State Reported Medicaid Unwinding Data

State are required to collect and report to the Centers for Medicare & Medicaid Services (CMS) metrics on eligibility and enrollment processes for Medicaid and State Children's Health Insurance Program (CHIP) enrollees. Beginning in 2013, states were required to collect and report monthly performance indicators, including measures related to: call centers, applications, account transfers, renewals, enrollment, disenrollment, and pending applications (CMS 2015, 2014).

Following the COVID-19 public health emergency (PHE), the Consolidated Appropriations Act of 2023 (CAA, P.L. 117-328) codified in statute the state requirement to collect and report monthly performance metrics and other reporting metrics related to the unwinding of the PHE. During the PHE, the Families First Coronavirus Response Act (FFCRA, P.L. 116-127) provided states with a temporary 6.2 percentage point increase in the federal medical assistance percentage (FMAP) if they met certain conditions, including a continuous coverage requirement for most Medicaid beneficiaries who were enrolled in the program as of or after March 18, 2020. Initially, this requirement was tied to the end of the PHE and the FMAP increase was available through the end of the calendar quarter in which the PHE ended. In 2023, Congress enacted the CAA, which decoupled the end of the continuous coverage requirement from the PHE. It also established a phase-down of the enhanced FMAP over the remainder of 2023 for states that met certain renewal processing and data reporting requirements to track state progress on completing renewals for all Medicaid and CHIP enrollees. Further, it established penalties on the enhanced FMAP if states did not report the required data (CMS 2023a).[1]

The CAA required that states complete a report summarizing their monitoring plans, as well as submit baseline and monthly unwinding data (beginning April 1, 2023) for a minimum of 14 months on their post-PHE progress (Appendix A) and the Secretary of the U.S. Department of Health and Human Services to make these data publicly available. These reporting measures relied on existing data sources and data that states already collect to meet other reporting requirements, including the performance indicator data on eligibility and enrollment processes. The collection and public reporting of these metrics presented an opportunity for improved state reporting, greater transparency about renewal processes, and transitions from Medicaid to the federally facilitated marketplace (FFM) and state-based marketplaces (SBM). The metrics included information related to renewals, disenrollment, call center operations, and transitions to marketplace coverage.

On May 9, 2024, in preparation for the end of the 14-month unwinding period, CMS published guidance to states to extend some of the unwinding flexibilities through June 30, 2025 (CMS 2024a). The flexibilities include granting an extension to states to use time-limited 1902(e)(14)(A) waivers. States used these waivers to implement strategies to increase ex parte renewal rates, support enrollees with renewal submissions, reduce procedural disenrollments, update contact information, and facilitate reinstatement of eligible individuals for procedural reasons. During the unwinding period, CMS approved 402 section 1902(e)(14)(A) waiver requests (CMS 2024b). An annual survey of state Medicaid and CHIP programs indicates that most states are considering maintaining some of these flexibilities (Brooks et al. 2024).

CMS published a State Health Official letter on May 30, 2024, describing expectations for ongoing reporting guidelines beyond the end of the unwinding period. CMS noted that these data have been helpful to CMS and the public in identifying state challenges, trends and outcomes, and improvements that may be needed. Going forward, CMS expects states to continue to report certain measures, including those that monitor enrollment, renewals, and disenrollment (Appendix A). However, states will not be expected to continue reporting data related to the processing of applications that were pending prior to the beginning of the unwinding period. Additionally, states are not required to continue reporting on SBM activities after they complete all unwinding-related renewals (CMS 2024c).

In this brief, we summarize data from the CMS unwinding reporting metrics (April 2023 – June 2024) on enrollment, disenrollment, renewals, program operations, and federally facilitated and SBM. These data do not represent all unwinding renewals, as many states received CMS approval to extend their renewals beyond the 14-month renewal period ending in June 2024. For example, a number of states had to pause terminations or delay procedural disenrollments as part of their mitigation strategies to prevent inappropriate disenrollments. As of May 2024, 11 states anticipated completing the renewal process after June 2024, so the data summarized in this brief represent renewals completed through June 2024 (CMS 2024d).

Key Unwinding Outcomes

State-reported Medicaid and CHIP unwinding data show that 94.3 million individuals were due for renewal across 50 states and the District of Columbia over the 14-month unwinding period (Table 1). Of these renewals, about 80 percent were completed by the end of June. Of those who had their coverage renewed, states completed about 68.2 percent of the renewals as ex parte renewals. Further, across the unwinding period, the percent of renewals using ex parte increased (Figure 1).

Our summary of renewals over the unwinding period shows that states classified about 20 percent of renewals as pending, which means they were not completed in the month that they were due (Table 1). These pending renewals can be attributed to several reasons, including beneficiaries turning in forms late, states adopting mitigation strategies that paused disenrollments or held procedural disenrollments as pending while issues were resolved, and states having difficulties processing all renewals before the end of the month that they are due (CMS 2024e).

Renewals and disenrollment

From April 2023 through June 2024, states reported 94.3 million individuals were due for renewal across the 50 states and the District of Columbia (Table 1). During the unwinding period, 58.4 percent of individuals were renewed, 22.0 percent had their coverage terminated, and 19.6 percent of renewals were still pending as of June 2024. States will continue to collect and report these data after the end of the unwinding period (CMS 2024c).

During this period, 55.1 million individuals had their coverage renewed and 20.7 million individuals had their coverage terminated (Table 1). In comparison to state Medicaid and CHIP baseline enrollment data (calculated using state enrollment data the month prior to the state beginning redeterminations), overall enrollment decreased by about 14.9 million (MACPAC 2024a, KFF 2024).[2] The overall number of individuals who had their coverage terminated differs from the overall decrease in enrollment for several reasons. During this period, some may have newly applied for Medicaid coverage and others who had their coverage terminated may have re-enrolled during the 90-day reconsideration period or had their coverage reinstated.[3] For example, CMS directed the 29 states and the District of Columbia that were erroneously conducting ex parte renewals at the household level (instead of at the individual level as required) to reinstate coverage for at least 500,000 individuals (CMS 2023b, 2023c). This ex parte issue was identified in August 2023, but reinstated coverage may not be accounted for in these unwinding data because states are not required to report these cases.[4]

Among those who underwent renewal, states determined about 6.9 percent of individuals ineligible for Medicaid. About 15.1 percent were procedurally disenrolled from Medicaid because they did not complete the renewal process rather than being definitively determined ineligible (Tolbert et al. 2023).

