

State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions

Instructions

All states must complete and submit to Centers for Medicare & Medicaid Services (CMS) this reporting form summarizing state's plans for initiating renewals for its total caseload within the state's 12-month unwinding period. States must submit this form to CMS by the 45th day before the end of the month in which the COVID-19 public health emergency (PHE) ends. States submit completed forms to CMS via the COVID unwinding email box at CMSUnwindingSupport@cms.hhs.gov.

Background

The end of the continuous enrollment requirement for states¹ receiving the temporary increase in their Federal Medical Assistance Percentage (FMAP) ("temporary FMAP increase") under section 6008 of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) presents the single largest health coverage transition event since the first Marketplace Open Enrollment following enactment of the Affordable Care Act ("continuous enrollment condition"). To ensure states maintain coverage for eligible individuals, all states must provide the CMS with a summary of their plans to prioritize, distribute and process renewals during the 12-month unwinding period described in State Health Official Letter #21-002, "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency,"² and #22-001 "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency."³

Over the course of their 12-month unwinding period, states will need to conduct a renewal of every beneficiary enrolled in their Medicaid and CHIP programs as of the end of the month prior to their unwinding period ("referred to herein as the state's "total caseload"). States that have a more even distribution of renewals over the course of a year are better able to maintain a workload that is sustainable in future years, thereby enabling the state to avoid renewal backlogs and reduce the risk of inappropriate terminations. The volume of renewals and other eligibility actions that states will need to initiate during the 12-month unwinding period creates risk that eligible beneficiaries will be inappropriately terminated. This risk is heightened in states that intend to initiate a large volume of their total caseload in a given month during the unwinding period, particularly if a state initiates more than 1/9 of its total caseload in a given month.

Therefore, in order to better understand states' plans to process renewals during the unwinding period, CMS is requiring states to describe how they intend to distribute renewals as well as the processes and strategies the state is considering or has adopted to mitigate against inappropriate coverage loss during the unwinding period. CMS will use this information to identify states at greatest risk of inappropriate coverage losses and will follow up with states as needed to ensure that proper mitigations are in place to reduce risk of inappropriate terminations and that states' plans will establish a sustainable workload in future years.

¹ Throughout this document, the term "states" means states, the District of Columbia, and the U.S. territories.

² CMS State Health Official Letter #21-002, "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency" (August 13, 2021). Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>.

³ CMS State Health Official Letter #22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency" (March 3, 2022). Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>.

Section A. Renewal distribution plan

1. Please complete questions 1a. and 1b. to describe how the state intends to initiate Medicaid and CHIP renewals during the state's 12-month unwinding period.

a. Please indicate the approximate number of Medicaid and CHIP renewals that the state intends to initiate each month during the state's 12 months unwinding period using the following chart:

Note that the percentage of renewals scheduled to be initiated in a given month is based on the state's total caseload as of the end of the month before the state begins to initiate renewals that may result in termination of beneficiaries who do not meet eligibility requirements or who fail to timely return information needed to complete a renewal. States may not initiate renewals that may result in terminations more than two months before the continuous enrollment condition ends in the state. A state's total caseload may be the state's total enrollment of individuals or the total number of households with one or more household members enrolled in Medicaid.

Unwinding Period Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number of renewals scheduled to be initiated	113,838	143,476	162,280	149,519	153,127	156,275	133,817	140,799	116,950	94,788	101,924	93,200	1,559,993
Percent of renewals scheduled to be initiated	7%	9%	10%	10%	10%	10%	9%	9%	7%	6%	7%	6%	100%

b. Is the state measuring the volume of renewals that it intends to initiate each month by households (which may include more than 1 beneficiary) or individuals?

- ☐ Households
☒ Individuals

2. Please briefly summarize the state's plan to prioritize and distribute work during the 12-month unwinding period. This summary should identify any populations the state is prioritizing for completion sooner or the order in which the state intends to initiate renewals; any unwinding-specific strategies the state intends to adopt in order to align work for all beneficiaries in a household, to align renewals with SNAP recertifications, or to align work on changes in circumstances with a full renewal; and any other information related to how the state plans to prioritize and distribute work associated with processing renewals and redeterminations during the unwinding period.

