continued visibility into how the renewal process is progressing so that any problems with that process can be identified and addressed promptly. Continued state reporting of the data contained in the Unwinding Data Report that is identified in this SHO, specifically data on the outcomes of renewals and number of fair hearing requests pending more than 90 days, will thus be critical to supporting our ongoing monitoring and oversight efforts.

Continued Data Reporting

The New Eligibility Processing Data Report

Consistent with sections 1902(a)(4)(A), 1902(a)(6), and 1902(a)(75) of the Act, as well as sections 2101(a) and 2107(b)(1) of the Act, CMS expects all states to continue submitting certain renewal and fair hearings metrics currently found in the Unwinding Data Reports (as specified below in Appendix A and referred to hereinafter as the “Eligibility Processing Data Report”) beyond the reporting period ending June 30, 2024, when the reporting requirements in section 1902(tt)(1) of the Act no longer apply. Specifically, states should continue to submit, on a monthly basis, data about renewal actions that occur on or after July 1, 2024, and about fair hearing requests that have been pending for more than 90 days. CMS also expects states to continue to report the outcomes of renewals that had been reported as pending in a prior month.

This data set will support CMS efforts to:

- Monitor the retention and disenrollment of individuals through the eligibility renewal process;
- Ensure renewals occur in a manner that minimizes beneficiary burden, promotes continuity of coverage for eligible individuals, and provides timely resolution of fair hearing requests;
- Monitor state activities related to renewals and fair hearings so that any potential noncompliance with federal renewal and fair hearing requirements can be identified and addressed; and

- Ensure that states have in place methods of administration necessary for the proper and efficient operation of their state plan.

CMS is making several adjustments to the data included in the Eligibility Processing Data Report as compared to the data included in the Unwinding Data Report to end reporting on metrics when they are no longer applicable or relevant to CMS’s monitoring efforts on an ongoing basis:

- First, effective July 1, 2024, CMS will no longer expect states to correct their baseline data reports⁷ with new information the state may have identified after initial submission.
- Second, after a state has reported completing the processing of all Medicaid or CHIP applications that were pending prior to the beginning of the state’s unwinding period, the state is no longer expected to report data relating to the processing of these previously pending applications.⁸

See Table 1 (on page 5) and Appendix A for more information on which metrics in the Unwinding Data Set are included in the Eligibility Processing Data Report for continued state reporting and which are being discontinued. CMS will continue to evaluate and revise data elements in the future, as needed, and might announce changes to specific data elements or data specifications through technical guidance.

Performance Indicator and T-MSIS Data

This SHO letter does not announce changes to CMS’s data collection efforts through the PI data or the T-MSIS data systems. States will continue to submit these data sets as they have done prior to and throughout unwinding. If at any point the enrollment data reported in T-MSIS for a state’s separate CHIP (S-CHIP) is not usable for public reporting,⁹ CMS will expect the state to submit enrollment data for its separate CHIP via an alternate method specified by CMS, consistent with section 2107(b)(1) of the Act. The PI data set and T-MSIS are valuable data sets that CMS also uses for monitoring and oversight of Medicaid and CHIP.

State-Based Marketplaces

Consistent with 45 C.F.R. § 155.1200(a)(3), states that operate a State-based Marketplace (SBM) with its own eligibility and enrollment platform will continue to use the SBM priority metrics¹⁰ to submit data related to monthly enrollment activities occurring during the period that ends on the later of (1) the date that the state completes all unwinding-related renewals or (2) June 30, 2024.

⁷ The baseline data report is part of the Unwinding Data Report, as described in SHO #22-001, and captured states’ pending application and renewal volume at the beginning of unwinding.

⁸ Specifically, states that have reported completed processing all applications that were pending prior to the beginning of the state’s unwinding period will no longer report Baseline Report Metrics 1-4 and Monthly Report Metrics 1-3 in the *Medicaid and Children’s Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding*. See Appendix A for more information. CMS will continue to use data reported by states on enrollment and application processing included in the PI data set, along with other data from T-MSIS and other sources, to monitor whether states are processing applications on a timely basis.

⁹ A state’s S-CHIP enrollment data reported in T-MSIS may be considered not usable for public reporting if, for example, it has substantial data quality issues that, absent revision, would result in inaccurate reporting of S-CHIP enrollment.

¹⁰ Available here: <https://www.medicaid.gov/resources-for-states/downloads/sbe-medicaid-chip-con-unwind-metrics-reprtguide.pdf>.

Table 1: Metrics CMS Expects States to Continue to Report¹¹

Metric(s)	Duration of State Reporting
<i>Eligibility Processing Data Report/All States</i>	
Monthly Metrics 1, 2, and 3 (including sub-metrics): Application Processing	Continue until the state has reported completing the processing of all applications that were pending when the state began unwinding, then discontinue after reporting completion.
Monthly Metric 4: Renewals Initiated	Ongoing
Monthly Metric 5: Renewals Due	
Monthly Metric 5a, 5a(1), 5a(2), 5b, 5c, 5d: Renewal outcomes	
Monthly Metric 6: Month in which renewals due were initiated	
Monthly Metric 7: Renewal Backlog	
Monthly Metric 8: Fair Hearings Pending More than 90 Days	
<i>Separate CHIP (S-CHIP) Enrollment Metric/All States</i>	
Total number of beneficiaries who were enrolled in a separate CHIP (from T-MSIS)	Ongoing. If a state's T-MSIS S-CHIP data is not usable for public reporting, CMS will expect the state to provide data via an alternate reporting method.
<i>SBM Priority Metrics/ State-Based Marketplaces with Their Own Platforms</i>	
Monthly Metrics 7a and 7b: Number of individuals whose accounts are received by the SBM or BHP* *Only applies to SBMs with their own platforms that use a non-integrated eligibility system	Continue reporting on activities occurring during the period ending on the later of: (1) the date when the state completes all unwinding-related renewals; or (2) June 30, 2024
Monthly Metrics 9a and 172a: Number of individuals who are determined eligible for a QHP or BHP	Continue reporting on activities occurring during the period ending on the later of: (1) the date when the state completes all unwinding-related renewals; or (2) June 30, 2024
Monthly Metrics 1a and 169a: Number of individuals who are determined eligible for a QHP or a BHP and make a QHP plan selection or are enrolled in a BHP	Continue reporting on activities occurring during the period ending on the later of: (1) the date when the state completes all unwinding-related renewals; or (2) June 30, 2024

