

Medical Care Advisory Committee (MCAC)

January 8, 2024

Minutes

Members: Lisa Adams, Kathy Bates, Brooke Belanger, Marissa Berg, Jake Berry, Vanessa Blais, Kelley Capuchino, Lisa DiMartino, Joan Fitzgerald, Ellen Keith, Karen Rosenberg, Rhonda Siegel, Lisabritt Solsky Stevens, Holly Stevens (Chair)

Alternates: Deodonne Bhattarai, Emily Johnson, Isadora Rodriguez-Legendre, Jonathan Routhier, Cheryl Steinberg, Carolyn Virtue, James Zibailo

Excused: N/A

DHHS: Scott Beckwith, Robert Berry, David Chorney, Vernon Clough, Jody Farwell, Krysten Finefrock, Sarah Finne, Katja Fox, Reuben Hampton, Shirley Iacopino, Sara Lacharite, Jillian Landry, Henry Lipman, Ellen MacNeil, Olivia May, Jordan McCormick, Catrina Rantala, Carolyn Richards, Laura Ringelberg, Dawn Tierney

Guests: Danielle Amero, Marcia Bagley, Lisa Beaudoin, Krystal Chase, Rachel Chumbley, Sarah Doherty, Juliet Domb, Cheryl Frey, Jane Gronbeck, Brooke Holton, Kristina Ickes, Lisa Kazakis, Heidi Kroll Gallagher, Debra Lang, Zoe McGuirk, Timothy McSherry, Michael Miller, Nicole Murphy, Susan Paschell, Lisa Pettengill, Amy Pidhurney, Erica Ross-Skianes, Leah Stagnon, Virginia Rouse, Jena Rutter, Erin Sopinsky, Kurt Strohmeyer

Review/Approval: December 11, 2023 Minutes

- Carolyn Virtue submitted a requested modification to the minutes which the Department will incorporate.
- The minutes were approved.

Agenda Items – February 12, 2024

- There is a planned agenda item concerning Community Mental Health Center's Uncompensated Care and Medicaid Redeterminations.

Legislative Update

- Rob Berry, Esq., Medicaid Counsel, presented on key legislation being tracked by the Department. He highlighted the following items of interest. "HB" indicates House Bill and "SB" indicates Senate Bill.
 - HB 1028, Relative to the definition of mental illness. This removes intellectual disability as an exception to a mental illness definition. Holly Stevens asked if this was by request of the Disability Rights Center. Karen Rosenberg responded it was not at their request but they are aware of it and agree it would be helpful to eliminate the presumption that someone with a developmental disability should be excluded from services. Holly Stevens asked if there is also law restricting services to those with substance use

disorder and perhaps an amendment should be explored to address that. Lisa DiMartino shared that her son navigates both systems and does see a provider who delivers services in both systems. Ellen Keith shared her view that this is an important issue. Henry Lipman suggested that the State is working on the avenue for CMHCs to serve dually affected individuals and recommends consulting the program area. The discussion concluded with the Department planning to seek further clarity from program experts.

- HB 1070 is relative to procedures during state of emergency. State employees would be prohibited from following executive branch orders that violate civil rights.
- HB 1156 is relative to public health safety and state sovereignty which would prohibit the State of New Hampshire from submitting to the jurisdiction of the Centers for Disease Control and the World Health Organization.
- HB 1168 establishes a committee to study the impact of the housing crisis on people with disabilities.
- HB 1245 is relative to the release of confidential records. This would add another layer to guardianships.
- HB 1495 makes provisions for the prospective of all legislative acts on a sliding scale based on the vote count when passed by the House of Representatives.
- HB 1520 establishes a family assistance car ownership pilot.
- HB 1585 is relative to medication administration by direct staff of residential care facilities.
- HB 1593 is relative to funding for developmental services community integration.
- HB 1604 is relative to the use of electronic health records. It would prohibit exclusivity in terms of requiring health care providers to maintain records electronically. Providers would have the choice to maintain electronic or paper records.
- HB 1616 is relative to parental consent within the Medicaid to schools program.
- HB 1660 is relative to coverage of certain procedures for minor children.
- HB 1663 is relative to the confidentiality of medical records. This is a significant bill that would make confidentiality and privacy more stringent than HIPAA.
- HB 1683 is relative to restrictions on surgery for circumcision under the Medicaid state plan.
- HB 1702 is relative to the oversight of Liquor Commission funding and would repeal the Liquor Commission fund.
- SB 177 is relative to health insurance coverage for children under 19 years of age.
- SB 178 is relative to coverage of specialty formulas.
- SB 312 is relative to third party liability in Medicaid, this adds managed care organizations into the statutory scheme.
- SB 337 is relative to doula and lactation service provider certification, which addresses follow items emerging from legislation passed last year.
- SB 351 is relative to statewide work requirements.
- SB 400 is relative to patient access to medical records.
- SB 401 is relative to removing the prospective appeal of the Granite Advantage Health Care Program and trust fund. This makes it permanent. SB 263 was the Granite Advantage extension bill from last year and was defeated in the House.
- SB 403 is relative to healthcare workforce investments.
- SB 405 is relative to certain rulemaking authority regarding long term care.
- SB 408 is relative to the housing crisis impacts on the disability community.
- SB 409 is relative to ambulance services.

- SB 410 is establishing a mental health community and transitional housing fund.
- SB 411 is relative to emergency mental health services for 21 and younger, this was heard last week.
- SB 455 is relative to Medicaid reimbursement for prosthetics and orthotics and is set to be heard this Wednesday at the Senate.
- SB 484 is relative to completion of the birth worksheet. The Department is following this closely.
- SB 497 is relative to establishing the disproportionate share hospital fund, the non-lapsing fund for disproportionate share hospital redistribution.
- SB 499 is relative to reduction of hunger for children and older adults and was heard last week.
- SB 554 is relative to provider enrollment licensure. This allows the Office of Professional Licensure and Certification and the Department to share information for purposes of provider enrollment.
- SB 555 is relative to the receipt of rebates for pharmaceuticals and could have a significant impact on Medicaid rebates.

Proposed Rule: He-W 572 – Ambulance Services

- Dawn Tierney, Policy Administrator for Medicaid, presented an interim rule on Medicaid ambulance services that was approved at the Joint Legislative Committee on Administrative Rules. There were no comments.

End of Continuous Coverage Requirement: Medicaid Unwind

- Henry Lipman presented a slide deck available at the end of the minutes and highlighted the following slides:
 - The Department is now within 2,301 individuals of the pre-pandemic enrollment levels.
 - He presented on child population trends from 2015-2023 to provide context around the change in enrollment levels of children in Medicaid. The Centers for Medicaid and Medicare Services released information about nine states with high disenrollment rates for children. The Centers had a different definition of children than the Department uses, looking at up to 23 years of age. They did that because someone who was 20 in March of 2020 may still have coverage available to them. It is not unreasonable to frame the population this was but the Department had not realized this definition would be used. When looking at the child population, 47.3% of the protected group is retained children and 4% went to other categories of eligibility. 48.9% remained closed. The number one reason for not retaining coverage was income.
 - In the protected population, the number one reason to not redetermine is income followed by failure to redetermine.
 - Among children, failure to redetermine is the leading reason for disenrollment following by income.
 - There are 272 future redeterminations to be done for the long-term care population.
 - Kelley Capuchino thanked the Department for the work being done on this issue.
 - Henry Lipman shared a link to a video on the Medicare Special Enrollment Period done with the New Hampshire Insurance Department and the navigators, available here: [Regular Medicaid Eligibility Operations Resume | New Hampshire Department of Health and Human Services \(nh.gov\)](#)

- Marissa Berg asked about a discussion last month about adults with disabilities and their eligibility number being lower. The Department added information on this topic in the slides reflected here, noting that a similar trend was underway before the pandemic.
- Kathy Bates asked about the process of redetermination and whether the Department is exploring opportunities to make the process easier. She noted that she has personally had confusion navigating the process and receives help but is concerned that not everyone has access to this help. She raised the issue that some individuals may have particular difficulties understanding the process or need technological support to access it. Henry emphasized the importance of passively renewing individuals whenever the Department has information to do so, but that the process is an issue and should be improved. Henry mentioned the service link organizations, case managers at the MCOs, as examples of community based assistance with the process. The State of New Hampshire is also working with community banking organizations to discuss fees to gather financial verification information. Lisabritt Solsky Stevens noted that the timing of social security information being released and cost of living adjustments is very strenuous for agencies and recipients. Henry Lipman stated that in an upcoming meeting with the Centers for Medicare and Medicaid Services, he will raise this issue along with Senator Shaheen's staff in a separate upcoming meeting. Kelley Capuchino raised that revisiting the streamlining of the notice of decisions would be a helpful opportunity. Cheryl Steinberg raised another issue around people uploading documents to New Hampshire EASY and not being able to see what has been uploaded. Lisa DiMartino agreed with this being an issue.

