

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

October 25, 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 1

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2024 Joint Chairmen's Report (p. 126-127), the Maryland Department of Health respectfully submits this Quarter 1 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 <a href="mailto:sarah.case-herron@maryland.gov">sarah.case-herron@maryland.gov</a>.

Sincerely,

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

cc: Sarah Case-Herron, JD, Director, Office of Governmental Affairs
Ryan Moran, DrPH, MHSA, 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 Albert, Department of Legislative Services (5 copies)



## Introduction:

The Maryland Department of Health (the Department) 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. The Department will continue to report required metrics to the Centers for Medicare and Medicaid Services (CMS) as required through June 2025. 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. 126-127).

<u>JCR Metric 1</u>: 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 2023 - May 2024)

Month	Completed Redetermination	Automatically Renewed (#)	Automatically Renewed (%)
May 2023	115,687	56,164	48.55%
June 2023	134,677	71,252	52.91%
July 2023	141,415	65,199	46.10%
August 2023	110,732	68,990	62.30%
September 2023	109,497	63,321	57.83%
October 2023	114,660	69,561	60.67%
November 2023	144,702	78,540	54.28%
December 2023	155,492	82,457	53.03%
January 2024	121,456	74,476	61.32%
February 2024	119,829	73,635	61.45%
March 2024	93,530	62,683	67.02%
April 2024	98,451	64,455	65.47%
May 2024	113,483	53,588	47.22%
Total	1,573,611	884,321	56.20%

Notes:

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<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> See the appendix: Maryland Enrollment Data Tracker.

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.

## 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

Eligibility Category	Coverage Category at Enrollment	Last Coverage Category
Aged, Blind, or Disabled	10,823	11,037
Affordable Care Act	45,766	45,825
Families and Children	87,305	87,494
МСНР	10,381	10,407
Other	12,770	12,282
Total	167,045	167,045

<sup>\*</sup>Data as of April 2024

#### Notes:

This metric presents individuals who were newly enrolled from May 2023 to April 2024. Participants included in the above tables have an eligibility span that started between May 2023 and April 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.

<u>JCR Metric 3</u>: 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

				% Reenrolled											
Disenrollment Month	Total Disenrolled	No Reenrollment	Total Reenrolled	May 2023	June 2023	July 2023	Au 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024
May 2023	30,727	18,591	12,136	24.2%	28.0%	30.8%	32.3%	33.8%	35.1%	36.1%	37.2%	38.0%	38.6%	39.2%	39.5%
June 2023	33,290	21,407	11,883		20.9%	25.4%	27.7%	29.3%	31.0%	32.4%	33.7%	34.5%	35.2%	35.7%	35.7%
July 2023	44,305	27,036	17,269			25.5%	29.8%	32.3%	34.2%	35.7%	37.1%	37.9%	38.5%	39.0%	39.0%
August 2023	26,992	17,178	9,814				22.6%	27.0%	30.2%	32.3%	34.0%	35.1%	35.8%	36.4%	36.4%
Sep 2023	21,869	17,409	4,460					11.7%	14.4%	16.2%	17.9%	19.0%	19.7%	20.4%	20.4%
October 2023	14,958	10,908	4,050						16.5%	20.2%	23.3%	25.0%	26.3%	27.0%	27.1%
Nov 2023	48,425	34,681	13,744							18.7%	24.2%	26.1%	27.1%	28.3%	28.4%
Dec 2023	45,472	33,143	12,329								21.2%	24.0%	26.0%	27.1%	27.1%
January 2024	36,222	27,559	8,663									19.2%	22.2%	23.9%	23.9%
Feb 2024	32,966	26,261	6,705										17.6%	20.3%	20.3%
March 2024	21,943	18,311	3,632											16.3%	16.5%
April 2024	20,502	20,390	112												0.5%

<sup>\*</sup>Data as of April 2024

# Key

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Color	# of months	Color	# of months
	0		6
	1		7
	2		8
	3		9
	4		10
	5		11

Use the key to the left when interpreting Table 1. For example, 24.2% of the 30,727 participants disenrolled in May 2023, reenrolled in Medicaid the same month (0 months). 28.0% of the 30,727 had reenrolled in coverage as of June 2023 (1 months), 30.8% as of July 2023 (2 months), 32.3% 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).

