

## Medical Care Advisory Committee (MCAC)

February 12, 2024

### Minutes

**Members:** Lisa Adams, Michael Auerbach, Kathy Bates, Brooke Belanger, Ben Bradley, Jake Berry, Vanessa Blais, Tamme Dustin, Joan Fitzgerald, Ellen Keith, Kara Nickulas, Karen Rosenberg, Rhonda Siegel, Lisabritt Solsky Stevens, Holly Stevens (Chair), Kristine Stoddard, Carolyn Virtue

**Alternates:** Gina Balkus, Deodonne Bhattarai, Emily Johnson, Isadora Rodriguez-Legendre, Jonathan Routhier, Kristen Schmidt, Susan Silsby, Nichole VonDette

**Excused:** N/A

**DHHS:** Scott Beckwith, Lisa Bell, Robert Berry, Uma Bhusari, Brian Clark, Sara Cleveland, Vernon Clough, Jody Farwell, Krysten Finefrock, Sarah Finne, Jane Gronbeck, Reuben Hampton, Katherine Kaplan, Kristina Ickes, Jessica Kennedy, Sara Lacharite, Jillian Landry, Henry Lipman, Ellen MacNeil, Lindsey Magee, Olivia May, Jordan McCormick, Melissa Nemeth, Catrina Rantala, Carolyn Richards, Laura Ringelberg, Rebecca Ross, Erica Ross-Skianes, Lyn Spain, Dawn Tierney

**Guests:** Danielle Amero, Marcia Bagley, Lisa Beaudoin, Jacquie Captioner, Patricia Carty, Rachel Chumbley, Allison Deptula, Sarah Doherty, Juliet Domb, Brooke Holton, Robert Hockmuth, Krystyl Jenkins, Lisa Kazakis, Josh Krintzman, Heidi Kroll Gallagher, William Keena, Connor Laing, Debra Lang, Trina Loughery, Lisa Madden, Ellen McCahon, Diane McGuire, Lara McIntyre, Michael Miller, Jay Nagy, Susan Paschell, Tina Pettengill, Amy Pidhurney, Ann Potoczak, Jillian Salmon, Rich Sigel, Kurt Strohmeyer, Donna Toomey, Arlene Wiseman

### Review/Approval: January 8, 2024

- The minutes were approved.

### Agenda Items – March 11, 2024

- Carolyn Virtue requested an update of the Centers for Medicare and Medicaid Services Corrective Action Plans that are currently in place. The Department will circulate this update following the meeting.
- Dawn McKinney reported concerns around the handling of Medicaid for Employed Adults with Disabilities (MEAD) cases. Dawn McKinney will touch base with Rob Berry offline and raise for a future MCAC agenda item as needed.

### Legislative Update

- Rob Berry, Esq., presented the legislative update.
- HB 1010 is relative to expanding maternity options and midwifery access, was heard at public hearing on 1/31/24. It would prevent the adoption of rules that prohibit excluding certain types of birth from midwifery care. By and large, the public and various stakeholder groups were opposed to this bill. The Department is monitoring and does not have an official position.
- HB 1028 is relative to the definition of mental illness and has a public hearing scheduled for Wednesday.
- HB 1571 is relative to requiring insurance coverage for monitoring devices for diabetes. New

Hampshire Medicaid already covers the items of interest in this but there is a subcommittee work session on 2/14.

- HB 1593 is relative to funding for developmental services community integration and has an executive session on 2/14.
- HB 1604 is relative to the use of electronic medical records and was scheduled for public hearing last Wednesday. Brooke Belanger noted that the last two provisions were struck and what is left is that an insurance company cannot mandate a provider's use of an electronic medical record.
- HB 1616 is relative to parental consent on student participation in Medicaid to Schools and has an executive session tomorrow. There were some questions for the Department about how Medicaid to Schools programs operate.
- HB 1660 is relative to coverage of certain procedures for minors. A public hearing was held on this two weeks ago. This would prohibit gender reassignment surgery for individuals under 18.
- HB 1663 is relative to confidentiality. The Department has serious concerns on this bill as it expands privacy protections for individuals in such a way that would hinder the Department from performing many duties and obligations. Department did express concerns at the hearing. The provider community as a whole is opposed to the bill. The only support in testimony was an interest group from Minnesota.
- HB 1683 is relative to the coverage of circumcision. Rob Berry testified on that bill a few weeks ago. There are some concerns with this as it promulgates a specific and exhaustive list of when circumcision would be covered and there is no avenue for any other medical necessity so the Department will propose language to that effect.
- HB 1702 is relative to repealing the Liquor Commission Fund. The Department has noted grave concerns with this bill. The biggest issues are that the way it is currently drafted would upend funding for the Granite Advantage program by making it a general fund. The other issue is the impact on the Governor's Commission on Alcohol and Other Drugs; the sponsor represented that this was not his intention and there is work session tomorrow at 10am which the Department will attend. There is an amendment drafted.
- HB 1706 is relative to notice required prior to circumcision procedure. The Department has expressed concerns regarding having to approve notice forms for circumcision procedures which it does not feel it is qualified to do, compared to health care providers. This has been suggested to the Committee.
- SB 312 is relative to third party liability in Medicaid.
- SB 337 is relative to doula and lactation consultant certification. The Department worked with stakeholders and there is a finance executive session scheduled tomorrow.
- SB 401 removes prospective repeal of the Granite Advantage Trust Fund. Department is monitoring.
- SB 409 is relative to ambulance services and would provide the ability for Medicaid to reimburse ambulance providers who arrive at a scene but do not transport individuals. We are supportive of that bill but would need CMS approval before implementation.
- SB 455 has an executive session tomorrow.
- SB 497 concerns the Disproportionate Share Hospital fund and was requested by the Department; we will continue to monitor.
- SB 554 is relative to Medicaid provider enrollment and was heard on January 31.
- SB 555 is relative to Pharmacy Benefit Managers and rebates. The Department has concerns stemming from potential program changes to a single Pharmacy Benefit Manager model and how this legislation would impact that change.

- One question was raised on the legislative updates. Dawn McKinney asked who should be contacted for questions about a fiscal note and Rob Berry advised it is appropriate to connect with the subject matter expert at DHHS.

### **Proposed Rules:**

#### **He-W 506 Staff Qualifications and Staff Development Requirements for Developmental Services Agencies**

#### **He-W 518 Employment Services**

- Melissa Nemeth, Esq., presented on these rules.
- Both of these rules were approaching their expiration so the Department developed preliminary edits, provided edits to stakeholders and drafted proposals for both rules. Because they were coming up on their expiration, they needed to be looked at, but some other changes are included to bring these rules into alignment with other recently adopted rules.
  - There are updated definitions, updating provisions related to program integrity and bringing other definitions into alignment with other rules. For both rules, language is included clarifying the staff qualifications and staff development requirements. For He-M 518, language is included to update eligibility requirements, employment planning requirements and covered services. There are also updates on the waiver request process and reporting requirements.
- Karen Rosenberg said the Quality Council has submitted comments on both of these rules and was not sure if those comments are reflected. Melissa Nemeth will retrieve that information and follow up with Karen Rosenberg.
- Jonathan Routhier asked if Melissa Nemeth could speak to the changes in He-W 506 around criminal records and the striking out of the specific issues that would prevent someone from being qualified to provide services. Melissa Nemeth responds that with the addition of He-M 504, much of this information is included already and has now been removed here to eliminate duplication.

### **Public Hearing for Presumptive Eligibility for Home and Community-Based Care Services**

- Kristina Ickes and Carolyn Richards presented the slide presentation included at the end of these minutes summarizing the Department's proposed changes.
- Carolyn Richards expressed her enthusiasm and support for the provisions described. Dawn McKinney asked if federal approval is expected sometime in July 2024 but the implementation does not begin until July 2025, why is there a year in between these dates? Carolyn Richards responded that this will be in line with the Substance Use Disorder-Serious Mental Illness demonstration waiver so this timeline will be kept in the same 5-year extension period. The implementation may take longer, and Dawn Tierney added that there are significant system changes that need to occur to multiple systems as well as policy changes.

### **Medicaid Redeterminations and Community Mental Health Centers' Uncompensated Care**

- Patricia Carty shared the following comments which she asked to represent as stated in the minutes:
  - Thank you for your time today. My name is Patricia Carty, and I am the Chief Executive

Officer of the Mental Health Center of Greater Manchester. I am here today representing my organization and the other 9 Community Mental Health Centers (CMHC) in the state regarding the serious impact of the Medicaid unwind on the mental health system of care and the patients we serve.

- As you are aware, the Federal Covid Pandemic Emergency order was enacted in March 2020 to address this public health crisis. Among other actions, it protected the eligibility of all low-income persons receiving Medicaid benefits for the duration of the Emergency order. It also meant that upon the termination of the Emergency Order, which occurred on 3/31/23, the eligibility for Medicaid benefits had to be redetermined for all recipients beginning with a disenrollment. Appropriate notices were sent to recipients with instructions and timeframes for response. There were also additional timeframes for reconsideration if a person's Medicaid was closed due to ineligibility or failure to respond.
- Much preparation for this transition occurred. CMHCs are very aware of the challenges of the people we serve and the challenges with redetermination under normal circumstances, but this unwind was not a "normal" circumstance. We have approached this challenge by utilizing lists provided to us by DHHS proactively and now monthly to identify those being disenrolled; when patients are willing, they authorize us to have authorized representative status, which allows ease of access to their NH Easy account online, which we do as a matter of course; weekly meetings with DHHS Eligibility Coordinators to review patient status and follow up on outstanding items, we are helping our patients to complete new Medicaid applications as needed. We have contacted the Navigator Program for assistance and advice to aid us in getting patients reinstated; we contact our managed care organization partners monthly for member lists. We have participated in all stakeholder calls and our Benefits Director has worked directly with NH Care Path and the NH Redetermination Task Force so that we are informed to be able to serve our patients in the best way possible regarding their benefits, which we take seriously as part of our case management obligation.
- The best-laid plans still have shortfalls and unintended consequences. There has been a serious impact on those challenged with behavioral health issues and, in turn, the CMHCs who serve them. We have a significant number of individuals in active treatment who have been disenrolled and have struggled with the process of redetermination for a variety of reasons, leaving them without healthcare insurance. Many disenrolled patients are eligible patients, meaning they meet the criteria for state-supported services as having a severe or severe and persistent mental illness, or they are children or youth with severe emotional disturbance. As a CMHC, we have an obligation by rule to serve our eligible patients regardless of their ability to pay.
- As a result, the CMHCs are enduring month-over-month revenue losses, weakening the care system. I will inform you of the direct impact on the Mental Health Center of Greater Manchester and The Community Behavioral Health Association has gathered data on this impact across all 10 CMHCs.
  - Since the unwind began through 12/31/2023:
    - 1506 patients have been disenrolled or ultimately closed.
    - Of that total, 977 are state-eligible (669 adults, 308 children).
    - Of the total number, 442 have been reinstated with Medicaid (332 state eligible).
    - 413 active MHCGM patients continue to have lapsed Medicaid (250 state eligible).

