**Reinsurance Program Carrier Accountability Report
Plan Year (PY) 2020**

# A. Introduction

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

This report will cover PY 2020—the second 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 Johanna Fabian-Marks at mhbe.policy@maryland.gov by July 2, 2021.

*Summary of Reporting Elements*

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

1. A public narrative report that includes:
	1. A description of each initiative or program that the carrier undertook to manage the costs and utilization of enrollees whose claims were reimbursed by the SRP in PY 2020. Carriers are only expected to report on initiatives or programs that had 300 or more enrollees in the individual market;
	2. Actions the carrier is taking or will take to improve the effectiveness of initiatives reported in the Excel template (see #2 below); and
	3. 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 2020, unless otherwise noted:
	1. Demographic characteristics for enrollees with claims reimbursed by the SRP;
	2. Enrollment costs and service utilization for all 2020 enrollees with specified conditions, broken down by participation in care management initiatives and whether claims are reimbursed by the SRP;
	3. Data parallel to that described in 2.b above, but only for the 2020 experience of participants who were enrolled in PY 2019 initiatives;
	4. Estimated savings to the SRP as a result of the initiatives for enrollees with specified conditions; and
	5. 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 2020. 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.
	1. 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 COVID-19. The MHBE sought to collect information on conditions in alignment with state population health goals and conditions that can have preventable costs:

* Diabetes – Under Maryland’s Total Cost of Care Model, the state is identifying areas to improve population health. Diabetes is one focus area, and the Maryland Department of Health recently released a statewide [Diabetes Statewide Action Plan](https://phpa.health.maryland.gov/CCDPC/Pages/diabetes-action-plan.aspx).
* Behavioral Health – Opioid use is another population health target under the Total Cost of Care Model, and the [Governor's Commission to Study Mental and Behavioral Health](https://governor.maryland.gov/ltgovernor/commission-to-study-mental-and-behavioral-health-in-maryland/) is tasked with studying the link between mental health and substance use disorders and to identify potential ways to improve the delivery system.
* Asthma – Asthma is a common chronic condition that has significant health disparities and health care costs. While it cannot be cured, it can be controlled under guidance of a doctor to potentially avoid such complications as hospitalizations.[[2]](#footnote-2)
* Pregnancy/Childbirth – Appropriate prenatal care can reduce pregnancy, fetal, or infant risk of complications[[3]](#footnote-3),[[4]](#footnote-4),[[5]](#footnote-5) that may result in lengthy and costly stays of mothers and their infants.
* COVID-19 – The COVID-19 pandemic has had widespread impact on Marylanders, and it will be important for the MHBE to understand how hospitalizations and treatments related to COVID-19 have impacted the SRP.

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 2020. 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:

1. Name of the Initiative
2. Population(s) Targeted by the Initiative and How They Are Identified
3. Description of the Initiative
4. Intended Goals and/or Outcomes of the Initiative
5. Activities Undertaken to Evaluate the Effectiveness of the Initiative
6. Methodology for Determining the Initiatives to Include in this Report
7. 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 2020 Enrollment, Costs, and Service Utilization (Tabs 1-7)**

The accompanying Excel template has 19 tabs. The first tab provides a summary of demographic characteristics for those whose claims were reimbursed by the SRP in PY 2020, as well as the number of enrollees who received cost sharing reductions (CSRs) during PY 2020. Age will be calculated as of December 31, 2020. If a carrier does not capture race/ethnicity data using the categories in the template, the carrier should use a reasonable approach to enter their data in the template and include an explanation in the narrative portion of the report describing the approach to reporting race/ethnicity. The total allowed claims (including enrollee cost sharing) and total SRP payments for each subgroup will be tallied. 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 2020 enrollment, costs, and service use for enrollees whose claims were reimbursed by the SRP in PY 2020. Summary data on enrollees whose claims were not reimbursed by the SRP but were diagnosed with the targeted conditions, will also be collected. Reporting will be based on the enrollee’s diagnosis of targeted health conditions and participation in the interventions reported in section 1 above.

