# **SEHBP Trend Update**

### **Medical Economics**

Data Paid through Oct 2024 (unless otherwise noted)

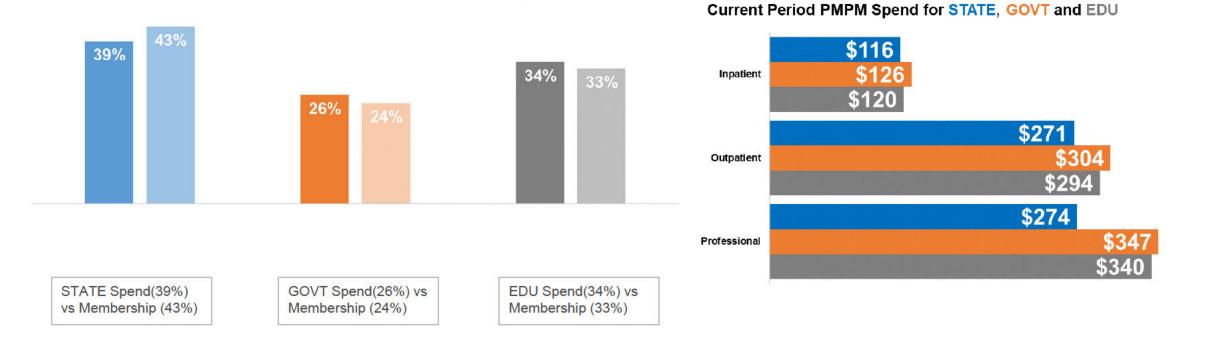
Trend analysis is based on paid dollars incurred Jan 24 to Sept 24 with paid thru Oct 24 compared to Jan 23 to Sept 23 with paid thru Oct 23.



# **SEHBP/SHBP (Composite) Summary**

			Prior Period						Current Period													
			PMPMs (Jan-Sept2023, PT Oct2023)						PMPMs (Jan-Sept2024, PT Oct2024)								Trends (Current vs Prior Period)					
Average members	Total Spend (Current Period)	% Total Spend	Inpatient		Outpatient		Professional			Total	In	patient	Out	patient	Profe	essional	9	Total	Inpatient	Outpatient	Professional	Total
228,791	\$1,362M	39%	\$	114	\$	248	\$	255	\$	617	\$	116	\$	271	\$	274	\$	661	2.1%	9.5%	7.4%	7.3%
130,172	\$910M	26%	\$	129	\$	275	\$	319	\$	723	\$	126	\$	304	\$	347	\$	777	-2.2%	10.4%	8.7%	7.4%
358,963	\$2,272M	66%	\$	120	\$	258	\$	279	\$	657	\$	120	\$	283	\$	300	\$	703	0.1%	9.6%	7.5%	7.0%
174,851	\$1,187M	34%	\$	114	\$	255	\$	320	\$	689	\$	120	\$	294	\$	340	\$	754	5.3%	15.2%	6.3%	9.4%
533,815	\$3,459M	100%	\$	118	\$	257	\$	293	\$	668	\$	120	\$	287	\$	313	\$	720	1.8%	11.4%	7.0%	7.8%
	228,791 130,172 358,963 174,851	(Current Period)  228,791 \$1,362M  130,172 \$910M  358,963 \$2,272M  174,851 \$1,187M	Current Period   % lotal spend   % lotal spe	Average (Current Period)	Average members   Total Spend (Current Period)   % Total Spend Inpatient   Inpatient	Average members   Total Spend (Current Period)   Total Spend   Inpatient   Our	Average members Total Spend (Current Period) % Total Spend Inpatient Outpatient  228,791 \$1,362M 39% \$ 114 \$ 248  130,172 \$910M 26% \$ 129 \$ 275  358,963 \$2,272M 66% \$ 120 \$ 258  174,851 \$1,187M 34% \$ 114 \$ 255	Average members   Total Spend (Current Period)   % Total Spend   Inpatient   Outpatient   Professional Prof	Average members   Total Spend (Current Period)   % Total Spend (Spend (Current Period)   % Total Spend (Current Period)   1	Average members   Total Spend (Current Period)   % Total Spend   Inpatient   Outpatient   Professional	Average members   Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (Current Period)   % Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (	Average members   Total Spend (Current Period)   % Total Spend (	Average members   Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (	Average members   Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (	Average members   Total Spend (Current Period)   % Total Spend (Current Period)   % Total Spend (Surrent Period)   % Total Spend (Current Period)   % Total Spend (	Average members   Total Spend (current Period)   % Total Spend   Inpatient   Outpatient   Professional   Total   Inpatient   Outpatient   Professional   Inpatient   Outpatient   Professional   Inpatient   Outpatient   Outpatient   Professional   Inpatient   Outpatient   Inpatient   Outpatient   Inpatient   Outpatient   Inpatient   Inpatient   Inpatient   Outpatient   Inpatient   Inpatient   Inpatient   Inpati	Average members   Total Spend (Current Period)   % Total Spend   Inpatient   Outpatient   Professional   Total   Inpatient   Outpatient   Professional   Total   Inpatient   Outpatient   Professional   Total   Inpatient   Outpatient   Professional   Inpatient   Outpatient   Outpatient   Professional   Inpatient   Outpatient   Outpatient   Professional   Inpatient   Outpatient   Outpatient   Outpatient   Outpatient   Outpatient   Outpatient   Inpatient   Outpatient   Outpatient	Average members   Total Spend (Current Period)   % Total Spend   Inpatient   Outpatient   Professional   Total Spend (Current Period)   % Total Spend   Inpatient   Outpatient   Professional   Total Spend   Inpatient   Outpatient   Professional   Total   Inpatient   Outpatient   Professional   Total Spend   Sp	Average members   Total Spend (Current Period)   Total Spend	Average members   Total Spend (Current Period)   % Total Spend (	Average members   Total Spend (Current Period)   % Total Spend (	Average members   Total Spend (Current Period)   Total Spend (Inpatient Outpatient Professional Total Inpatient Outpatient Professional Total Spend (Current Period)   Total Spend (Inpatient Outpatient Professional Spend (Current Period)   Total Spend (Inpatient Outpatient Professional Spend (Inpatient Outpatient Outpatient Outpatient Outpatient Outpatient Ou

