



**The Hilltop Institute**

# Data Supporting Evidence-Based Decisions

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**UMBC**

# Who are we?

- A research center on the UMBC campus
- About 50 staff—health services researchers, social scientists, public health professionals, economists, financial analysts, attorneys, SAS programmers
- Guided by an external [advisory board](#) of nationally recognized experts



# Hilltop and MDH: A 30-Year Partnership

- Hilltop has a unique partnership with the Maryland Medicaid program
- Work is policy- and data-driven, quick turn-around
  - Research and policy analysis
  - Analytics and predictive modeling
  - Rate setting; actuarial and financial analysis
  - Program development, monitoring, and evaluation
  - Decision support systems (the DataPort, *LTSSMaryland*)
  - Extensive data warehouse (Medicaid, Medicare, hospital discharge, assessment, commercial data)

# Hallmarks of the Medicaid/ Hilltop Partnership

- A partnership that builds on UMBC's mission of public service and shared MDH/Hilltop goals to improve the health and wellbeing of Marylanders
- A joint commitment to data-driven policy making
- Flexibility to respond to changing needs
- Continuity and cost-effectiveness

# Multi-Agency Planning & Preparation

- Hilltop included with multi-agency planning group to ensure data-informed decisions
- Enrollment estimates produced using Urban Institute Simulation Model and Assistant Secretary for Planning and Evaluation (ASPE) Model
  - Included Medicaid trends, population growth, unemployment, churn scenarios
- Assisted with plan submitted to CMS to prioritize and distribute renewals over 12-month period
  - Population based and time-based prioritization
  - Goal was to prevent inappropriate terminations and create sustainable monthly workloads

## Maryland: Redetermination Overview

- State-Based Marketplace – [marylandhealthconnection.gov](http://marylandhealthconnection.gov)
- Strong ex parte infrastructure
  - Checks all available income systems
  - Prior to the PHE, about 50%+ ex parte renewal rate
- Continued redeterminations during the PHE
- Engaged partners at all levels
  - Media campaigns targeted at ZIP code level based on loss of coverage
  - Many forms of communication to enrollees – [Check-In Campaign](#)
  - Additional call center hours, navigators, chat function
  - MCO outreach
  - Provider [Toolkit](#) and notified via HIE and Medicaid verification system of redetermination date

# Monthly Redeterminations Analytical Data Set (MRAD)

## Cohort

- All Medicaid participants enrolled as of April 2023
- Follow monthly through unwinding period

