



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

November 9, 2023

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: 2023 Joint Chairmen's Report (p. 122-123) – Quarterly Report with Data and Status Updates Related to Redeterminations - Quarter 2**

Dear Chairs Guzzone and Barnes:

Pursuant to the requirements of the 2023 Joint Chairmen's Report (p. 122-123), the Maryland Department of Health (MDH) respectfully submits this Quarter 2 report with information on the Medicaid eligibility-redetermination process following the termination of the national declaration of a COVID-19 public health emergency.

The Medicaid Check in Campaign is currently underway and the latest data on Medicaid renewals is available at <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>.

To ensure eligible individuals continue to receive their Medicaid benefits, MDH has successfully obtained approval for a number of strategies, known as waivers and disaster plans in partnership with the Centers for Medicare and Medicaid Services (CMS). These strategies are designed to support states to protect eligible Medicaid participants to maintain coverage by requesting authority to implement by approval with CMS. To date, Maryland has received approval for 14 waivers and/or disaster plan flexibilities that are currently listed on the [CMS waivers and flexibilities webpage](#).

MDH will continue to monitor data and trends to inform Medicaid renewal outreach efforts and is committed to keeping the General Assembly updated on these efforts. If further information about the Campaign is needed please contact Megan Peters, Acting Director, Office of Governmental Relations, at (410) 844-2318 or [megan.peters@maryland.gov](mailto:megan.peters@maryland.gov).

Sincerely,

Laura Herrera Scott, M.D., M.P.H.  
Secretary

Attachments:

- Attachment 1: Medicaid Data Dashboard
- Attachment 2: Unwinding Data FAQ
- Attachment 3: Medicaid Check-In Presentation

cc: Marie Grant, Assistant Secretary for Health Policy

Ryan Moran, 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  
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Megan Peters, Acting Director, Office of Governmental Affairs  
Sarah Albert, Department of Legislative Services (5 copies)

**FY24 Quarter 2 Report on the Medicaid Redetermination Process**

Pursuant to the 2023 Joint Chairmen's Report (p. 122-123)

October 2023

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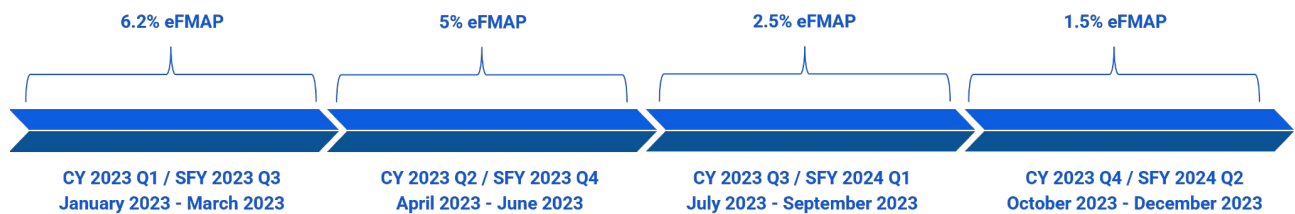
- **Status of the Public Health Emergency Declaration**

The Secretary of the Department of Health and Human Services (HHS) first declared a public health emergency (PHE) due to COVID-19 on January 31, 2020. HHS subsequently renewed the PHE every 90 days. The last renewal occurred on February 9, 2023 (effective February 11, 2023) and expired on May 11, 2023. On December 29, 2022, the [Consolidated Appropriations Act, 2023](#) (CAA) became law. The CAA altered certain requirements for state Medicaid programs.

The Families First Coronavirus Response Act (FFCRA) of 2020 provided an enhanced Federal Medical Assistance Percentage (eFMAP) of an additional 6.2 percent to states that met Maintenance of Eligibility (MoE) requirements throughout the PHE. Among other requirements, the MoE provisions obligated states to extend continuous eligibility (CE) to all participants through the end of the PHE in order to qualify for the eFMAP. As a result, disenrollments during the PHE have been limited.<sup>1</sup> The CAA amends certain provisions of FFCRA, including phasing-out the eFMAP and decoupling the CE requirement from the PHE. The CE requirement sunset on April 1, 2023, at which time states were able to begin unwinding procedures. Maryland continued standard redetermination mailings in April 2023, and the first disenrollments for participants who no longer qualify for coverage occurred at the end of May 2023. The 6.2 percent eFMAP will be phased out in calendar year 2023 as follows:

- 6.2% – March 18, 2020 - March 31, 2023
- 5% – April 1, 2023 - June 30, 2023
- 2.5% – July 1, 2023 - September 30, 2023
- 1.5% – October 1, 2023 - December 31, 2023

Figure 1: eFMAP Phase Out Timeline



- **Federal Reporting Requirements**

MDH is required to submit various reports to the Centers for Medicare and Medicaid Services (CMS) both prior to beginning and during the unwinding period. The *State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous-*

<sup>1</sup> During the PHE, individuals continued to be disenrolled for the following reasons: participant moved out of state, death of the participant, or participant requested to be disenrolled from coverage.

*Enrollment Provisions and Systems Readiness Artifacts (Testing and Configuration Plans)*, also referred to as the “implementation plan,” was submitted to CMS on February 15, 2023. CMS approved Maryland’s implementation plan, indicating Maryland’s compliance with federal provisions in the FFCRA, CAA, and Title 42 of the Code of Federal Regulations (CFR), which defines the statutory provisions for all state Medicaid programs.

MDH submitted a baseline data report summarizing the State’s pending eligibility and enrollment actions on April 10, 2023. Additionally, MDH will submit monthly reports to CMS that track data related to call center volume, applications, renewals, and pending fair hearings. Data submitted by MDH in April 2023 through September 2023, reflecting March 2023 through August 2023 data, is included at the end of this report. Future quarterly submissions will include updates of this information, as well as data by eligibility group, as stipulated by the Joint Chairmen’s Report language. Due to accelerated efforts related to recent CMS guidance on ex parte renewals, MDH will need until the January 2024 report to design and implement the requisite reports.

Maryland is closely monitoring changes in enrollment, churn to other types of coverage, and other data to understand the impact of resumption of redeterminations on Medicaid participants and evaluate the State’s ongoing response. As this data is important information for all Marylanders, MDH is publicly posting data monthly on a new, designated webpage.<sup>2</sup>

- **Redeterminations**

In a non-pandemic environment, the eligibility status of most Medicaid participants is reviewed every 12 months through a process called “redetermination.” However, due to the CE MoE requirement, individuals were continuously enrolled in Medicaid during the PHE. Medicaid enrollment grew substantially, from 1,415,631 participants in February 2020 to 1,800,029 participants as of May 31, 2023.

In contrast to many states around the country, Maryland continued to perform redeterminations on a monthly basis throughout the PHE. Automatic renewal rates in Maryland Health Connection remained high, with an average of 55% of households auto-renewing throughout the PHE. Due to the CE requirement, individuals who were no longer eligible for coverage, based on information reported or due to failure to return to the system to re-apply, had their coverage extended administratively by MDH. The continuation of redetermination efforts throughout the pandemic is expected to help mitigate case volume and potential coverage churn during Maryland’s unwinding period.

As the CE requirement of the MoE sunset on April 1, 2023, Maryland began standard redetermination processing in April. The first disenrollments for participants who no longer

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<sup>2</sup> <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Data.aspx>

qualify for coverage occurred at the end of May 2023. Unwinding redeterminations are spread out across the twelve-month unwinding period into 12 cohorts. In addition, Maryland is adhering to CMS guidance recommending states initiate renewals for no more than 1/9 of the state's total caseload in a given month. Certain special category cohorts comprised of individuals who appear to be categorically ineligible for coverage, for example due to substantial increases in income or aging out of Medicaid coverage during the PHE, are incorporated into the early cohorts, two through seven. Normal operations will resume beginning in May 2024.

Maryland is taking all necessary precautions to avoid inappropriate disenrollments of Medicaid participants. However, certain positive life events may make someone ineligible for Medicaid coverage. For example, some participants may have had changes in employment and income resulting in them no longer being eligible for Medicaid. If a participant's income increases and is above the Medicaid eligibility threshold, they will no longer be eligible for Medicaid. In the case of increased income, these individuals may now be eligible for low-cost Qualified Health Plans (QHP). Participants are able to enroll in QHPs through the Maryland Health Connection (MHC) portal - the same portal they use for Medicaid coverage. Other participants may age out of Medicaid coverage. For example, if a participant has turned 65, they are now eligible for Medicare coverage. MDH, the Department of Human Services, and the Maryland Health Benefit Exchange (MHBE) have processes in place to make coverage transitions as seamless as possible for participants.

Attachment 1 includes Maryland's March-August data. MDH will continue to provide data in subsequent reports.

- **Maryland Waiver Authorities, Flexibilities, and Strategies During Unwinding**

Maryland Medicaid has elected to both continue certain waiver authorities active during the PHE and make use of new waiver authorities during the unwinding period. CMS has enabled states to use extensions of certain Disaster State Plan authorities as well as strategies authorized under Section 1902(e)(14)(A) of the Social Security Act ("1902(e)(14)(A) strategies"). The following outlines the various flexibilities Maryland has requested during unwinding, as well as other strategies Maryland has implemented to ensure eligible individuals stay covered by Medicaid or transition to other appropriate coverage. Maryland continues to actively consider and evaluate other authorities that may be available during the unwinding period.

- (e)(14)(A) Strategy: Renewal for Individuals Based on SNAP Eligibility (MAGI)—  
*Approved by CMS; effective 4/1/2023*
  - Maryland received approval to temporarily renew Medicaid eligibility for individuals who are receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) despite the differences in household composition and

income-counting rules. Under this authority, the State will renew Medicaid eligibility for SNAP participants using gross income as determined by SNAP without conducting a separate income determination. This authority will remain in effect until April 30, 2024.

- (e)(14)(A) Strategy: Renewal for Individuals Based on SNAP Eligibility (non-MAGI)–*Approved by CMS; effective 6/29/2023*
  - Maryland has applied for authority to use the SNAP strategy outlined above for non-MAGI participant renewals. Under this authority, the State will renew Medicaid eligibility for SNAP participants using gross income as determined by SNAP without conducting a separate income determination.
- (e)(14)(A) Strategy: Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe–*Approved by CMS; effective 8/26/2023*
  - Maryland is permitted to assume there has been no change in resources that are verified through the AVS when no information is returned through the AVS or when the AVS call is not returned within a reasonable timeframe, and to complete an ex parte renewal process without any further verification of assets.
- (e)(14)(A) Strategy: Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests–*Approved by CMS; effective 5/1/2023*
  - Maryland applied for time limited authority to extend the timeframe permitted for the state to take final administrative action on fair hearing requests. Final administrative action typically must be provided within 90 days. The waiver enables Maryland to take additional time, if necessary.
- (e)(14)(A) Strategy: Waive the Recording of the Telephonic Signature from the Applicant or Beneficiary–*Approved by CMS; effective 5/12/2023*
  - Maryland requested authority to waive the recording of a telephonic signature which will enable Medicaid caseworkers to collect consent verbally from participants without an audio recording by following a written protocol.
- (e)(14)(A) Strategy: Permitting the Designation of an Authorized Representative via the Telephone without a Signed Designation from the Applicant or Beneficiary–*Approved by CMS; effective 5/12/2023*



- Maryland applied for the authority to permit applicants and beneficiaries to designate an authorized representative via the telephone without requiring a signed designation from the applicant or beneficiary.
- The state will use this authority at application and renewal by allowing applicants and beneficiaries to designate a Navigator as their authorized representative to assist with applications or renewals without requiring a signature of that designation.
- The authority will additionally allow inmates of correctional facilities to designate Department of Public Safety & Correctional Services Staff as their authorized representative at application without requiring a signature of that designation.
- (e)(14)(A) Strategy: Ex Parte Renewal for Individuals with No Income and No Data Returned—*Approved by CMS; effective 6/13/2023*
  - Maryland applied for flexibility to assume there has been no change in zero-income that was verified in the last twelve months and there is no information received and is permitted to complete an ex parte renewal without requesting additional income information or documentation.
- (e)(14)(A) Strategy: Renew Medicaid Eligibility for Individuals with Income at or Below 100% FPL and No Data Returned on an Ex Parte Basis—*Approved by CMS; effective 6/13/2023*
  - Maryland applied for the authority to assume that there is no change in income verified in the last twelve months that is at or below 100% FPL and there is no information received and is permitted to complete an ex parte renewal without requesting additional income information or documentation.
- (e)(14)(A) Strategy: Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test—*Approved by CMS; effective 6/22/2023*
  - Maryland requested to temporarily waive asset requirements for all non-MAGI beneficiaries subject to an asset test. This strategy will allow for an eligibility determination system for a state’s unwinding period that is more protective of beneficiaries.
  - This strategy has been expanded to temporarily waive the beneficiary asset test for renewals and assessing eligibility based on potential changes in circumstances for non-MAGI eligibility groups subject to an asset test.

