

Eligibility Processing Reports

# Utah Monthly Eligibility Processing Report (August 2024)

## Information

**Print**

Start Date: **August 2024**

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Submission Date: **09/09/2024**

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Last saved date and time: **Monday, 09-09-2024 - 13:32**

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Submitted by: **mljones@utah.gov**

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Submitted status: **Yes**

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### APPLICATION PROCESSING

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1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period **{Empty}**

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Unable to report **No**

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1a. Total MAGI and other non-disability applications **{Empty}**

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Unable to report

**No**

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1b. Total disability-related applications

**{Empty}**

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Unable to report

**No**

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**Metric 1 Notes**

{Empty}

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2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period

**{Empty}**

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Unable to report

**No**

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2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period **{Empty}**

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Unable to report

**No**

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2b. Completed disability-related applications as of the last day of the reporting period **{Empty}**

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Unable to report

**No**

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**Metric 2 Notes**

{Empty}

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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

**{Empty}**

Unable to report

**No**

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period

**{Empty}**

Unable to report

**No**

3b. Pending disability-related applications as of the last day of the reporting period **{Empty}**

Unable to report

**No**

**Metric 3 Notes**

{Empty}

**RENEWALS INITIATED**

4. Total beneficiaries for whom a renewal was initiated in the reporting period

**16987**

**Metric 4 Notes**

{Empty}

**RENEWALS AND OUTCOMES**

5. Total beneficiaries due for renewal in the reporting period

**25205**

**Metric 5 Notes**

{Empty}

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5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled)	<b>14681</b>
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5a(1). Number of beneficiaries renewed on an ex parte basis	<b>10030</b>
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5a(2). Number of beneficiaries renewed using a renewal form	<b>4651</b>
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**Metric 5a Notes**

{Empty}

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5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP	<b>1513</b>
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**Metric 5b Notes**

Although 1513 unique individuals were closed, only 393 were sent to the marketplace. This number includes individuals who have passed away, moved out of state, or requested closure; these closure reasons would not result in a transfer to the marketplace.

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5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	<b>6565</b>
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**Metric 5c Notes**

{Empty}

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5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	<b>2446</b>
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**Metric 5d Notes**

{Empty}

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6. Month in which renewals due in the reporting month were initiated	<b>2024-06</b>
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**Metric 6 Notes**

{Empty}

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7. Number of beneficiaries due for a renewal whose renewal has not yet been completed

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**2696**

**Metric 7 Notes**

{Empty}

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**MEDICAID FAIR HEARINGS**

8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period

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**0**

**Metric 8 Notes**

{Empty}

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