



Plan Year 2022 Reinsurance Program Carrier Accountability Report

**Maryland Health Benefit Exchange
June 4, 2024**

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Introduction

In August of 2018, the U.S. Department of Health and Human Services approved the Maryland Health Benefit Exchange's (MHBE's) Section 1332 waiver application to implement a State Reinsurance Program (SRP) beginning in plan year (PY) 2019. The purpose of the SRP is to mitigate the premium impact of high-cost enrollees for carriers participating in the individual market.¹ The SRP has been highly successful, reducing rates and providing relief for Marylanders who had experienced significant premium increases in the years before the SRP took effect.² In PY 2022, 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 fourth annual Reinsurance Program Carrier Accountability Report, covering PY 2022.

Reporting Overview

The regulations require the report to collect the following:

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

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

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

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

³ COMAR 14.35.17.03(C).

conditions. The MHBE sought to collect information on conditions in alignment with state population health goals and conditions that can have preventable costs:

- Diabetes – Under the Total Cost of Care Model, Maryland created the [Statewide Integrated Health Improvement Strategy \(SIHIS\)](#). Diabetes is one focus area of the Total Cost of Care Model/SIHIS, and the Maryland Department of Health developed a statewide [Diabetes Statewide Action Plan](#). Diabetes is also one of the top hierarchical condition categories (HCCs) among the reinsurance population.
- Behavioral Health – Improving opioid overdose mortality is another population health target under the Total Cost of Care Model/SIHIS. Various behavioral health conditions are among the top HCCs reported for the reinsurance population.
- Asthma – Asthma is a common chronic condition associated with significant health disparities and health care costs. While it cannot be cured, it can be controlled under the guidance of a doctor to avoid such complications as hospitalizations.⁴ Decreasing asthma-related emergency department visits for children is also one of the population health targets under the Total Cost of Care Model/SIHIS. Asthma is among the top HCCs reported for the reinsurance population.
- Pregnancy/Childbirth – Appropriate prenatal care can reduce the risk of complications for mothers and their infants during and after pregnancy that may result in lengthy and costly hospital stays.^{5, 6} Reducing the maternal morbidity rate is also one of the population health targets under the Total Cost of Care Model/SIHIS. Pregnancy is among the top HCCs reported for the reinsurance population.
- Heart Disease – Heart disease is the leading cause of death in the U.S.⁷ While it is largely preventable, it remains on the top of the U.S. disease burden list and is expected to worsen in the next decade.⁸ Heart failure is also among the top HCCs reported for the reinsurance population

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

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

⁵ American College of Obstetricians and Gynecologists. (2014). *Preeclampsia and high blood pressure during pregnancy. FAQ034*. Retrieved from <http://www.acog.org/Patients/FAQs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy>.

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

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

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

Key Findings

Attachments A, B, and C show the public individual reports for CareFirst, Kaiser Permanente, and United HealthCare, respectively, the three carriers participating in the individual market in PY 2022. United HealthCare newly joined the market in PY 2021. In addition to the public report, the carriers also submitted confidential reports on the top 10 most prevalent and costly HCCs for enrollees whose claims were reimbursed by the SRP. Some key findings from their reports are presented below.

Initiatives

Table 1 summarizes the care management initiatives reported by each carrier that address each targeted condition in PY 2022. Table 1 also presents the number of enrollees with claims reimbursed by the SRP in PY 2022, as well as the corresponding total SRP payment. Of note, CareFirst added a behavioral health digital solution and a high-cost claimant unit, and Kaiser Permanente added a hypertension messaging program. 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 with at least 300 enrollees, but CareFirst reported initiatives focused on both conditions with fewer than 300, and Kaiser reported an initiative for pregnant individuals that had less than 300 enrollees.

- CareFirst had 12,297 enrollees with claims reimbursed by the SRP (similar to PY 2021), with SRP payments totaling approximately \$387 million (compared to \$395 million in PY 2021). CareFirst reported two initiatives targeting diabetes that serve 32% of their SRP population with diabetes and two targeting behavioral health, serving 29% of their SRP members with a mental health disorder (MHD), 22% of their SRP members with a substance use disorder (SUD), and 24% of their SRP members with an opioid use disorder (OUD).
- Kaiser Permanente had 2,446 enrollees with claims reimbursed by the SRP (similar to PY 2021), with SRP payments totaling approximately \$82 million (similar to PY 2021). Kaiser Permanente reported two initiatives targeting diabetes that serve 48% of their SRP population with diabetes and a depression care initiative serving 26% of their SRP members with an MHD.
- United HealthCare had 392 enrollees with claims reimbursed by the SRP overall (compared to 96 in PY 2021). They reported no initiatives with at least 300 enrollees.

Table 1. Summary of Care Management Initiatives Targeting Specified State Public Health Goals, PY 2022

| Carrier | # of Enrollees with Claims Reimbursed by the SRP | Total SRP Payment | Diabetes | Behavioral Health | Heart Disease | Other |
|-------------------|--|-------------------|---|---|---|-------------------------|
| CareFirst | 12,297 | \$386,768,673 | Diabetes Care Management Program and Diabetes Virtual Care Serves 682 (32%) of SRP Members with Diabetes | Behavioral Health Care Management Program and Behavioral Health Digital Solution Serves: 1,483 (29%) of SRP Members with MHD 100 (22%) of SRP Members with SUD 49 (24%) of SRP Members with OUD | | High-Cost Claimant Unit |
| Kaiser Permanente | 2,446 | \$82,396,336 | Diabetes Glucometer and Diabetes Messaging Programs Serves 247 (48%) of SRP Members with Diabetes | Depression Care Management Serves 100 (26%) of SRP Members with MHD | Hypertension Messaging Serves 75 (39%) of SRP Members with Heart Disease | |
| United | 392 | \$15,755,448 | No initiatives with 300 enrollees or more - had limited membership Had initiatives with less than 300 | No initiatives with 300 enrollees or more - 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 2022 by cost-sharing reduction (CSR) status, as well as the corresponding SRP payment amount.