- (e)(14)(A) Strategy: Suspend the Requirement to Cooperate with the Agency in Establishing the Identity of a Child’s Parents and in Obtaining Medical Support–*Approved by CMS; effective 6/13/2023*
  - Maryland applied for temporary authority to suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to cooperate with medical support enforcement or establish good cause for not doing so.
  
- (e)(14)(A) Strategy: Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms–*Approved by CMS; effective 6/28/2023*
  - Maryland requested to temporarily permit Medicaid managed care plans to assist their enrollees in completing the Medicaid renewal process, including completing certain parts of renewal forms.
  
- Disaster SPA: Suspension of Premiums–*Approved by CMS; 5/12/2023*
  - Maryland received approval for an extension to continue to suspend premiums for the following groups during the unwinding period:
    - Employed Individuals With Disabilities (§1902(a)(10)(A)(ii)(XV) TWWIIA Basic group) – such premiums will be suspended through December 31, 2023.
    - Maryland Children’s Health Program (MCHP) (§1902(a)(10)(A)(ii)(XIV) targeted low-income children) – such premiums will be suspended through April 30, 2024.
  
- Disaster SPA: Resource Disregard–*Approved by CMS; effective 5/12/2023*
  - Maryland requested Disaster SPA authority to disregard as a resource income that would otherwise have been part of an individual’s liability for his or her institutional or home- and community-based waiver services based on application of the post-eligibility treatment-of-income (PETI) rules but which became countable resources on or after March 18, 2020 for certain non-MAGI coverage groups. Such resources will be disregarded through the twelve months following the end of the month in which the COVID-19 public health emergency ends (May 2023).
  
- Maryland Strategy: CMS Consumer Information and Insurance Oversight: Easy Enrollment into Qualified Health Plans (QHP)

- Maryland implemented “easy enrollment” for individuals who no longer qualify for Medicaid due to having too high an income into a QHP and to conduct advance premium tax credit (APTC)/cost sharing reduction (CRS) determinations using federal and state third-party data sources for individuals who are no longer eligible for Medicaid or are procedurally terminated when Medicaid has determined the individual is over the Medicaid MAGI income limits based on third-party data sources. These individuals will receive a notice about their disenrollment that includes information on a QHP they are now eligible for. The individual will opt into coverage by revisiting the Maryland Health Connection portal (if they had not done so already), or paying the premium stated in the letter, as applicable.
- Maryland Strategy: Additional 30 Days for Non-MAGI Cases
  - Non-MAGI cases will be granted an additional 30 days to return renewal applications to allow for additional time to coordinate with case managers as needed.
- Maryland Strategy: 120-day Reconsideration Period
  - Maryland extended the reconsideration period to 120 days to enable participants who were disenrolled based on procedural reasons to come back into the system and complete their renewal without needing to begin a new application.
- Maryland Strategy: Partnering with Enrollment Brokers to Update Beneficiary Contact Information
  - Maryland will permit the acceptance of updated enrollee contact information from enrollment brokers without additional confirmation from the individual.
  - The state will treat updated contact information confirmed by and received from the enrollment broker as reliable and update the beneficiary record with the new contact information without first sending a notice to the beneficiary address on file with the state.
  - Note that Maryland originally requested (e)(14)(A) waiver authority for this flexibility. CMS determined that an (e)(14)(A) strategy waiver was not needed to permit this strategy due to Maryland's definition of an enrollment broker.
- Special Enrollment Period (SEP) – Overscale Income
  - Participants who are no longer eligible for Medicaid due to overscale income may enroll in low-cost health insurance options available through MHC. The SEP

starts when a participant has been notified that Medicaid coverage is ending, and ends July 31, 2024.

- As discussed above, MHC is implementing “easy enrollment” into qualified QHPs for individuals who lose Medicaid coverage. Individuals will receive information on how to opt-in to QHP coverage.
- **Special Enrollment Period – Age 65+**
  - Participants who are no longer eligible for Medicaid due to being age 65 or older have a 6-month SEP to enroll in Medicare Part A and Part B. Benefits for these individuals will begin the month after enrollment.
  - Participants may also enroll in a Medicare Advantage or a Medicare Supplemental Plan (also known as Medigap Plans).
    - Medicare Advantage: Participants have a 3-month enrollment period after losing Medicaid coverage.
    - Medicare Supplemental Plans: Participants have a 6-month Guaranteed Issue Right to purchase a policy.
- **Other: Continuous Eligibility for Children**
  - The Consolidated Appropriations Act 2023 requires states to implement continuous eligibility for children by January 1, 2024. Maryland has implemented this coverage as of September 1, 2023.

- **Medicaid Mitigation of Ex Parte Renewals**

In August 2023, CMS released clarification on ex parte renewal requirements defined in 42 CFR §435.916.<sup>3</sup> Ex parte is a process that enables the state to renew participants based on available data, rather than requiring a participant to submit additional data to the state. It makes the process more efficient and less burdensome for both the state and individual. This guidance asserts that states must conduct ex parte renewals on an individual basis, rather than at the household level.<sup>4</sup> In Maryland and many other states, ex parte renewals were conducted on a household basis. Therefore, if someone in the household was up for redetermination and were found eligible for Medicaid during the ex parte process, the whole household was deemed eligible and renewed. There is a chance, however, that if a household member was found ineligible during the ex parte process, others in the household may be referred to the manual redetermination process, even if they could have been found eligible on an ex parte basis. If they then do not complete the manual renewal process, the entire household would lose coverage, including persons who could have been found eligible under the ex parte process.

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<sup>3</sup> <https://www.govinfo.gov/content/pkg/CFR-2015-title42-vol4/pdf/CFR-2015-title42-vol4-sec435-916.pdf>

<sup>4</sup> <https://www.medicaid.gov/sites/default/files/2023-08/state-ltr-ensuring-renewal-compliance.pdf>

CMS required states conducting ex parte processes on the household level to make the necessary systems changes to enable the processes to be conducted on the individual level and to submit a mitigation plan prior to September 13. Prior to the systems changes being completed, states may use mitigation strategies to comply with CMS requirements. As described below, cohorts are moved subject to the timeline of the necessary systems changes.

Medicaid expects that the updated ex parte systems process will be utilized beginning November 2023. Medicaid takes the issue of ensuring access to health coverage for all those eligible during this unwinding period very seriously and as such has proactively identified and initiated the following steps:

1. Paused all procedural terminations for the month of August and extended the redetermination date for all procedural terminations dated August 31, 2023 to November 30, 2023.
2. Reinstated coverage for children under the age of 19 who were not renewed via the ex parte process and who were procedurally terminated, as well as those with information pending, from May 2023 through August 2023. Coverage will resume from the date of their disenrollment and be reinstated for a full, 12-month period.
3. Submitted a comprehensive mitigation plan to CMS on September 13, 2023.
4. Evaluated whether any other populations were impacted by this issue based on CMS guidance and worked to immediately restore coverage.
5. Expedited system changes to come into full compliance with CMS guidance.

Medicaid's goal throughout the Medicaid unwinding process is to ensure that all eligible individuals keep coverage, and that individuals no longer eligible for Medicaid are referred to other sources of low or no cost health coverage. Medicaid remains committed to ensuring those who are still eligible for Medicaid coverage remain enrolled in coverage.

- **“Medicaid Check-In” Communications Strategy**

MDH launched a statewide multimedia communications campaign, entitled “Medicaid Check-In 2023” to raise awareness about the upcoming changes in Medicaid. The campaign is a two-phased approach to communications. The first phase was a four week social media-based pre-launch campaign. The pre-launch campaign aimed to generate awareness among participants and encourage them to update their contact information. This stage ran from February 28, 2023 and March 31, 2023. The main campaign is a 12-month integrated media plan aimed at encouraging participants to keep their information current and educating them on the process for renewing. The campaign launched April 12, 2023 and ends April 30, 2024. The following sections (A, B) discuss the two phases in more detail. A subsequent section discusses updates to the campaign (C).

MDH partnered with essential stakeholders in designing the communications campaign. Messaging is coordinated, consistent, and straightforward across all stakeholders. MDH, Maryland Medicaid Managed Care Plans (MCOs), the Maryland Health Benefit Exchange (MHBE), and the Department of Human Services (DHS) are working closely together on this initiative. The nine MCOs collectively procured the services of a professional communications firm, GKV, to assist with development of our comprehensive communications strategy.

Outreach is being coordinated with other partner agencies through social media and other channels with the Behavioral Health Administration (BHA), the Developmental Disabilities Administration (DDA), the Department of Disabilities (DoD), the Maryland Department of Labor (DoL), and the Maryland State Department of Education (MSDE). Many of these partner agencies have reached out to their respective stakeholders as well. More information about partnerships is included in later sections.

To inform the Medicaid Check-In campaign, GKV conducted focus groups with Maryland Medicaid participants to assess their awareness of the PHE Unwinding and the redetermination process. GKV also incorporated research conducted on the Medicaid population on a national level. Research indicated that participants are largely unaware of the upcoming redeterminations that will be taking place.

### **A. Medicaid Check-In Pre-launch Campaign**

MDH, MCOs, MHBE, and DHS coordinated outreach during the Pre-launch Campaign to generate awareness among all participants to update their contact information as early as possible. The campaign included paid social media through the MDH account (Facebook, Twitter, Instagram) as well as organic social media posts. MHBE also conducted direct outreach to enrollees. HealthChoice MCOs (~85% of all enrollment) conducted outreach to all members by text, email, and robocall, in addition to providing information on their respective websites, newsletters, and provider portals. MCOs engaged in the social media campaign from their own platforms.

DHS, responsible for eligibility for non-MAGI participants (~15% of enrollment), engaged 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 was shared by case managers, as well as in weekly and monthly stakeholder meetings.

As mentioned above, MDH engaged in the social media campaign leveraging its own platforms, using both paid social media and organic social media. Updated information on the resumption

of redeterminations and the need to keep contact information current are also included prominently on the website targeting both providers and participants.<sup>5</sup>

During the pre-launch campaign (February 28-March 31, 2023), the main launch webpage saw 54 thousand new users and 184 thousand pageviews. The majority of these views came from direct outreach to participants, specifically text messages sent to participants by MCOs.

## **B. Medicaid Check-In Campaign**

The main, 12-month integrated media plan aimed at encouraging enrollees to keep their contact information current and educating them on the process for renewing began in April 2023. The campaign uses a variety of strategies to reach consumers, listed below:

- Public Service Announcement (PSA)<sup>6</sup>: Governor Wes Moore released a PSA encouraging all Medicaid participants to “check-in” and make sure that all contact information is up to date and renew their coverage when it is time. This video is being shared on a variety of platforms, including state agency websites and social media pages.
- Paid Search: Use paid search as an “always on” tactic to reach the audience when they are searching for 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 is 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. The 15 second and 30 second TV messages can be viewed at the links below:
  - 15 second Medicaid Check-In message:  
<https://www.youtube.com/watch?v=fyXOAOkczg0>

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<sup>5</sup> Participant webpage: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Participants.aspx>; provider webpage: <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>; main launch webpage: <https://www.marylandhealthconnection.gov/checkin/>.