¹¹ CMS will continue to rely on T-MSIS for states reporting usable S-CHIP enrollment data. States with Marketplaces that use the Federal eligibility and enrollment platform do not need to report metrics related to account transfers, QHP enrollment, or QHP plan selection; CMS intends to continue compiling this information from existing sources.

Public Reporting

CMS has been publicly reporting data it receives from states about their activities related to eligibility renewals, call center operations, and transitions to Marketplace coverage, consistent with section 1902(tt)(1) of the Act,¹² and we intend to continue publicly reporting renewal and other data related to eligibility and enrollment. CMS may consider changes to public reporting of data related to eligibility and enrollment after the section 1902(tt)(1) requirements expire. We recognize the importance of public reporting and ensuring transparency and will consider these factors in future public reporting efforts. CMS encourages states to continue state-level transparency processes, e.g. public dashboards, that can support ongoing state-level efforts to ensure timely processing of applications and renewals.

Closing

CMS appreciates the continued collaboration with state Medicaid and CHIP agencies on data and operations. As states continue routine renewal and other eligibility and enrollment operations, CMS shares states' goals of ensuring that eligible individuals remain enrolled in Medicaid and CHIP coverage, and that individuals who are no longer eligible can transition to other coverage options. We are committed to providing states with updated guidance and resources, as well as ongoing technical assistance, to support timely and accurate data reporting. States may also submit technical assistance questions directly to CMSUnwindingSupport@cms.hhs.gov.

Sincerely,

/s/

Daniel Tsai
Deputy Administrator and Director

cc:

National Association of Medicaid Directors
National Academy for State Health Policy
National Governors Association
American Public Human Services Association
Association of State Territorial Health Officials
Council of State Governments
National Conference of State Legislatures
Academy Health

¹² Monthly reports can be found here: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/data-reporting/monthly-data-reports/index.html>

Appendix A: Eligibility Processing Data Set Metrics

The table below outlines which metrics from the *Medicaid and Children’s Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding CMS* expects states to continue reporting, for state renewal actions that occur on or after July 1, 2024, or fair hearings that have been pending for more than 90 days.

Note: States are also expected to continue to report in accordance with Section IV of the specifications, Reporting Outcomes of Previously Pending Renewals.

Metric Number and Name	Status: Continue or Discontinue Reporting
<i>Baseline Metrics</i>	
Metric 1: Total pending applications received between March 1, 2020, and the end of the month prior to the state’s unwinding period	Discontinue effective July 1, 2024
Metric 1a: Pending MAGI and other non-disability applications	
Metric 1b: Pending disability-related applications	
Metric 2: Total beneficiaries enrolled as of the end of the month prior to the state’s unwinding period	
Metric 3: State’s timeline for the renewal process	
Metric 4: Total number of Medicaid fair hearings pending more than 90 days at the end of the month prior to the state’s unwinding period	
<i>Monthly Metrics</i>	
Metric 1: Total pending applications received between March 1, 2020, and the end of the month prior to the state’s unwinding period	Continue until the state has reported completing the processing of all applications that were pending when the state began unwinding, then discontinue after reporting completion
Metric 1a: Total MAGI and other non-disability applications	
Metric 1b: Total disability-related applications	
Metric 2: Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period	
Metric 2a: Completed MAGI and other non-disability related applications as of the last day of the reporting period	
Metric 2b: Completed disability-related applications as of the last day of the reporting period	
Metric 3: Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period	
Metric 3a: Pending MAGI and other non-disability applications as of the last day of the reporting period	
Metric 3b: Pending disability-related applications as of the last day of the reporting period	
Metric 4: Total beneficiaries for whom a renewal was initiated in the reporting period	
Metric 5: Total beneficiaries due for a renewal in the reporting period	Continue
Metric 5a: Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled)	Continue
Metric 5a(1): Number of beneficiaries renewed on an <i>ex parte</i> basis	Continue
Metric 5a(2): Number of beneficiaries renewed using a renewal form	Continue

Metric Number and Name	Status: Continue or Discontinue Reporting
Metric 5b: Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP ¹³	Continue
Metric 5c: Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (<i>e.g.</i> , failure to respond) ¹⁴	Continue
Metric 5d: Of the beneficiaries included in Metric 5, the number whose renewal was not completed	Continue
Metric 6: Month in which renewals due in the reporting period were initiated	Continue
Metric 7: Number of beneficiaries due for a renewal since the beginning of the state’s unwinding period whose renewal has not yet been completed (“Renewal Backlog”)	Continue
Metric 8: Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	Continue

¹³ Monthly Metric 5b includes all individuals for whom the state had sufficient information to complete a determination of eligibility.

¹⁴ Monthly Metric 5c includes all individuals whose coverage ended because the state had insufficient information to complete an eligibility determination.