Prioritization

The State is taking a risk-based approach to prioritize actions and work distribution during the 12-month unwinding period. Specifically, Maryland has taken into account the need to prevent inappropriate terminations, enable smooth transitions for disenrolled individuals, and allow for a sustainable monthly workloads for future years. Maryland plans to use a hybrid approach while prioritizing renewals. This consists of both a population-based approach, prioritizing certain cohorts for completion in the first half of unwinding, as well as a time-based approach, prioritizing completion based on case age. It is also important to note that the State has been conducting renewals throughout the Public Health Emergency, which is expected to help mitigate potential coverage losses.

Maryland has identified certain "special category cohorts" based on populations who are most likely no longer eligible for coverage. These special category cohorts will be prioritized over a six month period. Redetermination letters to these groups will go out between May 2023 and October 2023, with disenrollments occurring between June 2023 and November 2023. Special category cohorts include individuals who have reported overscale income and those who are now categorically ineligible for their current coverage because they have (1) aged out of Medicaid and are now eligible for Medicare, (2) qualified for Medicaid through Transitional Medical

Assistance and may now be eligible to enroll in a Qualified Health Plan (QHP), and (3) may shift to other coverage based on citizenship status after the 90-day reasonable opportunity period.

Distribution of Renewals/Redeterminations

Maryland is following CMS guidance to ensure no more than 1/9 of enrollees are up for redetermination in a given month. The unwinding period will begin in April 2023. Maryland will return to normal operations in May 2024. Generally, renewals will be moved to the individual's original assigned renewal month of the unwinding year. Further adjustments have been made to account for the special cohort populations and to ensure an evenly distributed renewal schedule.

Section B. Strategies to promote coverage retention and prevent inappropriate terminations of coverage

1. **Briefly describe any circumstances that may result in the state initiating more than 1/9 of its total caseload of renewals in a particular month (e.g., routine schedule of renewals results in month(s) with more than 1/9 of renewals due; annual workforce and staffing trends affects work volume in particular months; pending work due during the PHE is scheduled to be completed in less than 12 months).**

Maryland has been working with both internal and external stakeholders to ensure that renewal caseload remains as equally distributed across all 12 months as possible. Maryland does not anticipate having more than 1/9 of its participants scheduled to renew in an individual month.

Because Maryland has been processing renewals without disenrolling anyone during the PHE and continues to have a high ex parte renewal rate (ranging from 50% to 60% for any given month), Maryland is able to leave many of its participants in their assigned renewal month. Certain special category cohorts will be prioritized as described above.

2. **Describe how the state will ensure that eligible individuals retain coverage and limit coverage losses for procedural reasons (i.e., for a reason other than a determination that the individual no longer meets eligibility requirements for coverage) as the state initiates and processes renewals and other eligibility actions during the 12-month unwinding period.**

Maryland will also be implementing a statewide outreach and communications strategy through its Medicaid Check-In Campaign. This campaign, along with direct outreach by managed care organizations (MCOs), Maryland Health Benefit Exchange (MHBE), and the Department of Human Services (DHS), will ensure participants are aware of the importance of keeping their contact information current and submitting their renewal application timely in order to keep their Medicaid coverage. In addition, individuals who lose coverage for procedural reasons are eligible for a 90-day reconsideration period and Medicaid enrollment continues to be available year round. Maryland will also be engaging the provider community to reach participants. The Medicaid Check-In Campaign and other planned outreach activities are briefly outlined below.

Statewide Medicaid Check-In Campaign

Winter 2022-January 2023: Focus Groups to develop Medicaid Check-In Campaign themes and creative approach based on feedback from Medicaid participants representing a variety of ages, race/ethnicities, genders, and geographic distribution.

