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Nebraska Medicaid Maintenance of Eligibility (MOE) Unwinding Operational Plan

Version 1.2
February 8, 2023

Revision History

Date	Version	Notes
1/13/2023	1.0	Initial Version
1/29/2023	1.1	Updated with CMS state health official (SHO # 23-002) guidance
2/8/2023	1.2	Updated with activities completed since February 1, 2023

DHHS will update this document as the federal government releases guidance that impacts the unwind operational plan.

Updated versions of this plan can be found at:
<https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>

For questions or comments on the information included in this document please email: DHHS.MLTCEXperience@Nebraska.gov

Table of Contents

Revision History	2
Table of Contents.....	3
I. Executive Summary.....	4
II. MOE Unwind Planning.....	5
III. MOE Unwind Period.....	5
IV. Medicaid Renewal Prioritization & Distribution.....	5
V. Conducting Medicaid Renewals During the MOE Unwind Period.....	7
VI. Strategies To Obtain Current Member Contact Information.....	9
VII. Operational Readiness & Training	10
VIII. Member Outreach	11
IX. Partner Outreach & Engagement	12
X. General Public Outreach.....	13
XI. Reporting MOE Unwind Progress	13
XII. Medicaid Budget Impacts	14
XIII. Medicaid Quality Oversight	14
XIV. System Readiness.....	15
XV. MOE Unwind Operational Timeline	15

I. Executive Summary

On January 27, 2020, the U.S. Department of Health and Human Services (HHS) declared a federal public health emergency (PHE) due to the Coronavirus Disease 2019 (COVID-19). In response, the Nebraska Department of Health and Human Services (Department) implemented temporary changes to Nebraska Medicaid benefits, services, and eligibility operations under a variety of federal and state authorities to ensure access to critical healthcare benefits during the PHE.

On March 18, 2020, the [Families First Coronavirus Response Act \(FFCRA\)](#) was enacted. The FFCRA includes a requirement that Medicaid programs keep people continuously covered through the end of the month in which the COVID-19 public health emergency (PHE) ends, in exchange for enhanced Federal Medical Assistance Percentage (FMAP) funding. Nebraska elected to accept the enhanced FMAP funding and combined with the increased enrollment from Medicaid expansion, Nebraska Medicaid enrollment has grown by over 130K, or 35%, since March 2020. At the conclusion of the PHE, states were expected to resume routine eligibility operations, including disenrolling Medicaid members who are no longer eligible for coverage and those who states cannot demonstrate are eligible. States have 12 months after the PHE ends to initiate redeterminations for all enrolled members, and an additional two months to complete all eligibility redeterminations. This 14-month period was referred to as the PHE “unwinding.”

On December 29, 2022, the [2023 Consolidated Appropriations Act \(CAA\)](#) was enacted. The 2023 CAA includes significant changes to the continuous enrollment condition of the FFCRA that will take effect April 1, 2023, as well changes to the temporary FMAP increase and the unwinding process. The newly enacted 2023 CAA does not address the end date of the COVID-19 PHE. As of January 2023, the PHE is still in effect.

Under the 2023 CAA, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA’s temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to end coverage for Medicaid members who are no longer eligible.

On January 5, 2023 CMS issued an [Informational Bulletin](#) noting that CMS intends to provide additional guidance on new conditions that states will need to meet in order to receive the enhanced FMAP, and new reporting requirements states will need to submit to support unwinding. States that do not meet CMS reporting requirements may be subject to corrective action plans (CAPs) and reductions in the FMAP and additional penalties. On January 27, 2023 CMS issued [State Health Official \(SHO# 23-002\)](#) letter that addresses the new provisions, conditions, and requirements included in the 2023 CAA.

This document describes the approach DHHS is taking to unwind the continuous enrollment requirement and return to regular Medicaid eligibility operations. DHHS’ goal is to support continuity of coverage by assisting members who remain eligible keep their coverage. For members who are no longer eligible DHHS will support their transition to other coverage options, including the federal marketplace where members may be eligible for financial assistance.

Throughout the remainder of this document “unwinding” will be referred to as Maintenance of Eligibility (MOE) Unwind Period, and “redeterminations” will be referred to as renewals.

