

Unwinding Reports

Iowa Unwinding Monthly Report (April 2023)

Information

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Unwinding Period Start Date: **April 2023**

Submission Date: **05/05/2023**

Last saved date and time: **Friday, 05-05-2023 - 11:27**

Submitted by: **ascott2@dhs.state.ia.us**

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	7419
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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**

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 **6884**

Unable to report **No**

2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period **4166**

Unable to report **No**

2b. Completed disability-related applications as of the last day of the reporting period **2718**

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 **535**

Unable to report **No**

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period **100**

Unable to report **No**

3b. Pending disability-related applications as of the last day of the reporting period **435**

Unable to report **No**

Metric 3 Notes

{Empty}

RENEWALS INITIATED

4. Total beneficiaries for whom a renewal was initiated in the reporting period **88068**

Unable to report **No**

Metric 4 Notes

{Empty}

RENEWALS AND OUTCOMES

5. Total beneficiaries due for renewal in the reporting period **95954**

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) **35500**

Unable to report **No**

5a(1). Number of beneficiaries renewed on an ex parte basis **16194**

Unable to report **No**

5a(2). Number of beneficiaries renewed using a pre-populated renewal form **19306**

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) **5017**

Unable to report **No**

Metric 5b Notes

{Empty}

5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) **6018**

Unable to report

No

Metric 5c Notes

{Empty}

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

49419

Unable to report

No

Metric 5d Notes

{Empty}

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

2023-02

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

49419

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 **4**

Unable to report **No**

Metric 8 Notes

{Empty}