February 28, 2023-March 31, 2023: Pre-launch Campaign

April 1, 2023-April 30, 2024: Launch Campaign

Key Objectives

Encourage Medicaid participants to update their information

Generate awareness of the redetermination process statewide using an integrated mix of vehicles that reflect the audience's media preferences

The campaign will be presented in English and Spanish with statewide distribution plans allocated in accordance with enrollment. Hispanic media will also be leveraged to reach primarily Spanish-language portions of the audience.

Pre-Launch Campaign (February 28, 2023-March 31, 2023)

The pre-launch campaign will generate awareness statewide among all Medicaid participants to update their contact information as early as possible. The campaign will include paid social media through the Maryland Health Connection account (Facebook, Instagram) and MHBE direct outreach to enrollees. MHBE previously sent emails to all affected Medicaid enrollees in June 2022 requesting that they update information.

Direct outreach by HealthChoice MCOs (~85% of all enrollment) to all members by text, email, and robocall, in

addition to providing information on their respective websites, newsletters, and provider portals. MCOs will also engage in the social media campaign from their own platforms.

DHS is responsible for eligibility for non-MAGI participants (~15% of enrollment) and will also engage in the social media campaign through their dedicated account and sharing of information prominently on their website. For non-MAGI enrollees that are eligible for a home- and community-based services (HCBS) program, information about the importance of updating contact information will be shared by case managers, as well as in weekly and monthly stakeholder meetings.

In addition, the Maryland Department of Health (MDH) will engage in the social media campaign leveraging its own platforms. Updated information on the resumption of redeterminations and the need to keep contact information current will be included prominently on the website targeting both providers and consumers.

Launch Campaign (April 1, 2023-April 30, 2024)

A 12-month integrated media plan aimed at encouraging enrollees to keep their contact information current and educating them on the process for renewing.

Campaign strategies:

Paid Search: Use paid search as an “always on” tactic to reach the audience when they are searching about Medicaid options and updates.

Paid Social Media: Facebook and Instagram to reach the audience with multiple messages regarding the redetermination process and need to keep contact information current.

Digital Media (display banners, streaming TV/radio, apps): Provides additional frequency of message when users are on their mobile devices. Where possible, geotarget locations (C-stores, laundromats, prepaid phone stores, select county health department offices) where the audience is likely to frequent to serve impressions

TV: TV will be used to generate awareness among Marylanders that current Medicaid members will need to go through a redetermination process. As the process is on a rolling basis, TV will be used tactically across the year

Radio: Use for broad frequency and to reach both urban and rural areas of the state

Outdoor of Home (OOH): Use primarily in areas with heavier concentrations of Medicaid recipients, namely in Baltimore City/County and in Montgomery and Prince George’s counties. Outdoor boards and transit advertising.

Location-based media: Use poster advertising at C-stores/laundromats and sales receipts at Family Dollar/Dollar General stores. Additionally, serve ads on TV monitors within physician waiting rooms to reach the audience during medical appointments for themselves or their children.

Prominent display of campaign information on MDH, MBHE, and DHS websites and dissemination of information through social media, public meetings and webinars, and other venues.

Providers serving the Medicaid population will be engaged through deployment of a dedicated MDH web page, provider toolkit, webinars, and other resources. The toolkit will include information to educate providers about the resumption of renewals, collateral that can be posted in clinics where Medicaid participants access services about the Medicaid Check-In campaign, and information on how to check if their patients will be up for redetermination soon by checking the MDH eligibility verification system (EVS) or using the State’s designated health information exchange portal in the Chesapeake Regional Information System for our Patients (CRISP).

Maryland is also adopting other direct outreach strategies alongside the Medicaid Check-In Campaign to reach Medicaid participants.

MHBE will send redetermination notices with a special red circle with an URGENT message on the envelope and a yellow insert to get consumers’ attention and propel action for participants whose eligibility was extended during the PHE. In addition, MHBE will also contact all individuals up for redetermination by email, text, and robocall to remind them that they need to come back in and reapply. This effort will ensure that all individuals up for redetermination are contacted through at least two other modalities in addition to mail. Maryland will not wait to receive returned mail before leveraging additional outreach modalities.