Rules Subcommittee He-M 503, 504, 505, 507, 522, 1001, 517

Carolyn Virtue, Presenter; Lisabritt Solsky (Chair)

- The subcommittee has concluded its work. Carolyn Virtue requested continuing updates on these rules.

Rules Subcommittee He-E 310

- Carolyn Virtue reported that on Friday the subcommittee met. Joan Fitzgerald, Cheryl Steinberg, Lisa DiMartino, Carolyn Virtue and Kate Kaplan on behalf of the Elderly and Adult Services met.
 - The subcommittee recommends that RSA 151:21 and 151:21-b (Home Care Bill of Rights) be the statutory basis for the rule and the rule be promulgated in accordance with those statutes.
 - The subcommittee asks that the Department specifically identify in the rules the process or manner a participant or designee can engage in a request for enforcement of their rights. Cheryl Steinberg elaborated that the concern is that currently in rule, a Choices for Independence participant can file a complaint through Adult Protective Services or the Long Term Care ombudsman or the Office of Civil Rights ombudsman if they are getting services in the home. The subcommittee asked: what is the capacity of the Office of Civil Rights ombudsman to handle such complaints? There is a more elaborated process for Development Disabilities waiver participants and the subcommittee would like to see equivalence for Choices for Independence participants. Carolyn Virtue asked on behalf of the subcommittee that the Department specifically identify in the rule the responsible entity for enforcement of the rule.
 - Carolyn Virtue shared on behalf of the subcommittee: Notably missing from all sections of this rule is the Department's obligations to the participants and we would like those

included. For example, timeframes that are required to respond to applications, and service authorizations. There should be some method for the individual to use if they have a problem with rights being violated by the Department. For all sections of the rule which mandate actions by private providers, we would like the statutory authority for those mandates identified in the rule or we would like them removed if there is no statutory authority.

- Carolyn Virtue shared on behalf of the subcommittee: Notice of rights of participants and applicants in this current rule states that those rights are supposed to be identified for the consumers by the providers. This process starts long before people are in contact with providers so we believe the notice of the rights should be provided by the Department because the Department is engaged with participants and applicants long before any provider is engaged.
- Carolyn Virtue shared on behalf of the subcommittee: We recommend that contact be made with certain stakeholders specifically and including those governed by the 161(j) which the Department cites as part of their authority. With few exceptions there is no statutory authority cited for the definitions, please provide a statutory authority or remove the definition. We would like to know what the Department's obligations are in facilitating access to care, specifically under the He-301.06 section. We would like to see the term "health care provider" struck and replaced with "participants prescribing practitioner".
- Carolyn Virtue shared on behalf of the subcommittee: We have scheduled a meeting for two weeks out and we would very much like to work with the Department to facilitate these changes.
- Kelley Capuchino noted that definitions not in statute can appear in rules and Carolyn Virtue noted this is an overly broad rule and the rule must be based in some way on what is in the chapter. There is more in the chapter regarding Mental Health than the RSA 151. Lisabritt Solsky Stevens and Brooke Belanger echoed that it is important for Department to have ability to define in rulemaking and consistency in definitions across rules is important.

Department Updates

- HB 2 Rate Increases are viewable here:
<https://www.nhmmis.nh.gov/portals/wps/wcm/connect/ac731cb5-bbd4-451d-b3f9-51010473e4ae/NHCSR-OMBP-1-Provider-Provider+Fee+Schedule+Notice+1.1.2024-Att1-20240105.pdf?MOD=AJPERES&CVID=oPr0m4z>
- Dr. Sarah Finne provided an update on the adult dental program, sharing that she recently received new data. Our provider enrollment continues to grow slowly and gradually. As of this morning, 157 providers are enrolled at 107 distinct locations. Included in those numbers are 21 oral surgeons at 20 locations which is a significant increase. The adult dental vendors are doing a tremendous amount of one-on-one outreach and recruiting. The information they are trying to share is their responsiveness to issues early on and hopefully the changes will help to increase provider network. We saw a drop in claims in the month of December. There were 1800 claims in this past month for 1540 distinct members. Information is forthcoming on the mobile services schedule. There were a tremendous number of meetings in the month of December reaching out to public health networks and outside organizations to identify where the areas of need are and asking advocates in the field where the actual physical locations that might work best for

continuing mobile services. Those mobile services will be recurring, they are not intended to be a one-time intervention. There have been targeted rate increases on key dental services as well to support provider participation. We identified that individuals who are in the Health Insurance Premium Program were not put into the adult dental benefit and the Department is working to remedy this. Ellen Keith asked about care management through the managed care organizations and whether this could be a good opportunity to let beneficiaries know about the benefit. Ellen Keith asked if there is long term tracking of who receives services and use of the emergency department to measure savings of the program. Dr. Finne responded that one of the ways we can track this is the tele-dentistry call line, which serves for folks who may need to get in touch with an actual dentist to determine if emergency services are needed. There is other tracking underway but it is too early for this analysis.

- Disability Determination Unit (DDU) Scott Beckwith, Bureau of Family Assistance
 - Scott shared some end of calendar year numbers. There was an increase in 2023 comparing to 2019 in applications.
- Medicaid Care Management (MCM) 3.0 Henry Lipman, Medicaid Director
 - The contracts were presented to Governor and Executive Council in December and the item was tabled, as was anticipated for contracts of this impact and magnitude (these contract have since been approved at the January 10th meeting).
- Home and Community Based Services (HCBS) Spending Plan Henry Lipman, Medicaid Director
 - The next quarterly report to the Centers for Medicare and Medicaid Services is due next week.
- Waivers, Henry Lipman, Medicaid Director
 - We continue to work on renewal of the Substance Use Disorder-Serious Mental Illness waiver which includes the community reentry component. We are also pursuing the addition of the presumptive eligibility component.

