

Unwinding Reports

# Utah Unwinding Monthly Report (March 2024)

## Information

**Print**

Unwinding Period Start Date: **March 2024**

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Submission Date: **04/08/2024**

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Last saved date and time: **Monday, 04-08-2024 - 10:34**

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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 **3799** prior to the state's unwinding period

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Unable to report **No**

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1a. Total MAGI and other non-disability applications **3779**

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Unable to report

**No**

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1b. Total disability-related applications

**20**

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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

**0**

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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

**0**

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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

**0**

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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

**0**

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Unable to report

**No**

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

**0**

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Unable to report

**No**

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3b. Pending disability-related applications as of the last day of the reporting period

**0**

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Unable to report

**No**

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**Metric 3 Notes**

{Empty}

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**RENEWALS INITIATED**

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

**8951**

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Unable to report

**No**

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**Metric 4 Notes**

{Empty}

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**RENEWALS AND OUTCOMES**

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5. Total beneficiaries due for renewal in the reporting period

**20525**

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Unable to report

**No**

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**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)

**9525**

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Unable to report

**No**

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

**5420**

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Unable to report

**No**

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

**4105**

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Unable to report

**No**

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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 (and transferred to Marketplace)

**819**

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Unable to report

**No**

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**Metric 5b Notes**

Although 819 unique individuals were closed, only 244 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) **7854**

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Unable to report **No**

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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 **2327**

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Unable to report **No**

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**Metric 5d Notes**  
{Empty}

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6. Month in which renewals due in the reporting month were initiated **2024-01**

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Unable to report **No**

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**Metric 6 Notes**  
{Empty}

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7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed **5874**

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Unable to report **No**

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**Metric 7 Notes**  
{Empty}

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## MEDICAID FAIR HEARINGS

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

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Unable to report **No**

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### **Metric 8 Notes**

{Empty}

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