Maryland is also working closely with its Medicaid MCOs to ensure that all possible participant connection points are utilized. The State will provide MCOs with data files to conduct direct outreach to their enrollees. MCOs will contact members who are currently up for redetermination via text, email, and robocall. These communications will be coordinated to ensure they augment and do not overlap with contact from MHBE. Files will also be provided detailing members who have disenrolled due to procedural reasons so that MCOs can engage in direct follow up.

3. Select which strategies the state currently utilizes or is planning to adopt to ensure eligible individuals remain enrolled or are transferred to the appropriate program during the unwinding period.

For a comprehensive list of strategies that promote continuity of coverage, states may refer to the “Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations” available on Medicaid.gov at <https://www.medicaid.gov/sites/default/files/2021-11/strategies-for-covrg-of-indiv.pdf>.

a. Strengthen Renewal Processes

- ☒ Expand the number and types of data sources used for renewal (e.g., use both Internal Revenue Service (IRS) and quarterly wage data; leverage unemployment income data sources)
 - ☒ Already adopted
 - ☐ Planning or considering to adopt
- ☒ Create a data source hierarchy to guide verification, prioritizing the most recent and reliable data sources (e.g., leverage SNAP data that is updated every six months; first ping IRS data and if not reasonably compatible, then ping quarterly wage data) and verify income when data source in the hierarchy confirms reasonable compatibility.
 - ☒ Already adopted
 - ☐ Planning or considering to adopt
- ☒ Use a reasonable compatibility threshold (e.g., 10%) for income for MAGI and non-MAGI populations and a reasonable compatibility threshold for assets for non-MAGI populations, if not already used
 - ☒ Already adopted
 - ☐ Planning or considering to adopt
- ☒ Ensure that individuals can submit requested information to the agency over the phone, via mail, online, and in-person, consistent with federal regulations
 - ☒ Already adopted
 - ☐ Planning or considering to adopt
- ☒ Ensure renewal forms are pre-populated for individuals enrolled in Medicaid, CHIP, and BHP on a MAGI basis, consistent with federal requirements
 - ☒ Already adopted
 - ☐ Planning or considering to adopt
- ☒ Other adopted strategies

Please specify:

Ensuring that eligible individuals retain coverage and limiting coverage losses for procedural reasons is of utmost importance to Maryland. Maryland Health Connection and the Eligibility and Enrollment (E&E) system are both hosted by MD THINK (Maryland Total Human-Services Integrated

Network), which is a technology platform and data repository intended to enable data-sharing across state agencies, including DHS, MDH, and MHBE. MHBE's integrated MAGI Medicaid and QHP eligibility and enrollment system provides a smooth transition between Medicaid and QHPs. In addition, Maryland has recently implemented a “no wrong door” approach, which allows for smooth transitions to a QHP for those who no longer qualify for non-MAGI Medicaid coverage. The Maryland General Assembly also passed House Bill 536/Chapter 495 of the Acts of 2022 An Act Concerning Maryland Insurance Commissioner – Authority – Federal Health Emergency, which requires a three-month Special Enrollment Period for individuals who have lost Medicaid eligibility due to age or disability at the end of the Public Health Emergency to select a Medicare supplement policy when enrolled in Medicare.

- ☒ Other strategies under consideration or planned

Please specify:

Maryland completed development of its new ex parte renewal process for non-MAGI participants in October. In September, Maryland also implemented a seamless transition of data between Maryland Health Connection and the MD THINK/E&E system to create a smoother transition as participants move between MAGI and non-MAGI coverage groups. Maryland has implemented use of reasonable compatibility thresholds for both MAGI and non-MAGI populations.

Maryland is exploring opportunities to expedite enrollment into a QHP for individuals terminated from Medicaid due non-procedural reasons. Individuals would be required to opt-in to coverage, and, where appropriate, by paying the first month’s premium.