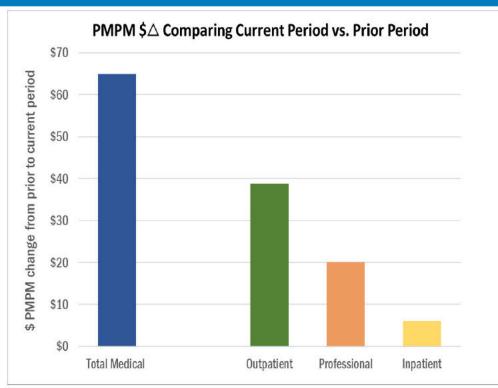
#### Current Period: % of Total Spend vs % of Total Membership

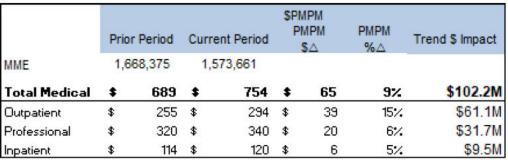




## SEHBP (EDU) PMPMs up due to increases in average costs and utilization

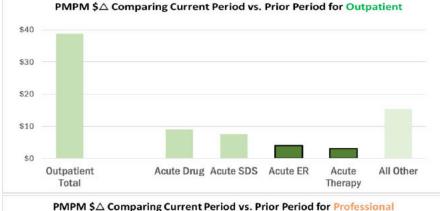
Paid dollars for YTD +1 month lag. Prior: paid thru Oct 23 | Current: paid thru Oct 24



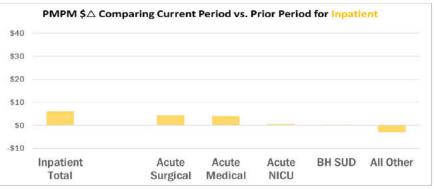


Prior period: Jan 2023 - Sep 2023 Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP







### Commentary / Insights:

Outpatient is the largest trend driver with total trend impact of \$61M driven by 7% increase in utilization. Professional has a \$32M total trend impact also driven by utilization trending at 3%. Inpatient has a total trend impact of \$10M driven by an increase in average cost of 6%.

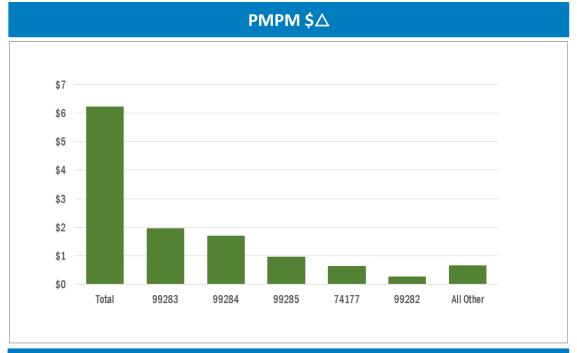
Outpatient Acute ER: PMPM increased by 14%. Total trend impact: \$6M

