



DRAFT Plan Year 2024 Reinsurance Program Carrier Accountability Report

Maryland Health Benefit Exchange
June 5, 2026

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Introduction

The Maryland General Assembly passed House Bill 1795 in 2018, authorizing the Maryland Health Benefit Exchange (MHBE) to apply for a Section 1332 waiver and to establish and implement a State Reinsurance Program (SRP).¹ In August of 2018, the U.S. Department of Health and Human Services approved the MHBE's Section 1332 waiver application to implement the SRP beginning in plan year (PY) 2019. Additional Maryland legislation established a health insurance premium assessment to fund the SRP, and this assessment has been extended through 2028.² The current 1332 waiver period for the SRP is for 2023 through 2028. The purpose of the SRP is to mitigate the premium impact of high-cost enrollees for carriers participating in the individual market.³ 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.⁴ In PY 2024, the SRP reimbursed carriers for 80% of the claims costs incurred between \$20,000 and \$250,000 for each member in the individual market.

In response to stakeholder comments during the initial 1332 waiver process, the MHBE promulgated regulations⁵ 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 sixth annual Reinsurance Program Carrier Accountability Report, covering PY 2024.

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

¹ 2018 MD Laws Ch. 6.

² 2018 MD Laws Ch. 38; 2022 MD Laws Ch. 59.

³ More information about the SRP may be found [here](#).

⁴ Rate reduction as compared to projected rates if the reinsurance program did not exist.

⁵ COMAR 14.35.17.03(C).

- 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](#). The instructions direct 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 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 was 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. The state transitioned from the Total Cost of Care Model to the new AHEAD Model effective January 1, 2026. The MHBE will work with state partners to align this report with the goals of the new AHEAD model for the appropriate plan years.
- 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.⁶ 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.⁷ 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.⁸ While it is largely preventable, it remains on the top of the U.S. disease burden list and is expected to

⁶ Centers for Disease Control and Prevention. National Asthma Control Program. Retrieved from <https://www.cdc.gov/national-asthma-control-program/php/about/index.html>.

⁷ American College of Obstetricians and Gynecologists. (2025). *Preeclampsia and high blood pressure during pregnancy. FAQ034*. Retrieved from <http://www.acog.org/Patients/FAQs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy>.

⁸ Centers for Disease Control and Prevention. Heart Disease Facts. Retrieved from <https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html>.

worsen in the next decade.⁹ Heart failure is also among the top HCCs reported for the reinsurance population.

To protect participant privacy, carriers were asked to report only on initiatives serving at least 300 individual market enrollees (SRP and non-SRP). MHBE will update these instructions annually and may revise measures as needed.

Key Findings

Attachments A–D present the public individual market reports from Aetna, CareFirst, Kaiser Permanente, and United HealthCare, the four carriers participating in PY 2024. Aetna newly entered the market in PY 2024 and exited for PY 2026. In addition to the public reports, carriers submitted confidential reports on the top 10 most prevalent and costly HCCs among SRP-reimbursed enrollees. Key findings are summarized below.

Initiatives

Table 1 summarizes each carrier’s care management initiatives that address each targeted condition in PY 2024. Table 1 also presents the number of enrollees with claims reimbursed by the SRP in PY 2024, as well as the corresponding total SRP payment (after accounting for the dampening factor).¹⁰ Because United HealthCare 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. Similarly, Aetna had limited enrollment and did not have any initiatives with at least 300 enrollees, though initiatives were reported. No carrier reported initiatives targeting asthma with at least 300 enrollees.

- Aetna only had 143 total SRP enrollees, consistent with their low market share, with payments of approximately \$5 million.
- CareFirst had 13,898 SRP enrollees (down slightly from 13,931 in PY 2023), with SRP payments totaling approximately \$463 million. CareFirst reported two initiatives targeting behavioral health, serving 24% of their SRP members with a mental health disorder (MHD) and 19% of their SRP members with a substance use disorder (SUD).
- Kaiser Permanente had 2,523 SRP enrollees (similar to PY 2023), with SRP payments totaling approximately \$85 million. Kaiser Permanente reported three initiatives targeting diabetes that serve 43% of their SRP population with diabetes and a hypertension and lipid management program that serves 82% of their SRP population with heart disease. Additionally, Kaiser Permanente reported two behavioral health initiatives serving 36% of their SRP members with an MHD, and 52% of their SRP members with an SUD.
- United HealthCare had 2,349 SRP enrollees (compared to 973 in PY 2023).

⁹ American Heart Association. Retrieved from <https://www.heart.org/en/get-involved/advocate/federal-priorities/cdc-prevention-programs>.

¹⁰ The dampening factor adjusts SRP payments to account for overlap with the federal risk adjustment program, which already redistributes funds across insurers based on enrollee risk.

Table 1. Summary of Care Management Initiatives Targeting Specified State Public Health Goals, PY 2024

	# of SRP Enrollees	Total SRP Payment (After the Dampening Factor)	Diabetes	Behavioral Health	Heart Disease	Pregnancy	Other
Aetna	143	\$5,064,988					No initiatives with 300 enrollees or more - had limited membership Had initiatives with less than 300
CareFirst	13,898	\$463,358,588		Behavioral Health Care Management Program and Behavioral Health Digital Resource Serves: 1,396 (24%) of SRP Members with MHD 94 (19%) of SRP Members with SUD			High-Cost Claimant Unit, Care Management Program
Kaiser Permanente	2,523	\$84,972,090	Diabetes Glucometer, Diabetes Care Management, Diabetes Glycemic Control Serves 303 (43%) of SRP Members with Diabetes	Depression Screening and Engagement and Substance Use Screening and Engagement Programs Serves 127 (36%) of SRP Members with MHD Serves 48 (52%) of SRP Members with SUD	Hypertension Management and Lipid Management Programs Serves 499 (82%) of SRP Members with Heart Disease	Perinatal Care Services Serves 2% of Pregnant SRP Members	
United	2,349	\$85,542,731		No initiatives with 300 enrollees or more - had limited membership			Case Management Program

Characteristics of the SRP Population

The following tables present demographic characteristics of the SRP population, combining enrollment across carriers. Due to small cell sizes and differences in reporting, combined data are not presented for county or race/ethnicity. Table 2 presents the number of PY 2024 SRP enrollees by cost-sharing reduction (CSR) status, as well as the corresponding SRP payment amount. Individuals receiving CSRs accounted for 18.3% of SRP enrollment (compared with 17.0% in PY 2023) and 18.5% of SRP payments (compared with 17.4% in PY 2023).

- Individuals on the Exchange without CSRs accounted for 52.7% of SRP enrollment and 50.7% of SRP payments (similar to PY 2023).
- Individuals off the Exchange accounted for 29.0% of SRP enrollment and 30.8% of SRP payments (similar to PY 2023).

Table 2. Enrollees with Claims Reimbursed by the SRP by CSR Status, PY 2024

CSR Status	Total Number of Enrollees with SRP	% of Enrollees with SRP	Total SRP Payment	% of SRP Payment
On-Exchange w/ CSRs	3,454	18.3%	\$118,366,286	18.5%
On-Exchange and No CSRs	9,972	52.7%	\$323,928,844	50.7%
Off-Exchange	5,487	29.0%	\$196,643,267	30.8%
Total	18,913	100%	\$638,938,397	100%

Table 3a presents the number of enrollees whose claims were reimbursed by the SRP in PY 2024 by age group. Adults aged 55-64 years accounted for the largest portion of both SRP enrollment and payments, as was also the case in PY 2023.