- Total decline of Medicaid PMPM patients is 557.
  - Medicaid revenue decline YTD for FY24 compared to FY23 is \$2,946,167
- The total revenue loss to date translates into increased uncompensated care and has diminished our limited cash reserves.
- The CMHC system of care is not like a hospital system or other provider types. For us, out of all the revenue received by The Mental Health Center of Greater Manchester, Medicaid revenue is by far our largest revenue source. In our case, our Medicaid revenue is currently 86% of our revenue, in the case of our overall system, the CMHCs range is between 65% and 90%. In comparison to hospitals, for example, who may average 6-10% of Medicaid revenue. What this means is that when stress on our primary funding source happens, we do not have the ability to lean on other funding sources to offset the cost of care.
- The CMHC's strength in serving our communities relies on the strength of each Center. Currently, this system has been weakened, which in turn can impact our ability to provide needed services and, for the Mental Health Center of Greater Manchester, ultimately impact the lives of the 11,000 individuals and families we serve each year.
- The CMHCs cannot be more grateful for the legislature acknowledging and addressing our workforce challenges by committing to Medicaid rate increases. But our ability to materialize these rate increases for our staff has now been compromised by this issue of uncompensated care as an unintended consequence of the Medicaid unwind. The services we provide come from one precious resource, our workforce! So, in the face of financial stress, and with the demand for services being what it is in our state, the last thing a CMHC wants to do is limit or reduce our investment in the most precious resource we have, the workforce and further diminish our capacity to serve our communities and the adults, older adults and children living and struggling with their mental and emotional health.
  - Thank you for your attention to this important issue.
- Brooke Belanger noted that hospitals have significant uncompensated care as well and the key issue is to support patients in responding to redetermination notices.
- Bill Keena shared the concerns raised and sees the impact of uncompensated care. He stated the managed care organizations are working to retain members.
- Patricia Carty shared that CMHCs are doing direct outreach including home visits to support redeterminations.
- LisaBritt Solsky Stevens asked how many closures are erroneous closures, which could not be validated in the meeting.
- Lisa Madden reinforced the need to understand consequences of terminations and shared that part of the solution is the system of proofs and redetermination. She raised an experience with an individual case of contradictory proof requests.
- Emily Johnson agrees with the feedback that there are opportunities to improve the eligibility process.
- Kate Kaplan introduced herself as the new service link administrator for the state. She had been hearing a lot about difficulties happening with unwind and what she is hearing is that the verifications are a big issue. If we can find a way to better communicate what is needed, we may see some clarity.
- Patricia Carty mentioned there was feedback to DHHS on the communications.

### **End of Continuous Coverage Requirement: Medicaid Unwind**

- Henry Lipman opened his remarks by moving to a part of the presentation (available n to respond to the comments raised. A key strategy to improve the likelihood of someone retaining coverage is improving ex parte renewals. The presentation shows record levels of ex parte renewals, enabled through the federal e(14) authorities that have been adopted.
- 94% of the non-protected population and 92.4% of the protected population renewed in the month of January which are record numbers. In December, it was 91.3% for the non-protected and 54.7% for the protected. And in November, nearly 90% and about 53% respectively.
- The Department completed 30,000 voluntary redeterminations before the start of the unwind and has adopted several flexibilities under federal authorities to assist this process, including the zero income renewals and 90 days of retroactive coverage.
- In the Medicaid program, there is no open enrollment period so eligibility may always be established.
- Issues have been brought to the Department's attention which are being worked on, and New Hampshire has committed a leading effort to support redeterminations. That being said, there are challenges and Henry Lipman responds to cases raised to him individually.
- For mental health centers, taking advantage of the retroactive eligibility opportunity is still an option to recover members. When we had a static population, we produced a report but now that the population is less stable the same reporting process is not as reliable. AmeriHealth Caritas was able to share a provider program to allow insights on upcoming redeterminations. Some of these cases get very complex—for example, aging out of one waiver program into a new one which requires a new determination. Each case raised to the Medicaid team is addressed and the team is committed to resolving them and mental health centers should feel free to raise cases to the Medicaid team.
- The number one reason people in the protected group didn't renew was being over income.
- Brooke Belanger asked how long the eligibility flexibilities will last and Henry Lipman responded they will extend at least until December.

### **Rules Subcommittee He-E 310**

- Carolyn Virtue presented on this item. The Subcommittee on He-E 310 met twice. The rule is overreaching beyond statutory authority in 151. It has come out in the discussions that much of the language in He-E 310 has been brought over from other rules such as the He-M rules for the Developmental Disabilities waivers and the mental health rules. The problem with that is that both of those programs have robust statutes from which the rules were promulgated. The subcommittee wants these rules to look at enabling statute. When the subcommittee last met, there was a robust discussion and members were very excited about our ability to work with the Department. At the end of the meeting, we learned that the Department is under a Plan of Correction and they had included creation of this rule in their plan to move forward. The rule needs to be filed in April to meet a deadline with the Centers for Medicare and Medicaid Services. There is another meeting Thursday. Carolyn Virtue and the Subcommittee would recommend putting the rule forward with the portions that implement the settings rule criteria plan of correction and then work on the remainder of the rule. She asked if there is statute needed to accomplish what is being put forth in the rule and how can this be worked on? The Department will follow up.
- Cheryl Steinberg made comments about seeking further information on the long term care ombudsman and civil rights ombudsman and ombudsmen for Long Term Services and Supports and Adult Protective Services.

## **Department Updates**

- There was limited time for Department updates but Scott Beckwith reported the Developmental Disabilities Determination Unit changed the contractor serving as the medical review team. The prior contract ran out in December and a new contractor onboarded in January. It has been slow getting cases up and running. The vendor is TDB Communications out of Washington, DC and they are a veteran run small business. In the next meeting, this agenda item will be earlier in the agenda to ensure proper time to cover this topic.



NEW HAMPSHIRE  
**DHHS**  
DEPARTMENT OF  
**HEALTH & HUMAN SERVICES**

**PUBLIC HEARING FOR:  
SUBSTANCE USE DISORDER SERIOUS MENTAL ILLNESS AND SERIOUS  
EMOTIONAL DISTURBANCE TREATMENT AND RECOVERY ACCESS SECTION  
1115(a) RESEARCH AND DEMONSTRATION WAIVER**

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**Presumptive Eligibility for Home and Community Based Services**

**AMENDMENT REQUEST**

**Public Hearings: February 12, 2024 10:00 AM to 12:00 PM  
February 22, 2024 4:30 PM to 6:30 PM Virtual**



# Agenda

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- Presumptive Eligibility Overview
- Objective and Goals
- Eligibility and Benefits
- Budget Neutrality
- Timeline
- Opportunities for Public Input
- Contact Information

# Overview of Presumptive Eligibility (PE)

- New Hampshire Chapter 79:568, Laws of 2023 establishes a System of Care for Healthy Aging.
- As part of the System of Care for Healthy Aging, the New Hampshire Department of Health and Human Services (DHHS, or the Department) Must submit an 1115 Demonstration Waiver in order to implement a robust presumptive eligibility (PE) for home and community based-care services (HCBS) on or before September 30, 2024.
- Through the system of care initiative, New Hampshire is working to build upon existing infrastructure to ensure that older adults and adults with disabilities have access to and timely delivery of supports and services.

## Aims:

- Reduce cost by expanding HCBS
- Improve access to HCBS
- Promote healthy aging and ability to have meaningful choice

# Presumptive Eligibility Overview Continued

## Objective

The overall objective of this amendment request is to expand and improve access to home and community-based services for older adults and adults with disabilities to ensure access to and timely delivery of supports and services and to ensure a meaningful range of options.

## Goals

1. Improve the ratio of people using HCBS compared to institutional settings such as nursing facilities;
2. Reduce utilization rate of institutional care while waiting for Medicaid eligibility determination;
3. Reduce the average length of delay from the time an individual submits a Medicaid application until the time the individual begins to receive their first services in order to improve health outcomes and prevent decompensation while awaiting services; and
4. Improve access to the range of options and consumer choice by coordinating with state designated Aging and Disability Resource Centers and person-centered counseling.

# Presumptive Eligibility Overview Continued

## Eligibility

- Presumptive Eligibility will be available Statewide to individuals aged 18 and older who qualify for an eligibility group approved in the current 1915(c) CFI HCBS Waiver.
- Will allow individuals to access HCBS benefits quickly, in the most appropriate and least restrictive setting, while full functional and/or financial eligibility are determined.
- The eligibility period will be no more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Participants in HCBS PE are subject to Medicaid estate recovery requirements.

## Qualified Entity

- Presumptive eligibility will be determined by state designated qualified entities who will make a determination that the individual appears to meet functional and financial eligibility requirements.
- Under PE, Qualified Entities may include DHHS designated Aging and Disability Resource Centers and hospitals.

# Benefits

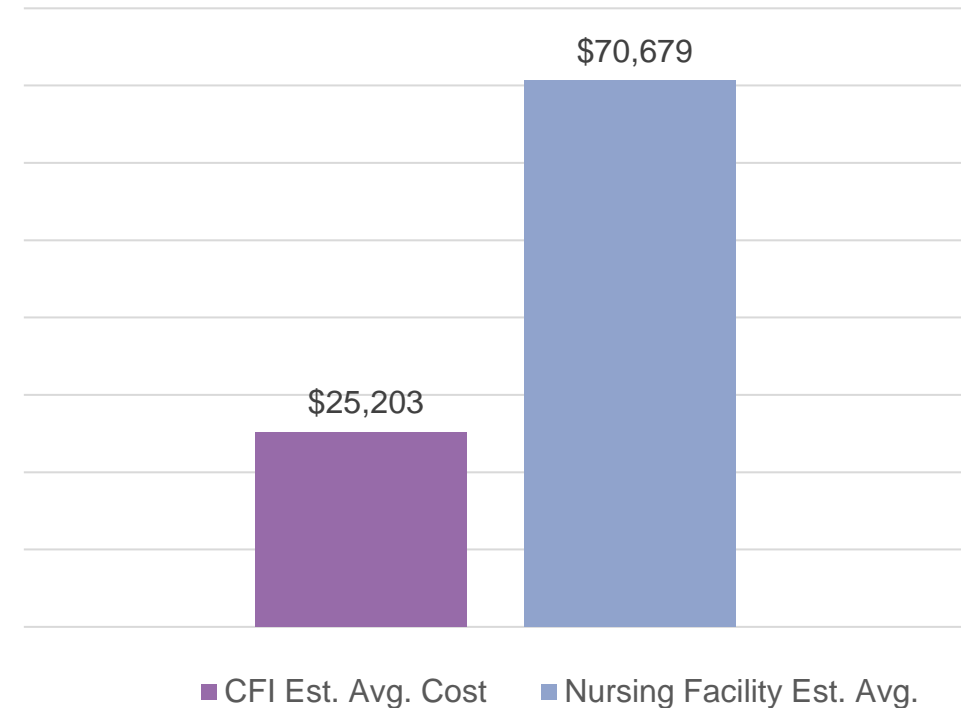
Through this requested demonstration amendment, the State will provide the following benefits to PE eligible individuals. PE eligible individuals will receive State Plan and CFI HCBS PE benefits through a person-centered planning process. The following list illustrates the select set of CFI waiver services intended to be covered under the PE Demonstration:

- **Case Management**
- **Community Transition Services**
- **Personal Emergency Response Systems**
- **Home Delivered Meals**
- **Home Health Aide**
- **Home Maker**
- **Personal Care**
- **Skilled Nursing**
- **Specialized Medical Equipment**
- **Financial Management**
- **Participant Directed and Managed Services**

# Cost Effectiveness of CFI vs Nursing Facility Care

- The demonstration will allow individuals to access HCBS benefits quickly, in the most appropriate and least restrictive setting, while full functional and/or financial eligibility are determined.
- Department analysis has shown that CFI is a significantly more cost-effective alternative to care in nursing facilities.
- Currently, individuals receiving HCBS through CFI represent an average cost of \$25,203 per fiscal year (based on SFY23 actuals).
- Comparatively, individuals receiving care in a nursing facility represent an average cost of \$70,679 (based on SFY23 actuals).

Cost of CFI vs Nursing Facility Care



# Budget Neutrality

NH DHHS worked with its actuarial partners at Milliman to project budget neutrality limits for this amendment.

## Projected Annual Budget Neutrality Expenditures for Presumptive Eligibility Authority

- \$2,335 per member per month in SFY25 (first year of demonstration extension)
- Figures are subject to change based on final technical specifications as determined in partnership with CMS

## Projected Enrollment and Expenditures by Demonstration Year

	SFY25	SFY26	SFY27	SFY28	SFY29
Member Months	2,544	2,544	2,544	2,544	2,544
Expenditures	\$5,941,363	\$6,633,700	\$7,406,714	\$8,269,806	\$9,233,472
Individual Members	848	848	848	848	848

# Timeline\*

Public Comment and Submission		Planning and Development			
2/2024-3/2024	4/2024	6/2024	6/2024	6/2024-7/2025	7/2025
Public Comment Period 2/12/24 - 3/13/24	Submit Amendment to CMS	Anticipated Approval from CMS	<ul style="list-style-type: none"> <li>• Provider Engagement &amp; Training</li> <li>• Contracts &amp; Contract Amendments</li> <li>• Business System Changes</li> <li>• Review Department Rules &amp; Processes</li> </ul>	<ul style="list-style-type: none"> <li>• Public Awareness &amp; Engagement</li> <li>• Operations Assessments</li> </ul>	Presumptive Eligibility Implementation

The demonstration will operate statewide. The State intends to implement the demonstration beginning July 1, 2025, through the end of the proposed demonstration extension period, which is June 30, 2029.

