MARYLAND HEALTH BENEFIT EXCHANGE

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Reinsurance Program Carrier Accountability Report
Plan Year (PY) 2025

A. Introduction

State regulations[1] require all carriers participating in the State Reinsurance Program (SRP) to submit an annual report to the Maryland Health Benefit Exchange (MHBE) describing their activities to manage the costs and utilization of enrollees whose claims were reimbursed by the SRP, as well as efforts to contain costs and prevent enrollees from exceeding the reinsurance threshold. The regulations specify required data elements, and this guidance provides detailed instructions and reporting templates.

This report covers PY 2025—the seventh year of the SRP—and will monitor trends in the costs and utilization among enrollees whose claims were reimbursed by the program. Reported data must be consistent with the reinsurance claims data submitted to the Centers for Medicare & Medicaid Services' (CMS') EDGE server. ***With the SRP up for renewal in 2028 and growing concerns about program costs and affordability, MHBE is substantially revising the reporting instructions.***

Please review the updated instructions carefully and submit the completed reporting materials to mhbe.policy@maryland.gov by [DATE], 2026.

Summary of Reporting Elements

Reporting includes three elements, summarized below. MHBE will also ask each carrier to meet with staff to present on reinsurance program cost drivers, the top conditions with preventable costs in the program, and care management efforts to improve quality and reduce costs associated with reinsurance program enrollees. 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 2025. 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 2025, unless otherwise noted:
    a. Demographic characteristics for enrollees with claims reimbursed by the SRP;

[1] COMAR 14.35.17.03(C).

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b. Enrollment costs and service utilization for all 2025 enrollees, 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 2025 experience of participants who were enrolled in PY 2024 initiatives;
d. Estimated savings to the SRP as a result of the initiatives; and
e. Healthcare Effectiveness Data and Information Set (HEDIS) measures.

3. A supplemental Excel template that includes the following data elements for enrollees whose claims were reimbursed by the SRP during PY 2025. 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.
    b. Enrollment and claims information for the top 10 conditions that the carrier identifies as having potentially preventable costs.

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

Carriers must provide a narrative description of each initiative or program implemented in PY 2025 to manage the costs and utilization of enrollees whose claims were reimbursed under the SRP. New this year, MHBE is no longer requesting reporting by condition. Instead, carriers should review their reinsurance population data and identify major programs used to address high costs for the SRP population, such as intensive care management or high-cost claimant programs. Carriers are only required to report initiatives or programs that served 300 or more individual market enrollees.

Specifically, provide the following for each **initiative that addresses high costs for the SRP population, such as intensive care management or high-cost claimant programs**:

A. Name of the Initiative
B. Population(s) Targeted by the Initiative and How They Are Identified
C. Description of the Initiative
D. Intended Goals and/or Outcomes of the Initiative
    a. Please indicate in this section whether the initiative or program is evidence-based.[2] 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 A

[2] 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."

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contains a table carriers are recommended to use to report additional details about evidence-based initiatives, and Appendix B contains resources that may be useful for identifying and evaluating evidence-based initiatives.

E. Activities Undertaken to Evaluate the Effectiveness of the Initiative
    a. For any initiatives that have had enrollment for more than one consecutive plan year, please include as a subsection a narrative description of the actions the carrier is taking or will take to improve the effectiveness of these initiatives. Please describe:
        i. Efforts to improve outreach, recruitment, and retention in these programs.
        ii. Changes to the intervention strategy.
        iii. Development of any new related initiatives, if any, including whether and to what extent these new initiatives are evidence-based.
        iv. Any other relevant actions.
        v. 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.

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

G. Description of Potentially Preventable Costs
    a. Provide a detailed narrative description of the potentially preventable costs among SRP enrollees and opportunities for cost savings. This will accompany the data collected in the supplemental Excel file described in Section C of this document.

2. PY 2025 Enrollment, Costs, and Service Utilization (Tabs 1-2)

The accompanying Excel template has 9 tabs. The first tab provides a summary of demographic characteristics for those whose claims were reimbursed by the SRP in PY 2025, including county of residence, race/ethnicity, age group, cost sharing reduction (CSR) status, and plan type (HMO, PPO, etc.). Age will be calculated as of December 31, 2025. 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.