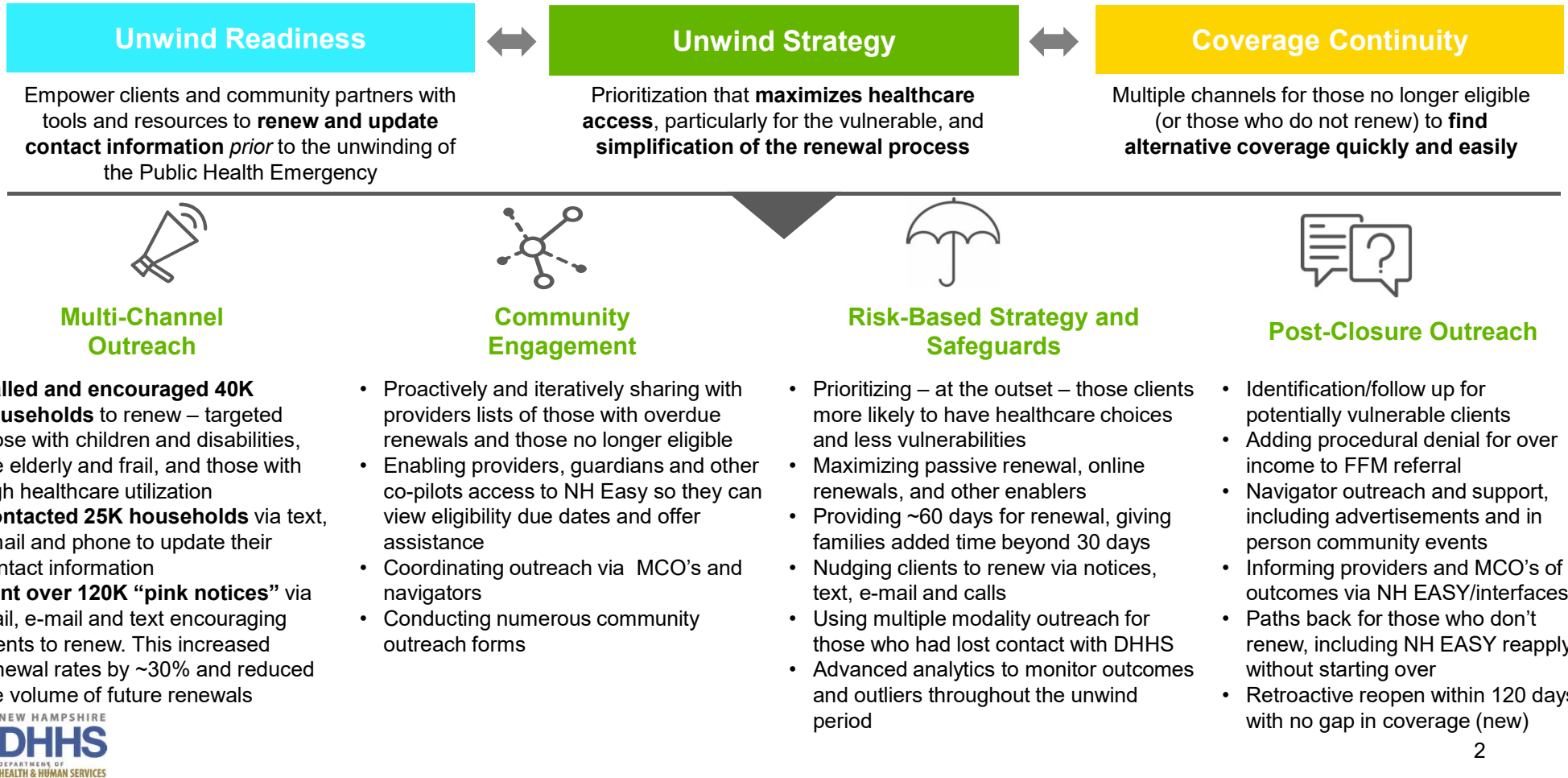
New Hampshire Department of
HEALTH & HUMAN SERVICES

DHHS Continuous Enrollment
CMS/NH Unwinding Planning Discussion
December 2023 Report



DHHS's Approach to the Continuous Enrollment Unwinding

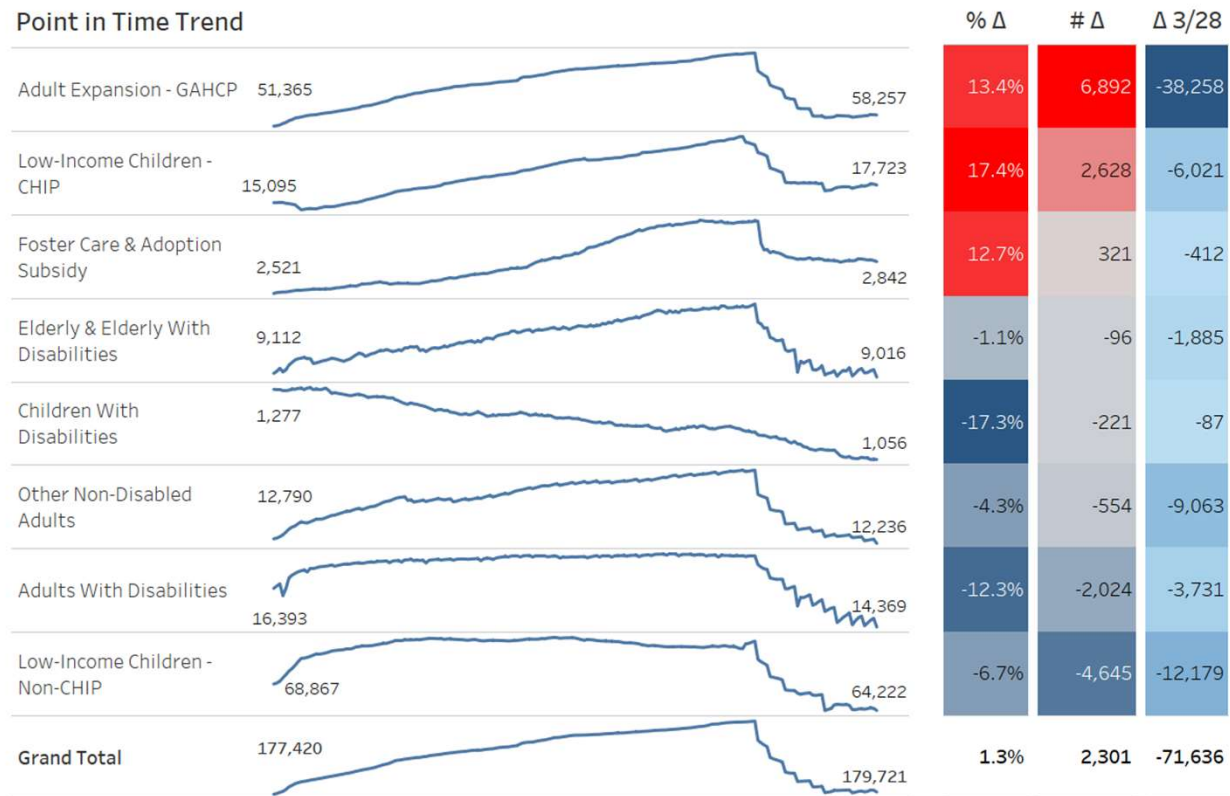
New Hampshire DHHS has prioritized a community-based approach to maximize healthcare continuity; helping eligible Medicaid recipients retain coverage and helping others identify an affordable health insurance option for themselves and their families.