Outpatient Acute Therapy: PMPM increase by 45%. Total trend impact: \$5M

Professional BH Mental Health: PMPM increased by 14%. Total trend impact: \$3M

Professional BH ABA: PMPM increase by 29% Total trend impact: \$3M

### SEHBP (EDU) - Outpatient Acute ER Drivers by Procedure



### **Comments and Notes**

- Total Trend \$ impact \$6.2M with PMPM up 14%
- Top 5 diagnosis with highest trend PMPM impact are below:
  - R10 Abdominal and pelvic pain: \$.3M
  - J10 Influenza due to other identified influenza virus: \$.3M
  - R55 Syncope and collapse: \$.2M
  - R11 Nausea and vomiting: \$.2M
  - R51 Headache: \$.2M



Utilization/1000 % △

1%

### **Additional Details**

### PMPM %△ Impact:

- 99283 ~ ER visit for E&M of a patient: 18%
- 99284 ~ ER visit for E&M of a patient: 12%
- 99285 ~ ER visit for E&M of a patient: 16%
- 74177 ~ Computed tomography, abdomen and pelvis; with contrast: 18%
- 99282 ~ ER visit for E&M of a patient: 21%

#### PMPM \$ Impact:

- 99283 ~ ER visit for E&M of a patient: \$2M
- 99284 ~ ER visit for E&M of a patient: \$2M
- 99285 ~ ER visit for E&M of a patient: \$1M
- 74177 ~ Computed tomography, abdomen and pelvis; with contrast: \$1M
- 99282 ~ ER visit for E&M of a patient: \$.3M

### **Total allowed (current period):**

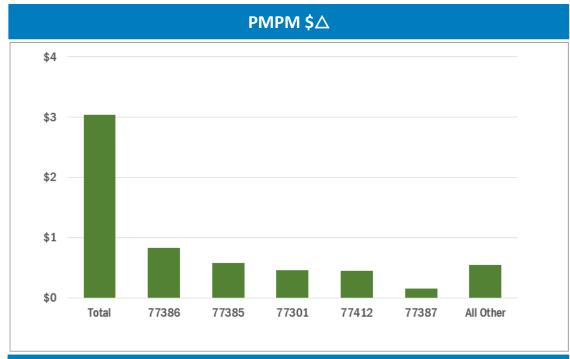
- 99283 ~ ER visit for E&M of a patient: \$13M
- 99284 ~ ER visit for E&M of a patient: \$16M
- 99285 ~ ER visit for E&M of a patient: \$7M
- 74177 ~ Computed tomography, abdomen and pelvis; with contrast: \$4M
- 99282  $^{\sim}$  ER visit for E&M of a patient: \$2M

Prior period: Jan 2023 - Sep 2023
Current period: Jan 2024 - Sep 2024

**Source:** CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP

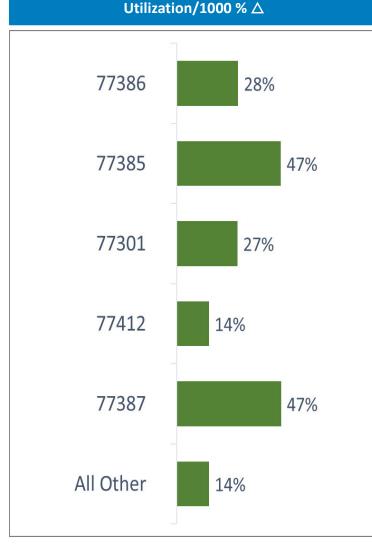
99283

### SEHBP (EDU) - Outpatient Acute Therapy Drivers by Procedure



### **Comments and Notes**

- Total Trend \$ impact \$5M with PMPM up 45%
- Radiation Therapy treatment procedure codes above for cancer accounted 97% or \$4.6M of the total Acute Therapy trend \$ impact.
- Malignant neoplasm of breast is the top diagnosis accounted for \$1M trend \$ impact.
- Other top diagnosis includes Malignant neoplasm of bronchus and lung, Secondary malignant neoplasm of respiratory and digestive organs, and Malignant neoplasm of cervix uteri



Prior period: Jan 2023 - Sep 2023

Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP

### **Additional Details**

#### PMPM %△ Impact:

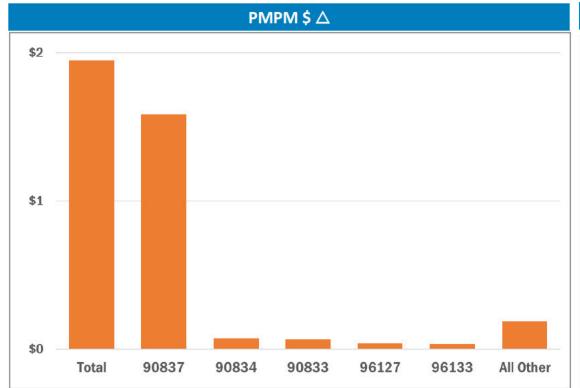
- 77386 ~ Complex IMRT: 39%
- 77385 ~ Simple IMRT: 65%
- 77301 ~ Comprehensive planning for IMRT: 59%
- 77412 ~ Complex Radiation treatment delivery, >=1 MeV: 25%
- 77387 ~ Guidance for localization of target volume for delivery of radiation treatment: 169%

