Reinsurance Program Carrier Accountability Report
Plan Year (PY) 2019

A. Introduction

State regulations[1] require all carriers participating in the State Reinsurance Program (SRP) to submit an annual report to the Maryland Health Benefit Exchange (MHBE) that describes carrier activities to manage the costs and utilization of enrollees whose claims were reimbursed under the SRP, as well as efforts to contain costs so enrollees do not exceed the threshold. The regulations specify the data elements to be included in the report and this guidance provides detailed direction and templates for the report.

This report will cover PY 2019—the first year of the SRP—and will serve as the baseline for monitoring trends in the costs and utilization of the enrollees whose claims were reimbursed under the program. Please ensure that the data reported below are consistent with the reinsurance claims data submitted to the Centers for Medicare & Medicaid Services' (CMS') EDGE server.

Please submit this report to Johanna Fabian-Marks at mhbe.policy@maryland.gov by October 30, 2020.

Summary of Reporting Elements

As described in this guidance, reporting will consist of three elements, summarized below.

1. A public narrative report that includes:
    a. A description of each initiative or program that the carrier undertook to manage the costs and utilization of enrollees whose claims were reimbursed by the SRP in PY 2019. Carriers are only expected to report on initiatives or programs that had 300 or more enrollees in the individual market;
    b. Actions the carrier is taking or will take to improve the effectiveness of initiatives reported in the Excel template (see #2 below); and
    c. A description of the methodology the carrier used to estimate the savings to the SRP that may be reasonably attributed to the initiatives reported in the Excel template.

2. A public Excel template that includes the following data elements for PY 2019, unless otherwise noted:
    a. Demographic characteristics for enrollees with claims reimbursed by the SRP;
    b. Enrollment costs and service utilization for all enrollees with specified conditions, broken down by participation in care management initiatives and whether claims are reimbursed by the SRP;
    c. Data parallel to that described in 2.b above, but for the 2020 experience of participants who were enrolled in these initiatives in PY 2019 and PY 2020. This data is to be reported in 2021;

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[1] COMAR 14.35.17.03(C).

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    d. Estimated savings to the SRP as a result of the initiatives for enrollees with specified conditions; and

    e. Healthcare Effectiveness Data and Information Set (HEDIS) measures for the specified conditions.

3. A supplemental Excel template that includes the following data elements for enrollees whose claims were reimbursed by the SRP during PY 2019. Data submitted in the carrier-specific supplemental template will remain confidential. MHBE may release an aggregated list of the top 10 most prevalent and costly diagnosis categories and Hierarchical Condition Categories (HCCs) after consultation with the carriers.

    a. Enrollment and claims information for the most prevalent and costly diagnosis categories, and

    b. Enrollment and claims information for the most prevalent and costly HCCs.

Rationale for Targeted Conditions

This report collects targeted information on diabetes, behavioral health, asthma, and pregnancy/childbirth. The MHBE sought to collect information on conditions in alignment with state population health goals and conditions that can have preventable costs:

- Diabetes – Under Maryland's Total Cost of Care Model, the state is identifying areas to improve population health. Diabetes is one focus area, and the Maryland Department of Health recently released a statewide Diabetes Statewide Action Plan.

- Behavioral Health – Opioid use is another population health target under the Total Cost of Care Model, and the Governor's Commission to Study Mental and Behavioral Health is tasked with studying the link between mental health and substance use disorders and to identify potential ways to improve the delivery system.

- Asthma – Asthma is a common chronic condition that has significant health disparities and health care costs. While it cannot be cured, it can be controlled under guidance of a doctor to potentially avoid such complications as hospitalizations.[2]

- Pregnancy/Childbirth – Appropriate prenatal care can reduce pregnancy, fetal, or infant risk of complications[3,4,5] that may result in lengthy and costly stays of mothers and their infants.

The MHBE may update the targeted conditions in future years of reporting.

