January 31, 2025

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Ben Barnes
Chair, House Appropriations Committee
121 House Office Bldg.
Annapolis, MD 21401-1991

RE: Quarterly reports on Medicaid and MCHP enrollment and applications – Quarter 3 – 2024 Joint Chairmen's Report (p. 126)

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2024 Joint Chairmen's Report (p. 126), the Maryland Department of Health (MDH) respectfully submits this Quarter 3 report with information on the Medicaid redetermination process following the 12-month unwinding period.

If you have any questions or concerns, please contact Sarah Case-Herron, Director, Office of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

cc: Erin McMullen, Chief of Staff
        Ryan Moran, Deputy Secretary, Health Care Financing & Medicaid Director
        Tricia Roddy, Deputy Medicaid Director
        Alyssa Brown, Director of Innovation, Research, and Development
        Laura Goodman, Deputy Director of Innovation, Research, and Development
        Debbie Ruppert, Executive Director, Office of Eligibility Services
        Sarah Case-Herron, Director, Office of Governmental Affairs
        Sarah Albert, Department of Legislative Services (5 copies)

Quarterly reports on Medicaid and MCHP enrollment and applications – Quarter 3

2024 Joint Chairman's Report (p. 126-127)

Maryland Department of Health

December 2024

Introduction:

The Maryland Department of Health (MDH) completed its 12-month unwinding period following the COVID-19 Public Health Emergency (PHE) on April 30, 2024. Normal operations resumed on May 1, 2024.[1] MDH will continue to report required metrics to the Centers for Medicare and Medicaid Services (CMS) as required through June 2025.[2] This data is made available to the public by CMS. The following metrics are submitted in accordance with the requirements of the 2024 Joint Chairmen's Report (p. 126).

JCR Metric 1: The number of eligibility renewals completed, including the number and share that were automatically renewed.

Table 1. Total Number of Eligibility Renewals Completed by Month (May 2024 - November 2024)

Month	Completed Redetermination	Automatically Renewed (#)	Automatically Renewed (%)
May 2024	117,954	53,588	45.43%
June 2024	114,818	62,481	54.42%
July 2024	129,878	65,179	50.18%
August 2024	126,711	59,347	46.84%
September 2024	124,332	58,965	47.43%
October 2024	97,960	49,262	50.29%
November 2024	137,609	64,836	47.12%
Total	**849,262**	**413,658**	**48.71%**

Notes:

This table includes participants who went through an eligibility renewal during the month because they were scheduled for a renewal. The table does not include people who reported a change in application in the middle of their enrollment period. Changes may trigger a redetermination resulting in the extension of coverage or disenrollment from Medicaid. This table indicates the number and share of those who completed a redetermination through the ex parte, or automatic, process. This table does not indicate the number of people who were renewed through a manual process.

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[1] During the unwinding of the PHE, CMS authorized Maryland Medicaid to extend certain Disaster State Plan authorities and adopt strategies authorized under Section 1902(e)(14)(A) of the Social Security Act ("1902(e)(14)(A) strategies"). Maryland applied for 14 waivers through CMS and implemented four additional strategies to support participants during the unwinding period. These temporary flexibilities enhanced Maryland's ability to ensure eligible individuals remained covered by Medicaid or transitioned to other appropriate coverage during the unwinding period.

[2] See appendix: Medicaid Enrollment Data Tracker.

JCR Metric 2: The number of new individuals enrolled.

Table 1. Total Number of Newly Enrolled Medicaid Participants from May 2024, by Last Coverage Group

Eligibility Category	Last Coverage Category	
	Number	Percent
Aged, Blind, or Disabled	26,128	27.7%
Affordable Care Act	6,843	7.2%
Families and Children	48,563	51.4%
MCHP	6,977	7.4%
Other	5,925	6.3%
Total	94,436	100.0%

*Data as of October 2024

Notes:

This metric presents individuals who were newly enrolled from May 2024 to October 2024. Participants included in the above tables have an eligibility span that started on or after May 1, 2024. These individuals were not enrolled as of April 2024. In addition, to be considered enrolled in the data, a participant must have been enrolled for at least three months.