Table 3a. Enrollees with Claims Reimbursed by the SRP by Age Group, Excluding Aetna, PY 2024

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	661	3.5%	12,635	5.2%	\$26,466,457	4.2%
18-25	692	3.7%	23,590	2.9%	\$25,728,591	4.1%
26-34	2,443	13.0%	38,859	6.3%	\$63,991,089	10.1%
35-44	3,402	18.1%	36,585	9.3%	\$100,826,254	15.9%
45-54	3,532	18.8%	36,802	9.6%	\$119,625,030	18.9%
55-64	5,815	31.0%	48,020	12.1%	\$211,755,913	33.4%
65+	2,225	11.9%	9,665	23.0%	\$85,294,650	13.5%
Total	18,770	100%	206,156	9.1%	\$633,687,984	100%

Table 3b presents the number of Aetna enrollees whose claims were reimbursed by the SRP in PY 2024, by age group. Because Aetna’s report had suppressed small cells, ages 0-25 were

combined into one age group and thus presented in a separate table. As with the other carriers, adults aged 55-64 accounted for the largest proportion of both SRP enrollment and payment.

Table 3b. Aetna Enrollees with Claims Reimbursed by the SRP by Age Group, PY 2024

Age Group (Years)	Total Number of Enrollees with SRP	% of Enrollees with SRP	Total SRP Payment	% of SRP Payment
0-25	14	9.8%	\$370,097	7.0%
26-34	26	18.2%	\$577,469	11.0%
35-44	18	12.6%	\$346,684	6.6%
45-54	30	21.0%	\$1,373,386	26.2%
55-64	36	25.2%	\$1,590,779	30.3%
65+	19	13.3%	\$991,999	18.9%
Total	143	100%	\$5,250,414	100%

Health Outcomes

The carriers were asked to report on the following Healthcare Effectiveness Data and Information Set (HEDIS) measures using the HEDIS Measurement Year 2024 Technical Specifications, which apply to data for PY 2024.¹¹

- 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 1–5 show results for these measures from PYs 2020–2024. Figure 1 presents comprehensive diabetes care measures. In PY 2024, following changes to HEDIS specifications, all carriers reported the share of diabetic adults with an HbA1c greater than 9.0%, replacing the prior measure of HbA1c below 8.0%. CareFirst PPO had the highest rate in PY 2024 (26.0%). Kaiser, the only carrier to report the new measure in PY 2023, saw a 3.5-percentage-point decline across the two years. For kidney health evaluations, first reported in PY 2023, Kaiser had the highest rate in both years, followed by CareFirst HMO.

¹¹ For more information, see <https://www.ncqa.org/hedis/measures/>.

Figure 1. Selected Diabetes-Related HEDIS Measures for the Individual Market by Carrier, PYs 2023-2024

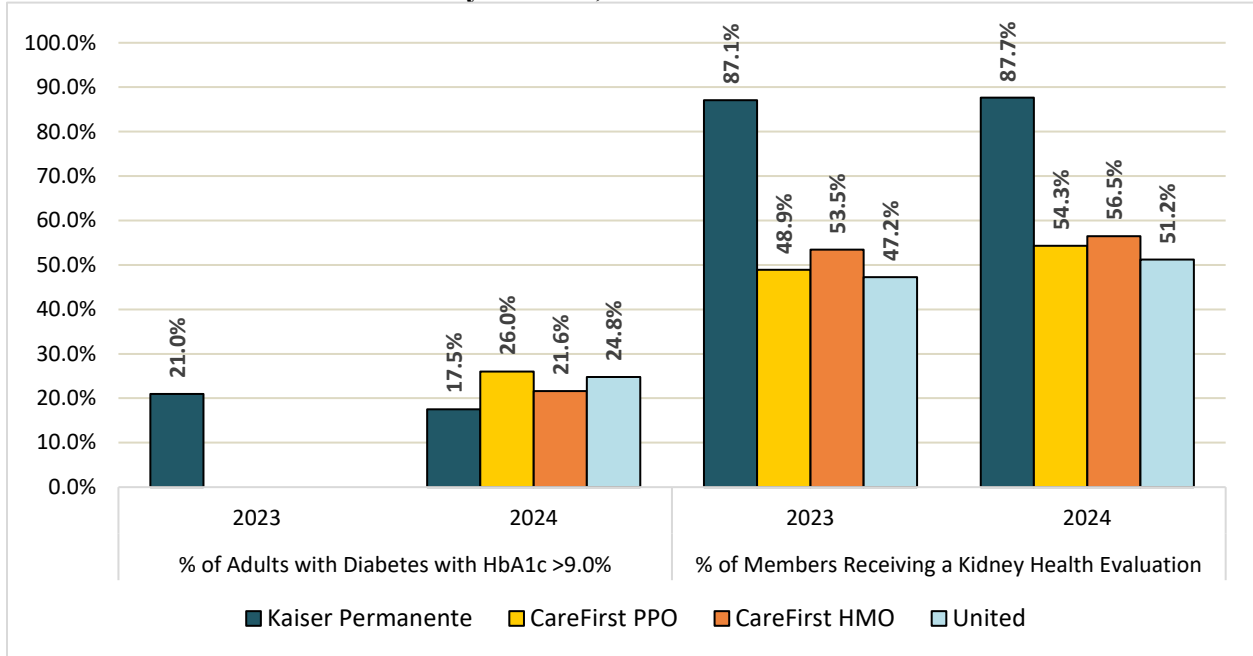


Figure 2 shows percentages of members with asthma who had a ratio of controller to total asthma medications of at least 0.5. Kaiser Permanente had the highest rates from PYs 2021-2023, while CareFirst HMO’s rate fell by 14.2 percentage points between PYs 2020 and 2024. United HealthCare had the lowest rates in PYs 2023 and 2024. Aetna performed the best in PY 2024 at 100%.

Figure 2. Asthma Medication Ratio: An Asthma-Related HEDIS Measure for the Individual Market by Carrier, PYs 2020-2024