### PMPM \$ Impact:

- 77386 ~ Complex IMRT: \$1.3M
- 77385 ~ Simple IMRT: \$.9M
- 77301 ~ Comprehensive planning for IMRT: \$.7M
- 77412 ~ Complex Radiation treatment delivery, >=1 MeV: \$.7M
- 77387 ~ Guidance for localization of target volume for delivery of radiation treatment: \$.3M

- 77386 ~Complex IMRT: \$4.6M
- 77385 ~ Simple IMRT: \$2.3M
- 77301 ~ Comprehensive planning for IMRT: \$2M
- 77412 ~ Complex Radiation treatment delivery, >=1 MeV: \$3.6M
- 77387 ~ Guidance for localization of target volume for delivery of radiation treatment \$4M

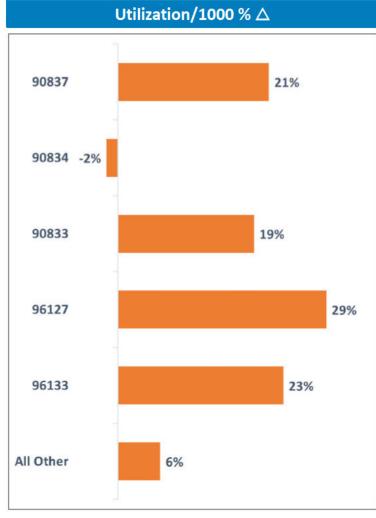
### SEHBP (EDU) - Professional Behavioral Health MH Drivers by Procedure Codes



### **Comments and Notes**

Total PMPM Impact \$3.1M. PMPM increased by 14%.

 Most common diagnoses include anxiety disorders, Stress disorders, Attention-deficit Hyperactivity disorders, Depressive disorders and Obsessive-compulsive disorders.



Prior period: Jan 2023 - Sep 2023 Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP

### **Additional Details**

#### PMPM %△ Impact:

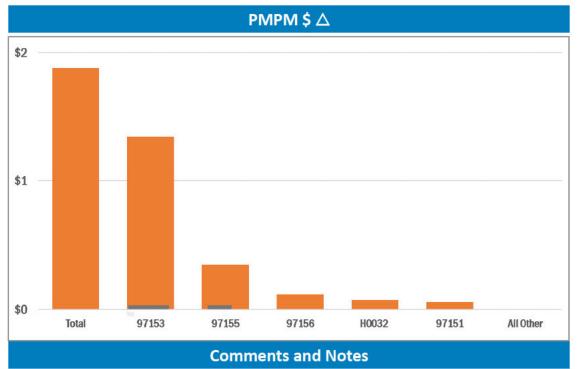
- 90837 ~ Psychotherapy, 60 minutes: 25%
- 90834 ~ Psychotherapy, 45 minutes: 2%
- 90833 ~ Psychotherapy, 30 minutes: 20%
- 96127 ~ Brief emotional/behavioral assessment: 38%
- 96133 ~ Neuropsychological testing evaluation: 40%

### PMPM \$ Impact (millions):

- 90837 ~ Psychotherapy, 60 minutes: \$2.49M
- 90834 ~ Psychotherapy, 45 minutes:
   \$.11M
- 90833 ~ Psychotherapy, 30 minutes: \$0.1M
- 96127 ~ Brief emotional/behavioral assessment: \$0.06M
- 96133 ~ Neuropsychological testing evaluation: \$0.05M

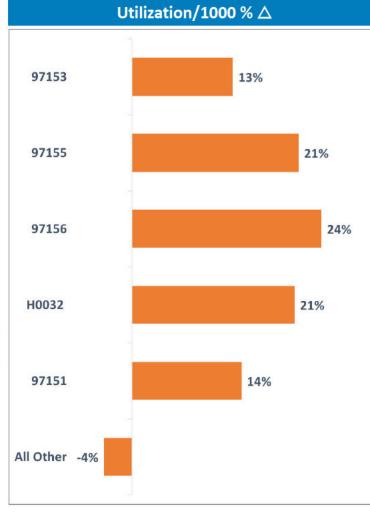
- 90837 ~ Psychotherapy, 60 minutes: \$13M
- 90834 ~ Psychotherapy, 45 minutes: \$7M
- 90833 ~ Psychotherapy, 30 minutes: \$1M
- 96127 ~ Brief emotional/behavioral assessment: \$0.2M
- 96133 ~ Neuropsychological testing evaluation: \$0.2M

## SEHBP (EDU) - Professional Behavioral Health ABA Drivers by Procedure Levels



Total PMPM Impact: \$3M. PMPM increased by 29%.