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

* Asthma – Mild asthma (J45.2, J45.3), moderate asthma (J45.4), severe asthma (J45.5), and Other and unspecified asthma (J45.9)
* Diabetes – Type 1 Diabetes mellitus (E10.), Type 2 diabetes mellitus (E11.), other specified diabetes mellitus (E13.), and diabetes during pregnancy (O24.0, O24.1, O24.3, O24.8)
* Mental health condition – All mental health disorder diagnoses from the following range of F20 to F48.
* Substance use disorders – All non-opioid use substance use disorder diagnoses (e.g. alcohol use) from the codes included in Appendix A. Please note that claims with a primary diagnosis related to opioid use are collected on a separate tab.
* Opioid use disorders – All opioid use disorder diagnoses from the following range F11.1 to F11.9 and listed in Appendix B.
* Pregnancy and childbirth – All diagnoses related to pregnancy, childbirth, and the postpartum period in the following range of O00-Q99

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

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

*1. Enrolled in At Least One Initiative*

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

*2. Enrolled in No Initiatives*

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

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

For each sub-population, provide the following data:

* Column C – Total number of enrollees
	+ Please only include initiative-level reporting for initiatives with 300 or more enrollees. Initiatives serving fewer than 300 enrollees will be grouped with participants who were “Not enrolled in any initiatives” in row F.
* Column D – Total member months
* Column E – Total allowed claims costs (including enrollee cost sharing)
* Columns F to J – Allowed claims by type
	+ For each expenditure type use the definitions outlined in the CMS 2021 Unified Rate Review Instructions section *2.1.3.1 Benefit Category and Manual Rate*.[[6]](#footnote-6)
		- Column F – Total inpatient hospital costs
		- Column G – Total outpatient hospital costs
		- Column H – Total professional costs
		- Column I – Total prescription drug costs
		- Column J – Total other medical costs
* Column K – Total number of services
	+ Defined as one occurrence per date of service with a provider regardless of the number of procedures performed during the visit
* Column L – Total number of inpatient hospital admissions
	+ Defined as one occurrence per stay in a hospital inpatient facility
* Column M – Total number inpatient admission days
	+ Defined as total number of days registered in a hospital inpatient facility
* Column N – Total number prescriptions filled
	+ Defined as the total number of outpatient pharmacy prescriptions filled

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

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

The carriers will report an update on the 2020 experience of participants with the targeted conditions in 2019. The data are entered in tabs 8 through 13 of the accompanying Excel template. Carriers will identify all 2019 enrollees with the targeted conditions (e.g., diabetes) who remained enrolled with the carrier in 2020, and categorize them by their enrollment in initiatives, and whether or not they had claims reimbursed by the SRP, during PY 2019 (reimbursement by SRP in PY 2020 is not a requirement). Therefore, column B should list the carrier’s 2019 initiatives. If an enrollee is no longer enrolled with the carrier, please include this participant total in row G, “No enrollment in PY 2020.” The remaining columns (D through N) will be left blank.

Next, the cost and service utilization for these participants in PY 2020 will be summarized in columns E through N following the instructions outlined above in section 2 (PY 2020 Enrollment, Costs, and Service Utilization (Tabs 1-7)).The PY 2020 report will include costs for all enrollees with claims reimbursed by SRP in PY 2019, even if their claims were not reimbursed by the SRP in PY 2020.

Please note that the total number of enrollees reported in column C must equal the number of enrollees reported during PY 2019 for each condition. These data elements are pre-populated for your convenience.

**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:

1. Efforts to improve outreach, recruitment, and retention in these programs
2. Changes to the intervention strategy
3. Development of any new initiatives
4. Other actions

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

In tab 14, please provide an estimate of the savings to the SRP that may be reasonably attributed to these initiatives. Limit the analysis to programs that have been operational for a minimum of two years (i.e., programs that were operational in PY 2019 and PY 2020). Please also provide an estimate of the PY 2022 rate impact of these initiatives, expressed as an average percentage rate reduction. The rate impact of each initiative should be calculated as the delta between the estimated savings for the initiative in the 2020 base period and the projected savings for the initiative in the 2022 rating period.

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

**6. Population Health (Tabs 15-18)**

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

* 1. Diabetes (Tab 15)
		1. Comprehensive diabetes care (CDC) measures
			1. Hemoglobin A1c (HbA1c) control (<8.0%)
			2. Eye exam (retinal) performed
			3. Medical attention for nephropathy
	2. Asthma (Tab 16)
		1. Asthma Medication Ratio (AMR)
	3. Behavioral Health (Tab 17)
		1. Follow-up After hospitalization for mental illness (FUH) – 7-day follow-up only
		2. Initiation and engagement of alcohol and other drug abuse or dependence treatment (IET)
	4. Pregnancy and Childbirth (Tab 18)
		1. Prenatal and postpartum care (PPC) measures

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

**7. COVID-19 (Tab 19)**

Tab 19 collects information on 2020 enrollment, costs, and service use for enrollees whose claims were reimbursed by the SRP in PY 2020 related to COVID-19. Summary data on enrollees whose claims were not reimbursed by the SRP but were diagnosed with COVID-19, will also be collected.