II. MOE Unwind Planning

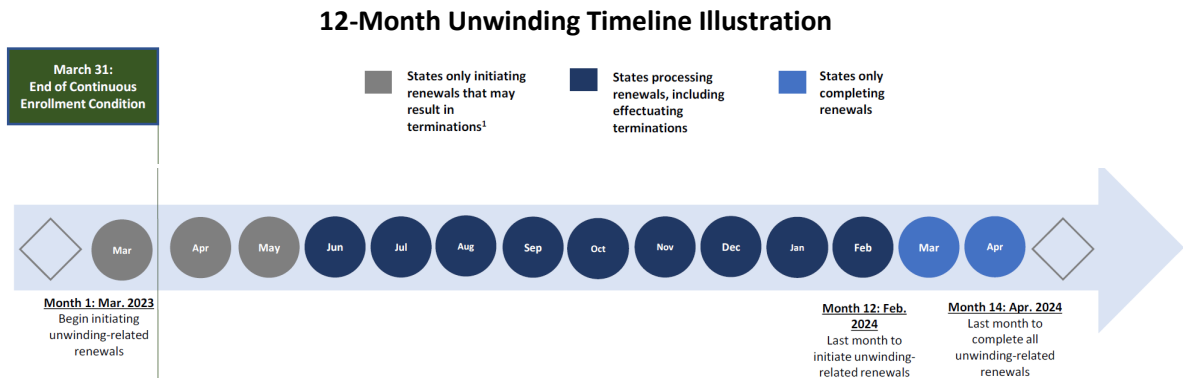
DHHS has been planning for the end of the continuous enrollment requirement and MOE unwinding since December 2020. [CMS guidance](#) has been critical to DHHS planning and the development of the MOE Unwinding Operational Plan. Since the start of the COVID-19 pandemic CMS has continually provided states with guidance, flexibilities, technical assistance, resources, and templates that have informed DHHS’ approach and Nebraska Medicaid’s return to normal eligibility operations.

III. MOE Unwind Period

CMS allows states a total of 14 months to complete renewal and redetermination of eligibility for all Medicaid members. Per [CMS guidance](#) states are provided three (3) options to begin their unwinding:

- Option A – two months prior to the end of the continuous enrollment requirement (February 1, 2023)
- Option B – the month in which the end of the continuous enrollment requirement ends (March 1, 2023)
- Option C – the month after the month the end of the continuous enrollment requirement ends (April 1, 2023)

DHHS has selected Option B and will begin the MOE unwinding on March 1, 2023. The March 1, 2023 begin date provides DHHS sufficient time to complete the remaining planning and operational readiness activities. DHHS will complete all Medicaid renewals over a fourteen (14) month period from March 1, 2023 to April 30, 2024.



IV. Medicaid Renewal Prioritization & Distribution

[CMS guidance](#) directs states to adopt a risk-based approach to prioritize pending renewals, changes in circumstances, and post-enrollment verifications that the state needs to address during the MOE Unwind Period. The risk-based approach must take into consideration the need to prevent inappropriate terminations and promote smooth transitions for individuals no longer eligible for Medicaid, CHIP, or a

Basic Health Plan (BHP) to other coverage. States may select among four risk-based approaches to address the backlog of pending Medicaid cases:

- Population-Based Approach prioritizing outstanding actions for cohorts of members more likely to have become eligible for more expansive benefits or for different coverage (e.g., a Qualified Health Plan (QHP));
- Time or Age-Based Approach prioritizing Medicaid cases based on the length of time the action has been pending;
- Hybrid Approach combining population- and time-based approaches; or
- State-Developed Approach meeting the goals of keeping eligible individuals enrolled, reducing churn, maximizing successful transition to other coverage where appropriate, and achieving a sustainable renewal schedule.

DHHS will use a State-Developed Approach that includes prioritization of application processing and call center operations in addition to the pending renewals. The prioritization model will allow DHHS to meet current federal performance standards during MOE Unwind Period. Following is the monthly prioritization model.