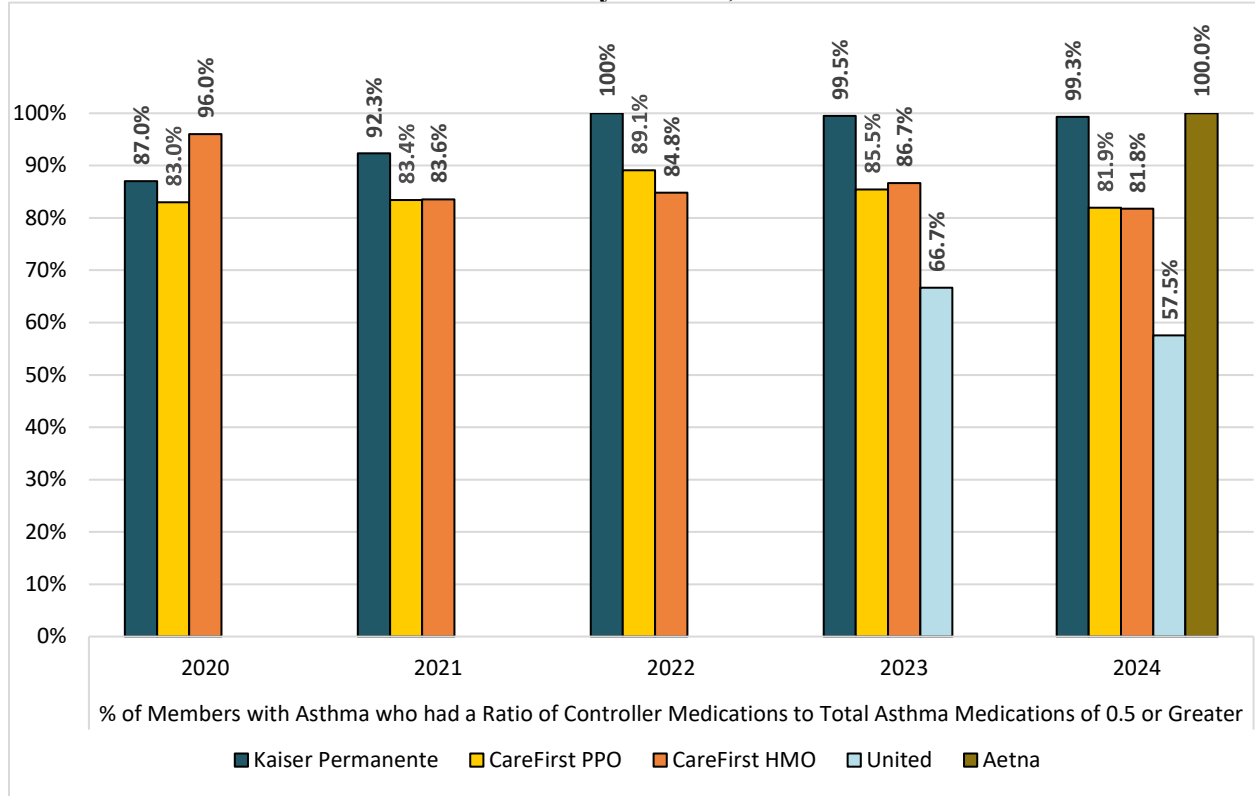


Figure 3 shows three behavioral health HEDIS measures. Kaiser Permanente had the highest rates across all measures through PY 2021. The CareFirst PPO reported the highest rate of individuals who initiated alcohol or drug abuse treatment and received two or more follow-up services within 34 days in PYs 2022 and 2023. It also had the highest rate of treatment initiation within 14 days of diagnosis in PY 2023. In PY 2024, Aetna reported the highest rate of members initiating alcohol or drug abuse treatment, as well as the highest rate of continued engagement.

Figure 3. Selected Behavioral Health-Related HEDIS Measures for the Individual Market by Carrier, PYs 2020-2024

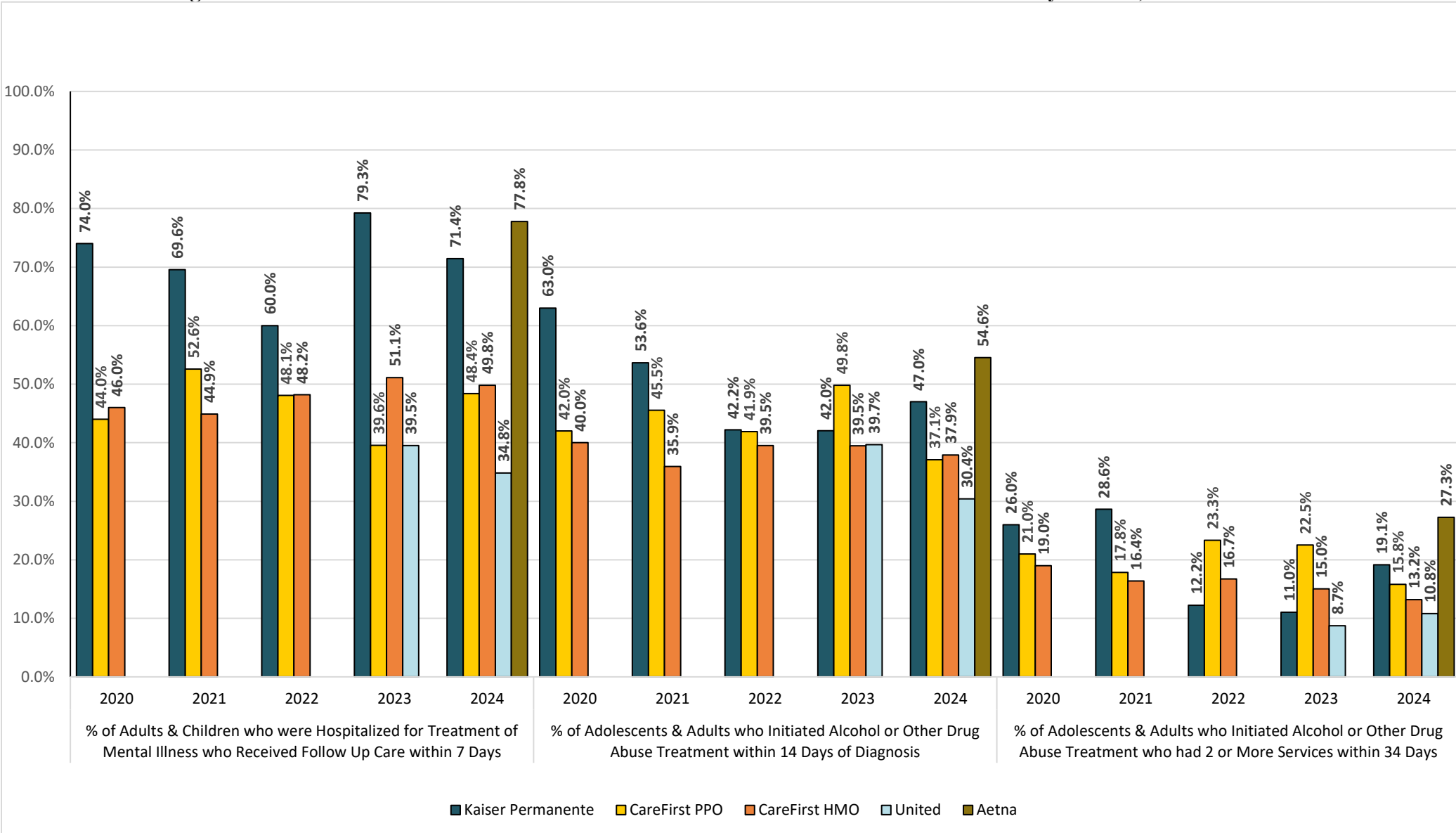


Figure 4 presents two antidepressant medication management measures: the number of adolescents and adults with at least 84 days, and with at least 180 days, of antidepressant medication treatment. Kaiser Permanente had the highest treatment rate with antidepressant medications for at least 84 days in both years. The CareFirst PPO had the highest treatment rate for at least 180 days in PY 2023, but decreased by 10.9 percentage points in PY 2024.

Figure 4. Antidepressant Medication Management HEDIS Measures for the Individual Market by Carrier, PYs 2023 and 2024