 There was an overall 14% increase in utilization driven by increased in unique members utilizing ABA services



Prior period: Jan 2023 - Sep 2023 Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP

### Additional Details

### PMPM %△ Impact:

- 97153 ~ Adaptive behavior treatment by protocol: 32%
- 97155 ~ Adaptive behavior treatment with protocol modification: 36%
- 97156 ~ Family adaptive behavior treatment guidance: 47%
- H0032 ~ Mental Health Service Plan Development By Non-Physician: 19%
- 97151 ~ Behavior identification assessment: 22%

### PMPM \$ Impact (millions):

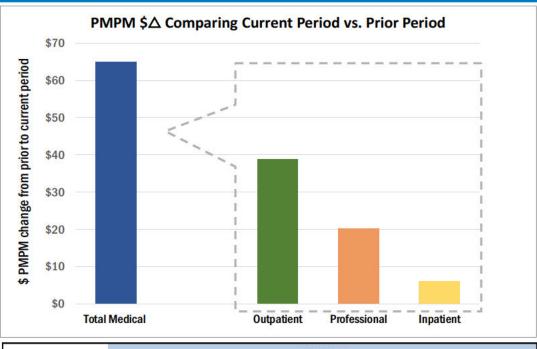
- 97153 ~ Adaptive behavior treatment by protocol: \$2.12M
- 97155 ~ Adaptive behavior treatment with protocol modification: \$0.55M
- 97156 ~ Family adaptive behavior treatment guidance: \$0.18M
- H0032 ~ Mental Health Service Plan Development By Non-Physician: \$0.12M
- 97151 ~ Behavior identification assessment: \$0.09M

- 97153 ~ Adaptive behavior treatment by protocol: \$9M
- 97155 ~ Adaptive behavior treatment with protocol modification: \$2M
- 97156 ~ Family adaptive behavior treatment guidance: \$1M
- H0032 ~ Mental Health Service Plan Development By Non-Physician: \$1M
- 97151 ~ Behavior identification assessment: \$0.5M

# **Appendix**

### SEHBP PMPMs up due to increases in average costs and utilization

Paid dollars for YTD +1 month lag. Prior: paid thru Oct 23 | Current: paid thru Oct 24

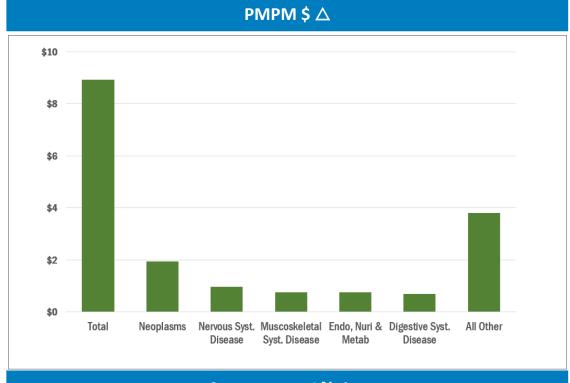


	Prio	r Period	Cur	rent Period	MPM PMPM \$△	PMPM %∆	Trend \$ Impact	
MME	1,668,375		1	,573,661				
Total Medical	\$	689	\$	754	\$ 65	9%	\$102.2M	
Outpatient	\$	255	\$	294	\$ 39	15%	\$61.1M	
Professional	\$	320	\$	340	\$ 20	6%	\$31.7M	
Inpatient	\$	114	\$	120	\$ 6	5%	\$9.5M	

✓ Some top trend drivers include Outpatient Acute ER, Outpatient Acute Therapy and Professional BH Mental Health, Professional BH Applied Behavior Analysis.

