



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

October 17, 2024

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: 2024 Joint Chairmen's Report (p. 126-127) – Quarterly reports on Medicaid and MCHP enrollment and applications – Quarter 2

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2024 Joint Chairmen's Report (p. 126-127), the Maryland Department of Health (MDH) respectfully submits this Quarter 2 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
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Quarterly reports on Medicaid and MCHP enrollment and applications – Quarter 2

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

October 16, 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).

MDH notes that this iteration of the report uses May 2024 as the starting month, the first month post-unwinding period, rather than May 2023, the beginning of the unwinding period.

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 - August 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%
Total	489,361	240,595	49.17%

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.

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

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.

Eligibility Category	Last Coverage Category	
	Number	Percent
Aged, Blind, or Disabled	17,710	28.1%
Affordable Care Act	4,483	7.1%
Families and Children	32,431	51.4%
MCHP	4,652	7.4%
Other	3,860	6.1%
Total	63,136	100.0%

*Data as of August 2024

Notes:

This metric presents individuals who were newly enrolled from May 2024 to August 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
May 2024	45,280	35,048	10,232	19.7%	22.5%	22.6%	22.6%
June 2024	52,051	44,065	7,986		15.1%	15.3%	15.3%
July 2024	49,207	48,634	573			1.2%	1.2%

*Data as of July 2024

Key

Color	# of months
Yellow	0
Light Blue	1
Orange	2
Olive Green	3

Use the key to the left when interpreting Table 1. For example, 19.7% of the 45,280 participants disenrolled in May 2024, reenrolled in Medicaid in June, indicating a zero month gap in coverage (0 months). 22.5% of the 45,280 had reenrolled in coverage as of July 2024 (1 months), 22.6% as of August 2024 (2 months), and 22.6% 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 were re-enrolled into a new type of coverage (e.g. dually eligible for Medicare and Medicaid).

22.6% of participants disenrolled in May 2024 have 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 July 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	40,298	28,470	*	*	28,834	3,169	1,556	6,739	11,464
Affordable Care Act	13,117	48	144	6,010	6,202	*	*	5,208	6,915
Families and Children	61,673	28,365	732	636	29,733	3,064	1,090	27,786	31,940
MCHP	10,569	5,435	47	.	5,482	*	*	3,582	5,087
Other	2,062	31	*	*	392	*	*	1,658	1,670
Total	127,719	62,349	1,288	7,006	70,643	8,526	3,577	44,973	57,076

*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 - August 2024

Total Call Center Volume	216,084
Average Call Center Wait Time (H:MM:SS)	0:02:35
Average Call Center Abandonment Rate	8.08%

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.

ICR 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 - August 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	175	1.74	34,002	13.99	34,177	13.93
Affordable Care Act	134,151	1.11	N/A	N/A	134,151	1.11
Families and Children	458,086	< 24 hours	1,719	8.05	459,805	< 24 hours
MCHP	101,264	< 24 hours	N/A	N/A	101,264	< 24 hours
Other	8,819	< 24 hour	2,005	16.50	10,824	3.80
Total	702,495	< 24 hours	37,726	13.85	740,221	1.48

*Data as of August 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.

