



Plan Year 2023 Reinsurance Program Carrier Accountability Report

**Maryland Health Benefit Exchange
February 24, 2025**

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Introduction

In August of 2018, the U.S. Department of Health and Human Services approved the Maryland Health Benefit Exchange's (MHBE's) Section 1332 waiver application to implement a State Reinsurance Program (SRP) beginning in plan year (PY) 2019. The purpose of the SRP is to mitigate the premium impact of high-cost enrollees for carriers participating in the individual market.¹ The SRP has been highly successful, reducing rates and providing relief for Marylanders who had experienced significant premium increases in the years before the SRP took effect.² In PY 2023, the SRP reimbursed carriers for 80% of the claims costs incurred between \$18,500 and \$250,000 for each member in the individual market.

In response to stakeholder comments during the initial 1332 waiver process, the MHBE promulgated regulations³ requiring all carriers to submit an annual report that describes carrier activities to manage the costs and utilization of the enrollees whose claims were reimbursed by the SRP, as well as efforts to contain costs so enrollees do not exceed the reinsurance threshold. This document serves as the fifth annual Reinsurance Program Carrier Accountability Report, covering PY 2023.

Reporting Overview

The regulations require the report to collect the following:

- The initiatives and programs the carrier administers to manage costs and utilization of enrollees whose claims are reimbursable under the SRP in a narrative summary format
- The total population of enrollees whose claims are reimbursable under the SRP, the allocation of these enrollees across each of the initiatives and programs described above, and the allocation of enrollees who do not participate in these initiatives and programs
- The effectiveness of the initiatives and programs, as measured by the estimated reduction of claims and utilization
- The actions the carrier will take to improve on the effectiveness estimates
- The estimated savings to the SRP based upon the effectiveness of these programs and initiatives
- The estimated rate impact of the initiatives and programs
- The methodology utilized to determine which programs to include, their estimated effectiveness, and estimated savings
- Population health initiatives and outcomes for Individual Exchange enrollment

The MHBE's reporting instructions and template are available [here](#). In the instructions, the MHBE directs the carriers to report on targeted initiatives addressing diabetes, behavioral health, asthma, pregnancy/childbirth, and heart disease, as well as health outcomes related to these

¹ More information about the SRP may be found [here](#).

² Rate reduction as compared to projected rates if the reinsurance program did not exist.

³ COMAR 14.35.17.03(C).

conditions. 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 created the [Statewide Integrated Health Improvement Strategy \(SIHIS\)](#). Diabetes is one focus area of the Total Cost of Care Model/SIHIS, and the Maryland Department of Health developed a statewide [Diabetes Statewide Action Plan](#). Diabetes is also one of the top hierarchical condition categories (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 associated with significant health disparities and health care costs. While it cannot be cured, it can be controlled under the guidance of a doctor to avoid such complications as hospitalizations.⁴ 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 the risk of complications for mothers and their infants during and after pregnancy that may result in lengthy and costly hospital stays.^{5, 6} 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.⁷ 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.⁸ Heart failure is also among the top HCCs reported for the reinsurance population

In order to protect participant privacy, the carriers were asked to report on initiatives that served 300 or more total enrollees in the individual market (SRP and non-SRP enrollees). The MHBE will update these reporting instructions annually and may modify measures and the targeted conditions as appropriate.

⁴ Centers for Disease Control and Prevention. National Asthma Control Program. Retrieved from <https://www.cdc.gov/asthma/nacp.htm>.

⁵ 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>.

⁶ Centers for Disease Control and Prevention. (2016). *Folic acid. Data and statistics*. Retrieved from: <https://www.cdc.gov/ncbddd/folicacid/data.html>

⁷ Centers for Disease Control and Prevention. Heart Disease Facts. Retrieved from <https://www.cdc.gov/heartdisease/facts.htm>.

⁸ American Heart Association. Retrieved from <https://www.heart.org/en/get-involved/advocate/federal-priorities/cdc-prevention-programs>.

Key Findings

Attachments A, B, and C show the public individual reports for CareFirst, Kaiser Permanente, and United HealthCare, respectively, the three carriers participating in the individual market in PY 2023. In addition to the public report, the carriers also submitted confidential reports on the top 10 most prevalent and costly HCCs for enrollees whose claims were reimbursed by the SRP. Some key findings from their reports are presented below.

Initiatives

Table 1 summarizes the care management initiatives reported by each carrier that address each targeted condition in PY 2023. Table 1 also presents the number of enrollees with claims reimbursed by the SRP in PY 2023, as well as the corresponding total SRP payment. Of note, CareFirst removed its diabetes virtual care program, and Kaiser Permanente added substance use screening and engagement and lipid management programs. Because United HealthCare was new to the market and had limited membership, the carrier did not have any initiatives with at least 300 enrollees targeting specific conditions, although it reported initiatives with less than that number targeting behavioral health and a general case management initiative that had at least 300 enrollees. No carrier reported initiatives targeting asthma or pregnancy with at least 300 enrollees, but Kaiser reported initiatives serving pregnant individuals and those with asthma that had less than 300 enrollees.

- CareFirst had 13,931 enrollees with claims reimbursed by the SRP (up from 12,297 in PY 2022), with SRP payments totaling approximately \$459 million (compared to \$387 million in PY 2022). CareFirst reported one initiative targeting diabetes that serves 24% of their SRP population with diabetes and two targeting behavioral health, serving 24% of their SRP members with a mental health disorder (MHD) and 22% of their SRP members with a substance use disorder (SUD).
- Kaiser Permanente had 2,639 enrollees with claims reimbursed by the SRP (compared with 2,446 in PY 2022), with SRP payments totaling approximately \$74 million (compared with \$82 million in PY 2022). Kaiser Permanente reported four initiatives targeting diabetes that serve 49% of their SRP population with diabetes and a depression care initiative serving 21% of their SRP members with an MHD.
- United HealthCare had 973 enrollees with claims reimbursed by the SRP overall (compared to 392 in PY 2022). United HealthCare reported no initiatives with at least 300 enrollees specifically targeting the conditions set as state health goals but reported behavioral health initiatives with less than 300 enrollees and a general case management program that did have at least 300 enrollees.

