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.

**Unwind Readiness**
Empower clients and community partners with tools and resources to renew and update contact information prior to the unwinding of the Public Health Emergency

**Unwind Strategy**
Prioritization that maximizes healthcare access, particularly for the vulnerable, and simplification of the renewal process

**Coverage Continuity**
Multiple channels for those no longer eligible (or those who do not renew) to find alternative coverage quickly and easily

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**Multi-Channel Outreach**
- Called and encouraged 40K households to renew – targeted those with children and disabilities, the elderly and frail, and those with high healthcare utilization
- Contacted 25K households via text, email and phone to update their contact information
- Sent over 120K “pink notices” via mail, e-mail and text encouraging clients to renew. This increased renewal rates by ~30% and reduced the volume of future renewals

**Community Engagement**
- Proactively and iteratively sharing with providers lists of those with overdue renewals and those no longer eligible
- Enabling providers, guardians and other co-pilots access to NH Easy so they can view eligibility due dates and offer assistance
- Coordinating outreach via MCO’s and navigators
- Conducting numerous community outreach forms

**Risk-Based Strategy and Safeguards**
- Prioritizing – at the outset – those clients more likely to have healthcare choices and less vulnerabilities
- Maximizing passive renewal, online renewals, and other enablers
- Providing ~60 days for renewal, giving families added time beyond 30 days
- Nudging clients to renew via notices, text, e-mail and calls
- Using multiple modality outreach for those who had lost contact with DHHS
- Advanced analytics to monitor outcomes and outliers throughout the unwind period

**Post-Closure Outreach**
- Identification/follow up for potentially vulnerable clients
- Adding procedural denial for over income to FFM referral
- Navigator outreach and support, including advertisements and in person community events
- Informing providers and MCO’s of outcomes via NH EASY/interfaces
- Paths back for those who don't renew, including NH EASY reapply without starting over
- Retroactive reopen within 120 days with no gap in coverage (new as of 8/1/2023)
Trends in NH Medicaid Enrollment Since Start of PHE

- Enrollment data shows unwind activities to date have resulted in a trendline returning towards pre-PHE Medicaid enrollment rates.
- The rate of the PHE unwind closures reflects the DHHS unwind strategy that prioritized renewals for those most likely ineligible.
- This enrollment data reflects outcomes from both renewals and changes in circumstances reported to DHHS whereas the CMS unwind reporting is limited to renewals.
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 or 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.

*Protected Population* - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.
DHHS’s Continuous Enrollment Unwind Status (By Individual Counts)

These graphs provide an overview of NH’s Medicaid renewal processing for the protected population by individual as of August 2\textsuperscript{nd}, 2023.*

* 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 Medicaid renewal processing for the protected population by percentage as of August 2nd, 2023.*

* 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 Medicaid renewal processing for protected children by individual as of August 2nd, 2023.*

*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 Medicaid renewal processing for protected long term care and disabled individuals as of August 2nd, 2023. Note that many of the renewals scheduled for September are for individuals in disability categories with nursing facility and Home and Community Based Services (HCBS) renewals distributed through February of 2024.*

* Protected Population - Medicaid beneficiaries who would have closed under normal policy without protections provided under the PHE.
CMS Reporting and Closure Reasons - Cumulative

The below shows renewal rates* and outcomes for the protected and non-protected populations from March 2023 - July 2023 in aggregate.

- 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 Federally Facilitated Marketplace (FFM) for insurance referral rate was anticipated.
- The procedural pilot allows NH DHHS to send the FFM individuals who did not complete their renewal and are likely ineligible (e.g. over income).
- Re-openings are occurring at a meaningful rate with ~15% of March closures reopening illustrating the trend as illustrated on slide 15.
- 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)

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

<table>
<thead>
<tr>
<th>Renewal Metrics</th>
<th>Grand Total (CMS)</th>
<th>Protected</th>
<th>Non-Protected</th>
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<td>Count</td>
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<td>Count</td>
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<td>1,620</td>
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<td>Total Closures (all reasons)</td>
<td>46,755</td>
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<tr>
<td>Not Referred to FFM</td>
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### CMS Reporting and Closure Reasons - July

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*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

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<td>Percent</td>
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<tr>
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<td>100%</td>
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<tr>
<td>Other</td>
<td>147</td>
<td>1.8%</td>
<td>14</td>
<td>0.2%</td>
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</tbody>
</table>

