

Medicaid Public Health Emergency Unwinding and Redeterminations

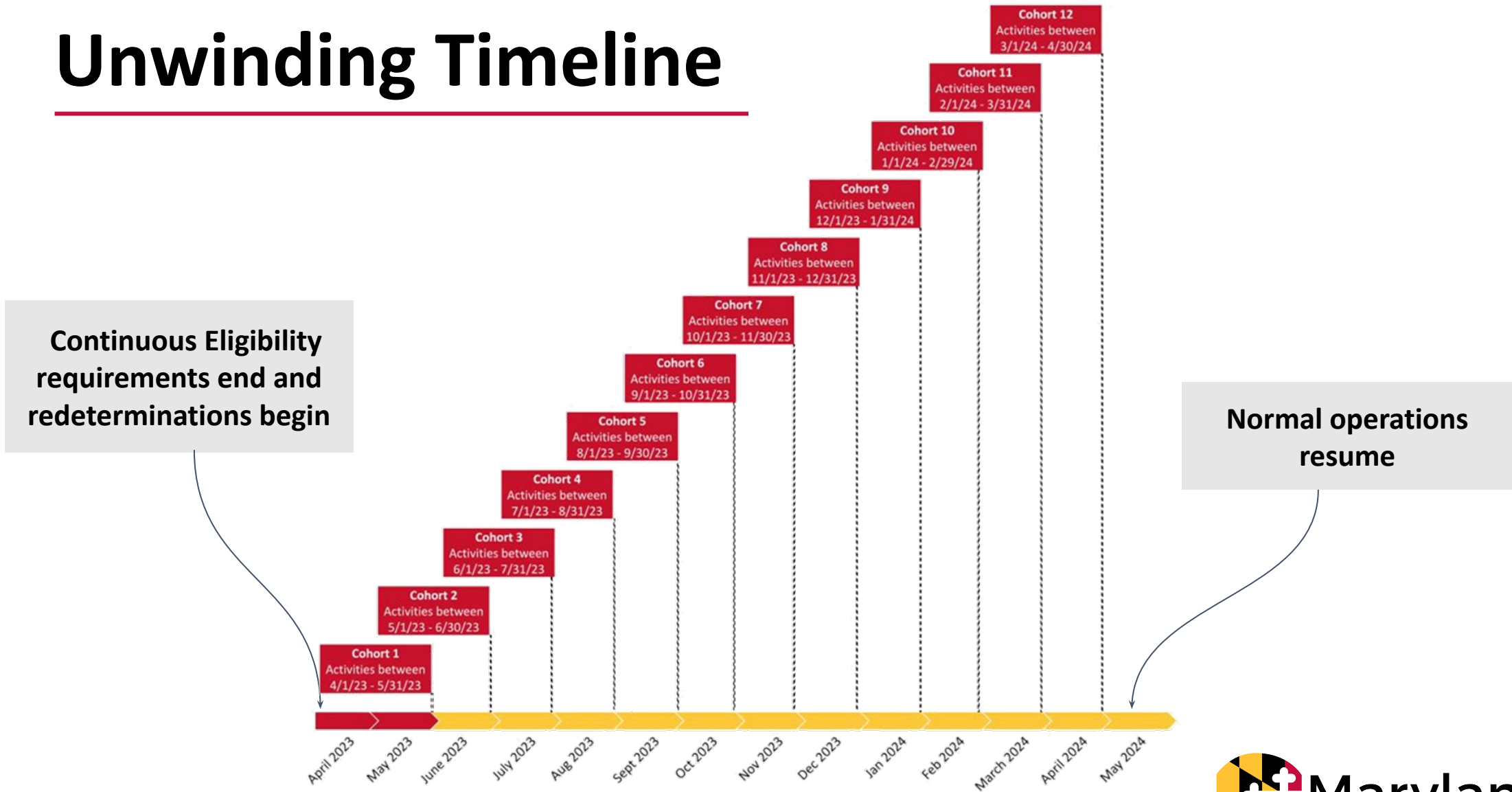
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Overview

- The Consolidated Appropriations Act, 2023 became law on December 29, 2022, authorizing states to begin their unwinding period
- Maryland Medical Assistance enrollment grew substantially during the PHE as Marylanders who were enrolled in Medicaid continued to be covered, even if they were no longer eligible.
 - 1,415,631 participants in February 2020 up to 1,781,191 participants as of April 3, 2023.
- Nearly all enrollees will have their coverage renewed during unwinding, including those who qualify primarily related to income, as well as those who qualify on the basis of being aged, blind, disabled, or enrolled in a home and community-based waiver program, and dual eligible participants..