<sup>6</sup> PSA: <https://www.youtube.com/watch?v=M9R>

- 30 second Medicaid Check-In message:  
<https://www.youtube.com/watch?v=DZfx7jvVQ9c>
- 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.

### **C. Medicaid Check-In Campaign Updates**

As mentioned in an above section, Maryland is analyzing data throughout the unwinding period in an effort to improve and adjust strategies as necessary. MDH and its partners are using both ZIP code and county specific disenrollment data to understand what areas of the state are being most impacted by procedural disenrollments. Procedural disenrollments occur when an individual has not completed their renewal. While some of these participants may no longer be eligible for Medicaid coverage, others may still be eligible. In general, MDH encourages everyone to complete their renewals, even if they think they are no longer eligible for Medicaid.

GKV used data from Cohort 1 and Cohort 2 disenrollments to strengthen the Medicaid Check-In campaign and pivot certain aspects to focus on the most impacted communities, defined as the top 60 ZIP codes impacted by procedural disenrollments. GKV has launched targeted communications in these geographic areas to continue to increase awareness of the renewal process and reach additional participants. These ZIP codes will experience increased presence and frequency of communications, specifically in non-digital mediums such as radio advertisements, advertisements on the light rail and bus shelters, and convenience store advertisements. Specifically, GKV made the following updates to the campaign:

- Expanded advertising at convenience and laundromat stores in 35 zip codes using both print and digital advertisements;
- Updated light rail advertisements in Baltimore;
- Expanded radio advertisement in Washington DC, Hagerstown, and Frederick;
- Expanded bus shelter advertisements in Hyattsville, Prince George’s County, and Silver Spring;



- Expanded billboard advertising to Hagerstown and Frederick;
- Expanded paid search to include additional search terms.

GKV has partnered with Live Chair, a grassroots organization with community ties, and Cool and Associates, a consulting firm with expertise in the Hispanic community, to continue to increase awareness in partnership with trusted community partners. These efforts specifically focus on attending existing community events to meet people where they are.

In addition, MDH is sharing information with other stakeholders intending that their on-the-ground efforts may shift as necessary. These stakeholders include the Maryland Hospital Association (MHA) and Local Health Officers (LHOs). Both these partners have the opportunity to increase communications in certain geographic areas given their increased knowledge of the communities they serve.

MDH is in continued conversations with the Maryland State Department of Education (MSDE) to leverage the connection with parents who may have children enrolled in Medicaid or MCHP. MDH and GKV are working on back to school communications flagging to parents that even if they are no longer eligible for Medicaid, their children may be. MDH will continue to work with MSDE on dissemination plans of these materials.

### ● **Partnerships and Stakeholder Engagement**

MDH has leveraged both existing and new relationships to amplify the reach of the Medicaid Check-In campaign. Appendix A includes tables depicting MDH’s partnerships and engagement efforts with a wide variety of stakeholders to date. Please note, these tables are not exhaustive and Medicaid continues to engage in outreach.

MDH continues to present to and reach out to both internal and external stakeholders on upcoming redeterminations and the Medicaid Check-In campaign to share information and build partnerships throughout the state. These presentations also serve as a forum to address stakeholder questions and concerns. Please see Attachment 2 for an example of the slide deck presentation used for these discussions.

MDH, along with DHS, MHBE, MMCOA, and GKV, held a bilingual press conference on May 11, 2023 to discuss the Medicaid Check-In campaign and increase public awareness.<sup>7</sup> The press conference was a joint effort and speakers included Laura Herrera Scott, Secretary of Health, Ryan Moran, Deputy Secretary of Health Care Financing and Medicaid Director, Rafael López,

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<sup>7</sup> See English press release here: <https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-promotes-%E2%80%9CMedicaid-Check-In%E2%80%9D-campaign-to-educate-Marylanders-about-redetermination-and-action.aspx>; see Spanish press release here: <https://health.maryland.gov/newsroom/Pages/Campa%C3%B1a-multimedia-%E2%80%9CMedicaid-Check-in%E2%80%9D-para-informar-a-los-habitantes-de-Maryland-sobre-la-redeterminaci%C3%B3n-y-la-acci%C3%B3n-requ.aspx>

Secretary of Human Services, Michele Eberle, Executive Director of the Maryland Health Benefit Exchange, Kathlyn Wee, CEO of UnitedHealthcare Community Plan of Maryland and President of the MMCOA Board of Directors, and Delegate Peña-Melnyk, Chair of the Health and Government Operations Committee. A multitude of media organizations provided coverage of the event. Soon after the press conference, Governor Wes Moore released a PSA encouraging participants to renew their coverage when it is their time to do so, further building off of the momentum of the press conference.<sup>8</sup>

MDH and GKV have developed a toolkit for partners to use when engaging with their own stakeholders. These materials are included in the Provider Toolkit posted on the MDH website.<sup>9</sup>

MDH has created a dedicated email for the Medicaid Check-In campaign to field questions regarding the Medicaid Check-In Campaign.<sup>10</sup> MDH has shared this email address widely and encourages all partners and stakeholders to share any ideas or questions over the coming weeks and months.

The MDH Communications Department has also developed a toolkit of information and materials for the General Assembly which was shared by Secretary of Health Laura Herrera Scott. Elected officials play a major role in the communities they serve and serve as another touch point for constituents impacted by the resumption of redeterminations and disenrollments. The Communications Department continues to field media inquiries, draft press releases, and generate organic social media posts. Importantly, the Communications Department printed 15 thousand Medicaid Check-In flyers in various languages that are being distributed to stakeholders and at events throughout the state.

### ● **Partnerships with Providers**

Both MDH and the MCOs have played a role in engaging providers regarding the Medicaid Check-In Campaign. Providers serving the Medicaid population are engaged through deployment of a dedicated MDH web page, provider toolkit, webinars, and other resources.<sup>11</sup> The toolkit includes 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.

Due to their trusted relationship with patients, providers are uniquely suited to discussing the importance of renewing coverage timely with their patients. MDH has undertaken two initiatives critical to ensuring providers know when their patients are up for redetermination through the eligibility verification system (EVS) and Chesapeake Regional Information System for our

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<sup>8</sup> <https://www.youtube.com/watch?v=M9R>

<sup>9</sup> <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>.

<sup>10</sup> [mdh.medicaidcheckin@maryland.gov](mailto:mdh.medicaidcheckin@maryland.gov)

<sup>11</sup> <https://health.maryland.gov/mmcp/Pages/MedicaidCheckIn-Providers.aspx>

Patients (CRISP). Redetermination date information has been incorporated into EVS and is available through CRISP to facilitate these conversations. MDH also worked with the behavioral health administrative services organization (BHASO), Optum, to make this information available to providers through their system.<sup>12</sup> MDH has information on how to access redetermination information through these systems through the Provider Toolkit website.

MDH wants to highlight the unique partnership with Maryland's HIE, CRISP. CRISP will provide a file of patients up for redetermination in the next three months to any provider participant who would like to receive this file.<sup>13</sup> This capability expanded to all providers in June 2023. The file enables providers to know exactly which patients are up for redeterminations and they may target outreach to their patients. This innovative partnership with CRISP has garnered the interest of other Medicaid programs that use CRISP as their health information exchange, including Washington, D.C., who are exploring implementation of similar functionalities in their regions as well.

MDH has sent a provider transmittal to all providers which includes information on the Medicaid Check-In campaign and accessing patient redetermination dates.

- **Direct Outreach to Participants**

Direct outreach strategies to reach Medicaid participants are also being utilized, as described below:

- MHBE contacts all individuals up for redetermination by email, text, and robocall to remind them that they need to come back in and reapply. This effort ensures that all individuals up for redetermination are contacted through at least two other modalities in addition to mail.
- MDH is also working closely with its Medicaid MCOs to ensure that all possible participant connection points are utilized. MDH provides MCOs with data files to conduct direct outreach to their enrollees. MCOs contact members who are currently up for redetermination via text, email, and robocall. These communications are coordinated to ensure they augment and do not overlap with contact from MHBE. Files are also being shared providing details of members who have disenrolled due to procedural reasons so that MCOs can engage in direct follow up.
- MHBE is sending 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.

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<sup>12</sup> <https://maryland.optum.com/content/dam/ops-maryland/documents/provider/Alerts/april-2023/Eligibility%20Report%20Provider%20ALert%20-%204.19.23.docx.pdf>

<sup>13</sup> <https://www.crisphealth.org/medicaid-redetermination/>

- Medicaid MCOs are contacting participants who were disenrolled due to procedural reasons during the 120-day reconsideration period. MCOs are using specific messaging for this outreach and conducting outreach via text, robocall, and email.
- **Conclusion**

As the state of Maryland begins the process of reviewing the eligibility of current Medicaid participants, MDH and its partners are taking every effort to minimize the removal of participants who continue to meet all eligibility requirements. Outreach and coordination with other state agencies, key stakeholders, and providers in tandem with a coordinated multimedia public awareness and education campaign will encourage Medicaid participants to renew their coverage. Efforts are also underway to ensure individuals who have experienced positive life changes who are no longer eligible for Medicaid receive the information they need to transition to other forms of health care coverage, such as QHPs and Medicare. Updates to the information provided in this report will be shared quarterly.

Table 1: Outreach to MDH Departments and Other State Agencies

State Agency/Departments	Description/Potential Impact
Maryland Department of Disabilities (DoD)	<p>DoD has shared Medicaid Check-In social media posts and helped Medicaid make connections with and reach other stakeholders, including Centers for Independent Living.</p> <p>Medicaid also met with the Housing Policy and Programs office to discuss the use of campaign materials. Flyers and other information will be shared with affordable housing developments around the state to increase participant awareness.</p>
Maryland Department of Labor (DoL)	<p>DoL is including information in their monthly Benchmarks of Success newsletter. The newsletter is distributed to 6,500 individuals each month. In addition, a Medicaid Check-In slide has been added to presentations given by the Division of Workforce Development and Adult Learning (DWDAL) on reemployment. 300-400 people attend these workshops each week. Materials, including flyers, were distributed to the 32 American Job Centers (AJCs) throughout the state.</p>
Maryland Insurance Administration (MIA)	<p>Medicaid and MIA are in ongoing conversations about Medicaid Check-In and a Special Enrollment Period for those participants who will now be eligible for Medicare due to turning age 65 at some point over the last three years. A special notice is being sent to these participants with information on SEPs for Medicare Advantage and Medicare Supplemental Plans, as well as how to reach Social Security and Maryland’s State Health Insurance Program (SHIP).</p>
Maryland State Department of Education (MSDE)	<p>Medicaid is in continued conversations with MSDE to determine how best to reach MSDE stakeholders and share information. In addition, MSDE has attended Medicaid Check-In presentations for the Medicaid Home- and Community-Based Services waiver programs for which they are responsible.</p>

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	<p>MSDE is also including information in monthly emails to parents and in a monthly parent newsletter, Maryland Messenger (30,000 subscribers). Information is also included in the child care community bi-weekly newsletter, Tuesday Tidbits (90,000 subscribers).</p>
MDH - Behavioral Health Administration	<p>Medicaid has met with BHA staff about the Medicaid Check-In Campaign. An initiative to make redetermination date information available to providers through the behavioral health administrative services organization (BHASO) system.</p>
MDH - Center for HIV Prevention and Health Services, Prevention and Health Promotion Administration	<p>The Center for HIV Prevention and Health Services partnered with Medicaid to spread awareness to participants across the state. The Center plans to bring Medicaid Check-In flyers to various Pride events to generate awareness of upcoming redeterminations.</p> <p>Medicaid also presented to case managers at the monthly UnPACK! meeting on the Medicaid Check-In Campaign to facilitate awareness and answer questions.</p>
MDH - Division of Long Term Services and Supports - Money Follows the Person Demonstration	<p>Medicaid presented to various stakeholders of the Money Follows the Person demonstration program to share information about the Medicaid Check-In campaign and stakeholder resources available for use.</p>
MDH - Environmental Health Bureau, Prevention and Health Promotion Administration	<p>Medicaid met with the Environmental Health Bureau to discuss partnership in increasing awareness of the Medicaid Check-In campaign among families enrolled in the Childhood Asthma/Lead Poisoning Prevention and Environmental Case Management Program. Nurses and/or caseworkers in the lead and asthma program bring flyers with them to family home visits to share information about upcoming redeterminations.</p>
MDH - Maryland AIDS Drug Assistance Program (MADAP)/HIV Planning Group (HPG)	<p>Medicaid presented during a special meeting called in May on the Medicaid Check-In campaign. The audience included both MADAP stakeholders and HPG stakeholders.</p>

