

Unwinding Reports

# Iowa Unwinding Monthly Report (March 2024)

## Information

**Print**

Unwinding Period Start Date: **March 2024**

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Submission Date: **04/09/2024**

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Last saved date and time: **Tuesday, 04-09-2024 - 13:57**

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Submitted by:



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 **7419** 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

**4266**

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Unable to report	<b>No</b>
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1b. Total disability-related applications	<b>3153</b>
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Unable to report	<b>No</b>
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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	<b>7406</b>
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Unable to report	<b>No</b>
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2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	<b>4266</b>
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Unable to report	<b>No</b>
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2b. Completed disability-related applications as of the last day of the reporting period	<b>3140</b>
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Unable to report	<b>No</b>
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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	<b>13</b>
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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

**13**

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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

**48564**

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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

**48404**

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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)

**27508**

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Unable to report

**No**

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

**18356**

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Unable to report

**No**

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

**9152**

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Unable to report

**No**

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**Metric 5a Notes**

Per prior conversations with CMS, our ex parte rate at initial reporting was very low after our ex parte individual vs HH level fix was implemented. This was in conjunction with the timing of our discontinuance batch for not returning a renewal form. Starting with this month Metric 5a1 and 5c are both now included in the initial reporting as the timing of our discontinuance batch was updated after our continuous coverage unwind renewals were initiated.

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

**2257**

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Unable to report

**No**

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**Metric 5b Notes**

{Empty}

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5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **12358**

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Unable to report **No**

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**Metric 5c Notes**

Per prior conversations with CMS, our procedural discontinuance at initial reporting was very low. This was in conjunction with the timing of our discontinuance batch for not returning a renewal form. Starting with this month Metric 5a1 and 5c are both now included in the initial reporting as the timing of our discontinuance batch was updated after our continuous coverage unwind renewals were initiated.

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5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed **6281**

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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 **25378**

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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

**17**

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Unable to report

**No**

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**Metric 8 Notes**

{Empty}

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