33.8% of participants disenrolled in May have returned to coverage within 120 days. 31% of those disenrolled in June have returned to coverage within 120 days. 35.7% of those disenrolled in July have returned to coverage within 120 days. 34.0% of those disenrolled in August have returned to coverage within 120 days. 19.0% of those disenrolled in September have returned to coverage within 120 days. 26.3% of those disenrolled in October have returned to coverage within 120 days. 28.3% of those disenrolled in November have returned to coverage within 120 days. 27.1% of those disenrolled in December 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 disenvollments and rate of reenvollment must be interpreted with caution.

<u>JCR Metric 4</u>: 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 2023 to April 2024

			Proce	dural		Non-Procedural					
Eligibility Category	Total	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	131,793	67,927	8,135	6,340	82,402	20,095	7,577	21,719	49,391		

Affordable									
Care Act	24,821	336	*	*	6,919	*	*	13,536	17,902
Families and									
Children	165,036	76,325	11,607	10,261	98,193	19,748	2,370	44,725	66,843
МСНР	47,096	22,402	1,360	6,491	30,253	5,345	1,857	9,641	16,843
Other	8,924	5,645	*	*	6,006	*	*	2,897	2,918
Total	377,670	172,635	21,426	29,712	223,773	49,459	11,920	92,518	153,897

<sup>\*</sup>Other procedural disensollment reasons include if a participant was identified as procedurally disensolled 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.

<u>JCR Metric 5</u>: 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 2023 - May 2024

Total Call Center Volume	776,785
Average Call Center Wait Time (H:MM:SS)	0:04:22
Average Call Center Abandonment Rate	11.60%

#### 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.

<u>JCR Metric 6</u>: 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 2023 - May 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	1,213	<24 hours	93,529	15.9	94,742	15.7
Affordable Care Act	568,735	<24 hours	N/A	N/A	568,735	<24 hours
Families and Children	1,382,365	<24 hours	3,462	6.1	1,385,827	<24 hours
МСНР	247,766	<24 hours	N/A	N/A	247,766	<24 hours
Other	24,357	<24 hours	5,426	26.3	29,783	5.4
Total	2,224,436	<24 hours	102,417	16.1	2,326,853	1.4

<sup>\*</sup>Data as of May 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.

