

Agenda Item VII: HPD Public Reporting Updates

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HPD Public Reporting Priorities

Specific Topics

1. Health Equity
2. Enhancement of Prescription Drug Costs report
3. Reporting on Hospital Costs

Broader Categories

- A. Focused Utilization and Payment Analysis
- B. Specific Populations, Geographies
- C. Coverage/Enrollment

Other Activities Underway

Updates to existing HPD public reports with new years of data

Special analyses for DHCS on churn, primary care providers and services, and dual eligibles

Public Reporting Pipeline

Reports Released

- Prescription Drug Costs
- Measures with LA SPAs

Late-Stage Development

- Prescription Drug Costs - Update
- Services
- Out of Pocket Costs

Early/Mid-Stage Development

- Health Equity
- Hospital Costs
- Visits

Analyses for DHCS

- End of Continuous Coverage / “Unwinding”
- Primary Care
- Dual Eligibles

Reports Released

Fee-For-Service Drug Costs in the Commercial Market

- Launched July 31st, 2024
- Allows users to explore many different aspects of pharmaceuticals covered by commercial plans in California in 2021
- Consists of three major topic areas:
 - Top 25 costliest drug products in terms of total annual statewide spending
 - Top 25 most frequently-prescribed drugs
 - Top 25 drugs with the largest monthly median out-of-pocket costs

Analysis Details

- Retail pharmacy costs only; excludes medical pharmaceutical costs (on a medical/ institutional claim)
- Fee-for-service claims only, excludes non-FFS (e.g. capitated) pharmaceutical costs
- Commercial claims only, excludes Medicare and Medi-Cal payments
- Analyses were conducted at the National Drug Code (NDC) level
- Costs do not include rebates, coupons, or other discounts
- “Cost per Prescription” calculation does not consider the units dispensed for a prescription (e.g. 14-day vs. 30-day supplies) and should be interpreted with caution

Fee-For-Service Drug Costs in the Commercial Market in 2021 – Key Findings

Top 25 Costliest Prescription Drugs

- The top 25 costliest drugs accounted for just 3.2 percent of all prescriptions
- The top 25 costliest drugs accounted for nearly 30 percent of total costs – more than \$3.9 billion in 2021

Top 25 Most Frequent Prescriptions

- The four most frequent were all COVID-19 vaccines with zero out-of-pocket costs
- The 25 most frequent prescriptions account for 12 percent of all prescriptions and 2.3 percent of total costs at \$297 million

Top 25 Out-of-Pocket Costs

- The monthly median out-of-pocket cost (OOP) for the 25 drugs with the highest monthly median OOP ranged from \$150 to \$250
- State policy limits the maximum OOP cost in the commercial market

Fee-For-Service Drug Costs in the Commercial Market – July 2024

[Visualization Webpage](#)

Top 25 Commercial Fee-For-Service Prescription Drugs, 2021

Costliest
Most Frequently Prescribed
Out-of-Pocket Costs

Brand or Generic

Statewide Commercial Totals

Number of Prescriptions	Number of Individuals	Total Cost	Cost per Prescription	Out-of-Pocket Median
101.39M	9.78M	\$13,197M	\$130.16	\$12.41

Top 25 Costliest Drugs Commercial Totals

Number of Prescriptions	Number of Individuals	Total Cost	Cost per Prescription	Out-of-Pocket Median
3.27M	1,351,661	\$3,942M	\$1,206.84	\$48.50