MDH and MHBE are also working to add Equifax “The Work Number” data from the federal data hub as an additional data source for income verification as part of the ex parte renewal process.

b. Update Mailing Addresses to Minimize Returned Mail and Maintain Continuous Coverage

- ☒ Engage community-based organizations, application assisters (including Navigators and certified application counselors), and providers to conduct outreach to remind individuals enrolled in Medicaid, CHIP, and BHP to provide updated contact information
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Require managed care plans to seek updated mailing addresses and either share updated information with the state Medicaid or CHIP agency and/or remind individuals to update their contact information with the state
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Send periodic mailed notices, texts, and email/online account alerts reminding individuals to update their contact information (e.g., on a quarterly basis)
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Other adopted strategies

Please specify:

Maryland Health Connection (State-Based Exchange for MAGI applicants, ~85% of enrollment; Maryland HealthChoice managed care participants)

With first class mail, if the consumer filled out a form at the post office with their forwarding address, the post office will automatically forward that piece of mail, so it would likely not be

returned. It is possible that it would still get returned, but this may reduce the volume of returned mail.

When the fulfillment center receives the returned mail, they open the mail and scan the first page of the notice into the computer along with the envelope that states the return reason (ex. insufficient address, no mail receptacle). Then they create a case in Salesforce for each piece of mail using the consumer name, person identification number (PID), and/or application identification number (App ID). Next, they document both the content of the notice, and the reason it was not able to be forwarded. A copy of the images scanned into the system is attached to each corresponding case to alert the call center and other eligibility workers that an updated address is needed.

All individuals with returned mail are contacted automatically by email in a batch process telling them that a document was mailed but returned due to an incorrect address and to log into their account, or contact the call center, or assistance worker for help. Text messages may also be sent to an individual by MDH if a mobile number is available in the profile.

In addition, mail return data is shared with the Maryland Medicaid MCOs on a monthly basis. MCOs use this information and outreach to participants to provide guidance to participants to update their information in their MHBE profile. MCOs also notify MHBE when a participant has moved out of state. This triggers an unscheduled redetermination to confirm whether or not this individual has moved.

DHS (non-MAGI applicants, ~15% of enrollment)

Currently, all local Department of Social Services (DSS) offices are required to open, in a timely manner, returned mail. They add narration to the customer's case noting the returned mail and subsequently scan the returned mail into the case as a part of the case record. In addition to narrating and scanning the returned mail, the local offices will be required to update the E&E system to reflect the customer's new address if a forwarding address has been provided. For those with returned mail and no forwarding address, DHS will attempt to reach the customers via email and phone numbers if they are available. DHS will work with our MD THINK team to ensure necessary system updates are made and will prevent case closure until the above steps have been taken.

- ☒ Other strategies under consideration or planned

Please specify:

Please see Question 2(B)(2) for additional information on Maryland's statewide Medicaid Check-In Campaign. Maryland intends to reach out to all participants through multiple modalities; this strategy will not be limited to only those individuals whose mail has been returned.

c. Improve Consumer Outreach, Communication, and Assistance

- ☒ Revise consumer notice language to ensure that information is communicated in plain language, including that it clearly explains the appeals process (also known as the Medicaid fair hearing and CHIP review process, as applicable)

- ☒ Already adopted
☐ Planning or considering to adopt

- ☒ Conduct more intensive outreach via multiple modalities to remind individuals enrolled in Medicaid, CHIP, or BHP of anticipated changes to their coverage and obtain needed information (e.g., require eligibility workers to make follow-up telephone calls and to send an email if an individual has not responded to a request for information)

- ☒ Already adopted
☐ Planning or considering to adopt

- ☒ Implement a text messaging program to quickly communicate eligibility reminders and requests for additional information, as permitted

- ☒ Already adopted
☐ Planning or considering to adopt

- ☒ Review language access plan to provide written translation of key documents (e.g., notices, applications, and renewal forms) into multiple languages, oral interpretation, and information about how individuals with limited English proficiency (LEP) can access language services free of charge, provided in a culturally competent manner

- ☒ Already adopted
☐ Planning or considering to adopt

- ☒ Ensure that information is communicated to individuals living with disabilities accessibly by providing auxiliary services at no cost to the individual, including but not limited to written materials in large print or Braille, and access to sign language interpretation and/or a teletypewriter (TTY) system, consistent with the Americans with Disabilities Act (ADA) and section 1557 of the Affordable Care Act

