



DEPARTMENT OF HEALTH

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

December 8, 2023

The Honorable Pamela Beidle
Chair
Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

The Honorable Joseline A. Peña-Melnyk
Chair
House Health and Government Operations
Committee
241 House Office Bldg.
Annapolis, MD 21401-1991

Re: Report required by SB 806, Chapter 384 (2023) – Maryland Health Benefit Exchange and Maryland Department of Health – Health Care and Dental Care Coverage for Undocumented Immigrants – Report (MSAR # 14713)

Dear Chairs Beidle and Peña-Melnyk:

Pursuant to the requirements of SB 806 – *Maryland Health Benefit Exchange and Maryland Department of Health – Health Care and Dental Care Coverage for Undocumented Immigrants – Report*, please find enclosed a report comparing options for offering affordable health care and dental care coverage to State residents who are ineligible for the Maryland Medical Assistance Program, the Maryland Children’s Health Program, or qualified health plans or stand-alone dental plans through the Maryland Health Benefit Exchange due to the individuals’ immigration status.

Thank you for your consideration of this information. If you have any questions or need more information on the subjects included in this report, please contact Megan Peters, Acting Director of Government Affairs, at megan.peters@maryland.gov.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary
Maryland Department of Health

Michele Eberle
Executive Director
Maryland Health Benefit Exchange

cc: Marie Grant, Assistant Secretary for Health Policy
Ryan Moran, Deputy Secretary, Health Care Financing and Medicaid
Tricia Roddy, Deputy Director, Office of Health Care Financing
Megan Peters, Acting Director, Office of Governmental Affairs



**Report on Health Care and Dental Coverage for Marylanders
Ineligible for Medicaid and Qualified Health Plans
Due to Immigration Status**

**Pursuant to SB 806, Chapter 384 of the Acts of 2023
MSAR # 14173**

December 8, 2023

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Health Care and Dental Care Coverage for Marylanders Ineligible for Medicaid and Qualified Health Plans Due to Immigration Status

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Executive Summary

According to the U.S. Census Bureau, there are approximately 112,400 undocumented and uninsured individuals who are ineligible for Medicaid and qualified health plans (QHPs) due to immigration status residing in Maryland, accounting for roughly 30% of the state's total uninsured population.¹ Federal rules generally limit Medicaid, Children's Health Insurance Program (CHIP), and QHP eligibility to U.S. citizens and lawfully present non-citizens.² Two main exceptions to these requirements in Maryland include:

- Emergency Medicaid Coverage³ - Maryland Medicaid covers emergency medical services for immigrants who are otherwise eligible for Medicaid. Coverage extends from when the individual enters the hospital until the individual's emergency medical condition is stabilized. These services are eligible for federal Medicaid matching funds.
- Healthy Babies Equity Act of 2022⁴ - The Act requires Maryland Medicaid to provide comprehensive medical care to noncitizen pregnant individuals who would be eligible for Medicaid and to their children up to the age of one year. Federal matching funding is available through a state plan amendment for a CHIP Health Services Initiative to cover this population.

Senate Bill (SB) 806 of 2023 requires the Maryland Health Benefit Exchange (MHBE) and the Maryland Department of Health (MDH) to “develop a report comparing options for offering affordable health care and dental care coverage to State residents who are ineligible for the Maryland Medical Assistance Program, or qualified health plans or stand-alone dental plans through the Maryland Health Benefit Exchange due to the individual's immigration status.”⁵ The bill requires the report to include a comparison of the costs to the state, the impact on the uninsured, potential benefit designs, and implementation considerations for offering coverage through Medicaid and QHPs for all eligible individuals, those under the age of 21 years, and those aged 65 years and older.

To meet this requirement, MDH and MHBE analyzed data from the U.S. Census Bureau and other sources to estimate the size of the eligible population, take-up rates (low, midpoint, and high), and costs of various benefit packages over a five-year implementation period beginning in calendar year (CY) 2025. See the main body of this report and appendices for details on the methodology, assumptions, and limitations of the data.

Table 1 summarizes the estimated enrollment and costs over the five-year implementation period (CY 2025 to CY 2029) for the Medicaid and QHP benefit packages by age group of uninsured individuals ineligible due to immigration status targeted for coverage. Due to the high degree of uncertainty in enrollment, projections based on the low and high take-up rates are

¹ Analysis of the U.S. Census Bureau's American Community Survey 2021 1-Year Sample, prepared by IPUMS USA. See Appendix A for the definition of undocumented status applied in this report.

² 42 CFR § 435.406; 45 CFR § 155.305(a); 45 CFR § 1.36B-2(a)(4).

³ COMAR 10.09.24.05-2.

⁴ 2022 MD Laws Ch. 28.

⁵ 2023 MD Laws Ch. 384

presented in parentheses “[]”. Individuals ineligible due to immigration status but financially eligible for Medicaid/Maryland Children’s Health Insurance Program (MCHP) are those with household income up to 138% of the federal poverty level (FPL) for adults aged 20 years or older or up to 322% of the FPL for children aged 19 and younger. For the full Medicaid benefit package assuming midpoint enrollment, total costs for the five-year period are estimated to be \$704.3 million (or an average of \$140.9 million per year). Costs for the QHP-eligible population for the five-year period are estimated to be \$501.6 million (or an average of \$100.3 million per year).

Table 1. Summary of Projected Enrollment, Projected PMPM & Total Costs of Medicaid and QHP Benefit Packages for Uninsured Individuals of All Ages Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Eligible Population	Benefit Package	Average Annual Enrollment	Midpoint Average PMPM Cost	Total 5-Year Cost (millions)	Average Annual Cost (millions)
Medicaid/MCHP-Income-Eligible	Full-Benefit Medicaid	20,135 [9,414 – 30,857]	\$582	\$704.3 [\$329.3 - \$1,079.3]	\$140.9 [\$65.9 - \$215.9]
	Full-Benefit Medicaid without Adult Dental Coverage	17,520 [8,191 – 26,850]	\$581	\$611.1 [\$285.7 - \$936.5]	\$122.2 [\$57.1 - \$187.3]
	MCO Services Only	14,732 [6,888 – 22,576]	\$368	\$325.9 [\$152.4 - \$499.4]	\$65.2 [\$30.5 - \$99.9]
	Prescription Drug Coverage Only	9,675 [4,524 – 14,827]	\$88	\$51.1 [\$23.9 - \$78.3]	\$10.2 [\$4.8 - \$15.7]
	QHP Benefit Package	14,213 [6,533 – 21,491]	\$714	\$610.3 [\$285.3 - \$922.9]	\$122.1 [\$57.1 - \$184.6]
Not Eligible for Medicaid/MCHP	QHP Benefit Package	12,815 [6,928 – 21,267]	\$651	\$501.6 [\$264.1 - \$819.4]	\$100.3 [\$52.8 - \$163.9]

MCO – managed care organization. PMPM – per member per month.

Using the midpoint take-up rates, in CY 2025 the combined expansion would newly cover 19,049 Marylanders who are ineligible for Medicaid/QHPs due to immigration status with household income below Medicaid/MCHP financial thresholds, and 11,981 with income above Medicaid/MCHP financial thresholds, which would reduce the statewide uninsured rate from 6.1% to 5.6%.

Such a program expansion would have many implementation considerations, including availability of state funds, IT and eligibility system updates, and impact on the state's 1332 reinsurance waiver, among others. As MDH is newly gaining experience for covering pregnant individuals who are ineligible due to immigration status, if the Maryland General Assembly is considering further expansion, MDH and MHBE recommend doing so incrementally, such as further expanding coverage for children. Advantages of an incremental expansion include more predictable initial expenditures, while allowing the state to gain better data on uptake rates and thereby refine enrollment and cost projections for potential future expansions.

Health Care and Dental Care Coverage for Marylanders Ineligible for Medicaid and Qualified Health Plans Due to Immigration Status

I. Introduction

During the 2023 legislative session, the Maryland General Assembly passed Senate Bill (SB) 806, Maryland Health Benefit Exchange and Maryland Department of Health—Health Care and Dental Care Coverage for Undocumented Immigrants—Report.⁶ The bill requires the Maryland Health Benefit Exchange (MHBE) and the Maryland Department of Health (MDH) to “develop a report comparing options for offering affordable health care and dental care coverage to State residents who are ineligible for the Maryland Medical Assistance Program, or qualified health plans or stand-alone dental plans through the Maryland Health Benefit Exchange due to the individual’s immigration status.”

The bill requires the report to include a comparison of the costs to the State, the impact on the uninsured, potential benefit designs, and implementation considerations for the following:

- Offering health and dental coverage through:
 - The Maryland Medical Assistance (Medicaid) Program and the Maryland Children’s Health Program (MCHP) to individuals who are financially and technically eligible for the programs but for their immigration status
 - Qualified health plans (QHPs) and stand-alone dental plans (SADPs) offered through the MHBE who are eligible technically and financially to enroll in coverage through the exchange but for their immigration status
- Offering health and dental coverage to the following groups:
 - All eligible individuals
 - Only individuals under the age of 21 years
 - Only individuals who are at least 65 years
 - Only low-income individuals

According to the U.S. Census Bureau, there are approximately 112,400 undocumented and uninsured individuals residing in Maryland.⁷ This document serves as the report requested by SB806 described above.

⁶ 2023 MD Laws Ch. 384

⁷ The Hilltop Institute analysis of the U.S. Census Bureau’s American Community Survey 2021 1-Year Sample, prepared by IPUMS USA. See Appendix A for the definition of undocumented status applied in this report.

II. Background

Federal Requirements

Medicaid and QHP Eligibility

Medicaid eligibility is generally limited to U.S. citizens and lawfully present non-citizens.⁸ Though lawfully present immigrants must have a “qualified”⁹ status to be eligible for Medicaid, many legal permanent residents must wait five years after achieving qualified status before they are eligible to enroll. Some immigrants such as refugees and asylees do not have to wait five years to be eligible for Medicaid. States have the option to eliminate the five-year waiting period for children and pregnant people and extend coverage to lawfully present immigrants without a qualified status. As of July 2023, 35 states (including Maryland) have elected this option for children and 25 states have elected this option for pregnant people.¹⁰

Similarly, under federal regulations, only U.S. citizens or lawfully present non-citizens are eligible to enroll in a QHP and receive premium tax credits.¹¹ However, lawfully present immigrants with incomes below 100% of the federal poverty level (FPL) may receive subsidies if they are ineligible for Medicaid due to their immigration status. This includes lawfully present immigrants who are in the five-year waiting period or do not have “qualified status.”

Individuals who are otherwise eligible for Medicaid except for their immigration status may be eligible for limited emergency services paid by Medicaid. Medicaid may pay for services to treat an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the individual’s health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.¹² Since 2002, states have had the option to provide prenatal care to women regardless of immigration status.¹³

States also had the option to expand emergency Medicaid coverage through a Medicaid disaster relief state plan amendment to include COVID-19 testing and treatment during the state of public health emergency.¹⁴ The duration and scope of COVID-19-related emergency Medicaid

⁸ 42 CFR § 435.406.

⁹ Qualified non-citizens include lawful permanent residents, asylees, refugees, Cuban/Haitian entrants, individuals paroled into the U.S. for at least one year, battered non-citizens, victims of trafficking, individuals granted withholding of deportation, members of a federally recognized Indian tribe or American Indian born in Canada, and citizens of the Marshall Islands, Micronesia, and Palau who are living in the US.

¹⁰

[https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/#:~:text=As%20of%202023%2C%20half%20\(50.born%20citizen%20\(8%25\)%20adults.](https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/#:~:text=As%20of%202023%2C%20half%20(50.born%20citizen%20(8%25)%20adults.)

¹¹ 45 CFR § 155.305(a); 45 CFR § 1.36B-2(a)(4).

¹² 42 CFR § 440.255(b)(1);(c).

¹³ 42 CFR § 440.255(b)(2).

