

Unwinding Reports

# Florida Unwinding Monthly Report (February 2024)

## Information

**Print**

Unwinding Period Start Date: **February 2024**

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Submission Date: **03/08/2024**

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Last saved date and time: **Friday, 03-08-2024 - 20:58**

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Submitted by: **Daniel.Davis@myflfamilies.com**

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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 prior to the state's unwinding period **152371**

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Unable to report **No**

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1a. Total MAGI and other non-disability applications **122904**

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Unable to report

**No**

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1b. Total disability-related applications

**29467**

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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

**152217**

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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

**122823**

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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 **29394**

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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

**102**

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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 **71**

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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 **31**

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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 **440260**

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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 **307840**

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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)

**211964**

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Unable to report

**No**

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

**44325**

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Unable to report

**No**

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

**167639**

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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)

**43514**

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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) **38891**

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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 **13471**

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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 **51603**

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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 **149**

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Unable to report **No**

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### **Metric 8 Notes**

{Empty}

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