- ☒ Already adopted
☐ Planning or considering to adopt

- ☒ Other adopted strategies

Please specify:

In addition to the statewide Medicaid Check-In Campaign discussed in question 2(B)(2), Maryland has adopted other strategies to improve consumer outreach, communication, and assistance. The Office of Eligibility Services proactively posts updates and information on the MDH website and social media and works with the DHS and MHBE to do the same. Maryland intends to reach out to all participants through multiple modalities; this strategy will not be limited to only those individuals whose mail has been returned.

MDH meets weekly with its Medicaid MCOs to discuss communication strategies and ensure that MCO communications and MDH communications complement each other and target consumers at different times.

DHS has lifted a hiring freeze on all Family Investment Administration positions in preparation for the resumption of redeterminations and other pandemic unwinding activities. The agency is also hiring 188 additional staff to support eligibility determination activities for all programs. MHBE is also staffing up its call center in anticipation of higher call volumes.

- ☒ Other strategies under consideration or planned

Please specify:

Maryland's Medicaid Check-In campaign, described above at question 2(B)(2), will be a key strategy in ensuring individuals update their addresses to prevent returned mail. Maryland also has adopted strategies to outreach directly in participant communities. While COVID-19 limited in-person outreach, whenever the opportunity arises, navigators participate in community events to connect with participants. MCOs also host community events. The Office of Eligibility Services has awarded grants (\$46,499) to local-level health departments to support media, such as billboards or radio advertisements, in an effort to reach participants in rural areas. MHBE will also run media, advertising and digital campaigns for Maryland Health Connection that focus on open enrollment and will run generally from October through the end of December.

d. Improve Coverage Retention

- ☒ Adopt 12 months continuous eligibility for children (via SPA)
- ☐ Already adopted
- ☒ Planning or considering to adopt
- ☐ Adopt 12 months continuous eligibility for adults (via 1115 Authority)
- ☒ Provide 12 months of postpartum coverage (via SPA, beginning April 2022)
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Consider reducing or eliminating periodic data matching to support efficient operations (e.g., reduce or eliminate periodic data checks for income changes mid-coverage year to mitigate additional requests for information and manual work by state agencies)
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Direct managed care plans via contract requirements to conduct outreach and provide support to individuals enrolled in Medicaid and CHIP to complete the renewal process
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Other adopted strategies

Please specify:

Consistent with the requirements of the Consolidated Appropriations Act passed by Congress in December 2022, Maryland will implement continuous eligibility for children (Medicaid and CHIP) no later than January 1, 2024. In addition, individuals who lose coverage for procedural reasons are eligible for a 90-day reconsideration period and Medicaid enrollment continues to be available year round.

- ☒ Other strategies under consideration or planned

Please specify:

MHBE will run media, advertising, and digital campaigns for Maryland Health Connection that focus on open enrollment and will run generally from October through the end of December. Maryland is also working with its MCOs to coordinate communications and outreach to participants in order to ensure participants who are eligible remain enrolled. See also Question 2 above.

e. Promote Seamless Coverage Transitions

- ☒ Ensure accounts are seamlessly transferred to the Marketplace when individuals are found ineligible for Medicaid, CHIP, or BHP
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Obtain and include robust contact information (e.g., mailing address, email address, and telephone numbers) in the Account Transfer to the Marketplace so that individuals may be easily reached post-transition
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Revise notices to ensure they clearly explain the Account Transfer process and next steps and applicable deadline(s) for applying for and enrolling in a QHP with financial assistance, and where to seek answers to questions at the Marketplace
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Other adopted strategies

Please specify:

MDH has a very close working relationship with both DHS and MHBE; MDH meets separately with each of them at least once a month to discuss areas of need and opportunities for improvement.

MD THINK is a technology platform and data repository that enables data-sharing across state agencies, including DHS, MDH, and MHBE. The linkages across systems allow for better coordination amongst the various agencies involved in the unwinding process.

