

# Medicaid Unwinding Data

By Hannah Recht | KFF Health News  
June 1, 2023

## Overview

This file contains data used in KFF Health News' June 1, 2023, article, [“As Medicaid Purge Begins, ‘Staggering Numbers’ of Americans Lose Coverage.”](#)

We are publishing the underlying reports so that local reporters, researchers, and others can explore state data on Medicaid renewals in more detail.

We sought data from the 19 states that started cancellations by May 1. Based on records from 14 states that provided detailed numbers, either in response to a public records request or by posting online, 36% of people whose eligibility was reviewed have been disenrolled.

The Medicaid renewal and termination data comes primarily from monthly reports that states are required to submit to the Centers for Medicare & Medicaid Services. Idaho, Nebraska, and Virginia did not provide the requested monthly reports in time for publication but posted termination and renewal data on online dashboards.

Our analysis focused on three numbers contained in the monthly reports:

**5a:** “the number renewed and retained in Medicaid or CHIP (those who remained enrolled).” This is the number of people the state found are still eligible for Medicaid or Children’s Health Insurance Program coverage. Their coverage was renewed.

**5b:** “the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace).” This is the number of people who actively completed the redetermination process and were found to no longer be eligible for Medicaid or CHIP. Their coverage was not renewed.

**5c:** “the number terminated for procedural reasons (i.e. failure to respond).” This is the number of people who did not fully complete the redetermination process. They either did not return required renewal forms or omitted required information. Their coverage was not renewed.

Fields 5b and 5c combined represent the number of people whose coverage was not renewed.

See more in CMS' [data reporting guide](#). You can also read Indiana's [explanation of its unwinding report](#).

We also obtained monthly reports from Connecticut and Wyoming but did not include them in our analysis. See details below.

The files included here were gathered in May 2023. These are the first reports that states are filing, with more to come. Each monthly submission reflects information from just one month, not cumulative data. States sometimes revise these submissions, so reporters using the records may want to check with the Medicaid office to see if there is a newer version available.

Dan Tsai, director of the Center for Medicaid & CHIP Services, said in a May 30 call that his agency will release data from the monthly unwinding reports this summer.

## Records included in this file

1. **Arizona (p. 5):** monthly unwinding report submitted to CMS in May, covering redeterminations as of March 31. Obtained via records request. The state sent the report as an image file.
2. **Arkansas (p. 6):** monthly unwinding report submitted to CMS in May, covering redeterminations as of March 31. Posted online at <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/reports-publications/>.
3. **Connecticut (p. 7):** monthly unwinding report submitted to CMS in May. Obtained via records request. Data on the number of terminations and renewals was unavailable as of late May and therefore could not be included in our analysis.
4. **Idaho (p. 13):** state dashboard with data through May 22, posted online at <https://healthandwelfare.idaho.gov/medicaidprotection>.
5. **Indiana (p. 14):** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Posted online at <https://www.in.gov/medicaid/members/member-resources/How-a-return-to-normal-will-im-pact-some-Indiana-Medicaid-members/>.
6. **Iowa (p. 15):** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Posted online at <https://hhs.iowa.gov/ime/unwind-resources>.
7. **Nebraska (p. 21):** did not return records request for monthly unwinding report submitted to CMS in May before publication. State dashboard with data through April 30, posted online at <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>.
8. **New Hampshire (p. 22):** monthly unwinding reports submitted to CMS in April and May, covering redeterminations as of March 31 and April 30. Obtained via records request.
9. **New Mexico (p. 34):** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Obtained via records request.

10. **Ohio (p. 42):** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Obtained via records request.
11. **Oklahoma (p. 45):** emailed information covering redeterminations as of April 30. Obtained via records request.
12. **Pennsylvania (p. 46):** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Obtained via records request.
13. **South Dakota (p. 48):** monthly unwinding reports not available by publication time. Other unwinding data is available at <https://mylrc.sdlegislature.gov/api/Documents/251643.pdf>. We did not include South Dakota in our analysis because the state did not share the number of renewals, only the number of terminations.
14. **Utah (p. 49):** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Obtained via records request. The text in the first column in the PDF that Utah sent was truncated.
15. **Virginia (p. 52):** denied our request for the monthly unwinding report submitted to CMS in May. State dashboard with data as of May, posted online at <https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/>.
16. **Wyoming (p. 53):** monthly unwinding report submitted to CMS in May, covering terminations as of April 30. Obtained via records request. The Medicaid office confirmed that it largely did not start terminations before May, so we did not include Wyoming in our analysis.

## States with records not included in this file

1. **Florida:** monthly unwinding report submitted to CMS in May, covering redeterminations as of April 30. Posted online by the Georgetown Center for Children and Families at <https://ccf.georgetown.edu/wp-content/uploads/2023/05/Florida-Unwinding-Monthly-Report-April-2023-2.pdf>.
2. **Kansas:** denied records request for monthly unwinding report submitted to CMS in May. Data not included in our analysis.
3. **West Virginia:** did not return records request for monthly unwinding report submitted to CMS in May before publication. Data not included in our analysis.

