

# SFHSS Express Dashboard

Incurred through Sep 2021 – Paid through Dec 2021

April 14, 2022

## Express Dashboard Notes:

- All data is sourced from the All-Payer Claims Database (APCD)
- Current dashboard is for incurred dates Oct 2020 – Sep 2021 with Paid through Dec 2021 (referred to as 2021) The Diagnostic Cost Grouper (DCG) for risk scoring is based on Oct 2020 – Sep 2021. Prior period is incurred dates Oct 2019 – Sep 2020 (referred to as 2020)
- Comparisons in this report have been made to the Pre-Pandemic values – Dashboard with incurred dates of Oct 2018 – Sep 2019 (referred to as 2019)
- The timing of the dashboard ensures there is a three month run-out so that there is not a huge decrease in spend between current and prior periods
- The risk scores presented are rescaled to the total population between the plans for the purpose of comparison. The annual presentation of risk scores is non-rescaled
- Risk scores may not always add up to a 100% due to members who are non-Medicare but may move to Medicare during the period
- Financials are not included in the Medicare Dashboard

## Key Observations:

- Utilization has returned to levels similar to pre-pandemic. Claims and utilization experience in this document are compared to both 2019 (pre-pandemic) and 2020 (pandemic)
- The number of High-cost claimants ( $\Rightarrow$ \$100,000) rose slightly but was down 53% from pre-pandemic. The associated med/Rx costs on a Per Patient basis increased 92% over 2019 and 3.2% over 2020.
- New entrants into the list of top 15 drugs are Emtricitabine-Tenofovir Disoproxil Fumarate (generic antiviral), Cosentyx and Otezla (Immunosuppressants). Allowed amount per Script for the top 15 has decreased by \$377.79. Allowed amount per Script for all drugs has increased \$1.96
- Patient counts increased for those accessing care for the following top mental health care episodes: Depression, Obsessive / Compulsive Disorder, Eating Disorders and Anxiety Disorders.
- % Admits was similar to previous periods for all plans except for the Kaiser Permanente which had a four-fold increase for Non-Medicare and an eight-fold increase for Medicare attributable to Covid-19 admissions and a change in coding methodology.
- Preventive screening rates have increased over 2020 but are still just below pre-pandemic levels.

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	2021 Total	2020 Total	2019 Total
Allow Amt PEPY Med and Rx	\$18,299.48	\$14,625.96	\$12,348.25	\$27,184.00	\$14,572.92	\$12,340.50	\$13,617.03
Admits Per 1000 Acute	41.3	46.3	36.4	65.8	39.8	38.5	40.8
Days LOS Admit Acute	5.63	5.86	5.75	6.09	5.76	4.83	4.63
Days Per 1000 Adm Acute	232.6	271.3	209.1	400.9	228.9	186.0	188.9
Svcs Per 1000 OP Med	28,336.3	27,296.6	23,672.3	45,986.1	25,998.9	15,978.5	22,814.3
Visits Per 1000 ER	165.6	162.0	177.0	206.9	173.3	168.6	197.1
Scripts Per 1000 Rx	12,580.5	12,008.5	5,578.3	16,819.9	8,456.1	8,164.5	8,479.7
Days Supply PMPY Rx	355.32	335.38	295.53	525.30	322.67	314.72	319.89
Allow Amt Per Adm Acute	\$57,776	\$59,347	\$56,498	\$51,609	\$56,964	\$51,146	\$49,698
Allow Amt Per Svc OP Med	\$144	\$108	\$145	\$216	\$144	\$189	\$158
Allow Amt Per Script Rx	\$150	\$149	\$131	\$188	\$145	\$143	\$137

	2021	2020	2019
Allowed Amount Med and Rx	\$680,429,838	\$620,247,918	\$661,204,126
Third Party Amt Med and Rx	\$15,971,235	\$9,529,684	\$10,234,110
Out of Pocket Med and Rx	\$16,282,288	\$16,931,495	\$20,807,053
Allow Amt PMPY Med and Rx	\$7,314.52	\$6,583.32	\$7,047.48
Allow Amt PEPY Med and Rx	\$14,686.04	\$13,126.85	\$13,992.21
Allowed Amount IP Acute	\$211,851,139	\$194,123,980	\$196,937,709
Allowed Amount OP Med	\$351,382,816	\$310,526,180	\$348,711,548
Allowed Amount Rx	\$114,781,591	\$110,955,710	\$110,051,299