TABLE 1. National Summary of Unwinding-related Medicaid and CHIP Renewals Over Unwinding Reporting Period, April 2023-June 2024

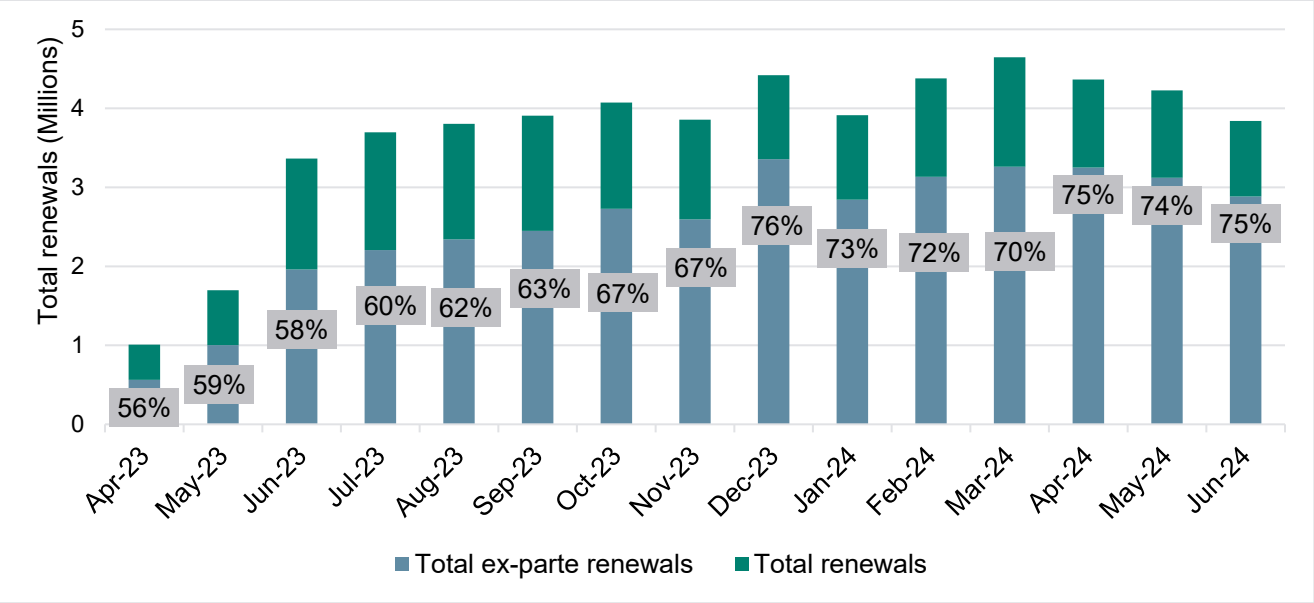
Reporting metric	April 2023 to June 2024 (50 states and DC)	
	Number (millions)	Percent
Total renewals due	**94.3**	**100%**
Coverage renewed	55.1	58.4
Ex parte or automatic renewal	37.6	39.9 (68.2 of renewals)
Renewed based on returned form	17.5	18.5 (31.8 of renewals)
Coverage terminated	20.7	22.0
Determined ineligible	6.5	6.9 (31.3 terminations)
Procedural terminations	14.3	15.1 (68.7 of terminations)
Renewals pending	18.5	19.6

Notes: DC is District of Columbia. CHIP is the State Children's Health Insurance Program. These data represent the cumulative total of renewals from April 2023 through June 2024 in all 50 states and the District of Columbia. Numbers and percentages may not sum due to rounding. The District of Columbia, Delaware, Illinois, Kansas, Kentucky, Maryland, Maine, Michigan, New Jersey, New York, South Carolina, and Virginia paused some or all procedural terminations beginning in August 2023. Additional states paused procedural renewals in other months, and states varied in when they resumed procedural terminations. Pending renewals reflect the sum of total pending renewals at the end of each reporting month and not the cumulative total of pending renewals as of the end of June 2024. States may have completed renewals pending in the month after the reporting month. Some states may have reinstated coverage for individuals who were terminated from Medicaid and CHIP in subsequent months. Those reinstatements are not reflected in the data.

Sources: CMS 2024f, 2024g; MACPAC 2024b.

Ex parte renewals. To renew beneficiaries' Medicaid coverage, states must first attempt to confirm ongoing eligibility using reliable information available to the agency without requiring information from the individual. This requirement, also known as ex parte or administrative renewals, can reduce the administrative burden for states and simplify the process for beneficiaries (CMS 2022a, 2020). Despite the requirement, there was state variation in the share of ex parte renewals (Brooks et al., 2023, Musumeci et al. 2022). States renewed coverage for 58.4 percent of all enrollees, and almost 20 percent of renewals were still pending as of June 2024. Over the course of the unwinding period, about 37.6 percent renewals occurred via ex parte, This rate varied by state and fluctuated month to month. Nationally, the average percent of renewals on an ex-parte basis increased from about 55.8 percent in April 2023 to 75.1 percent in June 2024 (Figure 1).

FIGURE 1. Total Medicaid and CHIP Renewals and Percent Renewed on an Ex-Parte Basis by Month, April 2023-June 2024