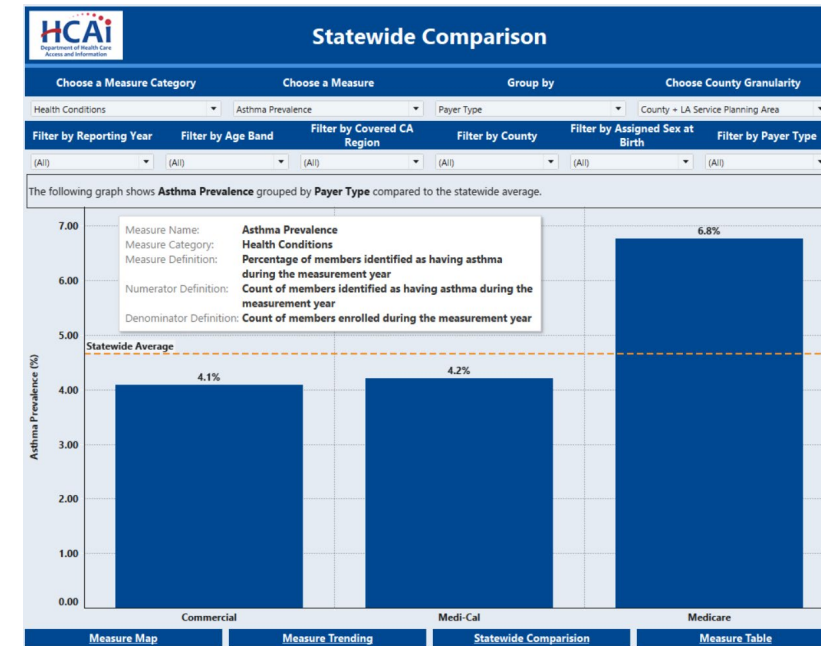
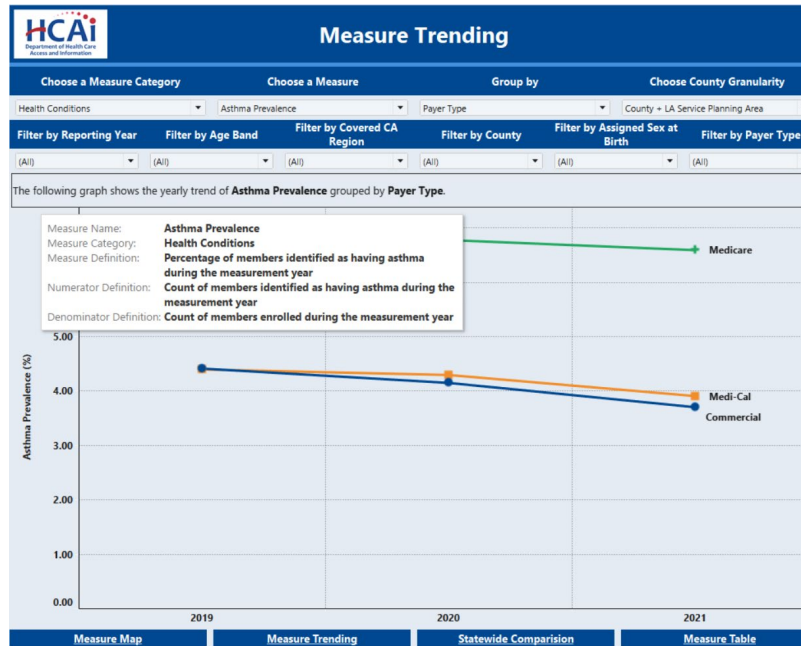
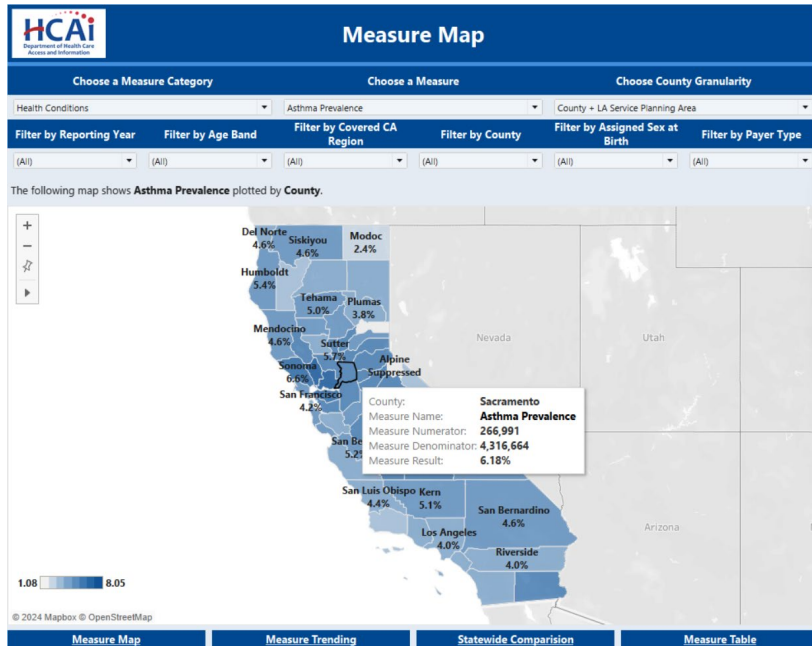
Sort by