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## Arizona

Report due	5/8/2023
<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>	<b>49,528</b>
1a. Total MAGI and other non-disability applications	44,320
1b. Total disability-related applications	5,208
<b>2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting</b>	<b>47,877</b>
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	42,924
2b. Completed disability-related applications as of the last day of the reporting period	4,953
<b>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</b>	<b>1,651</b>
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	1,396
3b. Pending disability-related applications as of the last day of the reporting period	255
<b>RENEWALS INITIATED</b>	
<b>4. Total beneficiaries for whom a renewal was initiated in the reporting period</b>	<b>230,119</b>
<b>RENEWALS AND OUTCOMES</b>	
<b>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</b>	<b>230,526</b>
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)]	<b>162,693</b>
5a(1) Number of beneficiaries renewed on an <i>exparte</i> basis	149,144
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	13,549
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	<b>14,158</b>
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	<b>5,477</b>
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	<b>48,198</b>
<b>6. Month in which renewals due in the reporting month were initiated</b>	Feb
<b>7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed</b>	<b>57,581</b>
<b>MEDICAID FAIR HEARINGS</b>	
<b>8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting</b>	<b>55</b>
5c Notes- Full renewals completed, coverage extends until 3/31/2023.	

MONTHLY REPORT		
NAME OF STATE/TERRITORY: ARKANSAS		
SUBMISSION DATE: MM/DD/YYYY		
REPORTING PERIOD: 04/2023		
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>	8,402	
1a. Total MAGI and other non-disability applications (2a+3a)	7,573	
1b. Total disability-related applications (2b+3b)	829	
<b>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)</b>	8,322	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	7,510	
2b. Completed disability-related applications as of the last day of the reporting period	812	
<b>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)</b>	80	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	63	
3b. Pending disability-related applications as of the last day of the reporting period	17	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>4. Total beneficiaries for whom a renewal was initiated in the reporting period</b>	126,978	
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</b>	137,679	
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)]	61,236	
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	45,975	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	15,261	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	7,223	This metrics includes beneficiaries, ineligible for non-procedural reasons. State of Arkansas transfers beneficiaries failing for over income to the marketplace.
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	55,488	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	13,732	
<b>6. Month in which renewals due in the reporting month were initiated</b>	-	
<b>7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed</b>	13,732	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period</b>	18	

PRA Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244 1850.

Unwinding Reports

# Connecticut Unwinding Monthly Report (April 2023)

## Information

[Print](#)

Unwinding Period Start Date: **April 2023**

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Submission Date: **05/08/2023**

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Last saved date and time: **Monday, 05-08-2023 - 19:12**

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Submitted by: **Lucia.Feeney@ct.gov**

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Submitted status: **Yes**

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### APPLICATION PROCESSING

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1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period	<b>2616</b>
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Unable to report	<b>No</b>
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1a. Total MAGI and other non-disability applications	<b>2249</b>
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Unable to report	<b>No</b>
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1b. Total disability-related applications **367**

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Unable to report **No**

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**Metric 1 Notes**

{Empty}

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2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period **1798**

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Unable to report **No**

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2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period **1492**

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Unable to report **No**

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2b. Completed disability-related applications as of the last day of the reporting period **306**

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Unable to report **No**

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**Metric 2 Notes**

{Empty}

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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 **818**

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Unable to report **No**

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3a. Pending MAGI and other non-disability applications as of the last day of the reporting period **757**

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Unable to report **No**

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3b. Pending disability-related applications as of the last day of the reporting period **61**

---

Unable to report **No**

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**Metric 3 Notes**

{Empty}

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**RENEWALS INITIATED**

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4. Total beneficiaries for whom a renewal was initiated in the reporting period **109770**

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Unable to report **No**

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**Metric 4 Notes**

{Empty}

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**RENEWALS AND OUTCOMES**

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5. Total beneficiaries due for renewal in the reporting period **{Empty}**

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Unable to report **Yes**

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**Metric 5 Notes**

At time of this submission, the state is reviewing preliminary data for these metrics and will update in a revised submission.

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5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) **{Empty}**

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Unable to report **Yes**

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5a(1). Number of beneficiaries renewed on an ex parte basis **{Empty}**

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Unable to report **Yes**

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5a(2). Number of beneficiaries renewed using a pre-populated renewal form **{Empty}**

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Unable to report **Yes**

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**Metric 5a Notes**

At time of this submission, the state is reviewing preliminary data for these metrics and will update in a revised submission.

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5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) **{Empty}**

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Unable to report **Yes**

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**Metric 5b Notes**

At time of this submission, the state is reviewing preliminary data for these metrics and will update in a revised submission.

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5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **{Empty}**

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Unable to report **Yes**

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**Metric 5c Notes**

At time of this submission, the state is reviewing preliminary data for these metrics and will update in a revised submission.

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5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed **{Empty}**

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Unable to report **Yes**

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**Metric 5d Notes**

At time of this submission, the state is reviewing preliminary data for these metrics and will update in a revised submission.

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6. Month in which renewals due in the reporting month were initiated **2023-03**

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Unable to report **No**

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**Metric 6 Notes**

{Empty}

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7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed **5213**

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Unable to report **No**

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**Metric 7 Notes**

{Empty}

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## MEDICAID FAIR HEARINGS

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8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period **2**

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Unable to report **No**

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### Metric 8 Notes

{Empty}

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## What is Medicaid Protection and how does it impact your Medicaid coverage?

Medicaid Protection was put in place at the beginning of the COVID-19 pandemic and provided continued Medicaid coverage for individuals who may have otherwise been ineligible. Congress has recently passed a bill that ends this continued coverage requirement on April 1, 2023.