¹⁴ Congressional Research Service (May 7, 2020). *Unauthorized Immigrants’ Eligibility for COVID-19 Relief Benefits: In Brief*. Available at <https://crsreports.congress.gov/product/pdf/R/R46339>.

coverage varied depending on the state. The Medicaid disaster relief state plan amendments expired on May 11, 2023, when the national public health emergency ended.¹⁵

Notice of Proposed Rulemaking for Deferred Action for Childhood Arrival Recipients

The U.S. Department of Health and Human Services (HHS) released a proposed rule in April 2023 that, if finalized, would expand access to health care by reducing barriers for Deferred Action for Childhood Arrivals (DACA) recipients through clarifying and updating eligibility requirements for coverage through the Affordable Care Act (ACA) marketplace, Medicaid, or the Children’s Health Insurance Program (CHIP).¹⁶ The proposed rule would amend the definition of “lawfully present” to include DACA recipients for the purpose of Medicaid and CHIP eligibility. This would extend Medicaid and CHIP coverage in states that have elected to provide Medicaid and CHIP coverage to “lawfully present” children and pregnant people without a five year-waiting period. DACA recipients would still need to meet all other Medicaid or CHIP eligibility requirements. DACA recipients would also be eligible for financial assistance through exchanges, including tax credits and cost-sharing reductions, if they meet the other eligibility requirements. It is estimated that if the rule is finalized, it could lead to 129,000 previously uninsured DACA recipients receiving health insurance coverage nationwide.¹⁷ The Migration Policy Institute estimates that there are 7,060 DACA recipients in Maryland as of March 2023.¹⁸ While some portion of these DACA recipients may be included in the estimates of this report, MDH is unable to estimate the precise number due to data limitations.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) generally requires Medicare participating hospitals with emergency departments to provide an appropriate medical screening examination and stabilization care without regard for a patient’s ability to pay.¹⁹ The hospital may not inquire about a patient’s ability to pay or immigration status until the patient is stabilized, meaning that no material deterioration of the emergency condition is likely to result from a discharge or transfer. Therefore, many hospitals are legally required to provide emergency care to undocumented immigrants. This obligation extends to individuals who seek care at the emergency department for suspected COVID-19.²⁰

¹⁵ CMCS Informational Bulletin (May 8, 2023). *End of the COVID-19 Public Health Emergency (PHE) and the COVID-19 National Emergency and Implications for Medicaid and the Children’s Health Insurance Program (CHIP)*. Available at <https://www.medicaid.gov/state-resource-center/downloads/cib050823.pdf>.

¹⁶ Clarifying Eligibility for a Qualified Health Plan Through an Exchange, Advance Payments of the Premium Tax Credit, Cost-Sharing Reductions, a Basic Health Program, and for Some Medicaid and Children’s Health Insurance Programs, 88 Fed. Reg. 25313 (proposed April 26, 2023) (to be codified at 42 CFR pts. 435, 457, 600, 152, 155).

¹⁷ HHS (April 24, 2023). *HHS Releases Proposal to Expand Health Care for DACA Recipients*. Available at <https://www.hhs.gov/about/news/2023/04/24/hhs-releases-proposal-to-expand-health-care-for-daca-recipients.html>.

¹⁸ Migration Policy Institute (March 2023). *Deferred Action for Childhood Arrivals (DACA) Data Tools*. Available at: <https://www.migrationpolicy.org/programs/data-hub/deferred-action-childhood-arrivals-daca-profiles>.

¹⁹ 42 U.S.C. § 1395dd.

²⁰ Congressional Research Service (May 7, 2020). *Unauthorized Immigrants’ Eligibility for COVID-19 Relief Benefits: In Brief*. Available at <https://crsreports.congress.gov/product/pdf/R/R46339>.

Current Coverage Options for People Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland

Emergency Medicaid Coverage²¹

The Maryland Medicaid program covers emergency medical services for undocumented immigrants who are otherwise technically and financially eligible for Medicaid, except for the citizenship requirement. Coverage is limited to services that are “for the treatment of an emergency medical condition that, after a sudden onset, manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention can reasonably be expected to result in:

- Placing the individual's health in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.”

Coverage extends from when the individual enters the hospital to receive the emergency medical services until the individual’s emergency medical condition is stabilized. Federal Medicaid matching funds are available for these services. As of September 2023, 2,005 individuals were enrolled in this program.

Healthy Babies Equity Act

The Maryland General Assembly passed the Healthy Babies Equity Act in 2022, which required Medicaid to provide comprehensive medical care to noncitizen pregnant individuals who would be eligible for Medicaid but for their immigration status and to their children up to the age of one year.²² This bill required MDH to maximize federal funding by applying for a state plan amendment for a CHIP Health Services Initiative (HSI) to cover this population. HSIs are special programs designed to improve the health of children with low income. Medicaid coverage through the Healthy Babies Equity Act became effective on July 1, 2023. As of September 2023, 4,725 pregnant individuals were enrolled in this new coverage.

Hospital Financial Assistance Policies

In addition to emergency Medicaid coverage, people ineligible for Medicaid/QHPs due to immigration status with low income are also eligible for financial assistance for medically necessary hospital services. Maryland law requires hospitals to provide free or reduced cost care as part of their financial assistance policies.²³ Hospitals are not allowed to use a patient’s citizenship or immigration status as an eligibility requirement for financial assistance.²⁴

²¹ COMAR 10.09.24.05-2.

²² 2022 MD Laws Ch. 28.

²³ MD. CODE. ANN., Health-Gen. § 19-214.1; COMAR 10.37.10.26.

²⁴ MD. CODE. ANN., Health-Gen. § 19-214.1(i)(1).

- Maryland law and Maryland Health Services Cost Review Commission (HSCRC) regulations require hospitals to provide free, medically necessary care to individuals with family income at or below 200 percent of the FPL.²⁵
- Hospitals must provide reduced-cost, medically necessary care to patients with family income between 200 and 300 percent of the FPL.²⁶
- Hospitals must provide reduced-cost, medically necessary care to patients with family income below 500 percent of the FPL who have a financial hardship.²⁷ In order to qualify as having a financial hardship, the medical debt incurred by a family over a 12-month period must exceed 25 percent of the family's income.²⁸

Please note that the thresholds described above represent a minimum, and some hospitals have more generous policies.

Federally Qualified Health Centers

Federally qualified health centers (FQHC) are community-based health care providers that provide primary care services in underserved areas.²⁹ They receive funding from the Health Resource Health Center Administration (HRSA) Health Center Program and must meet a strict set of requirements including providing services regardless of patients' ability to pay and charging for services on a sliding fee scale. Generally, FQHCs focus on providing services to underserved and vulnerable populations and some FQHCs focus on special populations such as individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing.³⁰

Off-Exchange Individual Market Plans

Individuals ineligible for Medicaid/QHPs due to immigration status also have the option to purchase full-priced health plans off the exchange. All plans that are available on-exchange are available off-exchange with identical premiums. There are also some plans from some carriers that are only available off-exchange. All plans both on and off-exchange benefit from the state reinsurance program in the form of lower premiums. Premium amounts for these plans vary by the plan type selected, insurance company, enrollee age, and enrollee geographic region. In the Baltimore area, 2023 premiums for the lowest cost silver plan for a 21-year-old were \$210 per month. Premiums for the same plan for a 60-year-old range were \$570 per month.³¹

²⁵ MD. CODE. ANN., Health-Gen. § 19-214.1(b)(2)(i); COMAR 10.37.10.26(A-2)(2)(a)(i).

²⁶ COMAR 10.37.10.26(A-2)(2)(a)(ii).

²⁷ COMAR 10.37.10.26(A-2)(3).

²⁸ COMAR 10.37.10.26(A-2)(1)(b)(i).

²⁹ <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>.

³⁰ <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>.

³¹ More information about the premiums for these plans is available here <https://insurance.maryland.gov/Consumer/Documents/publications/MD-ACA-Compliant-Individual-and-Family-Health-Insurance-Plans.pdf>.

III. Medicaid Proposed Coverage Options, Projected Enrollment, and Projected Expenditure

MDH conducted the following steps to estimate the projected enrollment and expenditures for extending Medicaid/MCHP health insurance coverage options to individuals ineligible for Medicaid/QHPs due to their immigration status over a five-year implementation period spanning from calendar year (CY) 2025 through CY 2029.

Eligible Population Size for Medicaid Benefit Packages

MDH used publicly available national survey data from the US Census Bureau to estimate the number of uninsured Marylanders who are potentially eligible financially for Medicaid/MCHP coverage but for their immigration status. The data source was the US Census Bureau's American Community Survey (ACS), the most widely used and reliable publicly available source of nationally and state-level representative data on population size and demographics in the US. MDH classified respondents to the survey as undocumented based on defined criteria related to reported citizenship and immigration status, reported occupation of employment, and reported eligibility for or receipt of federal and state benefits. **Appendix A** provides details on the definition of undocumented immigration status applied to the ACS data. Financial eligibility for Medicaid/MCHP was assessed using the current thresholds of household income for adults and children qualified for coverage by Medicaid, MCHP, or MCHP Premium in Maryland, i.e., up to 138% of the FPL for adults aged 20 years or older, and up to 322% of the FPL for children aged 19 years or younger.

MDH estimated the population size of uninsured individuals who are ineligible for Medicaid/QHPs due to their immigration status and who are financially eligible for Medicaid in Maryland, in aggregate and for the following age groups: under 21 years, under 65 years, and 65 years or older. MDH calculated 95% confidence intervals for each population estimate to obtain lower and upper bounds of the population size with high reliability. Please note that these Medicaid estimates do not include lawfully present immigrants below the five-year bar.

Table 1. Estimated Population Size of Uninsured Individuals Ineligible for Medicaid/QHPs due to their Immigration Status who are Financially Eligible for Medicaid/MCHP in Maryland, CY 2021

	Population Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI
All Ages	44,254	35,609	52,899
<21 Years	13,332	8,838	17,826
<65 Years	43,828	35,192	52,464
65+ Years	426	24	828

CI – confidence interval.

The eligible population includes uninsured individuals meeting the definition of undocumented immigration status with reported household income of up to 138% FPL for adults 20 years of age or older, or up to 322% FPL for children 19 years of age or younger. Estimates do not include lawfully present immigrants below the five-year bar.

Source: US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA

Based on ACS data in 2021, MDH estimates that there were about 44,254 [95% confidence interval, CI: 35,609 – 52,899] uninsured individuals who are ineligible for Medicaid/QHPs due to immigration status in Maryland who would be financially eligible for Medicaid/MCHP (**Table 1**). About 30.1% [23.4% - 37.9%] of this population were younger than 21 years of age, and about 99.0% [97.5% - 99.6%] were younger than 65 years of age. **Appendix B** presents the demographic composition of this population by sex and reported race-ethnicity. In aggregate, these individuals accounted for about 0.7% of the state’s non-institutionalized population, and about 12.0% of the total uninsured population in Maryland.

Using the counts from the 2021 ACS as a starting point, MDH trended the estimated population size forward to each year of the implementation period (CY 2025 to CY 2029) by applying an annual growth rate of 2.8%. This annual growth rate was derived by extrapolating prior analyses by the Pew Research Center, which reported that the estimated size of the population who are ineligible due to immigration status in Maryland grew by a cumulative proportion of 27.9% between 2007 and 2016, or an annual growth rate of 2.8%.³²

Medicaid Benefit Packages

After estimating the population size of uninsured individuals who are ineligible for Medicaid/QHPs due to immigration status in Maryland who would be financially eligible for Medicaid/MCHP in each year of implementation, MDH modeled the costs of the following four Medicaid benefit packages for potential enrollees:³³

³² Pew Research Center (2019). US unauthorized immigrant population estimates by state, 2016. Available at: <https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/>. Accessed 11/1/2023.

