OMB Control Number 0938-1148 Expiration date: 3/31/2021

MONTHLY REPORT

NAME OF STATE/TERRITORY: Mississippi

SUBMISSION DATE: 09/08/2023 REPORTING PERIOD: 08/2023

APPLICATION PROCESSING	NUMBER
1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)	8,523
1a. Total MAGI and other non-disability applications (2a+3a)	6,789
1b. Total disability-related applications (2b+3b)	1,734
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)	8,517
2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period	6,785
2b. Completed disability-related applications as of the last day of the reporting period	1,732
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)	6
3a. Pending MAGI and other non-disability applications as of the last day of the reporting period	2
3b. Pending disability-related applications as of the last day of the reporting period	4
RENEWALS INITIATED	NUMBER
4. Total beneficiaries for whom a renewal was initiated in the reporting period	57,118
RENEWALS AND OUTCOMES	NUMBER
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)	70,069
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)]	35,402
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis	10,817
5a(2) Number of beneficiaries renewed using a pre-populated renewal form	24,585
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)	3,741
	12,918
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)	
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond) 5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	18,008
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed	18,008 June
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed 6. Month in which renewals due in the reporting month were initiated	<u> </u>
	June

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 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 beging 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 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, included a to average 17 hours per response, included a patient of the stime activates of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Bouleva 26-05, Baltimore, Maryland 21244-1850.

OMB Control Number 0938-1148 Expiration date: 3/31/2021

STATE NOTES/ADDITIONAL
INFORMATION ABOUT THE DATA
STATE NOTES/ADDITIONAL
INFORMATION ABOUT THE DATA
STATE NOTES/ADDITIONAL
INFORMATION ABOUT THE DATA
STATE NOTES/ADDITIONAL
•
INFORMATION ABOUT THE DATA

administration of the Medicaid program and section n restoring routine Medicaid and CHIP operations after d to respond to a collection of information unless it ling the time to review instructions, search existing data rd, Attn: PRA Reports Clearance Officer, Mail Stop C4-