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	2021 Total	2020 Total	2019 Total
<b>High Cost Claimants</b>	306	141	446	86	951	830	954
<b>HCC Allow Amt Per Pat Med and Rx</b>	\$229,988	\$240,275	\$251,234	\$266,860	\$251,583	\$243,643	\$231,427
HCC Allow Amt Pay Per Pat Med IP	\$195,979	\$219,215	\$215,934	\$179,402	\$209,487	\$200,714	\$168,534
HCC Allow Amt Per Pat Med OP	\$73,758	\$54,949	\$67,183	\$142,686	\$76,051	\$75,048	\$64,060
HCC Allow Amt Per Pat Rx	\$42,235	\$34,692	\$20,182	\$37,699	\$31,671	\$30,562	\$41,377
<b>HCC Percent of Total Allowed Amount</b>	37.1%	39.2%	32.2%	44.9%	35.4%	34.7%	33.8%
HCC Allowed Amount	\$70,376,249	\$33,878,736	\$112,050,202	\$22,949,973	\$239,255,159	\$202,223,831	\$220,781,516
Total Allowed Amount	\$189,675,662	\$86,501,589	\$347,858,365	\$51,153,495	\$675,189,111	\$583,092,772	\$653,234,767
<b>Allow Amt PMPY with HCC</b>	\$8,353.55	\$7,511.05	\$6,243.10	\$16,591.67	\$7,258.19	\$6,188.95	\$6,996.42
<b>Allowed Amount PMPY without HCC</b>	\$5,254.09	\$4,569.31	\$4,232.11	\$9,147.83	\$4,686.23	\$4,402.95	\$3,640.49

	Allowed Amount Rx	Percent of Total	Scripts Rx	2021 Allowed Amount per Script Rx	2020 Allowed Amount per Script Rx	2019 Allowed Amount per Script Rx
<b>Top 15 Subtotal</b>	\$39,187,250	34.1%	11,417	\$3,432.36	\$3,810.15	\$3,452.33
<b>All Drugs</b>	\$114,781,591	100.0%	793,306	\$144.69	\$142.73	\$137.14

## Non-Medicare Current Period

Utilization Metrics (per 1000 enrollees)

	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Emergency Room	166	162	177	207	173
% Admit	12.7%	16.2%	9.4%	18.9%	11.3%
% Ambulatory	87.3%	83.8%	90.6%	81.1%	88.7%
Readmissions	2.5	3.4	2.2	3.9	2.5
Avoidable Admissions	1.3	1.3	1.2	3.6	1.3
Complications	15.7	13.1	11.5	27.1	13.5

## Medicare Current Period

Utilization Metrics (per 1000 enrollees)

	Kaiser Permanente	UHC	Total
Emergency Room	450	430	439
% Admit	25.3%	30.4%	28.0%
% Ambulatory	74.7%	69.6%	72.0%
Readmissions	12.7	13.1	12.9
Avoidable Admissions	18.3	17.5	17.8
Complications	48.7	69.7	60.5