**Table 1. Summary of Care Management Initiatives Targeting Specified
State Public Health Goals, PY 2023**

Carrier	# of Enrollees with Claims Reimbursed by the SRP	Total SRP Payment	Diabetes	Behavioral Health	Heart Disease	Other
CareFirst	13,931	\$459,419,112	Diabetes Care Management Program Serves 655 (24%) of SRP Members with Diabetes	Behavioral Health Care Management Program and Behavioral Health Digital Solution Serves: 1413 (24%) of SRP Members with MHD 112 (22%) of SRP Members with SUD		High-Cost Claimant Unit
Kaiser Permanente	2,639	\$74,677,199	Diabetes Glucometer, Diabetes Care Management, and Diabetes Glycemic Control, and Lipid Management Programs Serves 296 (49%) of SRP Members with Diabetes	Depression Screening and Engagement and Substance Use Screening and Engagement Programs Serves 69 (21%) of Members with MHD	Hypertension Management and Lipid Management Programs Serves 446 (81%) of Members with Heart Disease	
United	973	\$33,740,167		No initiatives with 300 enrollees or more - had limited membership Had initiatives with less than 300		Case Management Program

Demographic Characteristics of the SRP Population

The following tables present some demographic characteristics of the SRP population, combining enrollment across carriers. Due to small cell sizes and differences in reporting on ethnicity, combined data are not presented for county or race/ethnicity. Table 2 presents the number of enrollees whose claims were reimbursed by the SRP in PY 2023 by cost-sharing reduction (CSR) status, as well as the corresponding SRP payment amount.

- Individuals receiving CSRs accounted for 17.0% of SRP enrollment (compared with 19.5% in PY 2022) and 17.4% of SRP payments (compared with 19.8% in PY 2022).

- Individuals on the Exchange without CSRs accounted for 52.5% of SRP enrollment (compared with 50.0% in PY 2022) and 50.0% of SRP payments (compared with 47.0% in PY 2022).
- Individuals off the Exchange accounted for 30.5% of SRP enrollment and 32.6% of SRP payments (both similar to what was reported in PY 2022).

Table 2. Enrollees with Claims Reimbursed by the SRP by CSR Status, PY 2023

CSR Status	Total Number of Enrollees with SRP	% of Enrollees with SRP	Total SRP Payment	% of SRP Payment
On-Exchange w/ CSRs	2,979	17.0%	\$98,642,214	17.4%
On-Exchange and No CSRs	9,205	52.5%	\$284,110,749	50.0%
Off-Exchange	5,359	30.5%	\$185,083,517	32.6%
Total	17,543	100%	\$567,836,479	100%

Table 3 presents the number of enrollees whose claims were reimbursed by the SRP in PY 2023 by age group. Adults aged 55-64 years accounted for the largest portion of both SRP enrollment and payments (the same as in PY 2022). However, adults aged 65 and above had the highest proportion of total exchange enrollment in that age range with SRP. As with PY 2022, SRP enrollment and percentage of payments generally increased with age.

Table 3. Enrollees with Claims Reimbursed by the SRP by Age Group, PY 2023

Age Group (Years)	Total Number of Enrollees with SRP	% of Enrollees with SRP	Total # of Exchange Enrollees*	% of Total Exchange Enrollment with SRP	Total SRP Payment	% of SRP Payment
<18	630	3.6%	11,463	5.5%	\$23,683,848	4.2%
18-25	589	3.4%	17,745	3.3%	\$19,227,078	3.4%
26-34	2,172	12.4%	32,611	6.7%	\$53,719,854	9.5%
35-44	3,212	18.3%	30,972	10.4%	\$89,419,813	15.7%
45-54	3,118	17.8%	32,862	9.5%	\$99,408,509	17.5%
55-64	5,211	29.7%	44,347	11.8%	\$182,067,868	32.1%
65+	2,611	14.9%	8,208	31.8%	\$100,309,508	17.7%
Total	17,543	100%	178,208	9.8%	\$567,836,479	100%

*Data drawn from MHBE's [December 2023 Executive Report](#).

Health Outcomes

The carriers were asked to report on the following Healthcare Effectiveness Data and Information Set (HEDIS) measures using the HEDIS Measurement Year 2023 Technical Specifications, which apply to data for PY 2023.⁹

- Diabetes: Comprehensive diabetes care (CDC) measures
- Asthma: Asthma medication ratio (AMR)
- Behavioral Health
 - Follow-up after hospitalization for mental illness (FUH)
 - Initiation and engagement of alcohol and other drug abuse or dependence treatment (IET)
 - Antidepressant Medication Management
- Pregnancy and Childbirth: Prenatal and postpartum care (PPC) measures
- Heart Disease: Participants with blood pressure adequately controlled

Figures 1 through 5 present the results of these measures in PYs 2019-2023. United HealthCare did not report data on the HEDIS measures until PY 2023. Figure 1 shows each carrier's performance on each comprehensive diabetes care measure in all PYs for which data are available from PYs 2019 to 2023. Kaiser Permanente performed best on the percentage of diabetic adults with an HbA1c less than 8.0% in PYs 2020-2022, followed by the CareFirst Health Maintenance Organization (HMO) in each PY. Between PY 2020 and PY 2022, the CareFirst Preferred Provider Organization (PPO) and HMO both saw increases of at least 12 percentage points in their respective rates of diabetic adults testing at less than 8% for HbA1c. In PY 2023, in alignment with a corresponding change to the HEDIS technical specifications, Kaiser instead reported the percentage of diabetic adults with an HbA1c greater than 9.0%, with its rate reported at 21%.¹⁰ For the percentage of members receiving a kidney health evaluation, a new measure this year, Kaiser's was the highest, followed by the CareFirst HMO.

⁹ For more information, see <https://www.ncqa.org/hedis/measures/>.

¹⁰ The reporting template will be updated in PY 2024 to align with the new HEDIS measure for poor HbA1c control.

Figure 1. Selected Diabetes-Related HEDIS Measures for the Individual Market by Carrier, PYs 2019-2023