Maryland also conducts outreach in prisons with incarcerated individuals and assists individuals in completing pre-release Medicaid applications to help ensure a smooth transition onto Medicaid when an individual is released from prison. This outreach also helps reduce recidivism as it enables individuals to be connected with health services to address healthcare needs immediately after release.

- ☒ Other strategies under consideration or planned

Please specify:

As discussed in question 2, the Maryland General Assembly recently passed House Bill 536/Chapter 495 of the Acts of 2022, An Act Concerning Maryland Insurance Commissioner – Authority – Federal Health Emergency. It establishes a three month Special Enrollment Period for individuals who are moving from Medicaid to Medicare, which will help promote seamless coverage transitions for this group.

Maryland's Check-In campaign will focus not only on updating contact information and completing renewals, but providing participants with information to enroll in a Marketplace plan if they are no longer eligible for Medicaid or CHIP.

Maryland is exploring opportunities to develop a process to expedite QHP enrollment for individuals terminated from Medicaid for non-procedural reasons. Individuals would be required to opt-in to coverage, and when appropriate by paying the first month's premium.

MHBE will also run media, advertising, and digital campaigns for Maryland Health Connection that focus on QHP open enrollment and will run generally from October through the end of December.

f. Enhance Oversight of Eligibility and Enrollment Operations

- ☒ Identify a centralized team responsible for tracking emerging issues and needed solutions
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Create tracking and management tools, data reports, and/or dashboards to monitor case volume, renewal rates, and workforce needs
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Implement “early warning/trigger” mechanisms that flag when a large number of individuals lose, or are slated to lose, coverage due to no response or missing paperwork
- ☐ Already adopted
- ☒ Planning or considering to adopt
- ☒ Automate a “circuit breaker” flag based on a data review for the agency to pause and consider a change in its practices to mitigate inappropriate coverage loss
- ☐ Already adopted
- ☒ Planning or considering to adopt
- ☒ Other adopted strategies

Please specify:

MDH, DHS, and MHBE meet weekly to discuss issues related to unwinding and to track emerging issues.

- ☒ Other strategies under consideration or planned

Please specify:

In addition to requiring MCOs to outreach to members who have lost coverage for procedural reasons, Maryland will be developing internal metrics to monitor churn of members over time. Outreach strategies and messaging through the Medicaid Check-In campaign will be adjusted as needed.

- 4. Please describe any other type of strategy the state intends to implement to ensure that the state will not inappropriately terminate coverage for beneficiaries who continue to be eligible for Medicaid and/or CHIP and will appropriately transition the appropriate ineligible individuals to other health insurance affordability programs.**

N/A

- 5. Select which strategies the state currently utilizes or is planning to adopt to ensure the fair hearing process is timely and accessible for any beneficiaries who lose coverage due to redeterminations triggered by the end of the continuous enrollment period.**

- ☒ Expand informal resolution processes (e.g., informal troubleshooting, administrative review, or alternative resolution processes prior to a fair hearing)
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Redeploy state resources (e.g., adjusting state or local agency staffing and use of contractors to support the fair hearing process, as permissible)
- ☐ Already adopted
- ☒ Planning or considering to adopt
- ☒ Streamline current fair hearing processes and operations (e.g., intake of fair hearing requests, scheduling)
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Engage internal and external stakeholders to increase beneficiary understanding, resolve cases before they need an appeal, and reduce inappropriate denials that generate appeals
- ☒ Already adopted
- ☐ Planning or considering to adopt
- ☒ Other adopted strategies

Please specify:

For Medicaid eligibility disputes or fee for service (FFS) coverage decisions, participants have 90 days to file an appeal. For MCO coverage decisions, they have 120 days.

Maryland has the option for both in-person and remote hearings at this time.

- ☒ Other strategies under consideration or planned

Please specify:

Maryland is assessing historic and current fair hearing volume and trends to assess whether additional staffing or timeframe flexibilities may be necessary during the unwinding period.

PRA Disclosure Statement The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act and at 42 C.F.R. § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals and mitigating against inappropriate beneficiary coverage losses when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.