Priority	Operational Task
1	Initial Applications
2	Call Center
3	MOE Renewals Due in the Current Month
4	Universal Work
5	MOE Renewals Due in Future Months*

*Eligibility operations staff will work MOE renewals due in future months based on staffing resource capacity.

DHHS has prioritized the operational tasks based on the following rationale:

- Applications and renewals are both prioritized to meet CMS performance standards. Applications are also prioritized as many applicants have a medical need and no way to pay for medical care without Medicaid.
- Phone Calls are prioritized as they allow us to obtain information needed to complete performance standards. Phone calls are also the front-facing interaction point with members.

To promote continuity of coverage for eligible individuals and seamless coverage transitions for those who become eligible for other insurance coverage CMS recommends that states initiate no more than 1/9 of their total Medicaid caseload in each month during the MOE Unwind period.

12-Month Unwinding Renewal Distribution Projection

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Total
Estimated Renewal Initiation Volume	25886	27833	36235	38915	41344	43967	38808	31765	24237	24832	26158	25576	385,556

The estimated renewal initiation volume is based on projections taken February 1, 2023. Renewal volumes reflect the month a renewal is initiated, which is the number required to be reported to CMS. DHHS is projecting Medicaid enrollment to be near 390,000 at the start of the MOE Unwind Period.

V. Conducting Medicaid Renewals During the MOE Unwind Period

Nebraska Medicaid reviews all members' eligibility once per year to see if they still qualify for coverage. During the public health emergency (PHE), DHHS continued to review member eligibility, but no member involuntarily lost coverage due to the FFCRA continuous enrollment requirement. During the MOE Unwind Period DHHS must complete a full renewal on all Medicaid members consistent with CMS guidance, federal requirements, and normal operating procedures. The following graphic illustrates and summarizes the normal Medicaid renewal process.

Medicaid Annual Renewal Process

Renewal Initiated - Nebraska Medicaid will initiate renewals up to 90 days before a member's annual eligibility period ends. Nebraska Medicaid will attempt to complete a renewal without requesting information from members.

Renewal Forms - if Nebraska Medicaid is unable to complete the member's renewal without requesting information, a pre-populated renewal form will be sent to the member up to 60 days before member's annual eligibility period ends. Nebraska Medicaid will also send a text and email to the member asking the member to watch for the renewal or to contact Nebraska Medicaid.

Renewal Reminder - if the member has not returned their renewal form or requested information Nebraska Medicaid will send a text and email reminder to the member up to 20 days before a member's annual eligibility period ends.

Member Notice of Action (NOA) – Nebraska Medicaid will send the member a paper or electronic notice with the action taken after their renewal is completed.

Ex Parte Renewal Process

Nebraska Medicaid initiates a member renewal up to 90 days before the end of a members' annual eligibility period. Nebraska Medicaid will attempt to complete ex parte¹ renewals if enough information is available to complete the renewal.

Paper Renewal Process

Nebraska Medicaid will mail a pre-populated renewal form to the member if an ex parte renewal cannot be completed. Pre-populated renewal forms are mailed up to 60 days before the member's renewal must be completed. Members may be requested to provide documentation to complete their renewal. Documentation may include income evidence and medical records to support a disability determination. DHHS will send reminders to members up to 20 days prior to the members' renewal date. Members that do not return the renewal form or provide requested information can be closed for failing to provide information. Members closed for procedural reasons like failure to provide information have up to 90 days after their coverage has ended to complete their renewal without submitting a new application. The member's coverage will resume if they are still eligible.

Member Notices

Nebraska Medicaid is required to provide members with adequate and timely notice when their coverage changes. Nebraska Medicaid will mail the member a notice with the results of the renewal at least 10 days prior to the action taken (i.e. 10 days prior to when the members' coverage ends).

Member Right to Appeal

Members who lose Medicaid coverage have the right to appeal Medicaid's decision and can contact DHHS to request a state fair hearing.

Members No Longer Eligible for Medicaid

Members who no longer qualify for Medicaid are closed due to administrative reasons e.g. over income. Nebraska Medicaid will transfer member information to the federal marketplace, also known as healthcare.gov., and will also include information in the member notice on how to contact the federal marketplace. The federal marketplace will follow up with the individual to complete an application for coverage in a marketplace plan. Individuals may be eligible for financial assistance including federal tax credits and reduced cost sharing for plans purchased through the marketplace. Members that lose Medicaid coverage for procedural reasons like failure to provide information do not qualify for financial assistance through the marketplace because they may still be Medicaid eligible.

