

Unwinding Reports

# Vermont Unwinding Monthly Report (October 2023)

## Information

**Print**

Unwinding Period Start Date: **October 2023**

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Submission Date: **11/07/2023**

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Last saved date and time: **Tuesday, 11-07-2023 - 07:07**

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Submitted by: **Luke.Titus@vermont.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 **1581** 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 **1566**

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Unable to report **No**

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1b. Total disability-related applications **15**

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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 **1527**

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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 **1512**

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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 **15**

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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 **54**

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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 **54**

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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**

Note: Majority of pending applications are for LTC Medicaid due to customer-requested extensions or pending placement.

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**RENEWALS INITIATED**

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4. Total beneficiaries for whom a renewal was initiated in the reporting period **14313**

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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 **10166**

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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) **6148**

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Unable to report **No**

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5a(1). Number of beneficiaries renewed on an ex parte basis **4691**

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Unable to report **No**

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5a(2). Number of beneficiaries renewed using a pre-populated renewal form **1457**

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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) **424**

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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) **1923**

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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

**1671**

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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

**2023-09**

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Unable to report

**No**

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**Metric 6 Notes**

August for MABD due to 90 day renewal timeline. September for MCA/LTC due to 60 day renewal timeline.

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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

**3425**

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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 **8**

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Unable to report **No**

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**Metric 8 Notes**  
{Empty}

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Days Delayed **{Empty}**

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