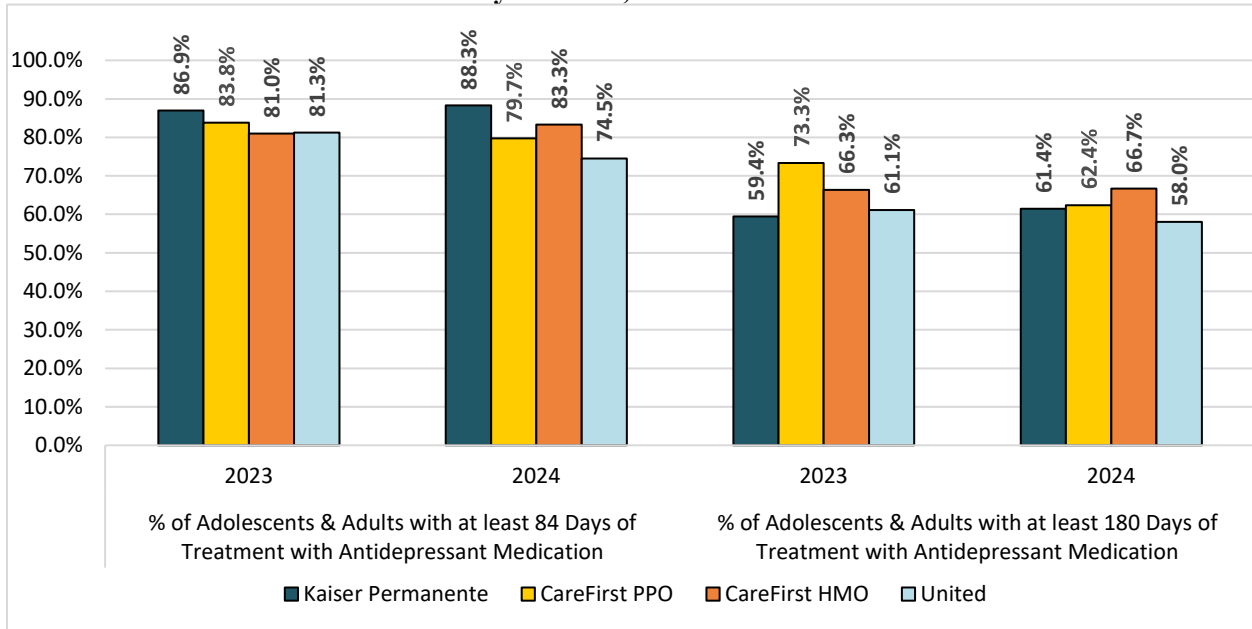


Figure 5 shows two maternal care measures: the percentage of deliveries with a prenatal visit in the first trimester or within 42 days of enrollment and the percentage of deliveries with a postpartum visit 7-84 days after delivery. Kaiser Permanente had the highest percentage for both measures across all plan years, with its score for timely prenatal visits reaching 100% in PY 2021. Rates for both timely prenatal and postpartum visits increased overall for the CareFirst PPO and HMO throughout the evaluation period. United Healthcare also saw improvements in both measures from PY 2023 to PY 2024. In PY 2024, Aetna had the lowest percentage of deliveries with a timely prenatal visit.

Figure 5. Selected Pregnancy-Related HEDIS Measures for the Individual Market by Carrier, PYs 2020-2024

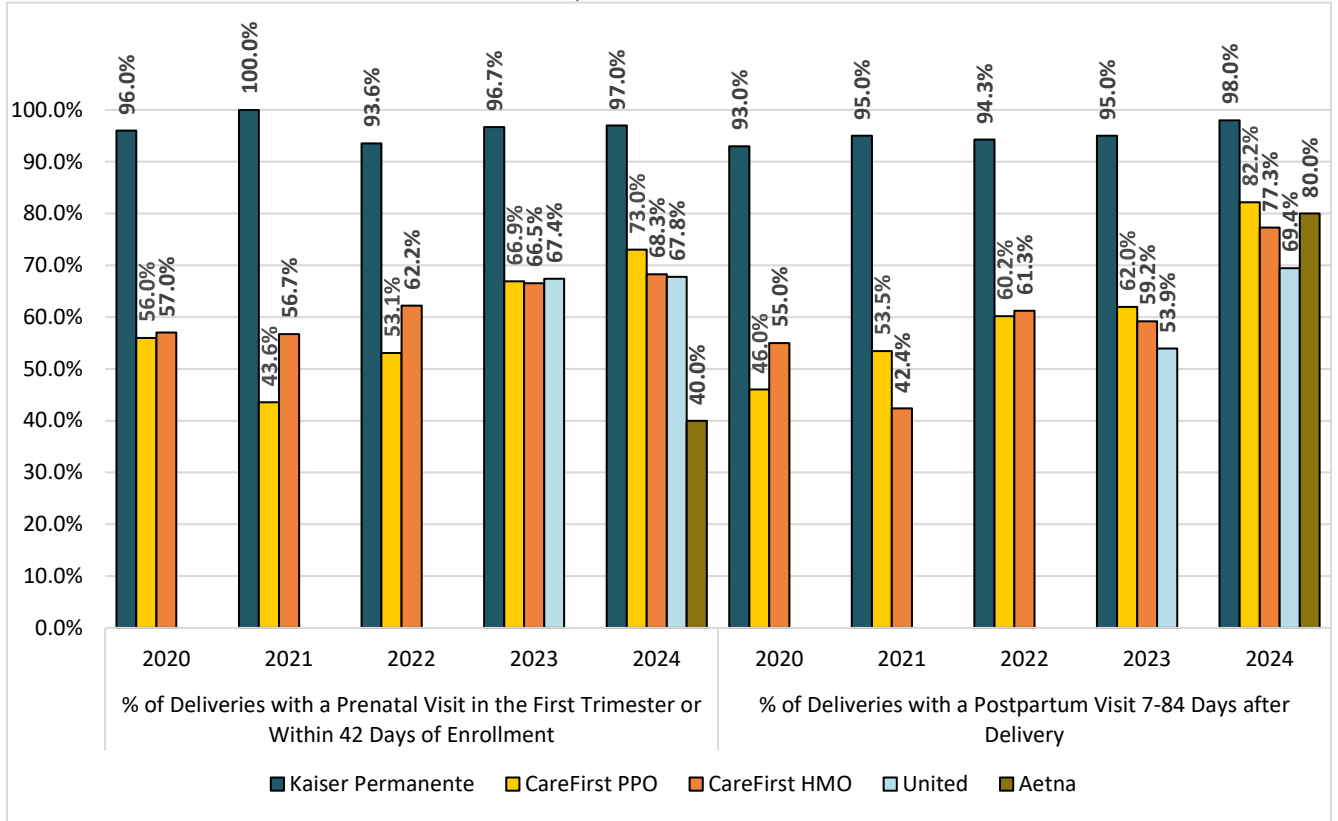
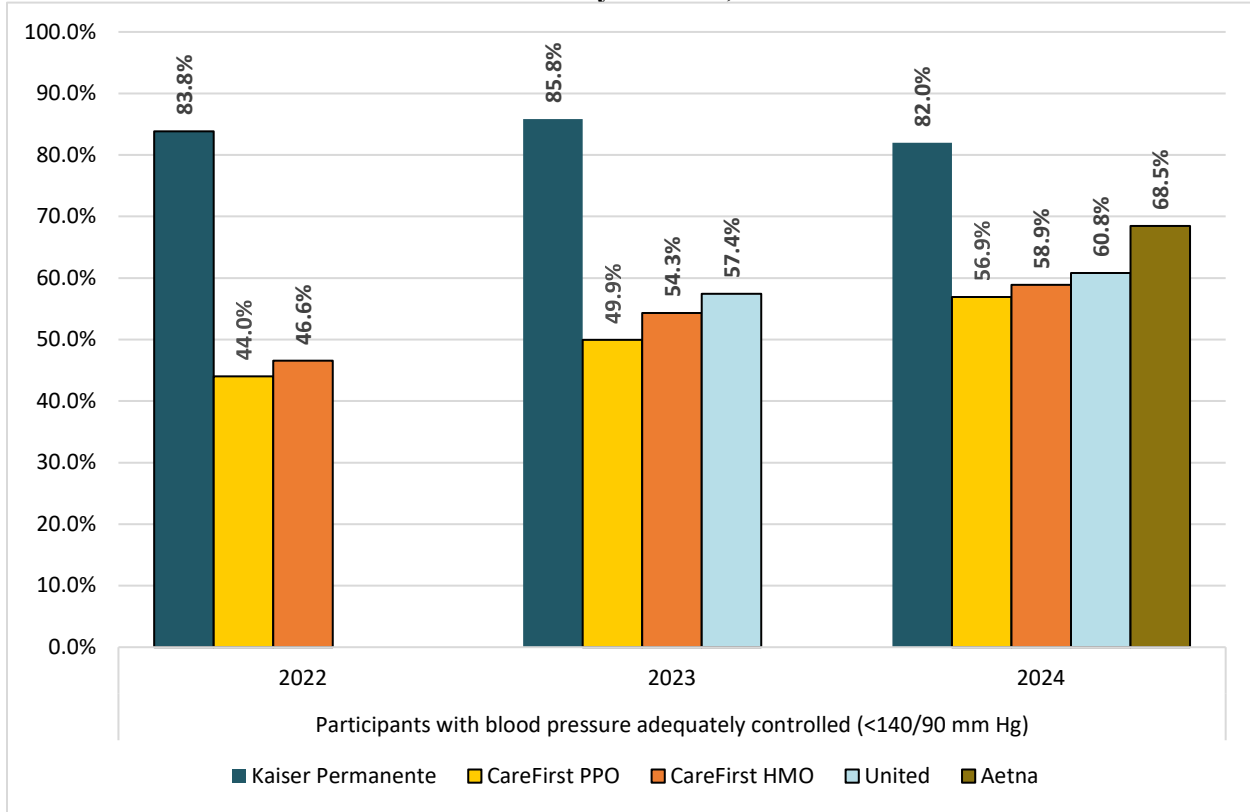


Figure 6 shows hypertension control rates (<140/90 mm Hg) for PYs 2022–2024. Kaiser Permanente led across all years, with year-over-year improvement for all carriers except for a small decline for Kaiser from PY 2023 to PY 2024.