Drug Name	Therapeutic Class	Rank	Number of Prescriptions	Number of Individuals	Total Cost	Cost per Prescription	Monthly Median for Out-of-Pocket Costs
Humira Pen	Analgesics - Anti-Inflammatory	1	69,844	9,429	\$447M	\$6,400.15	\$150.00
Biktarvy	Anti-Infective Agents - Antivirals	2	93,525	14,113	\$431M	\$4,608.49	\$25.00
Stelara	Dermatologicals	3	18,094	3,400	\$373M	\$20,625.57	\$75.00

HPD Measures – Refresh, Add LA SPAs

- The HPD Measures data product has been updated to add in missing data and address prior recommendations
 - Now includes previously-missing Medicare Fee-For-Service data for 2021; not available in the initial version launched in September 2023
 - Updated to allow users to select a more detailed breakdown of Los Angeles County by Service Planning Area (SPA)
- **Los Angeles County SPAs**
 - **Consists of Antelope Valley, San Fernando Valley, San Gabriel Valley, Metro, West, East, South and South Bay**
- Targeting Q1 2025 with an update adding 2022 and 2023 data

HPD Measures Update – October 2024



Visualization Webpage

Late-Stage Development

Preview: Prescription Drug Cost Report Update

- An update is underway, aiming for release by year end
- Major changes for the new report:
 - Adds Medi-Cal and Medicare data
 - Enables comparison across payer types commercial, Medi-Cal, Medicare
 - Adds data for 2022
 - Enables comparison between 2021 and 2022
 - Adds new prescription drug categories for biologic and biosimilar
 - Enables comparisons across four categories: generic, brand, biosimilar, biologic

PRELIMINARY ANALYSIS – PREPUBLICATION DRAFT

Statewide totals by Payer Type and Drug Category (2022)