³³ Each benefit package was modeled for four age groups of individuals ineligible for Medicaid/QHPs due to immigration status—all ages, 0-20 years, 0-64 years, and 65 years or older—except for the package with MCO-only services, which was limited to age groups under 65 years.

- The full Medicaid benefit package, including all services provided under fee-for-service (FFS) and managed care coverage; this includes long-term services and supports (LTSS)
- Full Medicaid benefits except for dental services for adults
- Services covered by the Medicaid managed care organizations (MCO) only, excluding FFS services³⁴
- Prescription drug coverage only

Take-Up Rates and Projected Enrollment for Medicaid Benefit Packages

MDH estimated take-up rates among the population eligible for the expansion in order to project enrollment for the respective Medicaid benefit packages. The underlying assumption, developed in consultation with actuaries, was that take-up rates would increase in magnitude with the comprehensiveness of the benefit package. For each Medicaid benefit package, three take-up rates were applied in modeling projected enrollment: a low take-up rate, a midpoint take-up rate, and a high take-up rate. The midpoint take-up rate was benchmarked as the proportion of income-eligible adult immigrants in Maryland who reported participating in Medicaid, through coverage of emergency services or other limited benefits. A recent analysis of the 2019 ACS by the Migration Policy Institute reports this proportion as 18%.³⁵ Hence, the midpoint take-up rate was set as 18.5% for the prescription drug coverage package, 28.5% for the MCO services benefit package, 33.5% for the full Medicaid benefits package without adult dental coverage, and 38.5% for the full Medicaid benefits package. **Table 2** presents the low, midpoint, and high estimates of the take-up rate modeled for each Medicaid benefit package. The take-up rates are not age-adjusted, are applied uniformly across age categories, and are constant throughout the implementation period from CY 2025 to CY 2029.

Table 2. Projected Take-up Rates for Medicaid Benefit Packages among Uninsured Individuals Who are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland but Financially Eligible for Medicaid/MCHP, CY 2025 – CY 2029

Medicaid Benefit Package	Estimated Take-up Rate		
	Low	Midpoint	High
Full Medicaid Benefits	18.0%	38.5%	59.0%
Full Medicaid Benefits except Adult Dental	15.7%	33.5%	51.3%
MCO Services Only	13.3%	28.5%	43.7%
Prescription Drug Coverage Only	8.6%	18.5%	28.4%

Table 3 presents projected enrollment after applying the projected take-up rates to the estimated eligible population size for each Medicaid benefit package in CY 2029, the final year of implementation which has also been modeled to have the highest level of annual enrollment. Projected enrollment is highest for the full Medicaid benefits package, resulting in a range from 9,936 to 32,567 enrollees in CY 2029 with a midpoint estimate of 21,252 enrollees. Projected

³⁴ Key services excluded are behavioral and dental.

³⁵ Lacarte, V., Greenberg, M., & Capps, R. (2021). Medicaid Access and Participation: A Data Profile of Eligible and Ineligible Immigrant Adults. Washington, DC: Migration Policy Institute.

enrollment in the Medicaid benefit packages for CY 2025, CY 2026, CY 2027, and CY 2028 are presented in **Appendices C, D, E, and F** respectively.

Table 3. Projected Enrollment for Medicaid Benefit Packages among Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland Financially Eligible for Medicaid/MCHP, CY 2029

Medicaid Benefit Package	Projected Take-up Rate	Projected Enrollment			
		All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	Low take-up	9,936	2,988	9,820	116
	Midpoint take-up	21,252	6,392	21,004	247
	High take-up	32,567	9,795	32,188	379
Full Medicaid Benefits without Adult Dental	Low take-up	8,645	2,600	8,545	101
	Midpoint take-up	18,492	5,562	18,276	215
	High take-up	28,338	8,523	28,008	330
MCO Services Only	Low take-up	7,270	2,212	7,270	N/A
	Midpoint take-up	15,549	4,732	15,549	N/A
	High take-up	23,828	7,251	23,828	N/A
Prescription Drug Coverage Only	Low take-up	4,774	1,436	4,719	56
	Midpoint take-up	10,212	3,071	10,093	119
	High take-up	15,649	4,707	15,467	182

N/A – not applicable. Estimates of the size of the eligible population are sourced from the US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA, and trended forward to CY 2029 using an annual growth rate of 2.8%. The projected enrollment is the product of the estimated take-up rate for the benefit package, and the estimated size of the eligible population after trending.

Projected Costs for Medicaid Benefit Packages

To estimate the total cost for the Medicaid benefit packages modeled, MDH disaggregated the projected enrollment of financially eligible uninsured individuals who are ineligible for Medicaid/QHPs due to immigration status into rate cells defined by combinations of age group and sex. This approach creates demographic subgroups similar to the actuarial rate cells used to set capitation payments for currently enrolled HealthChoice (Medicaid managed care) participants who have less than six months of medical claims or encounter history. The rate cells include individuals expected to have comparable levels of health status, health services utilization, and expenditure based on similarity in sex and age.

For individuals younger than 65 years, MDH estimated a per member per month (PMPM) cost for Medicaid coverage for each rate cell based on the monthly capitation payment to MCOs for the counterpart HealthChoice rate cell of non-disabled individuals in the same sex and age group who are eligible for Medicaid by virtue of receiving Temporary Cash Assistance (TCA). Adjustments were made to the PMPM cost for services included or excluded in the modeled Medicaid benefit package relative to the HealthChoice benefit package. An annual increase of 2% from the preceding year was applied to the PMPM cost for each year of the implementation period. An estimate of administrative expenses was added to the PMPM cost in each year for expenses that MDH would incur related to managing MCO contracts, contracts with FFS

providers, call center operations, actuarial costs, and other overhead costs. The administrative expenses were calculated as 5% of operating costs, defined as the portion of the PMPM cost remaining after deducting expenses for the member’s claims. Please note that this does *not* include costs that MHBE pays for Medicaid eligibility -related activities, such as MHBE call center, notices, appeals, and information technology costs.

For individuals aged 65 years or older, the assumption is that Medicaid would cover benefits typically covered by Medicare and Medicaid for beneficiaries dually eligible for both programs (because these individuals would not be eligible for Medicare). Hence, the estimated PMPM cost of the Medicaid benefit packages for this age group was based on the average combined Medicare (Parts A, B, and D) and Medicaid expenditures among beneficiaries in Maryland dually eligible for both programs,³⁶ under the assumption that the state covers the full cost of the combined benefits. The costs for this population also include LTSS. **Table 4** presents the average PMPM costs applied to the Medicaid benefit packages over the five-year implementation period. See **Appendix G** for the PMPM costs of the benefit packages for each year.

Table 4. Average PMPM Costs for Medicaid Benefit Packages by Age Group, CY 2025 to CY 2029

Medicaid Benefit Package	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	\$582	\$296	\$524	\$5,507
Full Medicaid Benefits except Adult Dental	\$581	\$296	\$523	\$5,493
MCO Services Only	\$368	\$208	\$368	N/A
Prescription Drug Coverage Only	\$88	\$45	\$80	\$750

N/A – not applicable.

The projected cost for a benefit package in each implementation year is calculated by annualizing the products of the average PMPM cost and the projected enrollment across the rate cells included in the age group(s). If implemented, it is expected that the State would bear

³⁶ The average PMPM expenditure for Medicaid and Medicare Parts A and B claims among beneficiaries in Maryland covered by both programs was \$3,658 in CY 2019, as reported in: The Hilltop Institute (2023). *Medicaid Long-Term Services and Supports in Maryland: Maryland Dual-Eligible Beneficiaries: CY 2015 to CY 2019 – A Chart Book*. Available at: <https://hilltop.umbc.edu/wp-content/uploads/publications/MarylandDualEligible-Chartbook-Jan2023.pdf>. Accessed 10/25/2023. The average PMPM gross drug cost among Medicare Part D beneficiaries in Maryland was \$393 in CY 2021, as reported in: Centers for Medicare and Medicaid Services (2023). *CMS Program Statistics – Medicare Part D*. Available at: <https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-service-type-reports/cms-program-statistics-medicare-part-d>. Accessed 10/25/2023. Both values were trended forward to the implementation period—at an annual growth rate of 1.2% and 4.3% respectively—summed together, and converted to a PMPM premium for the full-benefit Medicaid package by adding operating costs (assuming a medical loss ratio of 86.6%) and administrative costs (calculated as 5% of operating costs).

the full share of the projected cost for expanding Medicaid benefits to uninsured individuals who are ineligible for Medicaid/QHPs due to immigration status without a federal match. **Table 5** presents the projected total cost for the Medicaid benefit packages over the five-year implementation period based on projected enrollment. See **Appendix H** for projected annual costs for the Medicaid benefit packages.

Table 5. Projected 5-Year Total Costs of Medicaid Benefit Packages for Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP in Maryland, CY 2025 to CY 2029

Eligible Population	Projected Take-up Rate	Medicaid Benefit Package			
		Full Medicaid Benefits	Full Medicaid Benefits except Adult Dental	MCO Services Only	Prescription Drug Coverage Only
All Ages	Low	\$329,289,578	\$285,705,876	\$152,359,526	\$23,873,517
	Midpoint	\$704,313,821	\$611,093,124	\$325,880,097	\$51,062,799
	High	\$1,079,338,063	\$936,480,372	\$499,400,667	\$78,252,082
<21 Years	Low	\$50,311,608	\$43,777,633	\$26,156,552	\$3,691,596
	Midpoint	\$107,610,939	\$93,635,492	\$55,945,959	\$7,895,914
	High	\$164,910,270	\$143,493,352	\$85,735,365	\$12,100,232
<65 Years	Low	\$293,060,517	\$254,263,850	\$152,359,526	\$21,503,211
	Midpoint	\$626,823,884	\$543,842,124	\$325,880,097	\$45,992,978
	High	\$960,587,251	\$833,420,398	\$499,400,667	\$70,482,746
65+ Years	Low	\$36,229,061	\$31,442,026	N/A	\$2,370,306
	Midpoint	\$77,489,936	\$67,251,000	N/A	\$5,069,821
	High	\$118,750,812	\$103,059,974	N/A	\$7,769,337

N/A – not applicable. Enrollment counts used for financial modeling apply the projected take-up rate for each benefit package to the estimated population size of the eligible age group(s) derived from the US Census Bureau’s 2021 American Community Survey trended forward to the implementation year.

- **Full Medicaid Benefits:** Using the midpoint estimate for projected enrollment, the projected total cost for this package from CY 2025 to CY 2029 is \$704.3 million [low to high range: \$329.3 million - \$1.1 billion] if eligibility is extended to all age groups. The projected cost is reduced to \$626.8 million [\$293.1 million - \$960.6 million] if eligibility is limited to individuals under 65 years of age, or to \$107.6 million [\$50.3 million - \$164.9 million] if eligibility is limited to individuals under 21 years of age, or to \$77.5 million [\$36.2 million - \$118.8 million] if eligibility is limited to individuals 65 years of age or older.
- **Full Medicaid Benefits except Adult Dental Coverage:** Using the midpoint estimate for projected enrollment, the projected total cost for this package from CY 2025 to CY 2029 is \$611.1 million [\$285.7 million - \$936.5 million] if eligibility is extended to all age groups. The projected cost is reduced to \$543.8 million [\$254.3 million - \$833.4 million] if eligibility is limited to individuals under 65 years of age, or to \$93.6 million [\$43.8 million - \$143.5 million] if eligibility is limited to individuals under 21 years of age, or to

\$67.3 million [\$31.4 million - \$103.1 million] if eligibility is limited to individuals 65 years of age or older.