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[2] Centers for Disease Control and Prevention. National Asthma Control Program. Retrieved from https://www.cdc.gov/nceh/information/asthma.htm and https://www.cdc.gov/asthma/faqs.htm.

[3] American College of Obstetricians and Gynecologists. (2014). *Preeclampsia and high blood pressure during pregnancy. FAQ034.* Retrieved from http://www.acog.org/Patients/FAQs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy.

[4] Child Trends Databank. (2015). *Late or no prenatal care.* Retrieved from: http://www.childtrends.org/?indicators=late-or-no-prenatal-care.

[5] Centers for Disease Control and Prevention. (2016). *Folic acid. Data and statistics.* Retrieved from: https://www.cdc.gov/ncbddd/folicacid/data.html

B. Narrative Report and Excel Template

This report focuses on individual market enrollees in Maryland only. Do not include small group market enrollees.

1. Description of Initiatives

Provide a narrative description of each initiative or program that the carrier undertook to manage the costs and utilization of enrollees whose claims were reimbursed by the SRP in PY 2019. Carriers are only expected to report on initiatives or programs that had 300 or more enrollees in the individual market. Specifically, provide the following for each initiative:

   A. Name of the Initiative

   B. Population(s) Targeted by the Initiative and How They Are Identified

   C. Description of the Initiative

   D. Intended Goals and/or Outcomes of the Initiative

   E. Activities Undertaken to Evaluate the Effectiveness of the Initiative

   F. Methodology for Determining the Initiatives to Include in this Report

2. PY 2019 Enrollment, Costs, and Service Utilization (Tabs 1-7)

The accompanying Excel template has 18 tabs. The first tab provides a summary of demographic characteristics for those whose claims were reimbursed by the SRP in PY 2019, as well as the number of enrollees who received cost sharing reductions (CSRs) during PY 2019. Age will be calculated as of December 31, 2019. If a carrier does not capture race/ethnicity data using the categories in the template, the carrier should use a reasonable approach to enter their data in the template and include an explanation in the narrative portion of the report describing the approach to reporting race/ethnicity. The total allowed claims (including enrollee cost sharing) and total SRP payments for each subgroup will be tallied.

The next six tabs (tabs 2-7) collect information on 2019 enrollment, costs, and service use for enrollees whose claims were reimbursed by the SRP in PY 2019. Summary data on enrollees whose claims were not reimbursed by the SRP but were diagnosed with the targeted conditions, will also be collected. Reporting will be based on the enrollee's diagnosis of targeted health conditions and participation in the interventions reported in section 1 above.

To complete the tables in tabs 2-7, identify all enrollees with the following health conditions during the PY, defined as having at least one service with an International Classification of Diseases-10th edition Clinical Modification (ICD-CM-10) primary diagnosis of:

- Asthma – Mild asthma (J45.2, J45.3), moderate asthma (J45.4), severe asthma (J45.5), and Other and unspecified asthma (J45.9)

- Diabetes – Type 1 Diabetes mellitus (E10.), Type 2 diabetes mellitus (E11.), other specified diabetes mellitus (E13.), and diabetes during pregnancy (O24.0, O24.1, O24.3, O24.8)

- Mental health condition – All mental health disorder diagnoses from the following range of F20 to F48.

- Substance use disorders – All non-opioid use substance use disorder diagnoses (e.g. alcohol use) from the codes included in Appendix A. Please note that claims with a primary diagnosis related to opioid use are collected on a separate tab.

- Opioid use disorders – All opioid use disorder diagnoses from the following range F11.1 to F11.9 and listed in Appendix B.

- Pregnancy and childbirth – All diagnoses related to pregnancy, childbirth, and the postpartum period in the following range of O00-Q99

Next, group enrollees based on allowed claims costs (including enrollee cost sharing), separating those with claims costs that were reimbursed by the SRP, and a second group with costs below the reinsurance attachment point.

