MONTHLY REPORT		
NAME OF STATE/TERRITORY: **SUBMISSION DATE:** MM/DD/YYYY **REPORTING PERIOD: 03**/2023		
APPLICATION PROCESSING	**NUMBER**	**STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA**
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	8,402	
1a. Total MAGI and other non-disability applications *(2a+3a)*	7,573	
1b. Total disability-related applications *(2b+3b)*	829	
2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)	8,222	
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	7,440	
2b. Completed disability-related applications as of the last day of the reporting period	782	
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 (3a+3b)	180	
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	133	
3b. Pending disability-related applications as of the last day of the reporting period	47	
RENEWALS INITIATED	**NUMBER**	**STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA**
4. Total beneficiaries for whom a renewal was initiated in the reporting period	81,174	
RENEWALS AND OUTCOMES	**NUMBER**	**STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA**
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	0	Per CMS requirement, metric 5 will be reported effective April2023
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]	0	
5a(1) Number of beneficiaries renewed on an *ex parte* basis	0	
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	0	
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	0	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	0	
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	0	
6. Month in which renewals due in the reporting month were initiated	0	Per CMS requirement, metric 6 will be reported effective April2023
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed	0	Per CMS requirement, metric 7 will be reported effective April2023
MEDICAID FAIR HEARINGS	**NUMBER**	**STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA**
8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period	46	