Figure 6. Blood Pressure Control: A Heart Disease-Related HEDIS Measure for the Individual Market by Carrier, PYs 2022-2024



To benchmark HEDIS performance, the MHBE used the Centers for Medicare & Medicaid Services’ (CMS’) Quality Rating System (QRS) public use files.¹² Table 4 ranks Maryland PY 2024 performance relative to plans nationwide. Kaiser Permanente HMO ranked second for diabetic eye exams and first among HMOs for asthma medication adherence (PDC $\geq 50\%$), while CareFirst PPO Plan 1 ranked sixth among PPOs on the asthma adherence measure. For the percentage of diabetic adults with HbA1c levels below 8%, the Kaiser Permanente HMO placed 14th among HMOs nationwide, while the CareFirst PPO Plan 2 placed 12th.

Measures on which plans performed near the bottom of their respective rankings included the percentage of members with asthma who achieved a PDC of at least 50% and percentage of members with diabetes receiving an eye exam for the United HMO and both pregnancy measures for CareFirst PPO Plan 1. PY 2024 QRS data were unavailable for the initiation and engagement of AOD treatment. 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.

¹² For more information, see <https://go.cms.gov/3kiwPZj>.

Table 4. Comparison of Maryland’s QRS Scores on Selected HEDIS Measures with QHPs Nationally, PY 2024

	Kaiser Permanente – HMO	CareFirst – PPO Plan 1	CareFirst – PPO Plan 2	CareFirst – HMO	United – HMO
Diabetes					
% of Members with Diabetes Receiving an Eye Exam	2 out of 144 HMOs	18 out of 46 PPOs	28 out of 46 PPOs	62 out of 144 HMOs	120 out of 144 HMOs
% of Adults with Diabetes with HbA1c <8.0%	14 out of 144 HMOs	26 out of 48 PPOs	12 out of 48 PPOs	19 out of 144 HMOs	94 out of 144 HMOs
Asthma					
% of Members with Asthma who Achieved a PDC of at Least 50% for their Asthma Controller Medications	1 out of 143 HMOs	6 out of 48 PPOs	30 out of 48 PPOs	65 out of 143 HMOs	142 out of 143 HMOs
Pregnancy					
Timeliness of Prenatal Care	21 out of 144 HMOs	38 out of 48 PPOs	35 out of 48 PPOs	95 out of 144 HMOs	110 out of 144 HMOs
Postpartum Care	7 out of 144 HMOs	38 out of 48 PPOs	28 out of 48 PPOs	76 out of 144 HMOs	119 out of 144 HMOs

*No data available for PY 2024

Figures 7–11 present these data by quartile, showing where each plan falls relative to national HMO and PPO performance in PY 2024. In each figure, the top and bottom of the rectangle represent the maximum and minimum, respectively, of the QRS scores reported for that measure. The range of data observed is divided into quartiles, representing the first, second, third, and fourth quarters of the distribution of scores. The solid lines dividing the rectangle represent the boundaries of each quartile, while the dotted lines show where the scores for each plan fell. The United HMO fell in Quartile 2 for HbA1c control and in the lowest quartile for all other measures. The Kaiser HMO was in the top quartile for all measures, with a score of 100% for achievement of a PDC of at least 50% for asthma controller medications. CareFirst PPO Plan 2 was in Quartile 2 for all measures except diabetes HbA1c control, where it ranked in the highest quartile.

Figure 7. % of Members with Diabetes Receiving an Eye Exam, Maryland Compared with QHP QRS Scores Nationally, PY 2024

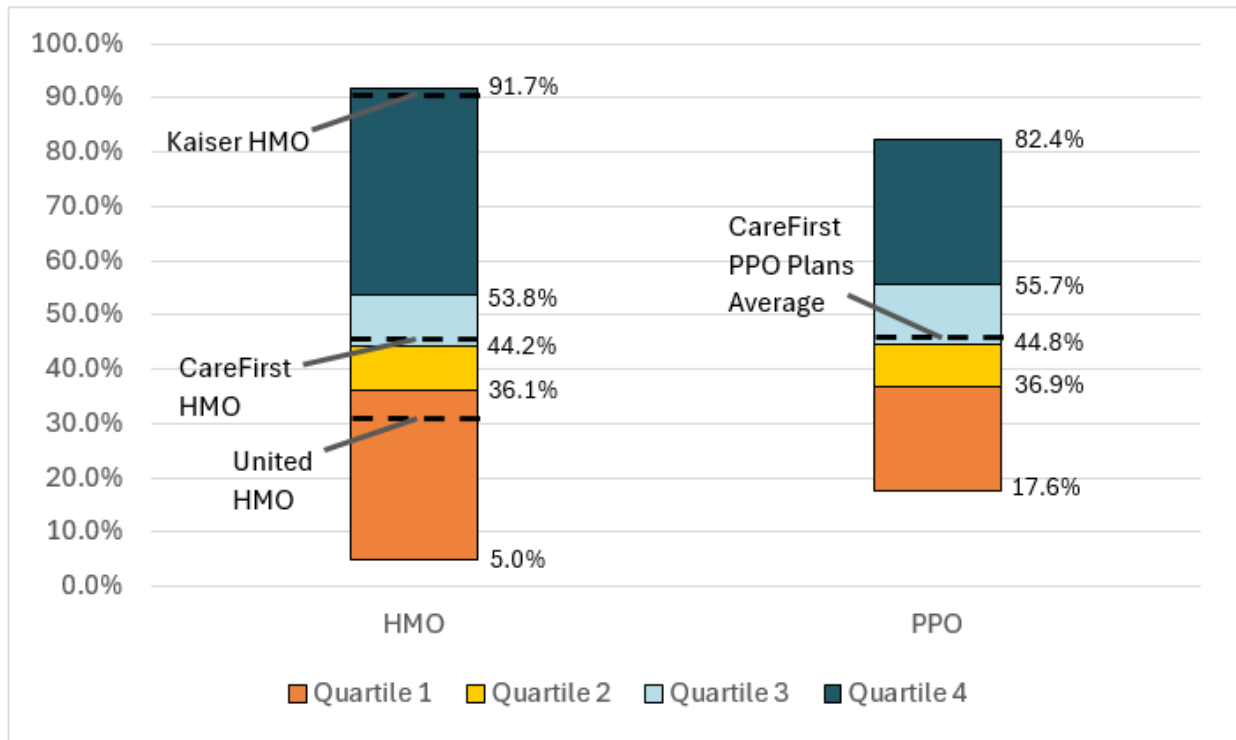


Figure 8. % of Adults with Diabetes with HbA1c <8.0%, Maryland Compared with QHP QRS Scores Nationally, PY 2024