## Non-Medicare Pre-Pandemic

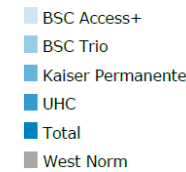
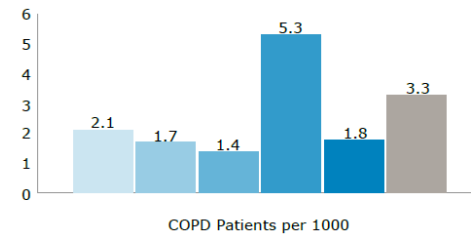
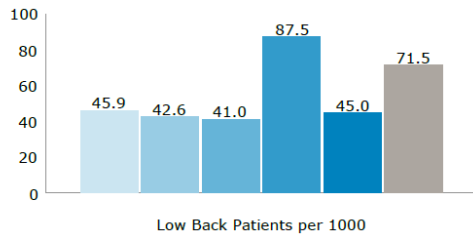
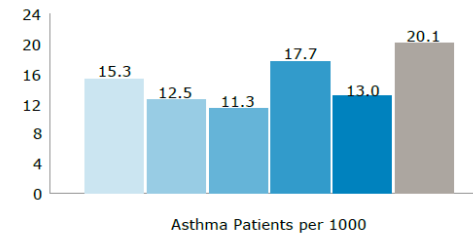
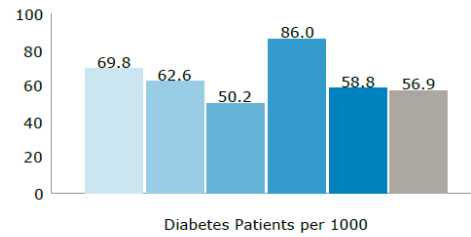
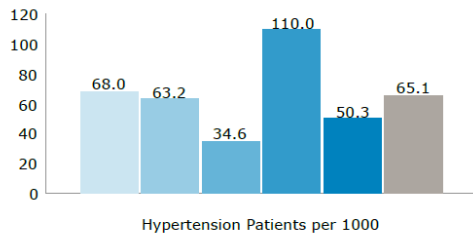
	BSC Access+	BSC Trio	Kaiser Permanente	UHC	Total
Emergency Room	192	181	198	282	197
% Admit	10.6%	10.9%	2.3%	19.5%	6.1%
% Ambulatory	89.4%	89.1%	97.7%	80.5%	93.9%
Readmissions	3.3	3.8	2.1	6.6	2.8
Avoidable Admissions	1.8	1.5	1.3	4.0	1.5
Complications	16.6	12.2	9.6	30.9	12.8

## Medicare Pre-Pandemic

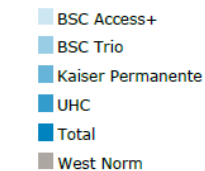
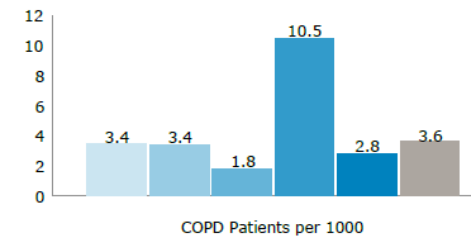
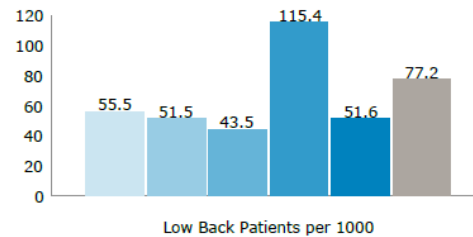
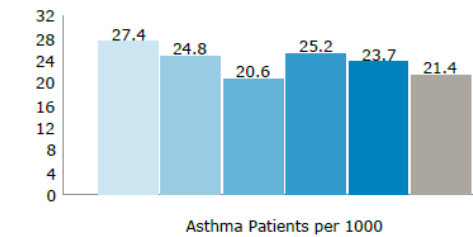
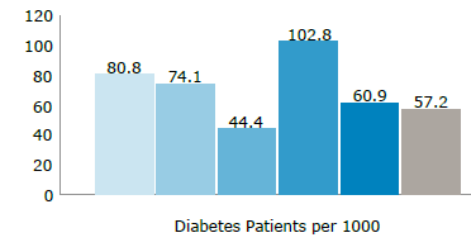
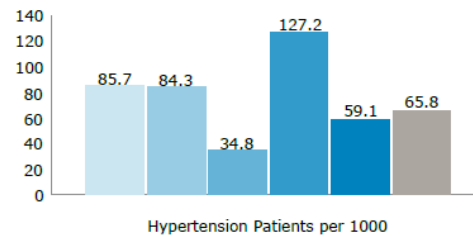
	Kaiser Permanente	UHC	Total
Emergency Room	437	483	462
% Admit	2.6%	29.8%	18.1%
% Ambulatory	97.4%	70.2%	81.9%
Readmissions	15.7	14.5	15.0
Avoidable Admissions	21.2	24.6	23.1
Complications	44.4	70.6	58.9

- Quality markers aligned more closely pre-pandemic values vs 2020
- In the 2020 and 2019 Q4 dashboard, the % Admits for Kaiser Permanente for Non-Medicare was 2.3% and for Medicare in 2019 was 2.6%, and 3.4% in 2020. The increase was driven by Covid-19 admissions and a change in KP coding methodology
- UHC Non-Medicare and Medicare readmission and avoidable admission rates have decreased compared to pre-pandemic levels

