



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

April 3, 2026

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 3 – 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 3 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.

Sincerely,

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

cc:

Meghan Lynch, Director, Office of Governmental Affairs
Perrie Briskin, Deputy Secretary of Health Care Financing and Medicaid Director
Rayva Virginkar, Deputy Medicaid Director and Acting Director, Office of Eligibility Services
Alyssa Brown, Director of Innovation, Research, and Development
Nick Napolitano, Acting Chief Financial Officer, Office of Finance
Sarah Albert, Department of Legislative Services (5 copies)

Medicaid and MCHP enrollment and applications

Quarter 3

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

Maryland Department of Health

January 2026

Introduction:

Following the end of the COVID-19 Public Health Emergency (PHE), state Medicaid programs were required to “unwind” maintenance of effort (MoE) requirements, namely continuous enrollment of participants during the PHE. Throughout this period, the Maryland Department of Health (the Department) reported on a quarterly basis per Joint Chairmen’s Report requirements. The Department also reported, and continues to report, metrics to the Centers for Medicare and Medicaid Services (CMS).¹ This data is made available to the public by CMS. 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 with normal operations resuming on May 1, 2024.² Given the upcoming federal changes as a result of H.R. 1, the One Big Beautiful Bill Act, the Department is planning for eligibility impacts and is focused on mitigating these impacts.

The Joint Chairmen’s report has continued to request enrollment data from the Department. 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 October 2024 as the first reporting month. Reports moving forward will use a rolling approach.

JCR 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 (October 2024-November 2025)

Month	MHBE			DHS			Total		
	Renewals Due	Automatically Renewed (#)	Automatically Renewed (%)	Renewals Due	Automatically Renewed (#)	Automatically Renewed (%)	Renewals Due	Automatically Renewed (#)	Automatically Renewed (%)
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%

¹ See appendix: Medicaid Enrollment Data Tracker.

² 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.

Dec 2024	117,066	54,379	46.45%	11,256	4,303	38.23%	128,322	58,682	45.73%
Jan 2025	99,093	46,974	47.40%	8,394	878	10.46%	107,487	47,852	44.52%
Feb 2025	92,225	42,800	46.41%	7,115	586	8.24%	99,340	43,386	43.67%
March 2025	83,638	41,021	49.05%	9,166	504	5.50%	92,804	41,525	44.74%
April 2025	86,206	42,190	48.94%	8,330	861	10.34%	94,536	43,051	45.54%
May 2025	80,600	44,314	54.98%	8,896	866	9.73%	89,496	45,180	50.48%
June 2025	93,552	51,994	55.58%	8,170	542	6.63%	101,722	52,536	51.65%
July 2025	100,909	58,332	57.81%	10,543	778	7.38%	111,452	59,110	53.04%
August 2025	102,375	60,673	59.27%	6,567	483	7.35%	108,942	61,156	56.14%
Sept 2025	101,916	56,686	55.62%	10,135	570	5.62%	112,051	57,256	51.10%
Oct 2025	93,149	52,790	56.67%	4,872	686	14.08%	98,021	53,476	54.56%
Nov 2025	110,384	63,691	57.70%	12,620	570	4.52%	123,004	64,261	52.24%
Total	1,381,540	721,861	52.25%	129,411	19,708	15.23%	1,510,951	741,569	49.08%

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 October 2024 to September 2025, by Last Coverage Group

Eligibility Category	Last Coverage Category	
	Number	Percent
Affordable Care Act	62,540	29.6%
Age, Blind, or Disabled	17,478	8.3%
Families and Children	103,505	48.9%
MCHP	15,219	7.2%
Other	12,789	6.0%
Total	211,531	100.0%

*Data as of September 2025

Notes:

This metric presents individuals who were newly enrolled on or after October 1, 2024. Participants included in the above tables have an eligibility span that started on or after October 1, 2024. These individuals were not enrolled as of September 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											
				Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	March 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025
Oct 2024	40,577	26,781	13,796	18.1%	21.7%	24.5%	26.0%	27.9%	29.3%	30.4%	31.4%	32.4%	33.2%	33.9%	34.0%
Nov 2024	72,486	42,929	29,557		26.2%	30.7%	32.9%	34.5%	36.2%	37.3%	38.3%	39.2%	40.0%	40.7%	40.8%
Dec 2024	55,765	33,764	22,001			27.2%	30.0%	32.1%	33.6%	35.2%	36.5%	37.6%	38.7%	39.4%	39.5%
Jan 2025	52,458	33,716	18,742				24.5%	27.7%	29.8%	31.0%	32.4%	33.7%	34.8%	35.7%	35.7%
Feb 2025	44,849	27,671	17,178					27.5%	30.9%	32.8%	34.0%	35.7%	37.1%	38.3%	38.3%
March 2025	44,973	29,466	15,507						25.3%	28.4%	30.3%	31.7%	33.3%	34.4%	34.5%
April 2025	43,580	28,664	14,916							26.1%	29.1%	31.1%	32.6%	34.2%	34.2%
May 2025	32,940	19,410	13,530								33.0%	36.8%	39.4%	40.9%	41.1%
June 2025	47,951	32,704	15,247									26.0%	29.5%	31.6%	31.8%
July 2025	38,577	26,524	12,053										26.8%	30.7%	31.2%
Aug 2025	37,176	28,764	8,412											21.8%	22.6%
Sept 2025	41,101	39,639	1,462												3.5%

*Data as of September 2025

*Redeterminations are an annual process for a majority of participants. Participants who went through a redetermination in October 2024 or November 2024 may have already successfully renewed coverage or reported changes disenrolling them from Medicaid. These participants would have shifted from October 2024 to September 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 40,577 participants disenrolled in October 2024, reenrolled in Medicaid in October , indicating a zero-month gap in coverage (0 months). 21.7% of the 40,577 had reenrolled in coverage as of November 2024 (1 month), 24.5 % as of December 2024 (2 months), and 26.0% as of January 2025 (3 months).

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).

26% of participants disenrolled in October 2024 returned to coverage within 90 days. 34.5% of participants disenrolled in November 2024 returned to coverage within 90 days. 33.6% of participants disenrolled in December 2024 returned to coverage within 90 days. 31.0% of participants disenrolled in January 2025 returned to coverage within 90 days. 34.0% of participants disenrolled in February 2025 returned to coverage within 90 days. 31.7% of participants disenrolled in March 2025 returned to coverage within 90 days. 32.6% of participants disenrolled in April 2025 returned to coverage within 90 days. 40.9% of participants disenrolled in May 2025 returned to coverage within 90 days. 31.8% of participants disenrolled in June 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, October 2024 to September 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
Affordable Care Act	148,988	93,363	6,198	.	99,561	11,751	4,736	32,940	49,427
Aged, Blind, or Disabled	28,145	42	152	8,387	8,581	2,102	26	17,436	19,564
Families and Children	136,860	62,343	7,811	324	70,478	9,555	4,606	52,221	66,382
MCHP	30,115	11,330	1,519	.	12,849	1,980	3,652	11,634	17,266
Other	25,828	2,648	165	6,035	8,848	49	27	16,904	16,980
Total	369,936	169,726	15,845	14,746	200,317	25,437	13,047	131,135	169,619

*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 October 2024 to September 2025 (n=369,936) compared to a similar 12-month period during the initial phase of the PHE unwinding. 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, October 2024 - November 2025

Total Call Center Volume	960,935
Average Call Center Wait Time (H:MM:SS)	0:06:29
Average Call Center Abandonment Rate	14.83%

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, October 2024 - November 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	718	1.38	145,087	17.64	145,805	17.56
Affordable Care Act	533,525	1.00	N/A	N/A	533,525	1.00
Families and Children	1,649,257	<24 hrs	5,149	5.55	1,654,406	<24 hrs
MCHP	388,837	<24 hrs	N/A	N/A	388,837	<24 hrs
Other	28,425	<24 hrs	6,456	15.14	34,881	3.45
Total	2,600,762	<24 hrs	156,692	17.14	2,757,454	1.62

*Data as of December 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 (718 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.