

## Reinsurance Program Carrier Accountability Report Plan Year (PY) 2024

### A. Introduction

State regulations<sup>1</sup> 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 2024—the sixth year of the SRP—and will monitor 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 [mhbe.policy@maryland.gov](mailto:mhbe.policy@maryland.gov) by Friday, August 29, 2025.

#### *Summary of Reporting Elements*

As described in this guidance, reporting will consist of three elements, summarized below. Additionally, starting with reporting for PY2024, MHBE will ask each carrier to present on the conditions that, in the carrier's experience, are the top preventable conditions in the reinsurance program, and on the carrier's care management efforts to improve quality and reduce costs associated with those conditions. MHBE will follow up with each carrier to schedule these presentations.

1. A public narrative report that includes:
  - a. A description of each initiative or program, including whether and to what extent each is evidence-based, that the carrier undertook to manage the costs and utilization of enrollees whose claims were reimbursed by the SRP in PY 2024. 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 2024, unless otherwise noted:
  - a. Demographic characteristics for enrollees with claims reimbursed by the SRP;

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<sup>1</sup> COMAR 14.35.17.03(C).

- b. Enrollment costs and service utilization for all 2024 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 only for the 2024 experience of participants who were enrolled in PY 2023 initiatives;
  - 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 2024. Data submitted in the carrier-specific supplemental template will remain confidential. MHBE may release an aggregated list of the top 10 most prevalent Hierarchical Condition Categories (HCCs) after consultation with the carriers.
  - a. 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, pregnancy/childbirth, and heart disease. The MHBE sought to collect information on conditions in alignment with state population health goals and conditions that can have preventable costs:

- Diabetes – Under the Total Cost of Care Model, Maryland has created the [Statewide Integrated Health Improvement Strategy \(SIHIS\)](#). Diabetes is one focus area, and the Maryland Department of Health developed a statewide [Diabetes Statewide Action Plan](#). Diabetes is also one of the top HCCs among the reinsurance population.
- Behavioral Health – Improving opioid overdose mortality is another population health target under the Total Cost of Care Model/SIHIS. Various behavioral health conditions are among the top HCCs reported for the reinsurance population.
- 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.<sup>2</sup> Decreasing asthma-related emergency department visits for children is also one of the population health targets under the Total Cost of Care Model/SIHIS. Asthma is among the top HCCs reported for the reinsurance population.
- Pregnancy/Childbirth – Appropriate prenatal care can reduce pregnancy, fetal, or infant risk of complications<sup>3,4</sup> that may result in lengthy and costly stays of mothers and their infants.

<sup>2</sup> Centers for Disease Control and Prevention. National Asthma Control Program. Retrieved from <https://www.cdc.gov/asthma/nacp.htm>.

<sup>3</sup> 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>.

<sup>4</sup> Centers for Disease Control and Prevention. (2016). *Folic acid. Data and statistics*. Retrieved from: <https://www.cdc.gov/ncbddd/folicacid/data.html>

Reducing the maternal morbidity rate is also one of the population health targets under the Total Cost of Care Model/SIHIS. Pregnancy is among the top HCCs reported for the reinsurance population.

- Heart Disease – Heart disease is the leading cause of death in the U.S.<sup>5</sup> While it is largely preventable, it remains on the top of the U.S. disease burden list and is expected to worsen in the next decade.<sup>6</sup> Heart failure is also among the top HCCs reported for the reinsurance population.

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

## 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 2024. 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:

- Name of the Initiative
- Population(s) Targeted by the Initiative and How They Are Identified
- Description of the Initiative
- Intended Goals and/or Outcomes of the Initiative
  - Please indicate in this section whether the initiative or program is evidence-based.<sup>7</sup> If it is, include a brief description of the extent to which the intended goals of the initiative align with the outcomes reported in evaluations of the initiative or program. Appendix B contains a table carriers are recommended to use to report additional detail about evidence-based initiatives, and Appendix C contains resources that may be useful for identifying and evaluating evidence-based initiatives.
- Activities Undertaken to Evaluate the Effectiveness of the Initiative
- Methodology for Determining the Initiatives to Include in this Report

<sup>5</sup> Centers for Disease Control and Prevention. Heart Disease Facts. Retrieved from <https://www.cdc.gov/heartdisease/facts.htm>.