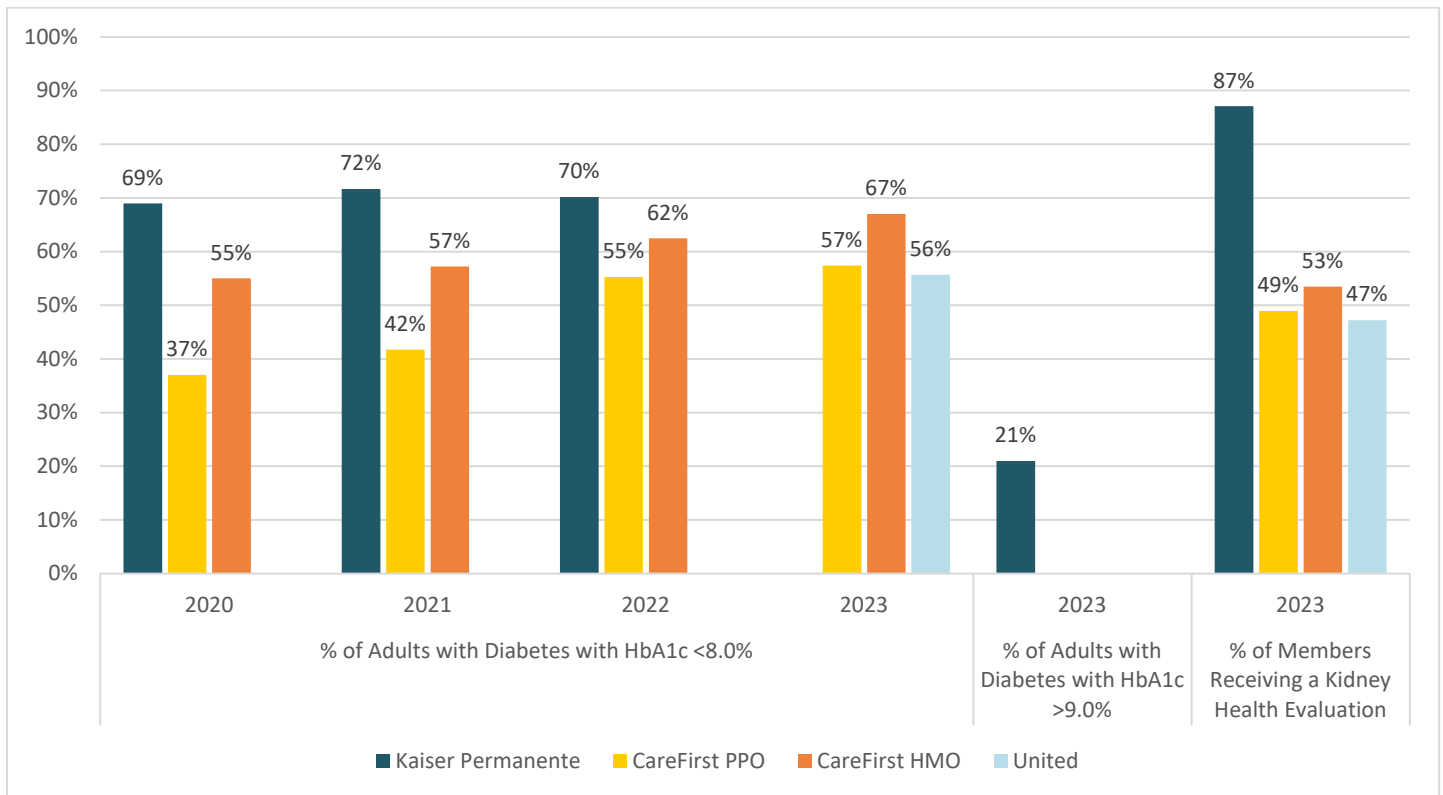


Figure 2 shows percentages of members with asthma who had a ratio of controller to total asthma medications of at least 0.5 in PYs 2021-2023. The CareFirst HMO performed best in PY 2020, followed by Kaiser Permanente and then the CareFirst PPO. Kaiser Permanente had the highest rates in PYs 2021 through 2023, while CareFirst HMO's rate fell by 9 percentage points overall between PYs 2020 and 2023. United HealthCare ranked lowest in PY 2023.

Figure 2. Asthma Medication Ratio: An Asthma-Related HEDIS Measure for the Individual Market by Carrier, PYs 2020-2023

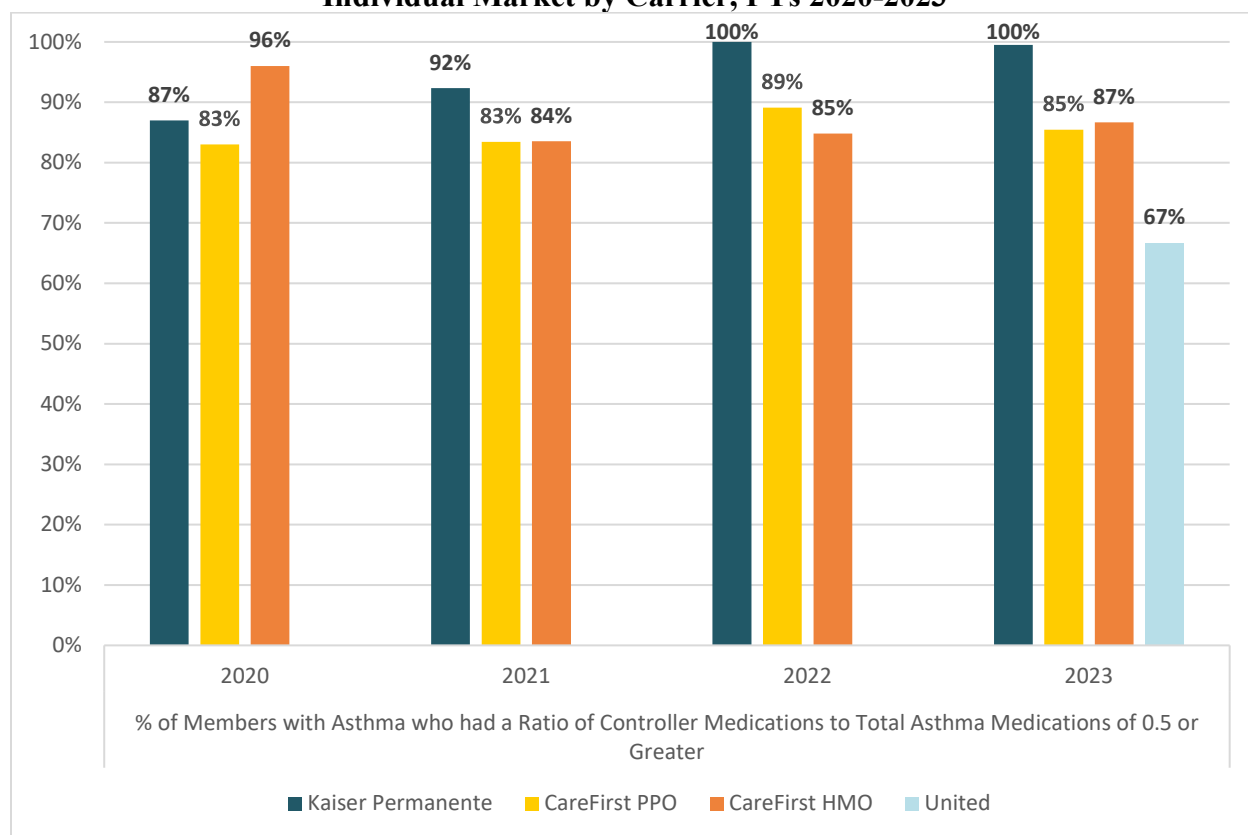


Figure 3 shows the carriers' performance on three HEDIS measures related to behavioral health for the years where data are available from PY 2019 to PY 2023. Kaiser Permanente's rates were the highest through PY 2021 for all measures, but their rates for initiation of, and continuing engagement with, alcohol or other drug abuse treatment decreased overall throughout the evaluation period. The CareFirst PPO had the highest rate of participants who initiated alcohol or drug abuse treatment who had two or more services within 34 days in PYs 2022 and 2023 and the highest rate of participants initiating treatment within 14 days of diagnosis in PY 2023, increasing overall for both measures throughout the evaluation period.