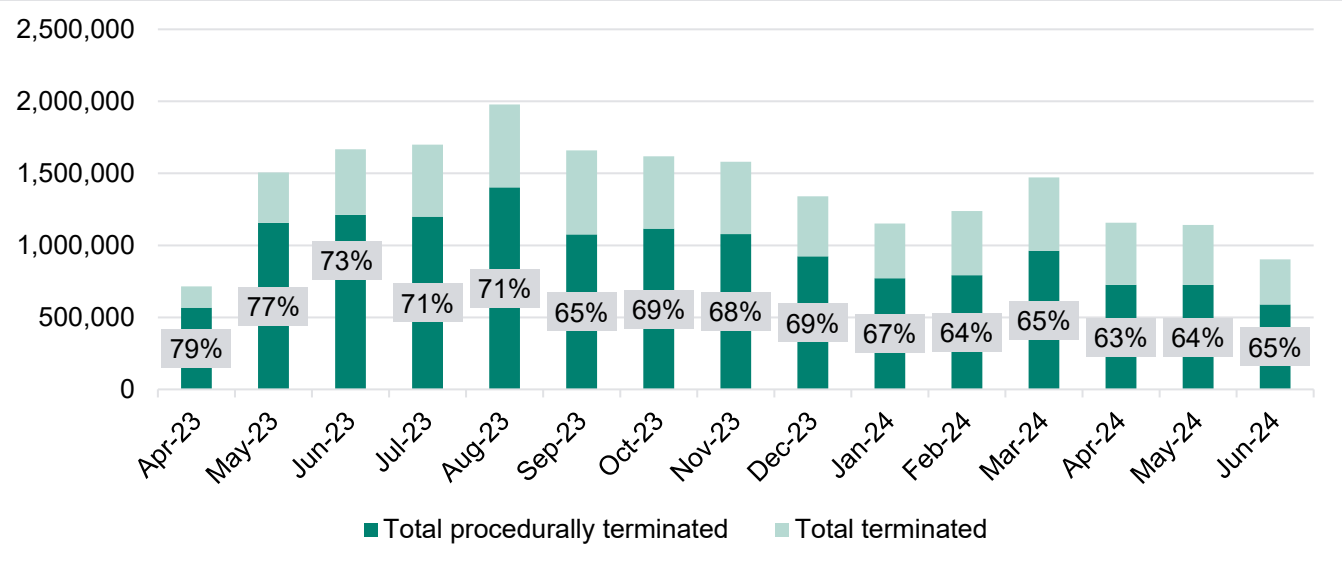


Notes: CHIP is the State Children's Health Insurance Program.

Sources: CMS 2024f, 2024g; MACPAC 2024b.

Procedural disenrollment. During the unwinding period, CMS monitored the rates of procedural disenrollment since a high rate of procedural terminations may indicate that beneficiaries are not receiving notices, unable to understand them, or unable to submit their renewal through the required modalities (CMS 2023d). Of all terminations during the unwinding period, about 68.7 percent were terminated for a procedural reason. Across the unwinding period, the rate of procedural disenrollment decreased from 79.3 percent to 65.3 percent (Figure 2).[5]

FIGURE 2. Total Medicaid and CHIP Terminations and Percent Procedurally Disenrolled by Month, April 2023-June 2024



Notes: CHIP is the State Children's Health Insurance Program. Figure displays average procedurally terminated across all 50 states and the District of Columbia as a percentage of the total terminated from Medicaid and CHIP each month.

Sources: CMS 2024f, 2024g; MACPAC 2024b.

Transitions in Coverage

If an individual is found ineligible for Medicaid but potentially eligible for another insurance affordability program, the state Medicaid agency must transfer the individual's account information to the appropriate program (42 CFR § 435.1200). In states with the FFM, the Medicaid and CHIP agencies are required to transfer the account information of individuals who are determined ineligible for Medicaid or CHIP to facilitate the transition to marketplace coverage. Similarly, in states with SBMs, state Medicaid and CHIP agencies are required to transfer account information for individuals determined ineligible. However, this process differs between states with and without integrated eligibility systems. Some SBMs have fully integrated marketplace and modified adjusted gross income (MAGI)-Medicaid and CHIP eligibility systems, and in these states, individuals who are not eligible for Medicaid or CHIP have their account transferred to the SBM without requiring the individual to submit a new application. In states with an SBM that is not integrated with the Medicaid and CHIP eligibility systems, individuals who have their accounts transferred need to submit an application for marketplace coverage.

Data from the unwinding period indicate that the percentage of individuals determined ineligible for Medicaid and CHIP who were also determined eligible for marketplace coverage with financial assistance differed among those enrolled in states with FFM and those enrolled in SBM with and without integrated systems. The percentage eligible for marketplace coverage and financial assistance was greater in states with SBM (37.3 percent in states with integrated systems and 33.0 percent in those without) than in states with FFM (18.9 percent) (Table 2).

Transitions to the federally facilitated and state-based marketplace

As of April 2024, in the 33 states that use the FFM, about 5.6 million individuals who lost Medicaid coverage had their account transferred to the FFM (Table 2).[6] Of these individuals, almost a quarter submitted a marketplace application and were determined eligible for marketplace coverage.[7] Of those who had their accounts transferred

to the FFM, about 16.7 percent selected a marketplace plan. In the remaining 17 states and the District of Columbia, which operate an SBM (with and without an integrated system), about 13.2 percent of applicants selected a marketplace plan (Table 2).

TABLE 2. Initial Data on Medicaid and CHIP Account Transfers to Marketplace Coverage, by Type of Marketplace, 2023-2024

Step in coverage transition	FFM (April 2023-April 2024)		SBM with account transfers (April 2023-June 2024)		SBM with integrated systems (April 2023-June 2024)	
	Number	Percent	Number	Percent	Number	Percent
Beneficiary lost Medicaid coverage and has account transferred to marketplace	5,623,654	100.0%	1,641,309	100.0%	5,051,549	100.0%
Individual with account transfer submitted marketplace application	1,335,284	23.7	720,133	43.9	N/A	N/A
Marketplace determined individual is eligible for marketplace coverage	1,240,968	22.1	661,285	40.3	3,360,578	66.5
Marketplace determined individual is eligible for financial assistance	1,061,442	18.9	542,098	33.0	1,882,431	37.3
Individual selected a marketplace plan	940,154	16.7	219,745	13.4	617,577	12.2

