

Unwinding Reports

# Iowa Unwinding Monthly Report (July 2024)

## Information

**Print**

Unwinding Period Start Date: **July 2024**

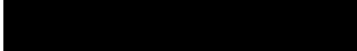
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Submission Date: **08/08/2024**

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Last saved date and time: **Thursday, 08-08-2024 - 16:48**

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Submitted by: 

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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 **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 **No**

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1b. Total disability-related applications **3153**

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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 **7415**

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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 **4266**

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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 **3149**

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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 **4**

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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 **4**

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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 **65447**

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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 **60370**

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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) **40304**

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Unable to report **No**

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5a(1). Number of beneficiaries renewed on an ex parte basis **28224**

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Unable to report **No**

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5a(2). Number of beneficiaries renewed using a pre-populated renewal form **12080**

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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) **2291**

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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) **10641**

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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

**7134**

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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

**2024-05**

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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

**25040**

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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 **22**

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Unable to report **No**

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**Metric 8 Notes**  
{Empty}

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