\*Dates and activities are subject to change



# Opportunities for Public Comment

DHHS will offer two opportunities for public hearings

## Public Hearing #1

### MCAC Meeting

**Monday, February 12, 2024**

10:00 a.m. – 12:00 p.m.

Fred H. Brown Building Auditorium

129 Pleasant Street

Concord, NH 03301

### Microsoft Teams meeting

Meeting ID: 269 760 344 562

Passcode: WMfr2V

**Or call in (audio only)**

+1 603-931-4944,,558298096#

Phone Conference ID: 558 298 096#

## Public Hearing #2

### Virtual Session

**Thursday, February 22, 2024**

4:30 - 6:30 pm

### Microsoft Teams meeting

Meeting ID: 295 912 849 177

Passcode: PpGZ94

**Or call in (audio only)**

+1 603-931-4944,,783209441#

Phone Conference ID: 783 209 441#

# Contact Information

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- Email: [1115EligibilityAmendment@dhhs.nh.gov](mailto:1115EligibilityAmendment@dhhs.nh.gov)
- Mail: Carolyn Richards  
NH Department of Health and Human Services  
Attn: SUD-SMI-SED-TRA Demonstration  
129 Pleasant Street  
Concord NH 03301  
(603)271-9439

The complete version of the Presumptive Eligibility for Home and Community Based Services Amendment is available for public review at: <https://www.dhhs.nh.gov/programs-services/medicaid/medicaid-waivers-and-demonstrations>. All public comments must be received by 5:00 pm (Eastern) on Wednesday, March 13, 2024.



# Comments

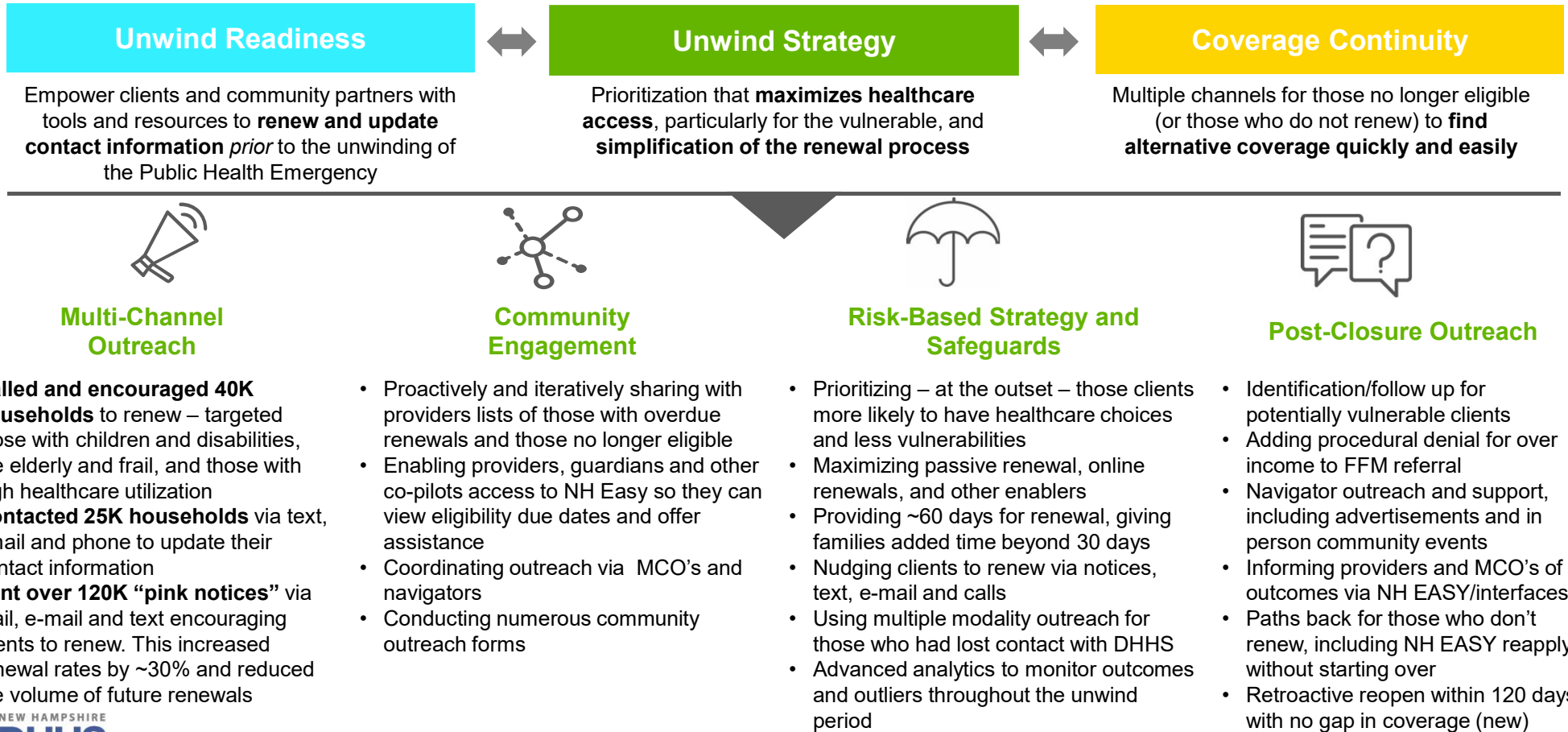
New Hampshire Department of  
HEALTH & HUMAN SERVICES

DHHS Continuous Enrollment  
CMS/NH Unwinding Planning Discussion  
January 2024 Report



# DHHS's Approach to the Continuous Enrollment Unwinding

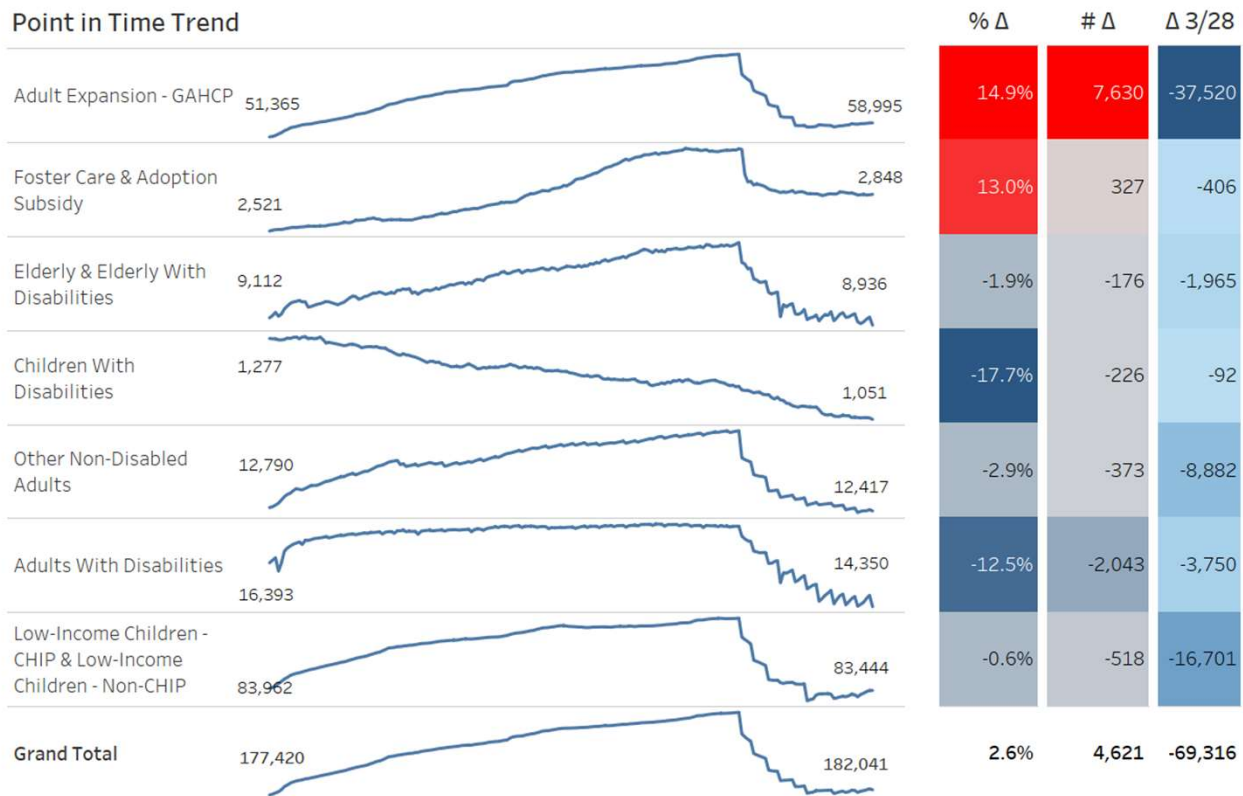
New Hampshire DHHS has prioritized a community-based approach to maximize healthcare continuity; helping eligible Medicaid recipients retain coverage and helping others identify an affordable health insurance option for themselves and their families.



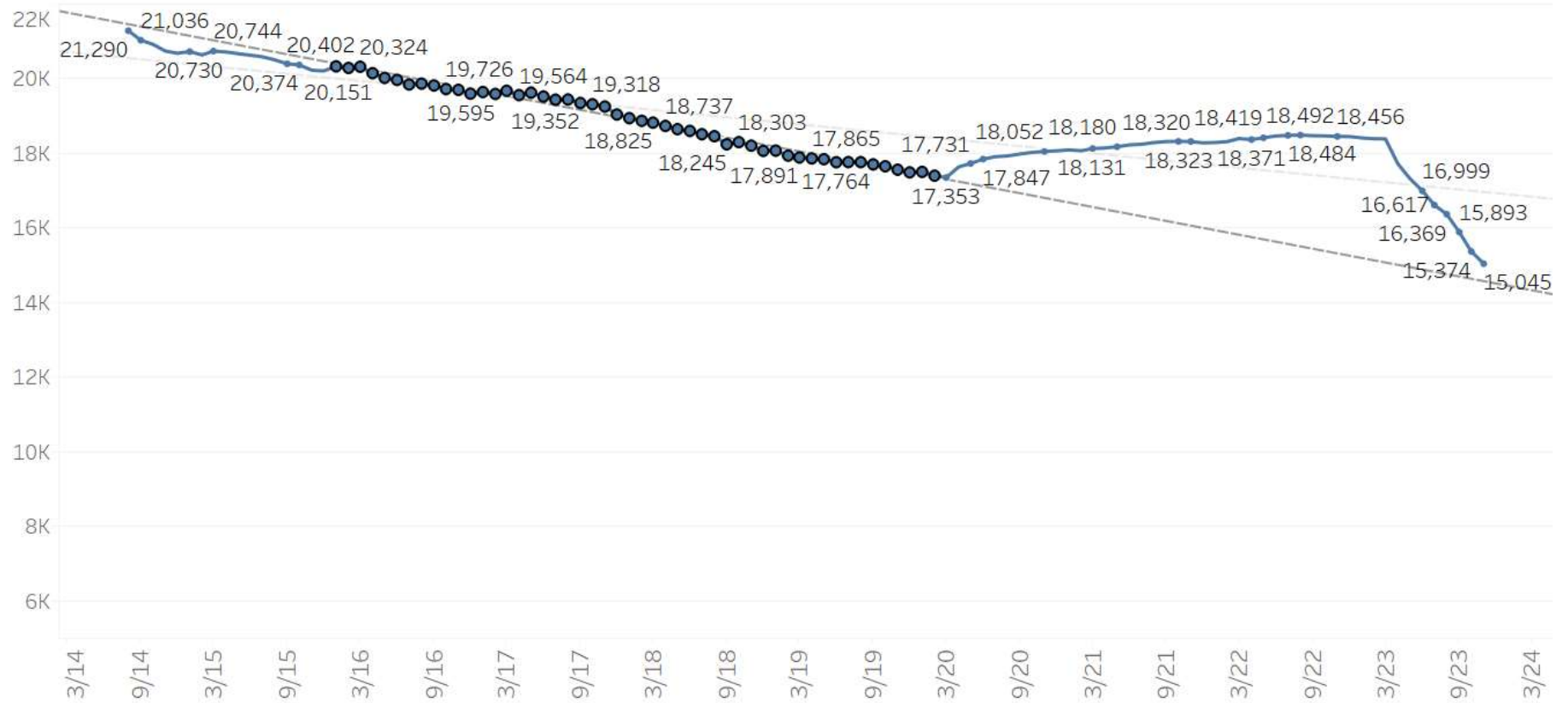
## Trend in NH Medicaid Enrollment by Since the Start of COVID-19 Pandemic

