



## DEPARTMENT OF HEALTH

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 [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

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.<sup>1</sup> The Department will continue to report required metrics to the Centers for Medicare and Medicaid Services (CMS) as required through June 2025.<sup>2</sup> 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).

**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 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%
<b>Total</b>	<b>1,573,611</b>	<b>884,321</b>	<b>56.20%</b>

Notes:

<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>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***

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

\*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.

**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	% 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%

\*Data as of April 2024

**Key**

Color	# of months	Color	# of months
Yellow	0	Light Yellow	6
Light Blue	1	Grey	7
Orange	2	Light Green	8
Olive Green	3	Light Purple	9
Light Grey	4	Light Orange	10
Red	5	Blue	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 disenrollments and rate of reenrollment must be interpreted with caution.

**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 2023 to April 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	131,793	67,927	8,135	6,340	82,402	20,095	7,577	21,719	49,391

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

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

<b>Total Call Center Volume</b>	776,785
<b>Average Call Center Wait Time (H:MM:SS)</b>	0:04:22
<b>Average Call Center Abandonment Rate</b>	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.

**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 2023 - May 2024**

<b>Eligibility Category</b>	<b>MAGI Applications (processed through the Maryland Health Connection)</b>	<b>MAGI Average Processing Time in Days (weighted)</b>	<b>Non-MAGI Applications (processed through MDThink)</b>	<b>Non-MAGI Average Processing Time in Days (weighted)</b>	<b>Total Applications Processed (MAGI + Non-MAGI)</b>	<b>Average Application Processing Time in Days (MAGI + Non-MAGI, weighted)</b>
<b>Aged, Blind, or Disabled</b>	1,213	<24 hours	93,529	15.9	94,742	15.7
<b>Affordable Care Act</b>	568,735	<24 hours	N/A	N/A	568,735	<24 hours
<b>Families and Children</b>	1,382,365	<24 hours	3,462	6.1	1,385,827	<24 hours
<b>MCHP</b>	247,766	<24 hours	N/A	N/A	247,766	<24 hours
<b>Other</b>	24,357	<24 hours	5,426	26.3	29,783	5.4
<b>Total</b>	<b>2,224,436</b>	<b>&lt;24 hours</b>	<b>102,417</b>	<b>16.1</b>	<b>2,326,853</b>	<b>1.4</b>

\*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.