* This table does not include outcomes for individuals who reported a change 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

<table>
<thead>
<tr>
<th>May-2023</th>
<th>Grand Total (CMS)</th>
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<tbody>
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<td></td>
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<td>Count</td>
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<tr>
<td>Total Renewals Due</td>
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<tr>
<td>Total Closure by Reasons</td>
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<tr>
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<td>Failed to Verify/Comply</td>
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<tr>
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* This table does not include outcomes for individuals who reported a change 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

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<td>Count</td>
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<td>Renewals with Outcomes</td>
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<td>Retained MA</td>
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<tr>
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*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

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<td>Failed to Rede</td>
<td>3,703</td>
</tr>
<tr>
<td>Categorically Ineligible</td>
<td>205</td>
</tr>
<tr>
<td>Not Requesting/Living Arrangement</td>
<td></td>
</tr>
<tr>
<td>Failed to Verify/Comply</td>
<td>152</td>
</tr>
<tr>
<td>Does Not Meet Program Requirements</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>108</td>
</tr>
</tbody>
</table>

* This table does not include outcomes for individuals who reported a change 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).

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30 Days</td>
<td>4,025</td>
</tr>
<tr>
<td>31-60 Days</td>
<td>1,756</td>
</tr>
<tr>
<td>61-90 Days</td>
<td>954</td>
</tr>
</tbody>
</table>

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

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).

- Mar 23: 2K
- Apr 23: 1K
- May 23: 1K
- Jun 23: 0K
- Jul 23: 0K
CMS Reported Metrics - July

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Category</th>
<th>Indicator Group</th>
<th>Indicator</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2023</td>
<td>Applications</td>
<td>Completed</td>
<td>2</td>
<td>Total applications completed as of the last day of the reporting period (2a+2b)</td>
<td>1,089</td>
</tr>
<tr>
<td></td>
<td>Processing</td>
<td>2a - Non-Disability</td>
<td>Completed MAGI and other non-disability applications</td>
<td>823</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Processing</td>
<td>2b - Disability</td>
<td>Completed disability applications</td>
<td>266</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pending</td>
<td>3</td>
<td>Total applications that remain pending as of the last day of the reporting period (3a+3b)</td>
<td>166</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pending</td>
<td>3a - Non-Disability</td>
<td>Pending MAGI and other non-disability applications</td>
<td>132</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pending</td>
<td>3b - Disability</td>
<td>Pending disability-related applications</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Renewals</td>
<td>Initiated</td>
<td>4</td>
<td>Total beneficiaries for whom a renewal was initiated in the reporting period</td>
<td>18,497</td>
<td></td>
</tr>
<tr>
<td>Renewals</td>
<td>and Outcomes</td>
<td>5</td>
<td>Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</td>
<td>15,535</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a</td>
<td>The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)]</td>
<td>7,815</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (1)</td>
<td>Number of beneficiaries renewed on an exparte basis</td>
<td>5,082</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (2)</td>
<td>Number of beneficiaries renewed using a pre-populated renewal form</td>
<td>2,733</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5b</td>
<td>The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</td>
<td>1,031</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5c</td>
<td>The beneficiaries terminated for procedural reasons (i.e. failure to respond)</td>
<td>6,026</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5d</td>
<td>The beneficiaries whose renewal was not completed</td>
<td>663</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td>Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been completed.</td>
<td>707</td>
<td></td>
</tr>
</tbody>
</table>
|           |                      | ATPD Count       |           | 900
The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of June.

