

Unwinding Reports

South Carolina Unwinding Monthly Report (May 2023)


Information

Print

Unwinding Period Start Date: **May 2023**

Submission Date: **06/09/2023**

Last saved date and time: **Friday, 06-09-2023 - 14:55**

Submitted by: 

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 **14323**

Unable to report **No**

1a. Total MAGI and other non-disability applications **7218**

Unable to report **No**

1b. Total disability-related applications **7105**

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 **9046**

Unable to report **No**

2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period **5349**

Unable to report **No**

2b. Completed disability-related applications as of the last day of the reporting period **3697**

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 **5277**

Unable to report **No**

3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	1869
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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	3408
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Unable to report	No
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Metric 3 Notes

{Empty}

RENEWALS INITIATED

4. Total beneficiaries for whom a renewal was initiated in the reporting period	211538
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Unable to report	No
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Metric 4 Notes

{Empty}

RENEWALS AND OUTCOMES

5. Total beneficiaries due for renewal in the reporting period	228464
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Unable to report	No
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Metric 5 Notes

This includes full and limited benefit members (ex. individuals who are enrolled in the state's Family Planning Limited Benefit Program).

5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) **27188**

Unable to report **No**

5a(1). Number of beneficiaries renewed on an ex parte basis **20054**

Unable to report **No**

5a(2). Number of beneficiaries renewed using a pre-populated renewal form **7134**

Unable to report **No**

Metric 5a Notes

5a(1): The state prioritized reviews for those who were likely no longer eligible, and as a result ex parte rate is negatively impacted.

5a(2): This is based on the outcome of how many were renewed, meaning this is how many of the individuals who are included in 5a(1) were renewed using a pre-populated review form.

5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) **6425**

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) **111888**

Unable to report

No

Metric 5c Notes

"This is the number of closures that are the result of failure to return an annual review form. No other procedural closures are included in this field as SCDHHS has not procedurally terminated any members due to an incomplete review form. SCDHHS has continued eligibility for those individuals until a completed review form is received. If a review form is received after the closure date, the state will accept the review form with no gap in coverage. The state has received approximately 3,000 forms in the past week, and the administrative denial number will continue to decline as members return review forms.

The state has implemented an integrated outreach campaign that directs members to complete their annual review or check their annual review status online. This includes:

- Email and social media updates;
 - Text message notifications;
 - Pre-review mailings;
 - Reminder notices for Medicaid members who have not returned their annual review form;
- and,
- Collaborating with non-profit organizations and provider associations to encourage Medicaid members to update contact information and complete annual reviews.

Despite these efforts, the figure included in this field reflects individuals whose coverage was terminated for failure to submit their annual review form through any modality."

5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed **82963**

Unable to report

No

Metric 5d Notes

This includes the total number of members for whom an annual review form was received but the form had not been processed as of the reporting date.

6. Month in which renewals due in the reporting month were initiated **2023-04**

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 **82963**

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 **17**

Unable to report **No**

Metric 8 Notes
{Empty}