- Individuals receiving CSRs accounted for 19.5% of SRP enrollment (compared with 22.4% in PY 2021) and 19.8% of SRP payments (compared with 22.1% in PY 2021).
- Individuals on the Exchange without CSRs accounted for 50.0% of SRP enrollment (compared with 46.7% in PY 2021) and 47.0% of SRP payments (compared with 44.8% in PY 2021).

- Individuals off the Exchange accounted for 30.5% of SRP enrollment and 33.2% of SRP payments (both similar to what was reported in PY 2021).

Table 2. Enrollees with Claims Reimbursed by the SRP by CSR Status, PY 2022

| CSR Status | Total Number of Enrollees with SRP | % of Enrollees with SRP | Total SRP Payment | % of SRP Payment |
|-------------------------|------------------------------------|-------------------------|----------------------|------------------|
| On-Exchange w/ CSRs | 2,951 | 19.5% | \$96,009,002 | 19.8% |
| On-Exchange and No CSRs | 7,562 | 50.0% | \$227,848,657 | 47.0% |
| Off-Exchange | 4,621 | 30.5% | \$161,062,797 | 33.2% |
| Total | 15,135 | 100% | \$484,920,457 | 100% |

Table 3 presents the number of enrollees whose claims were reimbursed by the SRP in PY 2022 by age group. Adults aged 55-64 years accounted for the largest portion of both SRP enrollment and payments (the same as in PY 2021). However, adults aged 65 and above had the highest proportion of total membership in that age range with SRP. As with PY 2021, SRP enrollment and percentage of payments generally increased with age.

Table 3. Enrollees with Claims Reimbursed by the SRP by Age Group, PY 2022

| 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 | ** | ** | 9,597 | ** | \$19,969,607 | 4.2% |
| 18-25 | ** | ** | 12,980 | ** | \$15,374,531 | 3.3% |
| 26-34 | 2,053 | 13.6% | 29,188 | 7.03% | \$47,447,170 | 10.1% |
| 35-44 | 2,801 | 18.5% | 27,386 | 10.23% | \$76,051,418 | 16.1% |
| 45-54 | 2,808 | 18.6% | 29,760 | 9.44% | \$85,732,314 | 18.2% |
| 55-64 | 4,670 | 30.9% | 40,597 | 11.50% | \$160,209,596 | 34.0% |
| 65+ | 1,781 | 11.8% | 7,444 | 23.93% | \$66,962,568 | 14.2% |
| Total | 15,135 | 100% | 156,952 | 9.6% | \$471,735,625 | 100% |

*Data drawn from MHBE's [December 2022 Executive Report](#).

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

Health Outcomes

The carriers were asked to report on the following Healthcare Effectiveness Data and Information Set (HEDIS) measures using the HEDIS Measurement Year 2022 Technical Specifications, which apply to data for PY 2022.⁹

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

- 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
- Heart Disease: Participants with blood pressure adequately controlled

Figures 1 through 5 present the results of these measures in PYs 2019-2022. United HealthCare did not report data on any of the HEDIS measures for PY 2022. Figure 1 shows each carrier’s performance on each comprehensive diabetes care measure in all PYs for which data are available from 2019 to 2022. Kaiser Permanente performed best on each measure for every year in the evaluation period, with rates of at least 87% and 69% each year for the percentages of diabetic adults receiving an eye exam and testing at less than 8% for HbA1c, respectively. Between PY 2020 and PY 2022, the CareFirst Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO) both saw increases of at least 7 percentage points in their respective rates of diabetic adults testing at less than 8% for HbA1c.

Figure 1. Selected Diabetes-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2022