This does not mean your Medicaid coverage will automatically end on April 1, 2023 even if you are receiving Medicaid as a result of this special protection.

This does mean the following:

- When the Idaho Department of Health and Welfare (DHW) determines eligibility for Medicaid for April 2023 and beyond, it will no longer keep ineligible individuals on Medicaid, as Medicaid Protection no longer applies.
- DHW began processing re-evaluations of all individuals who are receiving Medicaid coverage under this protection beginning in February. This process will occur in phases every month through fall 2023 for individuals who are on Medicaid Protection.

\*Data is updated weekly by 5 p.m. (MDT) on Mondays. Last updated: 05/22/2023.

MEDICAID PROTECTION STATISTICS\*  
- OUT OF 153,857 TOTAL PEOPLE IN  
MEDICAID PROTECTION

**54,257**

Re-evaluations processed

**21,569**

Determined eligible

**32,688**

Determined ineligible

MONTHLY REPORT		
<b>NAME OF STATE/TERRITORY:</b> <b>SUBMISSION DATE:</b> 05/08/2023 <b>REPORTING PERIOD:</b> 04/2023		
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>	<b>14,770</b>	
1a. Total MAGI and other non-disability applications (2a+3a)	14,096	
1b. Total disability-related applications (2b+3b)	674	
<b>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)</b>	<b>14,629</b>	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	13,985	
2b. Completed disability-related applications as of the last day of the reporting period	644	
<b>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)</b>	<b>141</b>	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	111	
3b. Pending disability-related applications as of the last day of the reporting period	30	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>4. Total beneficiaries for whom a renewal was initiated in the reporting period</b>	<b>156,700</b>	
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</b>	<b>157,688</b>	Total beneficiaries for whom a renewal was initiated in the reporting period was previously reported as 157,608 in Indiana's March report. This should have been reported as 157,688.
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)]	65,092	
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	40,752	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	24,340	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	6,089	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	46,896	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	39,611	
<b>6. Month in which renewals due in the reporting month were initiated</b>	<b>Mar-23</b>	
<b>7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed</b>	<b>142,819</b>	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period</b>	<b>410</b>	8. This number includes hearings that have been granted a continuance and hearings that were stayed awaiting the end of the continuous coverage rules

PRA Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Unwinding Reports

# Iowa Unwinding Monthly Report (April 2023)

## Information

[Print](#)

Unwinding Period Start Date: **April 2023**

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Submission Date: **05/05/2023**

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Last saved date and time: **Friday, 05-05-2023 - 11:27**

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Submitted by: **ascott2@dhs.state.ia.us**

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Submitted status: **Yes**

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### APPLICATION PROCESSING

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1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period **7419**

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Unable to report **No**

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1a. Total MAGI and other non-disability applications **4266**

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Unable to report **No**

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1b. Total disability-related applications **3153**

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Unable to report **No**

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**Metric 1 Notes**

{Empty}

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2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period **6884**

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Unable to report **No**

---

2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period **4166**

---

Unable to report **No**

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2b. Completed disability-related applications as of the last day of the reporting period **2718**

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Unable to report **No**

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**Metric 2 Notes**

{Empty}

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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 **535**

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Unable to report **No**

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3a. Pending MAGI and other non-disability applications as of the last day of the reporting period **100**

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Unable to report **No**

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3b. Pending disability-related applications as of the last day of the reporting period **435**

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Unable to report **No**

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**Metric 3 Notes**

{Empty}

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**RENEWALS INITIATED**

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4. Total beneficiaries for whom a renewal was initiated in the reporting period **88068**

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Unable to report **No**

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**Metric 4 Notes**

{Empty}

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**RENEWALS AND OUTCOMES**

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5. Total beneficiaries due for renewal in the reporting period **95954**

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Unable to report **No**

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**Metric 5 Notes**

{Empty}

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5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) **35500**

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Unable to report **No**

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5a(1). Number of beneficiaries renewed on an ex parte basis **16194**

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Unable to report **No**

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5a(2). Number of beneficiaries renewed using a pre-populated renewal form **19306**

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Unable to report **No**

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**Metric 5a Notes**

{Empty}

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5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) **5017**

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Unable to report **No**

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**Metric 5b Notes**

{Empty}

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5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **6018**

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Unable to report

**No**

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**Metric 5c Notes**

{Empty}

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5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

**49419**

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Unable to report

**No**

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**Metric 5d Notes**

{Empty}

---

6. Month in which renewals due in the reporting month were initiated

**2023-02**

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Unable to report

**No**

---

**Metric 6 Notes**

{Empty}

---

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed

**49419**

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Unable to report

**No**

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**Metric 7 Notes**

{Empty}

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**MEDICAID FAIR HEARINGS**

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8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period **4**