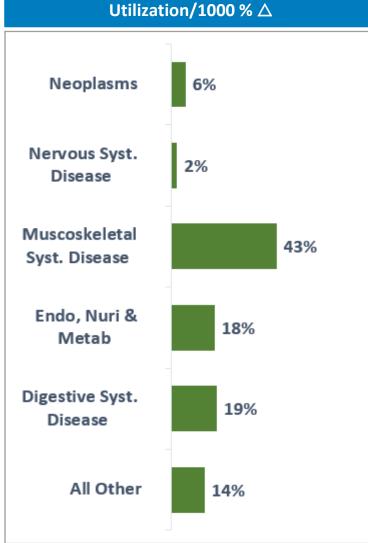
Prior Period: Jan 2023 - Sept 2023, Paid Thru Oct 2023 Current Period: Jan 2024 - Sept 2024, Paid Thru Oct 2024

# **SEHBP- Outpatient Acute Drug Drivers by MDC**



### **Comments and Notes**

- Total Trend \$ up 14M with PMPM up 21%
- Top five MDC's from chart above accounted 57% of the total trend \$ impact
- Top five Acute Drug codes are injections.
- Two of the top trend \$ impact for top MDC treatments:
  - J9306 PERTUZUMAB, 1 MG injection for Neoplasms treatment accounted 10% of the total trend \$ impact
  - J1459 ~ IMMUNE GLOBULIN (PRIVIGEN) 500MG injection for Nervous System Disease treatment accounted 8% of the total trend \$ impact



### **Additional Detail**

### PMPM %△ Impact:

- Neoplasms: 15%
- Nervous Syst. Disease: 11%
- Muscoskeletal Syst. Disease: 65%
- Endo, Nuri & Metab: 102%
- Digestive Syst. Disease: 36%

### PMPM \$ Impact (millions):

- Neoplasms: \$3M
- Nervous Syst. Disease: \$2M
- Muscoskeletal Syst. Disease: \$1M
- Endo, Nuri & Metab: \$1M
- Digestive Syst. Disease: \$1M

### **Total allowed (current period):**

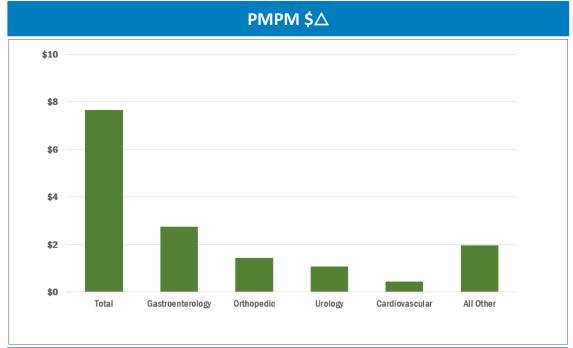
- Neoplasms: \$23.9M
- Nervous Syst. Disease: \$15.8M
- Digestive Syst. Disease: \$4.1M
- Muscoskeletal Syst. Disease: \$3.0M
- Endo, Nuri & Metab: \$2.4M

Prior period: Jan 2023 - Sep 2023 Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP

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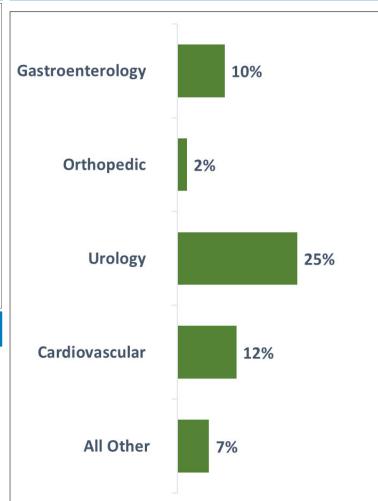
# SEHBP- Outpatient Acute Same Day Surgery (SDS) Drivers by Surgery Type



### **Comments and Notes**

- Total trend \$ impact 12M, PMPM up 12%
- Age group 56-65 accounted 45% of the total trend impact
- For Acute SDS the main drivers are:
  - Orthopedics (hip/knee) procedures
  - Comprehensive electrophysiologic evaluation and ablation procedures to treat atrial fibrillation related to Cardiovascular disease
  - Gastro(upper endoscopy) procedures





### **Additional Details**

### PMPM %△ Impact:

- Gastroenterology: 17%
- Orthopedic: 10%
- Urology: 36%
- Cardiovascular: 7%

#### PMPM \$ Impact (millions):

- Gastroenterology: \$4M
- Orthopedic: \$2M
- Urology: \$2M
- Cardiovascular: \$1M

### Total allowed (current period):

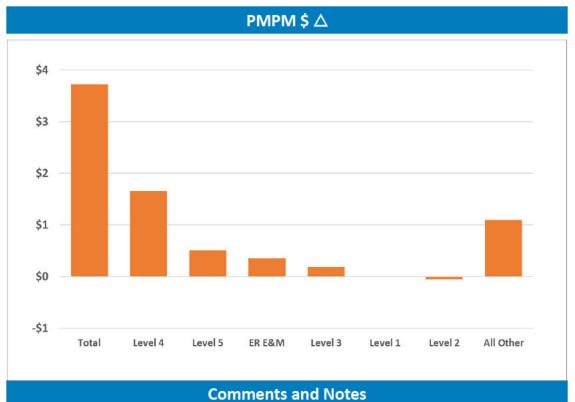
- Gastroenterology: \$30.0M
- Orthopedic: \$24.2M
- Urology: \$6.5M
- Cardiovascular: \$10.3M

