



Plan Year 2021 Reinsurance Program Carrier Accountability Report

**Maryland Health Benefit Exchange
September 29, 2023**

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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 by more than 30% and providing relief for Marylanders who had experienced significant premium increases in the years before the SRP took effect.² In PY 2021, 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 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 third annual Reinsurance Program Carrier Accountability Report, covering PY 2021.

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, and pregnancy/childbirth, as well as health outcomes related to these conditions. The

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).

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.
- COVID-19 – The COVID-19 pandemic has had widespread impact on Marylanders, and it is important for the MHBE to understand how hospitalizations and treatments related to COVID-19 have impacted SRP participants.

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.

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 2021. United HealthCare newly joined the market and had minimal enrollment in PY 2021. In addition to the public report, the carriers also submitted confidential reports on the top 10

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>

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 2021. Table 1 also presents the number of enrollees with claims reimbursed by the SRP in PY 2021, as well as the corresponding total SRP payment. Of note, Kaiser Permanente added a new diabetes messaging program and removed its diabetes care management program this year. Because United HealthCare was new to the market and had limited membership, the carrier did not have any initiatives with at least 300 enrollees, although it reported initiatives with less than that number. No carrier reported initiatives targeting asthma or pregnancy.

Overall, CareFirst had 12,192 enrollees with claims reimbursed by the SRP (compared to 10,179 in PY 2020), with SRP payments totaling \$395 million (compared to \$333 million in PY 2020). CareFirst reported two initiatives targeting diabetes that serve 28% of their SRP population with diabetes and one targeting behavioral health, serving 19% of members with a mental health disorder (MHD), 10% of members with a substance use disorder (SUD), and 10% of members with an opioid use disorder (OUD).

Overall, Kaiser Permanente had 2,419 enrollees with claims reimbursed by the SRP (compared to 2,225 in PY 2020), with SRP payments totaling \$70 million (roughly the same as in PY 2020). Kaiser Permanente reported two initiatives targeting diabetes that serve 33% of their SRP population with diabetes and a depression care initiative serving 9% of members with an MHD.

United HealthCare had 96 enrollees with claims reimbursed by the SRP overall. They reported no initiatives with at least 300 enrollees.

Table 1. Summary of Care Management Initiatives Targeting Specified State Public Health Goals, PY 2021

| Carrier | # of Enrollees with Claims Reimbursed by the SRP | Total SRP Payment | Diabetes | Behavioral Health |
|-------------------|--|-------------------|--|---|
| CareFirst | 12,192 | \$394,882,353 | Diabetes Care Management Program and Diabetes Virtual Care Serves 607 (28%) of SRP Members with Diabetes | Behavioral Health Care Management Program Serves: 948 (19%) of SRP Members with MHD 51 (10%) of SRP Members with SUD 24 (10%) of SRP Members with OUD |
| Kaiser Permanente | 2,419 | \$69,697,447 | Diabetes Glucometer and Diabetes Messaging Programs Serves 144 (33%) of SRP Members with Diabetes | Depression Care Management Serves 31 (9%) of Members with MHD |
| United | 96 | \$3,078,688 | No initiatives with 300 enrollees or more - new to market in 2021 and had limited membership Had initiatives with less than 300 | No initiatives with 300 enrollees or more - new to market in 2021 and had limited membership Had initiatives with less than 300 |

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 2021 by cost-sharing reduction (CSR) status, as well as the corresponding SRP payment amount.

- Individuals receiving CSRs accounted for 22.4% of SRP enrollment (compared with 26.0% in PY 2020) and 22.1% of SRP payments (compared with 26.2% in PY 2020).
- Individuals on the Exchange without CSRs accounted for 46.7% of SRP enrollment (compared with 41.9% in PY 2020) and 44.8% of SRP payments (compared with 39.1% in PY 2020).
- Individuals off the Exchange accounted for 30.9% of SRP enrollment and 33.1% of SRP payments (very similar to PY 2020).

