



## 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.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

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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