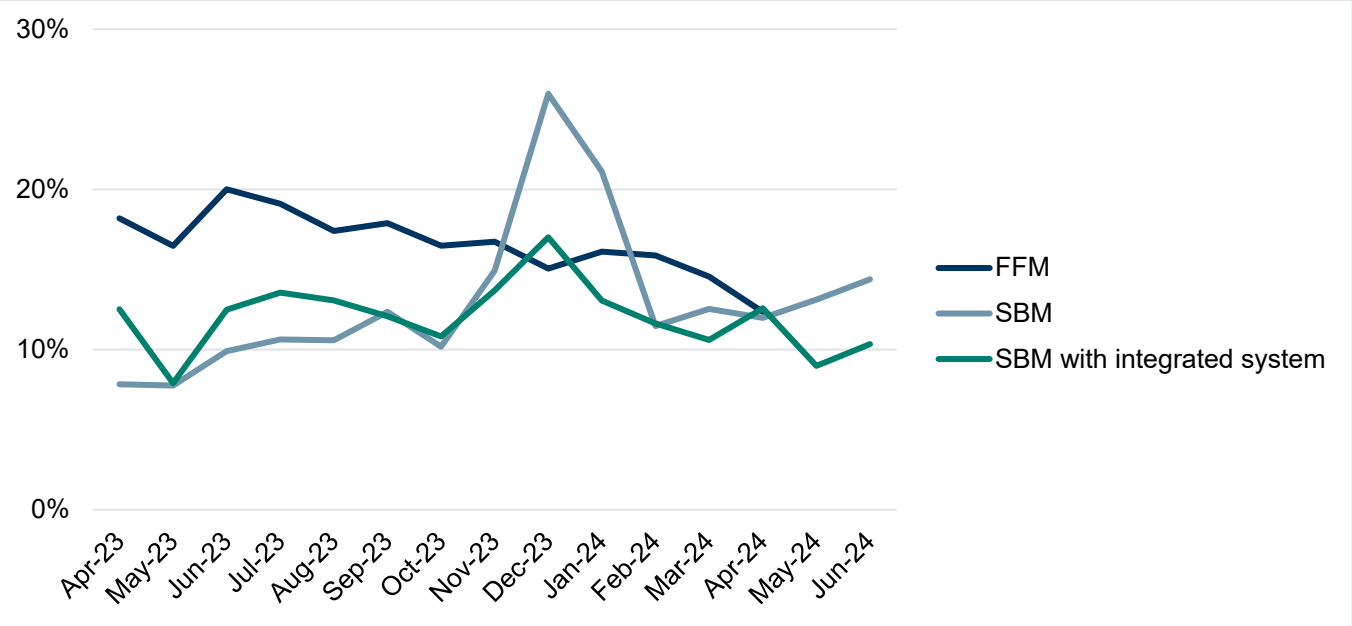
Notes: CHIP is the State Children's Health Insurance Program. FFM is the federally facilitated marketplace. SBM is the state-based marketplace. N/A is not applicable because states with integrated systems do not require beneficiaries to submit a new application. "Marketplace determined individual is eligible for marketplace coverage" are individuals who applied for marketplace coverage and were not determined eligible or potentially for Medicaid or CHIP by the FFM or SBM. Those who are determined Medicaid or CHIP-eligible or potentially eligible by the marketplace must have their account transferred back to the state Medicaid or CHIP agency (45 CFR 155.302(b), 45 CFR 155.302(c), 45 CFR 155.345).

Sources: CMS 2024i; MAPAC 2024c, 2024d.

During the unwinding period, there was some variation in the percentage of individuals who transitioned their coverage from Medicaid to a marketplace plan (Figure 3). In FFM states, of those who were determined ineligible for Medicaid and had their accounts transferred to the marketplace, the percentage who selected a marketplace plan decreased from 18.2 percent in April 2023 to 12.4 percent in April 2024. In states with an SBM and integrated systems, the percentage decreased from 12.5 percent in April 2023 to 10.3 percent in June 2024, but peaked at 17.0 percent in January 2024 during the 2023 open enrollment period. Conversely, in states with an

SBM without integrated systems, the percentage increased from 7.8 percent in April 2023 to 14.4 percent in June 2024, and the percentage also peaked in January 2024 at 26.0 percent.

FIGURE 3. Percent of Medicaid and CHIP-Enrolled Individuals with Marketplace Account Transfers Who Selected a Marketplace Plan, by type of Marketplace, April 2023-June 2024



Notes: CHIP is the State Children's Health Insurance Program. FFM is federally-facilitated marketplace. SBM is state-based marketplace. Data for HealthCare.gov on transitions to the FFM from Medicaid are released later than other state reported data on renewals and state-based marketplace data, so data are only available through April 2024 (CMS 2023h).

Sources: CMS 2024i; MAPAC 2024c, 2024d.

Operations Data

To monitor state progress, CMS releases data on applications and processing time, as well as average call center wait time and abandonment rates (CMS 2024j). Along with enrollment numbers described above, number of applications, application processing time, and call center data have long been collected but were previously not reported. These data will continue to be collected and reported after the unwinding period that ended in June 2024 (CMS 2024c).

States have collected and reported call center data to CMS since 2014, but due to concerns about the quality and comparability of these data, CMS did not report them publicly until July 2023. In assessing call center performance, it is important to note that there is variation in how states operate their call centers and report their data. These differences can make the data less reliable for purposes of state-to-state comparisons and assessing national trends. Therefore, year-to-year reporting within a state may be more useful for providing insight into how these metrics changed across the unwinding period. For example, some call centers also serve other programs like the SBM, the Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF). Call center staff in these states answer questions from individuals enrolled in or applying for other programs, as well as responding to inquiries from Medicaid and CHIP beneficiaries about renewals. In

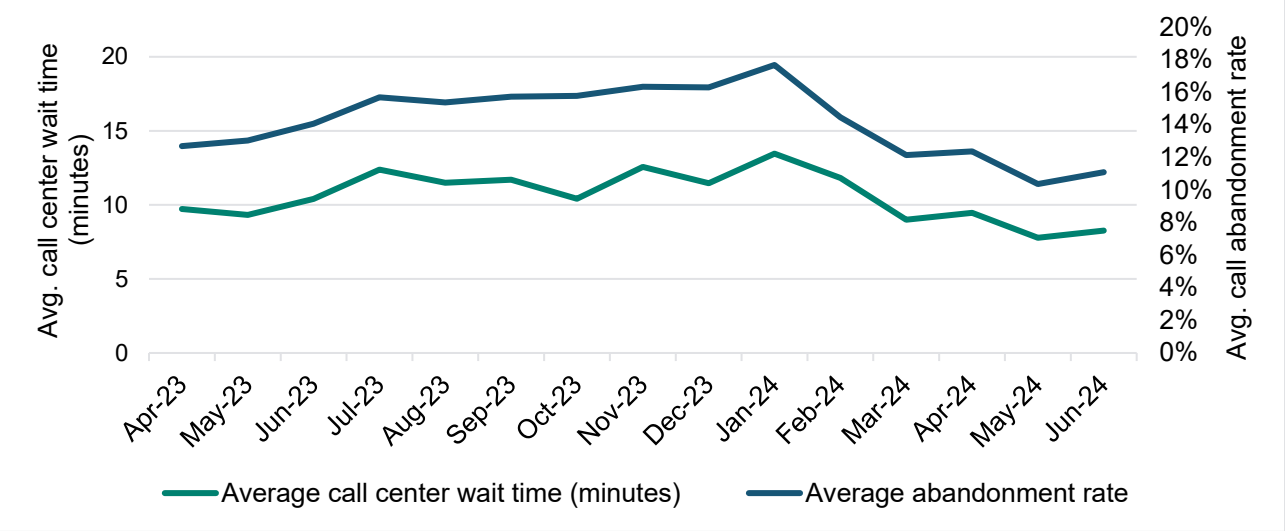
addition, some call centers offer callback options and wait times for these call centers may include the time for an operator to make the callback (CMS 2023f).[8]