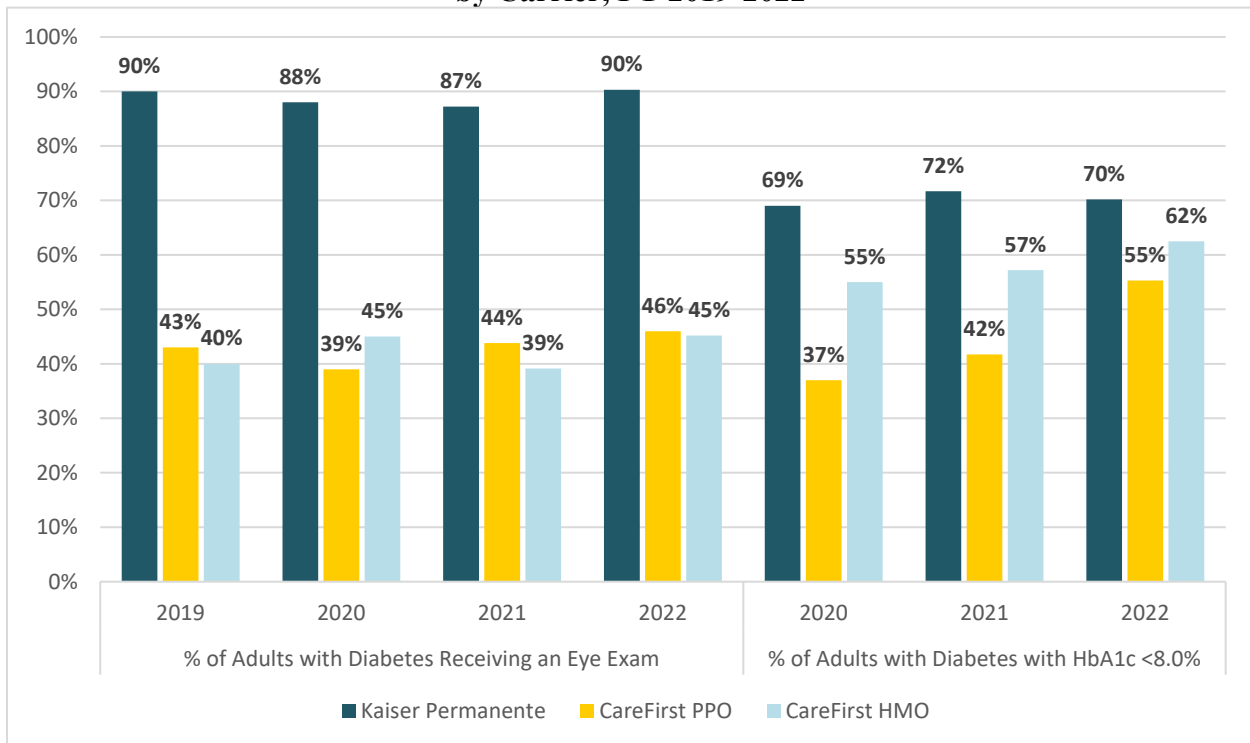


Figure 2 shows members with asthma who had a ratio of controller to total asthma medications of at least 0.5 in PYs 2021 and 2022. The CareFirst HMO performed best in PY 2020, followed by Kaiser Permanente and then the CareFirst PPO. Kaiser Permanente had the highest rates in

PYs 2021 and 2022, having reached a rate of 100% in PY 2022, while CareFirst HMO's rate fell by 11 percentage points overall between PYs 2020 and 2022.

Figure 2. Asthma Medication Ratio: An Asthma-Related HEDIS Measure for the Individual Market by Carrier, PY 2020-2022

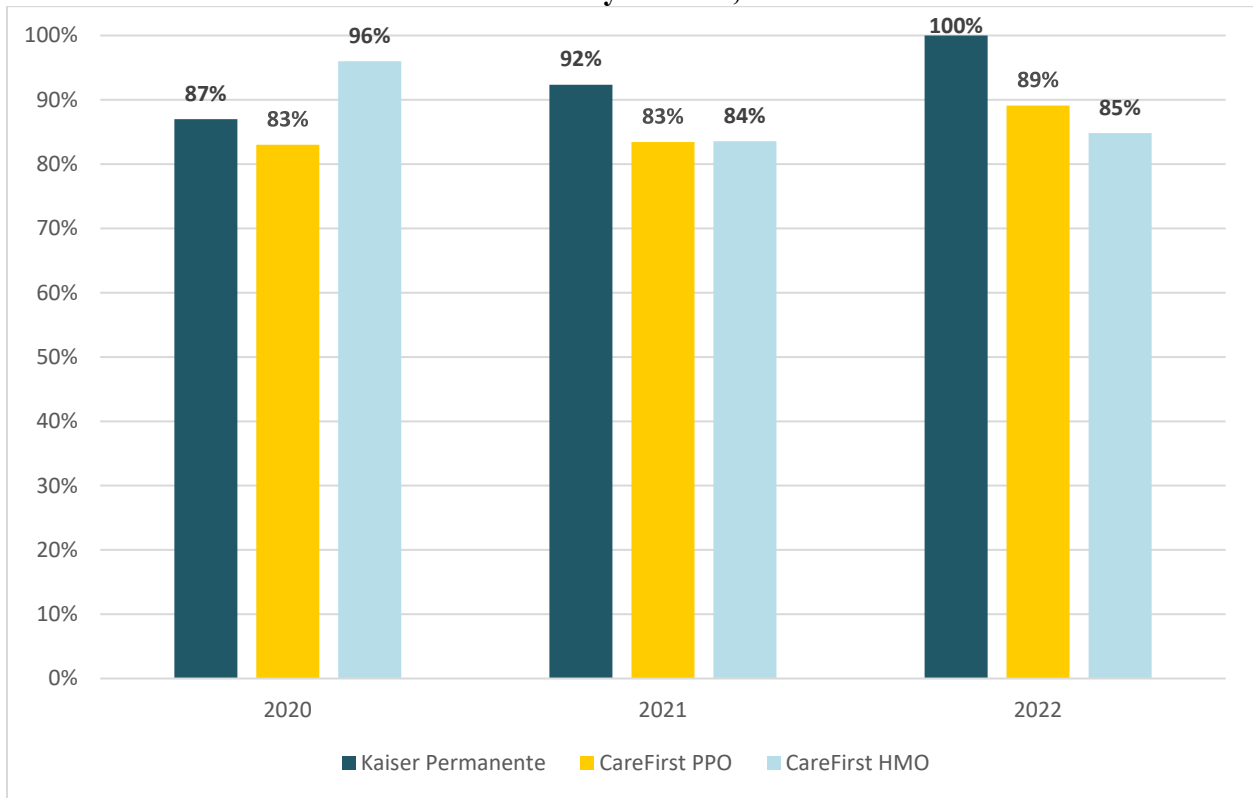


Figure 3 shows the carriers' performance on three HEDIS measures related to behavioral health for the years where data are available from PY 2019 to PY 2022. Kaiser Permanente's rates were the highest through PY 2021 for all measures, but their rates for all measures decreased overall throughout the evaluation period, and in PY 2022, the CareFirst PPO had the highest rate for participants who initiated alcohol or drug abuse treatment who had two or more services within 34 days. The CareFirst HMO and PPO's respective rates fluctuated for each measure throughout the evaluation period.