Figure 3. Selected Behavioral Health-Related HEDIS Measures for the Individual Market by Carrier, PYs 2019-2023

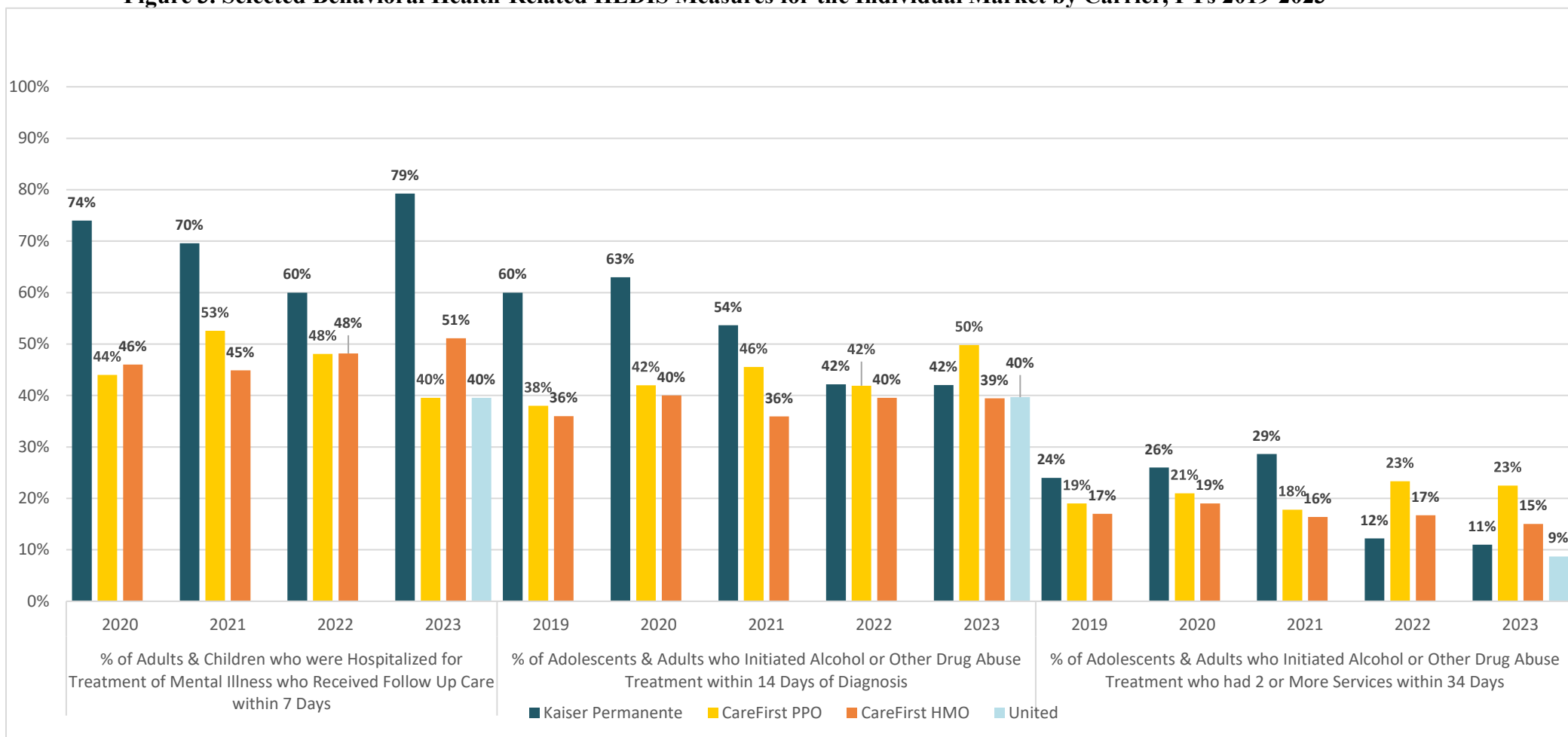


Figure 4 shows the carriers' performance on two antidepressant medication management measures, which they were newly asked about this year: the number of adolescents and adults with at least 84 days, and with at least 180 days, of antidepressant medication treatment. Kaiser Permanente had the highest rate of treatment with antidepressant medications for at least 84 days, followed by the CareFirst PPO. The CareFirst PPO had the highest rate of treatment for at least 180 days, followed by the CareFirst HMO, while Kaiser had the lowest rate.

Figure 4. Antidepressant Medication Management HEDIS Measures for the Individual Market by Carrier, PY 2023