Member Cost Sharing

Due to federal requirements Nebraska Medicaid suspended member cost sharing, including copayments and Transitional Medical Assistance (TMA) and Medicaid Insurance for Workers with Disabilities (MIWD) premiums. Nebraska Medicaid will continue to suspend cost sharing through the MOW Unwind Period.

¹ Ex parte renewal is the process where a member's coverage is automatically renewed based on information in the member's case or in electronic data sources and a member is not required to return a form or take any action to maintain Medicaid coverage.

Member Flexibilities Ending

Since March 2020 and due to challenges confronting members early in the COVID-19 pandemic Nebraska Medicaid has accepted member self-attestations for verifying information like income instead of requiring documentation. Starting March 1, 2023, Nebraska Medicaid will no longer accept member self-attestations.

Also since March 2020 Nebraska Medicaid has maintained coverage for members absent from the state. Starting March 1, 2023, Nebraska Medicaid will limit a member's temporary absence from the state to 90 days or less.

VI. Strategies To Obtain Current Member Contact Information

Throughout the COVID-19 PHE Medicaid members have not been required to complete the renewal process to maintain coverage. Given that the FFCRA Medicaid continuous enrollment requirement has resulted in less frequent communication with members, DHHS and CMS are concerned that Nebraska Medicaid may not have current contact information, including address, phone, and email information for all members. Economic instability due to the COVID-19 pandemic likely resulted in more people being transient in the last 3 years, exacerbating the likelihood of outdated contact information. Outdated contact information could result in members losing coverage because they do not receive renewal forms, verification requests and notices, and therefore may not take action to return necessary information.

During the COVID-19 PHE Nebraska has continued to complete renewals and process reported changes, including processing returned mail, and approximately 80% or more members have successfully completed a renewal including actions taken on reported address changes. Even with these efforts to obtain current contact information, DHHS anticipates the amount of returned mail will increase during the MOE Unwind Period. In preparation, DHHS reviewed current returned mail processes and explored multiple options to gather accurate address and contact information for Medicaid members.

Nebraska Medicaid will continue to use federally required procedures for returned mail during the MOE Unwind Period, as well as new conditions included in 2023 CAA that require states to:

- Conduct Medicaid eligibility redeterminations in accordance with all applicable federal requirements, including renewal strategies authorized under section 1902(e)(14)(A) of the Act or other alternative processes and procedures approved by CMS (section 6008(f)(2)(A));
- Attempt to ensure up-to-date contact information for a beneficiary before redetermining eligibility for such beneficiary (section 6008(f)(2)(B)); and
- Undertake a good-faith effort to contact an individual using more than one modality prior to terminating their enrollment on the basis of returned mail (section 6008(f)(2)(C)).

These procedures include review for any recent address updates and resending information, attempting to call out to the member, reviewing electronic data sources for updates, and sending a request for verification of residency (many members have provided email addresses and this new request may be received through email even though physical mail has been returned.) Established processes also include the ability for managed care organizations (MCOs) to provide updated member contact information using an eligibility change report. Additionally, customer service staff attempt to confirm contact information whenever staff speak with a member or member representative.

In February 2023 DHHS is mailing a letter to members who are at greatest risk of losing coverage during the MOE Unwind Period and use a temporary return mail process to identify member contact updates. Since March 2020 DHHS has identified over 145,000 members that may be at risk of losing coverage. Following normal procedures, customer service staff will initially attempt to contact the member to obtain updated contact information. If customer service staff are unable to contact the member, staff will run the member contact information through an address validation service that accesses NCOA and Transunion information to obtain updated address information. If a more current address is returned through the address validation service, the letter will be resent to the updated address.