- **MCO Services only:** Using the midpoint estimate for projected enrollment, the projected total cost for this package from CY 2025 to CY 2029 is \$325.9 million [\$152.4 million - \$499.4 million] if eligibility is extended to individuals younger than 65 years of age. The projected cost is reduced to \$55.9 million [\$26.2 million - \$85.7 million] if eligibility is limited to individuals under 21 years of age.
- **Prescription Drug Coverage only:** Using the midpoint estimate for projected enrollment, the projected total cost for this package from CY 2025 to CY 2029 is \$51.1 million [\$23.9 million - \$78.3 million] if eligibility is extended to all age groups. The projected cost is reduced to \$46.0 million [\$21.5 million - \$70.5 million] if eligibility is limited to individuals under 65 years of age, or to \$7.9 million [\$3.7 million - \$12.1 million] if eligibility is limited to individuals under 21 years of age, or to \$5.1 million [\$2.4 million - \$7.8 million] if eligibility is limited to individuals 65 years of age or older.

Implementation Considerations

There are a number of operational and funding considerations for this expansion. Federal Medicaid matching funds are likely unavailable for this population, so the state would be largely responsible for the costs of the expansion. MDH may be able to draw down federal match for emergency services only, however MDH would need to assess whether this can feasibly be implemented. California, for example, has separate rate cells for state-only dollar benefits and emergency benefits that are eligible for a federal match. CMS would need to approve both rates, even for rates that are state-only dollars. Additionally, implementing these two separate rate cells may present a challenge for current MDH systems. Further assessment is needed to determine whether this would be a realizable option.

If the state were to implement premium collection for those income-eligible for MCHP Premium, assuming a monthly premium of \$76 in CY 2025, the estimated revenue would be \$793,000 in CY 2025 (please note that the actual premium amount for CY 2025 has not yet been determined). This estimate uses the number of uninsured children under the age of 19 in the ACS who are ineligible for Medicaid/QHPs due to immigration status and have a household income between 211 and 322% of the FPL (2,022 children). This number is trended forward using the same 2.8% annual growth factor and 38.5% take-up rate presented earlier in the report. Please note that premiums typically dampen enrollment. This estimate does *not* include a dampening factor.

Similar to implementing any new program, there are additional implementation considerations. These include system updates to both Maryland Health Connection and MDH's Medicaid Management Information System (MMIS2), as well as ensuring that MDH could track expenditures in its systems.

IV. QHP Proposed Coverage Options, Projected Enrollment, and Projected Expenditure

Eligible Population Size for QHP Benefit Package

MHBE leveraged the US Census Bureau's ACS data to estimate the population size of uninsured individuals who are ineligible for Medicaid/QHPs due to immigration status in Maryland but would be financially eligible for QHPs or stand-alone dental plans offered through the exchange. MHBE applied the same definition for ineligibility due to immigration status as MDH used for the Medicaid-eligible counts. See **Appendix A** for more details.

MHBE modeled two scenarios of financial eligibility for QHPs. In the first scenario, eligibility was defined using the current thresholds of household income for adults and children qualified for coverage by Medicaid, MCHP, or MCHP Premium in Maryland, i.e., up to 138% FPL for adults aged 20 years or older, and up to 322% FPL for children aged 19 years or younger. This scenario allows for a comparison of projected costs to cover the same population of individuals through Medicaid versus through QHPs with state subsidies.

In the second scenario, financial eligibility for QHPs was limited to those with household income exceeding Medicaid/MCHP financial thresholds, i.e., similar to QHP eligibility thresholds for most lawfully present Marylanders. Specifically, this scenario includes adults aged 20 years or older with household income of at least 139% FPL, and children aged 19 years or younger with household income of at least 323% FPL. No upper limit was applied to the income threshold in line with provisions in the Inflation Reduction Act (IRA) of 2022³⁷ that extend eligibility for health insurance subsidies to individuals with household incomes over 400% FPL through CY 2025. Children aged 19 years or younger with reported household income in the range of 139% to 322% FPL were excluded from the counts in the second scenario, since these individuals were already accounted for in the eligibility estimates for individuals below the financial thresholds for Medicaid and MCHP.

MHBE estimated the population size of uninsured individuals ineligible for Medicaid/QHPs due to immigration status with household income above Medicaid/MCHP financial eligibility thresholds in Maryland, including the distribution of this population by sex and reported race-ethnicity. The demographic results are presented in **Appendix I**. Based on 2021 ACS data, MHBE estimates that there were about 68,192 [95% CI: 58,112 – 78,272] uninsured individuals in Maryland who are ineligible for Medicaid/QHPs due to immigration status with reported household income above Medicaid/MCHP financial eligibility thresholds (**Table 6**). This is equivalent to about 1.1% of the state's non-institutionalized population, and accounts for about 18.4% of the total uninsured population in Maryland. About 4% [2.3% - 6.9%] of this population were younger than 21 years, and about 97% [94.4% - 98.1%] were younger than 65 years. Children aged 19 years or younger with reported household income up to 322% FPL are

³⁷ H.R.5376 - 117th Congress (2021-2022): Inflation Reduction Act of 2022. (2022, August 16). <https://www.congress.gov/bill/117th-congress/house-bill/5376>

excluded from this count due to financial eligibility (ignoring immigration status) for MCHP or MCHP Premium.

Table 6. Estimated Population Size of Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland with Household Income Above Medicaid/MCHP Financial Eligibility Thresholds, CY 2021

	Population Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI
All Ages	68,192	58,112	78,272
<21 years	2,765	1,203	4,327
<65 years	65,936	55,956	75,916
65+ years	2,256	1,066	3,446

CI – confidence interval. The eligible population includes uninsured individuals who are ineligible due to immigration status with household income of greater than 138% FPL. The counts exclude children up to 322% FPL, who would be financially eligible for Medicaid/MCHP.

Source: US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA

Take-Up Rates and Projected Enrollment for QHP Benefit Package

Low, midpoint, and high take-up rates for projected enrollment in the QHP benefit package were derived from analyses of the Medicaid participation rate among eligible immigrants in Maryland from the same report by the Migration Policy Institute used for the Medicaid estimates described above.³⁸ The take-up rates applied for the QHP benefit package are displayed in **Table 7** below and are conditional on certain provisions in the American Rescue Plan Act (ARPA) of 2021³⁹ remaining in effect throughout the implementation period (CY 2025 to CY 2029). **Appendix J** provides detail on projected take-up rates by household income. The ARPA provisions initially allowed individuals with household incomes at or above 400% FPL to be eligible for health insurance premium subsidies in CY 2021 and 2022 and have been extended through CY 2025 by the IRA. If these provisions are not extended beyond CY 2025, actual take-up rates for the QHP benefit package—especially among higher income individuals or households—would likely be lower than the levels used in this model, since potential enrollees would face higher premiums. Consequently, actual costs to the state for the benefit package would be lower than projected. Hence, results from the take-up rates applied in this model represent the more conservative (higher) estimate of projected costs to the state in the event that ARPA provisions are extended.

The take-up rates for the QHP benefit package are set lower than for the Medicaid full-benefit and MCO options with similar benefits, given that the QHP benefit package will require premiums for many enrollees and higher out-of-pocket costs for all enrollees, and given that

³⁸ Lacarte, V., Greenberg, M., & Capps, R. (2021). Medicaid Access and Participation: A Data Profile of Eligible and Ineligible Immigrant Adults. Washington, DC: Migration Policy Institute.

³⁹ H.R. 1319 - 117th Congress (2021-2022): American Rescue Plan Act of 2021. (2021, March 11). <https://www.congress.gov/bill/117th-congress/house-bill/1319>

there are no options for retroactive enrollment in a QHP after a hospitalization, unlike with Medicaid.

Table 7. Projected Aggregate Take-up Rates for the QHP Benefit Package Among Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Household Income Relative to FPL	Projected Take-up Rate among Eligible Population					
	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low	Midpoint	High	Low	Midpoint	High
Aggregate	13%	29%	43%	10%	19%	31%

The take-up rates assume that the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

To calculate projected QHP enrollment, the take-up rates were applied to the estimated population in the 2021 ACS and trended forward at an annual growth rate of 2.8%. **Table 8** displays the projected enrollment for the QHP benefit package in the final year of implementation, by age group (CY 2029). **Appendix K** shows the projected enrollment by household income. Projected enrollment for the QHP benefit package during each year from CY 2025 to 2028 are presented in **Appendices L** through **O**, respectively.

Table 8. Projected Enrollment for the QHP Benefit Package among Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland by Age Group, CY 2029

Age Group	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low	Midpoint	High	Low	Midpoint	High
<21 years	1,439	3,337	4,998	43	81	133
<65 years	6,821	14,844	22,445	7,181	13,249	22,052
65+ years	77	165	250	298	524	836
Aggregate	6,898	15,009	22,694	7,479	13,773	22,888

The projected enrollment figures are based on take-up rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Projected Costs for QHP Benefit Package

The estimated PMPM cost for the QHP benefit package includes expenditure for state-funded cost-sharing reductions (CSRs) for individuals with household income up to 250% FPL (equivalent to federal CSRs available to lawfully present individuals), state-funded premium subsidies for all income groups (equivalent to federal advance premium tax credits available to lawfully present individuals), and reinsurance costs for all age groups. In addition, the estimated PMPM cost for the population below the Medicaid/MCHP financial thresholds assumes that the

state fully subsidizes the premium for the lowest-cost full high-benefit stand-alone dental plan available through the Exchange.

Administrative expenses were estimated in CY 2023 dollars with an annual compounding rate of 3.8% applied through the implementation year. Administrative expenses for consumer assistance were factored into the PMPM cost at an annual cost of \$1.1 million in CY 2023 dollars for scenarios with an estimated uptake of between 29,000 and 52,000 new enrollees, or \$300,000 in CY 2023 dollars for scenarios with fewer enrollees. Implementation expenses for information technology (IT) infrastructure and operations were also included in the PMPM cost as a one-time addition of \$300,000 in CY 2023 dollars during the first year of implementation (CY 2025) with subsequent IT expenses being absorbed into MHBE’s annual budget.

These PMPM cost estimates assume that the additional federal subsidies under ARPA will continue after CY 2025 (although it is unknown at this time whether the subsidies will continue) and that therefore the State-funded premium subsidy will be equivalent to the ARPA-level federal premium subsidies. An annual growth rate of about 4.8% was applied for trending the PMPM cost over the implementation period from CY 2025 to CY 2029. **Table 9** displays the projected average PMPM cost for the QHP benefit package in each year of implementation at midpoint take-up rates. Average PMPM costs at low and high take-up rates for each year of implementation are presented in **Appendix P**.

Table 9. Projected Average PMPM Cost of QHP Benefit Package at Midpoint Take-up Rates among Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Implementation Year	Population with Household Income Below Medicaid/MCHP Financial Thresholds				Population with Household Income Above Medicaid/MCHP Financial Thresholds			
	All Ages	<21 Years	<65 Years	65+ Years	All Ages	<21 Years	<65 Years	65+ Years
CY 2025	\$650	\$415	\$647	\$1,704	\$612	\$1,034	\$601	\$1,120
CY 2026	\$680	\$426	\$674	\$1,586	\$632	\$676	\$618	\$1,105
CY 2027	\$712	\$447	\$706	\$1,653	\$650	\$691	\$634	\$1,147
CY 2028	\$746	\$469	\$739	\$1,721	\$673	\$706	\$657	\$1,191
CY 2029	\$781	\$492	\$774	\$1,793	\$688	\$722	\$671	\$1,237

The projected cost for the QHP benefit package in each implementation year is calculated by annualizing the products of the average PMPM cost and the projected take-up or enrollment across the eligible age group(s). Assuming midpoint take-up and the continuation of ARPA provisions, the projected cost for implementing the QHP benefit package across all age groups with household income below Medicaid/MCHP financial thresholds is \$610.3 million [low to high range: \$285.3 million - \$922.9 million] from CY 2025 to CY 2029 (**Table 10**). The projected

cost is reduced to \$598.6 million [\$280.9 million - \$904.7 million] if eligibility is limited to individuals under 65 years of age, or to \$85.5 million [\$39.8 million - \$127.8 million] if eligibility is limited to individuals under 21 years of age, or to \$15.8 million [\$8.5 million - \$23.0 million] if eligibility is limited to individuals 65 years of age or older.

