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May 22, 2020

Johanna Fabian-Marks
Director, Policy and Plan Management
Maryland Health Benefit Exchange
750 E. Pratt St.
Baltimore, MD 21202

Sent via email: MHBE.publiccomments@maryland.gov

CareFirst appreciates the opportunity to provide formal written comments on the MHBE's draft reporting template for the Reinsurance Accountability Report required by COMAR 14.35.17.03(C). We also appreciate the MHBE extending the reporting deadline to July 31, 2020.

After reviewing the template, we think that the areas of focus for study are appropriate and believe we can provide nearly all the data points requested. The exception would be 2019 savings information. In order to accurately measure savings associated with programs, our standard policy is to allow at least a 1-year post intervention to accurately assess impact to health and to costs. Therefore, in order to report on savings from participants in 2019, the earliest to report on this information should be in 2021.

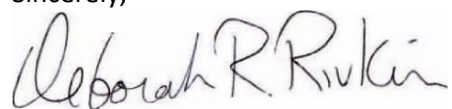
We do caution the overall approach to collection of the data and whether it will help to inform future analysis. We would suggest that it may be beneficial to more broadly survey carriers on how reinsurance dollars are being used – beyond the four established disease states – to gain greater insight on claims associated with not only managed, but also acute and unforeseen illnesses (i.e.: catastrophic cases like cancer treatment, auto accidents, etc.). This may better inform MHBE on the appropriate data elements that should be requested.

CareFirst intentionally focuses interventions on our highest risk members. Examples include those with unstable diabetes, emergency room visits due to asthma, and high-risk pregnancies. These members with the highest risk will inherently have higher costs. Simply reporting their costs at a point in time will only confirm what we already know – these members have higher costs associated with their care. This is the exact reason we invest in engaging members into care management initiatives.

Finally, we have concerns with making the report and all its data elements public. While we are comfortable sharing this data with MHBE, we have concerns that some of the information is not appropriate to be shared with a wider audience for competitive reasons. Therefore, we request the ability to be able to keep certain information confidential, as is typical with health insurance filings with the Maryland Insurance Administration. As an alternative, we suggest that it may be more appropriate for the MHBE to publish an abbreviated summary of the report to make public.

Thank you again for the opportunity to comment. If you prefer, we would be happy to discuss our thoughts in more detail. Please don't hesitate to contact me with any further questions.

Sincerely,

A handwritten signature in black ink that reads "Deborah R. Rivkin". The signature is written in a cursive style with a large initial 'D' and 'R'.

Deborah R. Rivkin



MARYLAND CITIZENS' HEALTH INITIATIVE

May 22, 2020

Michele Eberle
Executive Director
Maryland Health Benefit Exchange
750 E. Pratt St.
Baltimore, MD 21202

Dear Ms. Eberle,

Thank you for the opportunity to comment on the State Reinsurance Carrier Annual Report Template. We appreciate MHBE's work to reduce costs of plans offered in the individual market through Maryland's reinsurance program. We suggest including demographic data in the report template. This program focuses on measuring cost savings among Marylanders with high health care needs who unfortunately are not immune to existing health disparities. It could be beneficial to request data on primary drivers of health disparities such as race, ethnicity, income status, etc. as well as geographic areas and disability statuses.

Thank you very much for your consideration and for all of your work toward providing quality affordable health care for all Marylanders.

Best regards,

A handwritten signature in black ink that reads "Stephanie Klapper".

Stephanie Klapper, MSW
Deputy Director, Maryland Citizens' Health Initiative



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

May 22, 2020

Michele Eberle, Executive Director
Maryland Health Benefit Exchange
750 E. Pratt Street
Baltimore, MD 21202

Submitted electronically via: mhbe.publiccomments@maryland.gov.

RE: Reinsurance Program Accountability Report Template

Dear Ms. Eberle:

Kaiser Permanente (KP) appreciates the opportunity to provide comments on the Reinsurance Program Accountability Report Template. Kaiser Permanente is one of the largest private integrated health care delivery systems in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.¹ Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., which operates in Maryland, provides and coordinates complete health care services for approximately 755,000 members. In Maryland, we deliver care to over 430,000 members.

KP respectfully offers the following comments:

- The reporting template requires carriers to provide data about enrollees with claims reimbursed by the State Reinsurance Program and enrollees with claims not reimbursed by the Program. COMAR 14.35.17.03C(1) only requires reporting of initiatives and programs the carrier administers to manage cost and utilization of enrollees whose claims are reimbursable by SRP. So, KP recommends that the report only cover SRP participants as required by regulation.
- Similarly, the regulations do not require that claims costs be reported service category. However, the template requires claims costs to be reported individually for inpatient and outpatient hospital, professional, prescription drug, and other medical costs. KP recommends that claims cost only be reported in aggregate.
- KP may have initiatives that are offered to only a few members, and so disclosure of this information could potentially result in the disclosure of contracted costs, personally identifiable information or other proprietary information. We recommend that an initiative include at least 25 participants in order to ensure member confidentiality.

¹ Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., one of the nation's largest not-for-profit health plans, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

- Item 3 of the report requires carriers to report on the effectiveness of the initiatives beginning in the PY 2020 annual report, since this will provide a year of data beyond the baseline year for purposes of comparison. However, Item 4 requires carriers to describe the actions the carrier will take to improve the effectiveness of these initiatives in this year's report. Since the response in Item 4 relies on the analysis required by Item 3, we recommend that the answer to Item 4 be delayed until the PY 2020 report as well.
- By the time the final template is published, carriers will likely have less than two months to complete the report by the July 31, 2020 deadline. Given the extensive nature of the report, we estimate needing more time to complete it. We respectfully request that MHBE consider extending the deadline to September 30, 2020.

Thank you for the opportunity to comment. Please feel free to contact Bill Wehrle at bill.s.wehrle@kp.org or (916) 6819 with questions.

Sincerely,

Wayne D. Wilson
Vice President, Government Programs and External Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.