<sup>6</sup> American Heart Association. Retrieved from <https://www.heart.org/en/get-involved/advocate/federal-priorities/cdc-prevention-programs>.

<sup>7</sup> For the purposes of carrier accountability reporting, the definition of “evidence-based” is the one used in the 2024 Engaging Neighborhoods, Organizations, Unions, Governments and Households (ENOUGH) Act: “there is evidence from an experimental or quasi-experimental study that a project component has been effective in improving relevant outcomes with similar populations or in similar settings.”

- G. Please indicate whether the carrier undertook an initiative for the requested conditions (diabetes, asthma, behavioral health, and/or pregnancy) that fell below the 300-enrollee reporting threshold

## 2. PY 2024 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 2024, as well as the number of enrollees who received cost sharing reductions (CSRs) during PY 2024. Age will be calculated as of December 31, 2024. 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. *Please provide the race/ethnicity data in the categories provided in the template to the extent possible so that data may be summarized/aggregated across carriers.* The total allowed claims (including enrollee cost sharing) and total SRP payments for each subgroup will be tallied. If an enrollee changed between categories within the year (e.g., changed CSR status or moved to a new location), count their last category within the year so that each enrollee is only counted once in each table.

The next six tabs (tabs 2-7) collect information on 2024 enrollment, costs, and service use for enrollees whose claims were reimbursed by the SRP in PY 2024. 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 PY 2024, 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: F20 to F48.
- Substance use disorders – All opioid use disorder diagnoses from the following range: F11.1 to F11.9, and codes listed in Appendix A, and non-opioid use (e.g., alcohol use) substance use disorder diagnoses from the codes included in Appendix A.
- Pregnancy and childbirth – All diagnoses related to pregnancy, childbirth, and the postpartum period in the following range: O00-Q99
- Heart disease – Please use the HCC diagnosis groupings for heart failure.

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

attachment point. ***Please include the total allowed claims costs for the population with each condition, e.g., total costs for enrollees with diabetes, including both diabetes and non-diabetes claims.***

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 initiative 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). ***Please include total costs for the population with the condition, e.g., total claims costs for the population with diabetes including both diabetes and non-diabetes related claims.*** Note: Prior year versions of this template collected details on allowed claims and utilization across a number of service categories in columns F-N. MHBE is not requiring carrier reporting of this data for PY23 and instead plans to use data from the state All-Payer Claims Database for any analysis that would require this information.

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 8-12) and Savings to the SRP

Tabs 8-12 of the accompanying Excel template collect data on the experience for participants with the targeted conditions in 2023. Savings will be calculated by comparing the year-over-year average change in spending for those who were and were not enrolled in any initiatives. Because heart disease was newly added, carriers are not expected to report on savings until next year.

Carriers will identify all 2023 enrollees with the targeted conditions (e.g., diabetes) who remained enrolled with the carrier in 2024, and categorize them by their enrollment in initiatives, and whether or not they had claims reimbursed by the SRP during PY 2023. Column B should list the carrier's 2023 initiatives. If a participant was not enrolled in PY 2024, please include this participant total in row G, "No enrollment in PY 2024." Columns D through E will be left blank for those participants with no enrollment in PY 2024. Next, the costs for these participants in PY 2024 will be summarized in column E.

Please note that the total number of enrollees reported in column C must equal the number of enrollees reported during PY 2023 for each condition. These data elements are pre-populated for your convenience.

Columns F and G collect the PY 2023 total member months and allowed claims. Please note: for Tab 11 showing substance use disorder savings, the substance use disorder category now combines what were previously two distinct categories: substance use disorder and opioid use disorder. Therefore, to calculate the values for each 2023 column on this tab, add the corresponding PY 2023 values for substance use disorder and opioid use disorder.

**If the carrier performed other estimates of savings that may be reasonably attributed to these initiatives, the carrier is welcome to submit a description of the analysis and findings.**

#### **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, including whether and to what extent these new initiatives are evidence-based
- D. Other actions
- E. New to this year's report, the MHBE is interested in any quantitative or qualitative information that the carrier can provide to describe drivers of the costs to the reinsurance program, e.g., an increase in drug costs to treat certain conditions.