Table 2. Enrollees with Claims Reimbursed by the SRP by CSR Status, PY 2021

| CSR Status | Total Number of Enrollees with SRP | % of Enrollees with SRP | Total SRP Payment | % of SRP Payment |
|-------------------------|------------------------------------|-------------------------|----------------------|------------------|
| On-Exchange w/ CSRs | 3,295 | 22.4% | \$103,566,031 | 22.1% |
| On-Exchange and No CSRs | 6,871 | 46.7% | \$209,469,473 | 44.8% |
| Off-Exchange | 4,541 | 30.9% | \$154,622,984 | 33.1% |
| Total | 14,707 | 100% | \$467,658,488 | 100% |

Table 3 presents the number of enrollees whose claims were reimbursed by the SRP in PY 2021 by age group. Adults aged 55-64 years accounted for the largest portion of both SRP enrollment and payments (the same as in PY 2020). As with PY 2020, SRP percentage of enrollment and payments were roughly proportional across age groups, and SRP enrollment and percentage of payments generally increased with age.

Table 3. Enrollees with Claims Reimbursed by the SRP by Age Group, PY 2021

| 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 | ** | ** | 8,118 | ** | \$21,655,463 | 4.6% |
| 18-25 | 543 | 3.7% | 14,586 | 3.72% | \$18,318,024 | 3.9% |
| 26-34 | ** | ** | 31,427 | ** | \$46,754,358 | 10.0% |
| 35-44 | 2,674 | 18.2% | 28,374 | 9.42% | \$70,763,516 | 15.1% |
| 45-54 | 2,812 | 19.1% | 31,499 | 8.93% | \$87,120,423 | 18.6% |
| 55-64 | 4,576 | 31.1% | 42,904 | 10.67% | \$156,942,742 | 33.6% |
| 65+ | 1,731 | 11.8% | 7,346 | 23.56% | \$66,103,962 | 14.1% |
| Total | 14,707 | 100% | 164,254 | 9.0% | \$467,658,488 | 100% |

*Data drawn from MHBE's [December 2020 Executive Report](#).

**Value could not be calculated because some carriers had no more than 10 enrollees in this age group.

In addition to these demographic characteristics, carriers reported on COVID-19 diagnoses among their populations. Of the 14,707 individual enrollees with claims reimbursed by the SRP, 1,540 (10.5%) were diagnosed with COVID-19. Of the roughly \$468 million in total allowed claims for the SRP population, about \$122 million (26.1%) was associated with individuals diagnosed with COVID-19. Overall, carriers reported a total of 14,354 individual market enrollees with COVID-19 diagnoses (SRP and non-SRP).