Call Center Statistics

Across the unwinding period, there were variations in national and state-level trends in average monthly call center volume, wait times, and abandonment rates. Nationally, total monthly call center volume increased from April 2023 (7.1 million) through August 2023 (10.9 million) by about 3.7 million (over 150 percent increase), and then decreased and remained level until January 2024, when call center volume increased and peaked at almost 11 million calls. In June 2024, the total monthly call center volume had decreased to 8.1 million calls.

The national trends for average monthly call center wait time and average call abandonment rate (calls abandoned as a percentage of total call center volume) mirrored each other during the unwinding period, increasing until peaking in January 2024. Beginning in March 2024, both measures decreased and dipped below the April 2023 baseline rates (Figure 4). However, national trends in average call abandonment rates, overtime trends, peak wait times, and abandonment rates may obscure some of the some of the state-level variation. For example, although over half of the states reported decreases in average call abandonment rate and call center wait times over this period, many states reported increases in both measures (22 and 16 states, respectively), and a couple reported their highest averages in in June 2024. State-level results on peak average wait times and call abandonment rates show that over half of states reported their peak values between April 2023 and November 2023 (compared to the January peak at the national-level). Additionally, although the national average abandonment rate peaked at 17.7 percent, 20 states reported peak abandonment rates over 30 percent. The average national-level call center wait time peaked at over 13 minutes, but there is large variation between states. Peak wait times across states ranged from 1 minute to 72 minutes, with 14 states reporting average peak call center wait times over 30 minutes and 13 states reporting average wait times of 5 minutes or less (CMS 2024j, MACPAC 2024b).

FIGURE 4. Medicaid and CHIP National Average Call Center Wait Times and Average Call Abandonment Rate, April 2023-June 2024



Notes: CHIP is the State Children's Health Insurance Program. Average call abandonment rate is the number of monthly abandoned calls divided by the monthly call center volume.

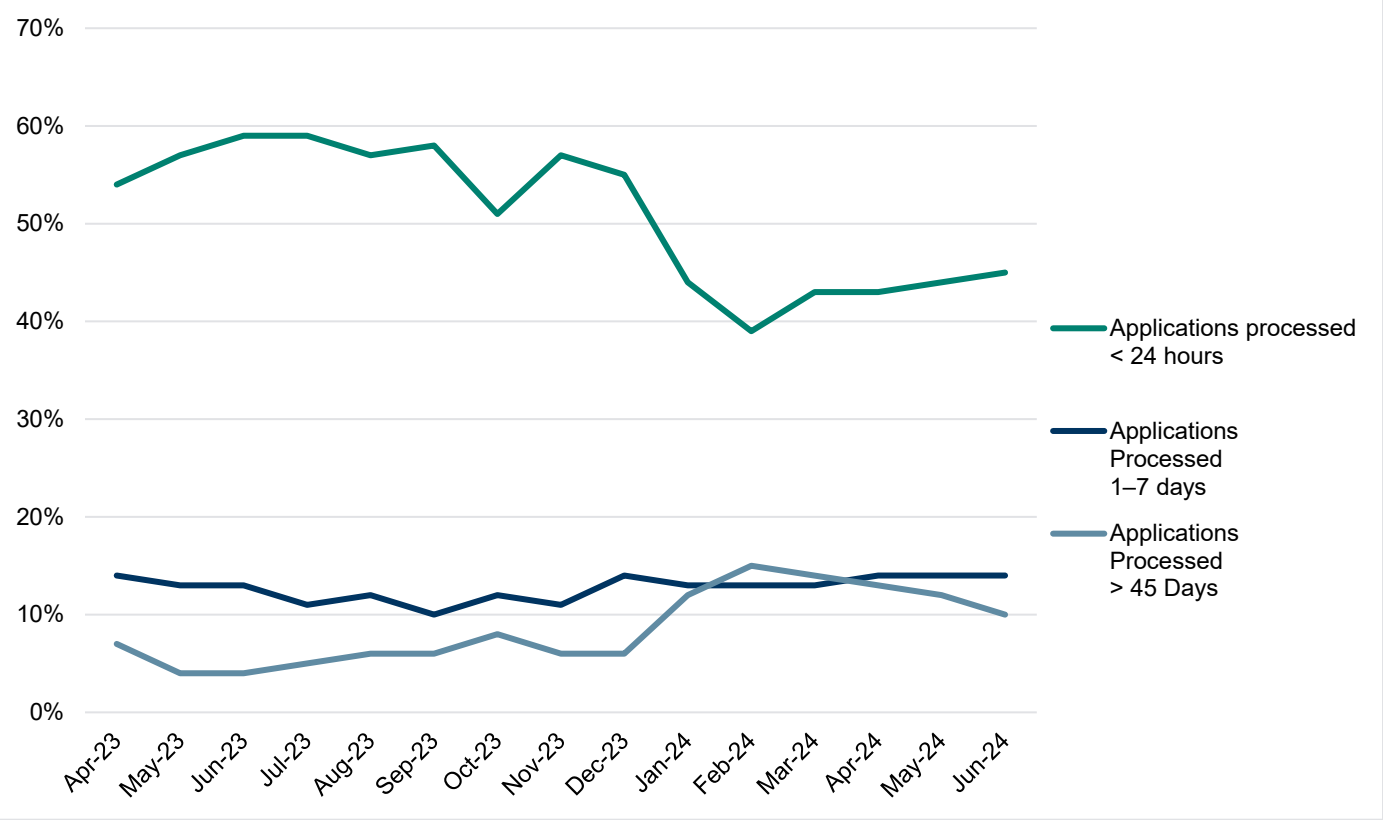
Sources: CMS 2024j, MACPAC 2024b.