Nebraska recognizes that up-to-date contact information includes more than the member's mailing address. Starting in March 2023 DHHS will also implement temporary strategies CMS made available to states through [section 1902\(e\)\(14\)\(A\) waiver approvals](#). States may request time-limited authority under section 1902(e)(14)(A) of the Act to pursue strategies to support the unwinding period that facilitate the renewal process. Under this temporary authority, DHHS is partnering with the Medicaid MCOs to obtain member contact updates. Normally, Nebraska Medicaid is required to confirm contact updates directly with members before applying changes. Under the temporary waiver authority Nebraska Medicaid is allowed to apply member-verified contact updates provided by the MCOs without additional verification from Nebraska Medicaid.

VII. Operational Readiness & Training

As Nebraska Medicaid returns to normal eligibility operations and begins the MOE unwinding on March 1, 2023, DHHS expects the volume of work to significantly increase due to the increased enrollment since March 2020. In addition to the estimated 388,000 renewals that must be completed, DHHS expects the associated number of reported changes and phone calls to also increase.

Workforce Readiness

Workforce readiness is DHHS' primary concern. Like other states Nebraska Medicaid has experienced a higher than normal turnover and vacancy rate during the pandemic and public health emergency, and DHHS is partially mitigating these staffing issues by creating additional operational capacity using voluntary overtime and incentives for operational staff.

To effectively handle the expected volume, DHHS will continue to use supplemental staff provided by existing contracts with two call center vendors in Nebraska. While CMS guidance does not allow external vendor staff to perform more complex functions, such as eligibility determinations, CMS allows some ancillary functions like taking applications and change reports to be performed by vendor staff.

Operational Procedures & Training

While Nebraska Medicaid will begin returning to normal eligibility operations, some operational procedures have been suspended or modified due to temporary requirements imposed on state Medicaid programs during the PHE. Given the staff turnover DHHS has experienced over the prior 3 years, most staff have never completed a "normal" renewal. Additionally, new flexibilities provided by CMS require new operational procedures and training. As such, operational procedures and training material are being updated and created to support the MOE Unwind Period. Staffing training will begin in February 2023 and will continue through the MOE Unwind Period as necessary.

VIII. Member Outreach

A top priority for DHHS is to outreach to members to make sure they understand what they need to do to maintain their Medicaid coverage, how DHHS will support them through the renewal process, and inform members who are no longer eligible for Medicaid of other coverage options. DHHS recognizes that the COVID-19 pandemic, PHE, MOE, and continuous enrollment requirement are the sources of impact on members but DHHS also recognizes that messaging is critical to make sure members understand how their coverage is impacted and what they need to do to prepare. For Medicaid members, key messaging focuses on:

- Keeping their contact information up-to-date with Nebraska Medicaid
- Knowing how to determine their renewal date and their role in completing their renewal
- Being familiar with other healthcare resources if they're no longer Medicaid eligible

Following is the targeted outreach that DHHS is using to engage Medicaid members:

- Member Letter (February 2023)
- Frequently Asked Questions (FAQ) (February 2023)
- Social Media and Paid Media Posts (January 2023)
- Text and Email Messages (Started July 2022 and will continue during MOE Unwind Period)

Member Letter

During the first week in February 2023 DHHS mailed a letter to members who are at greatest risk of losing coverage during the MOE Unwind Period. Since March 2020 DHHS has identified over 145,000 members that may be at risk of losing coverage. The letter includes instructions on how members can report address changes, prepare for their renewal, and what they can do if they are no longer eligible for Medicaid.

FAQ

The member FAQ will include similar messaging as the member letter and include additional information DHHS expects members will need to know as they prepare for their renewals. The member FAQ was posted to the DHHS [MOE Unwind website](#) on February 1, 2023.

Social Media and Paid Media

Starting in February 2023 DHHS launched social and paid media (Facebook and Google) campaigns with targeted messaging for members on updating their contact information and watching their mail for important updates. DHHS also posted a social media toolkit on the DHHS [MOE Unwind website](#) on February 1, 2023.

Text and Email Messages

Starting in July 2022 DHHS began sending text and email messages to members who provided DHHS their contact information. An initial text and email is sent to members when a pre-populated renewal form is mailed and this happens up to 60 days before the member's renewal is due. If DHHS can complete the renewal without requesting additional information from the member, the member will not receive the text or email. All members will receive a notice from Nebraska Medicaid after their renewal has been completed. Up to 20 days before the member's renewal is due DHHS will send

another text and email to remind the member to complete their renewal, if the member has not returned their pre-populated renewal form and any requested information.

