

Unwinding Reports

Utah Unwinding Monthly Report (July 2024)

Information

Print

Unwinding Period Start Date: **July 2024**

Submission Date: **08/08/2024**

Last saved date and time: **Thursday, 08-08-2024 - 09:21**

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

Submitted status: **Yes**

APPLICATION PROCESSING

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

Unable to report **No**

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

Unable to report **No**

1b. Total disability-related applications

{Empty}

Unable to report

No

Metric 1 Notes

{Empty}

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}

Unable to report

No

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

Unable to report

No

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

Unable to report

No

Metric 2 Notes

{Empty}

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 **15853**

Unable to report **No**

Metric 4 Notes

{Empty}

RENEWALS AND OUTCOMES

5. Total beneficiaries due for renewal in the reporting period **24763**

Unable to report **No**

Metric 5 Notes

{Empty}

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) **14217**

Unable to report **No**

5a(1). Number of beneficiaries renewed on an ex parte basis **10435**

Unable to report **No**

5a(2). Number of beneficiaries renewed using a pre-populated renewal form **3782**

Unable to report **No**

Metric 5a Notes

{Empty}

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) **1314**

Unable to report **No**

Metric 5b Notes

Although 1314 unique individuals were closed, only 357 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.

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **6824**

Unable to report

No

Metric 5c Notes

{Empty}

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

2408

Unable to report

No

Metric 5d Notes

{Empty}

6. Month in which renewals due in the reporting month were initiated

2024-05

Unable to report

No

Metric 6 Notes

{Empty}

7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed

4579

Unable to report

No

Metric 7 Notes

{Empty}

MEDICAID FAIR HEARINGS

8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period **0**

Unable to report **No**

Metric 8 Notes

{Empty}