					2023					2024			
Measure	May	June	July	August	September	October	November	December	January	February	March	April	May
Enrollment													
Total (MAGI + non-MAGI)	1,555,250		1,537,958		1,511,384	1,511,687	1,520,083	1,492,813	1,482,648	1,458,706	1,453,965	1,434,913	1,426,986
Total MAGI MAGI Children	1,363,635 539,938	1,357,486 538,206	1,347,280 535,513		1,323,017 530.660	1,323,385 532,436	1,335,850 537,737	1,289,880 530,696	1,300,122 546,710	1,273,117 519,221	1,279,628 533,729	1,251,899 510,717	1,245,815 507,725
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	738,090
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	181,171
Non-MAGI Children	32,134	31,925	31,756	31,162	31,011	30,957	30,878	30,434	22,734	29,920	23,796	29,383	29,073
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	152,098
CHIP Total  Duals Total	168,801 83,343	168,228 82,264	166,964 80,889	162,930 79,146	163,826 79,300	165,298 74,484	160,291 74,996	162,860 75,132	156,184 69,590	172,217 75,704	160,517 75,440	175,829 76,601	180,500 76,816
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	1,684,302
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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	117,828
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	73,350	75,694	73,134
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
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	10,667	11,239	19,546
Number determined ineligible and transferred to the marketplace	10,727	12,485	15,657	12,569	13,529	8,805	5,645	5,145	3,775	3,403	2632	2,630	4269
Number terminated for procedural reasons	24,643	17,075	23,621	-	-	-	34,342	51,249	28,336	29,788	17,548	20,127	36,080
Number of renewals not completed (ex. still being		2 702	4.004	4.504	F 004	2.045	2 242	2.452	2.240	4.033	7.405	F 000	4.245
processed)	1,411	2,782	4,081	4,581	5,994	3,845	3,243	2,462	2,319	1,933	7,495	5,088	4,345
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
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
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%
New Applications													
Total Applications Total Applications Received by the Medicaid Agency	90,856	97,571 4,492	106,928 4,420	121,498 5,332	120,624 4,963	144,166 5,983	129,495 5.810	155,521 5,290	127,257 6.971	109,122 7,575	106,067 6,656	100,703 6,684	108,422 6,409
Applications Received by the Medicaid Agency Applications Received by the Medicaid Agency Online	3,906 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
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
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
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	153,523	134,588	140,434	136,661
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
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
Determined eligible at application (either direct or transfer	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
application)	30,200	34,696	01,343	06,445	64,699	01,141	/1,000	103,343	03,070	00,900	66,234	67,326	65,794
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
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
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
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
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
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
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
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
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
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
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
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
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
eligibility cannot be established (inadequate documentation)	3,395	4,867	6,193				5,883	3,075	1,396	1,502	1,327	1,501	1,699
Ineligible at application	863	1,112	553	2,192	1,456	990	1,401	2,117	1,667	689	857	901	893
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
Pending													
Total Pending Applications and Redeterminations (Mix of	10.45-	10.30-	24.075	20.20-	25.55-	25.55-	47.47-	20.54-	20.42-	25.02-	24.20-	24.05-	24.0
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
Processing Time													
Median number of days for all determinations	0	0	0	0	0		0	0	0	0	0	0	0
MAGI determinations non-MAGI determinations	12	6	10	9	10		7	0 11	7	0 5	6	6	6
Direct application to Medicaid Agency	0	0	0		0		0	0	0	0	0	0	
MAGI less than or equal to 24 hours	131,031	100,100	104,778		114,588		148,137	186,634	157,898	107,989	104,564	108,149	107,771
MAGI More than 24 hours through 7 days	46	6,946	7,097	8,404	8,030	6,847	7,474	7,435	8,017	6,389	6,920	7,008	5,255
MAGI 8 through 30 days	*	97	218	739	334	243	308	317	692	547	239	184	170
MAGI 31 days through 45 days MAGI More than 45 days	* 0	23	22 0	78 0	138	127 0	64	89 0	170 0	132	133 0	40	22
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
31 through 60 days	749	869	1,022	1,328	1,505	1,565	1,492	1,827	1,763	1,715	1,566	1,357	1,482
61 days through 90 days	147	108	124	188	194	242	217	284	337	276	262	278	222
Greater than 90 days	336	132	217	433	573	828	731	1,091	839	893	860	1,164	967
Torminations													
Terminations Total number disenrolled at annual renewal	34,675	28,694	37,066	13,709	14,697	9,858	41,711	58,016	33,814	32,419	22,220	24,703	42,588
Percent	31.3%	22.1%	27.8%	12.3%	13.8%	8.4%	29.6%	36.8%	27.0%	26.9%	23.7%	24.4%	35.5%
Number disenrolled for procedural reasons	24,643	17,075	23,621	-	-	-		51,249	28,336	29,788	17,548	20,127	36,080
Percent of disenrollments that were for procedural reasons	71.1%	59.5%	63.7%	_	_	_	_	88.3%	83.8%	91.9%	79.0%	81.5%	84.7%
The first incide the procedural reasons	/ 4.4/0	33.370	33.70					00.370	33.0/0	Ja.J/0	75.070	01.5/0	04.770

Please note that Non-MAGI data for participants disenrolled, applications pending review, and the grand total are at the household level and not the individual level for months prior to August 2023. The total coverage extensions measure is at the individual level. Therefore, the sum of the individual neasures will not equal the grand total.

Please note that measure specifications for the following measures do not align:

Ji Benevals Completed - number renewed and retained and [2] Eligibles- determined eligible at annual renewal. Measure 1 includes only those participants due for renewal in the current month, whereas Measure 2 includes all those determined eligible in the current month, including those who completed their redetermination early.

(3) Renewals Completed - number terminated for procedural reasons and (4) Ineligibles - determined ineligible at annual renewal. Measure 3 includes only participants who were due for renewal in the current month and lost coverage due to a procedural reason (for example, failure to complete renewal application), whereas Measure 4 includes all participants who were found ineligible during the current month

A Please note that for renewals due in April 2023 is reflective of Maryland Health Connection participants only

\* Cells that are 10 or smaller suppressed for privacy
Please note that Maryland has prioritized those most likely to be ineligible for renewal in the first six months of unwinding, or through
November 2023. This includes people who have income overscale, people who have other coverage such as Medicare, or have aged out of
their coverage group.
Please note that measures regarding the number of individuals enrolled who received Medical Assistance and were subsequently
disenrolled any time in the six months prior to re-enrolling will be included in future reports. Data will continue to be updated monthly,
some historical numbers may change.