Measure	2023												2024							
	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August				
Enrollment																				
Total (MAGI + non-MAGI)	1,555,250	1,548,637	1,537,958	1,517,416	1,511,384	1,511,687	1,520,083	1,492,813	1,482,648	1,458,706	1,453,965	1,424,913	1,430,086	1,412,262	1,386,286	1,361,295				
Total MAGI	1,363,635	1,357,486	1,347,280	1,328,322	1,323,017	1,323,385	1,335,850	1,289,880	1,200,122	1,273,117	1,279,628	1,251,899	1,248,554	1,234,468	1,209,000	1,185,141				
MAGI Children	539,938	538,206	535,513	531,428	530,660	532,436	537,737	530,696	546,710	519,221	533,729	510,717	509,498	503,389	485,611	476,103				
MAGI Adults	823,697	819,280	811,767	796,894	792,357	790,949	798,113	759,184	753,412	753,896	745,899	741,182	739,056	730,629	723,389	709,038				
Total Non-MAGI	191,615	191,151	190,678	189,094	188,367	188,302	184,233	202,933	182,526	185,589	174,337	183,014	181,532	177,794	177,286	176,154				
Non-MAGI Children	32,134	31,925	31,756	31,162	31,011	30,957	30,878	30,434	27,734	29,920	23,796	29,383	29,299	28,720	28,629	28,418				
Non-MAGI Adults	159,481	159,226	158,922	157,932	157,356	157,345	153,355	172,499	159,792	155,669	150,541	153,631	152,233	149,074	148,647	147,736				
CHIP Total	168,801	168,228	166,964	162,930	163,826	165,298	160,291	162,860	156,184	172,217	160,517	175,829	181,465	185,164	189,721	191,162				
Duals Total	83,343	82,264	80,889	79,146	79,300	74,484	74,996	75,132	69,590	75,704	75,440	76,601	77,269	73,730	75,416	76,155				
Grand Total	1,807,394	1,799,129	1,785,811	1,759,492	1,754,510	1,751,469	1,755,370	1,730,806	1,708,423	1,706,627	1,689,923	1,687,343	1,688,820	1,671,156	1,651,423	1,628,612				
Renewals Due																				
Total number of beneficiaries due for annual renewal	117,098	137,459	145,496	115,313	115,491	118,505	147,945	157,954	123,775	121,762	101,025	103,539	119,823	118,542	134,211	130,629				
Renewals Completed																				
Number renewed and retained (auto renewed and form)	80,317	105,117	102,137	98,163	95,968	105,855	104,715	99,098	89,345	86,638	74,426	76,782	76,642	81,021	90,346	82,638				
Number auto renewed (ex parte)	56,164	71,252	65,199	68,990	63,321	69,561	78,540	82,457	74,476	73,635	62,683	64,455	53,588	62,481	65,179	59,347				
Number renewed using a prepopulated form	24,153	33,865	36,938	29,173	32,647	36,294	26,175	16,641	14,869	13,003	11,743	12,327	23,054	18,540	25,167	23,291				
Number determined ineligible and transferred to the marketplace	10,727	12,485	15,657	12,569	13,529	8,805	5,645	5,145	3,403	2,918	2,799	4,964	3,917	3,749	8,740	8,740				
Number terminated for procedural reasons	24,643	17,075	23,621	-	-	-	34,342	51,249	28,336	29,788	21,484	22,067	36,348	29,880	35,783	35,333				
Number of renewals not completed (ex still being processed)	1,411	2,782	4,081	4,581	5,994	3,845	3,243	2,462	2,319	1,933	2,197	1,891	1,869	3,724	4,333	3,918				
Call Center																				
Total Call Center Volume	50,488	56,377	59,696	72,748	54,063	60,113	54,980	67,101	85,079	59,701	54,052	52,097	50,290	45,592	60,467	59,735				
Average Call Center Wait Time	0:01:26	0:01:35	0:03:01	0:15:11	0:10:25	0:03:50	0:01:15	0:02:14	0:05:59	0:01:44	0:01:08	0:01:26	0:01:39	0:01:39	0:02:14	0:03:53				
Average Call Center Abandonment Rate	6.68%	6.91%	11.93%	37.68%	25.56%	11.33%	4.08%	7.23%	16.39%	6.11%	4.79%	5.67%	6.40%	6.11%	7.62%	12.20%				
New Applications																				
Total Applications	90,856	97,571	106,928	121,498	120,624	144,166	129,495	155,521	127,257	109,122	106,067	100,703	108,422	108,799	128,459	195,737				
Total Applications Received by the Medicaid Agency	3,906	4,492	4,420	5,332	4,963	5,983	5,810	5,290	6,971	7,575	6,656	6,684	6,409	6,013	7,361	7,459				
Applications Received by the Medicaid Agency Online	2,726	3,229	3,143	1,443	1,318	1,454	1,360	1,240	1,810	1,718	1,473	1,571	1,606	1,360	1,773	1,483				
Applications Received by the Medicaid Agency Other	1,180	1,263	1,277	3,889	3,645	4,529	4,450	4,050	5,161	5,857	5,183	5,113	4,803	4,653	5,588	5,976				
Other applications electronic	86,950	93,079	102,508	116,166	115,661	138,183	123,685	150,231	120,286	101,547	99,411	94,019	102,013	102,786	121,098	188,278				
Eligibles - Both New Applications and Renewal Data																				
Total Eligible for Medicaid	127,486	147,014	147,651	157,537	147,460	163,679	161,001	197,389	171,506	153,233	134,588	140,434	136,661	136,397	155,138	150,508				