Lastly, each enrollee will be assigned to one of two mutually exclusive groups:

1. Enrolled in At Least One Initiative

- Enter data for enrollees who participated in at least one intervention during the PY.
- For each intervention, summarize the requested information for all enrollees.
    - Participants may be enrolled in multiple interventions; the sum of Row B + Row C + Row D may exceed the total in Row A.
    - If more than four interventions were available, insert additional rows as needed.
- Exclude initiatives serving less than 300 enrollees in the individual market.

2. Enrolled in No Initiatives

- Include the number of enrollees who did not participate in any initiatives in Row F "Not enrolled in any initiatives." This row will also include enrollees who were enrolled in an initiatives serving less than 300 enrollees.
- For those enrollees whose claims were reimbursed by the SRP who did not participate in any cost/utilization management initiative, please provide a narrative description of efforts undertaken by the carrier to enroll these participants in the programs.

Please include an unduplicated total of all enrollees in Row G labelled "Total Enrollees with Condition."

For each sub-population, provide the following data:

- Column C – Total number of enrollees
    - Please only include initiative-level reporting for initiatives with 300 or more enrollees. Initiatives serving fewer than 300 enrollees will be grouped with participants who were "Not enrolled in any initiatives" in row F.
- Column D – Total member months
- Column E – Total allowed claims costs (including enrollee cost sharing)

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- Columns F to J – Allowed claims by type
  - For each expenditure type use the definitions outlined in the CMS 2021 Unified Rate Review Instructions section *2.1.3.1 Benefit Category and Manual Rate*.[6]
    - Column F – Total inpatient hospital costs
    - Column G – Total outpatient hospital costs
    - Column H – Total professional costs
    - Column I – Total prescription drug costs
    - Column J – Total other medical costs
- Column K – Total number of services
  - Defined as one occurrence per date of service with a provider regardless of the number of procedures performed during the visit
- Column L – Total number of inpatient hospital admissions
  - Defined as one occurrence per stay in a hospital inpatient facility
- Column M – Total number inpatient admission days
  - Defined as total number of days registered in a hospital inpatient facility
- Column N – Total number prescriptions filled
  - Defined as the total number of outpatient pharmacy prescriptions filled

If the carrier applies a different definition of a visit or admission, please include documentation of the methodology applied.

3. Effectiveness of the Initiatives and Programs (Tabs 8-13)

In the annual report for PY 2020 due in 2021, the carriers will be expected to report on the data in tabs 8 through 13 of the accompanying Excel template. These collect data on the 2020 experience of participants who were enrolled in the initiatives identified in tabs 2-7 in PY 2019 and PY 2020.

4. Actions to Improve the Effectiveness of the Initiatives

Please provide a narrative description of the actions the carrier is taking or will take to improve the effectiveness of these initiatives. Please describe:

A. Efforts to improve outreach, recruitment, and retention in these programs
B. Changes to the intervention strategy
C. Development of any new initiatives
D. Other actions

5. Savings to the SRP and Estimated Rate Impact (Tab 14)

In tab 14, please provide an estimate of the savings to the SRP that may be reasonably attributed to these initiatives. Limit the analysis to programs that have been operational for a minimum of two years (i.e., programs that were operational in PY 2018 and PY 2019). Please also provide an estimate of the PY 2021 rate impact of these initiatives, expressed as an average percentage rate reduction. The rate

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[6] https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2021-URR-Instructions.pdf

impact of each initiative should be calculated as the delta between the estimated savings for the initiative in the 2019 base period and the projected savings for the initiative in the 2021 rating period.

Please provide a narrative description of the methodology the carrier used to calculate these savings.

6. Population Health (Tabs 15-18)

In tabs 15-18, please report the following Healthcare Effectiveness Data and Information Set (HEDIS) measures. Use the HEDIS 2020 Technical Specifications, which apply to data for PY 2019.[7] Please include all individual market enrollees in the measures.

