



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

November 24, 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 2 – 2025  
Joint Chairmen's Report (p. 166-167)**

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2025 Joint Chairmen's Report (p. 166-167), the Maryland Department of Health (the Department) respectfully submits this Quarter 2 report with data pertaining to enrollment trends in the Maryland Medical Assistance (Medical Assistance) Program and the Maryland Children's Health Program (MCHP).

If you have any questions or concerns, please contact Meghan Lynch, Director, Office of Governmental Affairs, at [meghan.lynch@maryland.gov](mailto:meghan.lynch@maryland.gov).

Sincerely,

Meena Seshamani, M.D., Ph.D.  
Secretary of Health

cc:

Perrie Briskin, Deputy Secretary of Health Care Financing and Medicaid Director  
Alyssa Brown, Director of Innovation, Research, and Development  
Patricia Rutley-Johnson, Acting Director, Office of Eligibility Services  
Amalie Bradenburg, Chief Financial Officer, Office of Finance  
Sarah Albert, Department of Legislative Services (5 copies)

# **Medicaid and MCHP enrollment and applications**

Quarter 2

**2025 Joint Chairman's Report (p. 166-167)**

Maryland Department of Health

**October 2025**

## 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> MDH will continue to report required metrics to the Centers for Medicare and Medicaid Services (CMS).<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 2025 Joint Chairmen’s Report (p. 166-167).

The Department notes that this iteration of the report uses June 2024 as the first reporting month. Reports moving forward will use a rolling approach.

**ICR Metric 1:** The number of eligibility renewals completed, including the number and share that were automatically renewed, with modified adjusted gross income (MAGI) cases and non-MAGI cases shown separately.

**Table 1. Total Number of Eligibility Renewals Due by Month (June 2024-July 2025)**

	MHBE			DHS			Total		
Month	Renewals Due	Automatically Renewed (#)	Automatically Renewed (%)	Renewals Due	Automatically Renewed (#)	Automatically Renewed (%)	Renewals Due	Automatically Renewed (#)	Automatically Renewed (%)
June 2024	110,623	59,691	53.96%	7,919	2,790	35.23%	118,542	62,481	52.71%
July 2024	121,134	60,407	49.87%	13,077	4,772	36.49%	134,211	65,179	48.56%
Aug 2024	123,176	55,544	45.09%	7,453	3,803	51.03%	130,629	59,347	45.43%
Sept 2024	115,410	54,702	47.40%	13,694	4,263	31.13%	129,104	58,965	45.67%
Oct 2024	97,586	47,810	48.99%	3,697	1,452	39.28%	101,283	49,262	48.64%
Nov 2024	122,841	58,207	47.38%	19,650	6,629	33.74%	142,491	64,836	45.50%
Dec 2024	117,066	54,379	46.45%	11,256	4,303	38.23%	128,322	58,682	45.73%

<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 appendix: Medicaid Enrollment Data Tracker.

<b>Jan 2025</b>	99,093	46,974	47.40%	8,394	878	10.46%	107,487	47,852	44.52%
<b>Feb 2025</b>	92,225	42,800	46.41%	7,115	586	8.24%	99,340	43,386	43.67%
<b>March 2025</b>	83,638	41,021	49.05%	9,166	504	5.50%	92,804	41,525	44.74%
<b>April 2025</b>	86,206	42,190	48.94%	8,330	861	10.34%	94,536	43,051	45.54%
<b>May 2025</b>	80,600	44,314	54.98%	8,896	866	9.73%	89,496	45,180	50.48%
<b>June 2025</b>	93,552	51,994	55.58%	8,170	542	6.63%	101,722	52,536	51.65%
<b>July 2025</b>	100,909	58,332	57.81%	10,543	778	7.38%	111,452	59,110	53.04%
<b>Total</b>	<b>1,444,059</b>	<b>718,365</b>	<b>49.75%</b>	<b>137,360</b>	<b>33,027</b>	<b>24.04%</b>	<b>1,581,419</b>	<b>751,392</b>	<b>47.51%</b>

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. The Department is using renewals conducted by the Maryland Health Benefit Exchange (MHBE) as a proxy for MAGI renewals and renewals conducted by the Department of Human Services (DHS) as a proxy for non-MAGI renewals. Please note, however, certain individuals eligible for HealthChoice do not enroll through Maryland Health Connection (MHBE).