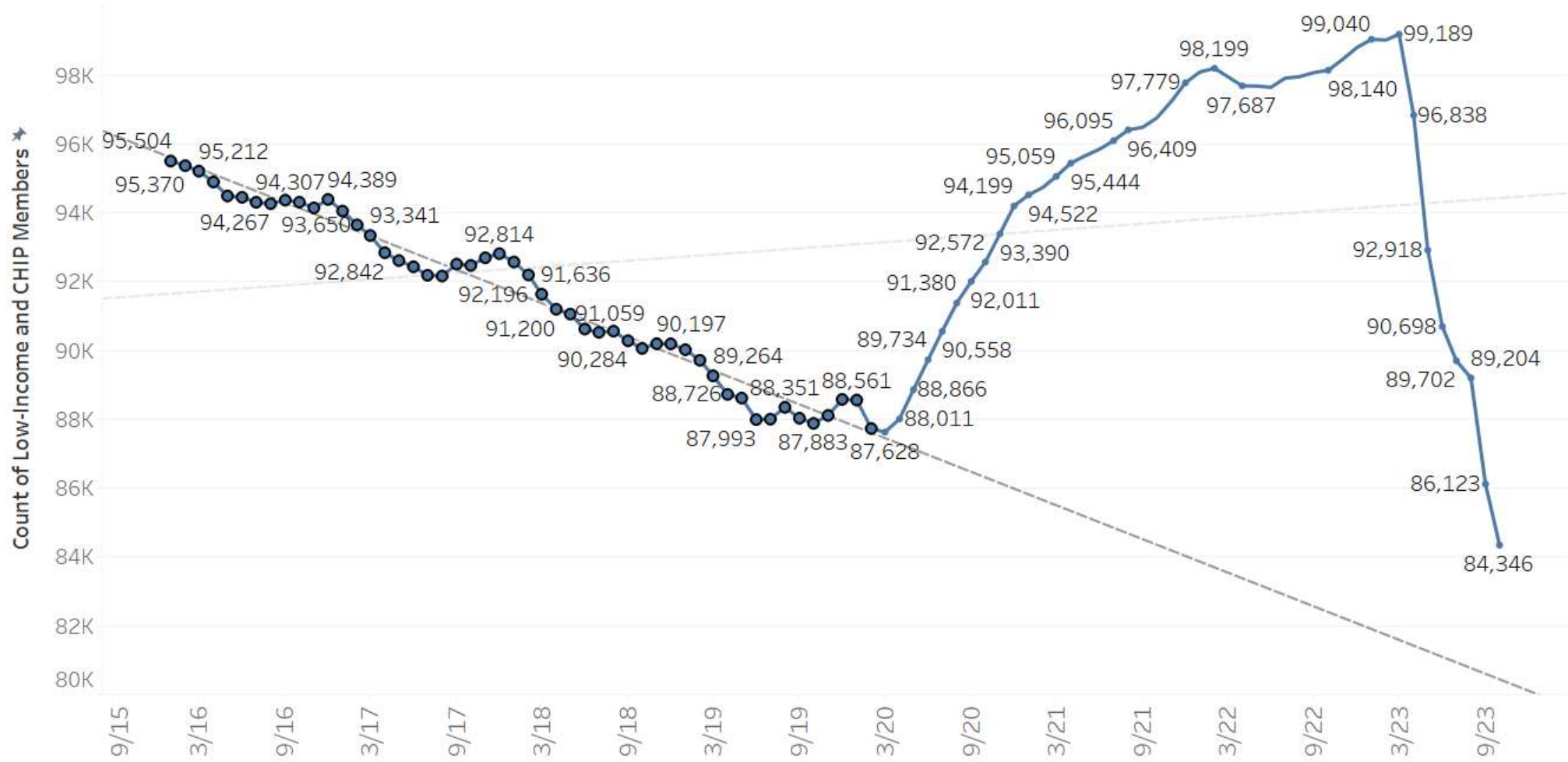
Trend in NH Medicaid Enrollment by Since the Start of COVID-19 Pandemic

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 1/1/2024	58,257 +13.4% 6,892	121,464 -3.6% -4,591	179,721 +1.3% 2,301

Point in Time Trend

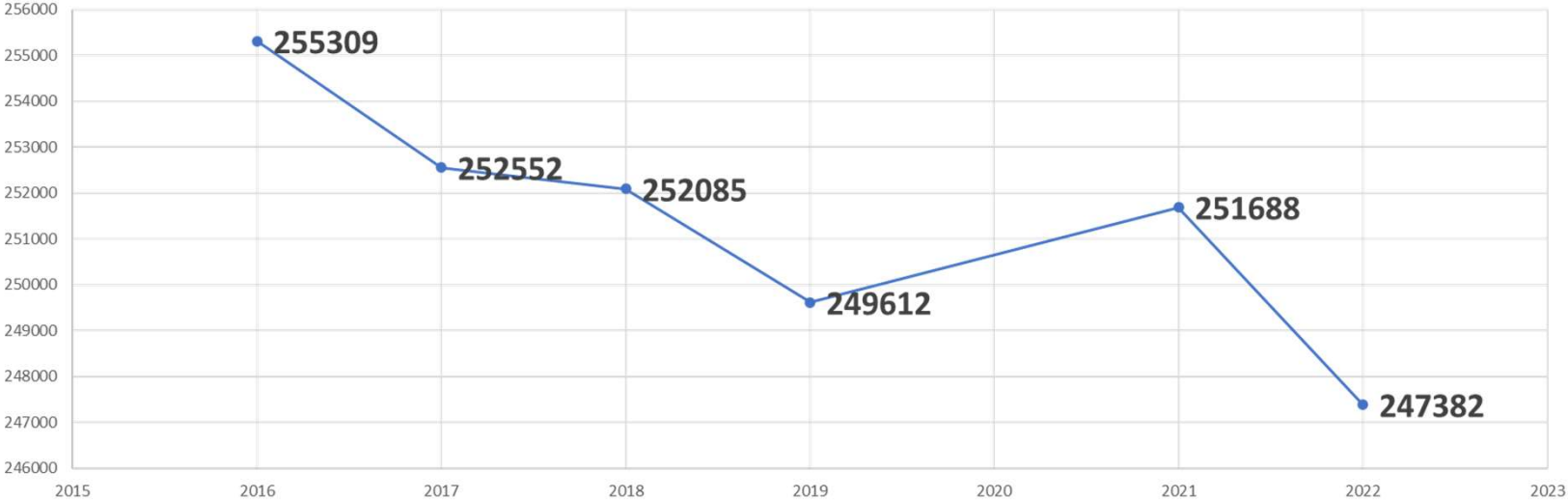


Low income Child (0-18) Trend, 1/2016 to 10/2023



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

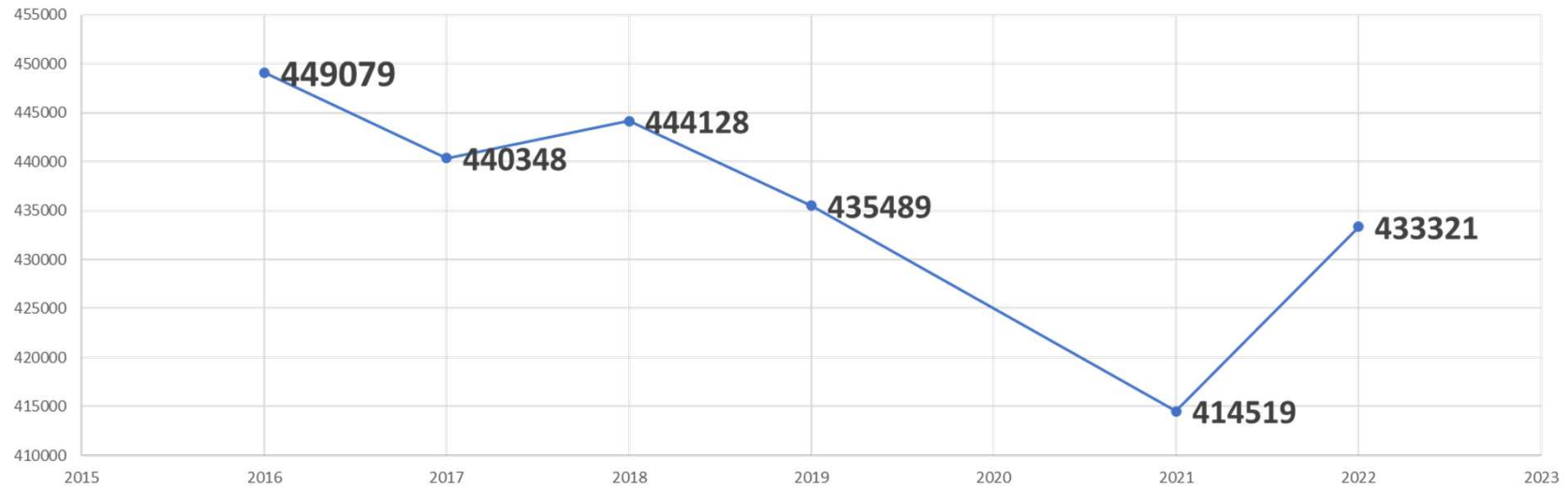
Number of Children 18 and Under in NH 2016-2022