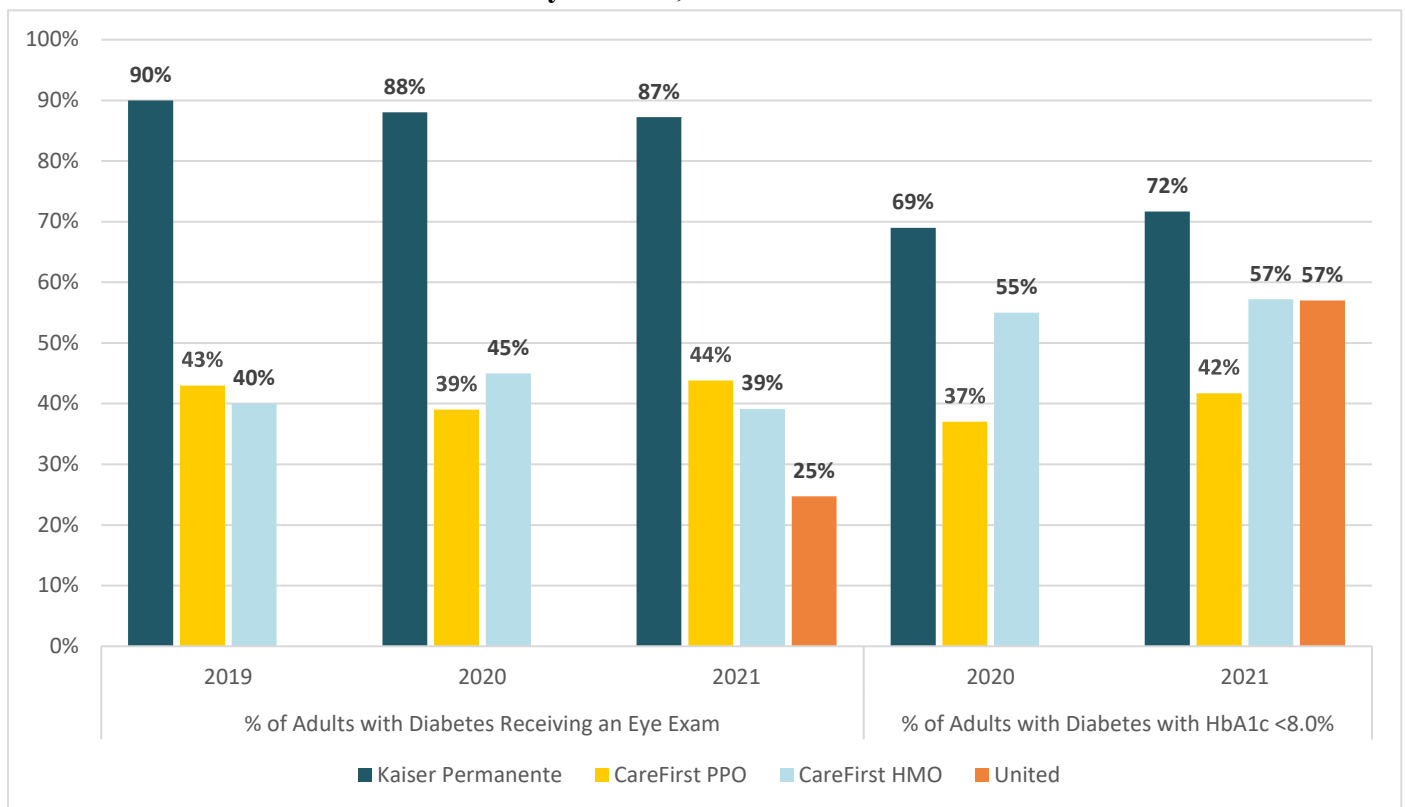
Health Outcomes

The carriers were asked to report on the following Healthcare Effectiveness Data and Information Set (HEDIS) measures using the HEDIS Measurement Year 2021 Technical Specifications, which apply to data for PY 2021.⁷

- 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)
- Pregnancy and Childbirth: Prenatal and postpartum care (PPC) measures

Figures 1 through 4 present the results of these measures in PY 2019-2021.

Figure 1. Selected Diabetes-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2021



⁷ For more information, see <https://www.ncqa.org/hedis/measures/>.

Figure 2. Selected Asthma-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2021