Figure 3. Selected Behavioral Health-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2022

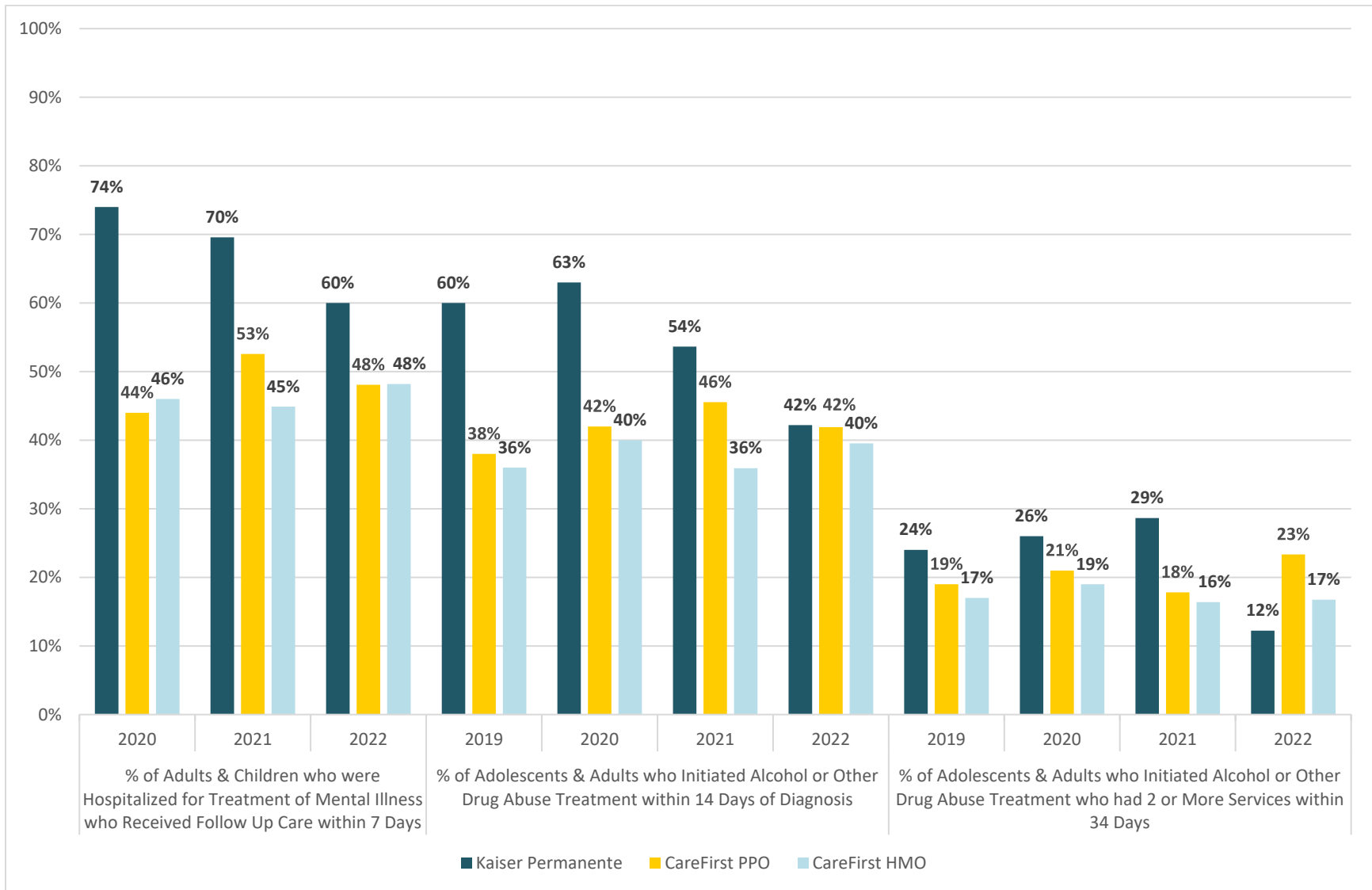


Figure 4 shows each carrier’s performance on the respective percentages of deliveries with a prenatal visit in the first trimester or within 42 days of enrollment and deliveries with a postpartum visit 7-84 days after delivery. Kaiser Permanente scored the highest for each measure across all plan years, with its score for timely prenatal visits reaching 100% in PY 2021. The CareFirst PPO’s and HMO’s rates for timely postpartum visits increased by 31 and 30 percentage points, respectively, over the evaluation period, but both carrier’s rates for timely prenatal visits decreased between PY 2019 and PY 2022.

Figure 4. Selected Pregnancy-Related HEDIS Measures for the Individual Market by Carrier, PY 2019-2022