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

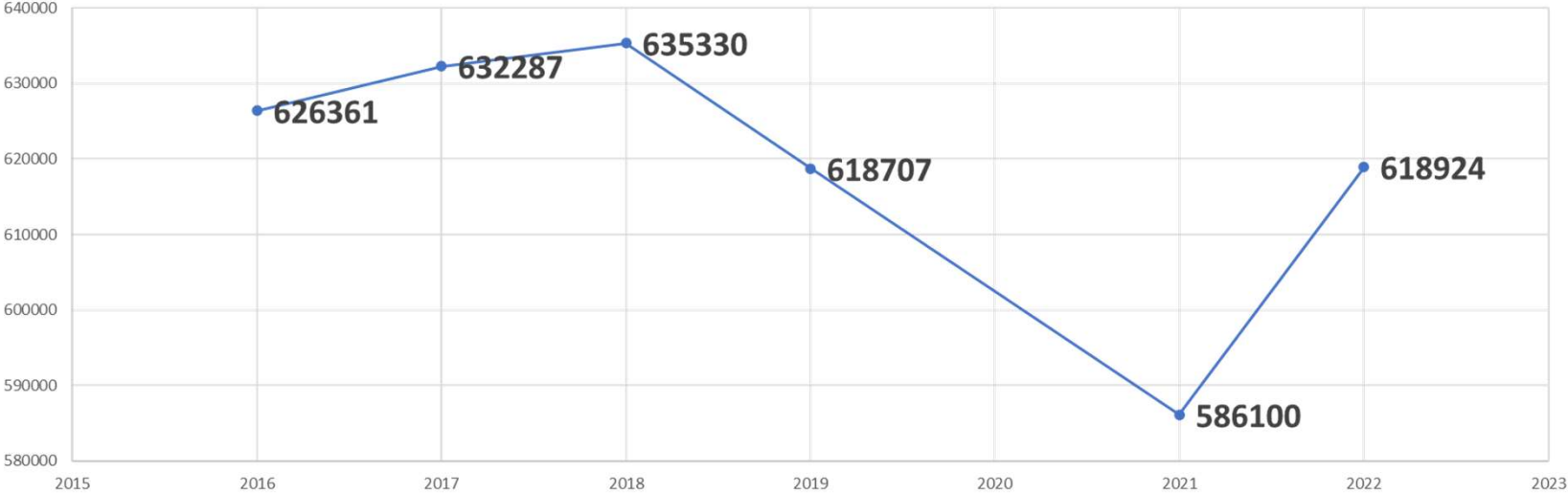


Data based on American Community Survey, Table S1701 available at:

<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

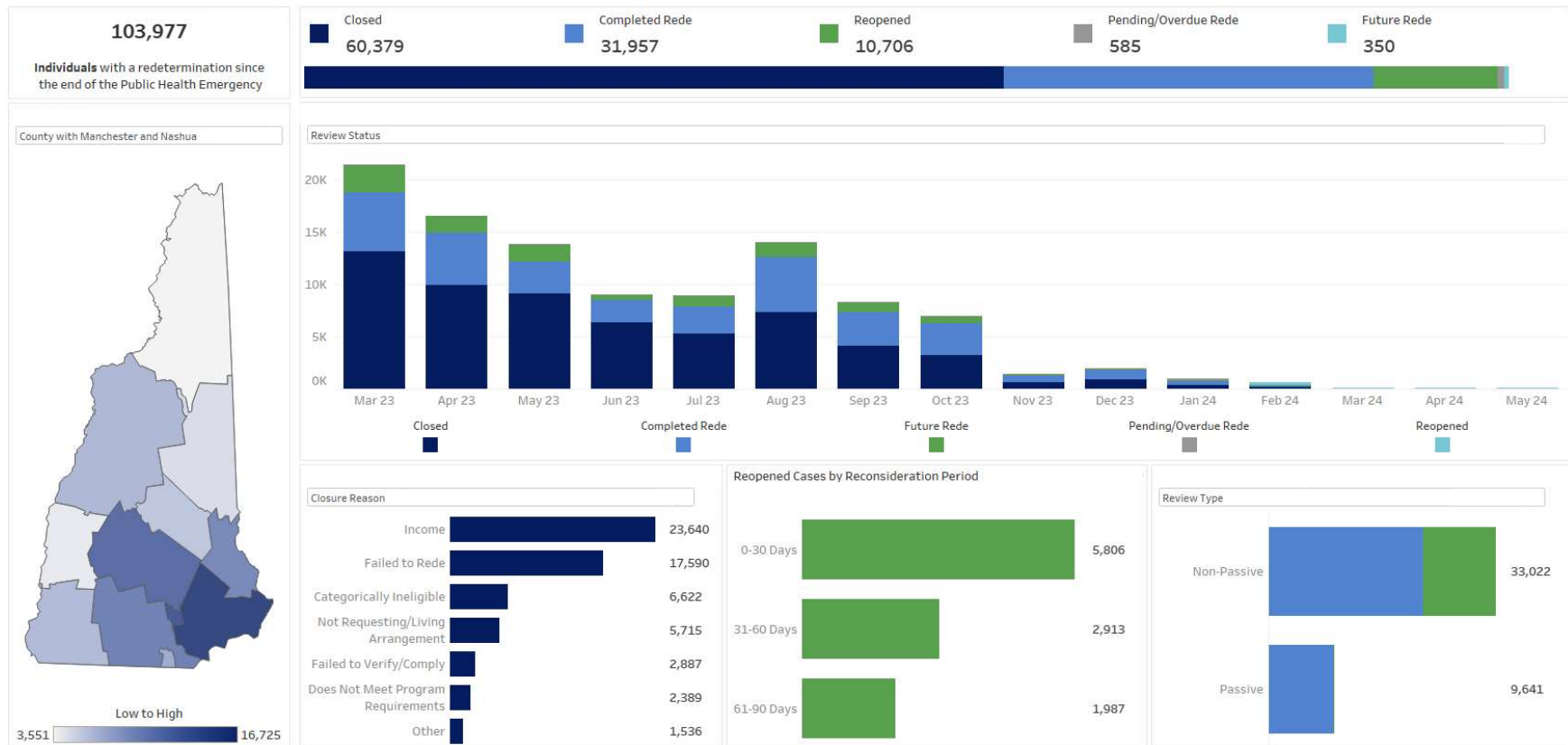
DHHS's unwind strategy "frontloaded" Medicaid renewals for those more likely to be ineligible and those who had not recently consumed healthcare with general sequencing as follows:

- 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)

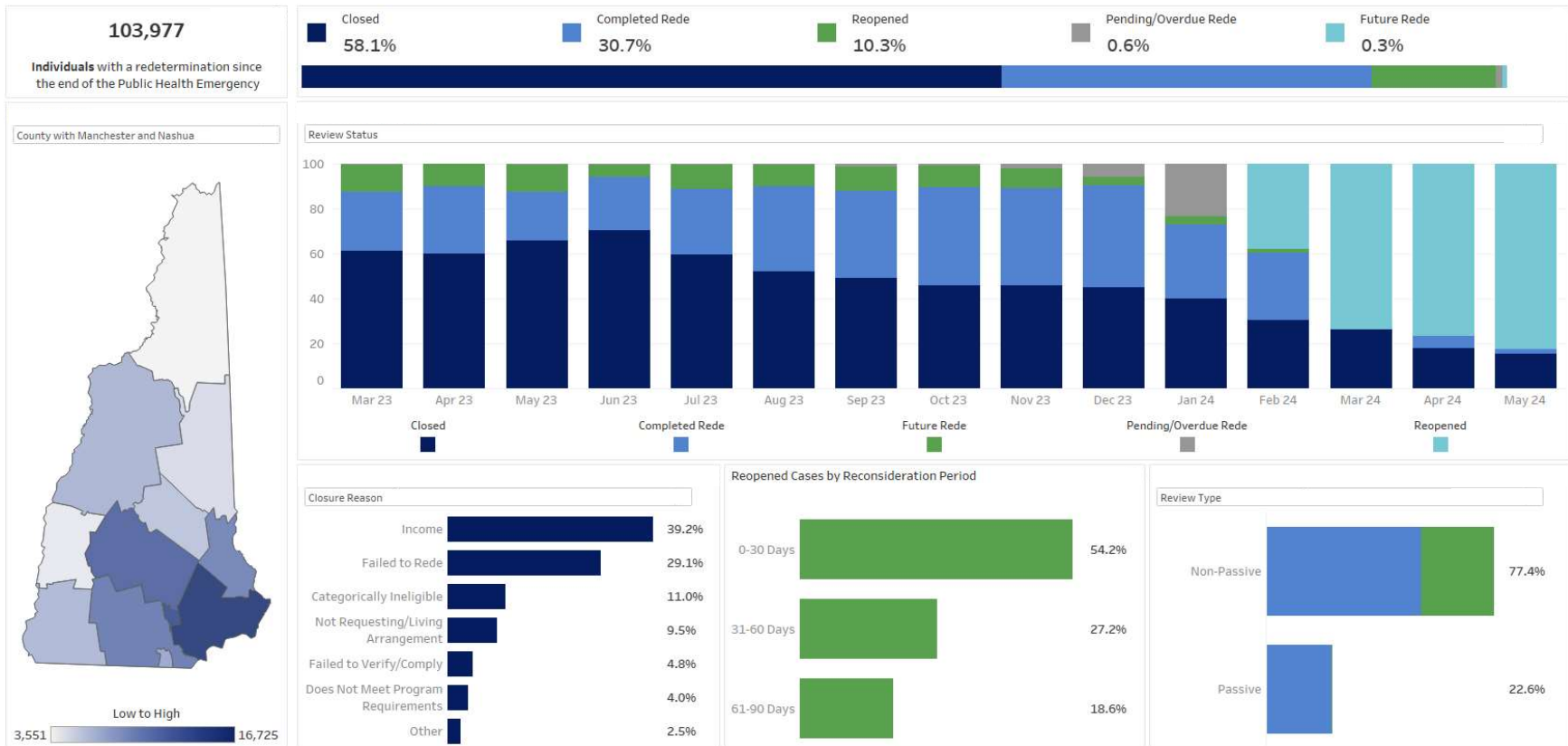
These graphs provide an overview of NH's Medical renewal processing for the protected population by individual as of January 1st, 2024.*