Identify all enrollees with COVID-19 during the PY, defined as having at least one service with an International Classification of Diseases-10th edition Clinical Modification (ICD-CM-10) primary diagnosis of U071 with a date of service on or after April 1, 2020. Please note that prior to April 2020, a unique COVID-19 ICD-CM-10 diagnosis was not available. Please use any organization-specific criteria for identifying participants diagnosed with COVID-19 prior to April 2020 (e.g., J22 (Unspecified acute lower respiratory infection)).

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

Please include an unduplicated total of all enrollees in Row A labelled “Total Enrollees with Condition.”

For each sub-population, provide the following data:

* Column C – Total number of enrollees
* Column D – Total member months
* Column E – Total allowed claims costs (including enrollee cost sharing)
* Columns F to J – Allowed claims by type
	+ For each expenditure type use the definitions outlined in the CMS 2021 Unified Rate Review Instructions section *2.1.3.1 Benefit Category and Manual Rate*.[[8]](#footnote-8)
		- Column F – Total inpatient hospital costs
		- Column G – Total outpatient hospital costs
		- Column H – Total professional costs
		- Column I – Total prescription drug costs
		- Column J – Total other medical costs
* Column K – Total number of services
	+ Defined as one occurrence per date of service with a provider regardless of the number of procedures performed during the visit
* Column L – Total number of inpatient hospital admissions
	+ Defined as one occurrence per stay in a hospital inpatient facility
* Column M – Total number inpatient admission days
	+ Defined as total number of days registered in a hospital inpatient facility
* Column N – Total number prescriptions filled
	+ Defined as the total number of outpatient pharmacy prescriptions filled

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

# C. Supplemental Tables

The following data will be entered in a supplemental Excel file that will remain confidential. MHBE may release an aggregated list of the top 10 most prevalent and costly 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 2020. HCCs are defined by CMS for the risk adjustment program in the individual market. The 2020 HCCs can be found in tabs 3 and 4 of the *April 16, 2021* technical details table under the risk adjustment guidance on this [page](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cms.gov%2FCCIIO%2FResources%2FRegulations-and-Guidance%23Premium-Stabilization-Programs&data=02%7C01%7Clspicer%40hilltop.umbc.edu%7Cad4f39408eb2468d7e2608d7e5fee284%7Ce9b872148e8f4ad090ec9d5c56c94931%7C0%7C0%7C637230755217926308&sdata=AuPUIkPyrwFqA5BFHAh52o2D7b8dqsu%2B3SnSRslD0sk%3D&reserved=0).

* 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.
* Summarize the total cost of all claims among participants with claims reimbursed by 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 .

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

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

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

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

**Appendix B. Opioid Use Disorder ICD10 Diagnosis Codes**

* **Opioid use**: F1110, F11120, F11121, F11122, F11129, F1114, F11150, F11151, F11159, F11181, F11182, F11188, F1119, F1120, F11220, F11221, F11222, F11229, F1123, F1124, F11250, F11251, F11259, F11281, F11282, F11288, F1129, F1190, F11920, F11921, F11922, F11929, F1193, F1194, F11950, F11951, F11959, F11981, F11982, F11988, F1199
1. COMAR 14.35.17.03(C). [↑](#footnote-ref-1)
2. Centers for Disease Control and Prevention. National Asthma Control Program. Retrieved from <https://www.cdc.gov/nceh/information/asthma.htm> and https://www.cdc.gov/asthma/faqs.htm. [↑](#footnote-ref-2)
3. American College of Obstetricians and Gynecologists. (2014). Preeclampsia and high blood pressure during pregnancy. FAQ034. Retrieved from <http://www.acog.org/Patients/FAQs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy>. [↑](#footnote-ref-3)
4. Child Trends Databank. (2015). Late or no prenatal care. Retrieved from: <http://www.childtrends.org/?indicators=late-or-no-prenatal-care>.  [↑](#footnote-ref-4)
5. Centers for Disease Control and Prevention. (2016). Folic acid. Data and statistics. Retrieved from: <https://www.cdc.gov/ncbddd/folicacid/data.html> [↑](#footnote-ref-5)
6. https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2021-URR-Instructions.pdf [↑](#footnote-ref-6)
7. For more information, see https://www.ncqa.org/hedis/measures/. [↑](#footnote-ref-7)
8. https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/2021-URR-Instructions.pdf [↑](#footnote-ref-8)