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Unable to report **No**

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**Metric 8 Notes**

{Empty}

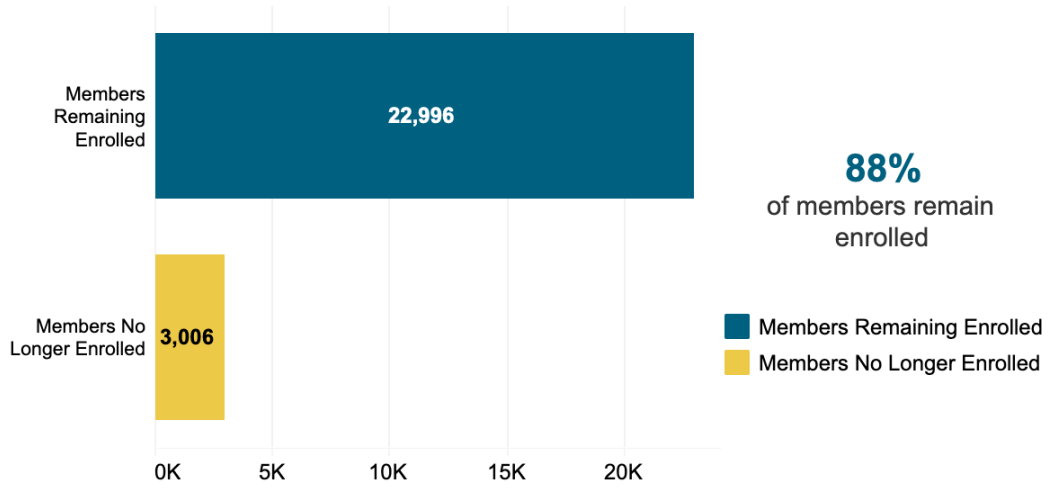
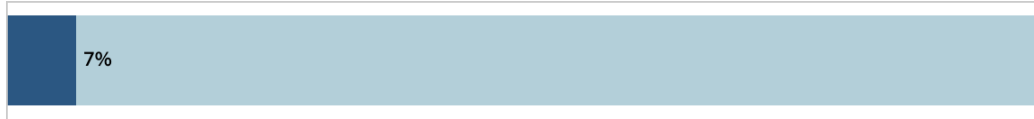
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# Nebraska

## Medicaid Member Renewals

**26,002 of 388,706**

Medicaid members have been reviewed with 362,704 pending renewals remaining.



Unwinding Reports

# New Hampshire Unwinding Monthly Report (March 2023)

## Information

**Print**

Unwinding Period Start Date: **March 2023**

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Submission Date: **05/02/2023**

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Last saved date and time: **Tuesday, 05-02-2023 - 14:30**

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Submitted by: **Pamela.J.Raymond@dhhs.nh.gov**

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Submitted status: **Yes**

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### APPLICATION PROCESSING

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1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period	<b>1255</b>
---	-------------

---

Unable to report	<b>No</b>
------------------	-----------

---

1a. Total MAGI and other non-disability applications	<b>955</b>
--	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

1b. Total disability-related applications	<b>300</b>
---	------------

---

Unable to report	<b>No</b>
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---

**Metric 1 Notes**

{Empty}

---

2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period	<b>562</b>
--	------------

---

Unable to report	<b>No</b>
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---

2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	<b>431</b>
---	------------

---

Unable to report	<b>No</b>
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---

2b. Completed disability-related applications as of the last day of the reporting period	<b>131</b>
--	------------

---

Unable to report	<b>No</b>
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**Metric 2 Notes**

.

---

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	<b>693</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

---

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period **524**

---

Unable to report **No**

---

3b. Pending disability-related applications as of the last day of the reporting period **169**

---

Unable to report **No**

---

**Metric 3 Notes**

{Empty}

---

---

**RENEWALS INITIATED**

---

4. Total beneficiaries for whom a renewal was initiated in the reporting period **23352**

---

Unable to report **No**

---

**Metric 4 Notes**

{Empty}

---

---

**RENEWALS AND OUTCOMES**

---

5. Total beneficiaries due for renewal in the reporting period **16599**

---

Unable to report **No**

---



---

**Metric 5 Notes**

538 were transferred to pilot end point (Procedural with financial)

---

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) **10473**

---

Unable to report **No**

---

5a(1). Number of beneficiaries renewed on an ex parte basis **7150**

---

Unable to report **No**

---

5a(2). Number of beneficiaries renewed using a pre-populated renewal form **3323**

---

Unable to report **No**

---

**Metric 5a Notes**

{Empty}

---

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) **934**

---

Unable to report **No**

---

**Metric 5b Notes**

{Empty}

---

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **4920**

---

---

Unable to report

**No**

---

**Metric 5c Notes**

{Empty}

---

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

**272**

---

Unable to report

**No**

---

**Metric 5d Notes**

{Empty}

---

6. Month in which renewals due in the reporting month were initiated

**2023-02**

---

Unable to report

**No**

---

**Metric 6 Notes**

{Empty}

---

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed **272**

---

Unable to report

**No**

---

**Metric 7 Notes**

{Empty}

---

---

**MEDICAID FAIR HEARINGS**

---

8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period **23**

---

Unable to report **No**

---

**Metric 8 Notes**

calendar days; 4 Held open; 3 Pre hearing conferences; 11 Continuances

---

Unwinding Reports

# New Hampshire Unwinding Monthly Report (April 2023)

## Information

**Print**

Unwinding Period Start Date: **April 2023**

---

Submission Date: **05/03/2023**

---

Last saved date and time: **Wednesday, 05-03-2023 - 11:35**

---

Submitted by: **Pamela.J.Raymond@dhhs.nh.gov**

---

Submitted status: **Yes**

---

### APPLICATION PROCESSING

---

1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period	<b>1255</b>
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---