Prior period: Jan 2023 - Sep 2023 Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10 SHBP

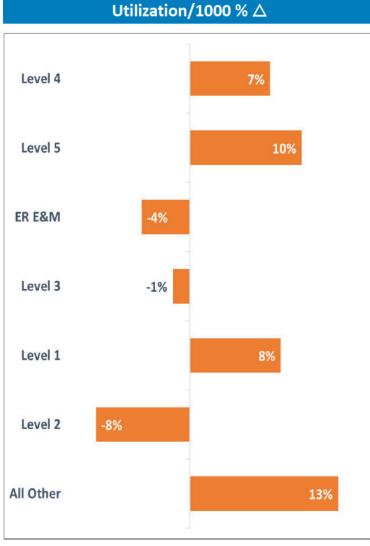
**Note:** Vendor-At-Risk (eviCore) and Catastrophic claims are included in data.

# SHBP (Edu) – Professional Evaluation & Management Specialist Drivers by Proc Levels



Total PMPM Impact \$5.9M. PMPM increased by 8%

- Level 4 had the highest PMPM impact of \$2.6M and makes up 44% of the total PMPM impact.
- Level 5 codes had the second highest PMPM impact of \$0.8M.



Prior period: Jan 2023 - Sep 2023 Current period: Jan 2024 - Sep 2024

Source: CTOS Medical Cost Trend COMM & GP 2024-10 SHBP

### **Additional Details**

### PMPM %△ Impact:

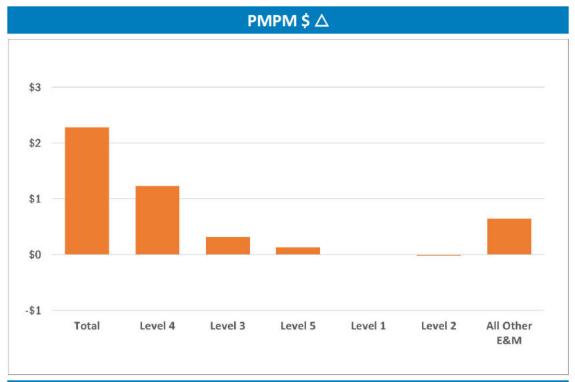
- Level 4: 11%
- Level 5: 15%
- ER E&M: 7%
- Level 3: 2%
- Level 1: 13%
- Level 2: -8%

### PMPM \$ Impact (millions):

- Level 4: \$2.6M
- Level 5: \$0.79M
- ER E&M: \$0.55M
- Level 3: \$0.28M
- Level 1: \$0.0M
- Level 2: -\$0.09M

- Level 4: \$27M
- Level 5: \$6M
- ER E&M: \$8M
- Level 3: \$16M
- Level 1: \$0.0M
- Level 2: \$1M

# SHBP (Edu) – Professional Evaluation & Management PCP Drivers by Procedure Levels



### **Comments and Notes**

Total PMPM Impact \$3.6M. PMPM increased by 8.8%

 Level 4 had the highest PMPM impact of \$1.9M and makes up 54% of the total PMPM impact.



Prior period: Jan 2023 - Sept 2023 Current period: Jan 2024 - Sept 2024

Source: CTOS Medical Cost Trend COMM & GP 2024-10 SHBP

### **Additional Details**

### PMPM %△ Impact:

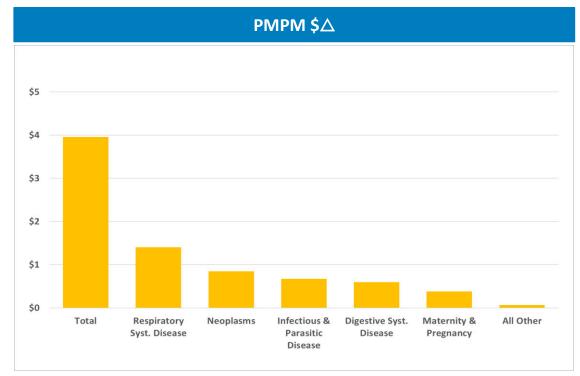
- Level 4: 15%
- Level 3: 4%
- Level 5: 17%
- Level 1: -42%
- Level 2: -7%

### PMPM \$ Impact (millions):

- Level 4: \$1.9M
- Level 3: \$0.5M
- Level 5: \$0.2M
- Level 1: \$0.0M
- Level 2: \$0.0M