## Non-Medicare Current Period

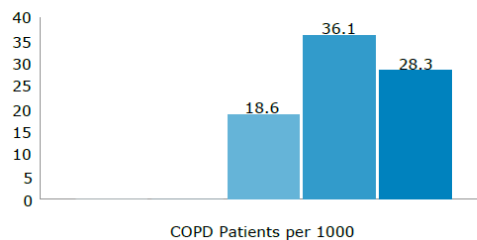
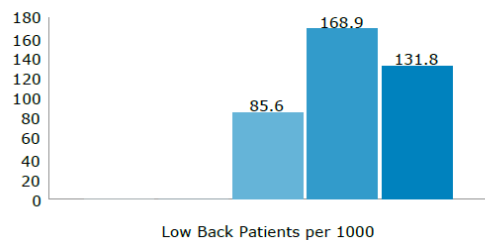
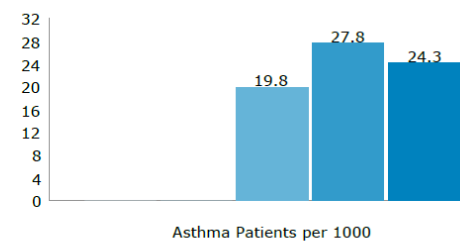
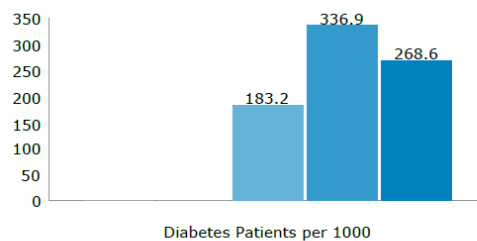
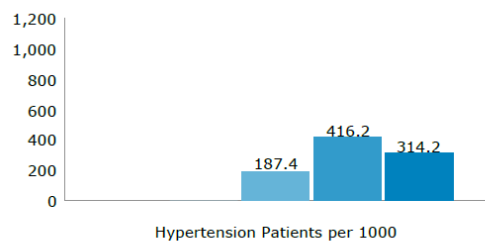


## Non-Medicare Pre-Pandemic



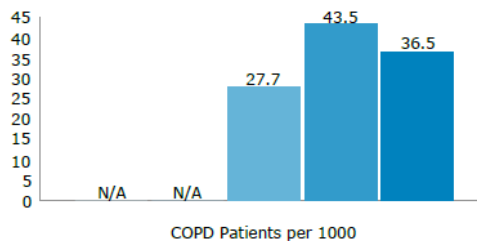
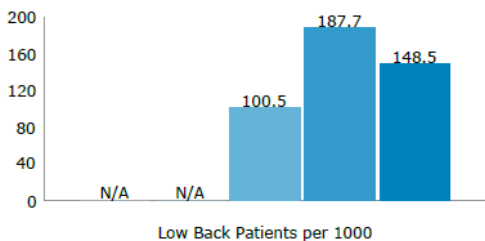
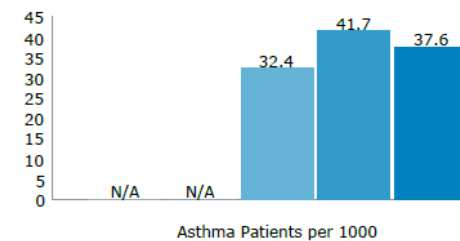
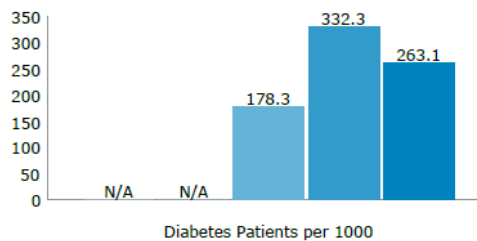
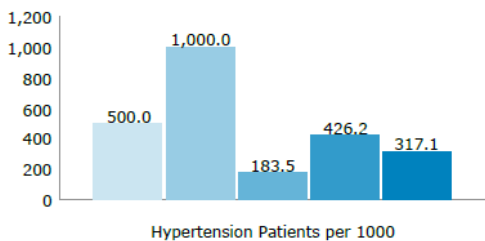
Prevalence rates for chronic conditions are approaching pre-pandemic values but are still below pre-pandemic values as a result of claims suppression