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

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

Eligibility Category	Last Coverage Category	
	Number	Percent
Aged, Blind, or Disabled	59,099	29.3%
Affordable Care Act	16,331	8.1%
Families and Children	99,741	49.4%
MCHP	14,077	7.0%
Other	12,484	6.2%
<b>Total</b>	<b>201,732</b>	<b>100.0%</b>

\*Data as of June 2025

Notes:

This metric presents individuals who were newly enrolled on or after July 1, 2024. Participants included in the above tables have an eligibility span that started on or after July 1, 2024. These individuals were not enrolled as of June 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											
				July 2024	Aug 2024	Sept 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	March 2025	April 2025	May 2025	June 2025
July 2024	42,818	28,852	13,966	18.1%	20.8%	22.7%	24.4%	26.1%	27.7%	28.8%	30.0%	31.0%	31.9%	32.6%	32.6%
Aug 2024	42,624	25,786	16,838		27.1%	29.7%	31.3%	32.7%	34.4%	35.7%	36.9%	37.9%	38.7%	39.5%	39.5%
Sept 2024	49,106	30,422	18,684			25.8%	28.7%	30.6%	32.4%	33.9%	35.2%	36.3%	37.3%	38.0%	38.0%
Oct 2024	46,754	28,137	18,617				27.6%	30.9%	33.5%	33.3%	36.6%	37.9%	39.0%	39.8%	39.8%
Nov 2024	74,160	45,354	28,806					26.6%	31.2%	33.4%	35.0%	36.7%	37.9%	38.8%	38.8%
Dec 2024	57,164	35,884	21,280						27.8%	30.6%	32.8%	34.3%	36.0%	37.2%	37.2%
Jan 2025	53,661	35,897	17,764							25.0%	28.4%	30.5%	31.7%	33.1%	33.1%
Feb 2025	45,912	30,064	15,848								27.9%	31.4%	33.3%	34.5%	34.5%
March 2025	46,027	32,186	13,841									25.1%	28.3%	30.0%	30.1%
April 2025	44,266	32,362	11,904										23.9%	26.7%	26.9%
May 2025	32,792	24,603	8,189											24.5%	33.3%
June 2025	49,518	48,361	1,157												2.3%

\*Data as of June 2025

\*Redeterminations are an annual process for a majority of participants. Participants who went through a redetermination in July 2024 or August 2024 may have already successfully renewed coverage or reported changes disenrolling them from Medicaid. These participants would have shifted from July 2024 to June 2025, *i.e.* they are counted in the month of their next expected renewal. This results in changes in previously reported data from this period, as each participant is only counted one time.

## Key

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, 18.1% of the 42,818 participants disenrolled in July 2024, reenrolled in Medicaid in July, indicating a zero-month gap in coverage (0 months). 20.8% of the 42,818 had reenrolled in coverage as of August 2024 (1 month), 22.7% as of September 2024 (2 months), and 24.4 % as of October 2024 (3 months).

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## 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).

24.4% of participants disenrolled in July 2024 returned to coverage within 90 days. 32.7% of participants disenrolled in August 2024 returned to coverage within 90 days. 32.4% of participants disenrolled in September 2024 returned to coverage within 90 days. 33.3% of participants disenrolled in October 2024 returned to coverage within 90 days. 35.0% of participants disenrolled in November 2024 returned to coverage within 90 days. 34.3% of participants disenrolled in December 2024 returned to coverage within 90 days. 31.7% of participants disenrolled in January 2025 returned to coverage within 90 days. 34.5% of participants disenrolled in February 2025 returned to coverage within 90 days. 30.1% of participants disenrolled in March 2025 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, June 2024 to July 2025**

