

## Attachment 2: JCR Requested Metrics



### JCR Metric 1: Scheduled and Completed Redeterminations.

*Table 1. Total Number of Medicaid Participants Scheduled for Redetermination and Observed Number of Redeterminations Completed, by Month (May 2023 - January 2024)*

Month	Scheduled for Redetermination	Completed Redetermination (Not based on Redetermination Date)
May 2023	129,487	216,260
June 2023	146,942	147,591
July 2023	147,144	160,157
August 2023	122,762	137,705
September 2023	113,192	118,874
October 2023	114,148	122,120
November 2023	163,754	169,203
December 2023	155,775	151,544
January 2024	140,026	144,398
<b>Total</b>	<b>1,233,230</b>	<b>1,367,852</b>

#### Notes:

This table includes participants who were scheduled for a redetermination during that month as well as those who reported a change (such as a new income, or a closure request). Changes may result in the extension of coverage or disenrollment from Medicaid. Based on data through January 2024, over 130,000 participants reported a change ahead of their scheduled redetermination date. Therefore, the number of completed redeterminations is higher than the amount of scheduled redeterminations.

The data found in the column “Scheduled for Redetermination” is based on monthly person-level files provided by the Maryland Health Benefit Exchange and the Department of Human Services. Data in the “Completed Redetermination” column is based on Medicaid’s system of record, MMIS2.

**JCR Metric 2: The number of new individuals enrolled.**

**Table 1. Total Number of Newly Enrolled Medicaid Participants from May 2023, by Coverage Group at Enrollment and Last Coverage Group**

<b>Eligibility Category</b>	<b>Coverage Category at Enrollment</b>	<b>Last Coverage Category</b>
<b>Aged, Blind, or Disabled</b>	7,729	7,847
<b>Affordable Care Act</b>	33,861	33,941
<b>Families and Children</b>	64,869	64,976
<b>MCHP</b>	7,555	7,534
<b>Other</b>	9,535	9,251
<b>Total</b>	<b>123,549</b>	<b>123,549</b>

\*Data as of January 2024

**Notes:**

This metric presents individuals who were newly enrolled during the unwinding period. Participants included in the above tables have an eligibility span that started between May 2023 and January 2024. These individuals were not enrolled in April 2023. In addition, to be considered enrolled in the data, a participant must have been enrolled for at least three months. Examining the column, “Last Coverage Category,” indicates that only a small number of newly enrolled participants shifted coverage categories. A large percent of new participants are pregnant individuals and newborns in the Families and Children category.

**JCR Metric 3:** The number of individuals enrolled who received medical assistance and were subsequently disenrolled any time in the six months prior to reenrolling.

**Table 1. Cumulative Percentage of Medicaid Participants who Reenroll in Medicaid Following Disenrollment by Disenrollment Month**

Disenrollment Month	Total Disenrolled	No Reenrollment	Total Reenrolled	% Reenrolled								
				May 2023	June 2023	July 2023	August 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024
May 2023	30,778	20,023	10,755	22.9%	26.6%	29.3%	30.7%	32.0%	33.1%	33.9%	34.8%	34.9%
June 2023	33,336	23,017	10,319		19.7%	23.9%	25.9%	27.3%	28.8%	29.9%	30.9%	31.0%
July 2023	44,442	29,334	15,108			23.8%	27.7%	30.0%	31.7%	32.9%	34.0%	34.0%
August 2023	27,171	18,713	8,458				21.2%	25.3%	28.2%	29.7%	31.1%	31.1%
Sep 2023	21,944	18,329	3,615					10.8%	13.3%	15.0%	16.4%	16.5%
October 2023	15,071	12,149	2,922						13.8%	16.9%	19.2%	19.4%
Nov 2023	48,649	39,865	8,784							13.6%	18.0%	18.1%
December 2023	45,701	40,062	5,639								12.2%	12.3%
January 2024	36,276	36,169	107									0.3%

\*Data as of January 2024

**Key**

Color	# of months
Yellow	0
Light Blue	1
Orange	2
Olive Green	3
Light Grey	4
Red	5
Yellow-Green	6
Dark Grey	7
White	8

Use the key to the left when interpreting Table 1. For example, 22.9% of the 30,778 participants disenrolled in May 2023, reenrolled in Medicaid the same month (0 months). 26.6% of the 30,778 had reenrolled in coverage as of June 2023 (1 months), 29.3% as of July 2023 (2 months), 30.7% as of August 2023 (3 months) and so on.

Notes:

Medicaid implemented a 120-day reconsideration period in which a participant who is disenrolled for a procedural reason may return to their applicable enrollment system (Maryland Health Connection or myMDThink) and complete their renewal without needing to begin a new application. Eligible participants will be reenrolled automatically in the last coverage they had. The coverage begins 10 days from the date of the eligibility decision. Any services rendered during the period after disenrollment and prior to reenrollment are eligible for fee-for-service reimbursement.