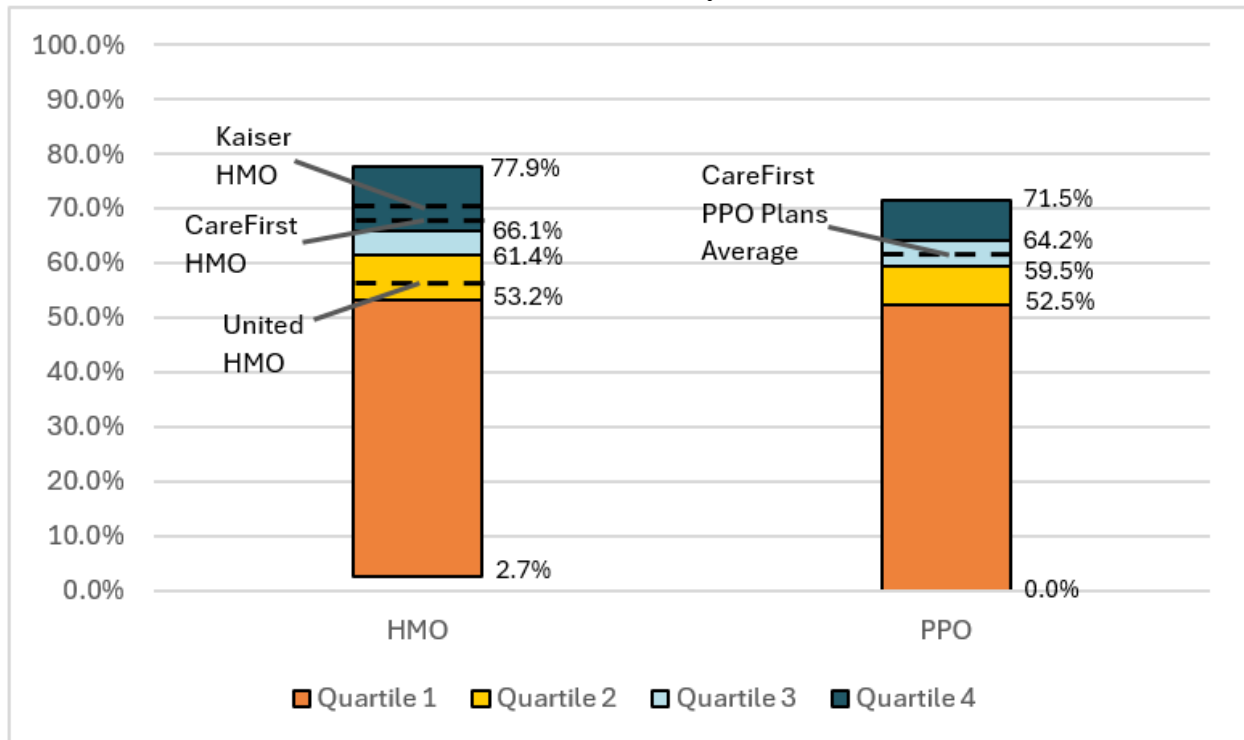


Figure 9. % of Members with Asthma who Achieved a PDC of at Least 50% for their Asthma Controller Medications, Maryland Compared with QHP QRS Scores Nationally, PY 2024

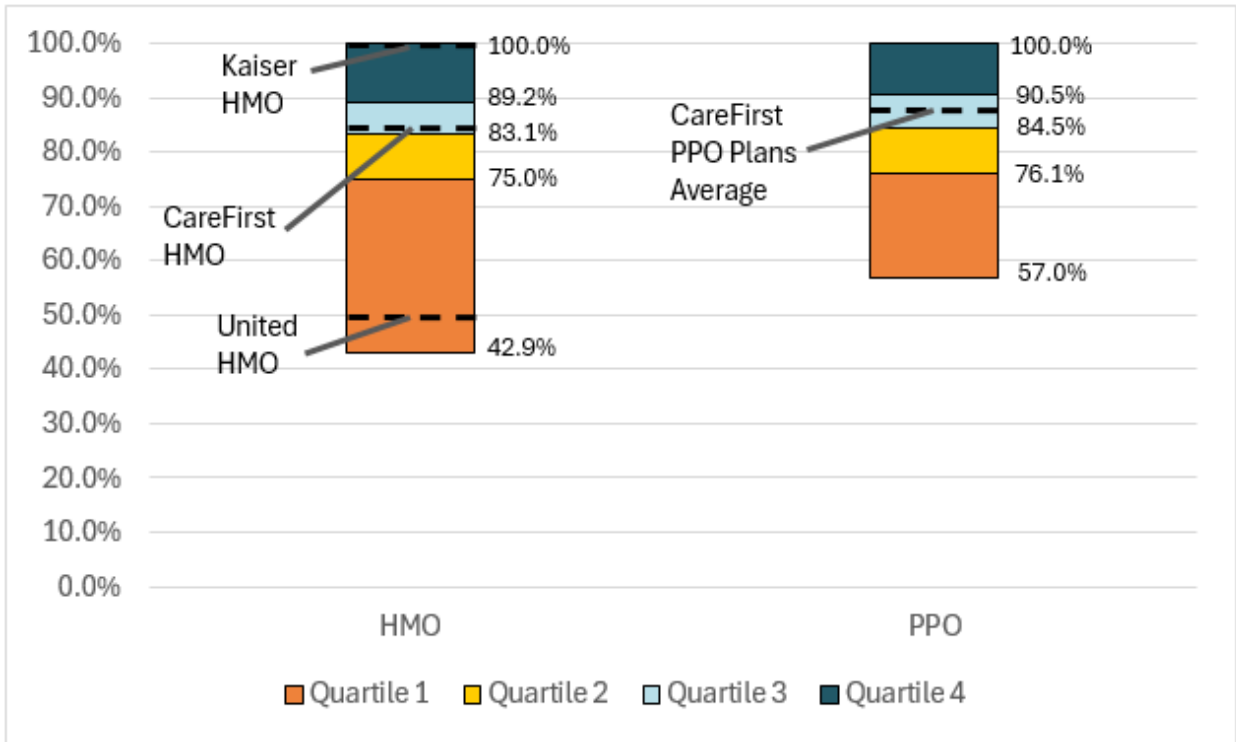


Figure 10. Timeliness of Prenatal Care, Maryland Compared with QHP QRS Scores Nationally, PY 2024