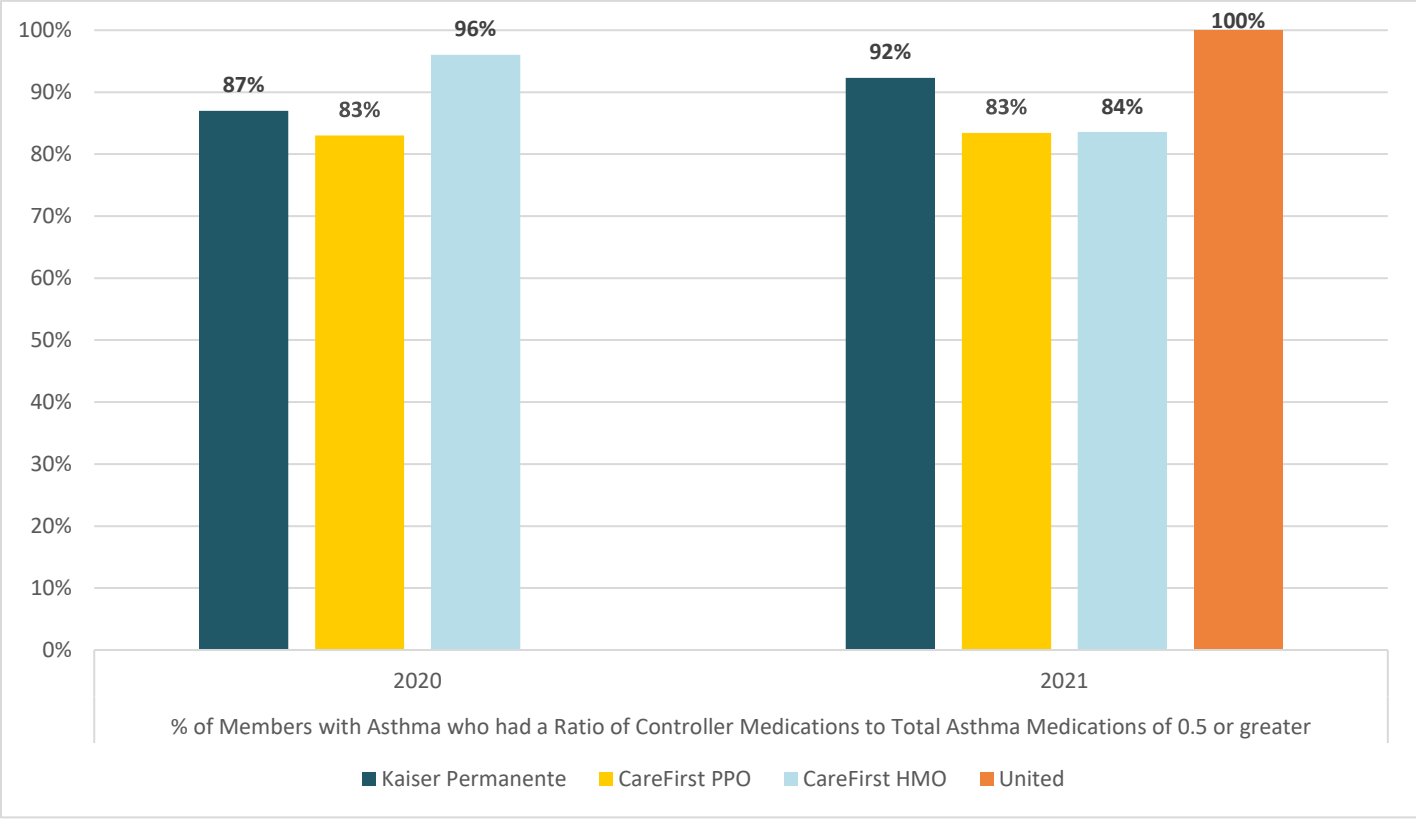


Figure 3. Selected Behavioral Health-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2021