Applications

During the unwinding period, states reported the number of applications (including MAGI and non-MAGI) prior to unwinding that were processed and their processing time. CMS published application processing time reports for MAGI applications (CMS 2024k). After states complete processing all of these applications, they will not be required to report these after the end of the unwinding period (CMS 2024c).

Across this period, the number of MAGI applications submitted to Medicaid and CHIP agencies and the application processing time increased. Compared to the first quarter of 2023, which was before the beginning of the unwinding period, the total number of applications in second quarter of 2024 was over 130 percent greater (6.4 million compared to 4.7 million) (CMS 2024l, 2024m). The percentage of determinations processed in less than 24 hours decreased over the 14-month unwinding period, and dipped to a low of 39 percent in February 2024. Similarly, eligibility determinations processed in greater than 45 days peaked in February 2024 at 15 percent (Figure 5).[9]

FIGURE 5. Modified Adjusted Gross Income Application Processing Time, April 2023-June 2024



Notes: MAGI is Modified Adjusted Gross Income. MAGI application processing time across all states by month during the unwinding period from April 2023 to June 2024.

Sources: CMS 2024l, 2024m, 2024n, 2024o.

Methodology

We used state Medicaid and CHIP CAA reporting metrics data, which CMS publishes quarterly, to calculate summary information on monthly enrollment, renewals, disenrollment, applications, call center call volume, and wait times (CMS 2024g). For analyses related to the transition of coverage to the FFM and SBMs, we used the HealthCare.gov marketplace Medicaid unwinding report and the SBM Medicaid unwinding report (CMS 2024h, 2024i).

Our methodology for calculating change in enrollment uses the month prior to a state beginning the unwinding as the baseline enrollment month. This approach is consistent with other unwinding analyses that have used these same data from CMS. We calculated the change in enrollment using the most current month (June 2024) of enrollment data and totaled enrollment across all 50 states and the District of Columbia (CMS 2024f, KFF 2024, MACPAC 2024a).

Endnotes

[1] If a state did not meet these reporting requirements, the federal matching rate would have been reduced by 0.25 percentage points for each fiscal quarter in which the state did not report between July 1, 2023 and June 30, 2024. The FMAP reduction compounded, meaning that for each quarter in which the state did not report, their FMAP would have been reduced an additional 0.25 percentage points. The total reduction could not exceed 1 percentage point (CMS 2023e).

[2] For purposes of measuring overall change in enrollment during this unwinding period, we compared state-level enrollment in June 2024 to the state reported baseline enrollment data. The state baseline enrollment data are from the month prior to the state beginning redeterminations, so the baseline month varies by state.

[3] Under 42 CFR 435.916(2)(iii), states must reconsider eligibility for individuals eligible on the basis of modified adjusted gross income (MAGI) without requiring the individual to complete a new application if the renewal form or requested documentation is returned within 90 days after the termination date. States have the option to provide a reconsideration period to non-MAGI individuals and extend the reconsideration period for longer than 90 days.

[4] States are not currently required to identify reinstated cases, although nine states report some form of reinstatement data on their own dashboards. However, each differs in terms of how they define the population counted within the category as well as the timeframe. For example, Virginia reports the number of individuals who were disenrolled for procedural reasons and then reinstated in the one, two, or three months (Zylla and Lukanen, 2023).

[5] States initiated their first cohort of post-PHE renewals via ex parte, with most states taking between 45 and 90 days to complete renewals for a cohort (CMS 2023g).

[6] The FFM is unable to report whether a consumer lost Medicaid or CHIP until a few months following the coverage loss date. As such, data on individuals transitioning from Medicaid or CHIP to the federal marketplace is available later than data on renewals or early marketplace data (CMS 2023g).

[7] Individuals who are considered eligible for marketplace coverage are individuals who applied for marketplace coverage and were not determined Medicaid or CHIP-eligible or potentially Medicaid or CHIP-eligible by the marketplace. Those who are determined Medicaid or CHIP-eligible or potentially eligible by the marketplace must have their account transferred back to the state Medicaid or CHIP agency (45 CFR 155.302(b), 45 CFR 155.302(c), 45 CFR 155.345) (CMS 2024g).

[8] CMS sent letters with state-specific data and noted the agency's concerns where states may be out of compliance or lagging in particular areas, including for 16 states with concerns regarding call center wait times and abandonment rates. The letters also noted the importance of call centers in providing support for completing renewals and applications and that excessive wait times and abandonment rates may indicate barriers. CMS recommended that states review call center data and operations

and adopt strategies such as hiring additional staff, contracting with vendors for additional services, extending call center hours, automating systems to triage calls, or implementing callback options (CMS 2023d).

[9] In the August 2023 letter to states, CMS also noted the requirement to comply with application processing timelines, noting this as a concern to 16 states. CMS acknowledged that application processing time may increase during the unwinding period due to pending applications that state agencies must also process and increased application volume associated with disenrolled individuals that have submitted new applications (CMS 2023b).

References

Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services. 2022. *Unwinding the Medicaid continuous enrollment provision: Projected enrollment effects and policy approaches.* Washington, DC: ASPE. https://aspe.hhs.gov/sites/default/files/documents/dc73e82abf7fc26b6a8e5cc52ae42d48/aspe-end-mcaid-continuous-coverage.pdf.

Brooks, T., J. Tolbert, A. Gardner, B. Corallo et al. 2024. A look at Medicaid and CHIP eligibility, enrollment, and renewal policies during the unwinding of continuous enrollment and beyond. Washington, DC: KFF. https://www.kff.org/medicaid/report/a-look-at-medicaid-and-chip-eligibility-enrollment-and-renewal-policies-during-the-unwinding-of-continuous-enrollment-and-beyond/.