Unable to report	<b>No</b>
------------------	-----------

---

1a. Total MAGI and other non-disability applications	<b>955</b>
--	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

---

1b. Total disability-related applications	<b>300</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

**Metric 1 Notes**

{Empty}

---

2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period	<b>802</b>
--	------------

---

Unable to report	<b>No</b>
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---

2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	<b>625</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

2b. Completed disability-related applications as of the last day of the reporting period	<b>177</b>
--	------------

---

Unable to report	<b>No</b>
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---

**Metric 2 Notes**

{Empty}

---

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	<b>453</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

---

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period **330**

---

Unable to report **No**

---

3b. Pending disability-related applications as of the last day of the reporting period **123**

---

Unable to report **No**

---

**Metric 3 Notes**

{Empty}

---

---

**RENEWALS INITIATED**

---

4. Total beneficiaries for whom a renewal was initiated in the reporting period **23236**

---

Unable to report **No**

---

**Metric 4 Notes**

{Empty}

---

---

**RENEWALS AND OUTCOMES**

---

5. Total beneficiaries due for renewal in the reporting period **23352**

---

Unable to report **No**

---

---

**Metric 5 Notes**

3350 - were transferred to pilot end point (Procedural with financial)

---

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) **11093**

---

Unable to report **No**

---

5a(1). Number of beneficiaries renewed on an ex parte basis **7370**

---

Unable to report **No**

---

5a(2). Number of beneficiaries renewed using a pre-populated renewal form **3723**

---

Unable to report **No**

---

**Metric 5a Notes**

{Empty}

---

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) **2523**

---

Unable to report **No**

---

**Metric 5b Notes**

{Empty}

---

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **8735**

---

---

Unable to report

**No**

---

**Metric 5c Notes**

{Empty}

---

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

**1001**

---

Unable to report

**No**

---

**Metric 5d Notes**

{Empty}

---

6. Month in which renewals due in the reporting month were initiated

**2023-03**

---

Unable to report

**No**

---

**Metric 6 Notes**

{Empty}

---

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed

**1015**

---

Unable to report

**No**

---

**Metric 7 Notes**

{Empty}

---

---

**MEDICAID FAIR HEARINGS**



---

8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period **32**

---

Unable to report **No**

---

**Metric 8 Notes**

14 continued, 4 pre hearing conferences, 3 record held open

---

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## Unwinding Reports

# New Mexico Unwinding Monthly Report (April 2023)

## Information

Print

Unwinding Period Start Date: **April 2023**

---

Submission Date: **05/11/2023**

---

Last saved date and time: **Thursday, 05-11-2023 - 13:05**

---

Submitted by: **Julie.lovato@state.nm.us**

---

Submitted status: **Yes**

---

### APPLICATION PROCESSING

---

1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period **4813**

---

Unable to report	<b>No</b>
------------------	-----------

---

1a. Total MAGI and other non-disability applications	<b>4133</b>
--	-------------

---

Unable to report	<b>No</b>
------------------	-----------

---

1b. Total disability-related applications	<b>680</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

**Metric 1 Notes**

{Empty}

---

2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period	<b>4156</b>
--	-------------

---

Unable to report	<b>No</b>
------------------	-----------

---

2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	<b>3624</b>
---	-------------

---

Unable to report	<b>No</b>
------------------	-----------

---

2b. Completed disability-related applications as of the last day of the reporting period	<b>532</b>
--	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

**Metric 2 Notes**

{Empty}

---

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	<b>657</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	<b>509</b>
---	------------

---

Unable to report	<b>No</b>
------------------	-----------

---

3b. Pending disability-related applications as of the last day of the reporting period	<b>148</b>
--	------------

---

---

Unable to report

**No**

---

**Metric 3 Notes**

{Empty}

---

**RENEWALS INITIATED**

---

4. Total beneficiaries for whom a renewal was initiated in the reporting period

**91920**

---

Unable to report

**No**

---

**Metric 4 Notes**

These are beneficiaries whose recertification is due June 30, 2023

---

**RENEWALS AND OUTCOMES**

---

5. Total beneficiaries due for renewal in the reporting period

**103107**

---

Unable to report

**No**

---

**Metric 5 Notes**

These are beneficiaries whose recertification is due April 30, 2023

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled)	<b>43497</b>
--	--------------

Unable to report	<b>No</b>
------------------	-----------

5a(1). Number of beneficiaries renewed on an ex parte basis	<b>31922</b>
---	--------------

Unable to report	<b>No</b>
------------------	-----------

5a(2). Number of beneficiaries renewed using a pre-populated renewal form	<b>11575</b>
---	--------------

Unable to report	<b>No</b>
------------------	-----------

**Metric 5a Notes**

Indicator 5a(2) includes beneficiaries who were auto-renewed.

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	<b>337</b>
---	------------

---

Unable to report

**No**

---

**Metric 5b Notes**

{Empty}

---

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)

**26880**

---

Unable to report

**No**

---

**Metric 5c Notes**

These beneficiaries were transferred to the state-based exchange.

---

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

**32393**

---

Unable to report

**No**

---

**Metric 5d Notes**

{Empty}

---

6. Month in which renewals due in the reporting month were initiated

**2023-03**

Unable to report

**No**

### **Metric 6 Notes**

Under the State's standard renewal process timeline, renewals due on April 30, 2023 would have been initiated in February of 2023. However due to the onset of PHE unwinding activities, the State shortened the time period of the ex-parte process and initiated renewals due on April 30, 2023 in March of 2023. This approach did not impact the number of days allotted to the beneficiary to complete and return renewal documentation to the State.