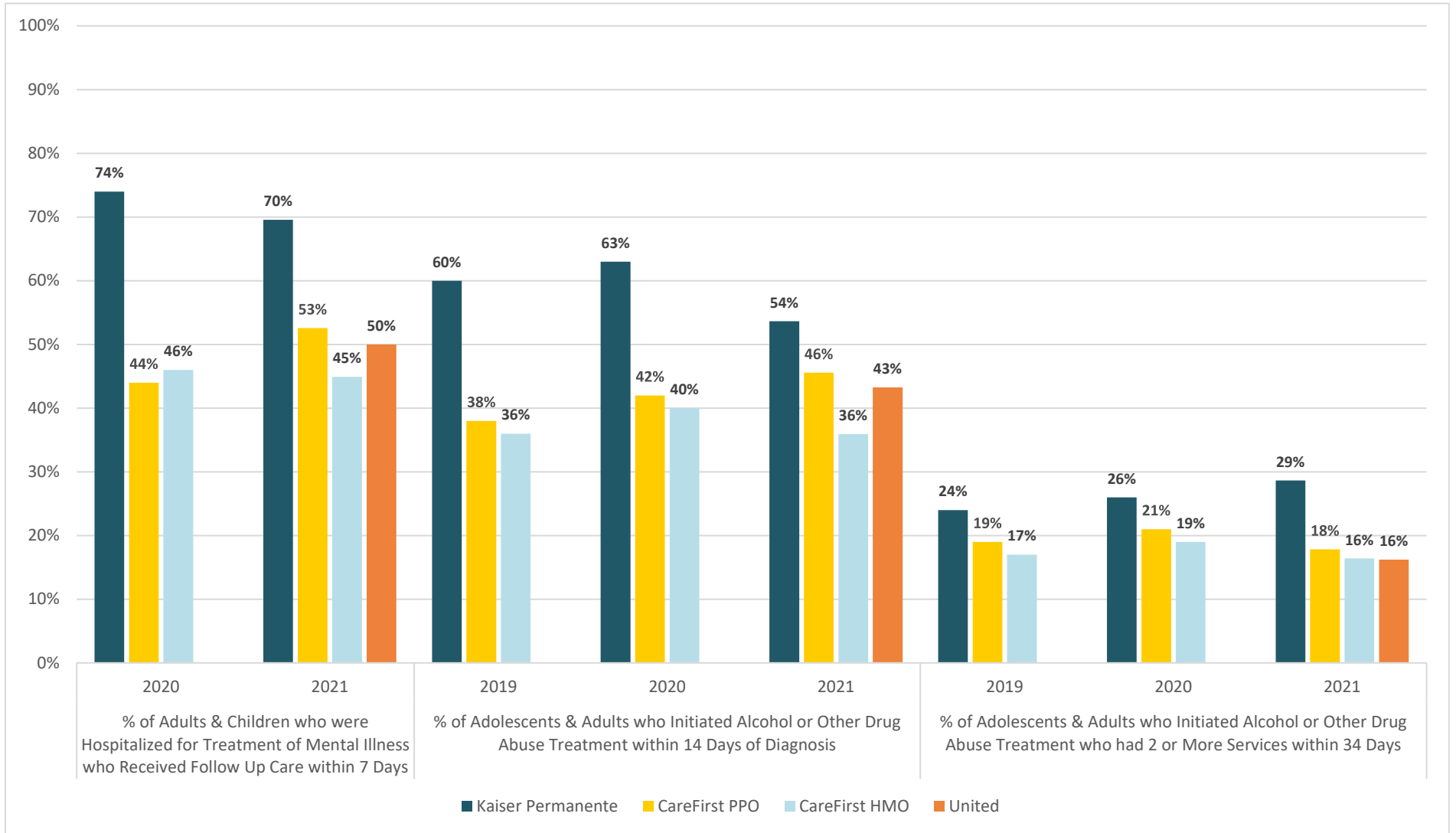
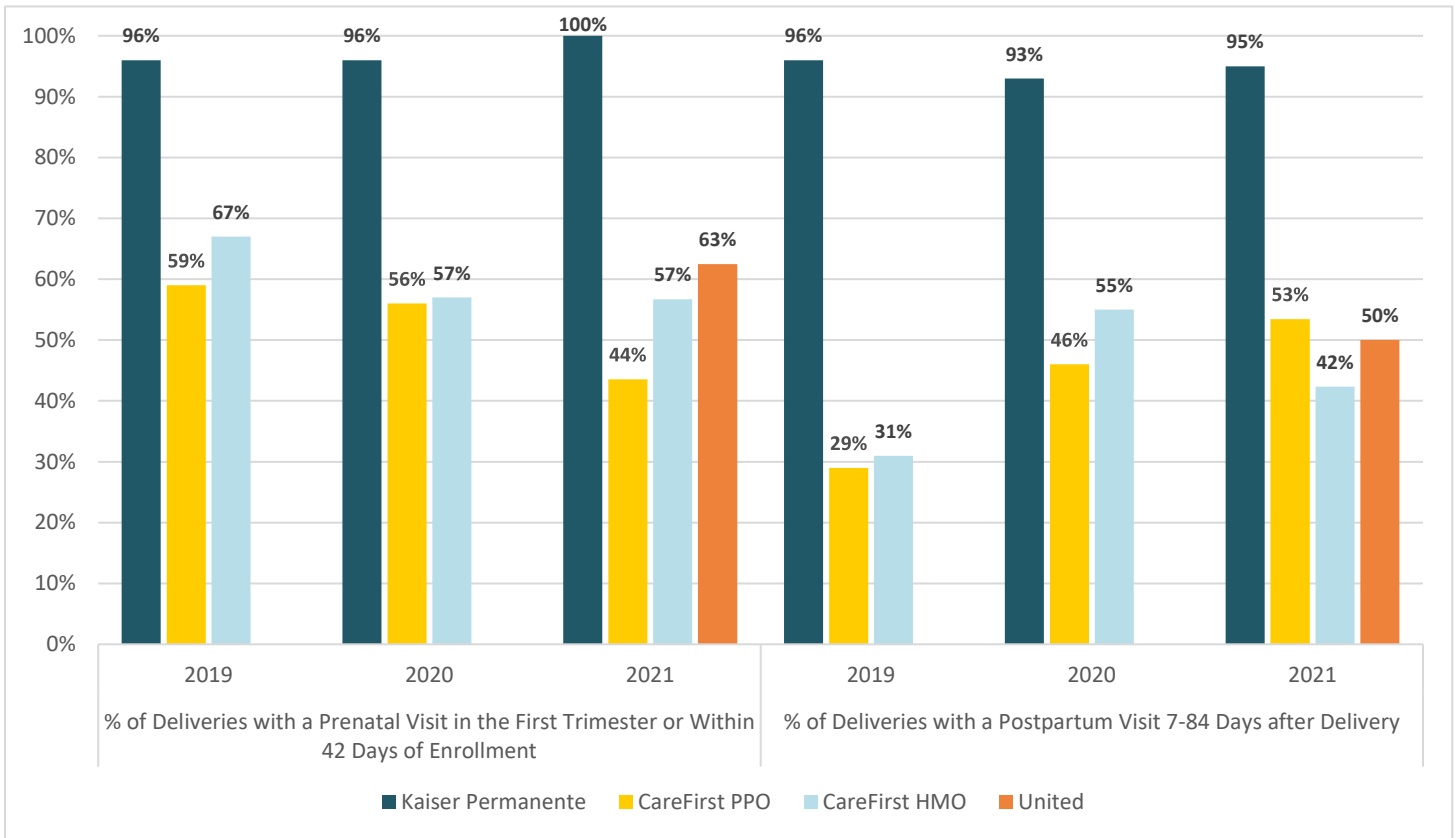