Unwinding Timeline



Statewide Medicaid Check-In Campaign

- Key Objectives:
 - Encourage Medicaid participants to update their information
 - Generate awareness of the redetermination process statewide using an integrated mix of vehicles that reflect the audience's media preferences
 - The campaign is presented in English and Spanish with statewide distribution plans allocated in accordance with enrollment. Hispanic media is leveraged to reach primarily Spanish-language portions of the audience.
 - MDH and MMCOA are continuously assessing the campaign and identifying areas for improvement, targeted outreach, and additional materials.



Campaign Strategies

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

- Paid Search;
- Paid Social Media (Facebook and Instagram);
- Digital Media (display banners, streaming TV/radio, apps);
- TV;
- Radio;
- Outdoor of Home (OOH) – Outdoor boards and transit advertising;
- Location-based media;
- Prominent display of campaign information on MDH, MBHE, and DHS websites and dissemination of information through social media, public meetings and webinars, and other venues;
- Providers serving the Medicaid population engaged through deployment of a dedicated MDH web page, provider toolkit, webinars, and other resources;
- Other direct outreach strategies alongside the Medicaid Check-In Campaign to reach Medicaid participants.

The campaign is presented in both English and Spanish. Various materials have also been translated into Haitian Creole, Mandarin Chinese, Vietnamese, Amharic, Portuguese, Dari, Arabic, Burmese, French, Pashto, and Ukrainian.

Stakeholder Engagement*

MDH, Office of Minority Health

- Faith-Based Organizations
- Historically-Black Colleges and Universities
- Community-Based Organizations (e.g., NAACP chapters, Crossroads Community Food Network, Montgomery County Coalition for the Homeless)

Department of Disabilities

- Housing Policy and Programs
 - Distributed Medicaid Check-In flyers to DoD affordable housing developments
- Community-Based Organizations (e.g., The ARC of Maryland, Self Directed Advocacy Network)

Department of Labor

- American Job Centers
 - Used Medicaid Check-In slides in presentations and trainings, and posting flyers in their in-person locations
- Workforce Innovation and Opportunity Act (WIOA) monthly newsletter

MDH, Office of Long Term Services and Supports

- Presentations and trainings for case workers
- Newsletter, memorandums, and other communications to Medicaid participants and providers

Other organizations and offices MDH has partnered with or reached out to:

- Office of the Public Defender
- Pharmacy Associations (e.g., Association of Chain Drug Stores)
- Maryland Hospital Association
- Mid-Atlantic Association of Community Health Centers

Media

- 5/11 Press Conference
- News reporting (e.g., Associated Press, CBS Baltimore, The Washington Post, U.S. News & World Report, Maryland Reporter)