Health Plan Outreach

Per CMS resource on [Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations](#), DHHS is partnering with the Medicaid health plans also known as managed care organizations (MCOs) to conduct member outreach during the MOE Unwind Period. MCOs will directly support DHHS efforts by reaching out to members through multiple modalities including mail, phone, text, email, and in some cases direct contact. MCO messaging will also focus on updating contact information and preparing for renewals. Additionally, MCOs will follow up with members when their Medicaid coverage has ended to provide assistance and information on following up with Nebraska Medicaid or identifying other coverage options. DHHS anticipates that MCO member outreach will begin in February 2023.

IX. Partner Outreach & Engagement

DHHS knows that partners, including providers, community organizations, member advocates, Nebraskan tribes, CMS, and other state agencies are equally interested in ensuring continuity of coverage for all Medicaid members. DHHS began engaging partners in 2022 to obtain feedback on DHHS' approach and member outreach, and DHHS has used partner feedback to inform development of member outreach. DHHS also knows that partners will play a key role in helping DHHS engage members throughout the MOE Unwind Period. Following are the resources and engagement activities that DHHS is using to engage partners:

- Fact Sheet (February 2023)
- Rack Card (February 2023)
- Flyer (February 2023)
- Social Media Toolkit (February 2023)
- Provider Bulletin (February 2023)
- Partner Meetings/Webinars (Starting January 2023)

Fact Sheet

The fact sheet will include the same messaging as the member FAQ and is intended to be a resource that partners can use when directly engaging members. The fact sheet was posted to the DHHS [MOE Unwind website](#) on February 1, 2023.

Rack Card and Flyer

The rack card and flyer will include the same messaging as the fact sheet and is intended to be a resource that partners can post in locations where Medicaid members frequent such as offices and waiting areas. The rack card and flyer was posted to the DHHS [MOE Unwind website](#) on February 1, 2023.

Social Media Toolkit

The social media toolkit is a resource that contains the social media messaging that DHHS is using to engage members and is intended to be leveraged by partners who are interested in conducting their

own social media campaigns. The social media toolkit was posted to the DHHS [MOE Unwind website](#) on February 1, 2023.

Partner Engagement Meetings & Webinars

In January 2023 DHHS continued engaging partners through meetings and webinars to discuss the MOE unwinding, obtain partner feedback, and how partners can engage members to assist them in completing their renewals. DHHS will schedule multiple webinars to provide as much flexibility for partners to attend and DHHS will post a recording of the webinar on the DHHS [MOE Unwind website](#).

X. General Public Outreach

In addition to the direct outreach and engagement with members and partners, DHHS is also conducting a series of outreach activities targeted at the general public.

- [Press releases](#) (Issued January 10 and February 2, 2023)
- Public service announcements (Starting in February 2023)
- Media interviews (Starting February 2023)

DHHS is also creating a new MOE Unwind website that will include all the member and partner resources previously mentioned. The [MOE Unwind website](#) will be published in February 2023.

XI. Reporting MOE Unwind Progress

DHHS understands that partners and other stakeholders are interested in tracking the progress of completing Medicaid renewals over the 14-month MOE Unwind Period. Starting in April 2023 DHHS will begin posting a monthly update to the [MOE Unwind website](#).

CMS also requires states to provide information and reporting data to support the MOE Unwind Period, and the 2023 CAA introduced enforcement mechanisms that CMS can use to ensure state compliance with CMS reporting requirements.

CMS Reporting Requirements

CMS released state reporting requirements to monitor enrollment and renewal efforts as states resume routine eligibility operations following the end of the continuous enrollment requirement.