The projected cost of the QHP benefit package over the same period for individuals with household income above Medicaid/MCHP financial thresholds is \$501.6 million [\$264.1 million - \$819.4 million]. The projected cost is reduced to \$471.2 million [\$248.1 million - \$768.7 million] if eligibility is limited to individuals under 65 years of age, or to \$34.6 million [\$20.2 million - \$54.8 million] if eligibility is limited to individuals 65 years of age or older, or to \$3.5 million [\$2.8 million - \$4.4 million] if eligibility is limited to individuals under 21 years of age. The projected costs for the QHP benefit package in each year of implementation are presented in **Appendix Q**.

Table 10. Projected 5-Year Total Costs of QHP Benefit Package for Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Eligible Population	Projected Take-Up Rate	All Ages	<21 Years	<65 Years	65+ Years
Medicaid/MCHP Income Eligible	Low	\$285,298,413	\$39,813,116	\$280,919,903	\$8,512,480
	Midpoint	\$610,288,274	\$85,457,640	\$598,575,235	\$15,847,009
	High	\$922,870,763	\$127,806,267	\$904,691,919	\$22,959,279
Not Eligible for Medicaid/MCHP	Low	\$264,131,353	\$2,795,832	\$248,083,614	\$20,181,708
	Midpoint	\$501,640,230	\$3,504,644	\$471,198,339	\$34,575,860
	High	\$819,399,859	\$4,395,474	\$768,701,276	\$54,832,553

Projected costs are based on take-up rates for projected enrollment rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029). The projected costs include expenditure on advance premium tax credits, cost-sharing reductions, reinsurance costs, and program administrative costs aggregated over the five-year implementation period. Estimates for the population with household income below Medicaid/MCHP financial thresholds include the cost of dental premiums.

Implementation Considerations

There are a number of operational and funding considerations for this expansion in a QHP scenario. Federal subsidies would not be available for the population, so the state would be responsible for any subsidization of the population. MDH and MHBE considered the possibility of a scenario where individuals may be enrolled in a QHP but continue to receive their emergency services under the emergency Medicaid provisions described earlier in this report and continue to receive the federal Medicaid match for emergency care. It is unclear at this time whether CMS would approve this scenario and whether Maryland’s eligibility systems could be

set up to accommodate splitting a benefit across both programs. In addition, MHBE would have to apply for an amendment to the existing federal 1332 waiver in order to waive the current federal prohibition on allowing this population to enroll on-exchange. Washington State recently received approval for such a waiver, which begins on January 1, 2023, so there is a precedent for the federal government waiving the relevant provision of federal law.

V. Comparisons of Medicaid and QHP Benefit Packages

The tables below summarize the projected average enrollment, average PMPM, and total costs over the five-year implementation period for the Medicaid and QHP benefit packages by age group. Enrollment and cost projections based on the low and high-take up rates are presented in parentheses “[]” below projections based on the midpoint take-up rate which are in bold font. In comparing the costs, please note that the Medicaid benefit package is more generous than the QHP benefits, particularly for children and older adults. Children in Medicaid are entitled to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. Medicaid also covers a wide range of LTSS and nursing facility services that are not covered by QHPs.

Table 11. Summary of Projected Enrollment, PMPM, & Total Costs of Medicaid and QHP Benefit Packages for Uninsured Individuals of All Ages Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Eligible Population	Benefit Package	Average Annual Enrollment	Midpoint Average PMPM Cost	Total 5-Year Cost (millions)	Average Annual Cost (millions)
Income-Eligible for Medicaid/MCHP	Full-Benefit Medicaid	20,135 [9,414 – 30,857]	\$582	\$704.3 [\$329.3 - \$1,079.3]	\$140.9 [\$65.9 - \$215.9]
	Full-benefit Medicaid without Adult Dental	17,520 [8,191 – 26,850]	\$581	\$611.1 [\$285.7 - \$936.5]	\$122.2 [\$57.1 - \$187.3]
	MCO Services Only	14,732 [6,888 – 22,576]	\$368	\$325.9 [\$152.4 - \$499.4]	\$65.2 [\$30.5 - \$99.9]
	Prescription Drug Coverage Only	9,675 [4,524 – 14,827]	\$88	\$51.1 [\$23.9 - \$78.3]	\$10.2 [\$4.8 - \$15.7]
	QHP Benefit Package	14,213 [6,533 – 21,491]	\$714	\$610.3 [\$285.3 - \$922.9]	\$122.1 [\$57.1 - \$184.6]
Not Eligible for Medicaid/MCHP	QHP Benefit Package	12,815 [6,928 – 21,267]	\$651	\$501.6 [\$264.1 - \$819.4]	\$100.3 [\$52.8 - \$163.9]

Table 12. Summary of Projected Enrollment, PMPM, & Total Costs of Medicaid and QHP Benefit Packages for Uninsured Children Aged 0-20 Years Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Eligible Population	Benefit Package	Average Annual Enrollment	Midpoint Average PMPM Cost	Total 5-Year Cost (millions)	Average Annual Cost (millions)
Income-Eligible for Medicaid/MCHP	Full-Benefit Medicaid	6,056 [2,831 – 9,281]	\$296	\$107.6 [\$50.3 - \$164.9]	\$21.5 [\$10.1 - \$33.0]
	Full-Benefit Medicaid without Adult Dental	5,270 [2,464 – 8,076]	\$296	\$93.6 [\$43.8 - \$143.5]	\$18.7 [\$8.8 - \$28.7]
	MCO Services Only	4,483 [2,096 – 6,870]	\$208	\$55.9 [\$26.2 - \$85.7]	\$11.2 [\$5.2 - \$17.1]
	Prescription Drug Coverage Only	2,910 [1,361 – 4,460]	\$45	\$7.9 [\$3.7 - \$12.1]	\$1.6 [\$0.7 - \$2.4]
	QHP Benefit Package	3,160 [1,362 – 4,733]	\$450	\$85.5 [\$39.8 - \$127.8]	\$17.1 [\$8.0 - \$25.6]
Not Eligible for Medicaid/MCHP	QHP Benefit Package	77 [40 – 126]	\$766	\$3.5 [\$2.8 - \$4.4]	\$0.7 [\$0.6 - \$0.9]

Table 13. Summary of Projected Enrollment, PMPM & Total Costs of Medicaid and QHP Benefit Packages for Uninsured Individuals Aged 0-64 Years Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Eligible Population	Benefit Package	Average Annual Enrollment	Midpoint Average PMPM Cost	Total 5-Year Cost (millions)	Average annual cost (millions)
Income-Eligible for Medicaid/MCHP	Full-Benefit Medicaid	19,901 [9,304 – 30,498]	\$524	\$626.8 [\$293.1 - \$960.6]	\$125.4 [\$58.6 - \$192.1]
	Full-benefit Medicaid without Adult Dental	17,317 [8,096 – 26,537]	\$523	\$543.8 [\$254.3 - \$833.4]	\$108.8 [\$50.9 - \$166.7]

Eligible Population	Benefit Package	Average Annual Enrollment	Midpoint Average PMPM Cost	Total 5-Year Cost (millions)	Average annual cost (millions)
	MCO Services Only	14,732 [6,888 – 22,576]	\$368	\$325.9 [\$152.4 - \$499.4]	\$65.2 [\$30.5 - \$99.9]
	Prescription Drug Coverage Only	9,563 [4,471 – 14,655]	\$80	\$46.0 [\$21.5 - \$70.5]	\$9.2 [\$4.3 - \$14.1]
	QHP Benefit Package	14,057 [6,460 – 21,255]	\$708	\$598.6 [\$280.9 - \$904.7]	\$119.7 [\$56.2 - \$180.9]
Not Eligible for Medicaid/MCHP	QHP Benefit Package	12,319 [6,646 – 20,476]	\$636	\$471.2 [\$248.1 - \$768.7]	\$94.2 [\$49.6 - \$153.7]

Table 14. Summary of Projected Enrollment, PMPM, & Total Costs of Medicaid and QHP Benefit Packages for Uninsured Adults 65+ Years of Age Who Are Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025 to CY 2029

Eligible Population	Benefit Package	Average Annual Enrollment	Midpoint Average PMPM Cost	Total 5-Year Cost (millions)	Average Annual Cost (millions)
Income Eligible for Medicaid/MCHP	Full-Benefit Medicaid	234 [110 – 359]	\$5,507	\$77.5 [\$36.2 - \$118.8]	\$15.5 [\$7.2 - \$23.8]
	Full-Benefit Medicaid without Adult Dental	204 [95 – 312]	\$5,493	\$67.3 [\$31.4 - \$103.1]	\$13.5 [\$6.3 - \$20.6]
	MCO Services Only	N/A	N/A	N/A	N/A
	Prescription Drug Coverage Only	113 [53 – 173]	\$750	\$5.1 [\$2.4 - \$7.8]	\$1.0 [\$0.5 - \$1.6]
	QHP Benefit Package	156 [73 – 236]	\$1,692	\$15.8 [\$8.5 - \$23.0]	\$3.2 [\$1.7 - \$4.6]
Not Eligible for Medicaid/MCHP	QHP Benefit Package	496 [283 – 791]	\$1,160	\$34.6 [\$20.2 - \$54.8]	\$6.9 [\$4.0 - \$11.0]

VI. Limitations

MDH and MHBE leveraged the complex survey design of the ACS to generate statewide estimates of the number of uninsured individuals who are ineligible for Medicaid/QHPs due to immigration status. The population sizes were estimated from the 2021 ACS 1-year sample for Maryland, the 2017-2021 ACS 5-year sample for Maryland (if no respondent matching a given characteristic was available in the 1-year sample), and the 2021 ACS 1-year national sample (if there was no observation of a given characteristic in the 5-year sample).

There is some evidence that the ACS may understate the number of individuals ineligible due to immigration status, relative to counts from administrative records from federal and state agencies or programs. A comparison of the estimated population of noncitizens between administrative records and the 2019 1-year / 2021 1-year ACS showed a difference of about 11 million between the sources, with the difference potentially attributed to errors in record linkage in the administrative data, and privacy concerns about survey participation due to immigration status.⁴⁰ It has also been reported that, relative to state and national administrative data, the ACS may have a smaller estimate of the amount of people enrolled in Medicaid. The Medicaid undercount for Maryland in the 2021 ACS was estimated at about 259,000 and may be due to Medicaid enrollees reporting being uninsured or covered by a different form of coverage when surveyed.⁴¹ It is plausible that some Medicaid-insured individuals in Maryland unaware that they were enrolled for the entire duration of CY 2021 under the continuous coverage requirement might have reported being uninsured in the ACS or may have acquired and reported private coverage.⁴² The estimated count of individuals ineligible due to immigration status who do not have health insurance may also include pregnant women who are ineligible due to immigration status who already qualify for the recent expansion of Medicaid to pregnant people in Maryland regardless of immigration status, and individuals who are ineligible due to immigration status but are currently eligible for financial assistance for medically necessary hospital services.

The enrollment and financial projections do not account for a potential increase in Medicaid uptake among currently eligible lawfully present individuals who may join the program as a result of increased awareness or publicity around this expansion, or US-citizen children who may also join the program alongside parents or caretakers newly eligible for Medicaid as a result of this expansion.

⁴⁰ United States Census Bureau. Real-Time 2020 Administrative Record Census Simulation: A New Design for the 21st Century. Available at: <https://www2.census.gov/programs-surveys/decennial/2020/program-management/evaluate-docs/EAE-2020-admin-records-experiment.pdf>. Accessed 5/19/2023.

⁴¹ State Health Access Data Assistance Center (2023). Tracking the Medicaid Undercount in the 2021 ACS Coverage Data. Available at: https://www.shadac.org/sites/default/files/publications/Medicaid_Undercount_ACS_1.23.pdf. Accessed 12/1/2023.