MAGI Determinations	122,825	140,244	139,637	148,502	140,521	154,860	149,484	186,737	159,723	142,188	126,650	129,815	123,372	126,219	144,016	142,647				
Non-MAGI determinations	4,661	6,770	8,014	9,035	6,939	8,819	11,517	10,652	11,783	11,335	7,938	10,619	13,289	10,178	11,122	7,861				
Determined eligible at application (either direct or transfer application)	56,266	54,898	61,343	68,445	64,699	61,141	71,888	103,543	83,878	68,900	66,254	67,526	65,794	64,215	80,365	81,677				
Determined eligible at application under MAGI rules	54,482	53,044	59,583	66,514	62,473	58,190	69,162	100,631	80,346	64,592	62,600	63,908	62,331	61,116	76,328	77,910				
Determined eligible at application under non-MAGI rules	1,784	1,854	1,760	1,931	2,226	2,951	2,726	2,912	3,532	4,308	3,654	3,618	3,463	3,099	4,037	3,767				
Determined eligible at annual renewal	71,220	92,116	86,308	89,092	82,761	102,538	89,113	93,846	87,628	84,623	68,334	72,908	70,867	72,182	74,773	68,831				
Total CHIP eligible	12,515	18,260	20,274	22,399	17,774	15,050	22,642	19,613	17,878	12,429	11,473	13,028	15,834	18,159	22,562	22,299				
Determined eligible at application (either direct or transfer application)	7,631	9,274	10,157	14,083	9,104	9,414	12,669	13,928	14,158	8,914	8,391	9,296	9,365	8,448	10,813	11,804				
Determined eligible at annual renewal	4,884	8,986	10,117	8,316	8,670	5,636	9,973	5,685	3,720	3,515	3,082	3,732	6,469	9,711	11,749	10,495				
Ineligible - Both New Application and Renewal Data																				
Total Ineligible for Medicaid	70,421	67,947	73,987	76,268	69,965	60,654	115,519	139,674	110,324	79,808	68,533	71,633	88,792	78,516	95,338	100,052				
Ineligibility established	47,150	55,738	58,340	76,061	69,840	60,585	86,977	91,115	83,048	53,521	52,101	52,654	54,006	51,267	62,604	67,246				
eligibility cannot be established (inadequate documentation)	23,271	12,209	15,647	207	125	69	28,542	48,559	27,276	26,287	16,432	18,979	34,786	27,249	32,734	32,806				
determined ineligible at application (either direct or transfer to app)	39,532	46,401	44,919	63,971	56,935	51,125	80,582	85,105	78,148	49,095	47,830	48,645	48,282	46,328	58,050	58,813				
determined ineligible at annual renewal	30,889	21,546	29,068	12,297	13,030	9,529	34,937	54,569	32,176	30,713	20,703	22,988	40,510	32,188	37,288	41,239				
Total CHIP ineligible	4,649	8,260	8,551	3,604	3,123	1,319	8,175	5,564	3,305	2,395	2,374	2,616	2,971	4,314	4,961	5,624				
Ineligibility established	1,254	3,393	2,358	3,604	3,123	1,319	2,292	2,489	1,909	893	1,047	1,115	1,272	1,359	1,651	2,856				
eligibility cannot be established (inadequate documentation)	3,395	4,867	6,193	-	-	-	5,885	3,075	1,396	1,502	1,327	1,501	1,699	2,955	3,310	2,768				
Ineligible at application	863	1,112	553	2,192	1,456	990	1,401	2,117	1,667	689	857	901	893	857	1,177	1,238				
Ineligible at annual renewal	3,786	7,148	7,998	1,412	1,667	329	6,774	3,447	1,638	1,706	1,517	1,715	2,078	3,457	3,784	4,386				
Pending																				
Total Pending Applications and Redeterminations (Mix of Households and Individuals)	19,156	19,385	21,978	29,308	25,507	25,579	47,438	30,610	30,428	26,025	24,296	24,957	24,916	24,602	26,175	28,117				
Processing Time																				
Median number of days for all determinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
MAGI determinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
non-MAGI determinations	12	6	10	9	10	11	7	11	7	5	6	6	6	5	5	4				
Direct application to Medicaid Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
MAGI less than or equal to 24 hours	131,031	100,100	104,778	130,937	114,588	104,757	148,137	186,634	157,898	107,989	104,564	108,149	107,771	102,891	138,257	132,761				
MAGI More than 24 hours through 7 days	46	6,946	7,097	8,404	8,020	6,843	7,474	7,435	8,017	6,389	6,920	7,008	5,255	6,708	16,641	8,064				
MAGI 8 through 30 days	*	97	218	739	334	243	308	317	692	547	239	184	170	99	392	462				
MAGI 31 days through 45 days	*	23	22	78	138	127	64	89	170	132	133	40	22	33	29	18				
MAGI More than 45 days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
Non-MAGI less than or equal to 30 days	3,216	3,291	3,494	4,941	4,999	5,863	5,974	5,983	6,857	8,443	7,607	7,208	7,061	6,505	7,935	8,404				
31 through 60 days	749	869	1,022	1,328	1,505															