



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.Medicaid.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>

CMS Baseline Unwind Metrics
Submitted March 2023

Report submitted March 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)	3,605	
1a. Pending MAGI and other non-disability applications	N/A	Unable to report; Data cannot be reported for the breakout between disability and non-disability applications until after processing.
1b. Pending disability-related applications	N/A	Unable to report; Data cannot be reported for the breakout between disability and non-disability applications until after processing.
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	392,334	
STATE'S POLICY FOR COMPLETING RENEWALS	DESCRIPTION OF STATE'S RENEWAL TIMELINE POLICY	
3. State's timeline for the renewal process	Up to 90 days	If permissions have been granted, Nebraska Medicaid requests information from trusted data sources 90 days prior to the renewal due date through an automated request process. 60 days prior to the renewal date, an eligibility worker will attempt to complete the renewal based on information available. If additional information is needed, a pre-populated renewal form is sent, providing 30 days for the beneficiary to return the form.
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	32	There is one eligibility appeal

CMS specifications for reporting during unwinding

Please note the CMS metrics represent the renewal data for each month during the unwind period and are not cumulative. The unwind dashboard renewal data represent the monthly cumulative progress during the unwind period. For this reason the renewal data will not match.

Month Report Submitted	Apr-23	Jun-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
APPLICATION PROCESSING	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	3605	3605	3,605	3,605	3,605	3,605	3,605	3,605	3,605	3,605
1a. Total MAGI and other non-disability applications (2a+3a)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1b. Total disability-related applications (2b+3b)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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)	3012	3429	3514	3532	3590	3604	3605	3605	3605	3605
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	2267	2545	2606	2619	2671	2681	2681	2681	2681	2681
2b. Completed disability-related applications as of the last day of the reporting period	745	884	908	913	919	923	924	924	924	924
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)	593	176	91	73	15	1	0	0	0	0
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3b. Pending disability-related applications as of the last day of the reporting period	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
RENEWALS INITIATED										
4. Total beneficiaries for whom a renewal was initiated in the reporting period	21,617	26,409	34,929	37,052	41,321	43,702	40,345	33,485	27,250	25,915
RENEWALS AND OUTCOMES										
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)²	-	8,849	26,342	29,598	39,610	39,114	43,530	41,756	36,029	31,579
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))	-	5,454	14,759	15,524	18,175	16,691	17,716	14,869	12,088	11,146
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	-	1,795	9,425	10,072	12,488	11,425	12,799	11,376	9,961	9,200
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	-	3,659	5,334	5,452	5,687	5,266	4,917	3,493	2,127	1,946
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) ¹	-	548	2,153	2,476	3,135	2,213	3,273	3,122	3,192	2,810
5b(1) Does not meet Medicaid eligibility or financial requirements		281	1,399	1,623	2,177	1,617	2,337	2,314	2,372	2,334
5b(2) Client request to be removed from Medicaid		63	202	235	248	149	287	232	244	120
5b(3) Client moved or is not considered a Nebraska resident		170	476	484	544	399	565	451	476	263
5b(4) Other		34	76	134	166	48	84	125	100	93
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (e.g. failure to respond) ¹	-	249	1,581	1,910	2,806	2,006	2,847	1,985	948	991
5c(1) Unable to complete case review		90	1,393	1,723	2,592	1,885	2,671	1,851	762	823
5c(2) Client death		139	130	143	168	95	145	97	117	73
5c(3) Other		20	58	44	46	26	31	37	69	95
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	-	2,598	7,849	9,688	15,494	18,204	19,694	21,780	19,801	16,632
6. Month in which renewals due in the reporting month were initiated	N/A	March and April 2023	March, April, and May 2023	April, May, and June 2023	May, June, and July 2023	June, July, and August 2023	July, August, and September 2023	August, September, and October 2023	September, October, and November 2023	October, November, and December 2023
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	-	2,598	10,332	11,882	19,646	25,093	30,929	35,964	42,781	43,772
MEDICAID FAIR HEARINGS										
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	30	5	6	2	2	1	3	3	2	2

¹ 5b and 5c sub-metrics are not required by CMS and are provided within this report as additional information for the Medicaid termination reason

² During the validation of the July 2023 metrics an issue was identified related to reporting for metrics 5a(1) and 5a(2). The count of *ex parte* renewals (5a(2)) has previously been under reported. The correction has been applied to the April, May, June, and July 2023

Metric 5b Closure Legend

- 5b(1) includes reasons such as income and resources exceed Medicaid limits
- 5b(2) the client contacted Medicaid and requested to be removed from the program
- 5b(3) the client has moved out of state or is not considered a resident of Nebraska even if the client is physically present in Nebraska
- 5b(4) includes other administrative reasons related to failure to meet Medicaid eligibility requirements

Metric 5c Closure Legend

- 5c(1) includes reasons such as the client failed to provide information necessary to complete the Medicaid renewal and information sent to the client was returned to Medicaid and Medicaid was unable to contact the client
- 5c(2) client death was reported to Medicaid
- 5c(3) includes other procedural reasons related to inability to complete a Medicaid renewal