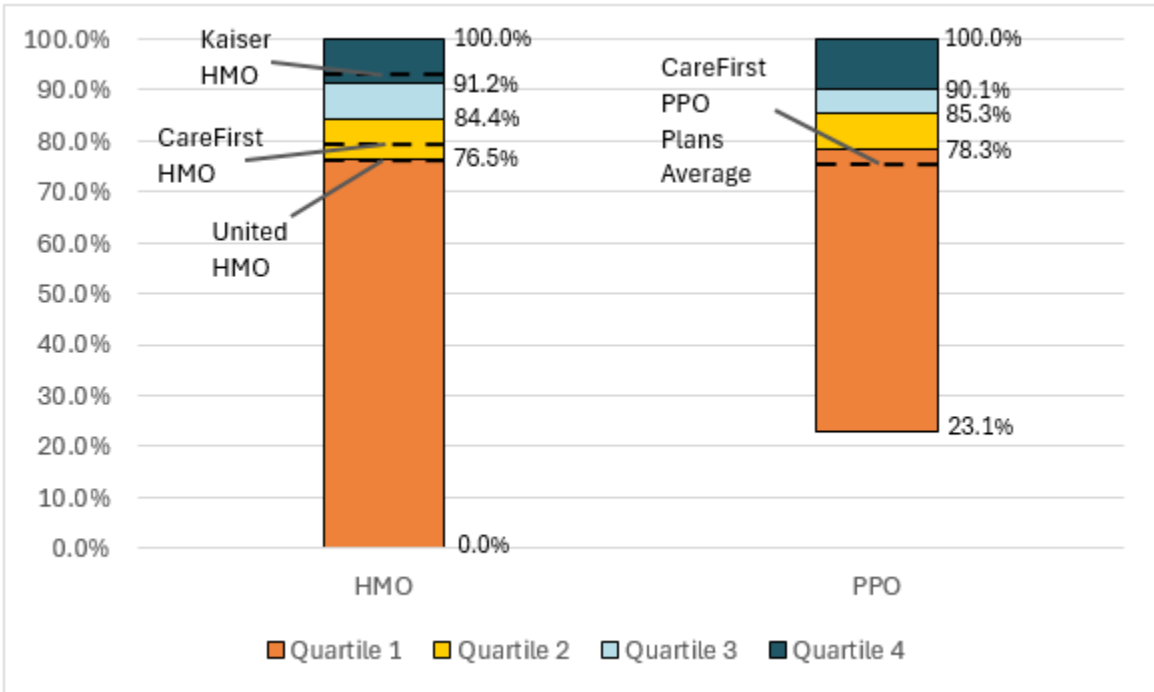
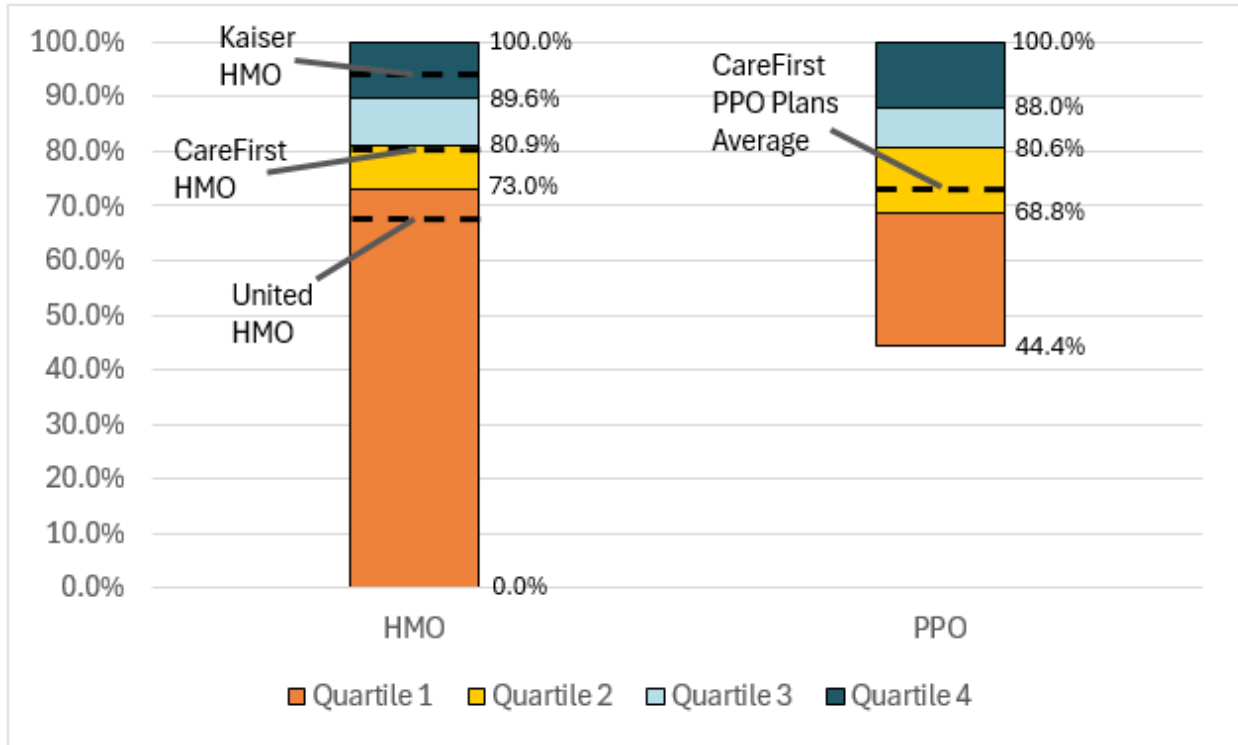


Figure 11. Postpartum Care, Maryland Compared with QHP QRS Scores Nationally, PY 2024



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 plans of the same type (i.e., HMO or PPO). Comparison to the national HEDIS mean can be interpreted from cell colors in table 5 using this key:

	Above National HEDIS Mean
	Below National HEDIS Mean

The Kaiser Permanente HMO performed better than the national HEDIS means on all measures for which data were available. CareFirst PPO Plan 2’s rates for both diabetes measures, their proportion of members with asthma who had a PDC of at least 50% for their asthma controller medications, and their rate for the timeliness of prenatal care measure were all above the national HEDIS mean. CareFirst PPO Plan 2, the CareFirst HMO, and the United HMO all had rates for eye exams among members with diabetes, and for PDCs of at least 50% for asthma controller medication among members with asthma, that were below the national HEDIS mean. Both the CareFirst HMO and the United HMO also performed below the national HEDIS mean on both pregnancy measures.

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	Rate	Rate	Rate	Rate
Diabetes					
% of Members with Diabetes Receiving an Eye Exam	90.3%	50.2%	42.8%	46.5%	30.7%
% of Adults with Diabetes with HbA1c <8.0%	70.2%	58.7%	64.5%	68.4%	57.2%
Asthma					
% of Members with Asthma who Achieved a PDC of at Least 50% for their Asthma Controller Medications	100.0%	95.9%	80.8%	84.5%	50.0%
Behavioral Health					
Initiation and Engagement of AOD Treatment*
Pregnancy					
Timeliness of Prenatal Care	93.5%	74.2%	79.3%	79.7%	76.0%
Postpartum Care	94.3%	67.7%	79.3%	80.3%	68.0%

*No data available for PY 2024

Top Hierarchical Condition Categories

Carriers submitted confidential reports on the most prevalent and costly HCCs among SRP-reimbursed claims. 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 frequent (by enrollment) and the highest cost (by allowed claims costs) HCCs among SRP claims across all 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 PY 2022, while cancer was most frequent in PYs 2023 and 2024 and the highest-cost HCC in all three years. 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, remaining in third and second, respectively, through PY 2024. Septicemia was the second highest-cost HCC for four straight years until PY 2024 (PYs 2020 and 2021 not shown) when it was replaced by end-stage renal disease. Ongoing pregnancy without delivery with no or minor complications had the third highest cost in PY 2022, before dropping to the tenth highest cost in PY 2023, and below the top 10 in PY 2024. Hemophilia was the fourth highest-cost HCC in PY 2022, before dropping to ninth highest in PY 2023, and below the top 10 in PY 2024. 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 on the table.

**Table 6. Top 10 Hierarchical Condition Categories by Count and Cost among SRP Claims,
PY 2022-2024 SRP**

Most Frequent 2022	Most Frequent 2023	Most Frequent 2024	Highest Cost 2022	Highest Cost 2023	Highest Cost 2024
Diabetes With or Without Complications	Cancers	Cancers	Cancers	Cancers	Cancers
Ongoing Pregnancy without Delivery with No or Minor Complications	Major Depressive Disorder, Severe, and bipolar disorders	Diabetes	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	End Stage Renal Disease
Major Depressive Disorder, Severe, and Bipolar Disorders	Ongoing Pregnancy without Delivery with No or Minor Complications	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Ongoing Pregnancy without Delivery with No or Minor Complications	Diabetes, With or Without Complications	Diabetes
Varicella Encephalitis and Encephalomyelitis	Autistic Disorder	Heart Failure	Hemophilia	Specified Heart Arrhythmias	Heart Failure
Cancers	Diabetes, With or Without Complications	Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes	Heart Failure	Heart Failure	Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes
HIV/AIDS	Drug Use disorder, moderate/severe, or drug use with non-psychotic complications	End Stage Renal Disease	End Stage Renal Disease	Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock
Specified Heart Arrhythmias	HIV/AIDS	Specified Heart Arrhythmias	Major Depressive Disorder, Severe, and Bipolar Disorders	Asthma, Except Severe, and Chronic Obstructive Pulmonary Disease, Including Bronchiectasis	Specified Heart Arrhythmias
Meningitis in Chagas' Disease	Inflammatory Bowel Disease	Coagulation Defects and Other Specified Hematological Disorders	Autistic Disorder	Protein-Calorie Malnutrition	Protein-Calorie Malnutrition
Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Specified Heart Arrhythmias	Protein-Calorie Malnutrition	Inflammatory Bowel Disease	Hemophilia	Coagulation Defects and Other Specified Hematological Disorders
Ongoing Pregnancy without Delivery with Some or Major Complications	Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	Aspiration and Specified Bacterial Pneumonias and Other Severe Lung Infections	Other Acute Paralytic Poliomyelitis	Ongoing Pregnancy without Delivery with No or Minor Complications	HIV/AIDS

Table 7a shows average allowed claims cost per enrollee with the conditions of population health interest (SRP and non-SRP) in PY 2024.