Figure 4. Selected Pregnancy-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2021



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.⁸ Please note that CMS directed QHP issuers to discontinue the reporting of clinical quality measure data and survey measure data that would normally be reported between May and June 2020. Due to the discontinuation of reporting, CMS did not calculate 2020 quality ratings for PY 2021 and is displaying quality rating information calculated during 2019 and displayed during PY 2020. Therefore, Table 5 below ranks Maryland plan performance in the QRS against the other plans nationwide reporting to the QRS for PY 2020. 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.

⁸ For more information, see <https://go.cms.gov/3kiwPZj>.

Table 5. Comparison of Maryland’s QRS Scores on Selected HEDIS with QHPs Nationally, PY 2021

| | Kaiser Permanente – HMO | CareFirst-PPO | CareFirst – HMO |
|---|-------------------------|-------------------|--------------------|
| Diabetes | | | |
| % Members with Diabetes Receiving an Eye Exam | 2 out of 107 HMOs | 5 out of 39 PPOs | 55 out of 107 HMOs |
| % Adults with Diabetes with HbA1c <8.0% | 10 out of 107 HMOs | 4 out of 39 PPOs | 37 out of 107 HMOs |
| Asthma | | | |
| % Members with Asthma who Achieved a PDC of at Least 75% for their Asthma Controller Medications ⁹ | 87 out of 107 HMOs | 28 out of 39 PPOs | 32 out of 107 HMOs |
| Behavioral Health | | | |
| Initiation & Engagement of AOD Treatment | 4 out of 107 HMOs | 3 out of 39 PPOs | 42 out of 107 HMOs |
| Pregnancy | | | |
| Timeliness of Prenatal Care | 30 out of 107 HMOs | 27 out of 39 PPOs | 41 out of 107 HMOs |
| Postpartum Care | 5 out of 107 HMOs | 21 out of 39 PPOs | 79 out of 107 HMOs |

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. Separately, carriers also reported total SRP payments for enrollees associated with each HCC; carriers are unable to disaggregate total SRP payments by specific HCC.

