



## 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) data<sup>1</sup> 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 specifications<sup>2</sup>. States can access help anytime by emailing [UnwindingMetricsTA@mathematica-mpr.com](mailto: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.

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

<sup>2</sup> <https://www.Medicaid.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
<b>1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)</b>	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
<b>2. Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period</b>	392,334	
STATE'S POLICY FOR COMPLETING RENEWALS	DESCRIPTION OF STATE'S RENEWAL TIMELINE POLICY	
<b>3. State's timeline for the renewal process</b>	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
<b>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</b>	32	There is one eligibility appeal

OMB user instructions for reporting data on renewals

Please enter the OMB metrics represent the renewal dates for each month during the reporting period and are not cumulative. The reported (displayed) renewal dates represent the monthly cumulative progress during the reporting period. For this report the renewal dates will not match.

March Report Submitted	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	
<b>1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unrennewal period (1a-1-2b)</b>	3025	3025	N/A	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	3,025	
1a. Total MAGI and other non-disability applications (2a-2b)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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-2b)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>2. Of these applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a-2b)</b>	3012	3429	N/A	3514	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	3512	
2a. Completed MAGI and other non-disability-related applications as of the last day of the reporting period	2287	2545	N/A	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	2699	
2b. Completed disability-related applications as of the last day of the reporting period	725	784	N/A	815	813	813	813	813	813	813	813	813	813	813	813	813	813	813	813	813	813	813	
<b>3. Of these 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)</b>	913	1396	N/A	911	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	910	
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	N/A	N/A	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>RENEWALS INITIATED</b>																							
<b>A. Total beneficiaries for whom a renewal was initiated in the reporting period</b>	21,612	24,480	N/A	24,509	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	24,512	
<b>RENEWALS AND CANCELS</b>																							
<b>4. Total beneficiaries who reappplied in the reporting period (4a-4c)</b>	-	8,840	8,840	26,542	26,542	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	26,538	
4a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid (not those who canceled) (4a-1-4a-2)	-	5,454	7,377	14,739	14,809	15,514	20,396	18,179	25,301	18,016	24,021	17,728	24,763	14,869	23,001	12,088	18,088	11,346	17,313	9,878	10,795	10,438	
4b. Number of beneficiaries reported on an error form	-	1,795	1,867	9,425	9,633	10,027	10,168	11,469	12,724	11,425	11,728	12,799	12,824	11,378	11,827	9,963	10,076	9,200	9,963	5,596	6,217	7,749	
4c. Total number of beneficiaries reported on an error form	-	1,795	1,867	9,425	9,633	10,027	10,168	11,469	12,724	11,425	11,728	12,799	12,824	11,378	11,827	9,963	10,076	9,200	9,963	5,596	6,217	7,749	
<b>5. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid as of the last day of the reporting period (5a-5c)</b>	-	548	779	1,512	2,842	2,476	1,532	3,135	4,815	2,213	4,281	3,279	5,117	3,122	5,740	3,183	4,749	2,810	4,183	1,988	2,186	2,185	
5a. Ineligible due to loss of Medicaid eligibility or financial requirements	-	281	411	1,309	1,909	1,633	2,301	2,377	3,397	1,517	3,063	2,337	3,584	2,469	2,327	3,429	2,819	1,514	1,821	2,017	2,117		
5b. Ineligible due to loss of Medicaid eligibility or financial requirements	-	63	81	222	229	229	229	229	229	229	229	229	229	229	229	229	229	229	229	229	229		
5c. Ineligible due to loss of Medicaid eligibility or financial requirements	-	103	227	473	108	484	108	144	771	103	607	103	486	451	103	451	103	451	103	451	103		
5d. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (6a-6b)	-	249	562	1,581	1,317	1,931	4,244	2,801	7,505	2,030	7,722	1,847	6,307	1,983	8,833	948	4,427	911	3,411	576	783		
6a. Failure to respond <sup>1</sup>	-	92	303	1,101	1,075	1,724	3,568	2,302	7,284	1,885	5,688	1,071	6,827	1,853	8,473	762	4,185	823	3,176	477	108		
6b. Unable to complete renewal	-	157	259	480	512	207	1,137	1,099	1,623	1,145	1,646	776	1,434	1,130	1,360	186	119	108	119	75	120		
6c. Other <sup>2</sup>	-	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20			
5e. Of the beneficiaries included in Metric 5, the number whose renewal was not completed (7a-7c)	-	2,518	108	5,849	1,137	5,088	15,984	10,919	18,104	2,492	18,024	4,500	15,780	4,121	18,803	6,725	16,637	6,081	13,111	12,897	11,107		
<b>6. Month in which renewals due in the reporting month were initiated</b>	N/A	March and April 2023	N/A	March, April, and May 2023	N/A	April, May and June 2023	N/A	May, June, and July 2023	N/A	June, July, and August 2023	N/A	July, August, and September 2023	N/A	August, September, and October 2023	N/A	September, October, and November 2023	N/A	October, November, and December 2023	N/A	November and December 2023, and January 2024	December 2023, and January, February, and March 2024		
<b>7. Number of beneficiaries due for a renewal since the beginning of the state's unrennewal period whose renewal has not yet been completed</b>	-	2,518	N/A	10,132	N/A	11,882	N/A	19,446	N/A	25,083	N/A	38,929	N/A	55,964	N/A	42,761	N/A	43,772	N/A	38,333	39,489	40,119	
<b>8. Total number of Medicaid fee hearings pending more than 90 days at the end of the reporting period</b>	0	1	0	N/A	0	N/A	2	N/A	1	N/A	3	N/A	3	N/A	2	N/A	2	N/A	2	N/A	2	1	

<sup>1</sup> 30 and 90-day notices are not required by CMS and are provided within this report as additional information for the Medicaid termination reason

<sup>2</sup> 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 a particular metric has previously been under reported. The correction has been applied to the April, May, June, and July 2023 metrics.

<sup>3</sup> On October 30, 2023 CMS published updates to the unrennewal date specifications. Starting in December 2023 states are required to submit renewals to Metric 5 that includes updates for each metric 90 days following the end of the reporting reporting month.

<sup>4</sup> On April 5, 2024 CMS notified states of an update to metric 6 specifications. Nebraska has updated Metric 6 for January, February and March 2024 and Metric 7 for March 2024.

Metric 5a Closure Legend

5a(1) includes reasons such as income and resources exceed Medicaid limits

5a(2) the client contacted Medicaid and requested to be removed from the program

5a(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

5a(4) includes other administrative reasons related to failure to meet Medicaid eligibility requirements

Metric 5b Closure Legend

5b(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

5b(2) client death was reported to Medicaid

5b(3) includes other procedural reasons related to inability to complete a Medicaid renewal