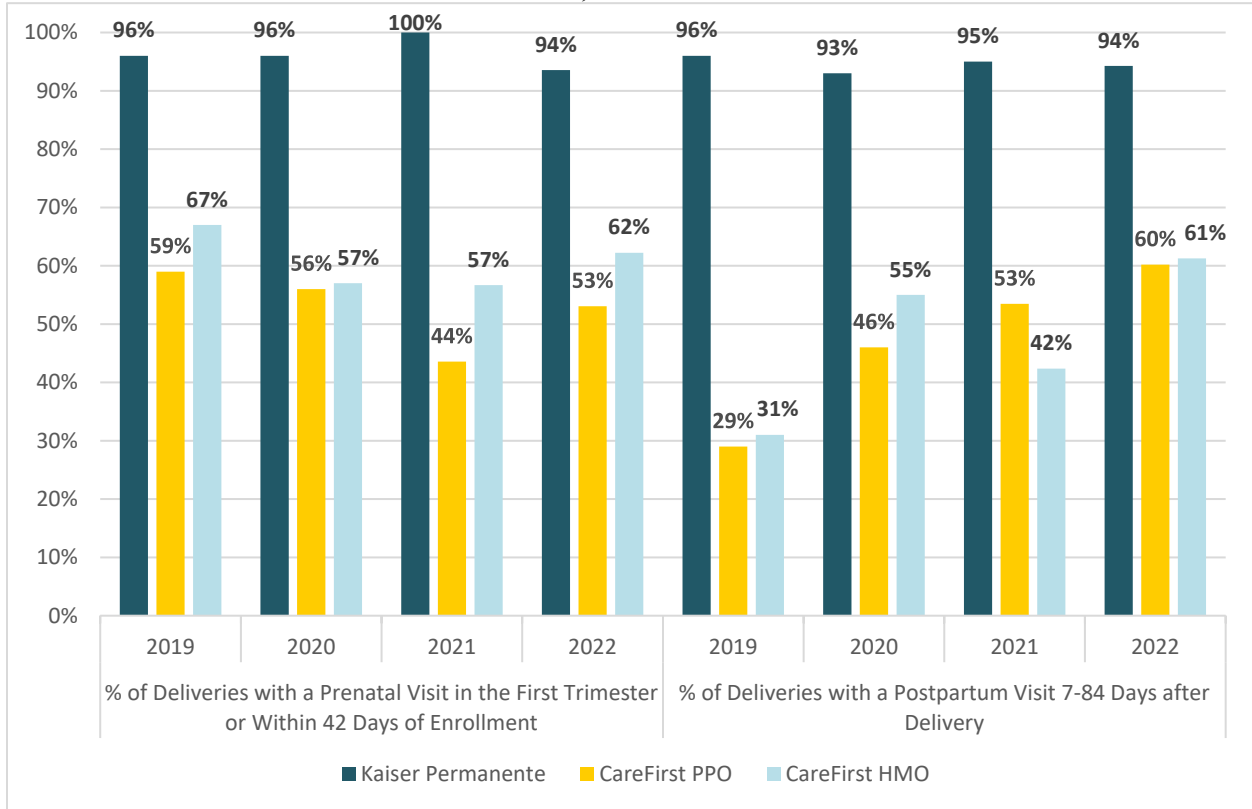
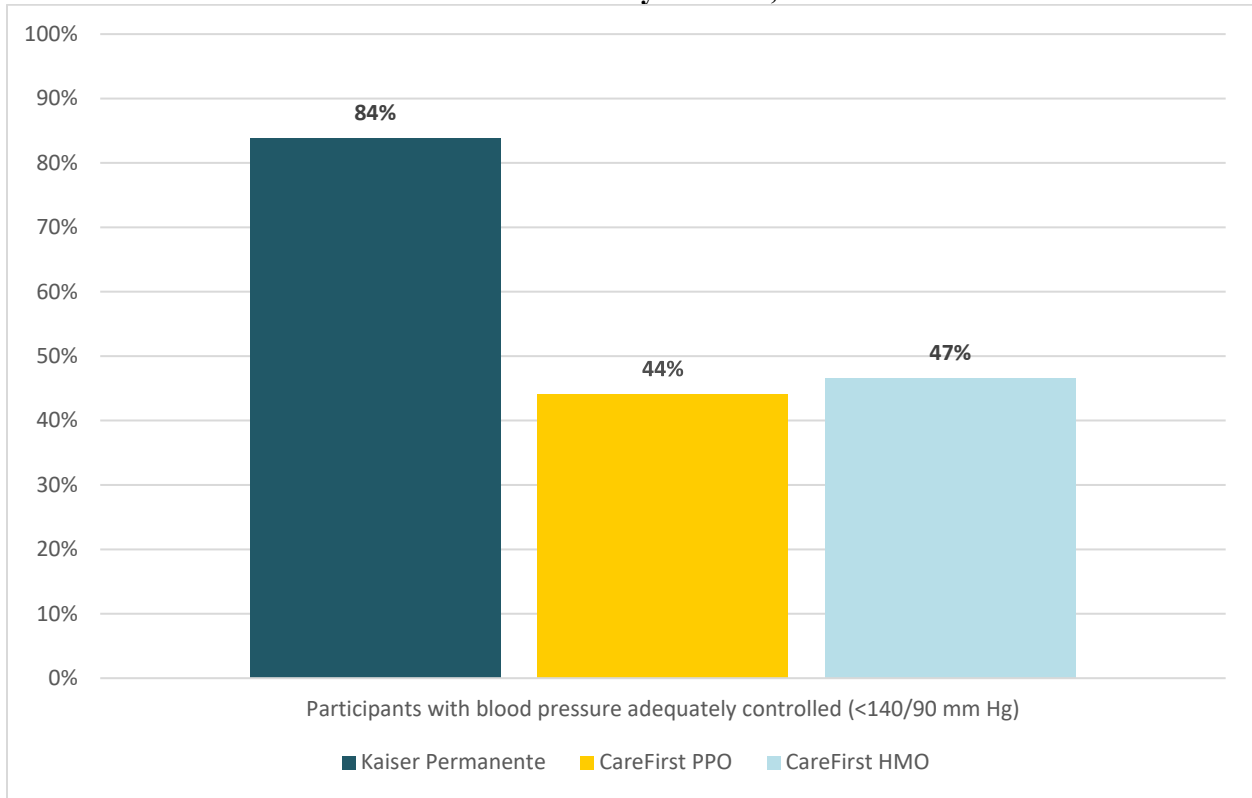


Figure 5 shows each carrier’s percentage of participants with hypertension who had their blood pressure adequately controlled (defined as less than 140/90 mm Hg) in PY 2022. Kaiser Permanente had the highest rate, scoring 84%, followed by the CareFirst HMO with 47% and the CareFirst PPO with 44%.