Diabetes (with and without complications), various forms of cancer, and HIV/AIDS were the top three most frequently occurring HCCs in each PY. Various forms of cancer were also the highest cost HCCs in each year, with congestive heart failure; diabetes; septicemia, sepsis, systemic inflammatory response syndrome/shock; and respiratory arrest, failure, and shock rounding out the top five in PY 2019 and PY 2020, albeit in different orders. Various cancers and septicemia and related conditions were also the top two most costly HCCs in PY 2021, with hemophilia, end stage renal disease, and inflammatory bowel disease completing the top five. There were several instances where the most common HCCs were not among the costliest, such as major depressive and bipolar disorders and HIV/AIDS in all years. The MHBE notes that the top HCCs reimbursed by the SRP include the conditions of state population health interest—diabetes, asthma, behavioral health, and pregnancy. These are highlighted in light blue in the table.

⁹ This measure has been discontinued but is included here due to CMS’ decision to display PY 2020 quality ratings again.

**Table 6. Top 10 Hierarchical Condition Categories by Count and Cost among SRP Claims,
PY 2019-2021 SRP**

| Most Frequent | | | Highest Cost | | |
|---|---|--|---|---|--|
| 2019 | 2020 | 2021 | 2019 | 2020 | 2021 |
| Cancers | Diabetes with and without complications | Diabetes with and without complications | Cancers | Cancers | Cancers |
| HIV/AIDS | HIV/AIDS | HIV/AIDS | Congestive Heart Failure | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| Diabetes with and without complications | Cancers | Cancers | Diabetes with and without complications | Respiratory Arrest, Failure and Shock | Hemophilia |
| Major Depressive and Bipolar Disorders | Congestive Heart Failure | On going Pregnancy without delivery with no or minor complications** | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Diabetes with and without complications | End Stage Renal Disease |
| End Stage Renal Disease | Asthma and Chronic Obstructive Pulmonary Disease | Heart Failure* | Respiratory Arrest, Failure and Shock | Congestive Heart Failure | Inflammatory Bowel Disease |
| Asthma and Chronic Obstructive Pulmonary Disease | Specified Heart Arrhythmias | Major Depressive Disorder, Severe, and bipolar disorders | Asthma and Chronic Obstructive Pulmonary Disease | Specified Heart Arrhythmias | Autistic Disorder |
| Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Major Depressive and Bipolar Disorders | Specified Heart Arrhythmias | Specified Heart Arrhythmias | End Stage Renal Disease | On going Pregnancy without delivery with no or minor complications** |
| Drug Dependence | Rheumatoid Arthritis and Specified Autoimmune Disorders | Rheumatoid Arthritis and Specified Autoimmune Disorders | End Stage Renal Disease | Coagulation Defects and Other Specified Hematological Disorders | Drug Use disorder, moderate/severe, or drug use with non-psychotic complications |
| Congestive Heart Failure | Respiratory Arrest, Failure and Shock | Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes | Non-Traumatic Coma, Brain Compression/Anoxic Damage | Asthma and Chronic Obstructive Pulmonary Disease | Heart Failure* |
| Specified Heart Arrhythmias | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Protein-Calorie Malnutrition | Hemophilia | Protein-Calorie Malnutrition |

*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 2021. In general, allowed claims per SRP enrollee were higher for enrollees in care management initiatives than for those not in initiatives, with Kaiser as an exception. Of the six conditions presented, SRP enrollees with opioid use disorder in an initiative had the highest average claims costs (\$135,429), followed by pregnant SRP enrollees in an initiative (\$122,405) and SRP enrollees with mental health diagnoses in an initiative (\$101,137). As expected, and as was the case in PY 2020, non-SRP enrollees had much lower average claims costs for all carriers and for each condition type.