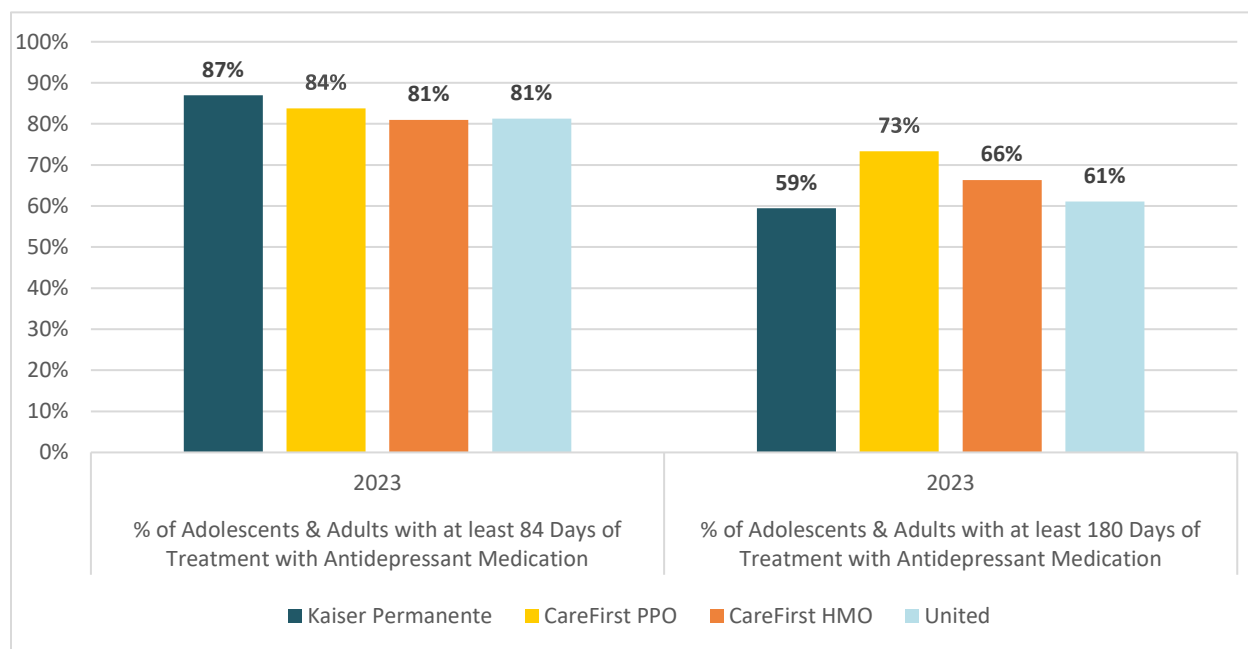


Figure 5 shows each carrier's performance on the respective percentages of deliveries with a prenatal visit in the first trimester or within 42 days of enrollment and deliveries with a postpartum visit 7-84 days after delivery. Kaiser Permanente had the highest percentage for each measure across all plan years, with its score for timely prenatal visits reaching 100% in PY 2021. The CareFirst PPO's and HMO's rates for both timely prenatal and postpartum visits increased overall throughout the evaluation period.

Figure 5. Selected Pregnancy-Related HEDIS Measures for the Individual Market by Carrier, PYs 2019-2023

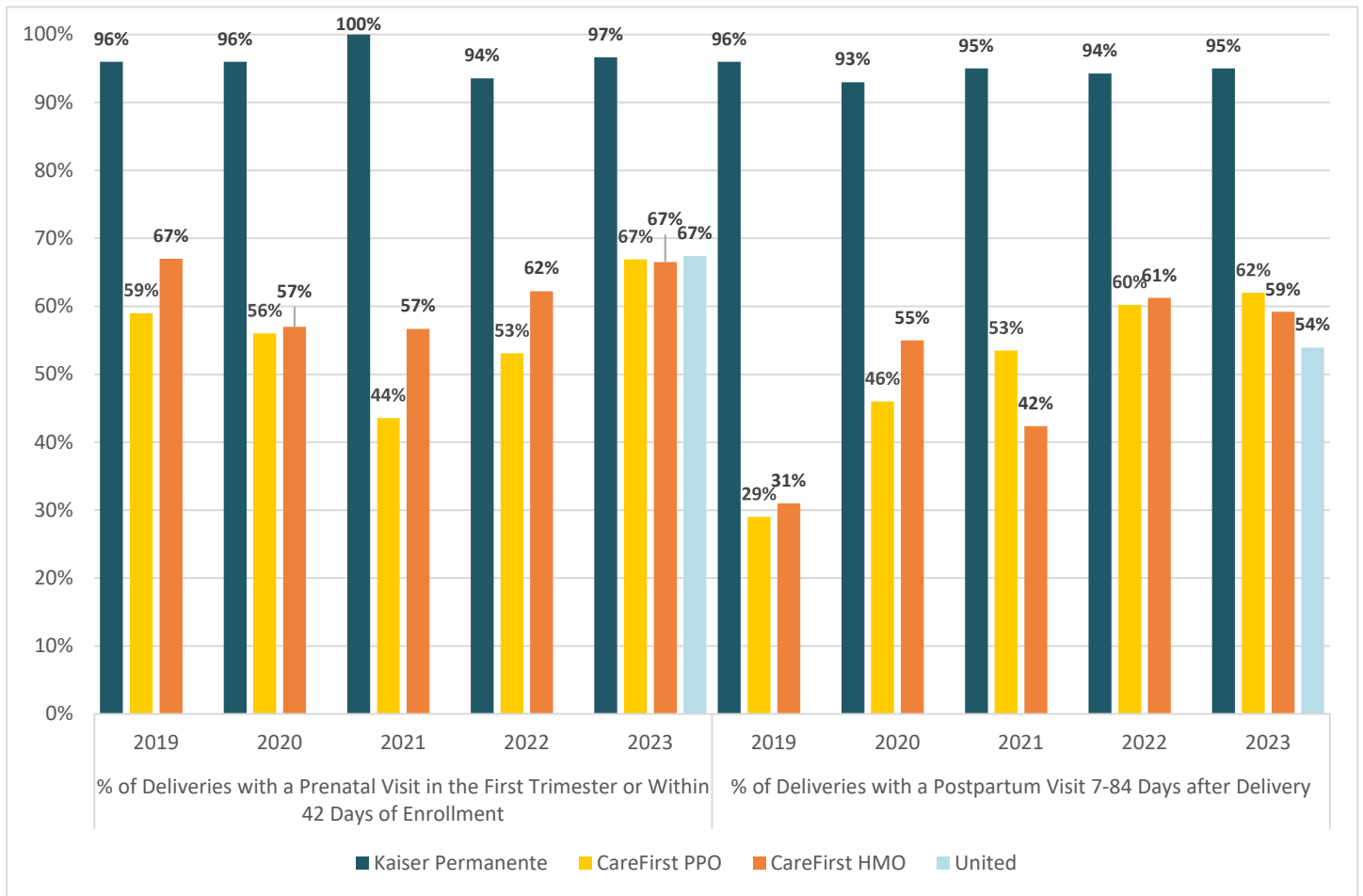
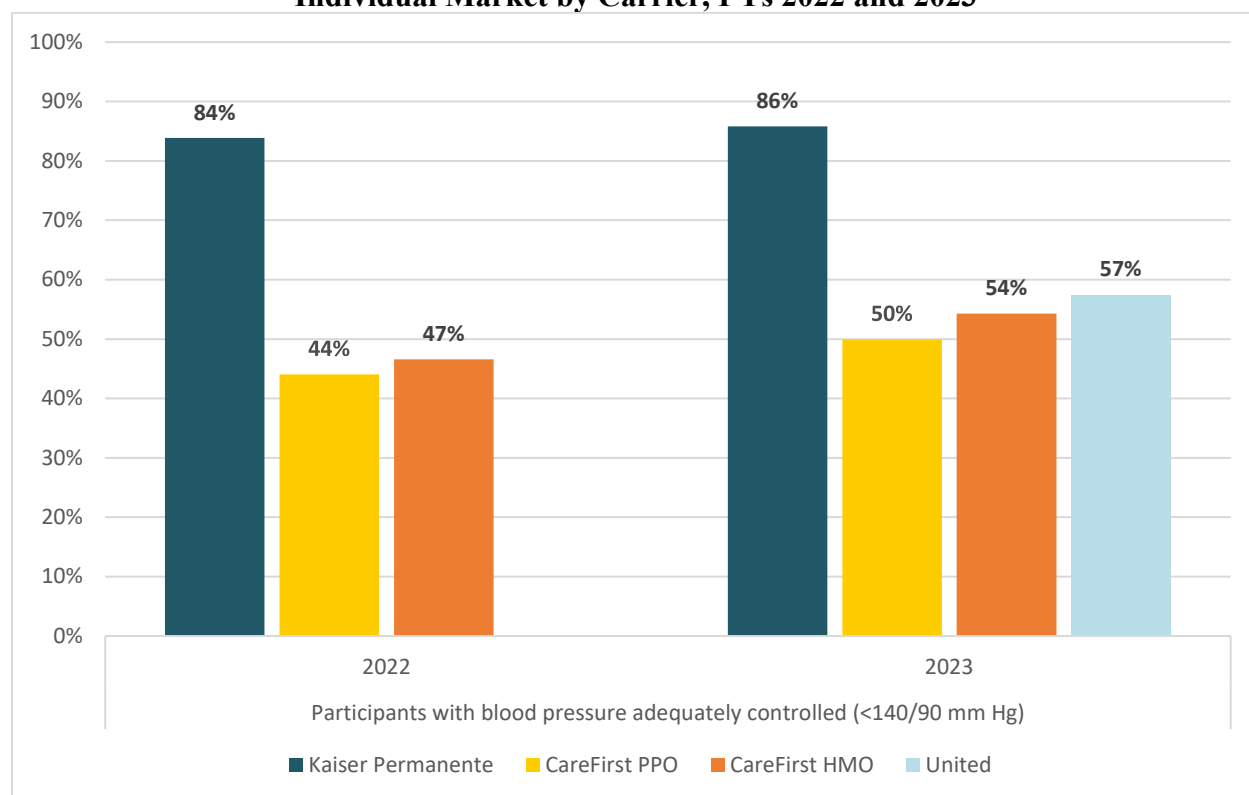


