

| MONTHLY REPORT | | |
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| NAME OF STATE/TERRITORY: California | | |
| SUBMISSION DATE: 12/20/2024 | | |
| REPORTING PERIOD: 11/2024 | | |
| 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) | 132,968 | |
| 1a. Total MAGI and other non-disability applications (2a+3a) | 127,260 | |
| 1b. Total disability-related applications (2b+3b) | 5,708 | |
| 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) | 132,935 | |
| 2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period | 127,227 | |
| 2b. Completed disability-related applications as of the last day of the reporting period | 5,708 | |
| 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) | 33 | |
| 3a. Pending MAGI and other non-disability applications as of the last day of the reporting period | 33 | |
| 3b. Pending disability-related applications as of the last day of the reporting period | 0 | |
| RENEWALS INITIATED | NUMBER | STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA |
| 4. Total beneficiaries for whom a renewal was initiated in the reporting period | 1,458,094 | |
| 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) | 812,600 | |
| 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)] | 693,519 | |
| 5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis | 574,575 | |
| 5a(2) Number of beneficiaries renewed using a pre-populated renewal form | 118,944 | |
| 5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace) | 528 | |
| 5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) | 414 | |
| 5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed | 118,139 | |
| 6. Month in which renewals due in the reporting month were initiated | September | |
| 7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed | 559,712 | |
| 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 | 342 | Only 66 of the 342 appeals are late, the remainder have time waivers due to claimant postponements, continued hearings or open record periods. |

[PRA Disclosure Statement](#)

The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act (the Act), 42 CFR § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 17 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.