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<p>MDH - Maternal and Child Health Bureau</p>	<p>The Maternal and Child Health Bureau will share Medicaid Check-In information with the various programs that may see Medicaid participants such as home visiting, care coordination, and Title V.</p>
<p>MDH - MD Primary Care Program (MDPCP)</p>	<p>MDPCP has shared information on the campaign via the provider newsletter. Medicaid presented the campaign to MDPCP providers at a special meeting on PHE Unwinding in Maryland.</p>
<p>MDH - Office of Long Term Services and Supports (OLTSS)</p>	<p>Medicaid has presented the Medicaid Check-In campaign to each of the Medicaid Home- and Community-Based Services (HCBS) waiver programs and their stakeholders listed below. OLTSS has also sent a memo to waiver participants with information reminding them to keep their contact information current and to raise awareness about upcoming changes to Medicaid redeterminations.</p> <ul style="list-style-type: none"> <li>● Model Waiver Advisory Board Meeting</li> <li>● Medical Day Care (MDC) Waiver Advisory Committee</li> <li>● Quarterly Hospice Provider Meeting</li> <li>● Non-Emergency Medical Transportation (NEMT) Grant Manager's Meeting - Grantees only</li> <li>● HCBS Council Meeting (OLTSS, Operating State Agencies, Office of Health Care Quality (OHCQ), and Rare and Expensive Case Management (REM) Program)</li> <li>● Community Options (CO) Advisory Council</li> <li>● Supports Planning Agency (SPA) Monthly Call (Home- and Community-Based Options Waiver (HCBOW), Community Personal Assistance Services (CPAS), Increased Community Supports (ICS), and Community First Choice (CFC))</li> <li>● Autism Waiver Advisory Council</li> <li>● Brain Injury Waiver Advisory Committee</li> <li>● Nursing Facility Liaison Committee (NFLC)</li> </ul> <p>OLTSS is in the process of including language on remittance advice documents</p>

	<p>as a reminder to providers that patients should keep contact information up to date.</p>
<p>MDH - Office of Minority Health and Health Disparities (MHHD)</p>	<p>Medicaid partnered with the MHHD on stakeholder outreach. MHHD is conducting outreach to community groups with which it has relationships. These organizations will share the message of the campaign and distribute flyers to their own, broader stakeholder networks. As of the beginning of April, MHHD has conducted outreach to the following groups:</p> <p>Community Based Organizations</p> <ul style="list-style-type: none"> <li>● Greater Mount Holly Community Development Corporation, Baltimore</li> <li>● Board of Childcare, Baltimore</li> <li>● Prince George’s County Cert Team, Prince George’s County</li> <li>● Montgomery County Coalition for the Homeless, Montgomery</li> <li>● Dorothy Day Place, Montgomery.</li> <li>● Suitland Crime Action Team, Prince George’s County</li> <li>● CASA de MD, Prince George’s County/Montgomery</li> <li>● Germantown Hub Community, Montgomery</li> <li>● Crossroads Community Food Network, Prince George’s County/Montgomery County</li> <li>● Hispanic Heritage Foundation, various locations</li> <li>● PGC Memorial Library, Prince George’s County(various locations)</li> <li>● Food Justice DMV, various locations</li> <li>● Nuestras Raices, Inc, various locations</li> <li>● Town of Bladensburg, Prince George’s County</li> <li>● Bowie Next Door, Prince George’s County</li> <li>● Oakcrest Towers Community, Prince George’s County</li> <li>● Masjid Ul Haqq, Baltimore</li> <li>● United Communities Against Poverty, Prince George’s County</li> <li>● Town of Cottage City Community, Prince George’s County</li> <li>● NAACP, St. Mary’s County</li> <li>● NAACP, Baltimore</li> <li>● Citizens Police Academy, Prince George’s County</li> </ul>



	<ul style="list-style-type: none"> <li>● Perfect Timing, Charles County</li> <li>● Love the Hopeful, Baltimore</li> <li>● United Communities Against Poverty, Prince George’s County</li> <li>● New Day Wellness and Recovery Center, Harford</li> <li>● Revelation of all Resources, Prince George’s County</li> <li>● Crossway Community, Baltimore</li> <li>● South County Community Roundtable, Prince George’s County</li> <li>● CASA, various locations</li> <li>● The Garden Church, Baltimore</li> <li>● Harford County Local Homeless Coalition, Baltimore</li> <li>● Latino Community, Hyattsville</li> <li>● Helping Hands Shelter, Montgomery</li> <li>● Union Rescue Mission of Western Maryland, Cumberland</li> <li>● Latino Community of Maryland, Montgomery</li> <li>● Prince George’s County Health Connect, Prince George’s County</li> <li>● Montgomery County Health Connect, Montgomery</li> <li>● Top Ladies of Distinction, Prince George’s County</li> <li>● Department of Family Services, Domestic Violence &amp; Human Trafficking Division, Prince George’s County</li> </ul> <p>Faith Based Organizations:</p> <ul style="list-style-type: none"> <li>● Hemingway Memorial Church, Prince George’s County</li> <li>● First Baptist Church of Guildford, Howard</li> <li>● Mt. Pisqah Church, Talbot</li> <li>● Mount Pleasant Church and Ministries, Baltimore</li> <li>● First Baptist Church Highland Park, Prince George’s County</li> <li>● St. Stephen Baptist Church, Prince George’s County</li> <li>● Chew Memorial United Methodist Church, Baltimore</li> <li>● First Apostolic Faith Church, Baltimore</li> <li>● St. Mark Roman Catholic Church, Harford</li> <li>● Cross Community Church, Montgomery</li> <li>● The O.W.E Center, Baltimore</li> <li>● Holy Temple Cathedral, Baltimore</li> </ul>
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	<ul style="list-style-type: none"><li>● The Ark of Safety Church, Prince George’s County</li><li>● Created For So Much More Ministries, Baltimore</li><li>● LIFE Church Ministries, Baltimore</li><li>● Restoration House International, Prince George’s County</li><li>● Restoration Church DMV, Prince George’s County</li><li>● Mount Olive Freewill Baptist Church, Baltimore</li><li>● Mount Olive AME Church, Anne Arundale</li><li>● First Baptist Church of Glen Arden, Prince George’s County</li><li>● City of Praise Baptist Church, Prince George’s County</li><li>● Bethany Baptist Church, Baltimore</li><li>● Union Baptist Church, Talbot</li><li>● Carters United Methodist Church, Anne Arundale</li><li>● Central Baptist Church of Camp Springs, Prince George’s County</li><li>● Abyssinia Baptist Church, Prince George’s County</li><li>● Iglesia Pentecostal Voz Que Clama En El Desierto, Prince George’s County</li><li>● St. Mark’s Church, Prince George’s County</li><li>● Diyanet Center of America, Prince George’s County</li><li>● Nottingham-Myers UMC, Prince George’s County</li><li>● St. Mark's Church, Prince George’s County</li><li>● Liberty Grace Church of God, Baltimore</li><li>● Cornerstone Peaceful Bible Baptist Church, Prince George’s County</li><li>● Mission of Love Charities, Prince George’s County</li><li>● First Baptist Church of Salisbury, Salisbury</li><li>● Bethel Way of the Cross Church, Calvert</li><li>● Mt. Hope United Methodist Church, Calvert</li><li>● Mt. Olive United Methodist Church, Calvert</li><li>● The Master's Touch Praise Ministries, Prince George’s County</li><li>● The Words of Life Fellowship, Prince George’s County</li><li>● The Shepherds House International Christian Church, Prince George’s County</li><li>● Refreshments Church of God and Christ, Prince George’s County</li></ul>
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	<p>Universities:</p> <ul style="list-style-type: none"> <li>● Bowie State, Prince George’s County</li> <li>● Morgan State, Baltimore</li> <li>● Coppin State, Baltimore</li> <li>● University of Maryland Eastern Shore, Wicomico</li> </ul> <p>Fraternities and Sororities:</p> <ul style="list-style-type: none"> <li>● Zeta Phi Beta, various chapters</li> <li>● Sigma Gamma Rho, various chapters</li> <li>● Kappa Alpha Psi, various chapters</li> <li>● Omega Psi Phi, various chapters</li> <li>● Delta Sigma Theta, various chapters</li> <li>● Iota Phi Theta, various chapters</li> <li>● Alpha Kappa Alpha, various chapters</li> <li>● Alpha Psi Phi, various chapters</li> <li>● Phi Beta Sigma, various chapters</li> <li>● National Pan-Hellenic Council of Prince George's County (NPHCPGC), Prince George’s County Chapter</li> <li>● Zeta's Sorority, Waldorf Chapter</li> </ul>
<p>MDH - Office of Population Health Improvement</p>	<p>Medicaid met with the Office of Population Health Improvement to discuss potential overlap with the Medicaid Check-In campaign and a CDC grant, National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CDC-RFA-OT21-2103) housed in the Office of Population Health Improvement.</p> <p>The Office is planning to spend approximately \$1 million to fund up 15 community-based organizations and faith-based organizations focusing on communities and populations that have been disproportionately affected by COVID-19 to provide culturally-informed and language-accessible education and outreach, as well as additional activities to engage communities, address health disparities, and prevent future disparate outcomes. They plan to include</p>

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	suggestions for outreach and communications, including the Medicaid Check-In campaign/campaign materials. This will enhance the reach of the Medicaid Check-In to communities across the state.
MDH - School Based Health Centers	The School Based Health Center (SBHC) program shared materials in their fiscal year wrap up correspondence with the statewide SBHC administrators, including contact information for local health departments, flyers, the Medicaid Check-In provider webpage, and important information they should be aware of.
MDH - WIC	Maryland’s WIC program is sharing campaign materials with the local agencies that work with WIC and began including Medicaid Check-In messaging in social media posts.
Public Defender’s Office	Medicaid reached out to the Public Defender’s Office to share information and increase awareness on the potential impact on clients as disenrollments begin again. Medicaid also presented to the Office on the Medicaid Check-In campaign.

*Table 2: Outreach to Providers, Provider Associations, and Advisory Boards*

<b>Providers/Provider Associations/Advisory Boards</b>	<b>Description/Potential Impact</b>
Behavioral Health Provider Council	Medicaid has presented on the Medicaid Check-In campaign at the monthly Behavioral Health Provider Council meeting run by Optum, the Medicaid behavioral health Administrative Services Organization (ASO) since December 2022.
CareFirst Community Advisory Committee	The CareFirst Community Advisory Committee is made up of 200 community partners and providers. Medicaid and the MMCOA presented on a standing meeting to generate awareness and answer questions.