<table>
<thead>
<tr>
<th>Month</th>
<th>Category</th>
<th>Indicator Group</th>
<th>Indicator</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2023</td>
<td>Applications Processing</td>
<td>Completed</td>
<td>2</td>
<td>Total applications completed as of the last day of the reporting period (2a+2b)</td>
<td>1,050</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2a - Non-Disability</td>
<td></td>
<td>Completed MAGI and other non-disability applications</td>
<td>794</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b - Disability</td>
<td></td>
<td>Completed disability applications</td>
<td>256</td>
</tr>
<tr>
<td></td>
<td>Pending</td>
<td>3</td>
<td></td>
<td>Total applications that remain pending as of the last day of the reporting period (3a+3b)</td>
<td>205</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3a - Non-Disability</td>
<td></td>
<td>Pending MAGI and other non-disability applications</td>
<td>161</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3b - Disability</td>
<td></td>
<td>Pending disability-related applications</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>Renewals Initiated</td>
<td>4</td>
<td></td>
<td>Total beneficiaries for whom a renewal was initiated in the reporting period</td>
<td>15,535</td>
</tr>
<tr>
<td></td>
<td>Renewals and Outcomes</td>
<td>5</td>
<td></td>
<td>Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</td>
<td>16,154</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a</td>
<td></td>
<td>The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)]</td>
<td>7,586</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (1)</td>
<td></td>
<td>Number of beneficiaries renewed on an exparte basis</td>
<td>4,880</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (2)</td>
<td></td>
<td>Number of beneficiaries renewed using a pre-populated renewal form</td>
<td>2,706</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5b</td>
<td></td>
<td>The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</td>
<td>1,118</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5c</td>
<td></td>
<td>The beneficiaries terminated for procedural reasons (i.e. failure to respond)</td>
<td>7,237</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5d</td>
<td></td>
<td>The beneficiaries whose renewal was not completed</td>
<td>213</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7</td>
<td></td>
<td>Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been completed</td>
<td>218</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ATPD Count</td>
<td></td>
<td></td>
<td>1082</td>
</tr>
</tbody>
</table>
CMS Reported Metrics - May

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Category</th>
<th>Indicator Group</th>
<th>Indicator</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2023</td>
<td>Applications Processing</td>
<td>Completed</td>
<td>2</td>
<td>Total applications completed as of the last day of the reporting period (2a+2b)</td>
<td>972</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2a - Non-Disability</td>
<td></td>
<td>Completed MAGI and other non-disability applications</td>
<td>731</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b - Disability</td>
<td></td>
<td>Completed disability applications</td>
<td>241</td>
</tr>
<tr>
<td></td>
<td>Pending</td>
<td>3</td>
<td></td>
<td>Total applications that remain pending as of the last day of the reporting period (3a+3b)</td>
<td>283</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3a - Non-Disability</td>
<td></td>
<td>Pending MAGI and other non-disability applications</td>
<td>224</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3b - Disability</td>
<td></td>
<td>Pending disability-related applications</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Renewals Initiated</td>
<td>4</td>
<td>4</td>
<td>Total beneficiaries for whom a renewal was initiated in the reporting period</td>
<td>16,154</td>
</tr>
<tr>
<td></td>
<td>Renewals and Outcomes</td>
<td>5</td>
<td>5</td>
<td>Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</td>
<td>23,236</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a</td>
<td></td>
<td>The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])</td>
<td>8,331</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (1)</td>
<td></td>
<td>Number of beneficiaries renewed on an exparte basis</td>
<td>4,136</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (2)</td>
<td></td>
<td>Number of beneficiaries renewed using a pre-populated renewal form</td>
<td>4,195</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5b</td>
<td></td>
<td>The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</td>
<td>3,772</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5c</td>
<td></td>
<td>The beneficiaries terminated for procedural reasons (i.e. failure to respond)</td>
<td>10,459</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5d</td>
<td></td>
<td>The beneficiaries whose renewal was not completed</td>
<td>874</td>
</tr>
<tr>
<td></td>
<td>ATPD Count</td>
<td>7</td>
<td>7</td>
<td>Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..</td>
<td>680</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3595</td>
</tr>
</tbody>
</table>
The table below illustrates the Centers for Medicare & Medicaid Services (CMS) unwinding eligibility and enrollment data reported for the month of April.

