

MONTHLY REPORT

NAME OF STATE/TERRITORY: Nevada
SUBMISSION DATE: 7/08/2024
REPORTING PERIOD: 6/2024

APPLICATION PROCESSING		NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)		6,370	Total Medicaid applications pending as of March 31, 2023.
1a. Total MAGI and other non-disability applications (2a+3a)		5,286	MAGI applications pending as of March 31, 2023.
1b. Total disability-related applications (2b+3b)		1,084	Non-MAGI applications pending as of March 31, 2023.
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)		6,370	All Baseline applications were processed by April 30, 2023
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period		5,286	All Baseline applications were processed by April 30, 2023
2b. Completed disability-related applications as of the last day of the reporting period		1,084	All Baseline applications were processed by April 30, 2023
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)		0	There are no remaining renewals from the baseline backlog as of April 30, 2023.
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period		0	There are no remaining renewals from the baseline backlog as of April 30, 2023.
3b. Pending disability-related applications as of the last day of the reporting period		0	There are no remaining renewals from the baseline backlog as of April 30, 2023.
RENEWALS INITIATED		NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total beneficiaries for whom a renewal was initiated in the reporting period		68,105	Medical renewals initiated on June 1, 2024 with a 60-day due date of July 31, 2024.
RENEWALS AND OUTCOMES		NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)		82,057	Renewals due June 30, 2024
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)]		60,995	Renewals due June 30, 2024

5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	56,245	Renewals due June 30, 2024
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	4,750	Renewals due June 30, 2024
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	2,701	Renewals due June 30, 2024
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	18,361	Renewals due June 30, 2024
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	0	Renewals due June 30, 2024 awaiting completion.
6. Month in which renewals due in the reporting month were initiated	May	Renewals are initiated in the month prior to the month in which they are due. The renewals due for June 30, 2024. were initiated on May 1, 2024.
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	0	Number matches the June 30, 2024. incomplete Medicaid renewal total as there is no backlog of renewals from the baseline remaining.
MEDICAID FAIR HEARINGS	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	2	As of June 30, 2024, Nevada Eligibility shows a total of 118 Medical hearings and 0 is at 90 days or more. Nevada Medicaid is not able to report solely Medicaid fair hearings data and has included SCHIP reviews in the reported information. Nevada Medicaid Fair Hearings (no final administrative action) shows 2 pending more than 90 days and; MCO/PIHP/PAHP shows 0 pending more than 90 days.

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.