Figure 6 shows each carrier's percentage of participants with hypertension who had their blood pressure adequately controlled (defined as less than 140/90 mm Hg) in PYs 2022 and 2023. Kaiser Permanente had the highest rate in both years. Each carrier that had data for both years saw an increase between PYs 2022 and 2023.

Figure 6. Blood Pressure Control: A Heart Disease-Related HEDIS Measure for the Individual Market by Carrier, PYs 2022 and 2023



In order to benchmark performance on these HEDIS measures, the MHBE downloaded the Centers for Medicare & Medicaid Services' (CMS') Quality Rating System (QRS) public use files.¹¹ Table 4 below ranks Maryland plan performance in the QRS against the other plans nationwide reporting to the QRS for PY 2023. The Kaiser Permanente HMO placed first among HMOs nationwide in the proportion of members receiving timely prenatal care and third in the rate of eye exams for diabetic members. The United HMO ranked first among HMOs in the proportion of members with asthma who achieved a proportion of days covered (PDC) of at least 75% for their asthma controller medications, while CareFirst PPO Plan 1 ranked sixth. For the proportion of diabetic adults who tested below 8% for HbA1c, the Kaiser Permanente HMO placed fourth among HMOs nationwide, while CareFirst PPO Plan 2 placed fourth among PPOs nationally. In initiation and engagement of treatment for alcohol and other drug (AOD) treatment, the Kaiser Permanente HMO ranked second among HMOs nationwide, and CareFirst PPO Plan 2 ranked third among PPOs. Measures on which plans performed near the bottom of their respective rankings included the initiation and engagement of AOD treatment and timeliness of prenatal care measures for CareFirst PPO Plan 1, the timeliness of prenatal care

¹¹ For more information, see <https://go.cms.gov/3kiwPZj>.

measure for CareFirst PPO Plan 2, the postpartum care measure for the CareFirst HMO, and the diabetes eye exam measure and both pregnancy measures for the United HMO. Please note that the QRS reflects on-exchange individual market qualified health plans (QHPs), whereas the carriers were asked to report on the entire individual market for the reinsurance report.

Table 4. Comparison of Maryland’s QRS Scores on Selected HEDIS Measures with QHPs Nationally, PY 2023

	Kaiser Permanente – HMO	CareFirst – PPO Plan 1	CareFirst – PPO Plan 2	CareFirst – HMO	United – HMO
Diabetes					
% of Members with Diabetes Receiving an Eye Exam	3 out of 136 HMOs	30 out of 44 PPOs	14 out of 44 PPOs	64 out of 136 HMOs	132 out of 136 HMOs
% of Adults with Diabetes with HbA1c <8.0%	4 out of 136 HMOs	33 out of 44 PPOs	4 out of 44 PPOs	59 out of 136 HMOs	85 out of 136 HMOs
Asthma					
% of Members with Asthma who Achieved a PDC of at Least 75% for their Asthma Controller Medications	12 out of 135 HMOs	6 out of 44 PPOs	31 out of 44 PPOs	65 out of 135 HMOs	1 out of 135 HMOs
Behavioral Health					
Initiation and Engagement of AOD Treatment	2 out of 136 HMOs	41 out of 44 PPOs	3 out of 44 PPOs	30 out of 136 HMOs	14 out of 136 HMOs
Pregnancy					
Timeliness of Prenatal Care	1 out of 135 HMOs	38 out of 44 PPOs	43 out of 44 PPOs	99 out of 135 HMOs	121 out of 135 HMOs
Postpartum Care	14 out of 135 HMOs	34 out of 44 PPOs	15 out of 44 PPOs	110 out of 135 HMOs	126 out of 135 HMOs

As an additional benchmarking step, the MHBE compared Maryland plans’ performance on those same measures, as reported to the QRS, with the national HEDIS means for the total commercial market published by the National Committee for Quality Assurance (NCQA). Table 5 shows each plan’s rate for each measure, along with an indication of whether the rate falls above or below the national HEDIS mean for the measure among the corresponding plan type. The Kaiser Permanente HMO and CareFirst PPO Plan 2 performed better on both diabetes

measures and on postpartum care than the national HEDIS means. Kaiser also exceeded the national HEDIS mean for timeliness of prenatal care, while CareFirst PPO Plan 2's rate fell below it. CareFirst PPO Plan 1's, the CareFirst HMO's, and the United HMO's performances on both diabetes and both pregnancy measures were poorer than the national HEDIS means for each measure.