Period	Granite Advantage	Standard	Total
3/16/2020 to 3/27/2023	96,515 +87.9% 45,150	154,842 +22.8% 28,787	251,357 +41.7% 73,937
3/16/2020 to 2/5/2024	58,995 +14.9% 7,630	123,046 -2.4% -3,009	182,041 +2.6% 4,621

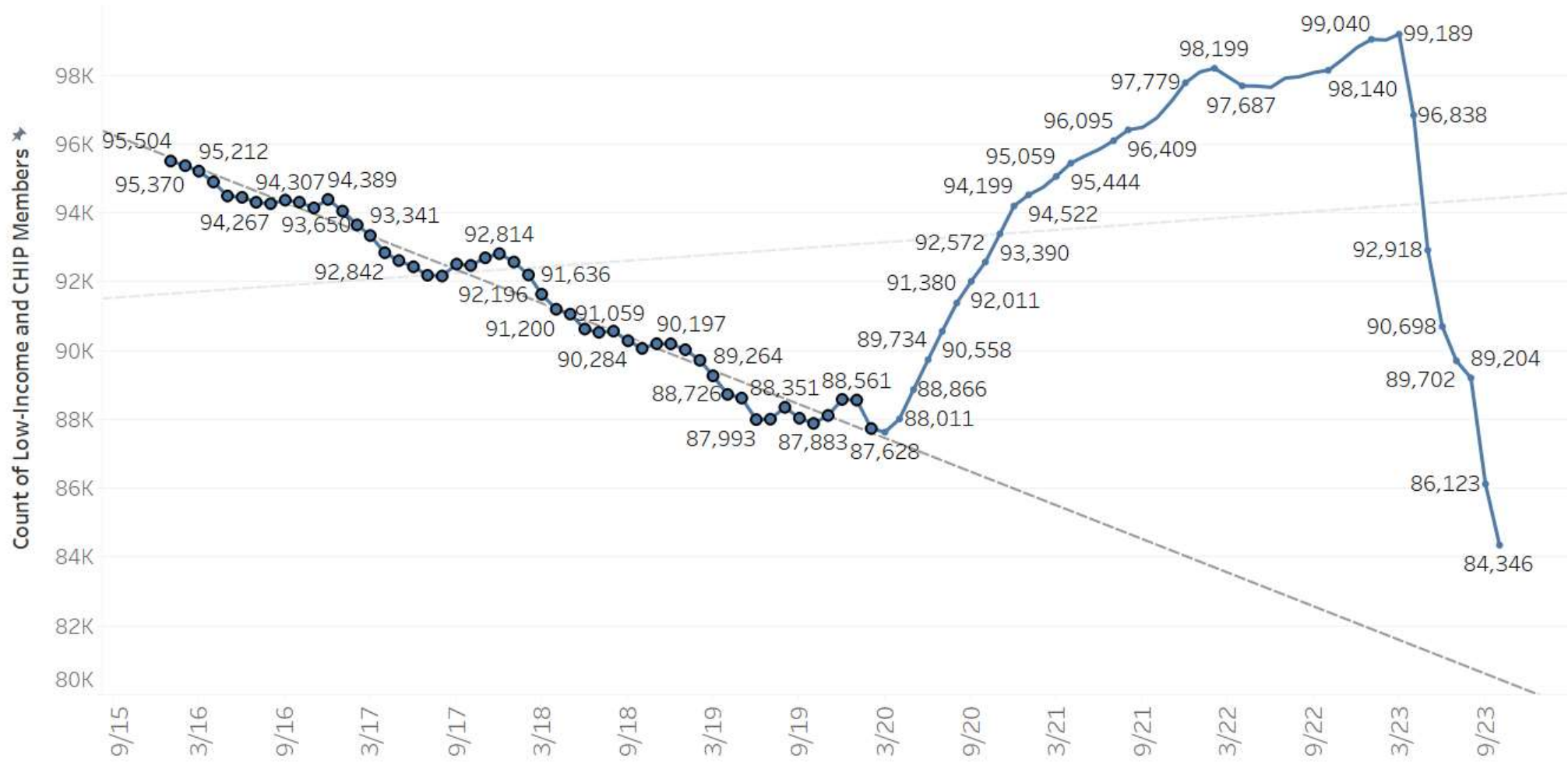
### Point in Time Trend



Trend in NH Medicaid Adults (19-64) With Disabilities Eligibility Categories  
 1/2016 to 2/2020 trend line; data as of 11/30/2023



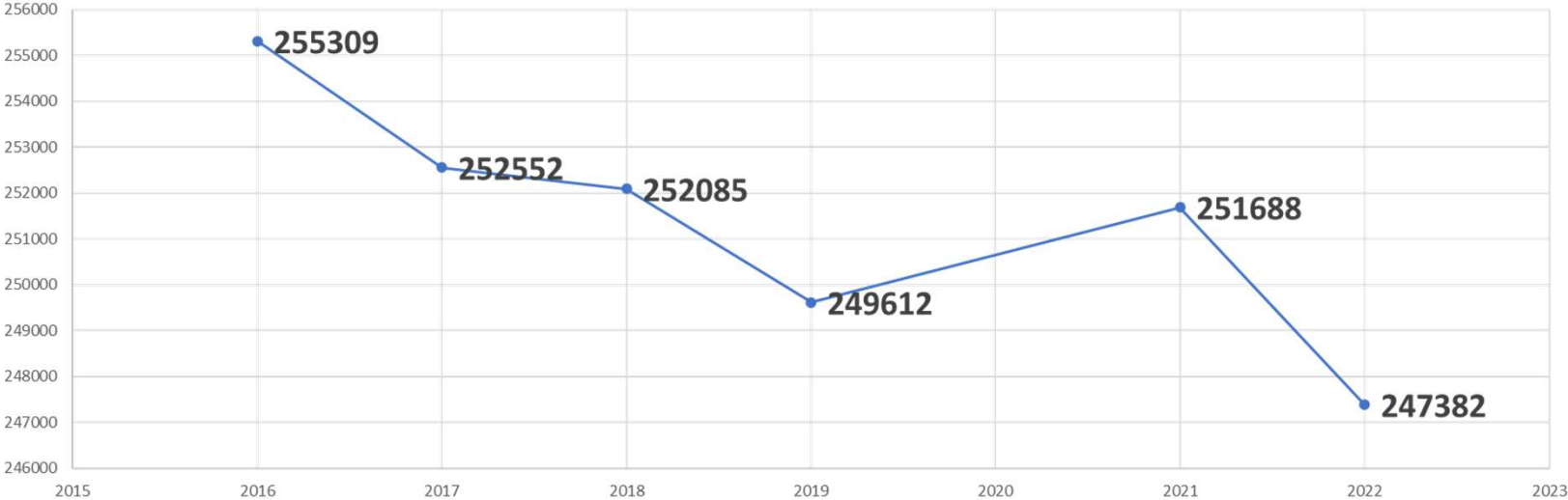
# Low income Child (0-18) Trend, 1/2016 to 10/2023





# There are 7,927 Fewer Children Under 18 in New Hampshire Since 2016

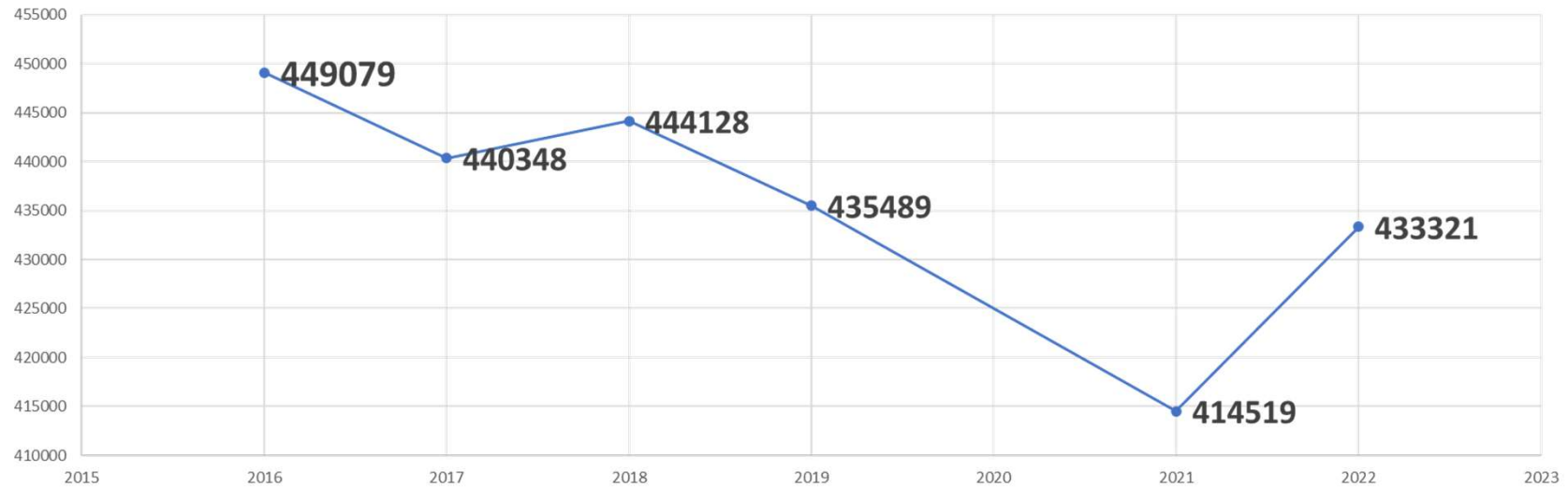
## Number of Children 18 and Under in NH 2016-2022



Data based on American Community Survey, Table S1701 available at:  
<https://data.census.gov/table/ACSST1Y2022.S1701?q=S1701&g=040XX00US33>

# There are 15,758 Fewer People with Income Below 300% FPL in New Hampshire Since 2016

Number of People with Income Below 300% FPL  
in NH 2016-2022

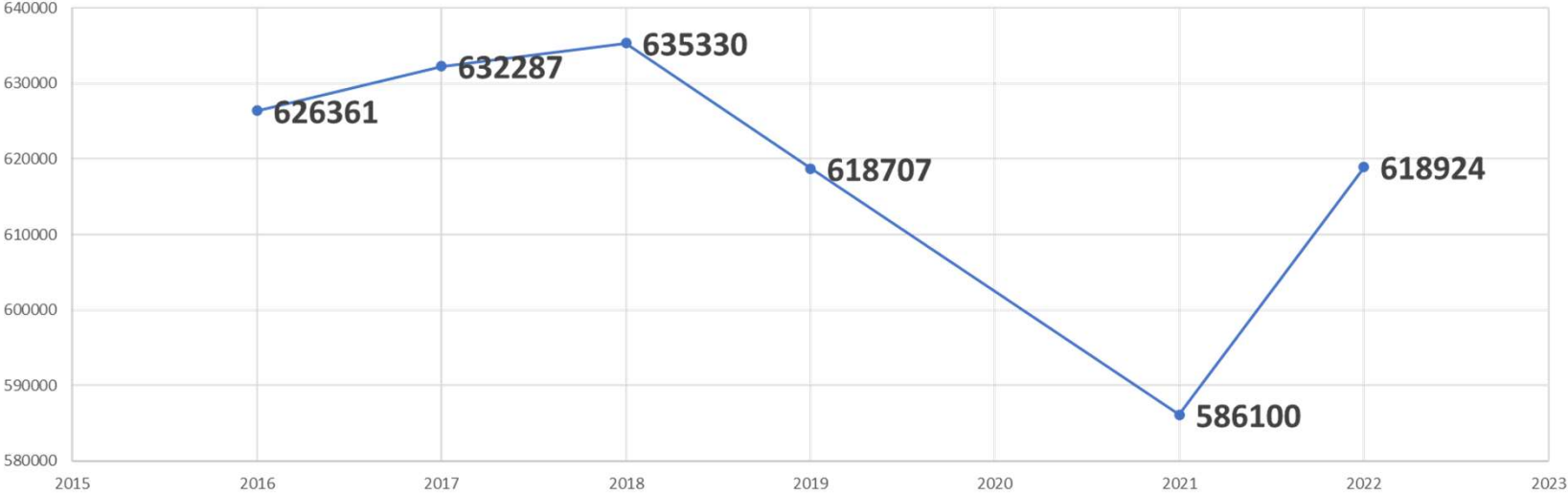


Data based on American Community Survey, Table S1701 available at:

<https://data.census.gov/table/ACSST1Y2022.S1701?q=S1701&g=040XX00US33>

# There are 7,437 Fewer People with Income Below 400% FPL in New Hampshire Since 2016

Number of People with Income Below 400% FPL in NH 2016-2022



Data based on American Community Survey, Table S1701 available at:  
<https://data.census.gov/table/ACSST1Y2022.S1701?q=S1701&g=040XX00US33>

# DHHS's Protected Population Unwind Sequence Explainer

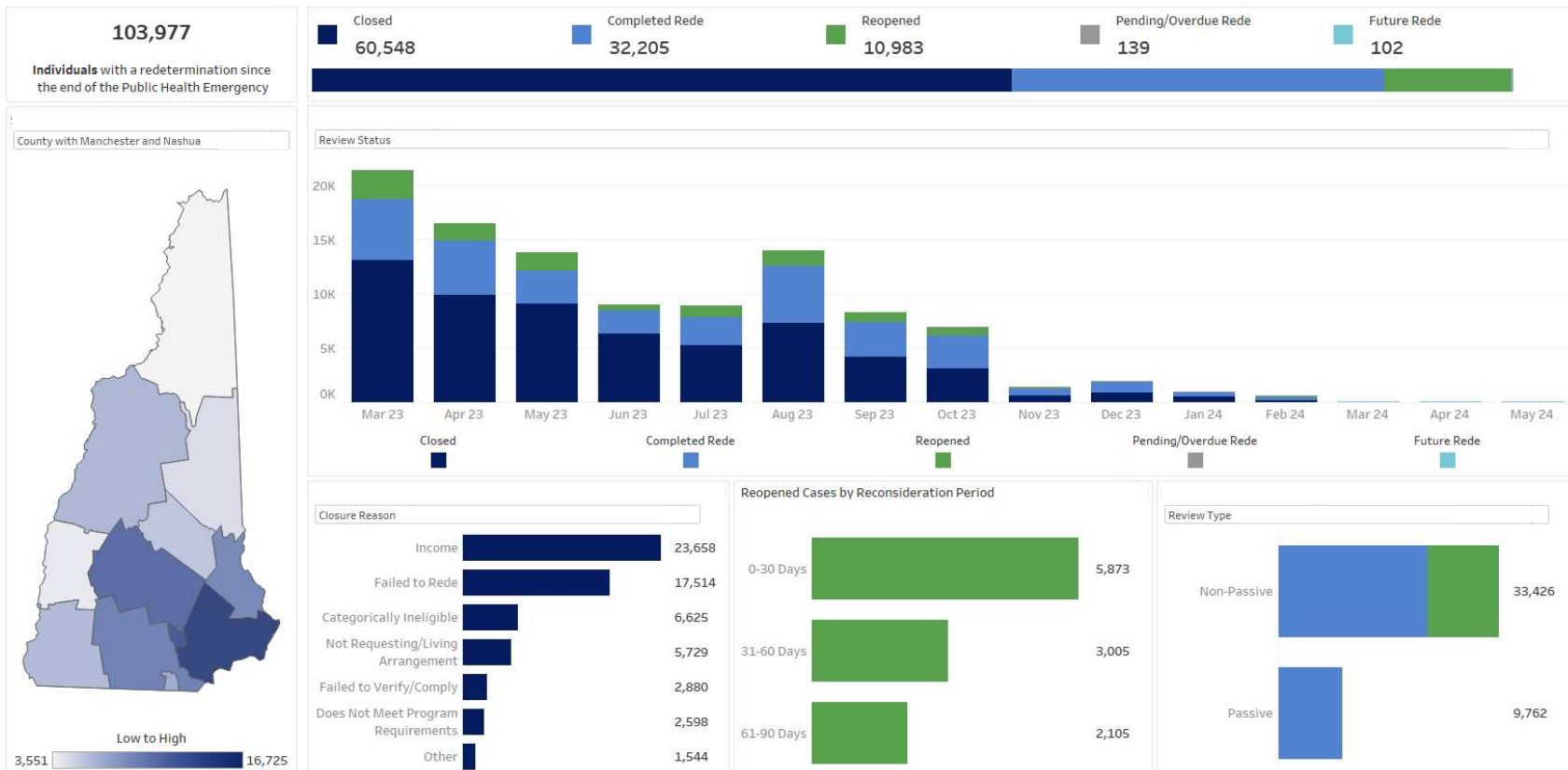
DHHS's unwind strategy "frontloaded" Medicaid renewals for those more likely to be ineligible and those who had not recently consumed healthcare with general sequencing as follows:

- Pending ineligible individuals who would have previously closed if not for the PHE protections (e.g., reported change of over income)
- Individuals who have lost contact with DHHS prioritizing those who had also not recently used healthcare
- Individuals who had both not completed their last renewal as scheduled and data indicated they were more likely to be financially ineligible
- Individuals who had both not completed their last renewal as scheduled and data indicated they were more likely to be categorically ineligible (e.g., aged out)
- Granite Advantage (Expanded Medicaid) households with adults only
- Households with children
- Vulnerable populations (e.g., nursing home, Home and Community Based Services (HCBS), disabled)

In addition, throughout the unwind protected individuals closed prospectively ahead of their scheduled renewal because they contacted DHHS or their MCO providing notification they moved out of State, no longer require Medicaid, or the individual is deceased.

# DHHS's Continuous Enrollment Unwind Status (By Individual Counts)

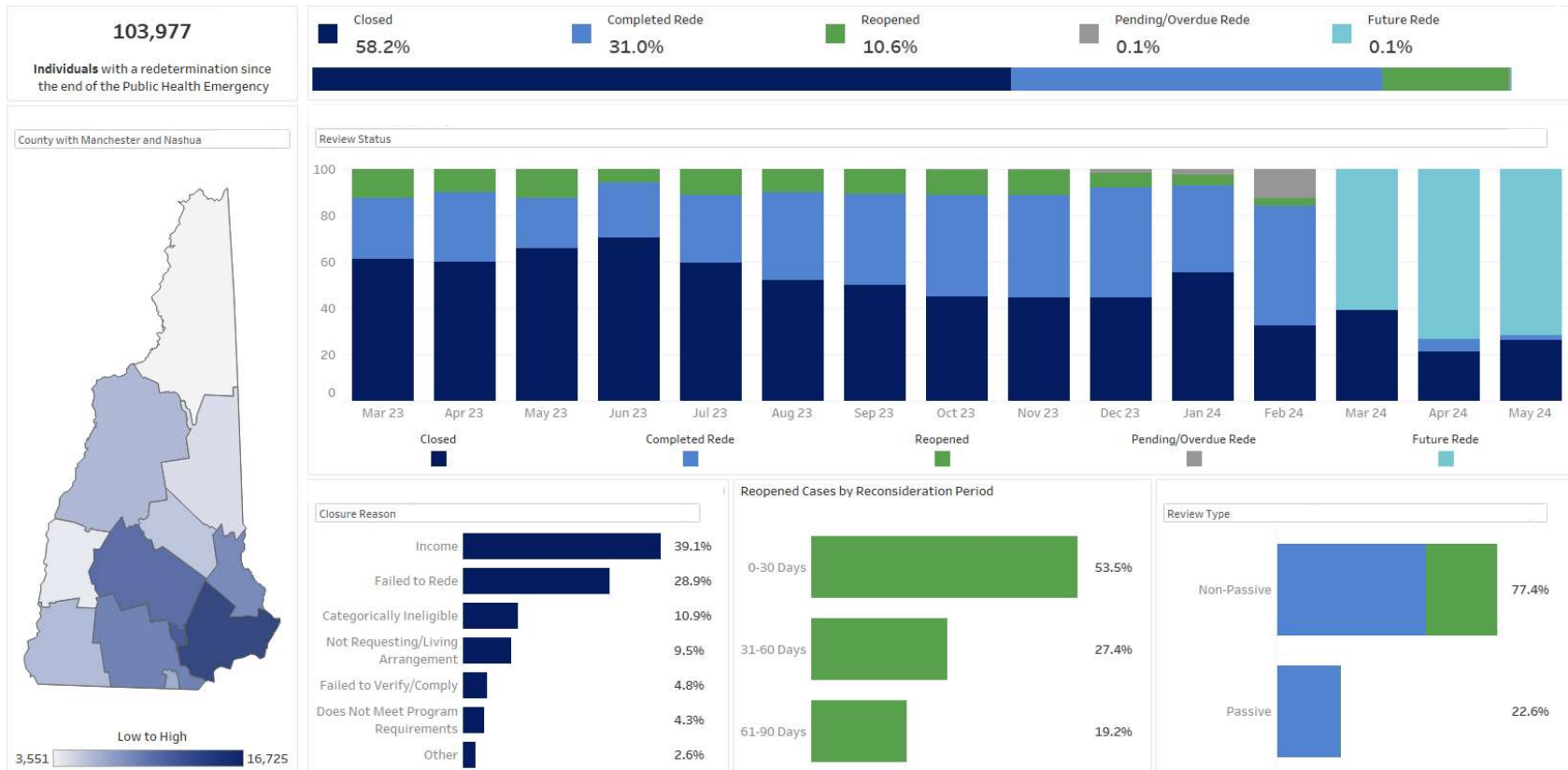
These graphs provide an overview of NH's Medical renewal processing for the protected population by individual as of February 1<sup>st</sup>, 2024.\*