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<p>East Montgomery County's Health &amp; Wellness Committee</p>	<p>The Medicaid Check-In campaign and the redetermination process was presented to East Montgomery County's Health and Wellness Committee to generate awareness amongst community members.</p>
<p>EPIC Rx</p>	<p>Medicaid, MMCOA, and GKV presented to the Maryland Association of Chain Drug Stores to provide information on the Medicaid Check-In campaign and encourage the use of campaign materials to generate awareness. This presentation was also attended by EPIC Rx, an independent pharmacy group.</p>
<p>Managed Care Organization (MCO) Medical Directors</p>	<p>Medicaid presented to the Medical Directors of the MCOs to talk about the campaign and how they can assist in generating provider awareness.</p>
<p>Maryland Association for the Treatment of Opioid Dependence (MATOD)</p>	<p>Medicaid presented to MATOD to speak about the Medicaid Check-In campaign and how community members they work with may be impacted.</p>
<p>Maryland Association of Chain Drug Stores</p>	<p>Medicaid, MMCOA, and GKV presented to the Maryland Association of Chain Drug Stores to provide information on the Medicaid Check-In campaign and encourage the use of campaign materials to generate awareness. This presentation was also attended by EPIC Rx, an independent pharmacy group.</p>
<p>Maryland Commission on Disabilities</p>	<p>Medicaid presented to the Maryland Commission on Disabilities to discuss the potential impact of Medicaid redeterminations on the disabled community and how to generate awareness.</p>
<p>Maryland Hospital Association (MHA)</p>	<p>Medicaid, along with the MMCOA and GKV, presented to the MHA on Medicaid Check-In and the role they can play as hospitals in the community. Medicaid has also met with MHA to continue to share information and receive provider ideas and feedback on the campaign. MHA sent an email to members reminding them of resources available to providers and where to find more information on the campaign.</p>
<p>Maryland Medicaid Advisory Committee (MMAC)</p>	<p>Medicaid continues to provide updates on the Medicaid Check-In campaign and redeterminations on standing MMAC meetings.</p>

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Maryland Medicaid Dental Administrative Services Organization (SKYGEN) Providers	Medicaid presented to Medicaid enrolled dental providers to discuss the Medicaid Check-In campaign, share how redeterminations may impact their patients, and strategies they can use to spread the Medicaid Check-In message.
MedChi	The MMCOA has engaged with MedChi. MedChi has been including information in their newsletter and are adding information in the May issue of their magazine. MedChi has also sent out an email regarding the campaign, along with where to find materials, to their stakeholder list.
Mid-Atlantic Association of Community Health Centers (MACHC)	Medicaid, along with the MMCOA and GKV, presented to the MACHC on Medicaid Check-In and the role they can play as FQHCs in the community.

*Table 3: Outreach to Local Organizations/Groups*

<b>Local Organizations/Groups</b>	<b>Description/Potential Impact</b>
B'MORE Healthy Expo	MDH's Office of Communications and MHBE Navigators attended this community event in April and brought flyers pertaining to Medicaid Check-In for attendees to view and scan the QR code for information.
Centers for Independent Living (CIL)	Through DoD, campaign materials were shared with various CILs. Some of the CILs plan to include information in their monthly newsletters. CILs who received information are below: <ul style="list-style-type: none"> <li>● Accessible Resources For Independence</li> <li>● Bay Area Center for Independent Living</li> <li>● Independence Now</li> <li>● The Freedom Center, Inc.</li> <li>● The IMAGE Center of Maryland</li> <li>● Resources for Independence</li> <li>● Southern Maryland Center for Independent Living</li> </ul>
Greater Baltimore HIV Health Services Planning	GBHHSPC is composed of a diverse group of stakeholders, including

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Council (GBHHSPC)	community members, providers, and state employees, and community organizations. Medicaid gave a presentation to this group, which in turn was able to share information with a wider group of stakeholders.
Local Health Officers/Local Health Departments	Medicaid has met with the Local Health Department employees involved in the Home- and Community-Based Services waiver programs as well as Maryland’s Local Health Officers to explain the impact the Medicaid Check-In campaign can have on their constituents and encourage broader dissemination of materials available in the Provider Toolkit.
Moveable Feast	After hearing about the Medicaid Check-In campaign in a stakeholder presentation, Movable Feast is including flyers with meal deliveries to community members, reaching roughly 800 people per week.

Table 4: MCO Conducted Outreach

<b>MCO Outreach Examples</b>	<b>Description/Potential Impact</b>
<ul style="list-style-type: none"> <li>● 40 West Assistance &amp; Referral Center</li> <li>● Absolute Care</li> <li>● Access Art</li> <li>● Agape Pediatrics</li> <li>● America Works</li> <li>● American Diversity Group</li> <li>● Arbutus Permanent Supportive Housing Program</li> <li>● Arc of Prince George's County</li> <li>● Association of Chain Drug Stores, EPIC (independent pharmacy group)</li> </ul>	<ul style="list-style-type: none"> <li>● Laurel Children Clinic</li> <li>● Life Bridge</li> <li>● Life Church</li> <li>● Lifebridge</li> <li>● Lifestyles of Maryland</li> <li>● Lincoln Park Community Center – International Night</li> <li>● Local Housing authorities</li> <li>● Love and Cornbread</li> <li>● Luminis Health Medical</li> <li>● Manna Foods</li> <li>● Mary's Center (multiple locations)</li> <li>● Maryland Chapter – American</li> </ul>
	<p>Maryland’s nine MCOs and the MMCOA have conducted their own outreach to a multitude of stakeholders. Listed on the left, are some of the groups that they have conducted outreach with.</p> <p>The MCOs are attending a variety of community events to conduct outreach to participants and are working with Cool &amp; Associates to facilitate additional outreach with Hispanic participants.</p>

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<ul style="list-style-type: none"> <li>● Atlantic General Health System</li> <li>● Atlantic Orthopedic</li> <li>● Baltimore City Community College</li> <li>● Baltimore City Public Schools K-12 Representative</li> <li>● Baltimore City WIC</li> <li>● Baltimore Medical System, Inc (multiple locations)</li> <li>● Banneker Community Center</li> <li>● Bear Creek Elementary</li> <li>● Beth-El Temple Church of Christ</li> <li>● Boys and Girls Club of Washington County</li> <li>● Boys and Girls Clubs of Metropolitan Baltimore</li> <li>● Brian Safe Haven</li> <li>● Brighter Bites</li> <li>● Brooklyn Homes</li> <li>● Cambridge Pediatrics</li> <li>● Campfield Judy Center</li> <li>● Capital Pediatrics</li> <li>● Capitol Cardiology</li> <li>● Captain James Daly Elementary School</li> <li>● CareFirst Community Advisory Committee</li> <li>● Caring Communities</li> <li>● Carroll County Recreation and Parks</li> <li>● Catherine's Family and Youth Services</li> <li>● Catholic Charities Head Start</li> <li>● Catholic Charities Head Start of</li> </ul>	<ul style="list-style-type: none"> <li>Academy of Pediatrics</li> <li>● Maryland Children Care</li> <li>● Maryland Hospital Association</li> <li>● MD Diaper Bank</li> <li>● MedChi</li> <li>● MEGAN's Place Harford</li> <li>● MFA</li> <li>● Mid-Atlantic Association of Community Health Centers (FQHCs)</li> <li>● Middlebrook Pediatrics</li> <li>● Milestone</li> <li>● Mission of Love Charities</li> <li>● Montgomery County Coalition for the Homeless</li> <li>● Montgomery County Head Start</li> <li>● Moravia Judy Center</li> <li>● Moravia Park Elementary</li> <li>● Moveable Feast</li> <li>● Mt Zion United Methodist Church</li> <li>● Neighborhood Service Center</li> <li>● Neighborhood Service Center – Talbot County Community Resource Expo</li> <li>● Oaklands Elementary School – Community Resource Fair</li> <li>● Our House Early Head Start</li> <li>● Park Peds</li> <li>● Park West Health Systems, Inc</li> <li>● Paul's Place</li> <li>● Pediatric Associates of Montgomery County</li> <li>● Pediatric Group</li> </ul>	
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Appendix A

<p>Baltimore City</p> <ul style="list-style-type: none"> <li>● CC Jackson Recreation Center</li> <li>● CCI Gaithersburg</li> <li>● CCI Greenway</li> <li>● CCI Health and Wellness</li> <li>● Cecil County Chamber of Commerce</li> <li>● Centro de Ayuda</li> <li>● Centro Hispano</li> <li>● Charles Carroll Middle School</li> <li>● Chase Brexton Health Services, Inc (multiple locations)</li> <li>● Cherry Hill Community Center</li> <li>● Child and Teen Wellness Center</li> <li>● Child First Authority</li> <li>● Children's First Pediatrics</li> <li>● Church of the Annunciation</li> <li>● City of Refuge Baltimore</li> <li>● Clarksburg Pediatrics</li> <li>● Community Clinics, Inc</li> <li>● Community Crisis Center</li> <li>● Community Outreach and Development CDC</li> <li>● Community Services Foundation</li> <li>● Complete Care 4 Kids</li> <li>● Cross Community</li> <li>● Crossroads Farmers Market</li> <li>● Damascus House</li> <li>● Dayspring Head Start</li> <li>● DC Diaper Bank</li> <li>● Division of Workforce Development and Adult Learning</li> <li>● Doctors First</li> </ul>	<ul style="list-style-type: none"> <li>● Pediatric Health Care Assoc</li> <li>● Pediatric Health Partners</li> <li>● Pediatrics PC</li> <li>● Peds in a Pod</li> <li>● PG Community Pediatrics</li> <li>● Planned Parenthood</li> <li>● Potomac Physicians</li> <li>● Pratt Library</li> <li>● Primrose Apt complex</li> <li>● Prince George's Child Resource Center</li> <li>● Pro Health Primary Care</li> <li>● RightCare</li> <li>● Riverdale Pediatrics</li> <li>● Sandy Plains Elementary</li> <li>● Share Baby</li> <li>● Shepherds Table</li> <li>● Skypoint FCU Bank/Credit Union</li> <li>● Soul Harvest Church &amp; Ministries</li> <li>● South Lake Elementary</li> <li>● Southern Community Action Center</li> <li>● Southern Maryland Medical Group</li> <li>● Spectrum Pediatrics</li> <li>● St Vincent de Paul Head Start - information board</li> <li>● St Vincent de Paul Head Start - Wellness Wednesday Day</li> <li>● St. Frances Neighborhood Center</li> <li>● St. Vincent DePaul of Baltimore</li> <li>● Stepping Stones to a Successful Foundation</li> <li>● Stewartown Family Resource Center</li> </ul>	
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Appendix A

<ul style="list-style-type: none"> <li>● Druid Heights – Community Health and Wellness Day</li> <li>● Dundalk High School</li> <li>● Dundalk Pediatrics</li> <li>● Eastern Family Resource Center</li> <li>● Ellicott City PCP</li> <li>● Envision Care</li> <li>● Epiphany Lutheran Church</li> <li>● Every Mind</li> <li>● Family and Medical</li> <li>● Family Health Centers (multiple events)</li> <li>● Family HealthCare of Elkton</li> <li>● Family Services Agency</li> <li>● Featherbed Lane Judy Center</li> <li>● Fort Washington Park</li> <li>● Franciscan Center</li> <li>● Gaithersburg Book Festival Montgomery</li> <li>● Gardenville Elementary School</li> <li>● Health Care Columbia</li> <li>● Georgian Courts Community Center</li> <li>● Global Sustainable Partnerships</li> <li>● Gold Pediatrics</li> <li>● Goodtime Pediatrics</li> <li>● Greater Baden Medical Service, Inc (multiple locations)</li> <li>● Harford Family Houser</li> <li>● Head Start-Rocking Horse Road Center</li> <li>● Health Care for the Homeless/ Maryland Healthcare for All</li> <li>● HealthCare for Children</li> </ul>	<ul style="list-style-type: none"> <li>● Susquehanna OB/GN</li> <li>● Talbot Hunger</li> <li>● The Community Behavioral Health Association of Maryland</li> <li>● The Lourie Center</li> <li>● The Rich Center</li> <li>● The Y in Central Maryland</li> <li>● Theresa Hoffman &amp; Associates</li> <li>● Three Lower Counties aka Chesapeake Health Care</li> <li>● Thurgood Marshall Middle School</li> <li>● Tienda Latin Emmanuel</li> <li>● Total Health Care (multiple locations)</li> <li>● UMMS</li> <li>● Union Rescue Mission of Western Maryland</li> <li>● United Communities Against Poverty (UCAP)</li> <li>● University of Maryland Capital Region Medical Group</li> <li>● University of Maryland Physicians JOC</li> <li>● University of Maryland, Baltimore Community Engagement Center</li> <li>● University of MD Workforce</li> <li>● Valley Pediatrics</li> <li>● Village Pediatrics and Wellness</li> <li>● Volunteers of America</li> <li>● Weekend Backpacks</li> <li>● White Oak</li> <li>● WIC - Capitol Heights/Greater Baden Medical Services</li> </ul>	
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Appendix A