Tab 2 collects information on 2025 enrollment and cost data for enrollees whose claims were reimbursed by the SRP in PY 2025. Summary data on enrollees whose claims were not reimbursed by the SRP should also be collected. Reporting will be based on participation in the interventions reported in section 1 above.

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To complete the tables in tab 2, identify all enrollees participating in the initiatives in PY 2025, and group them 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.

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 initiative during the PY.
- For each initiative, summarize the requested information for all enrollees.
    - Participants may be enrolled in multiple initiatives; the sum of Row B + Row C + Row D may exceed the total in Row A.
    - If more than four initiatives were available, insert additional rows as needed.
- Exclude initiatives serving fewer 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."

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.***

3. Effectiveness of the Initiatives and Programs (Tab 3) and Savings to the SRP

Tab 3 collects data on the experience for participants in 2024. 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.

Carriers will identify all 2024 enrollees participating in the identified initiatives who remained enrolled with the carrier in 2025, and categorize them by their enrollment in initiatives, and whether or not they had claims reimbursed by the SRP during PY 2024. Column B should list the carrier's 2024 initiatives. If a

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participant was not enrolled in PY 2025, please include this participant total in row G, "No enrollment in PY 2025." Columns D through E will be left blank for those participants with no enrollment in PY 2025. Next, the costs for these participants in PY 2025 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 2024.

Columns F and G collect the PY 2024 total member months and allowed claims.

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, either separately or as part of the narrative report.

4. Population Health (Tabs 4-9)

In tabs 4-9, please report the following HEDIS measures. Use the HEDIS Measurement Year (MY) 2025 Technical Specifications, which apply to data for PY 2025.[3] Please include all individual market enrollees in the measures.

1. Diabetes (Tab 4)
    i. Hemoglobin A1c Control for Patients with Diabetes
    ii. Kidney Health Evaluation for Patients with Diabetes
2. Asthma (Tab 5)
    i. Asthma Medication Ratio (AMR)
3. Behavioral Health (Tab 6)
    i. Follow-up after hospitalization for mental illness (FUH) – 7-day follow-up only
    ii. Initiation and engagement of substance use disorder treatment H
    iii. Antidepressant Medication Management
4. Pregnancy and Childbirth (Tab 7)
    i. Prenatal and postpartum care (PPC) measures
5. Heart Disease (Tab 8)
    i. Controlling high blood pressure (CBP)
6. Readmissions (Tab 9)
    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 and potentially preventable costs.

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

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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 2025. HCCs are defined by CMS for the risk adjustment program in the individual market.[4]

- 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 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 "≤ 10." The remaining corresponding columns must be reported.

2. Carrier-Identified Top 10 Conditions with Potentially Preventable Costs Among the SRP Population

New for this year, in the same Excel file where HCCs were reported, please list the top 10 conditions with potentially preventable costs among SRP enrollees that were the most impactful in the reporting PY. Report enrollee counts and allowed claims amounts for each condition. This is a subjective list, so "most impactful" can be defined using any reasonable quantitative and/or qualitative method, with conditions ordered accordingly. This list can contain some or all of the same items as the HCC list, but it does not have to and can include individual conditions instead of aggregated HCCs. Additionally, in the narrative report, provide a detailed description of how these conditions were selected and any opportunities for cost savings they may be addressed through current or future initiatives.

[4] Tables showing the ICD-10-CM-to-HCC mapping for the 2025 HCCs is available for download from the CMS website here (clicking the link will automatically download an Excel file; tabs 3 and 4 contain the mappings): https://www.cms.gov/files/document/cy2025-diy-tables-07-23-2025.xlsx

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Appendix A. 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
Members with Mental Health Conditions, Including Generalized Anxiety Disorder	*Acceptance-Based Behavioral Therapy for Generalized Anxiety Disorder*	*National Registry of Evidence-Based Programs and Practices (NREPP) via Penn State Results First Clearinghouse Database*	*Archived NREPP SAMHSA Intervention Summary Page*	*$500,000*

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