\* Protected Population - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

# DHHS's Continuous Enrollment Unwind Status (By Percentage)

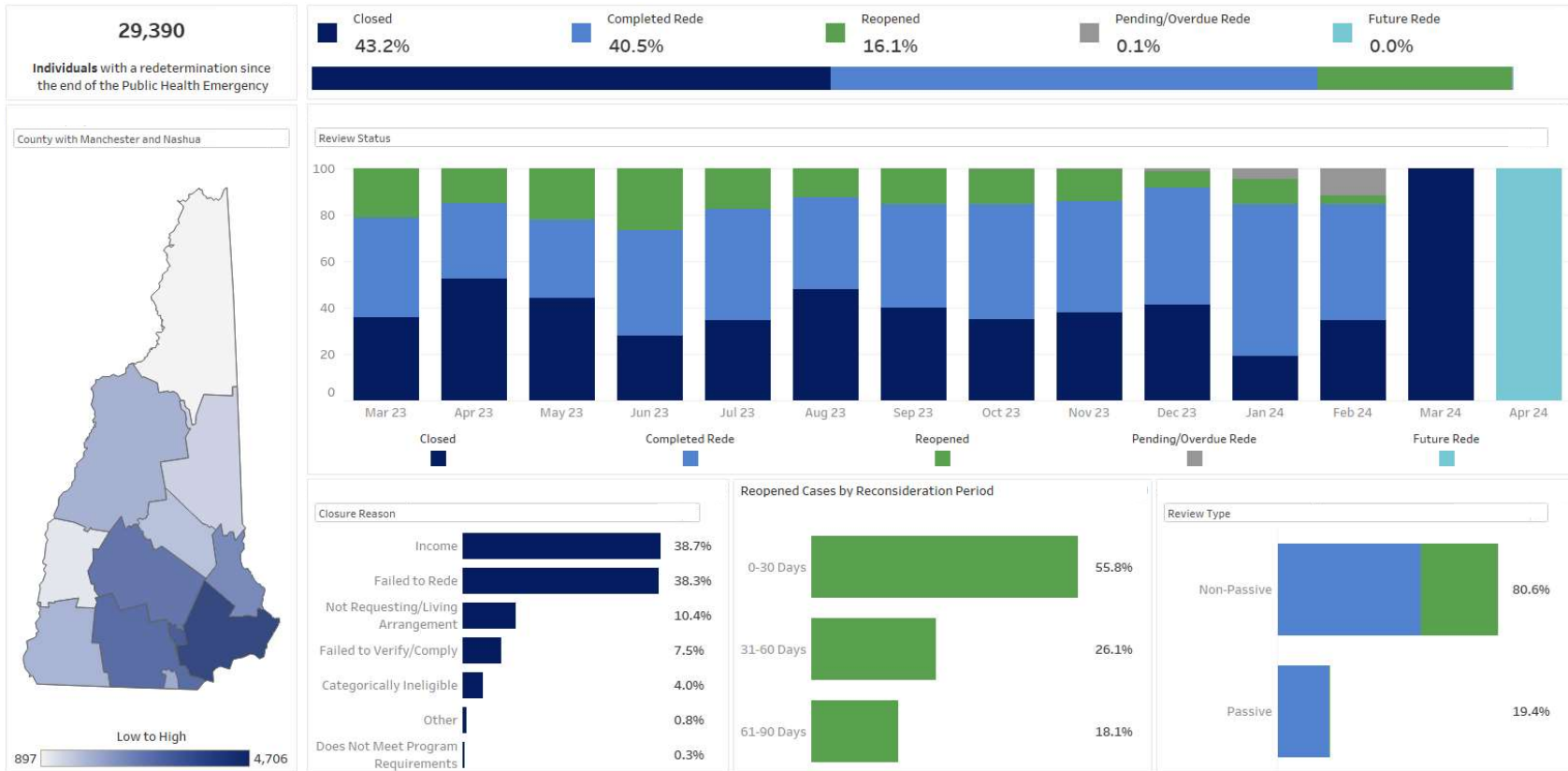
These graphs provide an overview of NH's Medical renewal processing for the protected population by percentage as of February 1<sup>st</sup>, 2024.\*



\* Protected Population - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

# DHHS's Continuous Enrollment Unwind Status – Children

These graphs provide an overview of NH's Medical renewal processing for protected children by individual as of February 1<sup>st</sup>, 2024.\*



\* Protected Population - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.

# DHHS's Continuous Enrollment Unwind Status – LTC/Disabled

These graphs provide an overview of NH's Medical renewal processing for protected long term care and disabled individuals as of as of February 1<sup>st</sup>, 2023. Note that many of the renewals scheduled for September are for individuals in disability categories with nursing facility and HCBC renewals distributed through May of 2024.\*



\* Protected Population - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.



# Children Status During Unwind

The chart below illustrates the number of children that were eligible in Medicaid at the beginning of the unwind and their current status.

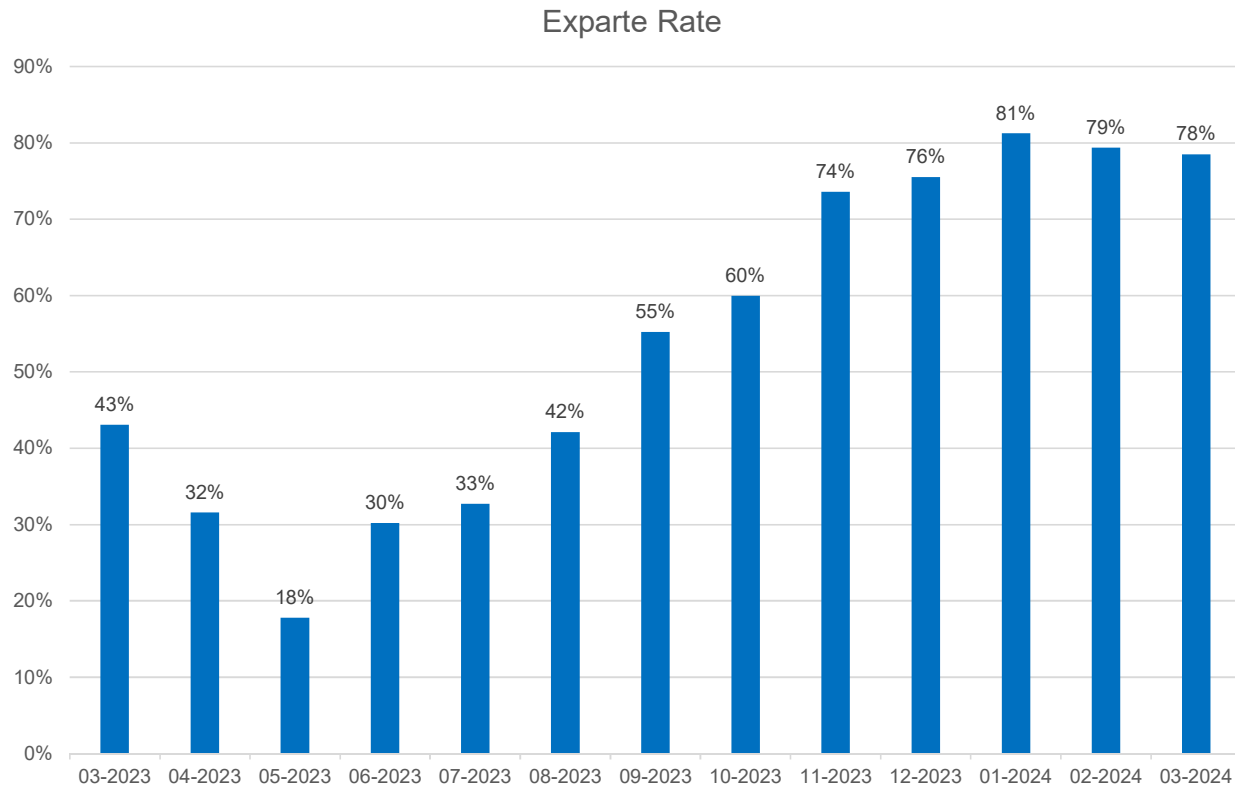
	PROTECTED		NON-PROTECTED			
	Count	Percent	Count	Percent	Total Count	Total Percent
<b>Remained Children</b>	<b>17,245</b>	<b>47.6%</b>	<b>61,125</b>	<b>84.7%</b>	<b>78,370</b>	<b>72.3%</b>
Granite Advantage	1,289	3.6%	1,264	1.8%	2,553	2.4%
Other	141	0.4%	192	0.3%	333	0.3%
Deductible	88	0.2%		0.0%	88	0.1%
<b>Closed</b>	<b>17,484</b>	<b>48.2%</b>	<b>9,612</b>	<b>13.3%</b>	<b>27,096</b>	<b>25.0%</b>
Income	8,223	47.0%	2,429	25.3%	10,652	39.3%
Failed to Rede	5,019	28.7%	1,721	17.9%	6,740	24.9%
Not Requesting/Living Arrangement	2,322	13.3%	3,662	38.1%	5,984	22.1%
Failed to Verify/Comply	1,283	7.3%	1,061	11.0%	2,344	8.7%
Categorically Ineligible	283	1.6%	414	4.3%	697	2.6%
Other	286	1.6%	220	2.3%	506	1.9%
Does Not Meet Program Requirements	68	0.4%	105	1.1%	173	0.6%
<b>Grand Total</b>	<b>36,247</b>	<b>100.0%</b>	<b>72,193</b>	<b>100.0%</b>	<b>108,440</b>	<b>100.0%</b>

\* Total population equals Medicaid eligible children as of 03/01/2023

\* Status as of 02/08/2024

# Ex-parte Rate by Month

The chart below illustrates the ex-parte rates for the total population from March 2023 through March 2024. The increases in ex-parte rates reflect the adoption of new options and policy clarifications provided by CMS. The ex parte rate is also influenced by the unwind renewal sequencing which began with individuals more likely to be ineligible and therefore not candidates for ex parte.

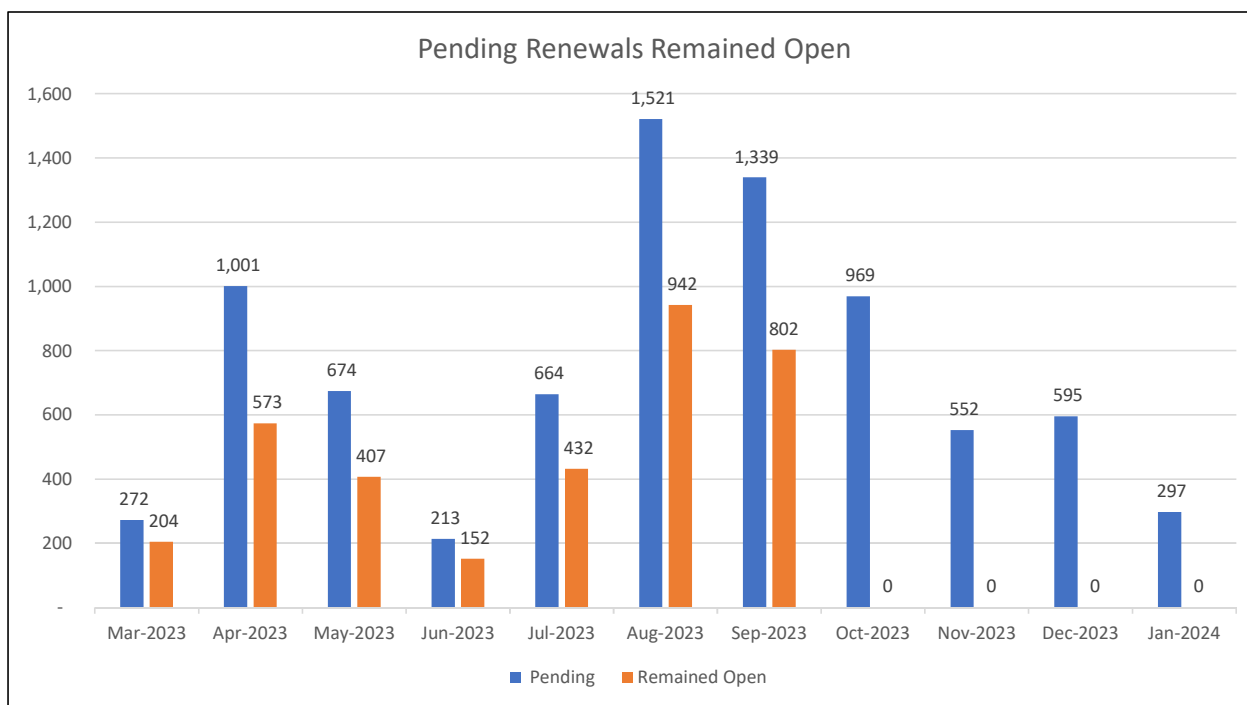


# Call Center Metrics

Date Range	8/1-31/2023	9/1-30/2023	10/1-32/2023	11/1-30/2023	12/1-31/2023	1/1-31/2024
<b>Call Center Information</b>						
Call Center #1 Name	Central	Central	Central	Central	Central	Central
<b>Call Volume</b>						
1. Total Call Center Volume	41862	39680	39943	39822	36078	40989
<b>By Individual Call Center</b>						
Central	41862	39680	39943	39822	36078	40989
<b>Call Center Wait Time</b>						
2. Average Call Center Wait Time	6	7	7	6	7	7
<b>By Individual Call Center</b>						
Central	6	7	7	6	7	7
<b>Abandonment Rate</b>						
#3: Average Call Center Abandonment Rate	0.06	0.07	0.06	0.08	0.06	0.06
<b>By Individual Call Center</b>						
Central	0.06	0.07	0.06	0.08	0.06	0.06
<p><b>Data Limitations:</b> DHHS Service Center handles all calls for Medicaid eligibility, TANF, Food Stamps, State Supplement Payments, and Child Care Scholarships. Although the call center captures all of the data that CMS is requesting, it cannot provide the data by specific program.</p>						

## Pending Renewal Remained Open

DHHS tracks the number of people who completed a renewal application during their redetermination month, but remained open because review of their application was pending at the end of their redetermination month. For the months March – September (the months for which the CMS pending look back period has been completed) the **blue** bar chart below shows the number of individuals who were pending at the end of their redetermination month and the number of those individuals who remained open after their pending application was reviewed are represented in **orange** bar chart.