1. Diabetes (Tab 15)
    i. Comprehensive diabetes care (CDC) measures
    ii. Statin therapy for patients with diabetes (SPD)
2. Asthma (Tab 16)
    i. Medication management for people with asthma(MMA)
3. Behavioral Health (Tab 17)
    i. Follow-up after an emergency department visit for mental illness (FUM)
    ii. Follow-up after an emergency department visit for alcohol and other drug abuse or dependence (FUA)
    iii. Initiation and engagement of alcohol and other drug abuse or dependence treatment (IET)
4. Pregnancy and Childbirth (Tab 18)
    i. Prenatal and postpartum care (PPC) measures

Please provide a narrative description and results of any other population health outcome measures collected by the carrier. If the numerator or denominator include 10 or fewer enrollees, please enter "≤ 10". The corresponding rates must be reported.

C. Supplemental Tables

The following data will be entered in a supplemental Excel file that will remain confidential. MHBE may release an aggregated list of the top 10 most prevalent and costly diagnoses and HCCs after consultation with the carriers.

1. Most Common Diagnosis Categories by Enrollee and Total Cost

In the first tab of the supplemental file, summarize the most prevalent and costly diagnoses among enrollees whose claims were reimbursed by the SRP during PY 2019. When summarizing, only use the first three characters of the primary diagnosis, also called the diagnosis category, of all claims reimbursed by SRP in PY 2019. For example, the costs of all claims with a primary diagnosis of E11.3 and E11.4 would be grouped together as E11).

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[7] For more information, see https://www.ncqa.org/hedis/measures/.

- Identify the top 10 most frequently occurring primary diagnosis category and provide the total number of enrollees who have the diagnosis. A participant may be included in multiple diagnostic groups. Enter the total allowed claims and total SRP payment within each diagnostic category.

- Summarize the total cost of all reinsurance claims based on the first three characters of the primary diagnosis. Report the top 10 most expensive diagnoses and the corresponding total expenditures. Enter the total allowed claims and total SRP payment within each diagnostic category. Include the total number of enrollees with at least one claim included in each diagnostic category.

Please note that the 10 most common diagnosis categories may be different from those reported with the highest cost. Additional diagnoses beyond the required top 10 most frequent and expensive may be included in the report. If there are 10 or fewer enrollees with claims for a diagnosis category, the total number of enrollees will be reported as "≤ 10." The remaining corresponding columns must be reported.

2. Most Common Hierarchical Condition Categories (HCCs) by Enrollee and Total Cost

In the second tab of the supplemental file, summarize the most prevalent and costly HCCs among enrollees whose claims were reimbursed by the SRP during PY 2019. HCCs are defined by CMS for the risk adjustment program in the individual market. The 2019 HCCs can be found in tabs 3 and 4 of the *April 15, 2020* technical details table under the risk adjustment guidance on this page.

- Identify the top 10 most frequently occurring HCCs and provide the corresponding number of enrollees, total allowed claims, and total SRP payment.

- Summarize the total cost of all reinsurance claims by HCC. Report the top 10 most expensive HCCs and the corresponding number of enrollees, total allowed claims, and total SRP payment.

Additional HCCs beyond the required top 10 most frequent and expensive may be included in the report.

Please note that if there are 10 or fewer enrollees with an HCC, the total number of enrollees will be reported as "≤ 10." The remaining corresponding columns must be reported.