For participants who were reenrolled without a gap in coverage (i.e., reenrollment in the same month as disenrollment), these participants may have been disenrolled and reapplied for coverage. The start date was retroactively applied to the date their case was closed. Alternatively, a participant may have been terminated for a non-procedural reason (e.g., aging out of HealthChoice) and were re-enrolled into a new type of coverage (e.g. dually eligible for Medicare and Medicaid).

32.0% of participants disenrolled in May have returned to coverage within 120 days. 28.8% of those disenrolled in June have returned to coverage within 120 days. 32.9% of those disenrolled in July have returned to coverage within 120 days. 31.1% of those disenrolled in August have returned to coverage within 120 days. 16.5% of those disenrolled in September have returned to coverage within 120 days.

Please note that Maryland resumed procedural terminations of Medicaid participants in November in accordance with CMS guidance. For MAGI populations, procedural terminations that were scheduled for the months of August and September were processed in November 2023. Procedural terminations that were scheduled for October were processed in December. For non-MAGI populations, procedural terminations resumed in December. The number of disenrollments and rate of reenrollment must be interpreted with caution.

**JCR Metric 4:** The number of individuals disenrolled along with the number disenrolled by reason for disenrollment, identifying disenrollments due to failure to apply for recertification, missing information/verifications, overscaled income, aging out of a Medicaid eligibility category, and other common reasons for disenrollment.

**Table 1. Total Medicaid Disenrollment by Coverage Category and Reason Code, May 2023 to January 2024**

Eligibility Category	Total	Procedural				Non-Procedural			
		Failure to Respond (235)	Verification Outstanding (230)	Other Procedural*	Total Procedural	Overscale Income (301)	Age Limit (220)	Other Non-Procedural	Total Non-Procedural
Aged, Blind, or Disabled	104,206	49,037	6,430	5,635	61,102	18,091	6,564	18,449	43,104
Affordable Care Act	17,092	297	*	*	3,782	*	*	10,192	13,310
Families and Children	132,421	55,369	10,378	8,652	74,399	18,378	1,824	37,820	58,022
MCHP	40,969	18,572	1,331	5,995	25,898	5,101	1,335	8,635	15,071
Other	8,680	5,646	*	*	5,962	*	*	2,703	2,718
<b>Total</b>	<b>303,368</b>	<b>128,921</b>	<b>18,353</b>	<b>23,869</b>	<b>171,143</b>	<b>44,640</b>	<b>9,786</b>	<b>77,799</b>	<b>132,225</b>

\*Other procedural disenrollment reasons include if a participant was identified as procedurally disenrolled by the MHBE or the following: Mail for this individual was returned and a change of address was not reported as required by COMAR 10.09.24.12B (551); Rights and responsibilities - Did not agree to the assignment of interest in application (556); Medicaid coverage expired for non-MAGI only (339).

Notes:

MDH has suppressed cell values less than 11 in compliance with the CMS Cell Suppression Policy.

**JCR Metric 5:** Call center volume, average wait times, and any other data related to call center activities that are required to be submitted to the Center for Medicare and Medicaid Services.

**Table 1: Aggregate Call Center Data, May 2023 - February 2024**

<b>Total Call Center Volume</b>	620,346
<b>Average Call Center Wait Time (H:MM:SS)</b>	0:05:03
<b>Average Call Center Abandonment Rate</b>	13.39%

Notes:

Call center metrics are provided by the Maryland Health Benefit Exchange. Data at the eligibility group level is unable to be collected as it relates to the call center.

Monthly data is provided in Attachment 1: Medicaid Data Dashboard.

**JCR Metric 6:** Measures of application processing times and total numbers of applications processed for Modified Adjusted Gross Income eligibility groups and non-Modified Adjusted Gross Income eligibility groups shown separately.

**Table 1: Total Applications Processed and Weighted Average Processing Time by Eligibility Category, May 2023 - February 2024**

<b>Eligibility Category</b>	<b>Total Applications Processed</b>	<b>Average Application Processing Time in Days (weighted)</b>
Aged, Blind, or Disabled	72,708	15.6
Affordable Care Act	460,102	<24 hours
Families and Children	1,097,153	<24 hours
MCHP	201,593	<24 hours
Other	22,562	5.2
<b>Total</b>	<b>1,854,118</b>	<b>1.4</b>

\*Data as of February 2024

Notes:

Data provided by the Maryland Health Benefit Exchange (MAGI participants) and DHS (non-MAGI participants). This table depicts average processing time only and case by case scenarios may impact application processing time.

Please note that the average processing time is weighted based on the number of applications processed.