#### **5. Population Health (Tabs 13-18)**

In tabs 13-18, please report the following Healthcare Effectiveness Data and Information Set (HEDIS) measures. Use the HEDIS Measurement Year (MY) 2024 Technical Specifications, which apply to data for PY 2024.<sup>8</sup> Please include all individual market enrollees in the measures.

1. Diabetes (Tab 13)
  - i. Hemoglobin A1c Control for Patients with Diabetes
  - ii. Kidney Health Evaluation for Patients with Diabetes
2. Asthma (Tab 14)
  - i. Asthma Medication Ratio (AMR)
3. Behavioral Health (Tab 15)
  - i. Follow-up after hospitalization for mental illness (FUH) – 7-day follow-up only
  - ii. Initiation and engagement of substance use disorder treatment
  - iii. Antidepressant Medication Management
4. Pregnancy and Childbirth (Tab 16)
  - i. Prenatal and postpartum care (PPC) measures
5. Heart Disease (Tab 17)
  - i. Controlling high blood pressure (CBP)
6. Readmissions (Tab 18)
  - i. Plan All-Cause Readmissions

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. The MHBE may release an aggregated list of the most prevalent and costly HCCs after consultation with the carriers.

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

Summarize the most prevalent and costly HCCs among enrollees whose claims were reimbursed by the SRP during PY 2024. HCCs are defined by CMS for the risk adjustment program in the individual market. The 2024 HCCs can be found in tabs 3 and 4 of the *January 7, 2025* 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 amount of all allowed claims within that HCC, and total SRP payment for all enrollees with claims included within that HCC. Please note that we are requesting the total SRP payment amount, as the SRP payment amount cannot be split into HCCs.
- Summarize the total allowed cost of all claims among participants with claims reimbursed by the SRP by HCC. Report the top 10 most expensive HCCs and the corresponding number of

<sup>8</sup> For more information, see <https://www.ncqa.org/hedis/measures/>.

enrollees, the enrollees' total SRP payments, as well as the total allowed claims within that HCC. Please note that we are requesting the total SRP payment amount, as the SRP payment amount cannot be split into HCCs.

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 " $\leq 10$ ." The remaining corresponding columns must be reported.



## Appendix A. Substance Use Disorder ICD10 Diagnosis Codes

- **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
- **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
- **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. Evidence-Based Programs Table

The first row is included as an example and should be deleted by the user. Please add rows to this table as needed.

Population Targeted by Initiative	Name of Evidence-Based Program or Initiative	Research Citation or Clearinghouse Used	Link to Evidence Resource	Allocated Funds for the Initiative
<i>Members with Mental Health Conditions, Including Generalized Anxiety Disorder</i>	<i>Acceptance-Based Behavioral Therapy for Generalized Anxiety Disorder</i>	<i>National Registry of Evidence-Based Programs and Practices (NREPP) via <a href="#">Penn State Results First Clearinghouse Database</a></i>	<a href="#">Archived NREPP SAMHSA Intervention Summary Page</a>	<i>\$500,000</i>

## Appendix C. Research Clearinghouses

Research clearinghouses are centralized repositories that collect, evaluate, and disseminate research findings on a specific topic or field. These are useful resources for accessing and assessing research conducted on the effectiveness of initiatives designed to improve outcomes for individuals with treatable or manageable health issues. Clearinghouses often apply standardized ratings to aggregated research findings to help users make informed decisions when choosing health programs or initiatives. It is not strictly necessary to use clearinghouses for the purpose of selecting appropriate evidence-based initiatives targeting enrollees in the state reinsurance program, but some examples are provided below for reference.

Clearinghouse	Rating that meets the definition of “evidence-based”
<a href="#">What Works for Health</a>	Scientifically Supported or Some Evidence
<a href="#">Results First Clearinghouse Database</a>	Green/Highest Rated or Yellow/Second-highest Rated
<a href="#">Results for America Economic Mobility Catalog, Health and Wellbeing</a>	Proven or Strong
<a href="#">Agency for Healthcare Research and Quality, Evidence-based Practice Center</a>	No rating system. This is a searchable database of reports reviewing scientific evidence on various health conditions and interventions.
<a href="#">Substance Abuse and Mental Health Services Administration, Evidence-based Practices Resource Center.</a>	No rating system. This is a searchable database of reports reviewing scientific evidence on interventions addressing substance use disorders and mental health conditions.