Table 5. Comparison of Maryland's QRS Scores on Selected HEDIS Measures with National Means for the Total Commercial Market

	Kaiser Permanente – HMO		CareFirst – PPO Plan 1		CareFirst – PPO Plan 2		CareFirst – HMO		United – HMO	
	Rate	Comparison to National HEDIS mean	Rate	Comparison to National HEDIS mean	Rate	Comparison to National HEDIS mean	Rate	Comparison to National HEDIS mean	Rate	Comparison to National HEDIS mean
Diabetes										
% of Members with Diabetes Receiving an Eye Exam	87.2%	+	39.4%	-	54.0%	+	45.7%	-	24.7%	-
% of Adults with Diabetes with HbA1c <8.0%	71.7%	+	46.7%	-	67.8%	+	60.3%	-	57.0%	-
Asthma										
% of Members with Asthma who Achieved a PDC of at Least 75% for their Asthma Controller Medications	92.3%	*	88.1%	*	73.3%	*	81.8%	*	100.0%	*
Behavioral Health										
Initiation and Engagement of AOD Treatment	41.1%	**	16.7%	**	34.6%	**	26.1%	**	29.7%	*
Pregnancy										
Timeliness of Prenatal Care	100.0%	+	63.6%	-	50.0%	-	76.9%	-	62.5%	-
Postpartum Care	95.0%	+	72.7%	-	83.3%	+	68.3%	-	50.0%	-

* Rate could not be benchmarked because national HEDIS means for this measure have not been reported since 2019.

**Rate could not be benchmarked because national HEDIS means for this measure are reported as two separate rates: (1) initiation and (2) engagement of AOD treatment.

Top Hierarchical Condition Categories

The carriers submitted confidential reports of the most prevalent and costly HCCs among the claims reimbursed by the SRP. HCCs are groupings of related diagnoses that are used by the federal risk adjustment program and are a way to classify diagnosis codes into meaningful categories. Table 6 presents, in descending order, the most frequently occurring (based on enrollment) and the highest cost (based on allowed claims costs) HCCs among SRP claims across all three carriers. Note that the claims costs are reported as all costs associated with the HCC.

Diabetes (with or without complications) was the most frequent HCC in PYs 2021 and 2022, while various forms of cancers were the most frequent in PY 2023 as well as the highest cost HCC in all three years. HIV/AIDS was the second most frequent HCC in PY 2021 but was not among the top five most frequent in the two subsequent years, a marked change from PYs 2019 and 2020, when it was the second most frequent HCC (HCCs for PY 2019 and 2020 not shown here). Ongoing pregnancy without delivery with no or minor complications and major depressive disorder (severe) and bipolar disorders were the second and third most frequently billed HCCs in PY 2022, then switched positions in the PY 2023 ranking. The HCC covering septicemia and related conditions was the second highest cost HCC for the fourth straight year (PY 2020 not shown), while hemophilia was the third most costly HCC in PY 2021 and the fourth most costly HCC in PY 2022. Heart failure was the only other HCC among the top five most costly in more than one year. Diabetes was the third most costly HCC in PY 2023 after not ranking among the top 10 in either of the previous years. The MHBE notes that the top HCCs reimbursed by the SRP include the conditions of state population health interest—diabetes, asthma, behavioral health, heart disease, and pregnancy. These are highlighted in light blue in the table.

Table 6. Top 10 Hierarchical Condition Categories by Count and Cost among SRP Claims, PY 2021-2023 SRP

Most Frequent			Highest Cost		
2021*#	2022	2023	2021*#	2022	2023
Diabetes With or Without Complications	Diabetes With or Without Complications	Cancers	Cancers	Cancers	Cancers
HIV/AIDS	Ongoing Pregnancy without Delivery with No or Minor Complications	Major Depressive Disorder, Severe, and bipolar disorders	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
Cancers	Major Depressive Disorder, Severe, and Bipolar Disorders	Ongoing Pregnancy without Delivery with No or Minor Complications	Hemophilia	Ongoing Pregnancy without Delivery with No or Minor Complications	Diabetes, With or Without Complications
Ongoing Pregnancy without Delivery with No or Minor Complications	Varicella Encephalitis and Encephalomyelitis	Autistic Disorder	End Stage Renal Disease	Hemophilia	Specified Heart Arrhythmias

Most Frequent			Highest Cost		
2021*#	2022	2023	2021*#	2022	2023
Heart Failure	Cancers	Diabetes, With or Without Complications	Inflammatory Bowel Disease	Heart Failure	Heart Failure
Major Depressive Disorder, Severe, and bipolar disorders	HIV/AIDS	Drug Use disorder, moderate/severe, or drug use with non-psychotic complications	Autistic Disorder	End Stage Renal Disease	Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes
Specified Heart Arrhythmias	Specified Heart Arrhythmias	HIV/AIDS	Ongoing Pregnancy without Delivery with No or Minor Complications	Major Depressive Disorder, Severe, and Bipolar Disorders	Asthma, Except Severe, and Chronic Obstructive Pulmonary Disease, Including Bronchiectasis
Rheumatoid Arthritis and Specified Autoimmune Disorders	Meningitis in Chagas' Disease	Inflammatory Bowel Disease	Drug Use Disorder, Moderate/Severe, or Drug Use with Non-psychotic Complications	Autistic Disorder	Protein-Calorie Malnutrition
Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Specified Heart Arrhythmias	Heart Failure	Inflammatory Bowel Disease	Hemophilia
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Ongoing Pregnancy without Delivery with Some or Major Complications	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Protein-Calorie Malnutrition	Other Acute Paralytic Poliomyelitis	Ongoing Pregnancy without Delivery with No or Minor Complications

*: The name of HCC 130, “Congestive Heart Failure”, was changed to “Heart Failure” in PY 2021, though both names describe the same set of conditions.

#: PY 2021 is the first year HCC 212, “(Ongoing) Pregnancy without Delivery with No or Minor Complications,” was used. In previous years, pregnancy HCCs described completed pregnancies, ectopic pregnancies, and miscarriages, all of which are also included in PY 2021. It is possible HCC 212 was among the most common reported by carriers in PY 2021 because it could have been billed more times over the course of a pregnancy than the other pregnancy HCCs from PY 2021 and previous years.

Table 7 shows average allowed claims cost per enrollee with the conditions of population health interest (SRP and non-SRP) for PY 2023. Among CareFirst SRP enrollees and across all six health condition categories, allowed claims per enrollee were higher for those enrolled in an initiative compared to enrollees not in an initiative. This was also true for Kaiser SRP enrollees in three of the six health condition categories. United did not report any SRP enrollees who were also enrolled in an initiative to address the condition. Of the six conditions presented, and across both CareFirst and Kaiser, SRP enrollees with asthma in an initiative had the highest average claims costs (\$143,444), followed by SRP enrollees in an initiative to manage mental health conditions (\$140,830) and pregnant SRP enrollees in an initiative (\$136,175). Compared to last year, average allowed claims per SRP enrollee among those CareFirst and Kaiser enrollees in an initiative were lower this year in the condition categories of substance use disorder (\$98,775 in

PY 2023, \$121,763 in PY 2022) and heart disease (\$93,039 in PY 2023, \$137,190 in PY 2022).¹² Conversely, the average allowed claims per SRP enrollee for both CareFirst and Kaiser for those in diabetes, asthma, and mental health initiatives were all higher in PY 2023 than PY 2022. Average allowed claims per SRP enrollee for enrollees not in an initiative across all three carriers were largely the same in PY 2023 compared to PY 2022 for most condition categories but notably decreased for Kaiser SRP enrollees with diabetes and with asthma and increased for United SRP enrollees with asthma and with heart disease.