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator Group</th>
<th>Indicator</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications</td>
<td>Completed</td>
<td>2</td>
<td>Total applications completed as of the last day of the reporting period (2a+2b)</td>
<td>862</td>
</tr>
<tr>
<td></td>
<td>2a - Non-Disability</td>
<td></td>
<td>Completed MAGI and other non-disability applications</td>
<td>625</td>
</tr>
<tr>
<td></td>
<td>2b - Disability</td>
<td></td>
<td>Completed disability applications</td>
<td>177</td>
</tr>
<tr>
<td>Pending</td>
<td>3</td>
<td></td>
<td>Total applications that remain pending as of the last day of the reporting period (3a+3b)</td>
<td>453</td>
</tr>
<tr>
<td></td>
<td>3a - Non-Disability</td>
<td></td>
<td>Pending MAGI and other non-disability applications</td>
<td>330</td>
</tr>
<tr>
<td></td>
<td>3b - Disability</td>
<td></td>
<td>Pending disability-related applications</td>
<td>123</td>
</tr>
<tr>
<td>Renewals Initiated</td>
<td>4</td>
<td>4</td>
<td>Total beneficiaries for whom a renewal was initiated in the reporting period</td>
<td>23,236</td>
</tr>
<tr>
<td>Renewals and</td>
<td>5</td>
<td>5</td>
<td>Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</td>
<td>23,352</td>
</tr>
<tr>
<td>Outcomes</td>
<td></td>
<td>5a</td>
<td>The beneficiaries renewed and retained in Medicaid or CHIP ([(5a (1) + 5a (2))</td>
<td>11,093</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (1)</td>
<td>Number of beneficiaries renewed on an exparte basis</td>
<td>7,370</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5a (2)</td>
<td>Number of beneficiaries renewed using a pre-populated renewal form</td>
<td>3,723</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5b</td>
<td>The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</td>
<td>2,523</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5c</td>
<td>The beneficiaries terminated for procedural reasons (i.e. failure to respond)</td>
<td>8,735</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5d</td>
<td>The beneficiaries whose renewal was not completed</td>
<td>1,001</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>7</td>
<td>Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..</td>
<td>1,015</td>
</tr>
</tbody>
</table>

ATPD Count

3350
CMS Reported Metrics - March

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator Group</th>
<th>Indicator</th>
<th>Description</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications Processing</td>
<td>Completed</td>
<td>2</td>
<td>Total applications completed as of the last day of the reporting period (2a+2b)</td>
<td>562</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2a</td>
<td>Completed MAGI and other non-disability applications</td>
<td>431</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2b</td>
<td>Completed disability applications</td>
<td>131</td>
</tr>
<tr>
<td></td>
<td>Pending</td>
<td>3</td>
<td>Total applications that remain pending as of the last day of the reporting period (3a+3b)</td>
<td>693</td>
</tr>
<tr>
<td></td>
<td>3a</td>
<td></td>
<td>Pending MAGI and other non-disability applications</td>
<td>524</td>
</tr>
<tr>
<td></td>
<td>3b</td>
<td></td>
<td>Pending disability-related applications</td>
<td>169</td>
</tr>
<tr>
<td>Renewals Initiated</td>
<td>4</td>
<td>4</td>
<td>Total beneficiaries for whom a renewal was initiated in the reporting period</td>
<td>23,352</td>
</tr>
<tr>
<td>Renewals and Outcomes</td>
<td>5</td>
<td>5</td>
<td>Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)</td>
<td>18,599</td>
</tr>
<tr>
<td></td>
<td>5a</td>
<td></td>
<td>The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])</td>
<td>10,473</td>
</tr>
<tr>
<td></td>
<td>5a (1)</td>
<td></td>
<td>Number of beneficiaries renewed on an exparte basis</td>
<td>7,150</td>
</tr>
<tr>
<td></td>
<td>5a (2)</td>
<td></td>
<td>Number of beneficiaries renewed using a pre-populated renewal form</td>
<td>3,323</td>
</tr>
<tr>
<td></td>
<td>5b</td>
<td></td>
<td>The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)</td>
<td>934</td>
</tr>
<tr>
<td></td>
<td>5c</td>
<td></td>
<td>The beneficiaries terminated for procedural reasons (i.e. failure to respond)</td>
<td>4,920</td>
</tr>
<tr>
<td></td>
<td>5d</td>
<td></td>
<td>The beneficiaries whose renewal was not completed</td>
<td>272</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>7</td>
<td>Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been comp..</td>
<td>272</td>
</tr>
</tbody>
</table>

ATPD Count

20
DHHS called households with vulnerable individuals using Medicaid who **closed for failure to renew**. Of the ~500 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.

**DHHS Call Campaign Following Failure to Renew**

- In Process (Aware Due) 53.1%
- Rede Completed Open 6.3%
- Rede Complete Ineligible 5.9%
- Unaware Child Income Difference 5.9%
- New Insurance 1.7%
- Appeal 0.4%
- Unaware Renewal Due