- [The State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions](#) is a form Nebraska is required to submit to CMS to summarize the plan to distribute renewals and mitigate against inappropriate coverage loss within the state's MOE Unwind Period. The form must be submitted 45 days before the end of the month in which the continuous enrollment requirement ends. Nebraska is required to submit the form to CMS by February 15, 2023.
- [The Unwinding Eligibility and Enrollment Data Report](#) provides CMS metrics to demonstrate Nebraska Medicaid's progress, timely application processing, initiating, and completing renewals of eligibility for all Medicaid and CHIP enrollees, and processing fair hearings. Nebraska's baseline submission must be submitted to CMS by March 8, 2023, and each subsequent monthly unwinding report is due by the 8th calendar day of each month.

CMS Enforcement Mechanisms

The 2023 CAA includes new mechanisms CMS may use for states that do not comply with the CMS reporting requirements.

- *FMAP reduction for failure to report required information.* In the period from July 1, 2023, through June 30, 2024, if a state fails to comply with the reporting requirements described above, the state’s FMAP for that quarter will be reduced by 0.25 percentage points, plus an additional 0.25 points for each prior quarter of noncompliance.
- *Corrective action plans (CAPs) and additional penalties.* If CMS determines that a state has failed to comply with the reporting requirements, or with any “Federal requirements applicable to eligibility redeterminations,” CMS has the discretion to impose a CAP. The legislation establishes timelines for submission, CMS approval, and implementation of the CAP. If a state fails to submit or implement its CAP, CMS may then:
 - Order the suspension of all or some procedural terminations of eligibility until the state takes appropriate corrective action.
 - Impose civil monetary penalties of up to \$100,000 for each day a state is out of compliance.

In the January 5, 2023 CMS [Informational Bulletin](#), CMS noted that it will release additional guidance on new reporting requirements and enforcement mechanisms included in the 2023 CAA. On January 27, 2023 CMS issued [State Health Official \(SHO# 23-002\)](#) letter that noted that CMS will collect the new 2023 CAA reporting requirements from existing reports states are required to submit to CMS, or directly from the federal marketplace.

XII. Medicaid Budget Impacts

Based on national projections, DHHS estimates between 40,000 and 80,000 members are enrolled in Nebraska Medicaid that would otherwise not be eligible absent FFCRA continuous enrollment requirement. The FFCRA’s temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023 as follows:

Time Period	FMAP Increase
Through March 31, 2023	6.2%
April 1, 2023 through June 30, 2023	5%
July 1, 2023 to September 30, 2023	2.5%
October 1, 2023 to December 31, 2023	1.5%
January 1, 2024	FMAP increase expires

Nebraska would bear most of the costs associated with the additional membership during SFY23 and SFY24. We anticipate having sufficient funding available using the Managed Care Excess Profit Fund.

XIII. Medicaid Quality Oversight

Nebraska Medicaid continuously reviews the accuracy of eligibility determinations conducted as part of processing new applications, renewals, and changes. Effective with the end of the continuous

enrollment requirement on March 31, 2023, Nebraska Medicaid will also be reviewing renewals completed during the MOE Unwind in addition to current reviews. The additional review is to ensure the continued accuracy of eligibility determinations and that proper federal funding is claimed.

XIV. System Readiness

[CMS guidance](#) requires states to demonstrate system readiness by submitting specific artifacts including configuration and test plans and testing results.

As mentioned previously Nebraska Medicaid has continued to conduct annual reviews of all Medicaid members, though no member has involuntarily lost coverage since March 2020 due to the continuous enrollment requirement. Because of this DHHS has not made any changes to the renewal functionality within the state's eligibility system. Instead, to comply with the continuous enrollment requirement DHHS modified operational procedures to have state workers override system functionality if a member was determined to be no longer eligible so that no member lost coverage.

While DHHS has not made changes to the renewal functionality in the state's eligibility system, DHHS has completed several technology related requests to support the MOE Unwind including the following:

- CMS required reporting
- MOE Unwind progress reporting
- Member texts and emails
- Member letter and notices
- MCO outreach files
- Suspension of member cost sharing
- 2023 federal poverty level (FPL) updates

