

Unwinding Data FAQ

1. Where does this data come from?

This data is compiled from multiple reports that MDH must submit to CMS. The two main source reports are the [CMS Unwinding Data Report](#) and the [CMS Performance Indicators Report](#). The CMS Unwinding Data Report is a new report, which MDH will run on a monthly basis from March 2023 through May 2024. Data in the CMS Unwinding Report includes measures on pending applications, renewals initiated, renewals completed, and fair hearings. The CMS Performance Indicators Report is a long standing report MDH has submitted for years. It includes measures on applications, renewals, enrollment, those found eligible for coverage, those found ineligible for coverage, pending household applications, and application processing time.

These two reports draw from two sources. The Maryland Health Benefit Exchange (MHBE) and the Department of Human Services (DHS) both submit data to MDH on a monthly basis. That data is then analyzed and combined for submission to CMS.

2. When can I see this month's data?

MDH, along with many other states, disenrolls people who no longer qualify for Medicaid at the end of the month. Therefore, certain measures cannot be collected until the month ends. MHBE, DHS, and MDH all require time to analyze and process data to ensure its accuracy. MDH will strive to release data publicly for the previous month by the tenth of the current month. For example, MDH will strive to have data reflecting June's measures by July 10th.

3. What is the difference between renewals due and renewals completed? Why don't they add up?

Renewals take different amounts of time; MHBE takes 60 days to process renewals and DHS takes up to 95 days to process renewals. Renewals due looks at the number of people who had their renewal process begin in the month.

Renewals completed is the number of people due at the end of the month. For example, 76,104 people were renewed and retained their coverage in May 2023.

4. What is a procedural disenrollment?

[CMS defines](#) a procedural disenrollment as, "Procedural reasons include instances where a beneficiary fails to provide information necessary to complete a Medicaid or CHIP redetermination." For its reports, MDH considers a participant as procedurally disenrolled when they lose coverage due to a renewal not completed, outstanding verification documents for a submitted renewal, and returned mail.