Brooks, T., A. Gardner, A. Osorio, et al. 2023. Medicaid and CHIP eligibility, enrollment, and renewal policies as states prepare for the unwinding of the pandemic-era continuous enrollment provision. Washington, DC: Kaiser Family Foundation. https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024a. *Extension of temporary unwinding-related flexibilities.* Baltimore, MD: CMS. https://www.medicaid.gov/federal-policy-guidance/downloads/cib050924-e14.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024b. COVID-19 PHE unwinding section 1902(e)(14)(A) waiver approvals. Baltimore, MD: CMS. https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/covid-19-phe-unwinding-section-1902e14a-waiver-approvals/index.html#:~:text=As%20of%20July%2012%2C%202024,Completion%20to%20Reduce%20Procedural%20Terminations.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024c. *Continuation of certain Medicaid and CHIP eligibility processing data reporting.* Baltimore, MD: CMS. https://www.medicaid.gov/federal-policy-guidance/downloads/sho24002.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024d. Scheduled state timelines for completing unwinding-related renewals. Baltimore, MD: CMS. https://www.medicaid.gov/resources-for-states/downloads/sst-cmpltng-unwndng-rnwls-prlmnry-anlys-05312024.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024e. Medicaid and CHIP unwinding: Data sources and metrics definitions overview. Baltimore, MD: CMS. https://www.medicaid.gov/resources-for-states/downloads/data-sources-and-definitions.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024f. Medicaid and CHIP CAA reporting metrics. Baltimore, MD: CMS. https://data.medicaid.gov/dataset/ebcfc16f-8291-4c61-82a4-055846d72f3a.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024g. HealthCare.gov marketplace Medicaid unwinding report. Baltimore, MD: CMS. https://data.medicaid.gov/dataset/9a83ba5e-05f5-47f5-82de-f3a59233a912.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024h. Notice of technology and process upgrades for account transfer functionality for states served by marketplaces on the federal platform. Baltimore, MD: CMS. https://www.medicaid.gov/federal-policy-guidance/downloads/cib10102024.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024i. State-based marketplace (SBM) Medicaid unwinding report. Baltimore, MD: CMS. https://data.medicaid.gov/dataset/5670e72c-e44e-4282-ab67-4ebebaba3cbd.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024j. *State Medicaid and CHIP applications, eligibility determinations, and enrollment data.* Baltimore, MD: CMS. https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024k. Medicaid modified adjusted gross income & Children's Health Insurance Program application processing time report. Baltimore, MD: CMS. https://www.medicaid.gov/state-overviews/medicaid-modified-adjusted-gross-income-childrens-health-insurance-program-application-processing-time-report/index.html.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024l. *MAGI application processing time snapshot report: April 2024 – June 2024.* Baltimore, MD: CMS. https://www.medicaid.gov/state-overviews/downloads/magi-app-process-time-snapshot-rpt-apr-jun-2024.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024m. *MAGI application processing time snapshot report: January 2024 – March 2024.* Baltimore, MD: CMS. https://www.medicaid.gov/state-overviews/downloads/magi-app-process-time-snapshot-rpt-jan-mar-2024.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024n. *MAGI application processing time snapshot report: October 2023 – December 2023.* Baltimore, MD: CMS. https://www.medicaid.gov/state-overviews/downloads/magi-app-process-time-snapshot-rpt-oct-dec-2023.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2024o. *MAGI application processing time snapshot report: July 2023 – September 2023.* Baltimore, MD: CMS. https://www.medicaid.gov/state-overviews/downloads/magi-app-process-time-snapshot-rpt-jul-sep-2023.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023a. *Data Overview: Medicaid and CHIP renewals and returning to regular operations, last updated: September 2023.* Baltimore, MD: CMS. https://www.medicaid.gov/sites/default/files/2023-09/data-overview-092023.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023b. Letter from Daniel Tsai to state Medicaid directors regarding "Requirements to conduct Medicaid and CHIP renewal at the individual level." August 30, 2023. https://www.medicaid.gov/sites/default/files/2023-08/state-ltr-ensuring-renewal-compliance.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023c. *Preliminary overview of state assessments regarding compliance with Medicaid and CHIP automatic renewal requirements at the individual level, as of September 21, 2023*. Baltimore, MD: CMS. https://www.medicaid.gov/sites/default/files/2023-09/state-asesment-compliance-auto-ren-req_0.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023d. *MAGI application processing time snapshot report: April 2023 - June 2023.* Baltimore, MD: CMS. https://www.medicaid.gov/sites/default/files/2023-10/magi-app-process-time-snapshot-rpt-apr-jun-2023.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023e. Medicaid; CMS enforcement of state compliance with reporting and federal Medicaid renewal requirements under Section 1902(tt) of the

Social Security Act. Interim final rule with comment period. *Federal Register* 88, no. 233 (December 6): 84713–84737. https://www.govinfo.gov/content/pkg/FR-2023-12-06/pdf/2023-26640.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023f. *Medicaid and CHIP unwinding operations snapshot – August 2023 data (released November 2023).* Baltimore, MD: CMS. https://www.medicaid.gov/sites/default/files/2023-11/medicaid-chip-unwinding-oper-snap-august2023.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2023g. Data reporting Medicaid and CHIP renewals: Returning to regular operations. https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-data-reporting/index.html.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2022a. Ex parte renewal: Strategies to maximize automation, increase renewal rates, and support unwinding efforts. Baltimore, MD: CMS. https://www.medicaid.gov/sites/default/files/2022-10/ex-parte-renewal-102022.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2022b. The Coverage Learning Collaborative: Medicaid and Children's Health Insurance Program (CHIP) eligibility and enrollment unwinding data reporting and submission. Baltimore, MD: CMS. https://www.medicaid.gov/resources-for-states/downloads/unwinding-data-training-slides.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2022c. *Medicaid and Children's Health Insurance Program eligibility and enrollment data specifications for reporting during unwinding: Updated December 2022.* Baltimore, MD: CMS. https://www.medicaid.gov/sites/default/files/2022-12/unwinding-data-specifications-dec-2022.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2022d. *Unwinding eligibility and enrollment data reporting template.* Baltimore, MD: CMS. https://www.medicaid.gov/resources-for-states/downloads/unwinding-data-rprt.xlsx.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2020. Center for Medicaid and CHIP Services informational bulletin regarding "Medicaid and CHIP renewal requirements." December 4, 2020. https://www.medicaid.gov/federal-policy-guidance/downloads/cib120420.pdf.