<ul style="list-style-type: none"> <li>● Helping Up Mission - Bi-Annual Health Fair</li> <li>● Heritage Community Church</li> <li>● Housing Authorities</li> <li>● Hyattsville Middle School - Attendance Workshop for Parents</li> <li>● International Pediatrics</li> <li>● Joann Leleck Elementary School at Broad Acres</li> <li>● John Ruhrah Elementary/Middle School</li> <li>● Johnnycake Elementary</li> <li>● Johns Hopkins WIC</li> <li>● Judy Center, Princess Anne</li> <li>● Judy Centers Princess Anne - Community Baby Shower</li> <li>● KinderHealth</li> <li>● Kingdom Global Community</li> <li>● Lakewood</li> <li>● Langley Park Community Center</li> <li>● Latino Health Initiative</li> </ul>	<ul style="list-style-type: none"> <li>● WIC - Gaithersburg/CCI</li> <li>● WIC - Germantown/CCI</li> <li>● WIC - Greenbelt/CCI</li> <li>● WIC @ Edmondson Ave</li> <li>● WIC- Takoma/CC</li> <li>● WIC-Wheaton/CCI</li> <li>● WIN Family Services</li> <li>● Winfield Elementary</li> <li>● Women of Valor</li> <li>● Woodlawn High School</li> <li>● Worcester County Health Department</li> <li>● Word of Faith Church Food Distribution, Prince George's</li> <li>● Word of Faith Church of Jesus Christ Inc</li> <li>● YMCA</li> <li>● YMCA Head Start</li> <li>● Your Infinite Paths Foundation</li> </ul>	
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Measure	2023										
	March	April	May	June	July	August	September	October	November	December	
<b>Enrollment</b>											
Total (MAGI + non-MAGI)	1,538,624	1,547,213	1,553,328	1,545,094	1,534,219	1,511,471					
Total MAGI	1,347,309	1,355,324	1,362,035	1,354,309	1,343,828	1,322,659					
MAGI Children	535,231	537,993	539,852	536,891	533,991	528,044					
MAGI Adults	812,078	817,331	822,183	817,418	809,837	794,615					
Total Non-MAGI	191,315	191,889	191,293	190,785	190,391	188,812					
Non-MAGI Children	32,273	32,314	32,038	31,786	31,553	31,057					
Non-MAGI Adults	159,042	159,575	159,255	158,999	158,838	157,755					
CHIP Total	166,163	166,905	166,992	165,696	163,028	158,769					
Duals Total	81,951	82,270	82,457	81,345	80,367	78,968					
Grand Total	1,786,738	1,796,388	1,802,777	1,792,135	1,777,614	1,749,208					
<b>Renewals Due</b>											
Total number of beneficiaries due for annual renewal		86,743	119,803	139,051	148,032	113,854					
<b>Renewals Completed</b>											
Number renewed and retained (auto renewed)		54,856	76,104	98,630	96,856	93,405					
Number auto renewed (ex parte)		50,666	56,168	71,049	67,657	69,032					
Number renewed using a prepopulated form		4,190	19,936	27,581	29,199	24,373					
Number determined ineligible and transferred to the marketplace		387	10,032	11,256	14,647	11,891					
Number terminated for procedural reasons		-	24,643	17,075	25,583	-					
Number of renewals not completed (ex. still being processed)		320	9,024	7,632	14,698	8,540					
<b>Call Center</b>											
Total Call Center Volume	46,658	40,210	50,488	56,377	59,696	72,748					
Average Call Center Wait Time	0:01:12	0:00:46	0:01:26	0:01:35	0:03:01	0:15:11					
Average Call Center Abandonment Rate	6.19%	3.96%	6.68%	6.91%	11.93%	37.68%					
<b>New Applications</b>											
Total Applications	81,513	75,307	90,856	97,571	106,928	121,498					
Total Applications Received by the Medicaid Agency	4,311	3,484	3,906	4,492	4,420	5,332					
Applications Received by the Medicaid Agency	3,020	2,451	2,726	3,229	3,143	1,443					
Applications Received by the Medicaid Agency	1,291	1,033	1,180	1,263	1,277	3,889					
Other applications electronic	77,202	71,823	86,950	93,079	102,508	116,166					
<b>Eligibles - Both New Applications and Renewal Data</b>											
Total Eligible for Medicaid	92,879	99,718	127,486	147,014	147,651	157,537					
MAGI Determinations	88,352	95,450	122,825	140,244	139,637	148,502					
Non-MAGI determinations	4,527	4,268	4,661	6,770	8,014	9,035					
Determined eligible at application (either direct or transfer application)	40,489	48,835	56,266	54,898	61,343	68,445					
determined eligible at application under MAGI rules	38,369	47,096	54,482	53,044	59,583	66,514					
Determined eligible at application under non-MAGI rules	2,120	1,739	1,784	1,854	1,760	1,931					
Determined eligible at annual renewal	52,390	50,883	71,220	92,116	86,308	89,092					
Total CHIP eligible	7,802	8,704	12,515	18,260	20,274	22,399					
Determined eligible at application (either direct or transfer application)	3,954	4,846	7,631	9,274	10,157	14,083					
Determined eligible at annual renewal	3,848	3,858	4,884	8,986	10,117	8,316					
<b>Ineligible - Both New Application and Renewal Data</b>											
Total Ineligible for Medicaid	46,175	46,217	70,421	67,947	73,987	76,268					
Ineligibility established	38,933	39,104	47,150	55,738	58,340	76,061					
eligibility cannot be established (inadequate documentation)	7,242	7,113	23,271	12,209	15,647	207					
determined ineligible at application (either direct or transfer to app)	19,969	21,786	39,532	46,401	44,919	63,971					
determined ineligible at annual renewal	26,206	24,431	30,889	21,546	29,068	12,297					
Total CHIP Ineligible	3,508	3,048	4,649	8,260	8,551	3,604					
Ineligibility established	2,489	2,191	1,254	3,393	2,358	3,604					
eligibility cannot be established (inadequate documentation)	1,019	857	3,395	4,867	6,193	-					
Ineligible at application	49	56	863	1,112	553	2,192					
Ineligible at annual renewal	3,459	2,992	3,786	7,148	7,998	1,412					
<b>Pending</b>											
Total Pending Applications and Redeterminations	11,642	12,854	19,156	19,385	21,978	29,308					
<b>Processing Time</b>											
Median number of days for all determinations	0	0	0	0	0	0					
MAGI determinations	0	0	0	0	0	0					
non-MAGI determinations	22	20	12	6	10	9					
Direct application to Medicaid Agency	0	0	0	0	0	0					
MAGI less than or equal to 24 hours	59,156	71,224	131,031	100,100	104,778	130,937					
MAGI More than 24 hours through 7 days	24	28	46	6,946	7,097	8,404					
MAGI 8 through 30 days	*	*	*	97	218	739					
MAGI 31 days through 45 days	*	*	*	23	22	78					
MAGI More than 45 days	0	0	0	0	0	0					
Non-MAGI less than or equal to 30 days	3,129	2,696	3,216	3,291	3,494	4,941					
31 through 60 days	932	846	749	869	1,022	1,328					
61 days through 90 days	262	237	147	108	124	188					
Greater than 90 days	956	487	336	132	217	433					
<b>Terminations</b>											
Total number disenrolled at annual renewal			34,675	28,694	37,066	13,709					
Percent			31.3%	22.1%	27.8%	12.3%					
Number disenrolled for procedural reasons			24,643	17,075	25,583	-					
Percent of disenrollments that were for procedural reasons			71.1%	59.5%	69.0%	-					
Number disenrolled for age related reasons			710	280	1,016	1,643					
Number disenrolled for financial reasons (ex. income over scale)			2,636	6,553	9,527	7,936					

^ 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 for months prior to August 2023. 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.

Please note that for August 2023 data, Maryland has paused procedural terminations of Medicaid participants for the month of August in accordance with recently released CMS guidance.

## Unwinding Data FAQ

### 1. Where does this data come from?

This data is compiled from multiple reports that MDH must submit to CMS. The two main source reports are the [CMS Unwinding Data Report](#) and the [CMS Performance Indicators Report](#). The CMS Unwinding Data Report is a new report, which MDH will run on a monthly basis from March 2023 through May 2024. Data in the CMS Unwinding Report includes measures on pending applications, renewals initiated, renewals completed, and fair hearings. The CMS Performance Indicators Report is a long standing report MDH has submitted for years. It includes measures on applications, renewals, enrollment, those found eligible for coverage, those found ineligible for coverage, pending household applications, and application processing time.

These two reports draw from two sources. The Maryland Health Benefit Exchange (MHBE) and the Department of Human Services (DHS) both submit data to MDH on a monthly basis. That data is then analyzed and combined for submission to CMS.

### 2. When can I see this month's data?

MDH, along with many other states, disenrolls people who no longer qualify for Medicaid at the end of the month. Therefore, certain measures cannot be collected until the month ends. MHBE, DHS, and MDH all require time to analyze and process data to ensure its accuracy. MDH will strive to release data publicly for the previous month by the tenth of the current month. For example, MDH will strive to have data reflecting June's measures by July 10th.

### 3. What is the difference between renewals due and renewals completed? Why don't they add up?

Renewals take different amounts of time; MHBE takes 60 days to process renewals and DHS takes up to 95 days to process renewals. Renewals due looks at the number of people who had their renewal process begin in the month.

Renewals completed is the number of people due at the end of the month. For example, 76,104 people were renewed and retained their coverage in May 2023.

### 4. What is a procedural disenrollment?

[CMS defines](#) a procedural disenrollment as, "Procedural reasons include instances where a beneficiary fails to provide information necessary to complete a Medicaid or CHIP redetermination." For its reports, MDH considers a participant as procedurally disenrolled when they lose coverage due to a renewal not completed, outstanding verification documents for a submitted renewal, and returned mail.



# **Review of July Medicaid Redeterminations**

**August 9, 2023**



### Summary of Redetermination Data for July 2023

- Total participants up for renewal with a July 31 coverage end date<sup>1</sup>: **146,709**
- Total participants auto-renewed in Maryland Health Connection: **64,631 (44.1%)**
- Total children 18 and under disenrolled for procedural reasons<sup>2</sup>:
  - May: **10,451**
  - June: **7,528**
  - July: **9,637**
- Total adults disenrolled for procedural reasons<sup>2</sup>:
  - May: **13,814**
  - June: **9,496**
  - July: **11,937**
- Individuals who no longer qualify for Medicaid through Maryland Health Connection may qualify for coverage through a qualified health plan or Medicare.
- Please note that Maryland has prioritized those most likely to be ineligible for renewal in the first six months of unwinding. This includes people who have income overscale, people who have other coverage such as Medicare, or have aged out of their coverage group.

	<b>MAGI</b> (Qualify for services on the basis of modified adjusted gross income through Maryland Health Connection)	<b>Non-MAGI</b> (Aged, blind, or disabled, or enrolled in a Home and Community-Based Services program). <sup>3</sup>	<b>Total</b> (MAGI + non-MAGI)
Participants with coverage extended (non-SNAP reason)	79,720	6,685	86,405
Participants with auto-renewed with coverage extended due active enrollment in SNAP <sup>4</sup>	10,451	-	10,451
<b>TOTAL COVERAGE EXTENSIONS</b>	<b>90,171</b>	<b>6,685</b>	<b>96,856</b>
Participants disenrolled because they are no longer eligible for coverage	14,647	588*	15,235*
Participants disenrolled due to failure to submit application timely or renewal was incomplete	21,831	2,495	24,326
<b>TOTAL DISENROLLMENTS</b>	<b>36,478</b>	<b>3,083*</b>	<b>39,561*</b>
<b>APPLICATION PENDING REVIEW<sup>5</sup></b>	<b>7,858</b>	<b>5,345*</b>	<b>13,203*</b>
<b>GRAND TOTAL (COVERAGE EXTENSIONS + PENDING APPLICATIONS + DISENROLLMENTS)</b>	<b>134,507</b>	<b>12,202*</b>	<b>146,709*</b>

**Coverage Extension Rate:**  
66%

**Procedural Termination Rate:**  
16.6%

**Ineligible Rate:**  
10.3%



# Other Highlights for July

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**First Month of Disenrollments for non-MAGI (aged, blind, individuals with disabilities, and waiver programs):** Approximately 20% procedural rate

- 30 day extension to return paperwork
- Outreach to case workers, provider communities, trade associations, advisory, and advocacy groups
- Implementing changes in reporting from household to individual level
- SNAP + 100%FPL/\$0 Waivers system changes by early October

**Enrollment in Qualified Health Plan:** Tracking of Marylanders ineligible but referred to QHP. For May and June cohorts, a total 13,602 were eligible for a QHP. Of those 6,988, or 51% were enrolled into a QHP.