* 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)

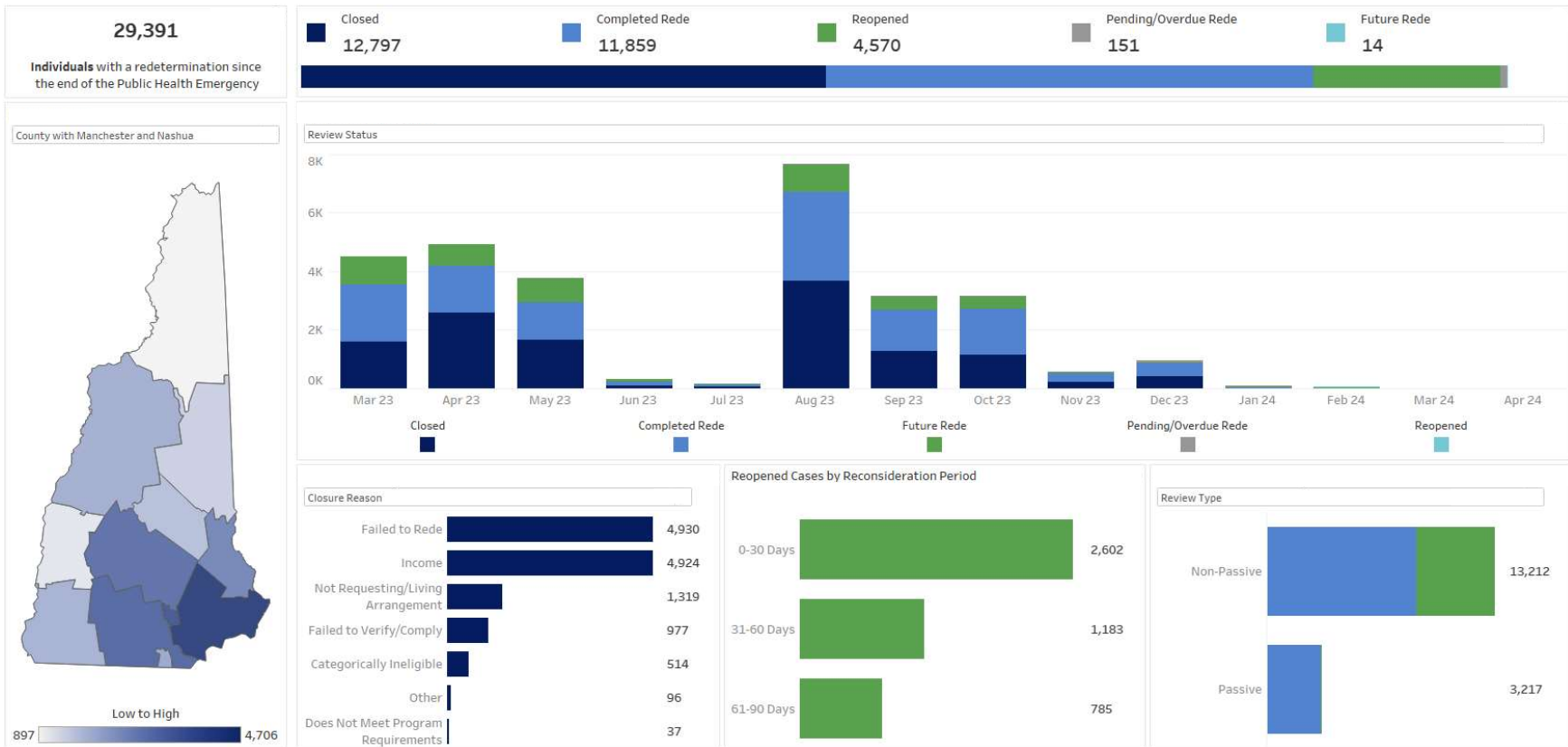
These graphs provide an overview of NH's Medical renewal processing for the protected population by percentage as of January 1st, 2024.*



* 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 January 1st, 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 January 1st, 2023. Note that many of the renewals scheduled for September are for individuals in disability categories with nursing facility and HCBC renewals distributed through February 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.