XV. MOE Unwind Operational Timeline

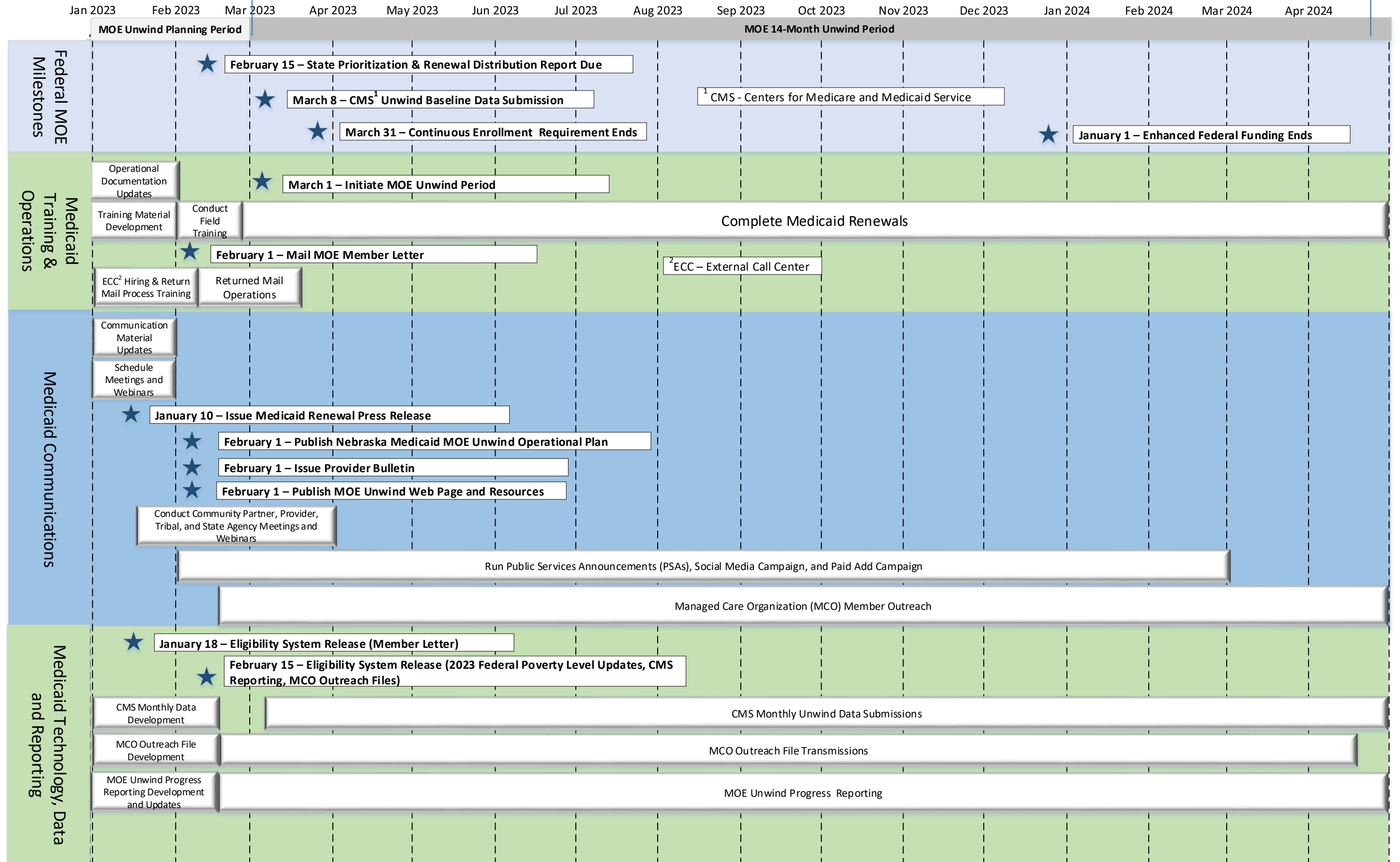
See next page for MOE Unwind Operational Timeline.

★ = indicates a specific date for completion of a key milestone

3/1/2023
Nebraska Medicaid MOE Unwind Begins

4/30/2024
Nebraska Medicaid MOE Unwind Ends

Nebraska Medicaid Maintenance of Eligibility (MOE) Unwind Timeline



Document Revision History

- 1/9/2023 – CAS – Initial version created.
- 1/29/2023 – CAS – Updated based on CMS guidance.