**Kids and Families:** Through July, 27,616 children (44%) 18 and under were disenrolled for procedural reasons while 35,247 (56%) were adults - **Note:** MAGI only

**Go-Live of 12-month Continuous Eligibility for Children:** August 2023 go-live



# Comparing Maryland Nationally - June Data

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## **June Coverage Extension Rate:** 71% (98,630/139,051)

- Maryland Rolling (May and June): 68% (174,734/258,854)
- National Average\*: 50.5%
- National Median\*: 48.1%

## **June Procedural Termination (e.g., not returning paperwork) Rate:** 12.3%

- Maryland Rolling (May and June): 16% (41,718/258,854)
- National Average\*: 23.6%
- National Median\*: 23.3%

## **June Ineligible Rate (referred to Qualified Health Plan through Maryland Health Connection):** 8.1%

- Maryland Rolling (May and June): 8.3% (21,651/258,854)
- National Average\*: 7.6%
- National Median\*: 6.0%

\*Data from National Association of Medicaid Directors (NAMD) for June 2023; 30 states reporting\*

# Review of Zip Code Data

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May and June data have been released which reported over 40,000 individuals were disenrolled due to a procedural reason

- It is important to note that some of these individuals have already re-enrolled as they are within their 120-day reconsideration period
- Additional direct outreach is being conducted to these former members by the MCOs, MHBE and DHS

Over 60% of the disenrollments are concentrated in 60 zip codes

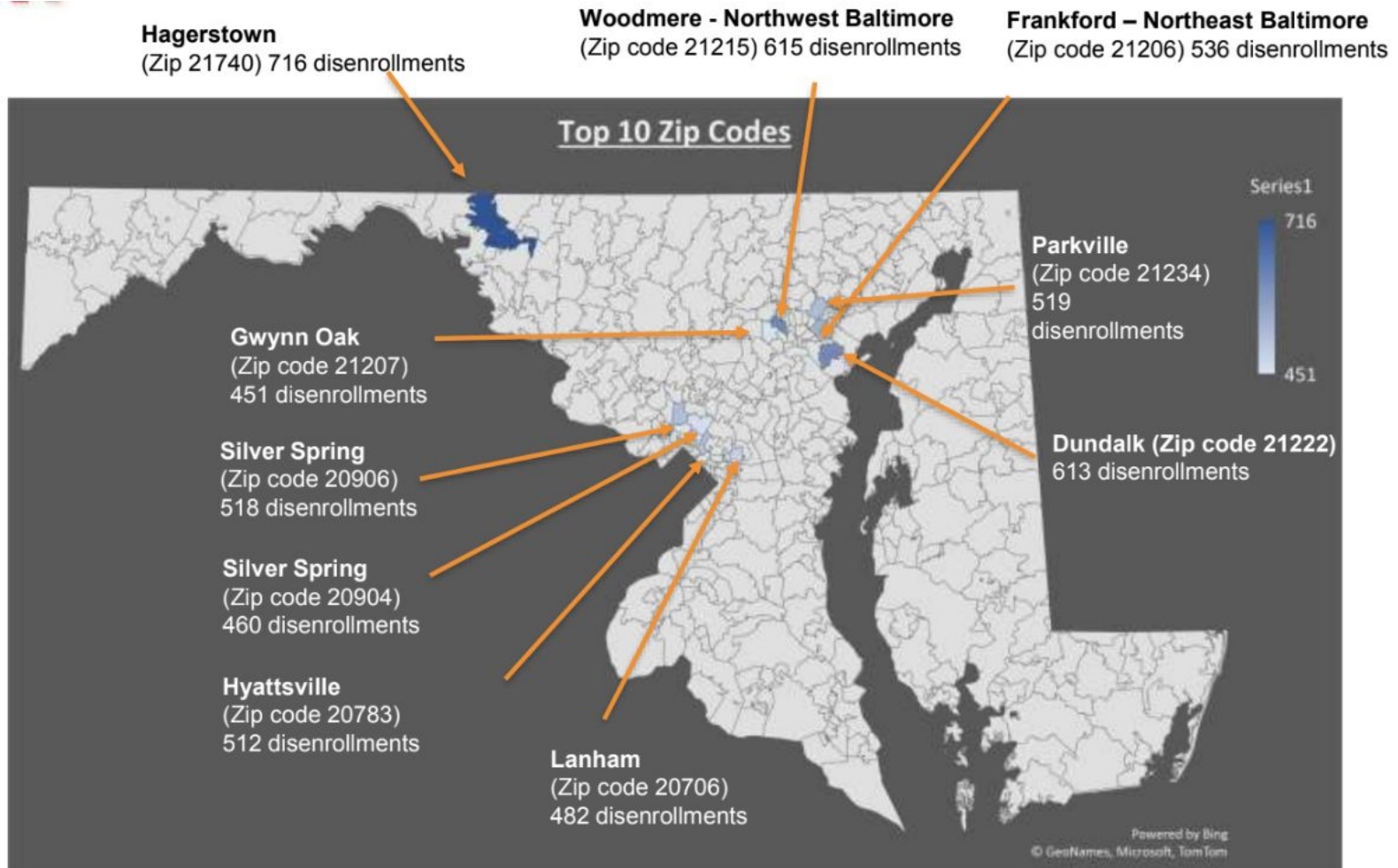
- Key pockets in Baltimore City, Baltimore County, Prince George's County and Montgomery County have been identified
  - Certain counties with smaller Medicaid enrollment are generating significant disenrollments
  - (Washington County) Hagerstown (zip code 21740) has generated the most procedural disenrollments and zip code 21742 had one of the highest disenrollment rates (16.5%) from June redets.
  - Frederick (zip codes 21702 and 21703) are both in the Top 50 zip codes for disenrollments, and zip code 21701 also had one of the highest disenrollment rates (17.1%) from June redets

# Review of Zip Code Data

Zip Code Rank	Procedural Disenrolled	% of
Top 10	5,422	15.15%
Top 20	9,518	26.59%
Top 30	13,344	37.28%
Top 40	16,582	46.33%
Top 50	19,299	53.92%
Top 60	21,747	60.76%
61 - 531	35,794	100.00%

\*Sources: May 2023 (MAGI only). June: 2023 (MAGI and Non MAGI )