Table 7. Average Allowed Claims Costs per Individual Market Enrollees with Specified Health Conditions, by Initiative Enrollment and SRP Enrollment Statuses, PY 2021

| | Allowed Claims Per SRP Enrollee | | Allowed Claims Per Non-SRP Enrollee |
|--|---------------------------------|-------------------------------|-------------------------------------|
| | Enrolled in an Initiative | Not Enrolled in an Initiative | |
| Diabetes | | | |
| CareFirst | \$84,362 | \$55,457 | \$6,155 |
| Kaiser Permanente | \$45,832 | \$59,584 | \$3,710 |
| United | N/A | \$75,361 | \$3,227 |
| Total | \$76,974 | \$56,344 | \$5,095 |
| Asthma | | | |
| CareFirst | \$93,987 | \$65,330 | \$4,013 |
| Kaiser Permanente | N/A | \$56,734 | \$4,125 |
| United | N/A | \$73,597 | \$3,418 |
| Total | \$93,987 | \$65,004 | \$4,017 |
| Pregnancy | | | |
| CareFirst | \$122,405 | \$60,223 | \$5,682 |
| Kaiser Permanente | N/A | \$37,440 | \$8,553 |
| United | N/A | \$35,381 | \$6,313 |
| Total | \$122,405 | \$55,538 | \$6,380 |
| Mental Health | | | |
| CareFirst | \$102,993 | \$62,841 | \$3,619 |
| Kaiser Permanente | \$44,376 | \$51,432 | \$3,861 |
| United | N/A | \$108,366 | \$2,490 |
| Total | \$101,137 | \$62,186 | \$3,636 |
| Substance Use Disorder (Non-Opioid) | | | |
| CareFirst | \$95,482 | \$72,646 | \$5,134 |

| | Allowed Claims Per SRP Enrollee | | Allowed Claims Per Non-SRP Enrollee |
|----------------------------|---------------------------------|-------------------------------|-------------------------------------|
| | Enrolled in an Initiative | Not Enrolled in an Initiative | |
| Kaiser Permanente | N/A | \$47,261 | \$4,580 |
| United | N/A | \$95,738 | \$5,351 |
| Total | \$95,482 | \$70,998 | \$5,071 |
| Opioid Use Disorder | | | |
| CareFirst | \$135,429 | \$57,013 | \$5,182 |
| Kaiser Permanente | N/A | \$35,649 | \$5,387 |
| United | N/A | \$71,063 | \$3,888 |
| Total | \$135,429 | \$56,556 | \$5,178 |

As previously noted, no carriers had care management initiatives that reached the reporting threshold for asthma or pregnancy. Table 8 shows the total number of members who were not enrolled in asthma or pregnancy initiatives, who had claims related to those conditions, and who participated in the SRP for PY 2021. Data for United are not shown due to small cell sizes.

Table 8. Count of Members With Billed Claims for Asthma or Pregnancy Who Were Not Enrolled in a Care Management Initiative and Who Participated in the SRP, PY 2021

| | Total Number Not Enrolled in an Initiative | Total Allowed Claims | Allowed Claims Per SRP Enrollee |
|-------------------|--|----------------------|---------------------------------|
| Asthma | | | |
| CareFirst | 1,490 | \$97,341,468 | \$65,330 |
| Kaiser Permanente | 65 | \$3,687,710 | \$56,734 |
| Total | 1,555 | \$101,029,178 | \$64,971 |
| Pregnancy | | | |
| CareFirst | 1,080 | \$65,040,602 | \$60,223 |
| Kaiser Permanente | 274 | \$10,258,474 | \$37,440 |
| Total | 1,354 | \$75,299,076 | \$55,612 |

Cost Savings

Carriers were required to estimate savings to the SRP that may be reasonably attributed to the reported initiatives (Table 8) for enrollees who participated in the initiatives in both PY 2020 and PY 2021. Unlike last year, when carriers were permitted to use different approaches, this year a single methodology was applied to estimate savings. Carriers followed the PY 2020 SRP enrollees into PY 2021 and compared claims costs. The total allowed claims for enrollees in care management initiatives of each condition type were divided by the member months of enrollees in the care management initiative to find the per member, per month (PMPM) cost. However, the

estimated cost savings are not reported here due to challenges associated with the COVID-19 pandemic that make claims cost and savings comparisons between 2020 and 2021 difficult. The MHBE will work with the carriers on the data for next year's reporting.

Next Steps

The MHBE continues to revisit the report measures and consult with stakeholders to determine whether adjustments should be made to the reporting. Plan year 2022 reports will be due to the MHBE in 2023.