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	166,832	109,497	*	*	115,285	13,102	5,043	33,402	51,547
Affordable Care Act	27,591	60	173	7,515	7,748	2,045	29	17,769	19,843
Families and Children	146,361	70,808	7,556	362	78,726	10,319	4,409	52,907	67,635
MCHP	31,380	12,130	1,488	0	13,618	2,201	3,601	11,960	17,762
Other	25,535	2,583	*	*	8,281	51	21	17,182	17,254
<b>Total</b>	<b>397,699</b>	<b>195,078</b>	<b>15,079</b>	<b>13,501</b>	<b>223,658</b>	<b>27,718</b>	<b>13,103</b>	<b>133,220</b>	<b>174,041</b>

\*The Department has suppressed cell values less than 11 in compliance with the CMS Cell Suppression Policy.

\*\*Other procedural disenrollment reasons include if a participant was identified as procedurally disenrolled by the MHBE or the following:

- 551: Mail for this individual was returned and a change of address was not reported as required by COMAR 10.09.24.12B
- 556: Rights and responsibilities - Did not agree to the assignment of interest in application
- 339: Medicaid coverage expired for non-MAGI only

Notes:

The Department has suppressed cell values less than 11 in compliance with the CMS Cell Suppression Policy. State Medicaid agencies must comply with the CMS Cell Suppression Policy, which requires that cells with values between 1 and 10 be suppressed. In addition, one must not be able to derive the value of a suppressed cell based on other reported cells.



Overall Medicaid disenrollment rates increased from July 2024 to June 2025 (n=397,699) compared to the similar period last year. For example, the total number of participants who disenrolled between May 2023 to April 2024 was 272,874. The increased disenrollment rate is largely attributed to the sunset of certain flexibilities. Temporary eligibility waivers that were enacted during the PHE unwinding ended in April 2024, resulting in participants losing Medicaid eligibility following their second redetermination beginning in May 2024. One waiver that participants benefited from allowed ex parte renewals for participants with no income returned by state reporting methods and/or their most recently reported income was at or below 100% of the federal poverty level (FPL). While this waiver was available to participants enrolled in coverage groups for families and children, a large portion of participants enrolled in ACA expansion coverage groups used this waiver to retain coverage during the PHE unwinding, and this group experienced declines in enrollment after May 2024.

**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, June 2024 - July 2025***

<b>Total Call Center Volume</b>	925,845
<b>Average Call Center Wait Time (H:MM:SS)</b>	0:07:14
<b>Average Call Center Abandonment Rate</b>	16.52%

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, June 2024 - July 2025**

	MHBE		DHS		Total	
Eligibility Category	Applications	Average Processing Time in Days (weighted)	Applications	Non-MAGI Average Processing Time in Days (weighted)	Total Applications Processed	Average Application Processing Time in Days (weighted)
Aged, Blind, or Disabled	692	1.45	118,194	15.36	118,886	15.28
Affordable Care Act	508,695	1.01	N/A	N/A	508,695	1.01
Families and Children	1,599,400	< 24 hours	5,762	5.61	1,605,162	< 24 hours
MCHP	368,668	< 24 hours	N/A	N/A	368,668	< 24 hours
Other	28,767	< 24 hours	5,851	16.14	34,612	3.36
<b>Total</b>	<b>2,506,222</b>	<b>&lt; 24 hours</b>	<b>129,807</b>	<b>14.96</b>	<b>2,636,023</b>	<b>1.42</b>

\*Data as of August 2025

Notes:

Data was provided by the MHBE and DHS. The Department is using renewals conducted by the MHBE as a proxy for MAGI renewals and renewals conducted by DHS as a proxy for non-MAGI renewals. Please note, however, certain individuals eligible for HealthChoice do not enroll through Maryland Health Connection (MHBE). This table depicts average processing time only and case-by-case scenarios may impact application processing time. Applications for Aged, Blind, and Disabled participants are largely processed by DHS and not MHBE (692 MHBE applications versus over 100,000 for DHS). Because DHS is verifying disability for this population, it takes longer to process. There are additional criteria that participants must meet.

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