- Level 1: \$0.0M
- Level 2: \$0.5M
- Level 3: \$12.7M
- Level 4: \$14.9M
- Level 5: \$1.3M

# SEHBP-Inpatient Acute Medical Total Drivers by Major Diagnosis Category (MDC)



### **Comments and Notes**

Total PMPM Impact \$6.2M. PMPM increased by 16%

- Top 4 MDC total allowed \$ impact is \$5.5M
  - The highest PMPM impact was Respiratory Syst. Disease at \$2.2M follow by Neoplasms at \$1.3M and Infectious & Parasitic Disease \$1.0M

# **Respiratory Syst. Disease** 28% **Neoplasms** 37% Infectious & Parasitic 2% Disease **Digestive Syst. Disease** 4%

Utilization/1000 % △

Prior period: Jan 2023 - Sept 2023 Current period: Jan 2024 - Sept 2024

**Maternity & Pregnancy** 

**Source:** CTOS Medical Cost Trend\_COMM & GP\_2024-10

All Other -1%

### **Additional Details**

### PMPM %△ Impact:

- Respiratory Syst. Disease: 61%
- Neoplasms: 32%
- Infectious & Parasitic Disease: 15%
- Digestive Syst. Disease: 19%
- Maternity & Pregnancy: 102%

### PMPM \$ Impact (millions):

- Respiratory Syst. Disease: \$2.2M
- Neoplasms: \$1.3M
- Infectious & Parasitic Disease: \$1.1M
- Digestive Syst. Disease: \$0.9M
- Maternity & Pregnancy: \$0.6M

#### Total Allowed (current period):

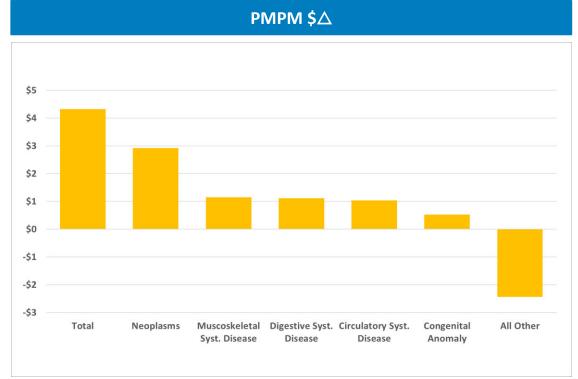
- Respiratory Syst. Disease: \$5.8M
- Neoplasms: \$5.4M

75%

- Infectious & Parasitic Disease: \$8.3M
- Digestive Syst. Disease: \$5.9M
- Maternity & Pregnancy: \$1.2M

**Note:** Vendor-At-Risk (eviCore) and Catastrophic claims are included in data.

# SEHBP-Inpatient Acute Surgical Total Drivers by Major Diagnosis Category (MDC)

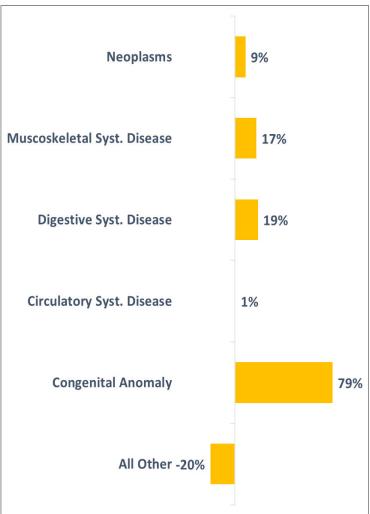


### **Comments and Notes**

Total PMPM Impact \$6.8M. PMPM increased by 11%

Neoplasms accounted \$4.6M or 68% of the Total PMPM impact

### Utilization/1000 % △



Prior period: Jan 2023 - Sept 2023 Current period: Jan 2024 - Sept 2024

Source: CTOS Medical Cost Trend\_COMM & GP\_2024-10

### **Additional Details**

### PMPM %△ Impact:

- Neoplasms: 41%
- Muscoskeletal Syst. Disease: 15%
- Digestive Syst. Disease: 35%
- Circulatory Syst. Disease: 25%
- Congenital Anomaly: 70%

### PMPM \$ Impact (millions):

- Neoplasms: \$4.6M
- Muscoskeletal Syst. Disease: \$1.8M
- Digestive Syst. Disease: \$1.8M
- Circulatory Syst. Disease: \$1.6M
- Congenital Anomaly: \$0.8M

### Total allowed (current period):

- Neoplasms: \$16M
- Muscoskeletal Syst. Disease: \$14M
- Digestive Syst. Disease: \$7M
- Circulatory Syst. Disease: \$8M
- Congenital Anomaly: \$2M

**Note:** Vendor-At-Risk (eviCore) and Catastrophic claims are included in data.

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