

Measure	2023							
	March	April	May	June	July	August	September	October
Enrollment								
Total (MAGI + non-MAGI)	1,538,624	1,547,213	1,553,328	1,545,094	1,530,017			
Total MAGI	1,347,309	1,355,324	1,362,035	1,354,309	1,339,908			
MAGI Children	535,231	537,993	539,852	536,891	531,729			
MAGI Adults	812,078	817,331	822,183	817,418	808,179			
Total Non-MAGI	191,315	191,889	191,293	190,785	190,109			
Non-MAGI Children	32,273	32,314	32,038	31,786	31,513			
Non-MAGI Adults	159,042	159,575	159,255	158,999	158,596			
CHIP Total	166,163	166,905	166,992	165,696	161,551			
Duals Total	81,951	82,270	82,457	81,345	80,329			
Grand Total	1,786,738	1,796,388	1,802,777	1,792,135	1,771,897			
Renewals Due								
Total number of beneficiaries due for annual renewal		86,743	119,803	139,051	148,289			
Renewals Completed								
Number renewed and retained (auto renewed and form)		54,856	76,104	98,630	96,856			
Number auto renewed (ex parte)		50,666	56,168	71,049	67,657			
Number renewed using a prepopulated form		4,190	19,936	27,581	29,199			
Number determined ineligible and transferred to the marketplace		387	10,032	11,256	14,647			
Number terminated for procedural reasons		-	24,643	17,075	24,326			
Number of renewals not completed (ex. still being processed)		320	9,024	7,632	14,698			
Call Center								
Total Call Center Volume		46,658	40,210	50,488	56,377	59,696		
Average Call Center Wait Time								
H:MM:SS		0:01:12	0:00:46	0:01:26	0:01:35	0:03:01		
Average Call Center Abandonment Rate		6.19%	3.96%	6.68%	6.91%	11.93%		
New Applications								
Total Applications		81,513	75,307	90,856	97,571	106,928		
Total Applications Received by the Medicaid Agency		4,311	3,484	3,906	4,492	4,420		
Applications Received by the Medicaid Agency Online		3,020	2,451	2,726	3,229	3,143		
Applications Received by the Medicaid Agency Other		1,291	1,033	1,180	1,263	1,277		
Other applications electronic		77,202	71,823	86,950	93,079	102,508		
Eligibles - Both New Applications and Renewal Data								
Total Eligible for Medicaid		92,879	99,718	127,486	147,014	147,651		
MAGI Determinations		88,352	95,450	122,825	140,244	139,637		
Non-MAGI determinations		4,527	4,268	4,661	6,770	8,014		
Determined eligible at application (either direct or transfer application)		40,489	48,835	56,266	54,898	61,343		
determined eligible at application under MAGI rules		38,369	47,096	54,482	53,044	59,583		
Determined eligible at application under non-MAGI rules		2,120	1,739	1,784	1,854	1,760		
Total CHIP eligible		7,802	8,704	12,515	18,260	20,274		
Determined eligible at application (either direct or transfer application)		3,954	4,846	7,631	9,274	10,157		
Ineligible - Both New Application and Renewal Data								
Total Ineligible for Medicaid		46,175	46,217	70,421	67,947	73,987		
Ineligibility established		38,933	39,104	47,150	55,738	58,340		
eligibility cannot be established (inadequate documentation)		7,242	7,113	23,271	12,209	15,647		
determined ineligible at application (either direct or transfer to app)		19,969	21,786	39,532	46,401	44,919		
Total CHIP ineligible		3,508	3,048	4,649	8,260	8,551		
Ineligibility established		2,489	2,191	1,254	3,393	2,358		
eligibility cannot be established (inadequate documentation)		1,019	857	3,395	4,867	6,193		
Ineligible at application		49	56	863	1,112	553		
Pending								
Total Pending Applications and Redeterminations (Mix of Households and Individuals)		11,642	12,854	19,156	19,385	21,978		
Processing Time								
Median number of days for all determinations		0	0	0	0	0		
MAGI determinations		0	0	0	0	0		
non-MAGI determinations		22	20	12	6	10		
Direct application to Medicaid Agency		0	0	0	0	0		
MAGI less than or equal to 24 hours		59,156	71,224	131,031	100,100	104,778		
MAGI More than 24 hours through 7 days		24	28	46	6,946	7,097		
MAGI 8 through 30 days	*	*	*		97	218		
MAGI 31 days through 45 days	*	*	*		23	22		
MAGI More than 45 days		0	0	0	0	0		
Non-MAGI less than or equal to 30 days		3,129	2,696	3,216	3,291	3,494		
31 through 60 days		932	846	749	869	1,022		
61 days through 90 days		262	237	147	108	124		
Greater than 90 days		956	487	336	132	217		
Terminations								
Total number disenrolled at annual renewal				34,675	28,694	37,066		
Percent				31.3%	22.1%	27.8%		
Number disenrolled for procedural reasons				24,643	17,075	24,326		
Percent of disenrollments that were for procedural reasons				71.1%	59.5%	65.6%		
Number disenrolled for age related reasons				710	280	1,016		
Number disenrolled for financial reasons (ex. income over scale)				2,636	6,553	9,527		

* 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.
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. The total coverage extensions measure is at the individual level. Therefore, the sum of the individual measures will not equal the grand total.
Please note that measure specifications for the following measures do not align:
(1) Renewals 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 for any reason, including those who completed their redetermination early.