⁴² State Health Access Data Assistance Center (2022). Medicaid Undercount Doubles, Likely Tied to Enrollee Misreporting of Coverage. Available at: https://www.shadac.org/sites/default/files/publications/Medicaid_Undercount%202020-2021.pdf. Accessed 12/1/2023.

VII. Conclusion

Federal rules generally preclude undocumented immigrants from receiving Medicaid benefits and from enrolling in QHPs/receiving financial assistance for plans sold on exchanges. Exceptions include Medicaid emergency services and the recent limited expansion for Medicaid pregnancy and postpartum services. Further expansion of Medicaid/QHP services for Marylanders who are ineligible due to immigration status would require state funds.

Assuming the full Medicaid benefit package was offered through the studied coverage expansion, the average cost for the projected enrollment across all ages is estimated at \$582 PMPM over the five-year implementation period. Assuming midpoint estimates for the eligible population size and take-up rates, enrollment is projected to grow from 19,049 to 21,252 individuals between CY 2025 and CY 2029. Given these projected PMPM costs and enrollment, the annual cost of covering the eligible population with the full-benefit Medicaid package increases from \$127.9 million to \$154.4 million per year over the implementation period. *However, the potential enrollment and take-up rates have a high degree of uncertainty.* In the low take-up and high take-up scenarios for projected enrollment, total projected costs for the full-benefit Medicaid package across all age groups range between \$72.2 million and \$236.7 million in CY 2029. For a child-only population, projected costs range between \$11.0 million and \$36.2 million in CY 2029, with a midpoint estimate of \$23.6 million.

The QHP benefit package modeled has a projected average cost of \$714 PMPM for the population with household income below current Medicaid/MCHP financial eligibility thresholds, and \$651 PMPM for those with household income above those thresholds. Assuming midpoint estimates for the eligible population size and take-up rates, enrollment is projected to grow from 13,439 to 15,009 individuals over the implementation period among those with household income below Medicaid/MCHP financial eligibility thresholds, and from 11,981 to 13,773 among those with household income above Medicaid/MCHP financial thresholds. Given these projected PMPM costs and enrollment, the annual cost of covering the eligible population with the QHP benefit package grows from \$104.9 million to \$140.6 million per year for the population with income below the Medicaid/MCHP thresholds, and from \$88.0 million to \$113.7 million per year for the population with income above those thresholds.

As with the Medicaid coverage expansion scenario, *the potential enrollment and take-up rates have a high degree of uncertainty.* In the low and high take-up scenarios for projected enrollment, total projected costs for the QHP benefit package across all age groups range between \$65.7 million and \$212.9 million in CY 2029 for the population below the Medicaid/MCHP thresholds, or between \$60.0 million and \$185.9 million in CY 2029 for those above the Medicaid/MCHP thresholds. For a child-only population, the projected costs of the QHP benefit package for the population below the Medicaid/MCHP thresholds ranges from \$9.1 million to \$29.5 million per year by CY 2029, with a midpoint estimate of \$19.7 million.

For the overall population with income below Medicaid/MCHP financial eligibility thresholds, providing full-benefit Medicaid coverage is projected to cost 23% less PMPM than providing

coverage through QHPs, although the total cost for the Medicaid coverage option is 15% higher in the midpoint scenario as a result of higher anticipated enrollment for the Medicaid coverage option due to the richer benefit package compared to QHPs. However, PMPM costs for the population over 65 are much higher with the Medicaid benefit package due to the more generous coverage of LTSS. Using Medicaid to cover this population would pose some IT system challenges. Coverage through QHPs is expected to be relatively straightforward for the Exchange to implement, but it would require federal approval of an amendment to Maryland's 1332 waiver.

Using the midpoint take-up rates for both the full-benefit Medicaid and QHP benefit packages, the combined expansion would newly cover 19,049 immigrants who are ineligible for Medicaid/QHPs due to immigration status with household income below Medicaid/MCHP financial thresholds, and 11,981 with household income above Medicaid/MCHP financial thresholds in CY 2025. Assuming the total number of uninsured individuals in Maryland—which was estimated at 369,641⁴³ in 2021—continues to increase at the same annual rate as the general population (0.38%),⁴⁴ this hypothetical expansion of health insurance coverage to about 31,000 people would reduce the statewide uninsured rate from 6.1% to 5.6% in CY 2025, all else being equal.

In addition to the costs of coverage, there are potential savings to the system that are more difficult to quantify. More immediately, there would be reductions in hospital uncompensated care, which would accrue savings under Maryland's Total Cost of Care hospital system. MDH and MHBE are currently working with the HSCRC to determine a methodology for understanding the current hospital costs associated with providing care for immigrants who are ineligible for Medicaid/QHPs due to immigration status.

As MDH is newly gaining experience for covering pregnant individuals who are otherwise ineligible due to immigration status, if the Maryland General Assembly is considering further expansion, MDH and MHBE recommend doing so incrementally, such as further expanding coverage for children. Advantages of an incremental expansion include more predictable initial expenditures, while allowing the state to gain better data on uptake rates and thereby refine enrollment and cost projections for potential future expansions.

⁴³ Source: US Census Bureau ACS 2021 1-Year Sample, prepared by IPUMS USA.

⁴⁴ Maryland State Archives (2022). Maryland Manual On-Line: Maryland at a Glance – Population. Available at: <https://msa.maryland.gov/msa/mdmanual/01glance/html/pop.html>. Accessed 11/2/2023.

APPENDICES

Appendix A. Methodology for Identifying Undocumented and Uninsured Individuals in the US Census Bureau’s American Community Survey

MDH and MHBE obtained population size estimates of undocumented and uninsured individuals in Maryland from the ACS, downloaded from a database administered by the Integrated Public Use Microdata Series (IPUMS) USA.⁴⁵ The ACS is the most widely used and reliable publicly available source of nationally representative data on population size and demographics in the US. The survey sampling is adequate for state-level estimates.

MDH and MHBE identified undocumented respondents in the ACS as individuals who did not report characteristics defined to indicate lawful presence in the US. To identify individuals lawfully present in the US among respondents to the ACS, MDH and MHBE applied a definition previously developed and published by MHBE.⁴⁶ Specifically, lawfully present individuals were defined as non-institutionalized⁴⁷ persons who reported any of the following characteristics:

- US-born or naturalized citizen
- Mother, father, or spouse is a US citizen or naturalized
- Public employee or working in the military
- Receiving public assistance (Social Security income, Supplemental Security Income, Aid to Families with Dependent Children, General Assistance)
- Military veteran or active duty personnel
- Immigrated to the US before 1982 (based on the Immigration Reform and Control Act of 1986 which legalized immigrants who arrived the US prior to 1982)
- Having public health insurance (Medicare, Medicaid, Department of Veterans Affairs insurance)
- Working in an occupation likely to require legal status, as determined by the Center for Migration Studies of New York⁴⁸

MDH and MHBE classified respondents in the ACS who did not meet any of the criteria above as undocumented individuals. Uninsured individuals were defined as respondents reporting that they did not have any source of health insurance coverage at the time of the survey.

⁴⁵ Ruggles, S., Flood, S., Sobek, M., Brockman, D., Cooper, G., Richards, S., & Schouweiler, M. (2023). IPUMS USA: Version 13.0 [dataset]. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V13.0>

⁴⁶ Leo, Elizabeth (2021). *Analysis of the Uninsured Population in Maryland: How Was the Uninsured Rate Effected by COVID-19 Pandemic Job Losses and Subsequent Loss of Employer-Sponsored Insurance?* Available at: https://www.marylandhbe.com/wp-content/uploads/2021/02/COVID_Uninsured_Analysis_Report.pdf. Accessed 6/3/2022.

⁴⁷ Not residing in prisons, jails, or nursing homes.

⁴⁸ Kerwin, D., Pacas, J., & Warren, R. (2021). *Ready to Stay: A Comprehensive Analysis of the US Foreign-Born Populations Eligible for Special Legal Status Programs and for Legalization under Pending Bills*. Center for Migration Studies of New York (CMS). [dataset]. New York, NY: CMS

Appendix B. Demographic Characteristics of Uninsured Individuals Who Are Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP in Maryland, CY 2021

		ALL AGES			<21 YEARS			<65 YEARS			65+ YEARS		
		Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI	Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI	Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI	Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI
Population Size		44,254	35,609	52,899	13,332	8,838	17,826	43,828	35,192	52,464	426	24	828
Sex	Female	21,395	16,512	26,278	5,823	3,067	8,579	20,969	16,102	25,836	426	24	828
	Male	22,859	17,755	27,963	7,509	4,790	10,228	22,859	17,755	27,963	90	11	169
Race-Ethnicity	Non-Hispanic White	1,456	131	2,781	257	0	761	1,456	131	2,781	259	0	586
	Non-Hispanic Black	4,060	1,930	6,190	1,635	237	3,033	3,801	1,696	5,906	331	86	576
	Hispanic	34,065	26,337	41,793	9,057	5,581	12,533	33,898	26,174	41,622	167	0	401
	Other	4,673	1,702	7,644	2,383	0	4,817	4,673	1,702	7,644	242	0	520

CI - confidence interval. CY – calendar year. MCHP – Maryland Children’s Health Program.

Uninsured individuals who are ineligible due to immigration status but are financially eligible for Medicaid/MCHP include respondents who did not meet any of the characteristics defined to indicate lawful presence in the US, who reported household income of up to 138% FPL for adults or up to 322% FPL for children, and who reported absence of health insurance coverage at the time of the survey. Aggregate and subgroup population estimates are drawn from the US Census Bureau’s American Community Survey (ACS) 2021 1-year sample for Maryland, prepared by IPUMS USA. Population estimates for subgroups with no observation in the 2021 1-year ACS sample were sourced from the 2017-2021 5-year ACS sample for Maryland (orange cells). Estimates do not include lawfully present immigrants below the five-year bar. Confidence intervals for population estimates are computed using the delta method.

Appendix C. Projected Enrollment for Medicaid Benefit Packages among Uninsured Individuals in Maryland Who Are Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP, CY 2025

Medicaid Benefit Package	Projected Take-up Rate	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	Low	8,906	2,679	8,803	104
	Midpoint	19,049	5,730	18,828	222
	High	29,193	8,780	28,853	340
Full Medicaid Benefits without Adult Dental	Low	7,750	2,331	7,659	90
	Midpoint	16,575	4,986	16,383	193
	High	25,401	7,640	25,106	296
MCO Services Only	Low	6,516	1,983	6,516	N/A
	Midpoint	13,937	4,241	13,937	N/A
	High	21,359	6,500	21,359	N/A
Prescription Drug Coverage Only	Low	4,280	1,287	4,230	50
	Midpoint	9,154	2,753	9,047	106
	High	14,028	4,219	13,864	163

CY – calendar year. MCHP – Maryland Children’s Health Program. MCO – managed care organization. N/A – not applicable. Estimates of the size of the eligible population are sourced from the US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA, and trended forward to CY 2025 using an annual growth rate of 2.8%. The projected enrollment is the product of the estimated take-up rate for the benefit package, and the estimated size of the eligible population after trending.

Appendix D. Projected Enrollment for Medicaid Benefit Packages among Uninsured Individuals in Maryland Who Are Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP, CY 2026

Benefit Package	Projected Take-up	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	Low	9,153	2,753	9,047	106
	Midpoint	19,578	5,888	19,350	228
	High	30,002	9,024	29,653	349
Full Medicaid Benefits without Adult Dental	Low	7,964	2,396	7,872	93
	Midpoint	17,035	5,124	16,837	198
	High	26,106	7,852	25,802	304
MCO Services Only	Low	6,697	2,038	6,697	N/A
	Midpoint	14,324	4,359	14,324	N/A
	High	21,951	6,680	21,951	N/A
Prescription Drug Coverage Only	Low	4,398	1,323	4,347	51
	Midpoint	9,407	2,830	9,298	109
	High	14,417	4,336	14,249	168

CY – calendar year. MCHP – Maryland Children’s Health Program. MCO – managed care organization. N/A – not applicable.