## Medicare Current Period



■ Kaiser Permanente  
■ UHC  
■ Total

## Medicare Pre-Pandemic

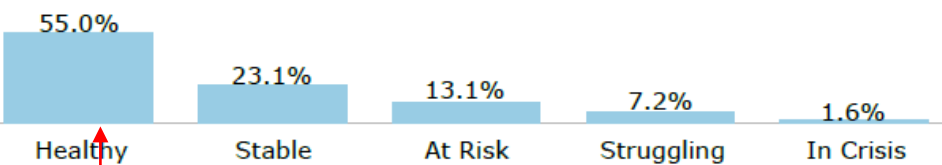


■ BSC Access+  
■ BSC Trio  
■ Kaiser Permanente  
■ UHC  
■ Total

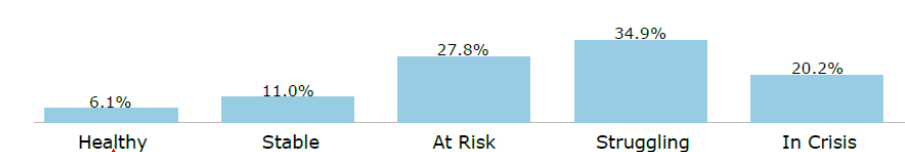
Prevalence rates are increasing from 2020, approaching pre-pandemic levels. COPD, Asthma and Low-Back pain rates are still lower than 2019.



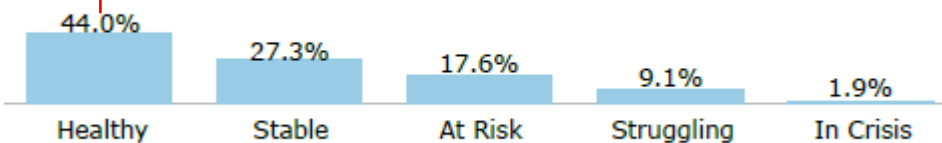
Non-Medicare Current Period



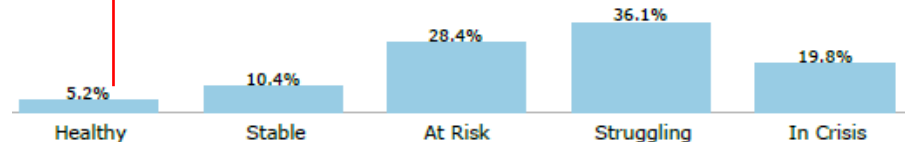
Non-Medicare Current Period



Non-Medicare Pre-Pandemic



Medicare Pre-Pandemic



- Observable in the 2020 Dashboard was an increase in the healthy risk bands. This was a result of claims suppression. In the current dashboard, the risk band profiles are still artificially increased towards a healthier population from pre-pandemic values

## Summary and Next Steps:

Utilization has generally returned to pre-pandemic levels however the claims suppression continues to impact the risk band profiles and the chronic condition prevalence.

SFHSS continues to work in tandem with the plans to steer members to get their preventive care.

# Appendix

## Express Dashboard Definitions:

- Third party amounts are plan payments for members with other coverage. The coordination of benefit rules determine which coverage pays first or is “primary” and which coverage pays second or is “secondary”
- High-Cost Claimants are those members with greater than or equal to \$100,000 in spending for the time period
- Chronic conditions are categorized into 3-episode types:
  - Chronic Acute Flare-ups – Manageable conditions such as Asthma, Coronary Artery Disease, Diabetes and Hypertension which have experienced an acute flare-up which is an indicator that the condition may not be well managed
  - Chronic Conditions Maintenance – identifies episodes of care related to the maintenance of a chronic condition
  - Chronic, Non-Stratified – All other episodes not stratified as a manageable condition with a flare-up or a maintenance episode
- Measures identified as acute are those that take place in an acute inpatient setting. These include inpatient hospitals, birthing centers, inpatient psychiatric facilities, and residential substance abuse treatment facilities
- Total premium includes Basic Vision and the Healthcare Sustainability Fee