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed

**32393**

Unable to report

**No**

### **Metric 7 Notes**

{Empty}

## **MEDICAID FAIR HEARINGS**

8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period

**0**



---

Unable to report

**No**

---

**Metric 8 Notes**  
{Empty}

---

MONTHLY REPORT		
NAME OF STATE/TERRITORY: OHIO SUBMISSION DATE: 05/08/2023 REPORTING PERIOD: 04/2023		
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>	46,684	
1a. Total MAGI and other non-disability applications (2a+3a)	N/A	Ohio uses a single application process for all assistance categories. As a result, applications are not considered to be specifically for non-MAGI coverage until determination.
1b. Total disability-related applications (2b+3b)	N/A	Ohio uses a single application process for all assistance categories. As a result, applications are not considered to be specifically for non-MAGI coverage until determination.
<b>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)</b>	43,076	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	N/A	Ohio uses a single application process for all assistance categories. As a result, applications are not considered to be specifically for non-MAGI coverage until determination.
2b. Completed disability-related applications as of the last day of the reporting period	N/A	Ohio uses a single application process for all assistance categories. As a result, applications are not considered to be specifically for non-MAGI coverage until determination.
<b>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)</b>	3,608	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	N/A	Ohio uses a single application process for all assistance categories. As a result, applications are not considered to be specifically for non-MAGI coverage until determination.
3b. Pending disability-related applications as of the last day of the reporting period	N/A	Ohio uses a single application process for all assistance categories. As a result, applications are not considered to be specifically for non-MAGI coverage until determination.
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA

<p><b>4. Total beneficiaries for whom a renewal was initiated in the reporting period</b></p>	<p>239,579</p>	<p>As defined in our Baseline Unwinding Report, Ohio's usual renewal timeline starts with our ex parte renewal process and ends with a recipient's redetermination due date. Thus, Ohio's counts include all recipients due for renewal and run through the ex parte renewal process. There are a relatively small number of recipients due for renewal who are not included in the ex parte renewal process (mainly due to data limitations). These recipients are excluded from these counts because the beginning of their renewal timeline is less clear in our data.</p>
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<p><b>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</b></p>	<p>220,961</p>	<p>As defined in our Baseline Unwinding Report, Ohio's usual renewal timeline starts with our ex parte renewal process and ends with a recipient's redetermination due date. Thus, Ohio's counts include all recipients due for renewal and run through the ex parte renewal process. There are a relatively small number of recipients due for renewal who are not included in the ex parte renewal process (mainly due to data limitations). These recipients are excluded from these counts because the beginning of their renewal timeline is less clear in our data.</p>
<p>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)]</p>	<p>152,416</p>	<p>69%</p>
<p>5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis</p>	<p>111,151</p>	
<p>5a(2) Number of beneficiaries renewed using a pre-populated renewal form</p>	<p>41,265</p>	
<p>5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</p>	<p>9,869</p>	<p>4%</p>
<p>5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)</p>	<p>36,161</p>	<p>16%</p>
<p>5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed</p>	<p>22,515</p>	<p>10%</p>
<p><b>6. Month in which renewals due in the reporting month were initiated</b></p>	<p>Feb-23</p>	
<p><b>7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet</b></p>	<p>22,515</p>	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<p><b>8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period</b></p>	<p>55</p>	

PRA Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Email from Oklahoma Health Care Authority, May 2023:

How many people were due for renewal for May 1?

32,703 - Total number of PHE protected members given an unwind date of 04/30.

Of them, how many were renewed for coverage?

6,149 - Of that total number, the number of members that regained coverage.

How many were terminated from coverage because they were determined ineligible for Medicaid or CHIP

3,813 - Of that total number, the number of members that reapplied and were determined ineligible.

and how many were terminated for procedural reasons?

22,741 - Of that total number, the number of members that were send a renewal notice and failed to respond.

MONTHLY REPORT		
NAME OF STATE/TERRITORY: Pennsylvania		
SUBMISSION DATE: 05/11/2023		
REPORTING PERIOD: 04/2023		
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>	46,326	
1a. Total MAGI and other non-disability applications (2a+3a)	N/A	
1b. Total disability-related applications (2b+3b)	N/A	
<b>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)</b>	46,323	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	N/A	
2b. Completed disability-related applications as of the last day of the reporting period	N/A	
<b>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)</b>	3	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	N/A	
3b. Pending disability-related applications as of the last day of the reporting period	N/A	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>4. Total beneficiaries for whom a renewal was initiated in the reporting period</b>	229,182	
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</b>	262,561	
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)]	94,065	
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	11,067	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	82,998	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	24,905	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	18,641	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	124,950	
<b>6. Month in which renewals due in the reporting month were initiated</b>	February	
<b>7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed</b>	124,950	
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period</b>	550	

[PRA Disclosure Statement](#)

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# South Dakota Medicaid Unwinding: April 2023

## Summary

Medicaid enrollment has increased 32% since March 2020 when the continuous coverage requirement of the Public Health Emergency (PHE) was instituted by CMS. DSS began the process of unwinding from the continuous coverage requirement in February and is following the recommendation of CMS to review no more than 1/9 of its monthly caseload during this initial month of unwinding.