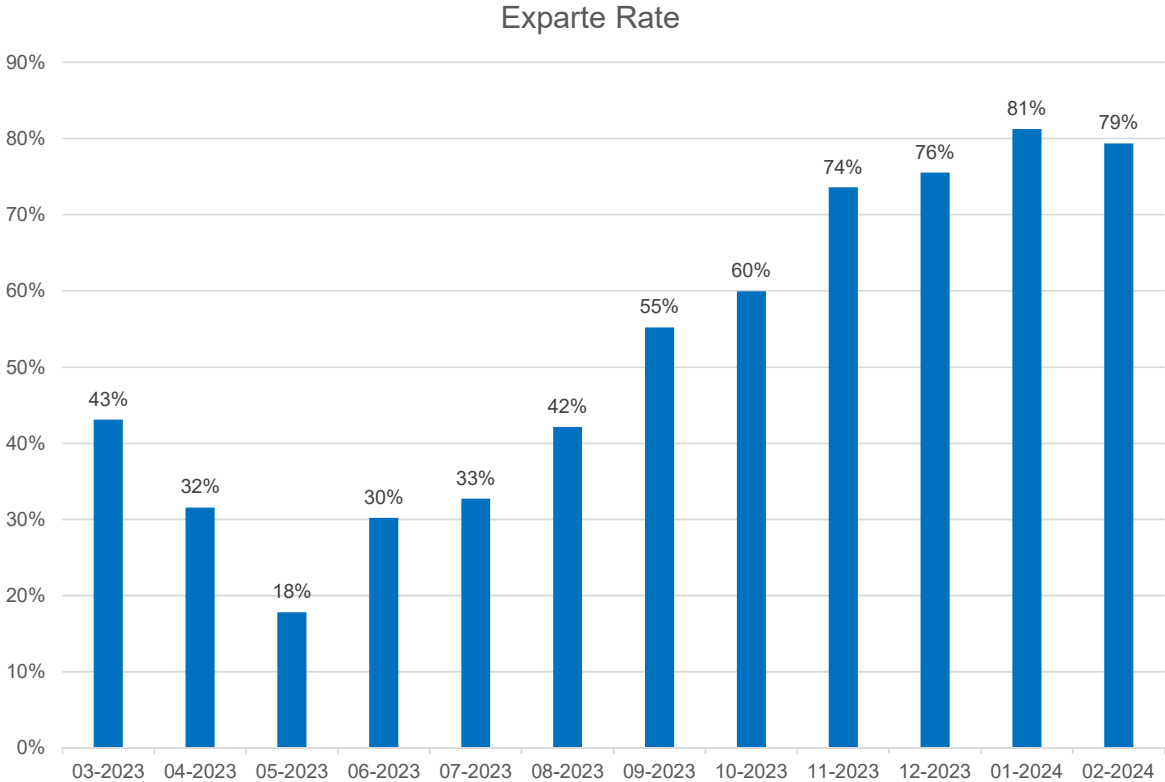
	Protected		Non-Protected		Total Count	Total Percent
	Count	Percent	Count	Percent		
Remained Children	17,149	47.3%	61,548	85.3%	78,697	72.6%
Granite Advantage	1,163	3.2%	1,069	1.5%	2,232	2.1%
Other	128	0.4%	176	0.2%	304	0.3%
Deductible	93	0.3%		0.0%	93	0.1%
Closed	17,714	48.9%	9,400	13.0%	27,114	25.0%
Income	8,325	47.0%	2,473	26.3%	10,798	39.8%
Failed to Rede	5,047	28.5%	1,479	15.7%	6,526	24.1%
Not Requesting/Living Arrangement	2,252	12.7%	3,458	36.8%	5,710	21.1%
Failed to Verify/Comply	1,448	8.2%	1,255	13.4%	2,703	10.0%
Categorically Ineligible	284	1.6%	428	4.6%	712	2.6%
Other	282	1.6%	206	2.2%	488	1.8%
Does Not Meet Program Requirements	76	0.4%	101	1.1%	177	0.7%
Grand Total	36,247	100.0%	72,193	100.0%	108,440	100.0%

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

* Status as of 12/19/2023

Ex-parte Rate by Month

The chart below illustrates the ex-parte rates for the total population from March 2023 through February 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.



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 December 2023 in aggregate.

Highlights:

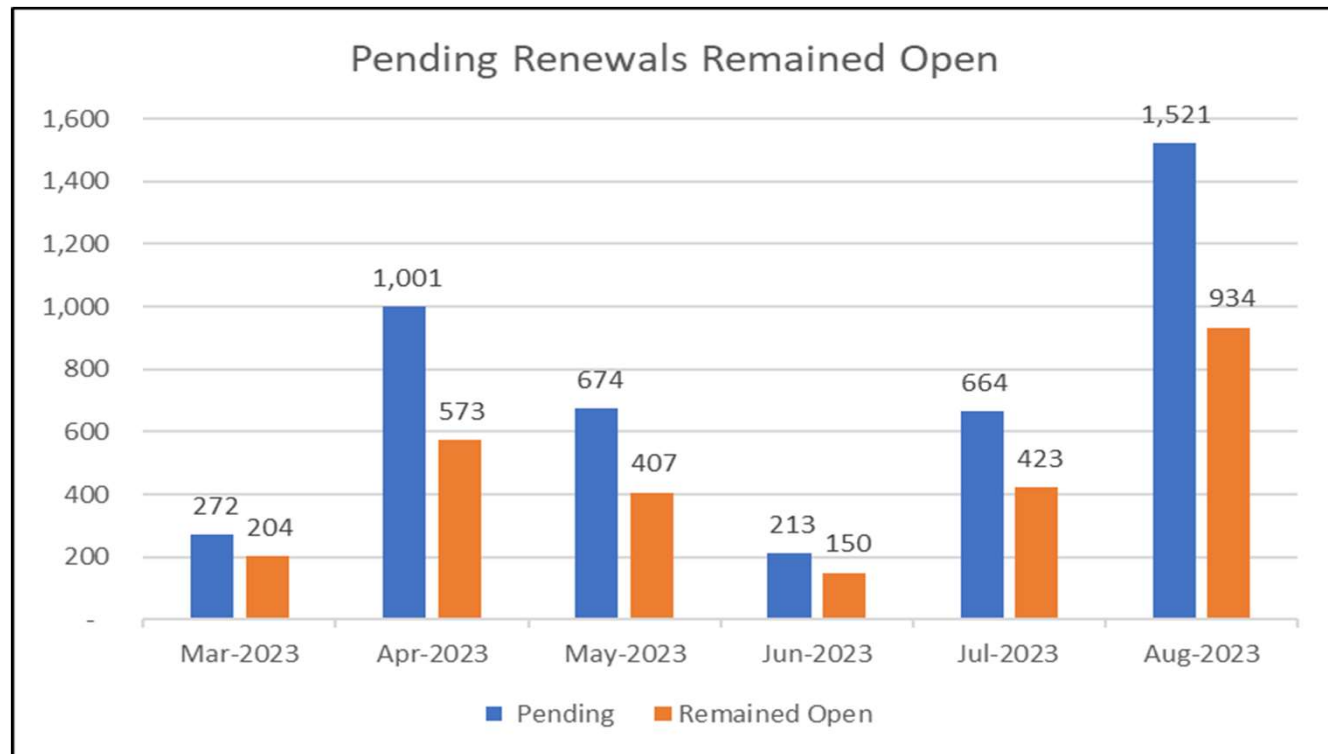
- The outcome variance between the protected and non-protected is consistent with forecasts due to the front-loading of protected individuals less likely to be eligible
- Given the composition of the protected group (e.g., over income/categorically ineligible) the higher FFM referral rate was anticipated
- 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	167,169	100%	61,437	100%	105,732	100%
In Progress	3,474	2.1%	1,604	2.6%	1,870	1.8%
Renewals with Outcomes	163,695	97.9%	59,832	97.4%	103,862	98.2%
Retained MA (Successful renewal)	99,709	60.9%	17,260	28.8%	82,448	79.4%
Total Closures (all reasons)	63,986	39.1%	42,572	71.2%	21,414	20.6%
Not Referred to FFM	40,496	63.3%	26,164	61.5%	14,332	66.9%
Referred to FFM	23,490	36.7%	16,408	38.5%	7,082	33.1%
Procedural (Pilot)	10,978	17.2%	9,455	22.2%	1,523	7.1%
Non-Procedural	12,512	19.6%	6,953	16.3%	5,559	26.0%
Total Closure by Reasons	63,986	100%	42,572	100%	21,414	100%
Income	18,308	28.6%	13,886	32.6%	4,422	20.7%
Failed to Rede	31,042	48.5%	20,608	48.4%	10,434	48.7%
Categorically Ineligible	4,740	7.4%	3,634	8.5%	1,106	5.2%
Not Requesting/Living Arrangement	4,204	6.6%	2,586	6.1%	1,618	7.6%
Failed to Verify/Comply	1,641	2.6%	719	1.7%	922	4.3%
Does Not Meet Program Requirements	1,887	2.9%	548	1.3%	1,339	6.3%
Other	2,164	3.4%	591	1.4%	1,573	7.3%