Figure 5. Blood Pressure Control: A Heart Disease-Related HEDIS Measure for the Individual Market by Carrier, PY 2022



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.¹⁰ Table 4 below ranks Maryland plan performance in the QRS against the other plans nationwide reporting to the QRS for PY 2022. The Kaiser Permanente HMO placed second among HMOs nationwide in both the proportion of members with diabetes receiving an eye exam and initiation and engagement of alcohol and other drug (AOD) treatment and sixth in adults with diabetes who test below 8% for HbA1c. CareFirst PPO Plan 1 was sixth in initiation and engagement of AOD treatment among PPOs nationwide. Measures on which plans performed near the bottom of their respective rankings included both pregnancy measures for the CareFirst HMO and the timeliness of prenatal care measure for CareFirst PPO Plan 2. 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.

¹⁰ 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 2022

| | Kaiser Permanente – HMO | CareFirst – PPO Plan 1 | CareFirst – HMO | CareFirst – PPO Plan 2 |
|--|-------------------------|------------------------|--------------------|------------------------|
| Diabetes | | | | |
| % of Members with Diabetes Receiving an Eye Exam | 2 out of 108 HMOs | 15 out of 41 PPOs | 67 out of 108 HMOs | 22 out of 41 PPOs |
| % of Adults with Diabetes with HbA1c <8.0% | 6 out of 108 HMOs | 23 out of 41 PPOs | 50 out of 108 HMOs | 31 out of 41 PPOs |
| Behavioral Health | | | | |
| Initiation and Engagement of AOD Treatment | 2 out of 108 HMOs | 6 out of 41 PPOs | 18 out of 108 HMOs | 16 out of 41 PPOs |
| Pregnancy | | | | |
| Timeliness of Prenatal Care | 18 out of 108 HMOs | 26 out of 41 PPOs | 90 out of 108 HMOs | 37 out of 41 PPOs |
| Postpartum Care | 16 out of 108 HMOs | 25 out of 41 PPOs | 88 out of 108 HMOs | 19 out of 41 PPOs |

As an additional benchmarking step, the MHBE compared Maryland plans’ performance on those same measures, as reported to the QRS, with the national HEDIS means for the total commercial market published by the National Committee for Quality Assurance (NCQA). Table 5 shows each plan’s rate for each measure, along with an indication of whether the rate falls above or below the national HEDIS mean for the measure among the corresponding plan type. The Kaiser Permanente HMO and CareFirst PPO Plan 1 performed better on both diabetes and pregnancy measures than the national HEDIS means for each measure. The CareFirst HMO’s performance on both diabetes and both pregnancy measures was poorer than the national HEDIS means for each measure. CareFirst PPO Plan 2 performed more poorly on both diabetes measures and on timeliness of prenatal care, but better on postpartum care, than the national HEDIS means.

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 – HMO | | CareFirst – PPO Plan 2 | |
|--|-------------------------|-----------------------------------|------------------------|-----------------------------------|-----------------|-----------------------------------|------------------------|-----------------------------------|
| | Rate | Comparison to National HEDIS mean | Rate | Comparison to National HEDIS mean | Rate | Comparison to National HEDIS mean | Rate | Comparison to National HEDIS mean |
| Diabetes | | | | | | | | |
| % of Members with Diabetes Receiving an Eye Exam | 88.2% | + | 51.4% | + | 40.9% | - | 47.2% | - |
| % of Adults with Diabetes with HbA1c <8.0% | 68.7% | + | 54.1% | + | 57.9% | - | 44.5% | - |
| Behavioral Health | | | | | | | | |
| Initiation and Engagement of AOD Treatment | 44.6% | * | 32.0% | * | 29.0% | * | 26.1% | * |
| Pregnancy | | | | | | | | |
| Timeliness of Prenatal Care | 95.5% | + | 77.3% | + | 73.2% | - | 60.0% | - |
| Postpartum Care | 92.5% | + | 77.3% | + | 68.1% | - | 85.0% | + |

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

Top Hierarchical Condition Categories

The carriers submitted confidential reports of the most prevalent and costly HCCs among the claims reimbursed by the SRP. HCCs are groupings of related diagnoses that are used by the federal risk adjustment program and are a way to classify diagnosis codes into meaningful categories. Table 6 presents, in descending order, the most frequently occurring (based on enrollment) and the highest cost (based on allowed claims costs) HCCs among SRP claims across all three carriers. Note that the claims costs are reported as all costs associated with the HCC. 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 PYs 2020 and 2021. An ongoing pregnancy HCC and major depressive disorder were the second and third most common, respectively, in PY 2022, while diabetes (with and without complications) remained the most common. Various forms of cancer were also the highest cost HCCs in each year, with septicemia, sepsis, and systemic inflammatory response syndrome/shock as the second most costly. Hemophilia and heart failure were the only other conditions to be among the top five most costly in more than one year. 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, heart disease, and pregnancy. These are highlighted in light blue in the table.