Medicaid and CHIP Learning Collaboratives, Centers for Medicare & Medicaid Services (CMS). 2015. Training materials for state staff: Overview of the Medicaid and CHIP eligibility and enrollment performance indicators. Baltimore, MD: CMS https://www.medicaid.gov/medicaid/downloads/overview-of-performance-indicator-project.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2014. Performance indicators data dictionary. Baltimore, MD: CMS. https://www.medicaid.gov/medicaid/downloads/performance-indicators-datadictionary.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2011a. Medicaid program; Federal funding for Medicaid eligibility determination and enrollment activities. *Federal Register* 76, no. 75 (April 19): 21950–21975. https://www.govinfo.gov/content/pkg/FR-2011-04-19/pdf/2011-9340.pdf.

Centers for Medicare & Medicaid Services (CMS), U.S. Department of Health and Human Services. 2011b. Enhanced funding requirements: Seven conditions and standards. Medicaid IT Supplement (MITS-11-01-v1.0). Baltimore, MD: CMS. https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf.

KFF. 2024. Medicaid enrollment and unwinding tracker. July 23. Washington, DC: KFF. https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-state-enrollment-and-unwinding-data/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2024a. MACPAC analysis of CMS State Medicaid and CHIP applications, eligibility determinations, and enrollment data, June, 28, 2024. https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2024b. MACPAC analysis of CMS Medicaid and CHIP CAA reporting metrics, September 30, 2024. https://data.medicaid.gov/dataset/ebcfc16f-8291-4c61-82a4-055846d72f3a/.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2024c. MACPAC analysis of CMS HealthCare.gov transitions marketplace Medicaid unwinding report, September 30, 2024. https://data.medicaid.gov/dataset/5636a78c-fe18-4229-aee1-e40fa910a8a0.

Medicaid and CHIP Payment and Access Commission (MACPAC). 2024d. MACPAC analysis of CMS state-based marketplace (SBM) Medicaid unwinding report, September 30, 2024. https://data.medicaid.gov/dataset/5670e72c-e44e-4282-ab67-4ebebaba3cbd.

Musumeci, M., M. O'Malley Watts, and M. Ammula. 2022. Medicaid public health emergency unwinding policies affecting seniors and people with disabilities: Findings from a 50-state survey. Washington, DC: Kaiser Family Foundation. https://www.kff.org/medicaid/issue-brief/medicaid-public-health-emergency-unwinding-policies-affecting-seniors-people-with-disabilities-findings-from-a-50-state-survey/.

Tolbert, J. R. Rudowitz, and P. Drake. 2023. Understanding Medicaid procedural disenrollment rates. Washington, DC: KFF. https://www.kff.org/policy-watch/understanding-medicaid-procedural-disenrollment-rates/.

Zylla, E. and E. Lukanen. 2023. States' reporting of Medicaid unwinding reinstatement data. Princeton, NJ: State Health & Value Strategies. https://www.shvs.org/states-reporting-of-medicaid-unwinding-reinstatement-data/.

APPENDIX A: Unwinding Reporting Requirements

CMS reporting requirements through June 2024

In March 2022, CMS released a template and data specifications for baseline and monthly reporting metrics to assist the agency and states in monitoring the return to routine operations. On May 30, 2024, CMS published a State Health Official letter regarding guidance for state reporting after the unwinding period. After June 2024, CMS expects states to continue to report certain measures, including those related to renewal actions, to support monitoring of enrollment, renewals, and disenrollment. States will not be expected to continue reporting data related to the processing of applications that were pending prior to the beginning of the unwinding period (CMS 2024c).

In developing these metrics, CMS reviewed other data states were already required to report to ensure that they were not duplicating efforts. The agency also sought a balance between requesting information specifically needed to track the milestones and requirements laid out in the unwinding guidance and keeping the requirements as streamlined as possible. Additionally, to ease the submission process, CMS directed states to report these data using the same timelines and platforms they use to submit existing performance indicator data (CMS 2022b).[1]

The baseline report was meant to serve as a starting point to track the number of pending eligibility and enrollment actions that need to be addressed during the unwinding period. The baseline reports included data on pending applications, renewals, and fair hearings and were due at the end of the month prior to the state's unwinding period. Monthly reports track progress addressing pending actions throughout the unwinding period. States are required to report data on pending and completed applications and renewals and pending fair hearings (Table 1). Monthly reports are due on the 8th calendar day of each month (CMS 2022b, 2022c, 2022d).

TABLE A-1. Metrics Included in Monthly Unwinding Reports During and After Unwinding

Monthly report Through June 2024	Monthly reporting after June 2024
Application processing	
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	**Discontinued after completing application processing for all applications that were pending at the beginning of unwinding**
1a. Total MAGI and other non-disability applications (2a+3a)	
1b. Total disability-related applications (2b+3b)	
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)	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	
2b. Completed disability-related applications as of the last day of the reporting period	
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)	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	
3b. Pending disability-related applications as of the last day of the reporting period	
Renewals initiated	
4. Total beneficiaries for whom a renewal was initiated in the reporting period	**Yes**

Monthly report Through June 2024	Monthly reporting after June 2024
Renewals and outcomes	
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	**Yes**
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)]	
5a (1) Number of beneficiaries renewed on an ex parte basis	
5a (2) Number of beneficiaries renewed using a pre-populated renewal form	
5b. Of the beneficiaries included in metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to marketplace)	
5c. Of the beneficiaries included in metric 5, the number terminated for procedural reasons (i.e. failure to respond)	
5d. Of the beneficiaries included in metric 5, the number whose renewal was not completed	
6. Month in which renewals due in the reporting month were initiated	
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	
Medicaid fair hearings	
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	**Yes**

Notes: MAGI is modified adjusted gross income and refers to those individuals whose eligibility is determined using MAGI methodologies, including children, pregnant women, parents, and non-disabled adults. Eligibility for those who are over age 65 and eligible on the basis of a disability or a need for long-term services and supports continues to be determined through pre-Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) methods. CHIP is State Children's Health Insurance Program.

Source: CMS 2024c, 2022d.

Endnote

[1] The performance indicator data are intended to provide consistent, monthly metrics on key Medicaid and CHIP eligibility and enrollment processes to support program monitoring. States are required to report performance indicator data for 11 topic areas as a condition of states receiving the enhanced matching rate for their information technology systems.