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

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 – August (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 - 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	10,273	88.0%	575	54.7%	9,698	91.3%
Total Closures by outcome	1,406	12.0%	477	45.3%	929	8.7%
Not Referred to FFM	1,028	73.1%	370	77.6%	658	70.8%
Referred to FFM	378	26.9%	107	22.4%	271	29.2%
Procedural	91	6.5%	56	11.7%	35	3.8%
Non-Procedural	287	20.4%	51	10.7%	236	25.4%
Total Closure by Reasons	1,406	100%	477	100%	929	100%
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	10,249	87.4%	370	53.6%	9,879	89.5%
Total Closures by outcome	1,478	12.6%	320	46.4%	1,158	10.5%
Not Referred to FFM	1,065	72.1%	256	80.0%	809	69.9%
Referred to FFM	413	27.9%	64	20.0%	349	30.1%
Procedural	74	5.0%	27	8.4%	47	4.1%
Non-Procedural	339	22.9%	37	11.6%	302	26.1%
Total Closure by Reasons	1,478	100%	320	100%	1,158	100%
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	10,914	78.2%	2,159	51.0%	8,755	90.1%
Total Closures by outcome	3,037	21.8%	2,077	49.0%	960	9.9%
Not Referred to FFM	2,135	70.3%	1,443	69.5%	692	72.1%
Referred to FFM	902	29.7%	634	30.5%	268	27.9%
Procedural	297	9.8%	265	12.8%	32	3.3%
Non-Procedural	605	19.9%	369	17.8%	236	24.6%
Total Closure by Reasons	3,037	100%	2,077	100%	960	100%
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	1,339	9.3%	814	18.4%	525	5.3%
Renewals with Outcomes	12,984	90.7%	3,606	81.6%	9,378	95%
Retained MA	10,255	79.0%	1,896	52.6%	8,359	89.1%
Total Closures by outcome	2,729	21.0%	1,710	47.4%	1,019	10.9%
Not Referred to FFM	2,004	73.4%	1,273	74.4%	731	71.7%
Referred to FFM	725	26.6%	437	25.6%	288	28.3%
Procedural	196	7.2%	163	9.5%	33	3.2%
Non-Procedural	529	19.4%	274	16.0%	255	25.0%
Total Closure by Reasons	2,729	100%	1,710	100%	1,019	100%
Income	511	18.7%	361	21.1%	150	14.7%
Failed to Rede	1,384	50.7%	931	54.4%	453	44.5%
Categorically Ineligible	238	8.7%	172	10.1%	66	6.5%
Not Requesting/Living Arrangement	219	8.0%	120	7.0%	99	9.7%
Failed to Verify/Comply	38	1.4%	24	1.4%	14	1.4%
Does Not Meet Program Requirements	95	3.5%	38	2.2%	57	5.6%
Other	244	8.9%	64	3.7%	180	17.7%

* 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 - 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	8	0.0%	7	0.1%	1	0.0%
Renewals with Outcomes	18,489	100.0%	9,201	99.9%	9,287	100%
Retained MA	10,963	59.3%	3,045	33.1%	7,917	85.2%
Total Closures by outcome	7,526	40.7%	6,156	66.9%	1,370	14.8%
Not Referred to FFM	5,892	78.3%	4,890	79.4%	1,002	73.1%
Referred to FFM	1,634	21.7%	1,266	20.6%	368	26.9%
Procedural	740	9.8%	679	11.0%	61	4.5%
Non-Procedural	894	11.9%	587	9.5%	307	22.4%
Total Closure by Reasons	7,526	100%	6,156	100%	1,370	100%
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	9	0.1%	4	0.1%	5	0.1%
Renewals with Outcomes	15,526	99.9%	7,037	99.9%	8,489	100%
Retained MA	8,238	53.1%	1,894	26.9%	6,344	74.7%
Total Closures by outcome	7,288	46.9%	5,143	73.1%	2,145	25.3%
Not Referred to FFM	5,251	72.0%	3,704	72.0%	1,547	72.1%
Referred to FFM	2,037	28.0%	1,439	28.0%	598	27.9%
Procedural	921	12.6%	835	16.2%	86	4.0%
Non-Procedural	1,116	15.3%	604	11.7%	512	23.9%
Total Closure by Reasons	7,288	100%	5,143	100%	2,145	100%
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	2	0.0%	0	0.0%	2	0.0%
Renewals with Outcomes	16,152	100.0%	7,354	100.0%	8,798	100%
Retained MA	7,736	47.9%	1,389	18.9%	6,347	72.1%
Total Closures by outcome	8,416	52.1%	5,965	81.1%	2,451	27.9%
Not Referred to FFM	6,193	73.6%	4,510	75.6%	1,683	68.7%
Referred to FFM	2,223	26.4%	1,455	24.4%	768	31.3%
Procedural	1,083	12.9%	970	16.3%	113	4.6%
Non-Procedural	1,140	13.5%	485	8.1%	655	26.7%
Total Closure by Reasons	8,416	100%	5,965	100%	2,451	100%
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%

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**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	8,738	37.6%	2,563	19.6%	6,175	60.9%
Total Closures by outcome	14,498	62.4%	10,526	80.4%	3,972	39.1%
Not Referred to FFM	6,953	48.0%	4,924	46.8%	2,029	51.1%
Referred to FFM	7,545	52.0%	5,602	53.2%	1,943	48.9%
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%
Total Closure by Reasons	14,498	100%	10,526	100%	3,972	100%
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.

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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	11,666	50.0%	3,138	27.0%	8,528	72.7%
Total Closures by outcome	11,686	50.0%	8,488	73.0%	3,198	27.3%
Not Referred to FFM	5,566	47.6%	3,416	40.2%	2,150	67.2%
Referred to FFM	6,120	52.4%	5,072	59.8%	1,048	32.8%
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%
Total Closure by Reasons	11,686	100%	8,488	100%	3,198	100%
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	10,677	64.3%	231	11.9%	10,446	71.3%
Total Closures by outcome	5,922	35.7%	1,710	88.1%	4,212	28.7%
Not Referred to FFM	4,409	74.5%	1,378	80.6%	3,031	72.0%
Referred to FFM	1,513	25.5%	332	19.4%	1,181	28.0%
Procedural	543	9.2%	247	14.4%	296	7.0%
Non-Procedural	970	16.4%	85	5.0%	885	21.0%
Total Closure by Reasons	5,922	100%	1,710	100%	4,212	100%
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

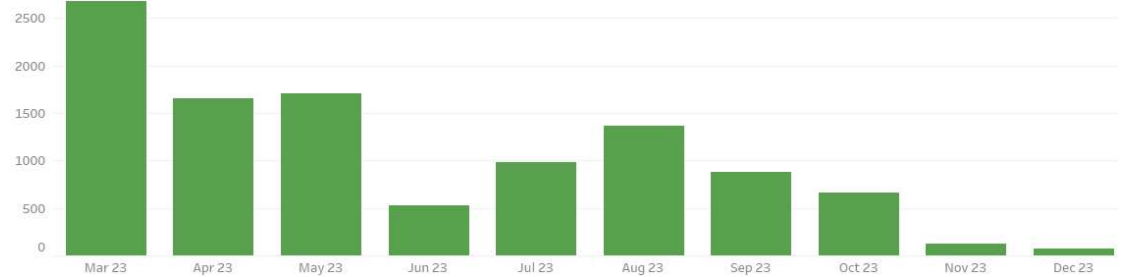
Re-openings

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 – December

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

Month	Category	Indicator Group	Indicator	Description	Data
December 2023	Applications Processing	Completed	2	Total applications completed as of the last day of the reporting period (2a+2b)	1,246
			2a - Non-Disability	Completed MAGI and other non-disability applications	948
			2b - Disability	Completed disability applications	298
		Pending	3	Total applications that remain pending as of the last day of the reporting period (3a+3b)	9
			3a - Non-Disability	Pending MAGI and other non-disability applications	7
			3b - Disability	Pending disability-related applications	2
	Renewals Initiated	4	4	Total beneficiaries for whom a renewal was initiated in the reporting period	8,924
	Renewals and Outcomes	5	5	Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	12,274
			5a	The beneficiaries renewed and retained in Medicaid or CHIP ([5a (1) + 5a (2)])	10,273
			5a (1)	Number of beneficiaries renewed on an exparte basis	9,269
			5a (2)	Number of beneficiaries renewed using a pre-populated renewal form	1,004
			5b	The beneficiaries determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	287
			5c	The beneficiaries terminated for procedural reasons (i.e. failure to respond)	1,119
			5d	The beneficiaries whose renewal was not completed	595
	7	7	Number of beneficiaries due for a renewal since the beginning of the states unwinding period whose renewal has not yet been con	861	
ATPD Count					91

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.**