Table 6. Top 10 Hierarchical Condition Categories by Count and Cost among SRP Claims, PY 2020-2022 SRP

| Most Frequent | | | Highest Cost | | |
|---|--|---|---|--|---|
| 2020 | 2021 | 2022 | 2020 | 2021 | 2022 |
| Diabetes with and without Complications | Diabetes with and without Complications | Diabetes with and without Complications | Cancers | Cancers | Cancers |
| HIV/AIDS | HIV/AIDS | Ongoing Pregnancy without Delivery with No or Minor Complications | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock |
| Cancers | Cancers | Major Depressive Disorder, Severe, and Bipolar Disorders | Respiratory Arrest, Failure and Shock | Hemophilia | Ongoing Pregnancy without Delivery with No or Minor Complications |
| Congestive Heart Failure | Ongoing Pregnancy without Delivery with No or Minor Complications | Varicella Encephalitis and Encephalomyelitis | Diabetes with and without Complications | End Stage Renal Disease | Hemophilia |
| Asthma and Chronic Obstructive Pulmonary Disease | Heart Failure | Cancers | Congestive Heart Failure | Inflammatory Bowel Disease | Heart Failure |
| Specified Heart Arrhythmias | Major Depressive Disorder, Severe, and bipolar disorders | HIV/AIDS | Specified Heart Arrhythmias | Autistic Disorder | End Stage Renal Disease |
| Major Depressive and Bipolar Disorders | Specified Heart Arrhythmias | Specified Heart Arrhythmias | End Stage Renal Disease | Ongoing Pregnancy without Delivery with No or Minor Complications | Major Depressive Disorder, Severe, and Bipolar Disorders |
| Rheumatoid Arthritis and Specified Autoimmune Disorders | Rheumatoid Arthritis and Specified Autoimmune Disorders | Meningitis in Chagas' Disease | Coagulation Defects and Other Specified Hematological Disorders | Drug Use Disorder, Moderate/Severe, or Drug Use with Non-psychotic Complications | Autistic Disorder |
| Respiratory Arrest, Failure and Shock | Cardio-Respiratory Failure and Shock, Including Respiratory Distress Syndromes | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Asthma and Chronic Obstructive Pulmonary Disease | Heart Failure | Inflammatory Bowel Disease |

| Most Frequent | | | Highest Cost | | |
|---|---|---|--------------|------------------------------|-------------------------------------|
| 2020 | 2021 | 2022 | 2020 | 2021 | 2022 |
| Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock | Ongoing Pregnancy without Delivery with Some or Major Complications | Hemophilia | Protein-Calorie Malnutrition | Other Acute Paralytic Poliomyelitis |

*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 2022. In general, allowed claims per SRP enrollee were higher for CareFirst enrollees in care management initiatives than for those not in initiatives, while the opposite was true for Kaiser enrollees. Of the seven conditions presented, SRP enrollees with heart disease in an initiative had the highest average claims costs (\$137,190), followed by pregnant SRP enrollees in an initiative (\$127,318) and SRP enrollees with mental health diagnoses in an initiative (\$123,662). For comparison, the highest average claims cost in PY 2021 was among initiative enrollees with opioid use disorder (\$135,429 in PY 2021). As expected, and as was the case in PY 2020 and PY 2021, 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 2022

| | Allowed Claims Per SRP Enrollee | | Allowed Claims Per Non-SRP Enrollee |
|-------------------|---------------------------------|-------------------------------|-------------------------------------|
| | Enrolled in an Initiative | Not Enrolled in an Initiative | |
| Diabetes | | | |
| CareFirst | \$116,454 | \$46,356 | \$7,742 |
| Kaiser Permanente | \$51,490 | \$75,118 | \$3,799 |
| United | N/A | \$87,005 | \$4,021 |
| Total | \$99,181 | \$52,345 | \$5,746 |
| Asthma | | | |
| CareFirst | \$122,309 | \$47,135 | \$5,232 |
| Kaiser Permanente | N/A | \$81,849 | \$4,220 |
| United | N/A | \$50,940 | \$3,574 |
| Total | \$122,309 | \$48,778 | \$5,154 |
| Pregnancy | | | |

| | Allowed Claims Per SRP Enrollee | | Allowed Claims Per Non-SRP Enrollee |
|--|---------------------------------|-------------------------------|-------------------------------------|
| | Enrolled in an Initiative | Not Enrolled in an Initiative | |
| CareFirst | \$138,767 | \$43,880 | \$7,688 |
| Kaiser Permanente | \$31,725 | \$45,391 | \$8,095 |
| United | N/A | \$43,775 | \$7,566 |
| Total | \$127,318 | \$44,227 | \$7,786 |
| Mental Health | | | |
| CareFirst | \$128,559 | \$50,533 | \$4,710 |
| Kaiser Permanente | \$51,037 | \$60,693 | \$3,608 |
| United | N/A | \$91,805 | \$3,172 |
| Total | \$123,662 | \$51,790 | \$4,544 |
| Substance Use Disorder (Non-Opioid) | | | |
| CareFirst | \$121,763 | \$55,038 | \$6,886 |
| Kaiser Permanente | N/A | \$47,236 | \$4,627 |
| United | N/A | \$90,251 | \$4,730 |
| Total | \$121,763 | \$55,427 | \$6,534 |
| Opioid Use Disorder | | | |
| CareFirst | \$107,965 | \$51,447 | \$6,131 |
| Kaiser Permanente | N/A | \$35,628 | \$5,003 |
| United | N/A | \$83,672 | \$3,716 |
| Total | \$107,965 | \$51,745 | \$5,965 |
| Heart Disease | | | |
| CareFirst | \$154,541 | \$60,256 | \$9,803 |
| Kaiser Permanente | \$82,823 | \$119,727 | \$3,996 |
| United | N/A | \$151,607 | \$8,333 |
| Total | \$137,190 | \$91,170 | \$5,815 |

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 2022.