# CMS Reporting and Closure Reasons - Cumulative

The table below shows the renewal rates\* and outcomes for the protected and non-protected populations from March 2023 through January 2024 in aggregate.

## Highlights:

- The outcome variance between the protected and non-protected is consistent with forecasts due to the front-loading of protected individuals less likely to be eligible
- Given the composition of the protected group (e.g., over income/categorically ineligible) the higher FFM referral rate was anticipated
- Re-openings are occurring at a meaningful rate with ~15% of March closures reopening illustrating the trend over 90 days
- Households that fail to renew have varying circumstances, such as:
  - No longer require or desire Medicaid (e.g., self-employed over income, those who already have commercial healthcare, etc.)
  - Circumstances that have changed (e.g., they moved out of state, passed away, etc.)
  - May be eligible if they renew (many administrative closures subsequently reapply for benefits)

	Grand Total					
	Grand Total (CMS)		Protected		Non-Protected	
Renewal Metrics	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	176,093	100%	61,586	100%	114,507	100%
In Progress	2,413	1.4%	796	1.3%	1,617	1.4%
Renewals with Outcomes	173,680	98.6%	60,790	98.7%	112,890	98.6%
Retained MA (Successful renewal)	<b>108,639</b>	<b>62.6%</b>	<b>17,847</b>	<b>29.4%</b>	<b>90,792</b>	<b>80.4%</b>
<b>Total Closures (all reasons)</b>	<b>65,041</b>	<b>37.4%</b>	<b>42,943</b>	<b>70.6%</b>	<b>22,098</b>	<b>19.6%</b>
Not Referred to FFM	41,196	63.3%	26,388	61.4%	14,808	67.0%
<b>Referred to FFM</b>	<b>23,845</b>	<b>36.7%</b>	<b>16,555</b>	<b>38.6%</b>	<b>7,290</b>	<b>33.0%</b>
Procedural (Pilot)	11,046	17.0%	9,490	22.1%	1,556	7.0%
Non-Procedural	12,799	19.7%	7,065	16.5%	5,734	25.9%
<b>Total Closure by Reasons</b>	<b>65,041</b>	<b>100%</b>	<b>42,943</b>	<b>100%</b>	<b>22,098</b>	<b>100%</b>
Income	18,592	28.6%	14,021	32.7%	4,571	20.7%
Failed to Rede	31,453	48.4%	20,693	48.2%	10,760	48.7%
Categorically Ineligible	4,799	7.4%	3,667	8.5%	1,132	5.1%
Not Requesting/Living Arrangement	4,263	6.6%	2,607	6.1%	1,656	7.5%
Failed to Verify/Comply	1,744	2.7%	773	1.8%	971	4.4%
Does Not Meet Program Requirements	1,952	3.0%	574	1.3%	1,378	6.2%
Other	2,238	3.4%	608	1.4%	1,630	7.4%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

# CMS Reporting and Closure Reasons - January

	Jan-2024					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	8,924	100%	149	100%	8,775	100%
In Progress	297	3.3%	17	11.4%	280	3.2%
Renewals with Outcomes	8,627	96.7%	132	88.6%	8,495	97%
Retained MA	<b>8,109</b>	<b>94.0%</b>	<b>122</b>	<b>92.4%</b>	<b>7,987</b>	<b>94.0%</b>
<b>Total Closures by outcome</b>	<b>518</b>	<b>6.0%</b>	<b>10</b>	<b>7.6%</b>	<b>508</b>	<b>6.0%</b>
Not Referred to FFM	395	76.3%	5	50.0%	390	76.8%
<b>Referred to FFM</b>	<b>123</b>	<b>23.7%</b>	<b>5</b>	<b>50.0%</b>	<b>118</b>	<b>23.2%</b>
Procedural	10	1.9%	-	0.0%	10	2.0%
Non-Procedural	113	21.8%	5	50.0%	108	21.3%
<b>Total Closure by Reasons</b>	<b>518</b>	<b>100%</b>	<b>10</b>	<b>100%</b>	<b>508</b>	<b>100%</b>
Income	96	18.5%	2	20.0%	94	18.5%
Failed to Rede	290	56.0%	2	20.0%	288	56.7%
Categorically Ineligible	17	3.3%	1	10.0%	16	3.1%
Not Requesting/Living Arrangement	29	5.6%	-	0.0%	29	5.7%
Failed to Verify/Comply	16	3.1%	1	10.0%	15	3.0%
Does Not Meet Program Requirements	15	2.9%	2	20.0%	13	2.6%
Other	55	10.6%	2	20.0%	53	10.4%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

# CMS Reporting and Closure Reasons - December

	Dec-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	12,274	100%	1,176	100%	11,098	100%
In Progress	595	4.8%	124	10.5%	471	4.2%
Renewals with Outcomes	11,679	95.2%	1,052	89.5%	10,627	96%
Retained MA	<b>10,273</b>	<b>88.0%</b>	<b>575</b>	<b>54.7%</b>	<b>9,698</b>	<b>91.3%</b>
<b>Total Closures by outcome</b>	<b>1,406</b>	<b>12.0%</b>	<b>477</b>	<b>45.3%</b>	<b>929</b>	<b>8.7%</b>
Not Referred to FFM	1,028	73.1%	370	77.6%	658	70.8%
<b>Referred to FFM</b>	<b>378</b>	<b>26.9%</b>	<b>107</b>	<b>22.4%</b>	<b>271</b>	<b>29.2%</b>
Procedural	91	6.5%	56	11.7%	35	3.8%
Non-Procedural	287	20.4%	51	10.7%	236	25.4%
<b>Total Closure by Reasons</b>	<b>1,406</b>	<b>100%</b>	<b>477</b>	<b>100%</b>	<b>929</b>	<b>100%</b>
Income	285	20.3%	106	22.2%	179	19.3%
Failed to Rede	783	55.7%	315	66.0%	468	50.4%
Categorically Ineligible	95	6.8%	27	5.7%	68	7.3%
Not Requesting/Living Arrangement	80	5.7%	19	4.0%	61	6.6%
Failed to Verify/Comply	18	1.3%	6	1.3%	12	1.3%
Does Not Meet Program Requirements	34	2.4%	2	0.4%	32	3.4%
Other	111	7.9%	2	0.4%	109	11.7%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

# CMS Reporting and Closure Reasons - November

	Nov-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	12,279	100%	770	100%	11,509	100%
In Progress	552	4.5%	80	10.4%	472	4.1%
Renewals with Outcomes	11,727	95.5%	690	89.6%	11,037	96%
Retained MA	<b>10,249</b>	<b>87.4%</b>	<b>370</b>	<b>53.6%</b>	<b>9,879</b>	<b>89.5%</b>
<b>Total Closures by outcome</b>	<b>1,478</b>	<b>12.6%</b>	<b>320</b>	<b>46.4%</b>	<b>1,158</b>	<b>10.5%</b>
Not Referred to FFM	1,065	72.1%	256	80.0%	809	69.9%
<b>Referred to FFM</b>	<b>413</b>	<b>27.9%</b>	<b>64</b>	<b>20.0%</b>	<b>349</b>	<b>30.1%</b>
Procedural	74	5.0%	27	8.4%	47	4.1%
Non-Procedural	339	22.9%	37	11.6%	302	26.1%
<b>Total Closure by Reasons</b>	<b>1,478</b>	<b>100%</b>	<b>320</b>	<b>100%</b>	<b>1,158</b>	<b>100%</b>
Income	285	19.3%	72	22.5%	213	18.4%
Failed to Rede	742	50.2%	193	60.3%	549	47.4%
Categorically Ineligible	112	7.6%	29	9.1%	83	7.2%
Not Requesting/Living Arrangement	94	6.4%	11	3.4%	83	7.2%
Failed to Verify/Comply	31	2.1%	3	0.9%	28	2.4%
Does Not Meet Program Requirements	39	2.6%	5	1.6%	34	2.9%
Other	175	11.8%	7	2.2%	168	14.5%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.



# CMS Reporting and Closure Reasons - October

	Oct-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	14,920	100%	4,811	100%	10,109	100%
In Progress	969	6.5%	575	12.0%	394	3.9%
Renewals with Outcomes	13,951	93.5%	4,236	88.0%	9,715	96%
Retained MA	<b>10,914</b>	<b>78.2%</b>	<b>2,159</b>	<b>51.0%</b>	<b>8,755</b>	<b>90.1%</b>
<b>Total Closures by outcome</b>	<b>3,037</b>	<b>21.8%</b>	<b>2,077</b>	<b>49.0%</b>	<b>960</b>	<b>9.9%</b>
Not Referred to FFM	2,135	70.3%	1,443	69.5%	692	72.1%
<b>Referred to FFM</b>	<b>902</b>	<b>29.7%</b>	<b>634</b>	<b>30.5%</b>	<b>268</b>	<b>27.9%</b>
Procedural	297	9.8%	265	12.8%	32	3.3%
Non-Procedural	605	19.9%	369	17.8%	236	24.6%
<b>Total Closure by Reasons</b>	<b>3,037</b>	<b>100%</b>	<b>2,077</b>	<b>100%</b>	<b>960</b>	<b>100%</b>
Income	680	22.4%	516	24.8%	164	17.1%
Failed to Rede	1,644	54.1%	1,184	57.0%	460	47.9%
Categorically Ineligible	191	6.3%	131	6.3%	60	6.3%
Not Requesting/Living Arrangement	194	6.4%	136	6.5%	58	6.0%
Failed to Verify/Comply	70	2.3%	41	2.0%	29	3.0%
Does Not Meet Program Requirements	81	2.7%	38	1.8%	43	4.5%
Other	177	5.8%	31	1.5%	146	15.2%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

# CMS Reporting and Closure Reasons - Sept

	Sep-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	14,323	100%	4,420	100%	9,903	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	14,323	100.0%	4,420	100.0%	9,903	100%
Retained MA	<b>11,057</b>	<b>77.2%</b>	<b>2,349</b>	<b>53.1%</b>	<b>8,708</b>	<b>87.9%</b>
<b>Total Closures by outcome</b>	<b>3,266</b>	<b>22.8%</b>	<b>2,071</b>	<b>46.9%</b>	<b>1,195</b>	<b>12.1%</b>
Not Referred to FFM	2,309	70.7%	1,492	72.0%	817	68.4%
<b>Referred to FFM</b>	<b>957</b>	<b>29.3%</b>	<b>579</b>	<b>28.0%</b>	<b>378</b>	<b>31.6%</b>
Procedural	254	7.8%	198	9.6%	56	4.7%
Non-Procedural	703	21.5%	381	18.4%	322	26.9%
<b>Total Closure by Reasons</b>	<b>3,266</b>	<b>100%</b>	<b>2,071</b>	<b>100%</b>	<b>1,195</b>	<b>100%</b>
Income	699	21.4%	494	23.9%	205	17.2%
Failed to Rede	1,505	46.1%	1,014	49.0%	491	41.1%
Categorically Ineligible	280	8.6%	204	9.9%	76	6.4%
Not Requesting/Living Arrangement	249	7.6%	141	6.8%	108	9.0%
Failed to Verify/Comply	125	3.8%	77	3.7%	48	4.0%
Does Not Meet Program Requirements	145	4.4%	62	3.0%	83	6.9%
Other	263	8.1%	79	3.8%	184	15.4%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