Estimates of the size of the eligible population are sourced from the US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA, and trended forward to CY 2026 using an annual growth rate of 2.8%. The projected enrollment is the product of the estimated take-up rate for the benefit package, and the estimated size of the eligible population size after trending.

Appendix E. Projected Enrollment for Medicaid Benefit Packages among Uninsured Individuals in Maryland Who Are Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP, CY 2027

Benefit Package	Projected Take-up	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	Low	9,407	2,829	9,298	109
	Midpoint	20,120	6,052	19,886	234
	High	30,834	9,274	30,475	359
Full Medicaid Benefits without Adult Dental	Low	8,185	2,462	8,090	95
	Midpoint	17,507	5,266	17,304	204
	High	26,829	8,070	26,517	312
MCO Services Only	Low	6,883	2,094	6,883	N/A
	Midpoint	14,721	4,480	14,721	N/A
	High	22,560	6,865	22,560	N/A
Prescription Drug Coverage Only	Low	4,520	1,360	4,468	53
	Midpoint	9,668	2,908	9,556	112
	High	14,816	4,456	14,644	172

CY – calendar year. MCHP – Maryland Children’s Health Program. MCO – managed care organization. N/A – not applicable. Estimates of the size of the eligible population are sourced from the US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA, and trended forward to CY 2027 using an annual growth rate of 2.8%. The projected enrollment is the product of the estimated take-up rate for the benefit package, and the estimated size of the eligible population size after trending.

Appendix F. Projected Enrollment for Medicaid Benefit Packages among Uninsured Individuals in Maryland Who Are Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP, CY 2028

Benefit Package	Projected Take-up	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	Low	9,668	2,908	9,555	112
	Midpoint	20,678	6,220	20,438	241
	High	31,689	9,531	31,320	369
Full Medicaid Benefits without Adult Dental	Low	8,412	2,530	8,314	98
	Midpoint	17,993	5,412	17,783	209
	High	27,573	8,293	27,253	321
MCO Services Only	Low	7,073	2,153	7,073	N/A
	Midpoint	15,129	4,604	15,129	N/A
	High	23,185	7,056	23,185	N/A
Prescription Drug Coverage Only	Low	4,646	1,397	4,591	54
	Midpoint	9,936	2,989	9,821	116
	High	15,227	4,580	15,050	177

CY – calendar year. MCHP – Maryland Children’s Health Program. MCO – managed care organization. N/A – not applicable. Estimates of the size of the eligible population are sourced from the US Census Bureau’s American Community Survey 2021 1-year sample for Maryland, prepared by IPUMS USA, and trended forward to CY 2028 using an annual growth rate of 2.8%. The projected enrollment is the product of the estimated take-up rate for the benefit package, and the estimated size of the eligible population size after trending.

Appendix G. PMPM Costs for Medicaid Benefit Packages by Age Group, CY 2025-CY 2029

Medicaid Benefit Package	Implementation Year	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	CY 2025	\$560	\$284	\$504	\$5,291
	CY 2026	\$571	\$290	\$514	\$5,397
	CY 2027	\$582	\$296	\$524	\$5,505
	CY 2028	\$594	\$302	\$535	\$5,615
	CY 2029	\$606	\$308	\$545	\$5,727
Full Medicaid Benefits without Adult Dental	CY 2025	\$558	\$284	\$502	\$5,277
	CY 2026	\$569	\$290	\$512	\$5,383
	CY 2027	\$580	\$296	\$523	\$5,491
	CY 2028	\$592	\$302	\$533	\$5,600
	CY 2029	\$604	\$308	\$544	\$5,712
MCO Services Only	CY 2025	\$354	\$200	\$354	N/A
	CY 2026	\$361	\$204	\$361	N/A
	CY 2027	\$368	\$208	\$368	N/A
	CY 2028	\$375	\$212	\$375	N/A
	CY 2029	\$383	\$216	\$383	N/A
Prescription Drug Coverage Only	CY 2025	\$84	\$43	\$77	\$720
	CY 2026	\$86	\$44	\$78	\$735
	CY 2027	\$88	\$45	\$80	\$750
	CY 2028	\$90	\$46	\$82	\$765
	CY 2029	\$91	\$47	\$83	\$780

CY – calendar year. MCO – managed care organization. N/A – not applicable.

Appendix H. Projected Annual Costs of Medicaid Benefit Packages for Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status but Financially Eligible for Medicaid/MCHP in Maryland, CY 2025-CY 2029

Medicaid Benefit Package	Implementation Year	Projected Take-up	All Ages	<21 Years	<65 Years	65+ Years
Full Medicaid Benefits	CY 2025	Low	\$59,798,227	\$9,136,472	\$53,219,113	\$6,579,114
		Midpoint	\$127,901,764	\$19,541,898	\$113,829,770	\$14,071,994
		High	\$196,005,300	\$29,947,324	\$174,440,427	\$21,564,873
	CY 2026	Low	\$62,685,287	\$9,577,581	\$55,788,533	\$6,896,754
		Midpoint	\$134,076,863	\$20,485,381	\$119,325,474	\$14,751,390
		High	\$205,468,440	\$31,393,182	\$182,862,414	\$22,606,026
	CY 2027	Low	\$65,711,734	\$10,039,987	\$58,482,005	\$7,229,729
		Midpoint	\$140,550,097	\$21,474,416	\$125,086,510	\$15,463,587
		High	\$215,388,461	\$32,908,845	\$191,691,016	\$23,697,445
	CY 2028	Low	\$68,884,298	\$10,524,717	\$61,305,517	\$7,578,781
		Midpoint	\$147,335,859	\$22,511,201	\$131,125,690	\$16,210,169
		High	\$225,787,420	\$34,497,685	\$200,945,862	\$24,841,558
	CY 2029	Low	\$72,210,033	\$11,032,851	\$64,265,349	\$7,944,684
		Midpoint	\$154,449,237	\$23,598,043	\$137,456,441	\$16,992,797
		High	\$236,688,442	\$36,163,234	\$210,647,532	\$26,040,909
Full Medicaid Benefits without Adult Dental	CY 2025	Low	\$51,883,527	\$7,949,917	\$46,173,728	\$5,709,799
		Midpoint	\$110,973,100	\$17,003,989	\$98,760,474	\$12,212,626
		High	\$170,062,673	\$26,058,061	\$151,347,220	\$18,715,453
	CY 2026	Low	\$54,388,465	\$8,333,739	\$48,402,997	\$5,985,469
		Midpoint	\$116,330,884	\$17,824,942	\$103,528,632	\$12,802,252
		High	\$178,273,303	\$27,316,145	\$158,654,267	\$19,619,036
	CY 2027	Low	\$57,014,342	\$8,736,092	\$50,739,894	\$6,274,447
		Midpoint	\$121,947,342	\$18,685,531	\$108,526,996	\$13,420,345
		High	\$186,880,342	\$28,634,969	\$166,314,098	\$20,566,243
	CY 2028	Low	\$59,766,995	\$9,157,871	\$53,189,618	\$6,577,378
		Midpoint	\$127,834,962	\$19,587,669	\$113,766,682	\$14,068,280
		High	\$195,902,928	\$30,017,466	\$174,343,747	\$21,559,182
	CY 2029	Low	\$62,652,547	\$9,600,013	\$55,757,613	\$6,894,933
		Midpoint	\$134,006,836	\$20,533,362	\$119,259,340	\$14,747,497

Medicaid Benefit Package	Implementation Year	Projected Take-up	All Ages	<21 Years	<65 Years	65+ Years
		High	\$205,361,126	\$31,466,710	\$182,761,066	\$22,600,060
MCO Services Only	CY 2025	Low	\$27,668,138	\$4,749,969	\$27,668,138	N/A
		Midpoint	\$59,179,073	\$10,159,657	\$59,179,073	N/A
		High	\$90,690,008	\$15,569,344	\$90,690,008	N/A
	CY 2026	Low	\$29,003,956	\$4,979,298	\$29,003,956	N/A
		Midpoint	\$62,036,240	\$10,650,165	\$62,036,240	N/A
		High	\$95,068,524	\$16,321,033	\$95,068,524	N/A
	CY 2027	Low	\$30,404,268	\$5,219,699	\$30,404,268	N/A
		Midpoint	\$65,031,351	\$11,164,356	\$65,031,351	N/A
		High	\$99,658,434	\$17,109,012	\$99,658,434	N/A
	CY 2028	Low	\$31,872,187	\$5,471,706	\$31,872,187	N/A
		Midpoint	\$68,171,066	\$11,703,371	\$68,171,066	N/A
		High	\$104,469,945	\$17,935,036	\$104,469,945	N/A
	CY 2029	Low	\$33,410,977	\$5,735,880	\$33,410,977	N/A
		Midpoint	\$71,462,367	\$12,268,410	\$71,462,367	N/A
		High	\$109,513,756	\$18,800,940	\$109,513,756	N/A
Prescription Drug Coverage Only	CY 2025	Low	\$4,335,375	\$670,385	\$3,904,933	\$430,442
		Midpoint	\$9,272,886	\$1,433,880	\$8,352,219	\$920,668
		High	\$14,210,397	\$2,197,374	\$12,799,504	\$1,410,894
	CY 2026	Low	\$4,544,688	\$702,752	\$4,093,464	\$451,224
		Midpoint	\$9,720,582	\$1,503,108	\$8,755,464	\$965,118
		High	\$14,896,476	\$2,303,463	\$13,417,464	\$1,479,012
	CY 2027	Low	\$4,764,105	\$736,680	\$4,291,096	\$473,009
		Midpoint	\$10,189,892	\$1,575,678	\$9,178,178	\$1,011,714
		High	\$15,615,678	\$2,414,675	\$14,065,260	\$1,550,418
	CY 2028	Low	\$4,994,116	\$772,247	\$4,498,270	\$495,846
		Midpoint	\$10,681,860	\$1,651,751	\$9,621,301	\$1,060,559
		High	\$16,369,603	\$2,531,255	\$14,744,331	\$1,625,272
	CY 2029	Low	\$5,235,232	\$809,531	\$4,715,447	\$519,785
		Midpoint	\$11,197,580	\$1,731,498	\$10,085,817	\$1,111,763
		High	\$17,159,928	\$2,653,464	\$15,456,187	\$1,703,741

CY – calendar year. MCHP – Maryland Children’s Health Program. MCO – managed care organization. N/A – not applicable.

Enrollment counts used for financial modeling apply the projected take-up rate for each benefit package to the estimated population size of the eligible age group(s) derived from the US Census Bureau’s 2021 American Community Survey trended forward to the implementation year.

Appendix I. Demographic Characteristics of Uninsured Individuals in Maryland Who Are Ineligible for Medicaid/QHPs Due to Immigration Status with Reported Household Income above Medicaid/MCHP Financial Thresholds, CY 2021

		ALL AGES			<21 YEARS			<65 YEARS			65+ YEARS		
		Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI	Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI	Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI	Estimate	Lower Bound of 95% CI	Upper Bound of 95% CI
Population Size		68,192	58,112	78,272	2,765	1,203	4,327	65,936	55,956	75,916	2,256	1,066	3,446
Sex	Female	28,755	23,459	34,051	1,299	16	2,582	27,602	22,363	32,841	1,153	372	1,934
	Male	39,437	32,900	45,974	1,466	586	2,346	38,334	31,877	44,791	1,103	260	1,946
Race-Ethnicity	Non-Hispanic White	1,266	264	2,268	860	0	2,055	1,209	214	2,204	57	0	169
	Non-Hispanic Black	8,826	5,768	11,884	360	36	684	7,891	4,955	10,827	935	173	1,697
	Hispanic	51,455	42,359	60,551	1,731	755	2,708	51,314	42,249	60,379	141	0	417
	Other	6,645	3,952	9,338	174	0	419	5,522	2,970	8,074	1,123	259	1,987

CI - confidence interval. CY – calendar year. MCHP - Maryland Children’s Health Program.