Appendix A. Substance Use Disorder ICD10 Diagnosis Codes – Non-Opioid Use

- **Alcohol use:** F1010, F10120, F10121, F10129, F1014, F10150, F10151, F10159, F10180, F10181, F10182, F10188, F1019, F1020, F10220, F10221, F10229, F10230, F10231, F10232, F10239, F1024, F10250, F10251, F10259, F1026, F1027, F10280, F10281, F10282, F10288, F1029, F10920, F10921, F10929, F1094, F10950, F10951, F10959, F1096, F1097, F10980, F10981, F10982, F10988, F1099, O99310, O99311, O99312, O99313, O99314, O99315
- **Cannabis use:** F1210, F12120, F12121, F12122, F12129, F12150, F12151, F12159, F12180, F12188, F1219, F1220, F12220, F12221, F12222, F12229, F12250, F12251, F12259, F12280, F12288, F1229, F1290, F12920, F12921, F12922, F12929, F12950, F12951, F12959, F12980, F12988, F1299
- **Methamphetamine and other amphetamine use:** F1510, F15120, F15121, F15122, F15129, F1514, F15150, F15151, F15159, F15180, F15181, F15182, F15188, F1519, F1520, F15220, F15221, F15222, F15229, F1523, F1524, F15250, F15251, F15259, F15280, F15281, F15282, F15288, F1529, F1590, F15920, F15921, F15922, F15929, F1593, F1594, F15950, F15951, F15959, F15980, F15981, F15982, F15988, F1599, T43601A, T43601D, T43601S, T43602A, T43602D, T43602S, T43603A, T43603D, T43603S, T43604A, T43604D, T43604S, T43605A, T43605D, T43605S, T43606A, T43606D, T43606S, T43621A, T43621D, T43621S, T43622A, T43622D, T43622S, T43623A, T43623D, T43623S, T43624A, T43624D, T43624S, T43625A, T43625D, T43625S
- **Other substance use disorders** : F1310, F13120, F13121, F13129, F1314, F13150, F13151, F13159, F13180, F13181, F13182, F13188, F1319, F1320, F13220, F13221, F13229, F13230, F13231, F13232, F13239, F1324, F13250, F13251, F13259, F1326, F1327, F13280, F13281, F13282, F13288, F1329, F1390, F13920, F13921, F13929, F13930, F13931, F13932, F13939, F1394, F13950, F13951, F13959, F1396, F1397, F13980, F13981, F13982, F13988, F1399, F1410, F14120, F14121, F14122, F14129, F1414, F14150, F14151, F14159, F14180, F14181, F14182, F14188, F1419, F1420, F14220, F14221, F14222, F14229, F1423, F1424, F14250, F14251, F14259, F14280, F14281, F14282, F14288, F1429, F1490, F14920, F14921, F14922, F14929, F1494, F14950, F14951, F14959, F14980, F14981, F14982, F14988, F1499, F1610, F16120, F16121, F16122, F16129, F1614, F16150, F16151, F16159, F16180, F16183, F16188, F1619, F1620, F16220, F16221, F16229, F1624, F16250, F16251, F16259, F16280, F16283, F16288, F1629, F1690, F16920, F16921, F16929, F1694, F16950, F16951, F16959, F16980, F16983, F16988, F1699, F1810, F18120, F18121, F18129, F1814, F18150, F18151, F18159, F1817, F18180, F18188, F1819, F1820, F18220, F18221, F18229, F1824, F18250, F18251, F18259, F1827, F18280, F18288, F1829, F1890, F18920, F18921, F18929, F1894, F18950, F18951, F18959, F1897, F18980, F18988, F1899, F1910, F19120, F19121, F19122, F19129, F1914, F19150, F19151, F19159, F1916, F1917, F19180, F19181, F19182, F19188, F1919, F1920, F19220, F19221, F19222, F19229, F19230, F19231, F19232, F19239, F1924, F19250, F19251, F19259, F1926, F1927, F19280, F19281, F19282, F19288, F1929, F1990, F19920, F19921, F19922, F19929, F19930, F19931, F19932, F19939, F1994, F19950, F19951, F19959, F1996, F1997, F19980, F19981, F19982, F19988, F1999, F550, F551, F552, F553, F554, F558, O99320, O99321, O99322, O99323, O99324, O99325.

Appendix B. Opioid Use Disorder ICD10 Diagnosis Codes

- **Opioid use**: F1110, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199