

MONTHLY REPORT		
NAME OF STATE/TERRITORY: California SUBMISSION DATE: 06/20/2023 REPORTING PERIOD: 05/2023		
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)	186,938	<p>In the State's 6/19/2023 submission, California reported 208,553 total pending applications between March 2020 through March 2023. After further data review, California is updating our Measure 1 to 186,938, which removes 21,607 applications from the baseline count. The 21,607 applications are Craig vs. Bonta cases, which are individuals who are no longer eligible under federal Supplemental Security Income (SSI) and should be redetermined for Medicaid. These are queried as "applications" in th state eligibility and enrollment systems, and in operations, should be considered continuing cases. The Craig vs. Bonta cases are removed in Measures 1, 2, and 3.</p> <p>California previously reported 220,999 (individual-level) counts of pending applications as our Unwinding Baseline Measure 1 for March 2023. California has adjusted the baseline counts due to the nature of how Inter-County Transfers are processed where adjustments are applied as the applications are moved from one county to the other. In addition, the difference from the March 2023 measure of 220,999 is also attributed to the migration of various counties in 2023 to a one-county eligibility and enrollment system, where depending on the data extract of this report, the application may be have been processed and considered "completed" after they have migrated.</p>
1a. Total MAGI and other non-disability applications (2a+3a)	176,713	Same data notes as Measure #1.
1b. Total disability-related applications (2b+3b)	10,225	Same data notes as Measure #1.
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)	141,195	Same data notes as Measure #1.
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	133,997	Same data notes as Measure #1.
2b. Completed disability-related applications as of the last day of the reporting period	7,198	Same data notes as Measure #1.
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)	43,659	Same data notes as Measure #1.
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	40,832	Same data notes as Measure #1.
3b. Pending disability-related applications as of the last day of the reporting period	2,827	Same data notes as Measure #1.
RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total beneficiaries for whom a renewal was initiated in the reporting period	1,112,415	
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	
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 <i>ex parte</i> 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	March	
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	
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	47	Only 4 of the 47 cases reported 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,