



## 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. 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 so that states can access it at any time.

<sup>1</sup> <https://sdis.medicaid.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

Click on the links for more information.

Enter on the CMS entry across the renewal date for each month during the unmet period and use our summary. The unmet renewal dates represent the monthly completion progress during the unmet period. For this reason the renewal date will not match.

Month report submitted	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23			
<b>1. Total pending applications received between March 1, 2023 and the end of the month prior</b>	304	302	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A	1,055	N/A		
<b>1a. Total MMS and other non-disability applications (20-24)</b>	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>1b. Total disability related applications (20-24)</b>	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>2. Of those applications included in Monthly Metrics 1, the total number of applications completed as of the last day of the reporting period (20-24)</b>	304	304	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A	1,054	N/A		
<b>2a. Completed MMS and other non-disability related applications as of the last day of the reporting period</b>	294	294	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A	1,004	N/A		
<b>2b. Completed disability related applications as of the last day of the reporting period</b>	10	10	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A	50	N/A		
<b>3. Of those applications included in Monthly Metrics 1, the total number of applications that remain unmet as of the last day of the reporting period (20-24)</b>	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A		
<b>3a. Pending MMS and other non-disability applications as of the last day of the reporting period</b>	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>3b. Pending disability related applications as of the last day of the reporting period</b>	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	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
<b>4. Total number of beneficiaries for whom a renewal was initiated in the reporting period</b>	24,481	21,804	18,119	20,029	18,119	27,023	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	
<b>4a. Renewals for beneficiaries who are not included in the reporting period</b>	-	1,639	1,639	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	26,347	
<b>4b. Renewals for beneficiaries who are included in the reporting period</b>	-	1,639	1,639	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	
<b>5. Of the beneficiaries included in Metrics 4, the number of beneficiaries who are included in the reporting period</b>	-	1,639	1,639	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	18,119	
<b>6. Total number of beneficiaries who are included in the reporting period</b>	24,481	21,804	18,119	20,029	18,119	27,023	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	18,119	21,021	
<b>7. Number of beneficiaries due for a renewal during the beginning of the state's unmet period</b>	-	1,108	N/A	10,332	N/A	11,882	N/A	10,646	N/A	10,203	N/A	10,203	N/A	10,646	N/A	10,203	N/A	10,646	N/A	10,203	N/A	10,646	N/A	10,203	N/A	10,646	N/A	10,203	N/A	10,646	N/A
<b>8. Total number of beneficiaries who have not been renewed for 90 days or more at the end of the reporting period</b>	18	0	N/A	0	N/A	2	N/A	2	N/A	1	N/A	3	N/A	3	N/A	2	N/A	2	N/A	2	N/A	2	N/A	2	N/A	2	N/A	2	N/A	2	
<b>9. Month in which renewals due in the reporting month were initiated</b>	N/A	March and April 2022	N/A	March, April, and May 2022	N/A	April, May, and June 2022	N/A	May, June, and July 2022	N/A	June, July, and August 2022	N/A	July, August, and September 2022	N/A	August, September, and October 2022	N/A	September, October, and November 2022	N/A	October, November, and December 2022	N/A	November and January 2023	N/A	December 2022, January and February 2023	N/A	January, February, and March 2023	N/A	February, March, and April 2023	N/A	March, April, and May 2023			

\* 18 and 0 applicants are not included in the reporting period as they were not included in the reporting period for the Medical Information System.  
 \* For the validation of the July 2022 metrics an issue was identified related to reporting for metrics S41 and S42. The count of a joint renewal (S42) has previously been under reported. The correction has been applied to the April, May, June, and July 2022 metrics.  
 \* On October 10, 2022 CMS published updates to the unmet period specifications. Starting in December 2022 metrics are required to submit renewals in Metric 4 that include updates for each month 90 days following the end of the reporting period.  
 \* On April 1, 2024 CMS defined states of an update to metric 4 specifications. Nebraska has updated Metric 4 for January, February and March 2024 and Metric 7 for March 2024.

**Legend:**  
 S41 includes renewals such as income and resources renewal/updates.  
 S42 includes renewals such as income and resources renewal/updates.  
 S43 includes other administrative renewals related to failure to meet Medicaid eligibility requirements.  
 S44 includes other administrative renewals related to failure to meet Medicaid eligibility requirements.

**Notes:**  
 S41 includes renewals such as income and resources renewal/updates and information sent to the client was returned to Medical and Medicaid was unable to contact the client.  
 S42 includes other administrative renewals related to failure to meet Medicaid eligibility requirements.  
 S43 includes other administrative renewals related to failure to meet Medicaid eligibility requirements.