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 2022

| | Total Number Not Enrolled in an Initiative | Total Allowed Claims | Allowed Claims Per SRP Enrollee |
|-------------------|--|----------------------|---------------------------------|
| Asthma | | | |
| CareFirst | 1,347 | \$63,490,801 | \$47,135 |
| Kaiser Permanente | 66 | \$5,402,002 | \$81,849 |
| United | 14 | \$713,153 | \$50,940 |
| Total | 1,427 | \$69,605,956 | \$48,778 |
| Pregnancy | | | |
| CareFirst | 1,006 | \$44,142,902 | \$43,880 |
| Kaiser Permanente | 312 | \$14,161,863 | \$45,391 |
| United | 29 | \$1,269,481 | \$43,775 |
| Total | 1,347 | \$59,574,245 | \$44,227 |

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 PY 2021 and PY 2022. Carriers followed the PY 2021 SRP enrollees into PY 2022 and compared claims costs for those who were not enrolled in the initiatives during the same period. The total allowed claims for enrollees in care management initiatives of each condition type in PY 2022 were divided by the member months of enrollees in the care management initiative to find the per member per month (PMPM) cost, which were then subtracted from the PMPM cost in PY 2021. The cost changes were greater for those who did not participate in the initiatives for all condition types, and costs increased in some cases for participants in some condition type initiatives. 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.

These estimated changes were not included in the 2021 report due to challenges associated with the COVID-19 pandemic that made comparisons between PYs 2020 and 2021 difficult. While the cost changes are being reported this year, it is important to note that pandemic-related challenges persisted during the study period and continued to make comparisons difficult.

Table 9. Estimated Savings to the State Reinsurance Program Among Enrollees Who Participated in Care Management Initiatives in Both Plan Years 2021 and 2022

| | Allowed Claims Per Member Per Month for SRP Enrollees | | | | | | |
|--|---|------------------------------------|---|--|--|--|---|
| | Enrolled in an Initiative, PY 2021 | Enrolled in an Initiative, PY 2022 | Estimated Change in PMPM Cost, 2021 to 2022 | | Not Enrolled in an Initiative, PY 2021 | Not Enrolled in an Initiative, PY 2022 | Estimated Change in PMPM Cost, 2021 to 2022 |
| Diabetes | | | | | | | |
| CareFirst | \$8,534 | \$8,844 | -\$310 | | \$4,128 | \$3,024 | \$1,104 |
| Kaiser Permanente | \$4,122 | \$3,763 | \$359 | | \$5,390 | \$2,715 | \$2,675 |
| United | N/A | N/A | N/A | | \$7,138 | \$3,461 | \$3,677 |
| Total | \$7,534 | \$7,986 | -\$452 | | \$4,358 | \$2,981 | \$1,377 |
| Asthma | | | | | | | |
| CareFirst | \$11,610 | \$11,643 | -\$33 | | \$4,179 | \$3,071 | \$1,108 |
| Kaiser Permanente | N/A | N/A | N/A | | \$5,010 | \$2,750 | \$2,261 |
| United | N/A | N/A | N/A | | \$7,003 | \$2,906 | \$4,097 |
| Total | \$11,610 | \$11,643 | -\$33 | | \$4,228 | \$3,054 | \$1,174 |
| Pregnancy | | | | | | | |
| CareFirst | \$11,944 | \$11,104 | \$840 | | \$4,130 | \$2,317 | \$1,813 |
| Kaiser Permanente | N/A | N/A | N/A | | \$3,522 | \$1,209 | \$2,312 |
| United | N/A | N/A | N/A | | \$4,378 | \$32 | \$4,345 |
| Total | \$11,944 | \$11,104 | \$840 | | \$3,990 | \$2,016 | \$1,974 |
| Mental Health | | | | | | | |
| CareFirst | \$10,805 | \$10,631 | \$174 | | \$4,442 | \$2,978 | \$1,465 |
| Kaiser Permanente | \$3,919 | \$2,180 | \$1,739 | | \$4,619 | \$2,796 | \$1,823 |
| United | N/A | N/A | N/A | | \$12,713 | \$850 | \$11,863 |
| Total | \$10,580 | \$10,357 | \$223 | | \$4,479 | \$2,955 | \$1,523 |
| Substance Use Disorder (Non-Opioid) | | | | | | | |
| CareFirst | \$7,278 | \$7,322 | -\$44 | | \$5,088 | \$3,172 | \$1,916 |
| Kaiser Permanente | N/A | N/A | N/A | | \$4,423 | \$2,357 | \$2,066 |
| United | N/A | N/A | N/A | | \$11,059 | \$608 | \$10,452 |
| Total | \$7,278 | \$7,322 | -\$44 | | \$5,082 | \$3,083 | \$1,999 |
| Opioid Use Disorder | | | | | | | |
| CareFirst | \$8,423 | \$9,767 | -\$1,344 | | \$4,593 | \$3,162 | \$1,432 |
| Kaiser Permanente | N/A | N/A | N/A | | \$3,056 | \$1,033 | \$2,022 |
| United | N/A | N/A | N/A | | \$7,106 | \$1,016 | \$6,091 |
| Total | \$8,423 | \$9,767 | -\$1,344 | | \$4,562 | \$3,033 | \$1,530 |

Next Steps

The MHBE continues to revisit the report measures and consult with stakeholders to determine whether adjustments should be made to the reporting. PY 2023 reports will be due to the MHBE later in 2024.