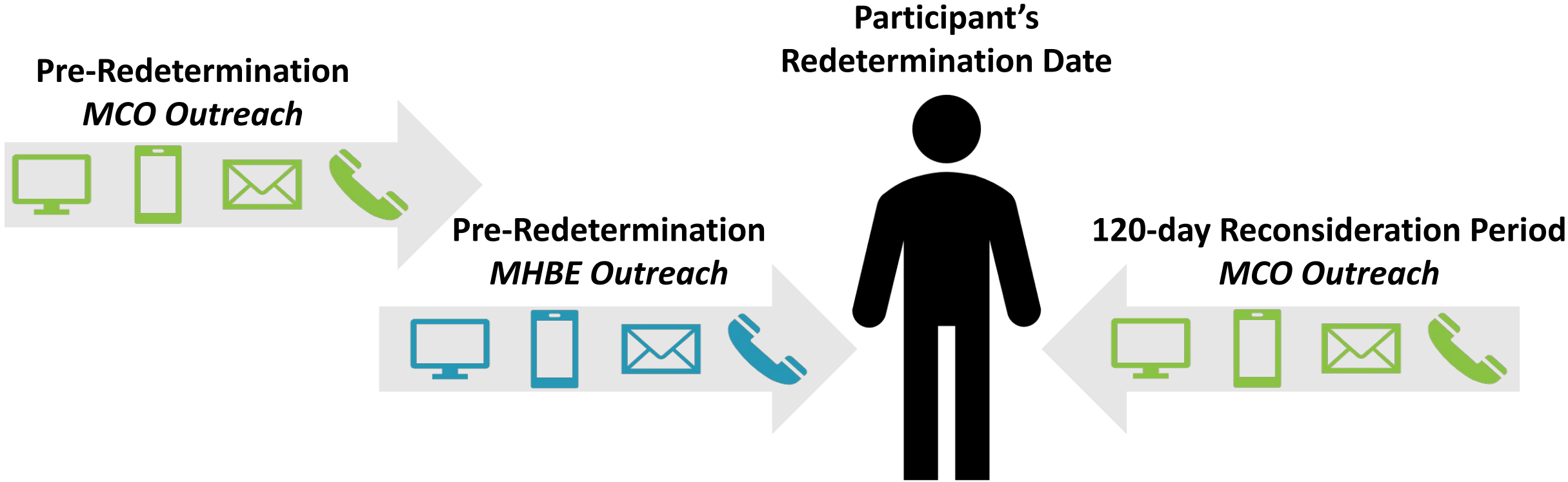
Waivers and Flexibilities

- Maryland Medicaid has elected to continue certain waiver authorities active during the Public Health Emergency (PHE) and use new waiver authorities during the unwinding period to ensure eligible individuals stay covered by Medicaid or transition to other appropriate coverage.
- Maryland currently has 11 total (e)(14)(A) waivers, two disaster State Plan Amendments (SPAs), and five state-specific strategies. Maryland is among the top five states for use of (e)(14) waivers.
- Flexibilities include:
 - Using SNAP income data to automatically renew participants;
 - Automatically renewing participants at 100 percent of FPL or below; and
 - Allowing MCOs to provide renewal assistance.

Engaging Providers: Redetermination Dates

- Eligibility Verification System (EVS)
 - Redetermination dates are now included in the EVS system. Providers can access this Information either online or by phone and know when their patient is up for renewal.
- MDH/CRISP partnership enables targeted provider outreach to participants.
 - CRISP provides a file based on a provider's patient panel of individuals who are due for redetermination in the next three months to any provider participant who would like to receive this file.
 - The file enables providers to know exactly which patients are up for redeterminations and they may then reach out to these individuals specifically or ask them about redeterminations if they have a visit.
 - This partnership includes 48 provider organizations, 108 outbound provider panel files, and represents over 200,000 participants up for redetermination in a given 3-month span.
- Optum, Medicaid's Behavioral Health Administrative Services Organization (ASO), began including redetermination information in a new, weekly Patient Eligibility Report.

Directed Outreach Strategy



Ex Parte Mitigation

- In August 2023, CMS released clarification on ex parte renewal requirements.
 - 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.
 - This can also be called an automatic renewal or an auto-renewal.
 - This guidance asserts that states must conduct ex parte renewals on an individual basis, rather than at the household level.
 - In Maryland and many other states, ex parte renewals were conducted on a household basis.
 - This means that participants, many children, had to go through the manual renewal process even though they could have gone through the ex parte process on their own.

Ex Parte Mitigation - Actions

- Paused all procedural terminations (ex. those who did not return renewal paperwork) for the months of August, September, and October.
 - Postponed August and September procedural terminations until November and October procedural terminations to December for those in Maryland Health Connection (MHC; MAGI population).
 - Postponed August, September, and October procedural disenrollments to November 2023 for those enrolled through MDThink (non-MAGI).
- Reviewed data on potentially impacted populations.
 - Reinstated coverage for children <19 and former foster care youth who were not renewed via the ex parte process and who were procedurally terminated from May through July.
- Expedited system changes to come into full compliance.
 - Auto-enrollment in MHC increased by 9.1 percentage points between May and November (from 49.8 percent to 58.9 percent).
 - Implemented 12-months continuous eligibility for children in September 2023, four months ahead of the federal requirement

Redetermination Data through February 2024

Coverage Extension Rate

- $923,971/1,334,755 = 69\%^*$

Procedural Termination (e.g., not returning paperwork) Rate

- $207,464/1,334,755 = 16\%^*$

Ineligible Rate (referred to Qualified Health Plan (QHP) through Maryland Health Connection)

- $104,043/1,334,755 = 8\%^*$
- 33,905 participants have enrolled in a QHP through Easy Enrollment through February 2024

February 2024 Summary Data

	MAGI (Qualify for services on the basis of modified adjusted gross income through Maryland Health Connection)	Non-MAGI (Aged, blind, or disabled, or enrolled in a Home and Community-Based Services program)	Total (MAGI + non-MAGI)
Participants with coverage extended manually (not auto-renewed)	10,058	1,729	11,787
Participants auto-renewed with coverage extended	71,053	2,582	73,635
TOTAL COVERAGE EXTENSIONS	81,111	4,311	85,422
Participants disenrolled because they are no longer eligible for coverage	3,072	1,854	4,926
Participants disenrolled due to failure to submit application timely or renewal was incomplete	24,740	2,753	27,493
TOTAL DISENROLLMENTS	27,812	4,607	32,419
PENDING REVIEW	2,470	1,862	4,332
GRAND TOTAL (COVERAGE EXTENSIONS + PENDING APPLICATIONS + DISENROLLMENTS)	111,393	10,780	122,173

