



Unwinding Eligibility and Enrollment Data Reporting Template

The ongoing COVID-19 outbreak and implementation of federal policies to address the public health emergency (PHE) have disrupted routine Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) eligibility and enrollment operations. Medicaid and CHIP enrollment has grown to historic levels due in large part to the continuous enrollment requirement that states implemented as a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage increase under section 6008 of the Families First Coronavirus Response Act (P.L. 116-127) ("continuous enrollment condition"). States will have a large volume of eligibility and enrollment actions to complete when the PHE ends, and the Centers for Medicare & Medicaid Services (CMS) released State Health Official letter #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," which outlines timelines and guidance for states to restore routine operations in a manner that promotes continuity of coverage for eligible individuals and facilitates seamless coverage transitions for those who become eligible for other insurance affordability programs (e.g., Marketplace).

CMS will require states to report on specific metrics described in this "Unwinding Eligibility and Enrollment Data Reporting Template" (Unwinding Data Report). These metrics are designed to demonstrate states' progress towards restoring timely application processing and initiating and completing renewals of eligibility for all Medicaid and CHIP enrollees consistent with the guidance outlined in SHO #22-001. States will complete a baseline and subsequent monthly Unwinding Data Report and submit these reports to CMS using the same portal in which states enter their Performance Indicator (PI) data¹ and which is set up to accept submissions from those with PI submission credentials. States may use the Unwinding Data Report excel workbook as a planning tool to review the metrics before submitting their baseline and monthly reports through the PI portal.

We realize that states may have questions or need help as they review the metrics in the report and reporting specifications². States can access help anytime by emailing UnwindingMetricsTA@mathematica-mpr.com. CMS will also be hosting an all-state webinar in which they will review the metrics and how to submit their Unwinding Data Report; the webinar will be recorded and posted on [Medicaid.gov](https://www.medicare.gov) so that states can access it at any time.

¹ <https://sdis.medicare.gov/user/login>

² <https://www.medicare.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>

BASELINE REPORT		
NAME OF STATE/TERRITORY: INDIANA SUBMISSION DATE: 02/28/2023 UNWINDING PERIOD START DATE: 03/2023		
APPLICATION PROCESSING	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	14,770	
1a. Pending MAGI and other non-disability applications	14,110	
1b. Pending disability-related applications	660	
RENEWALS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
2. Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period	2,197,832	
STATE'S POLICY FOR COMPLETING RENEWALS	DESCRIPTION OF STATE'S RENEWAL TIMELINE POLICY	
3. State's timeline for the renewal process	60 Days	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
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	421	This number includes hearings that have been granted a continuance and hearings that are currently stayed awaiting the end of the continuous coverage rules

PRA Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. 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 #66). The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MONTHLY REPORT		
NAME OF STATE/TERRITORY:		
SUBMISSION DATE: 05/08/2023		
REPORTING PERIOD: 04/2023		
APPLICATION PROCESSING	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	14,770	
1a. Total MAGI and other non-disability applications (2a+3a)	14,096	
1b. Total disability-related applications (2b+3b)	674	
2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	14,629	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	13,985	
2b. Completed disability-related applications as of the last day of the reporting period	644	
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 (3a+3b)	141	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	111	
3b. Pending disability-related applications as of the last day of the reporting period	30	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total beneficiaries for whom a renewal was initiated in the reporting period	156,700	
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	157,688	Total beneficiaries for whom a renewal was initiated in the reporting period was previously reported as 157,608 in Indiana's March report. This should have been reported as 157,688.
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	65,092	
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	40,752	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	24,340	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	6,089	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	46,896	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	39,611	
6. Month in which renewals due in the reporting month were initiated	Mar-23	
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	142,819	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	410	8. This number includes hearings that have been granted a continuance and hearings that were stayed awaiting the end of the continuous coverage rules

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