Uninsured individuals who are ineligible due to immigration status with reported household income exceeding Medicaid/MCHP financial thresholds include respondents who did not meet any of the characteristics defined to indicate lawful presence in the US, who reported household income greater than 138% FPL, and who reported absence of health insurance coverage at the time of the survey. Children with reported household income in the range of 139% to 322% FPL were excluded from the counts, since these individuals were already accounted for in the eligibility estimates for Medicaid and MCHP.

Aggregate and subgroup population estimates are drawn from the US Census Bureau's American Community Survey (ACS) 2021 1-year sample for Maryland, prepared by IPUMS USA. Population estimates for subgroups with no observation in the 2021 1-year ACS sample were sourced from the 2017-2021 5-year ACS sample for Maryland (orange cells). Confidence intervals for population estimates are computed using the delta method.

Appendix J. Projected Take-up Rates for the QHP Benefit Package among Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025-CY 2029

FPL Range	Projected Take-up Rate					
	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low	Midpoint	High	Low	Midpoint	High
0-138%	15%	31%	47%	0%	0%	0%
139-150%	12%	25%	40%	15%	31%	47%
151-200%	9%	20%	30%	12%	25%	40%
201-250%	6%	15%	20%	11%	20%	35%
251-300%	1%	10%	15%	9%	15%	25%
301-400%	0%	0%	0%	7%	10%	20%
Greater than 400%	0%	0%	0%	5%	8%	10%
Aggregate	13%	29%	43%	10%	19%	31%

CY – calendar year. FPL – federal poverty level. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. The take-up rates assume that the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Appendix K. Projected Enrollment for the QHP Benefit Package among Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status In Maryland by Household Income, CY 2029

FPL Range	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low Take-up	Midpoint Take-up	High Take-up	Low Take-up	Midpoint Take-up	High Take-up
0-138%	6,397	13,677	20,736	0	0	0
139-150%	106	220	352	1,127	2,328	3,530
151-200%	222	494	741	2,198	4,579	7,326
201-250%	148	371	494	1,557	2,831	4,954
251-300%	25	247	371	1,146	1,910	3,184
301-400%	0	0	0	1,156	1,651	3,302
>400%	0	0	0	296	473	591
Aggregate	6,898	15,009	22,694	7,479	13,773	22,888

CY – calendar year. FPL – federal poverty level. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. The projected enrollment figures are based on take-up rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Appendix L. Projected Enrollment for the QHP Benefit Package among Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025

FPL Range	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low Take-up	Midpoint Take-up	High Take-up	Low Take-up	Midpoint Take-up	High Take-up
0-138%	5,728	12,247	18,568	0	0	0
139-150%	95	197	316	1,009	2,085	3,161
151-200%	199	442	664	1,968	4,100	6,560
201-250%	133	332	442	1,394	2,535	4,436
251-300%	22	221	332	1,026	1,711	2,851
301-400%	0	0	0	897	1,281	2,562
>400%	0	0	0	168	270	337
Aggregate	6,177	13,439	20,321	6,462	11,981	19,907
<21 Years	1,288	2,988	4,475	38	72	119
<65 Years	6,108	13,292	20,098	6,195	11,512	19,159
65+ Years	69	147	224	267	469	748
Aggregate	6,177	13,439	20,321	6,462	11,981	19,907

CY – calendar year. FPL – federal poverty level. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. The projected enrollment figures are based on take-up rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Appendix M. Projected Enrollment for the QHP Benefit Package among Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2026

FPL Range	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low Take-up	Midpoint Take-up	High Take-up	Low Take-up	Midpoint Take-up	High Take-up
0-138%	5,889	12,590	19,088	0	0	0
139-150%	97	203	324	1,037	2,143	3,249
151-200%	205	455	682	2,023	4,215	6,744
201-250%	136	341	455	1,433	2,606	4,560
251-300%	23	227	341	1,055	1,759	2,931
301-400%	0	0	0	922	1,317	2,634
>400%	0	0	0	173	277	346
Aggregate	6,350	13,816	20,890	6,643	12,316	20,464
<21 Years	1,324	3,071	4,600	39	74	122
<65 Years	6,279	13,664	20,660	6369	11,834	19,695
65+ Years	71	152	230	275	482	769
Aggregate	6,350	13,816	20,890	6,643	12,316	20,464

CY – calendar year. FPL – federal poverty level. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. The projected enrollment figures are based on take-up rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Appendix N. Projected Enrollment for the QHP Benefit Package among Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2027

FPL Range	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low Take-up	Midpoint Take-up	High Take-up	Low Take-up	Midpoint Take-up	High Take-up
0-138%	6,054	12,942	19,622	0	0	0
139-150%	100	208	333	1,066	2,203	3,340
151-200%	210	468	701	2,080	4,333	6,933
201-250%	140	351	468	1,473	2,679	4,688
251-300%	23	234	351	1,085	1,808	3,013
301-400%	0	0	0	948	1,354	2,707
>400%	0	0	0	280	448	559
Aggregate	6,528	14,203	21,475	6,931	12,824	21,241
<21 Years	1,361	3,157	4,729	40	77	126
<65 Years	6,455	14,047	21,239	6,649	12,328	20,450
65+ Years	73	156	236	282	496	791
Aggregate	6,528	14,203	21,475	6,931	12,824	21,241

CY – calendar year. FPL – federal poverty level. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. The projected enrollment figures are based on take-up rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Appendix O. Projected Enrollment for the QHP Benefit Package among Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2028

FPL Range	Population with Household Income Below Medicaid/MCHP Financial Thresholds			Population with Household Income Above Medicaid/MCHP Financial Thresholds		
	Low Take-up	Midpoint Take-up	High Take-up	Low Take-up	Midpoint Take-up	High Take-up
0-138%	6,223	13,305	20,172	0	0	0
139-150%	103	214	343	1,096	2,265	3,434
151-200%	216	481	721	2,138	4,454	7,127
201-250%	144	360	481	1,515	2,754	4,819
251-300%	24	240	360	1,115	1,858	3,097
301-400%	0	0	0	974	1,392	2,783
>400%	0	0	0	288	460	575
Aggregate	6,710	14,600	22,076	7,125	13,183	21,835
<21 Years	1,400	3,246	4,862	41	79	129
<65 Years	6,636	14,440	21,833	6,835	12,674	21,023
65+ Years	75	160	243	290	509	813
Aggregate	6,710	14,600	22,076	7,125	13,183	21,835

CY – calendar year. FPL – federal poverty level. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. The projected enrollment figures are based on take-up rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029).

Appendix P. Projected Average Per-Member-Per-Month Cost of QHP Benefit Package for Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland at Low and High Take-up Rates, CY 2025-CY 2029

Implementation Year	Projected Take-up Rate	Population with Household Income Below Medicaid/MCHP Financial Thresholds				Population with Household Income Above Medicaid/MCHP Financial Thresholds			
		All Ages	<21 Years	<65 Years	65+ Years	All Ages	<21 Years	<65 Years	65+ Years
CY 2025	Low	\$664	\$459	\$665	\$2,120	\$598	\$1,693	\$590	\$1,184
	High	\$648	\$411	\$1,124	\$1,580	\$601	\$738	\$587	\$1,096
CY 2026	Low	\$691	\$459	\$688	\$1,796	\$616	\$1,004	\$603	\$1,125
	High	\$680	\$426	\$674	\$1,523	\$622	\$525	\$606	\$1,102
CY 2027	Low	\$724	\$481	\$720	\$1,865	\$632	\$1,022	\$618	\$1,168
	High	\$713	\$447	\$706	\$1,590	\$641	\$538	\$624	\$1,144
CY 2028	Low	\$758	\$504	\$754	\$1,935	\$656	\$1,040	\$641	\$1,212
	High	\$746	\$469	\$739	\$1,657	\$664	\$551	\$647	\$1,188
CY 2029	Low	\$793	\$528	\$789	\$2,009	\$668	\$1,059	\$652	\$1,258
	High	\$782	\$492	\$774	\$1,728	\$677	\$566	\$659	\$1,235

CY – calendar year. MCHP – Maryland Children’s Health Program. QHP – qualified health plan.

Appendix Q. Projected Annual Cost of QHP Benefit Package for Uninsured Individuals Ineligible for Medicaid/QHPs Due to Immigration Status in Maryland, CY 2025-CY 2029

Eligible Population	Implementation Year	All Ages	<21 Years	<65 Years	65+ Years
Medicaid/MCHP Income Eligible	CY 2025	\$104,904,707 [\$49,208,630 - \$157,954,739]	\$14,864,389 [\$7,092,997 - \$22,088,465]	\$103,181,471 [\$48,746,687 - \$155,654,897]	\$3,016,169 [\$1,754,876 - \$4,239,242]
	CY 2026	\$112,692,388 [\$52,663,476 - \$170,557,598]	\$15,698,502 [\$7,295,368 - \$23,502,351]	\$110,477,795 [\$51,806,199 - \$167,026,820]	\$2,885,625 [\$1,528,309 - \$4,201,811]
	CY 2027	\$121,386,532 [\$56,712,956 - \$183,720,442]	\$16,937,294 [\$7,857,667 - \$25,361,919]	\$118,991,487 [\$55,778,060 - \$179,909,495]	\$3,091,576 [\$1,631,427 - \$4,507,479]
	CY 2028	\$130,657,780 [\$61,030,888 - \$197,757,167]	\$18,262,600 [\$8,458,949 - \$27,351,572]	\$128,071,065 [\$60,013,384 - \$193,648,793]	\$3,309,715 [\$1,740,503 - \$4,831,374]
	CY 2029	\$140,646,867 [\$65,682,464 - \$212,880,816]	\$19,694,855 [\$9,108,136 - \$29,501,960]	\$137,853,417 [\$64,575,573 - \$208,451,915]	\$3,543,923 [\$1,857,364 - \$5,179,375]
Not Eligible for Medicaid/MCHP	CY 2025	\$87,988,680 [\$46,347,075 - \$143,506,080]	\$898,423 [\$773,906 - \$1,054,142]	\$82,977,187 [\$43,844,961 - \$134,960,939]	\$6,304,426 [\$3,795,047 - \$9,838,074]
	CY 2026	\$93,452,971 [\$49,104,250 - \$152,700,081]	\$604,199 [\$471,570 - \$770,467]	\$87,734,228 [\$46,068,463 - \$143,204,425]	\$6,389,775 [\$3,706,820 - \$10,166,688]

Eligible Population	Implementation Year	All Ages	<21 Years	<65 Years	65+ Years
	CY 2027	\$99,963,569 [\$52,605,656 - \$163,259,273]	\$634,680 [\$493,455 - \$812,134]	\$93,837,039 [\$49,346,213 - \$153,097,807]	\$6,823,062 [\$3,955,974 - \$10,857,998]
	CY 2028	\$106,511,045 [\$56,097,414 - \$174,010,821]	\$666,709 [\$516,376 - \$856,027]	\$99,951,536 [\$52,600,307 - \$163,142,727]	\$7,282,509 [\$4,220,106 - \$11,591,093]
	CY 2029	\$113,723,965 [\$59,976,959 - \$185,923,603]	\$700,634 [\$540,526 - \$902,704]	\$106,698,349 [\$56,223,671 - \$174,295,377]	\$7,776,089 [\$4,503,762 - \$12,378,699]

CY – calendar year. MCHP – Maryland Children’s Health Program. QHP – qualified health plan. Projected costs are based on take-up rates for projected enrollment rates that assume the enhanced premium subsidy levels established by the American Rescue Plan Act of 2021 are in effect throughout the implementation period (CY 2025 to CY 2029). The projected costs include expenditure on advance premium tax credits, cost-sharing reductions, reinsurance costs, and program administrative costs in each implementation year. Projections based on the low take-up and high-take up rates are presented in parentheses “[]” below the midpoint estimates in bold font.