## Unwinding Data as of April 1, 2023

The following table reflects information regarding renewals initiated in **February 2023** and whose determinations took effect on April 1, 2023:

Metric	Recipients	% of Total Enrolled
<b>Total Medicaid/CHIP enrolled in March 2023</b>	157,334*	100%
<b>Medicaid/CHIP recipients disenrolled on April 1, 2023</b>	16,078	10%
Recipients disenrolled who went through the renewal process	8,002 <sup>Ⓞ</sup>	5%
Recipients disenrolled who were only eligible due to receipt of another benefit they no longer receive ( <i>i.e.</i> SSI recipients, children formerly in CPS custody, <i>e.g.</i> )	2,772	2%
Recipients disenrolled outside of a renewal period for other reasons ( <i>i.e.</i> timeframe for category expired, death, moves out of state, requests for closure, exceeds income limit, ineligible for any other category, <i>e.g.</i> )	5,304	3%
<b>Unwind into Expansion</b>		
Disenrolled recipients who, based on information gathered during renewal process, appear will be eligible for expansion	1,747	

\*Data does not reflect new enrollments in April. These will become available in May 2023.

<sup>Ⓞ</sup> 5,264 became disenrolled due to lack of response to mailings from DSS.

## Medicaid Expansion

If Medicaid expansion had been available at this time, approximately 11% of the disenrolled population would have been able to transition to that coverage group. DSS is notifying the 11% who are likely eligible for expansion and sharing information about the availability of Medicaid Expansion in July 2023.

## Historical Context

Approximately 6,000 people per month were disenrolled from Medicaid before the PHE took effect (“churn”). The continuous coverage created a backlog of individuals who would have traditionally cycled off the program. These situations are particularly reflected in the 2,772. Examples from this subcategory include women previously receiving breast and cervical cancer coverage who no longer require treatment and individuals previously receiving Supplemental Security Income (SSI) who are no longer receiving this benefit.

There has also been a significantly higher non-response rate from Medicaid recipients. Prior to COVID, the program typically experienced 30% -35% non-response rates. In the first month of unwinding, that rate is roughly 65%. It is DSS’s observation that this phenomenon can be attributed, at least in part, to the fact that DSS front-loaded this first wave of renewals with households prioritized for review due to non-responses in previous attempts to correspond.



Monthly Report		
NAME OF STATE/TERRITORY: UT		
SUBMISSION DATE: 05/08/2023		
REPORTING PERIOD: 04/2023		
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) [1]</b>	326	The State of Utah has worked to clean up our pending applications data. We have removed duplicate cases, non-medical program applications, switching between program counted as applications, etc.
1a. Total MAGI and other non-disability <i>applications</i> (2a+3a)	317 [2]	When the State of Utah receives a medical application, they are all registered as a "generic medical" program until a worker can address the application and determine which coverage group the application belongs with (MAGI or Non-MAGI). All the generic medical programs are added to the this line.
1b. Total disability-related <i>applications</i> (2b+3b)	9 [3]	Line 1a includes potential pending disability applications that have not been identified yet. This number is specific to those we have identified as disability related applications.
<b>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)</b>	160	
2a. Completed MAGI and other non-disability related ap	158	
2b. Completed disability-related applications as of the la	2	
<b>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)</b>	166	
3a. Pending MAGI and other non-disability applications	159	
3b. Pending disability-related applications as of the last	7	
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>4. Total beneficiaries for whom a renewal was initiated in the reporting period [4]</b>	23112	This data consists of only those individuals who were selected for review this period, it does not include any individuals brought in outside of this reporting period.
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
<b>5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</b>	40411	about 8% of total pop (515,000 denominator)

5a. Of the beneficiaries included in Metric 5, the number re	17101	
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	6,254	This is the number of individuals renewed via <i>ex parte</i> from March 1, 2023 to March 10, 2023, prior to the state sending pre-populated review forms.
5a(2) Number of beneficiaries renewed using a pre-populat	10,847	(10876 reported) We adjusted by 29 as both an <i>ex parte</i> AND pre-pop was completed. This is the number of individuals renewed after March 10, 2023, pre-populated review forms had been sent. It is possible that some individuals were renewed via <i>ex parte</i> despite sending the pre-populated review forms.
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	2108	(2114 reported) We adjusted down 6 as individuals were duplicated in metric 5a. Only 502 individuals were sent to the FFM. Although 2,108 individuals were determined ineligible, only 205 individuals were sent to the Marketplace prior to May 1. We recognize this was a lower number than expected and are actively investigating the system issue to ensure all individuals determined ineligible are timely transferred to the Marketplace.
5c. Of the beneficiaries included in Metric 5, the number ter	19587	(19593 reported) We adjusted down 6 as individuals were duplicated in metric 5a.
5d. Of the beneficiaries included in Metric 5, the number wh	1615	(1621 reported) We adjusted down 6 as individuals were duplicated in metric 5b and 5c.
<b>6. Month in which renewals due in the reporting month were initiated [5]</b>	March 2023	
<b>7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed [6]</b>	1615	
<b>MEDICAID FAIR HEARINGS</b>	<b>NUMBER</b>	<b>STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA</b>
<b>8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period</b>	0	

PRA Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[1] • This metric includes:

- All applications received by the Medicaid and CHIP state agency between March 1, 2020 and the end of the month prior to the state's unwinding period for which a final eligibility determination has not been made. This includes applications received directly by the state and accounts transferred from the Federally-Facilitated Marketplace or a State-Based Marketplace.
- All applications received during the timeframe outlined above should be counted, regardless of the modality used for submission as described at 42 C.F.R. §435.907 (e.g., online, by phone, by mail, or in person).