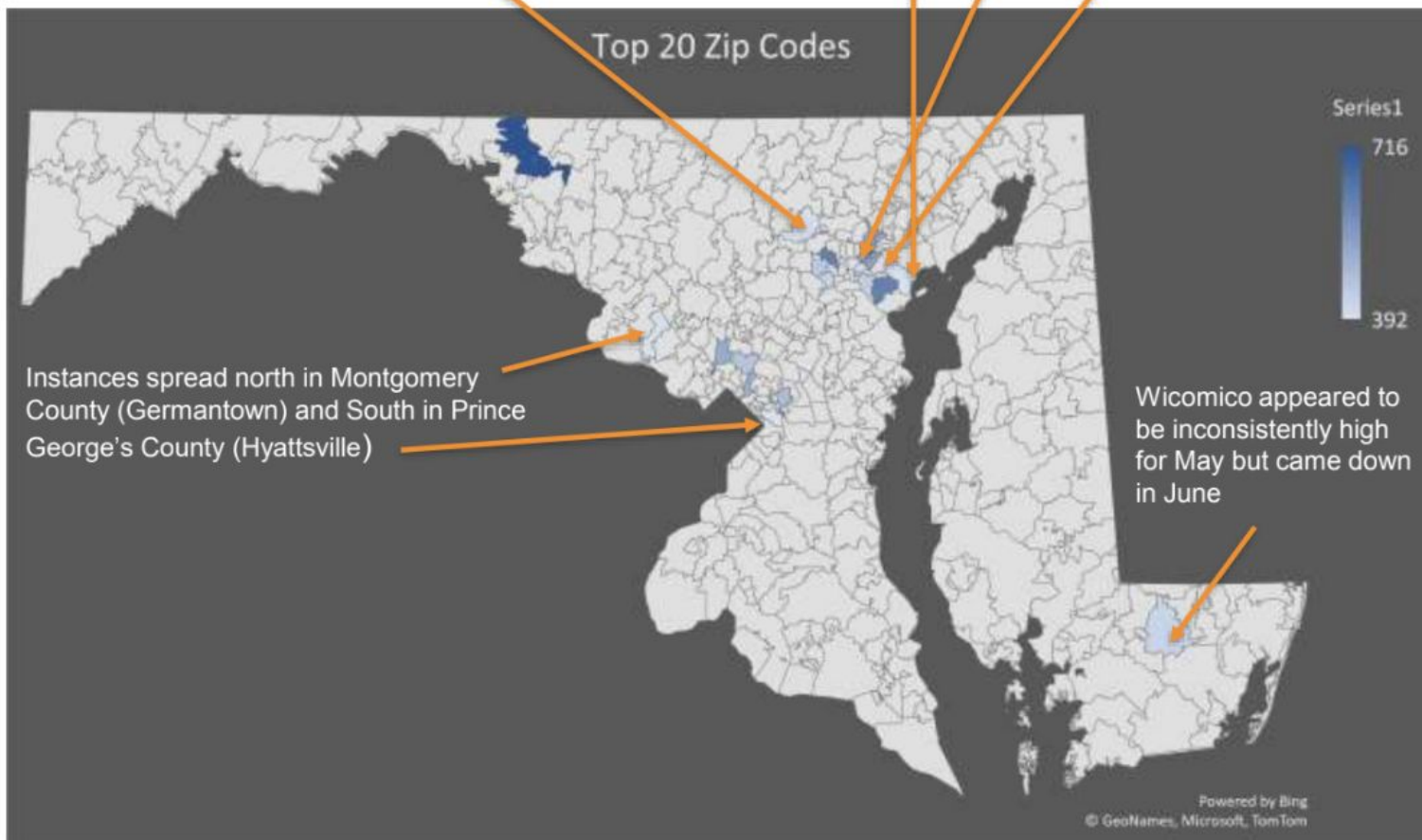
# Top 10 Zip Code Heat Map



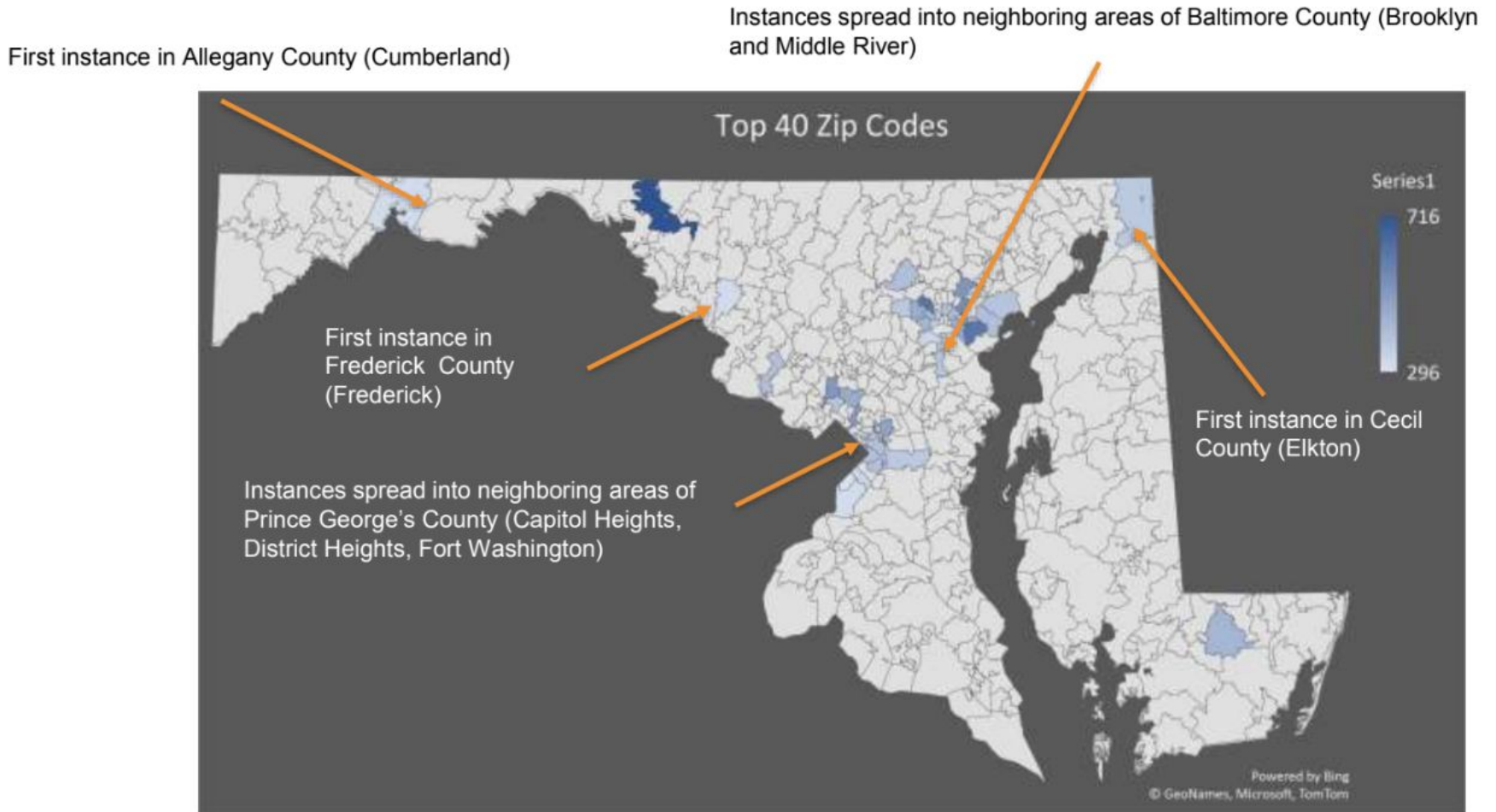
Sources: May 2023 (MAGI only). June: 2023 (MAGI and Non MAGI )

# Top 20 Zip Code Heat Map

Instances spread into neighboring areas of Baltimore City (Southeast, Southwest, Northeast) and Baltimore County (Owings Mills and Essex)

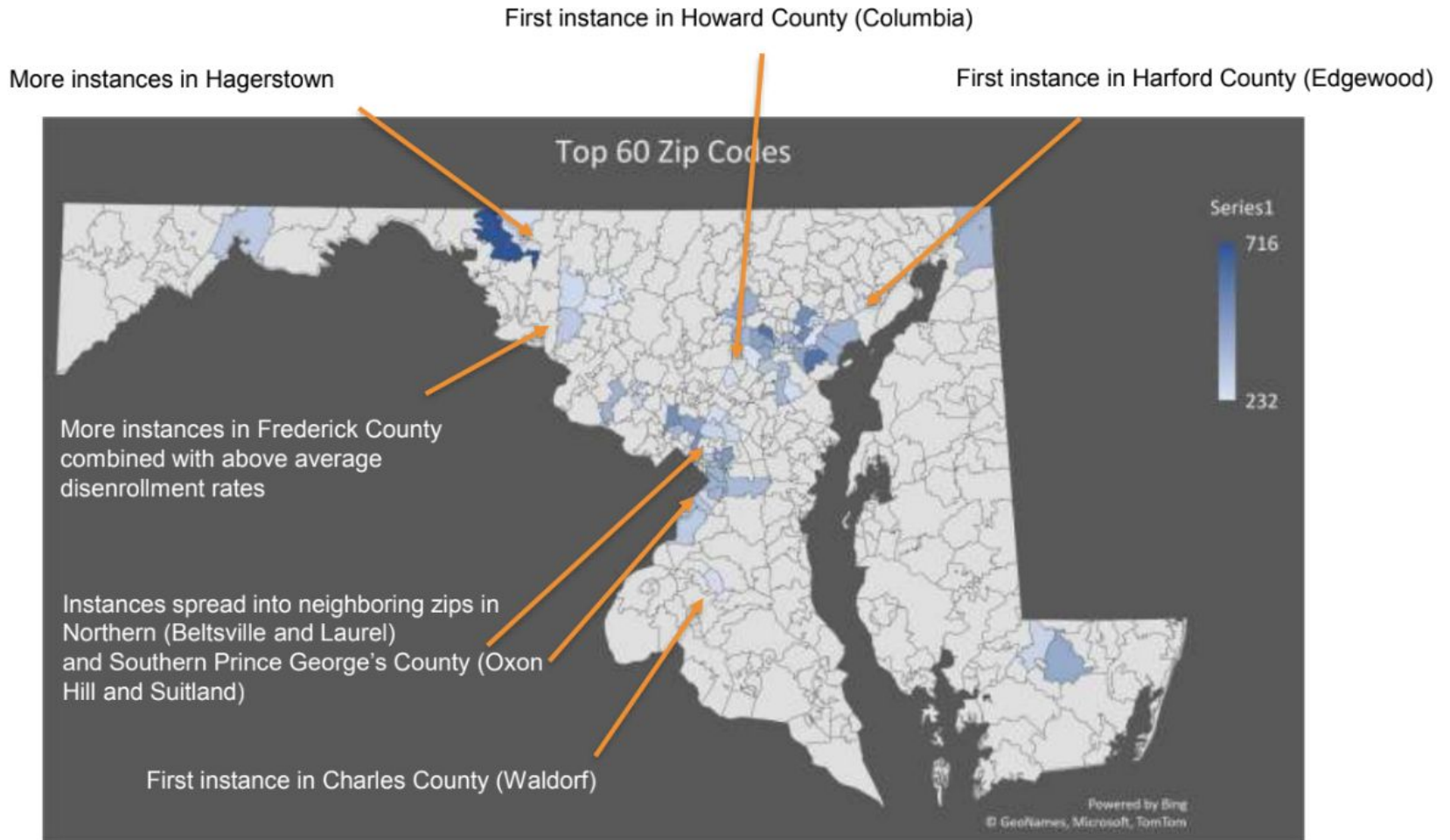


# Top 40 Zip Code Heat Map



\*Sources: May 2023 (MAGI only). June: 2023 (MAGI and Non MAGI )

# Top 60 Zip Code Heat Map



# Current Media Plan

Counties	TV	OTT	Radio	Paid Search	Paid Social	Digital Display	Streaming Radio Display	Billboards	Light Rail Advertising	Transit (Bus Shelter) Advertising	Store Receipts	Posters at C-Store/Laundry	Grassroots
Baltimore City													
Baltimore County													
Prince George's													
Montgomery													
Anne Arundel													
Washington (Hagerstown)													
Frederick (Frederick)													
Dorchester (Cambridge)													
Wicomico (Salisbury)													
Cecil (Elkton)													
Allegany (Cumberland)													
Southern Maryland (Waldorf)													



# Revised Media Plan

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Convenience and Laundromat Stores - 35 zip codes - print and expand to digital presence

New light rail advertising in Baltimore

Expand radio buys in Washington DC, Hagerstown and Frederick; maintain current radio in Baltimore and Salisbury

Bus shelter expansion in Hyattsville, Prince Georges, and Silver Spring; current bus shelter coverage in Baltimore City and Montgomery County

Expand billboard advertising to Hagerstown and Frederick

Expansion of paid search to include additional search terms

# Targeted Outreach - Focused on Kids and Families

## Grassroots Marketing Events



Cool & Associates Hispanic Event Locations		
Zip Code	City	Event
21224	Baltimore	LPN Ferrara - Sacred Heart of Jesus Church
20772	Upper Marlboro	Center for Assistance to Families (CAF) - Ministerio Edificando Las Familias
21225	Baltimore	Center for Assistance to Families (CAF) - Iglesia de Dios de la Profecía
20722	Brentwood	Center for Assistance to Families (CAF) - Iglesia Central Jehova Nissi
20902	Silver Spring	Center for Assistance to Families (CAF) - Iglesia Palabra de Vida
21224	Baltimore	Latin American Folklore Fest
20877	Gaithersburg	Festival Salvadorenisimo - Montgomery County Fairgrounds
20783	Adelphi	Hispanic Heritage Festival
21144	Severn	Hispanic Health Festival & Resources-Consular Week
21224	Baltimore	Festival de Independencia Centroamerica

### LiveChair Health Community Event Locations (August only)

Zip Code	City	Event
21217	Druid Heights   Central Baltimore	Community Builders Marshall Gardens
21217	Druid Heights   Central Baltimore	Division Health Center
20784	Hyattsville	Ebenezer Church
21215	Woodmere   Northwest Baltimore	Mondawmin Mall
21217	Druid Heights   Central Baltimore	Community Builders McCulloh Homes
20774	Upper Marlboro	Avanath Affordable Housing
21231	Upper Fells Point   Southeast Baltimore	Apostolic Towers
20748	Temple Hills	The Manor at Victoria Towers - Affordable Housing
21223	Carrollton Ridge   South Baltimore	Summer Series
21202	Penn-Fallsway   Old Town   East Baltimore	Community Builders - Monument East
21217	Druid Heights   Central Baltimore	Community Builders McCulloh Homes
21230	South Baltimore	Community Builders Summer Series
21202	Penn-Fallsway   Old Town   East Baltimore	GBMC Back to School
21217	Druid Heights   Central Baltimore	TCB Pedestal Gardens
21202	Penn-Fallsway   Old Town   East Baltimore	Helping Up Mission



# Targeted Outreach and Data Analytics

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- Partnership with MSDE and Superintendents Association for Back to School Events
- Engagement with Health Officers and Health Departments to review zip code data
- Provider community with focus on Maryland Hospital Association and MedChi
- MCOs fully trained to assist directly with member enrollment (note: waiver flexibility)

Working in partnership with Hilltop Institute at UMBC to release a dashboard with information on age, race, sex, region, and county level to be public facing

Delayed release from August to September

# Appendix - Top Zip Codes - Procedural Disenrollments

ZIP	City	County	Procedurally Disenrolled and Not Re-enrolled
21227	Halethorpe	Baltimore County	278
20748	Temple Hills	Prince Georges	235
21223	Carrollton Ridge   South Baltimore	Baltimore City	206
21502	Cumberland	Allegany	239
21703	Frederick	Frederick	279
20744	Fort Washington	Prince Georges	256
20782	Hyattsville	Prince Georges	249
20737	Riverdale	Prince Georges	230
20745	Oxon Hill	Prince Georges	226
20877	Gaithersburg	Montgomery	259
20705	Beltsville	Prince Georges	253
21801	Salisbury	Wicomico	207
20708	Laurel	Prince Georges	215
21133	Randallstown	Baltimore County	223
20886	Montgomery Villiage	Montgomery	211
21702	Frederick	Frederick	208
20746	Suitland	Prince Georges	204
20602	Waldorf	Charles	202
21045	Columbia	Howard	214
20707	Laurel	Prince Georges	222
21060	Glen Burnie	Anne Arundel	205
21239	Idlewood   Northeast Baltimore	Baltimore City	184
21040	Edgewood	Harford	198
21742	Hagerstown	Washington	206
21236	Nottingham	Baltimore County	219
21228	Catonsville	Baltimore County	202
20903	Silver Spring	Montgomery	207
21701	Frederick	Frederick	202
21237	Rosedale	Baltimore County	184