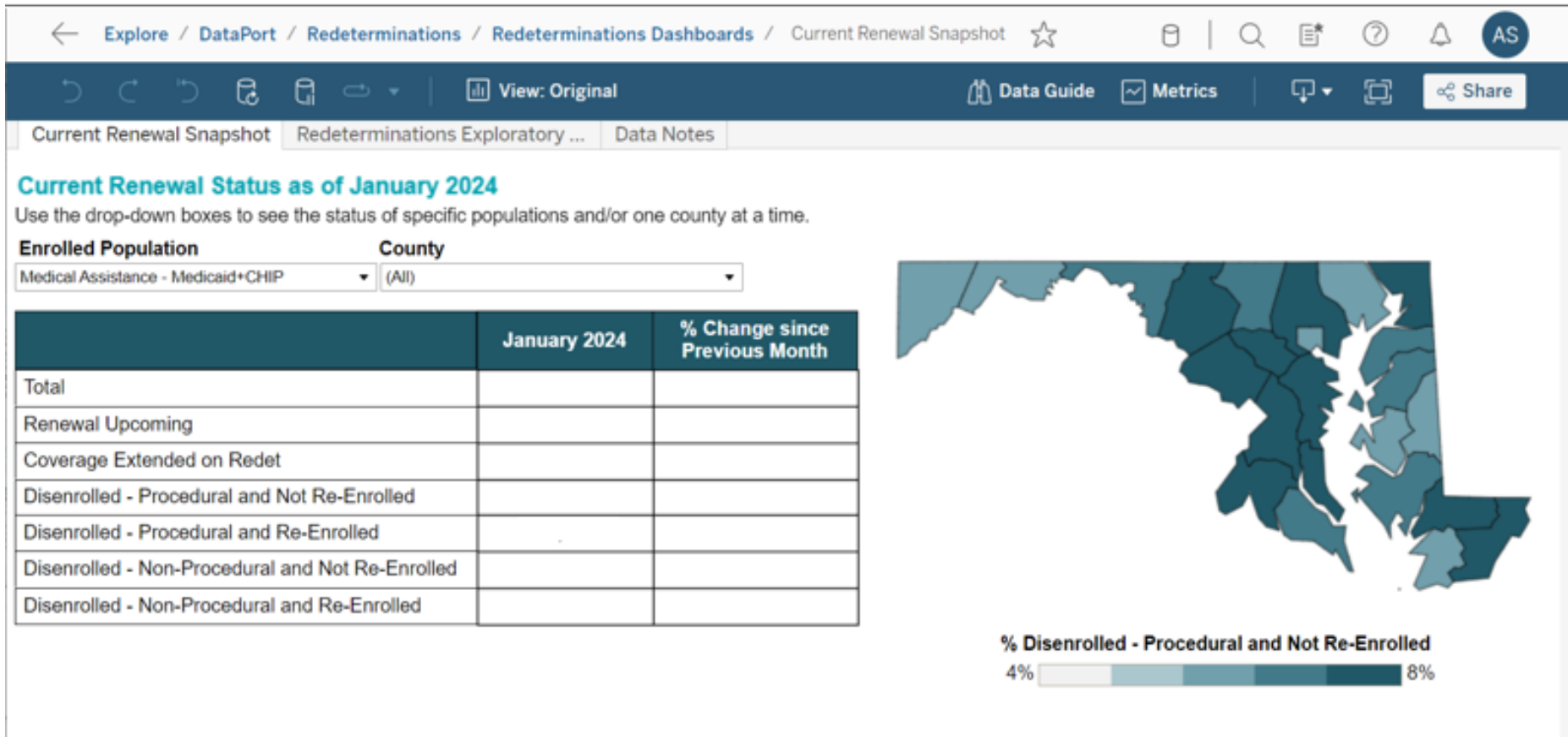
## Administrative Medicaid MMIS

- Demographics
- Eligibility spans
- Coverage groups
- Closure reasons

## Redetermination Dates

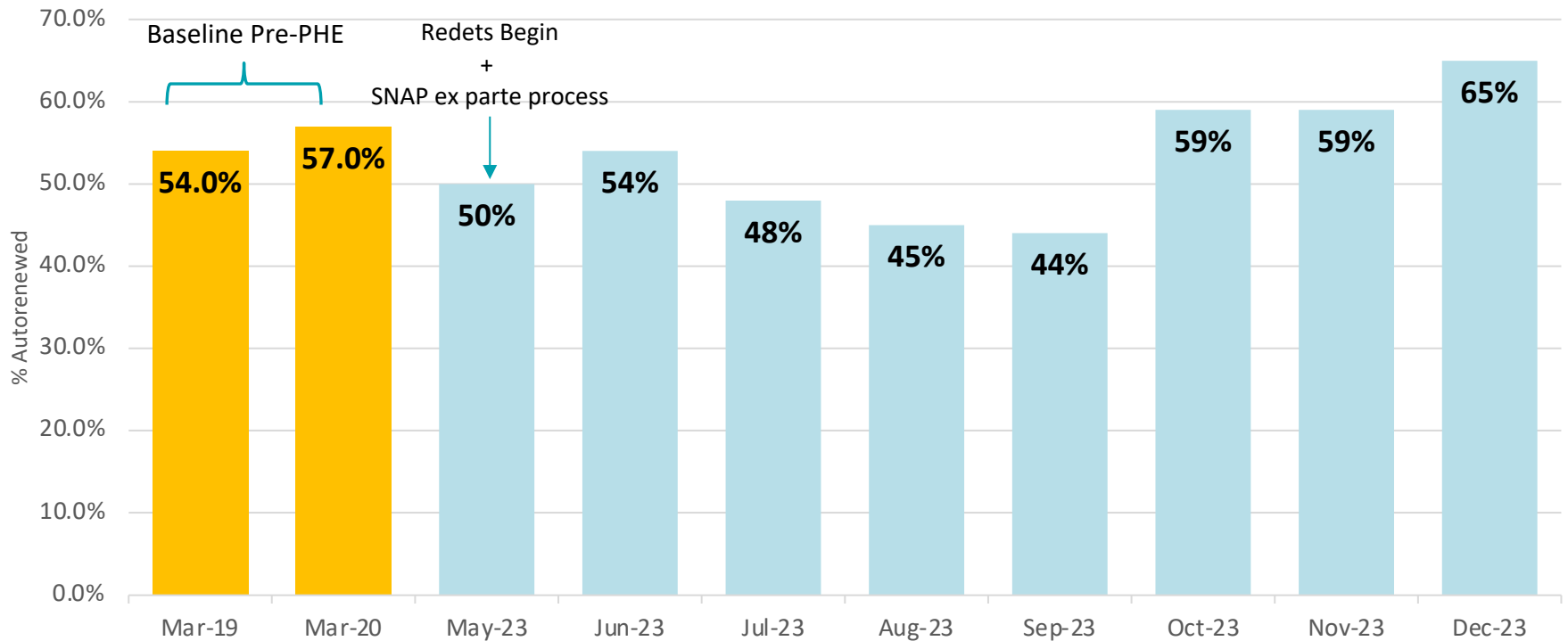
- Maryland Health Benefit Exchange (MHBE), State-Based Marketplace
- Department of Health and Human Services

# DataPort Dashboard





# Maryland Autorenewal Rate



Measuring  
Impact of  
PHE  
Unwinding  
Waivers  
(e)(14) –  
SNAP  
Express  
Lane  
Eligibility

Month	Ex Parte Renewals due to SNAP
May 2023	5,504
June 2023	9,132
July 2023	10,451
August 2023	10,339
September 2023	15,215
October 2023	27,745
November 2023	24,085

# Cumulative Percentage of Medicaid Participants who Reenrolled in Medicaid Following Disenrollment (Churn)

Month of Disenrollment	Month of reenrollment						
	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
May 2023	22.7%	26.4%	28.9%	30.2%	31.5%	32.6%	33.2%
June 2023		19.3%	23.3%	25.3%	26.6%	27.8%	28.7%
July 2023			22.9%	26.8%	28.9%	30.4%	31.3%
August 2023				20.3%	24.2%	26.7%	27.8%
September 2023					10.1%	12.4%	13.7%
October 2023						11.6%	14.0%
November 2023							9.7%

# Newly Enrolled Medicaid Participants

- Since May 2023, average of 13,266 new participants each month
- 87.6% have no prior Medicaid enrollment between CY 2019 and CY 2023
- Among adults 21 years and older, 60.7% are female
- A third (32.1%) of new enrollees are pregnant people or deemed eligible newborns

# What's Next?

- Build on successes
  - Continue to review data and monitor churn, create actionable data for outreach, reduce coverage losses
- Continue projections to support budget and certainty