[2] This number should decline to zero over time.

[3] This number should decline to zero over time.

[4] • This is defined as the total number of beneficiaries, including those receiving full or limited benefits, with an annual renewal that was initiated between the first and last day of the reporting period.

- An annual renewal is considered "initiated" when a state first begins the ex parte process.
- This metric is not cumulative and should only include data on renewals initiated in the reporting period.

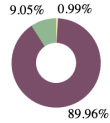
[5] • States will expand a drop-down menu and select the month in which the renewals that were due in the reporting period covered by the report were initiated; this should be based off of the state's timeline for the renewal process reported in Baseline Metric 3.

[6] • This is defined as the total number of beneficiaries, including those receiving full or limited benefits, due for renewal whose renewal has been initiated but not been fully processed. • This metric is cumulative; it counts all renewals that have been initiated since the beginning of the state's unwinding period and were due prior to or as of the last day of the reporting period covered by this report (per the state's timeline for the renewal process), but whose renewals were not fully processed as of the last day in the reporting period. • States should be cautious of simply adding the numbers previously reported in 5d, as doing so would not reflect renewals that may have been completed after the month in which it was due.




- Applicants ▾
- Members ▾
- Providers ▾
- Appeals ▾
- COVID-19 ▾
- Data ▾
- About Us ▾

### Current Month Overview Status



Closed Members	Redetermination Completed	Redetermination Needed
21,529	196,031	1,948,821

### Overall Members Overview Status



**Overview Status**

- Closed Members
- Redetermination Completed
- Redetermination Needed

### Overall Members Data Table

Report month	Closed Members	Closed Members %	Redetermination Completed	Redetermined Completed %	Redetermination Needed	Redetermined Needed %
Mar 2023	0	0.00%	0	0.00%	2,166,381	100.00%
Apr 2023	9,423	0.43%	138,651	6.40%	2,018,307	93.16%
May 2023	21,529	0.99%	196,031	9.05%	1,948,821	89.96%

*Current Reporting Period: May ,2023 (Each reporting period reflects the enrollment status of all unwinding cohort members as of the first of the month).*

[Click here to view Footnotes and Data on this page](#)

Unwinding Reports

# Wyoming Unwinding Monthly Report (April 2023)

## Information

**Print**

Unwinding Period Start Date: **April 2023**

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Submission Date: **05/08/2023**

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Last saved date and time: **Monday, 05-08-2023 - 10:48**

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Submitted by: **jeff.oliver2@wyo.gov**

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Submitted status: **Yes**

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### APPLICATION PROCESSING

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1. Total pending applications received between March 1, 2020 and the end of the month **329** prior to the state's unwinding period

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Unable to report **No**

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1a. Total MAGI and other non-disability applications **300**

---

Unable to report **No**

---

1b. Total disability-related applications	<b>29</b>
---	-----------

Unable to report	<b>No</b>
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**Metric 1 Notes**

{Empty}

2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period	<b>239</b>
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Unable to report	<b>No</b>
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2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	<b>235</b>
---	------------

Unable to report	<b>No</b>
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2b. Completed disability-related applications as of the last day of the reporting period	<b>4</b>
--	----------

Unable to report	<b>No</b>
------------------	-----------

**Metric 2 Notes**

{Empty}

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	<b>90</b>
---	-----------

Unable to report	<b>No</b>
------------------	-----------

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period **61**

Unable to report **No**

3b. Pending disability-related applications as of the last day of the reporting period **29**

Unable to report **No**

### **Metric 3 Notes**

{Empty}

## **RENEWALS INITIATED**

4. Total beneficiaries for whom a renewal was initiated in the reporting period **6628**

Unable to report **No**

### **Metric 4 Notes**

{Empty}

## **RENEWALS AND OUTCOMES**

5. Total beneficiaries due for renewal in the reporting period **5137**

Unable to report **No**

**Metric 5 Notes**

{Empty}

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled)	<b>779</b>
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Unable to report	<b>No</b>
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5a(1). Number of beneficiaries renewed on an ex parte basis	<b>29</b>
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Unable to report	<b>No</b>
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5a(2). Number of beneficiaries renewed using a pre-populated renewal form	<b>750</b>
---	------------

Unable to report	<b>No</b>
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**Metric 5a Notes**

{Empty}

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	<b>70</b>
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Unable to report	<b>No</b>
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**Metric 5b Notes**

{Empty}

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	<b>0</b>
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Unable to report

**No**

**Metric 5c Notes**

{Empty}

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

**4288**

Unable to report

**No**

**Metric 5d Notes**

{Empty}

6. Month in which renewals due in the reporting month were initiated

**2023-03**

Unable to report

**No**

**Metric 6 Notes**

{Empty}

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed

**4288**

Unable to report

**No**

**Metric 7 Notes**

{Empty}

**MEDICAID FAIR HEARINGS**

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8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period **0**

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Unable to report **No**

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**Metric 8 Notes**

{Empty}

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