Table 7. Average Allowed Claims Costs per Individual Market Enrollees with Specified Health Conditions, by Initiative Enrollment and SRP Enrollment Statuses, PY 2023

	Allowed Claims Per SRP Enrollee		Allowed Claims Per Non-SRP Enrollee
	Enrolled in an Initiative	Not Enrolled in an Initiative	
Diabetes			
CareFirst	\$133,803	\$41,689	\$7,679
Kaiser Permanente	\$61,402	\$55,272	\$3,447
United	N/A	\$86,632	\$4,001
Total	\$111,268	\$46,976	\$5,195
Asthma			
CareFirst	\$147,860	\$46,395	\$5,025
Kaiser Permanente	\$66,541	\$43,493	\$3,932
United	N/A	\$72,148	\$3,075
Total	\$143,444	\$46,700	\$4,879
Pregnancy			
CareFirst	\$136,516	\$41,088	\$6,991
Kaiser Permanente	\$25,486	\$38,857	\$7,483
United	N/A	\$35,959	\$5,960
Total	\$136,175	\$40,345	\$7,003
Mental Health			
CareFirst	\$145,400	\$48,850	\$4,675
Kaiser Permanente	\$47,259	\$48,937	\$3,749
United	N/A	\$81,052	\$2,714
Total	\$140,830	\$49,903	\$4,456
Substance Use Disorder (Including Opioid Use Disorder)			
CareFirst	\$120,404	\$56,783	\$6,460

¹² Substance use disorder included opioid use disorder in PY 2023, but these were separate categories in PY 2022.

	Allowed Claims Per SRP Enrollee		Allowed Claims Per Non-SRP Enrollee
	Enrolled in an Initiative	Not Enrolled in an Initiative	
Kaiser Permanente	\$49,337	\$37,218	\$4,036
United	N/A	\$70,933	\$3,629
Total	\$98,775	\$56,364	\$5,610
Heart Disease			
CareFirst	\$161,661	\$54,511	\$9,882
Kaiser Permanente	\$55,190	\$119,260	\$3,373
United	N/A	\$119,789	\$8,885
Total	\$93,039	\$83,321	\$3,978

Estimating Cost Changes for SRP Enrollees

Carriers were required to estimate changes in claims costs for SRP enrollees who participated in the reported initiatives in both PYs 2022 and 2023. Carriers followed the PY 2022 SRP enrollees into PY 2023 and compared claims costs for those who were not enrolled in the initiatives during the same period. The total allowed claims for enrollees in care management initiatives for each condition type in PY 2023 were divided by the member months of enrollees in the care management initiative to find the per member per month (PMPM) costs, which were then subtracted from the PMPM costs in PY 2022.

In every condition category, the overall PMPM costs for all initiative enrollees for CareFirst and Kaiser Permanente increased from PY 2022 to 2023 (United did not report any data for this section), while the PMPM costs for non-initiative enrollees across all carriers (including United) decreased. The greater PMPM costs for initiative participants may indicate that these enrollees had more complex and ongoing care needs related to their condition(s) than non-initiative participants, who may have been enrolled in the SRP due to a temporary increase in care costs that did not require extensive or continued care.

Table 9. Estimated Savings to the State Reinsurance Program Among Enrollees Who Participated in Care Management Initiatives in Both Plan Years 2022 and 2023

	Allowed Claims Per Member Per Month for SRP Enrollees						
	Enrolled in an Initiative, PY 2022	Enrolled in an Initiative, PY 2023	Estimated PMPM Savings, 2022 to 2023*#		Not Enrolled in an Initiative, PY 2022	Not Enrolled in an Initiative, PY 2023	Estimated Reduction in PMPM Cost, 2022 to 2023
Diabetes							
CareFirst	\$9,021	\$12,217	-\$3,196		\$4,169	\$3,278	\$891
Kaiser Permanente	\$4,521	\$2,858	\$1,663		\$6,582	\$3,416	\$3,167
United	N/A	N/A	N/A		\$8,020	\$4,707	\$3,313
Total	\$7,173	\$8,470	-\$1,298		\$4,623	\$3,334	\$1,289
Asthma							
CareFirst	\$10,697	\$13,648	-\$2,952		\$4,341	\$3,483	\$858
Kaiser Permanente	N/A	N/A	N/A		\$6,952	\$2,992	\$3,961
United	N/A	N/A	N/A		\$4,769	\$3,668	\$1,101
Total	\$10,697	\$13,648	-\$2,952		\$4,461	\$3,465	\$996
Pregnancy							
CareFirst	\$15,243	\$18,284	-\$3,041		\$4,225	\$2,261	\$1,964
Kaiser Permanente	\$3,165	\$333	\$2,831		\$4,442	\$1,457	\$2,985
United	N/A	N/A	N/A		\$4,795	\$38	\$4,758
Total	\$12,776	\$15,363	-\$2,586		\$4,282	\$2,008	\$2,275
Mental Health							
CareFirst	\$10,585	\$13,646	-\$3,062		\$4,687	\$3,318	\$1,369
Kaiser Permanente	\$4,577	\$3,331	\$1,246		\$5,323	\$2,726	\$2,597
United	N/A	N/A	N/A		\$7,477	\$3,356	\$4,121
Total	\$9,896	\$12,530	-\$2,633		\$4,755	\$3,281	\$1,474
Substance Use Disorder (Non-Opioid)							
CareFirst*	\$10,049	\$14,265	-\$4,216		\$4,458	\$3,458	\$1,000
Kaiser Permanente	N/A	N/A	N/A		\$4,280	\$2,617	\$1,663
United	N/A	N/A	N/A		\$7,955	\$2,131	\$5,824
Total	\$10,049	\$14,265	-\$4,216		\$4,533	\$3,374	\$1,159

*: CareFirst did not report allowed claims for Opioid Use Disorder initiatives separately from Substance Use Disorder for the purposes of year-to-year savings calculations.

#: Negative values indicate an increase in cost between PY 2022 and PY 2023.

Next Steps

The MHBE continues to revisit the report measures and consult with stakeholders to determine whether adjustments should be made to the reporting and is considering reporting on evidence-based practices. PY 2024 reports will be due to the MHBE later in 2025.