# CMS Reporting and Closure Reasons - August

	Aug-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	18,497	100%	9,209	100%	9,288	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	18,497	100.0%	9,209	100.0%	9,288	100%
Retained MA	<b>10,971</b>	<b>59.3%</b>	<b>3,053</b>	<b>33.2%</b>	<b>7,918</b>	<b>85.2%</b>
<b>Total Closures by outcome</b>	<b>7,526</b>	<b>40.7%</b>	<b>6,156</b>	<b>66.8%</b>	<b>1,370</b>	<b>14.8%</b>
Not Referred to FFM	5,892	78.3%	4,890	79.4%	1,002	73.1%
<b>Referred to FFM</b>	<b>1,634</b>	<b>21.7%</b>	<b>1,266</b>	<b>20.6%</b>	<b>368</b>	<b>26.9%</b>
Procedural	740	9.8%	679	11.0%	61	4.5%
Non-Procedural	894	11.9%	587	9.5%	307	22.4%
<b>Total Closure by Reasons</b>	<b>7,526</b>	<b>100%</b>	<b>6,156</b>	<b>100%</b>	<b>1,370</b>	<b>100%</b>
Income	1,371	18.2%	1,133	18.4%	238	17.4%
Failed to Rede	4,764	63.3%	4,068	66.1%	696	50.8%
Categorically Ineligible	453	6.0%	386	6.3%	67	4.9%
Not Requesting/Living Arrangement	451	6.0%	345	5.6%	106	7.7%
Failed to Verify/Comply	151	2.0%	116	1.9%	35	2.6%
Does Not Meet Program Requirements	92	1.2%	42	0.7%	50	3.6%
Other	244	3.2%	66	1.1%	178	13.0%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

# CMS Reporting and Closure Reasons - July

	Jul-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	15,535	100%	7,041	100%	8,494	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	15,535	100.0%	7,041	100.0%	8,494	100%
Retained MA	<b>8,247</b>	<b>53.1%</b>	<b>1,898</b>	<b>27.0%</b>	<b>6,349</b>	<b>74.7%</b>
<b>Total Closures by outcome</b>	<b>7,288</b>	<b>46.9%</b>	<b>5,143</b>	<b>73.0%</b>	<b>2,145</b>	<b>25.3%</b>
Not Referred to FFM	5,251	72.0%	3,704	72.0%	1,547	72.1%
<b>Referred to FFM</b>	<b>2,037</b>	<b>28.0%</b>	<b>1,439</b>	<b>28.0%</b>	<b>598</b>	<b>27.9%</b>
Procedural	921	12.6%	835	16.2%	86	4.0%
Non-Procedural	1,116	15.3%	604	11.7%	512	23.9%
<b>Total Closure by Reasons</b>	<b>7,288</b>	<b>100%</b>	<b>5,143</b>	<b>100%</b>	<b>2,145</b>	<b>100%</b>
Income	1,881	25.8%	1,516	29.5%	365	17.0%
Failed to Rede	4,167	57.2%	3,078	59.8%	1,089	50.8%
Categorically Ineligible	195	2.7%	100	1.9%	95	4.4%
Not Requesting/Living Arrangement	293	4.0%	187	3.6%	106	4.9%
Failed to Verify/Comply	296	4.1%	141	2.7%	155	7.2%
Does Not Meet Program Requirements	237	3.3%	50	1.0%	187	8.7%
Other	219	3.0%	71	1.4%	148	6.9%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

## CMS Reporting and Closure Reasons - June

	Jun-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	16,154	100%	7,354	100%	8,800	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	16,154	100.0%	7,354	100.0%	8,800	100%
Retained MA	<b>7,738</b>	<b>47.9%</b>	<b>1,389</b>	<b>18.9%</b>	<b>6,349</b>	<b>72.1%</b>
<b>Total Closures by outcome</b>	<b>8,416</b>	<b>52.1%</b>	<b>5,965</b>	<b>81.1%</b>	<b>2,451</b>	<b>27.9%</b>
Not Referred to FFM	6,193	73.6%	4,510	75.6%	1,683	68.7%
<b>Referred to FFM</b>	<b>2,223</b>	<b>26.4%</b>	<b>1,455</b>	<b>24.4%</b>	<b>768</b>	<b>31.3%</b>
Procedural	1,083	12.9%	970	16.3%	113	4.6%
Non-Procedural	1,140	13.5%	485	8.1%	655	26.7%
<b>Total Closure by Reasons</b>	<b>8,416</b>	<b>100%</b>	<b>5,965</b>	<b>100%</b>	<b>2,451</b>	<b>100%</b>
Income	1,859	22.1%	1,427	23.9%	432	17.6%
Failed to Rede	5,091	60.5%	3,939	66.0%	1,152	47.0%
Categorically Ineligible	204	2.4%	95	1.6%	109	4.4%
Not Requesting/Living Arrangement	557	6.6%	366	6.1%	191	7.8%
Failed to Verify/Comply	267	3.2%	84	1.4%	183	7.5%
Does Not Meet Program Requirements	289	3.4%	38	0.6%	251	10.2%
Other	149	1.8%	16	0.3%	133	5.4%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

## CMS Reporting and Closure Reasons - May

	May-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	23,236	100%	13,089	100%	10,147	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	23,236	100.0%	13,089	100.0%	10,147	100%
Retained MA	<b>8,738</b>	<b>37.6%</b>	<b>2,563</b>	<b>19.6%</b>	<b>6,175</b>	<b>60.9%</b>
<b>Total Closures by outcome</b>	<b>14,498</b>	<b>62.4%</b>	<b>10,526</b>	<b>80.4%</b>	<b>3,972</b>	<b>39.1%</b>
Not Referred to FFM	6,953	48.0%	4,924	46.8%	2,029	51.1%
<b>Referred to FFM</b>	<b>7,545</b>	<b>52.0%</b>	<b>5,602</b>	<b>53.2%</b>	<b>1,943</b>	<b>48.9%</b>
Procedural	3,624	25.0%	3,004	28.5%	620	15.6%
Non-Procedural	3,921	27.0%	2,598	24.7%	1,323	33.3%
<b>Total Closure by Reasons</b>	<b>14,498</b>	<b>100%</b>	<b>10,526</b>	<b>100%</b>	<b>3,972</b>	<b>100%</b>
Income	5,347	36.9%	4,090	38.9%	1,257	31.6%
Failed to Rede	4,742	32.7%	3,169	30.1%	1,573	39.6%
Categorically Ineligible	2,060	14.2%	1,846	17.5%	214	5.4%
Not Requesting/Living Arrangement	1,036	7.1%	779	7.4%	257	6.5%
Failed to Verify/Comply	365	2.5%	164	1.6%	201	5.1%
Does Not Meet Program Requirements	490	3.4%	234	2.2%	256	6.4%
Other	458	3.2%	244	2.3%	214	5.4%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

# CMS Reporting and Closure Reasons - April

	Apr-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	23,352	100%	11,626	100%	11,726	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	23,352	100.0%	11,626	100.0%	11,726	100%
Retained MA	<b>11,666</b>	<b>50.0%</b>	<b>3,138</b>	<b>27.0%</b>	<b>8,528</b>	<b>72.7%</b>
<b>Total Closures by outcome</b>	<b>11,686</b>	<b>50.0%</b>	<b>8,488</b>	<b>73.0%</b>	<b>3,198</b>	<b>27.3%</b>
Not Referred to FFM	5,566	47.6%	3,416	40.2%	2,150	67.2%
<b>Referred to FFM</b>	<b>6,120</b>	<b>52.4%</b>	<b>5,072</b>	<b>59.8%</b>	<b>1,048</b>	<b>32.8%</b>
Procedural	3,409	29.2%	3,209	37.8%	200	6.3%
Non-Procedural	2,711	23.2%	1,863	21.9%	848	26.5%
<b>Total Closure by Reasons</b>	<b>11,686</b>	<b>100%</b>	<b>8,488</b>	<b>100%</b>	<b>3,198</b>	<b>100%</b>
Income	4,970	42.5%	4,394	51.8%	576	18.0%
Failed to Rede	4,019	34.4%	2,387	28.1%	1,632	51.0%
Categorically Ineligible	982	8.4%	793	9.3%	189	5.9%
Not Requesting/Living Arrangement	876	7.5%	613	7.2%	263	8.2%
Failed to Verify/Comply	245	2.1%	122	1.4%	123	3.8%
Does Not Meet Program Requirements	319	2.7%	93	1.1%	226	7.1%
Other	275	2.4%	86	1.0%	189	5.9%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.

## CMS Reporting and Closure Reasons - March

	Mar-2023					
	Grand Total (CMS)		Protected		Non-Protected	
	Count	Percent	Count	Percent	Count	Percent
Total Renewals Due	16,599	100%	1,941	100%	14,658	100%
In Progress	0	0.0%	0	0.0%	0	0.0%
Renewals with Outcomes	16,599	100.0%	1,941	100.0%	14,658	100%
Retained MA	<b>10,677</b>	<b>64.3%</b>	<b>231</b>	<b>11.9%</b>	<b>10,446</b>	<b>71.3%</b>
<b>Total Closures by outcome</b>	<b>5,922</b>	<b>35.7%</b>	<b>1,710</b>	<b>88.1%</b>	<b>4,212</b>	<b>28.7%</b>
Not Referred to FFM	4,409	74.5%	1,378	80.6%	3,031	72.0%
<b>Referred to FFM</b>	<b>1,513</b>	<b>25.5%</b>	<b>332</b>	<b>19.4%</b>	<b>1,181</b>	<b>28.0%</b>
Procedural	543	9.2%	247	14.4%	296	7.0%
Non-Procedural	970	16.4%	85	5.0%	885	21.0%
<b>Total Closure by Reasons</b>	<b>5,922</b>	<b>100%</b>	<b>1,710</b>	<b>100%</b>	<b>4,212</b>	<b>100%</b>
Income	1,119	18.9%	271	15.8%	848	20.1%
Failed to Rede	3,706	62.6%	1,344	78.6%	2,362	56.1%
Categorically Ineligible	210	3.5%	55	3.2%	155	3.7%
Not Requesting/Living Arrangement	404	6.8%	10	0.6%	394	9.4%
Failed to Verify/Comply	160	2.7%	18	1.1%	142	3.4%
Does Not Meet Program Requirements	211	3.6%	8	0.5%	203	4.8%
Other	112	1.9%	4	0.2%	108	2.6%

\* This table does not include outcomes for individuals who reported a changes in circumstance outside of the renewal period.

\*\*Closure by reason percentages are for the closed individuals only (% of closure reasons), not the percent of renewals that close per month which is reflected in Total Closures by outcome row.



# Additional Continuous Enrollment Unwind Early Indicators

## Re-openings

The bar chart below shows the total number of protected individuals who closed and subsequently reopened by the timeframe during which they returned to coverage (e.g., within 30 days of closing).



## Re-Openings by Month

The bar chart below shows the number of protected individuals who closed and then reopened. Reopening are reported based on the scheduled renewal month (e.g., March renewals that have subsequently reopened in a future month report in March).



# CMS Reported Metrics – January

The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of January.

Month	Category	Indicator Group	Indicator	Description	Data	
January 2024	Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	1,249	
			2a - Non-Disability	Completed MAGI and other non-disability applications	950	
			2b - Disability	Completed disability applications	299	
		Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	6	
			3a - Non-Disability	Pending MAGI and other non-disability applications	5	
			3b - Disability	Pending disability-related applications	1	
		Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	8,862
		Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	8,924
	5a			The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	8,109	
	5a (1)			Number of beneficiaries renewed on an exparte basis	7,250	
	5a (2)			Number of beneficiaries renewed using a pre-populated renewal form	859	
	5b			The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	113	
	5c			The beneficiaries terminated for procedural reasons (i.e. failure to respond)	405	
	5d			The beneficiaries whose renewal was not completed	297	
	7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..	544		
			ATPD Count	10		

## DHHS Call Campaign Following Failure to Renew

- DHHS called households with vulnerable individuals using Medicaid who **closed for failure to renew**. Of the ~1,624 households reached, approximately **~94% of households were aware that the renewal was/is due** to retain Medicaid.
- Many of the households are acting within the 120-day reconsideration window and are already open or are working on their renewal. Others have alternate insurance or are evaluating their household circumstances and preferences.
- **For most households unaware of their renewal, the address, e-mail, and or text on file was accurate and they likely had not yet opened/checked for the renewal.**