- CareFirst: Across all six condition categories, enrollees in an initiative had higher allowed claims per enrollee than those not in an initiative.
- Kaiser Permanente: Allowed claims per enrollee were lower for enrollees in an initiative than for those not in an initiative in all categories except asthma.
- United: United did not report any SRP enrollees with condition-specific initiatives, as only its general case management initiative met the 300-enrollee reporting threshold.

Of the six conditions presented, and across both CareFirst and Kaiser, SRP enrollees with asthma in an initiative had the highest average claims cost (\$152,310), followed by pregnant SRP enrollees (\$142,911) and enrollees in an initiative to manage a mental health condition (\$140,635). CareFirst’s average allowed claims per SRP enrollee in an initiative were higher this year in all condition categories, while Kaiser’s SRP enrollees participating in an intervention had lower average allowed claims in PY 2024 than in PY 2023 for four of the six condition categories. Aetna data were excluded due to low market share and can be found in table 7b.

Table 7a. Average Allowed Claims Costs per Individual Market Enrollees with Specified Health Conditions, by Initiative Enrollment and SRP Enrollment Statuses, Excluding Aetna, PY 2024

	Allowed Claims Per SRP Enrollee		Allowed Claims Per Non-SRP Enrollee
	Enrolled in an Initiative	Not Enrolled in an Initiative	
Diabetes			
CareFirst	\$143,907	\$44,834	\$8,896
Kaiser Permanente	\$61,203	\$62,842	\$3,894
United	N/A	\$74,034	\$5,287
Total	\$117,163	\$53,494	\$5,886
Asthma			
CareFirst	\$158,215	\$49,222	\$5,203
Kaiser Permanente	\$61,831	\$50,885	\$4,147
United	N/A	\$53,289	\$3,990
Total	\$152,310	\$49,527	\$4,972
Pregnancy			
CareFirst	\$145,607	\$41,702	\$7,336
Kaiser Permanente	\$32,403	\$36,802	\$7,665
United	N/A	\$39,707	\$6,166
Total	\$142,911	\$40,480	\$7,151
Mental Health			

	Allowed Claims Per SRP Enrollee		Allowed Claims Per Non-SRP Enrollee
	Enrolled in an Initiative	Not Enrolled in an Initiative	
CareFirst	\$149,428	\$49,467	\$5,097
Kaiser Permanente	\$43,980	\$62,295	\$4,281
United	N/A	\$75,499	\$3,572
Total	\$140,635	\$52,494	\$4,772
Substance Use Disorder (Including Opioid Use Disorder)			
CareFirst	\$134,722	\$57,100	\$6,699
Kaiser Permanente	\$48,023	\$57,131	\$4,733
United	N/A	\$66,661	\$4,858
Total	\$105,416	\$58,434	\$5,836
Heart Disease			
CareFirst	\$173,248	\$60,331	\$11,022
Kaiser Permanente	\$62,842	\$109,157	\$3,981
United	N/A	\$117,538	\$9,431
Total	\$98,798	\$91,098	\$4,775

Table 7b presents Aetna’s average allowed claims per individual market enrollee for PY 2024. Aetna had no participants enrolled in an initiative in PY 2024. Additionally, Aetna did not report specified health conditions for their enrollees in PY 2024.

Table 7b. Average Allowed Claims Costs per Individual Market Enrollees, by Initiative Enrollment and SRP Enrollment Status, PY 2024

	Allowed Claims Per SRP Enrollee		Allowed Claims Per Non-SRP Enrollee
	Enrolled in an Intervention	Not Enrolled in an Intervention	
Aetna	\$0	\$79,045	\$1,797

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 2023 and 2024. Carriers followed the PY 2023 SRP enrollees into PY 2024, including both those who participated in initiatives and those who did not. For each group, the total allowed claims for members of that group with each condition type in PY 2024 were divided by the member months of all members of that group to find the per member per month (PMPM) costs, which were then subtracted from the PMPM costs in PY 2023.

The overall PMPM costs for all condition categories decreased from PY 2023 to 2024, for both initiative and non-initiative enrollees, though United did not report any data for initiative enrollees. 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 8. Estimated Savings to the State Reinsurance Program Among Enrollees Who Participated in Care Management Initiatives in Both Plan Years 2023 and 2024

	Allowed Claims Per Member Per Month for SRP Enrollees						
	Enrolled in an Initiative, PY 2023	Enrolled in an Initiative, PY 2024	Estimated PMPM Savings, 2023 to 2024		Not Enrolled in an Initiative, PY 2023	Not Enrolled in an Initiative, PY 2024	Estimated PMPM Savings, 2023 to 2024
Diabetes							
CareFirst	\$12,217	\$12,090	\$127		\$3,278	\$3,030	\$249
Kaiser Permanente	\$5,483	\$3,692	\$1,790		\$5,037	\$3,333	\$1,704
United	N/A	N/A	N/A		\$8,234	\$5,382	\$2,852
Total	\$9,031	\$8,947	\$84		\$4,031	\$3,226	\$805
Asthma							
CareFirst	\$13,648	\$12,769	\$879		\$3,483	\$3,197	\$286
Kaiser Permanente	\$6,126	\$3,813	\$2,313		\$3,934	\$2,346	\$1,589
United	N/A	N/A	N/A		\$6,670	\$3,044	\$3,627
Total	\$12,857	\$12,057	\$801		\$3,562	\$3,164	\$398
Mental Health							
CareFirst	\$13,646	\$12,531	\$1,115		\$3,318	\$3,049	\$269
Kaiser Permanente	\$4,313	\$2,088	\$2,225		\$4,333	\$2,517	\$1,816
United	N/A	N/A	N/A		\$7,599	\$2,794	\$4,805
Total	\$12,781	\$11,877	\$904		\$3,534	\$3,016	\$518
Substance Use Disorder							
CareFirst	\$14,265	\$10,640	\$3,625		\$3,458	\$3,337	\$121
Kaiser Permanente	\$4,944	\$2,815	\$2,129		\$3,657	\$1,328	\$2,329
United	N/A	N/A	N/A		\$7,217	\$1,195	\$6,022
Total	\$9,552	\$7,835	\$1,717		\$3,707	\$3,113	\$594

Next Steps

With the SRP approaching renewal and continuing state budget constraints, the MHBE will work with the carriers to assess key cost drivers and identify opportunities for cost containment. Pregnancy and end-stage renal disease (ESRD) ranked among the 10 most prevalent and costly HCCs within the reinsurance population. Individuals with ESRD may qualify for Medicare under certain conditions, and lower-income pregnant enrollees may be eligible for Medicaid. MHBE will explore strategies with the carriers to maximize enrollment through these alternative coverage pathways where appropriate.

Additionally, MHBE will revise reporting instructions for PY 2025 to enable carriers to better identify cost drivers and potentially avoidable costs. PY 2025 reporting will be submitted to MHBE later in 2026.