Total participants auto-renewed in Maryland Health Connection:
71,053 (63.8%)

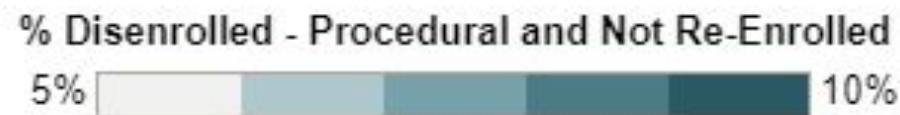
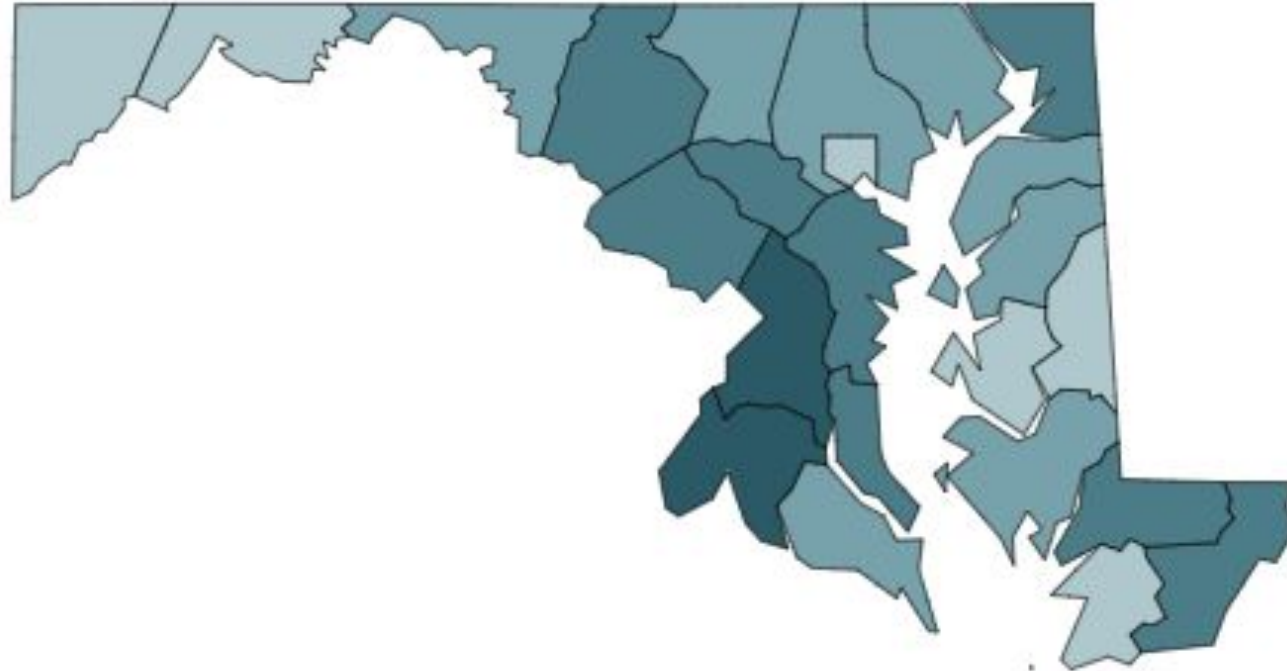


Demographic Data Summary*

- When compared with the April 2023 enrollment baseline, some groups are retaining coverage better than baseline. These groups are:
 - Children (ages 18 and under)
 - Black and African American population
 - Baltimore City
- Other groups, however, are experiencing more terminations. These groups include:
 - Adults under age 65
 - Washington Suburban area (Prince George's and Montgomery Counties)
 - Hispanic population

*Based on data as of the end of January 2024. See Appendix C for demographic data.

Procedural Disenrollments: County-Level Heat Map*



*As of February 2024

Maryland Compared to Other States

Based on summary data prepared by the Kaiser Family Foundation, as of March 20, 2024*:

- Maryland is within the top 10 states for percentage of people renewed and retained in Medicaid coverage;
- Maryland is ranked the 14th state based on procedural disenrollment rates when looking at total renewals due. Note that a *lower* procedural disenrollment rate is considered better.
- Maryland is within the top 10 states for cumulative percent change in Medicaid enrollment

Note: it is difficult to compare data between states as states may have initiated unwinding in different months and are following different processes, including various mitigation plans. In addition, states have prioritized the renewals of various populations differently. Maryland, for example, prioritized populations who would most likely be eligible for other coverage.

*<https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

Questions and Answers