JCR Metric 3: Measures of churn that reflect the number of individuals enrolled who previously received Medicaid or MCHP coverage and the timeframe of when they were last enrolled.

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

Disenrollment Month	Total Disenrolled	No Reenrollment	Total Reenrolled	Month of Reenrollment - Cumulative % Reenrolled						
				June 2024	July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024
May 2024	45,601	31,133	14,468	23.7%	26.7%	29.1%	30.4%	31.7%	31.7%	31.7%
June 2024	53,900	35,856	18,044		25.9%	29.5%	31.9%	33.4%	33.5%	33.5%
July 2024	50,804	34,650	16,154			27.6%	30.0%	31.7%	31.8%	31.8%
Aug 2024	44,804	31,963	12,841				25.9%	28.5%	28.7%	28.7%
Sept 2024	51,418	41,448	9,970					18.9%	19.4%	19.4%
Oct 2024	46,835	45,993	842						1.8%	1.8%

*Data as of October 2024

Key

Color	# of months
	0
	1
	2
	3
	4
	5
	6

Use the key to the left when interpreting Table 1. For example, 23.7% of the 45,601 participants disenrolled in May 2024, reenrolled in Medicaid in June, indicating a zero-month gap in coverage (0 months). 26.7% of the 45,601 had reenrolled in coverage as of July 2024 (1 month), 29.1% as of August 2024 (2 months), and 30.4% as of September 2024 (3 months).

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 was re-enrolled into a new type of coverage (e.g. dually eligible for Medicare and Medicaid).

30.4% of participants disenrolled in May 2024 returned to coverage within 90 days. 33.4% of those disenrolled in June 2024 returned to coverage within 90 days. 31.8% of participants disenrolled in July 2024 returned to coverage within 90 days.

JCR Metric 4: The number of individuals disenrolled, shown by reason for disenrollment, identifying procedural disenrollments and disenrollments due to overscale income, aging out, and other common reasons for disenrollment.

Table 1. Total Medicaid Disenrollment by Coverage Category and Reason Code, May 2024 to October 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	83,322	56,516	*	*	58,842	6,215	3,000	15,265	24,480
Affordable Care Act	18,706	*	*	6,435	6,621	*	*	9,920	12,085
Families and Children	94,277	45,194	*	*	49,877	5,644	2,224	36,532	44,400
MCHP	17,679	7,979	527	.	8,506	1,269	1,850	6,054	9,173
Other	6,980	*	*	1,597	1,932	*	*	5,021	5,048
Total	220,964	110,076	7,047	8,655	125,778	15,281	7,113	72,792	95,186

*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 Centers for Medicare and Medicaid Services.

Table 1: Aggregate Call Center Data, May 2024 - November 2024

Total Call Center Volume	402,838
Average Call Center Wait Time (H:MM:SS)	0:04:39
Average Call Center Abandonment Rate	14.53%

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 the appendix, Medicaid Enrollment Data Tracker.

JCR Metric 6: Measures of application processing times and the total number of applications processed for Modified Adjusted Gross Income (MAGI) cases and non-MAGI cases shown separately.

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

Eligibility Category	MAGI Applications (processed through the Maryland Health Connection)	MAGI Average Processing Time in Days (weighted)	Non-MAGI Applications (processed through MDThink)	Non-MAGI Average Processing Time in Days (weighted)	Total Applications Processed (MAGI + Non-MAGI)	Average Application Processing Time in Days (MAGI + Non-MAGI, weighted)
Aged, Blind, or Disabled	338	1.25	60,807	14.97	61,145	14.90
Affordable Care Act	235,997	1.05	N/A	N/A	235,997	1.05
Families and Children	804,053	< 24 hours	3,152	7.06	807,205	< 24 hours
MCHP	185,019	< 24 hours	N/A	N/A	185,019	< 24 hours
Other	14,848	< 24 hours	3,467	14.43	18,315	3.35
Total	**1,240,255**	**< 24 hours**	**67,426**	**14.57**	**1,307,681**	**1.47**

*Data as of November 2024

Notes:

Data was 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.