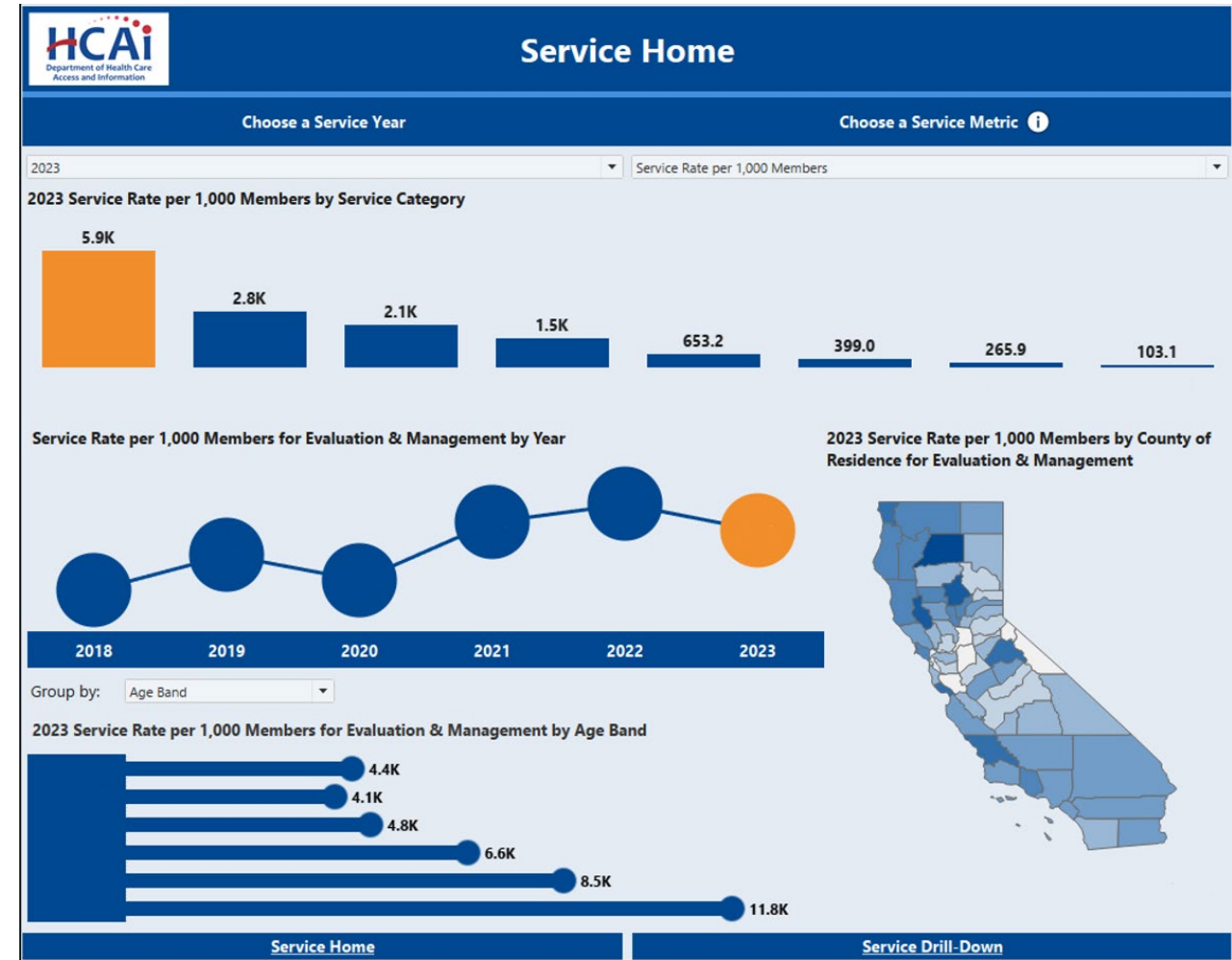
Development: HPD Services

- Stage: Near-Final
- Two dashboards allow users to explore the types of healthcare services provided to Californians each year
 - "Services" refers to individual procedures ranging from consultations with specialists, to a routine mammogram, to anesthesia administration during surgery
 - Explores the "who, what and where" of the most common healthcare services provided to Californians each year
- Services were grouped using the Restructured Berenson-Eggers Type of Service (BETOS) Classification System (RBCS), available from the US Centers for Medicare & Medicaid Services (CMS)
 - Consists of eight large main service categories, which can be broken into more granular service subcategories

Development: HPD Services (Cont.)

- Users may display the information by:
 - Total number of occurrences
 - Number of people who received the service at least once
 - Utilization rate per 1,000 members
- Data can be filtered by year, age range, sex, Covered CA region and payer type
- Users can opt to view Los Angeles County divided into its eight Service Planning Areas (SPAs)

PRELIMINARY ANALYSIS –
PREPUBLICATION DRAFT



Development: HPD Services (Cont.)

HCAI
Department of Health Care
Access and Information
Service Drill-Down

Choose a Metric i
Group Rows by
Group Columns by
Choose a Service Category
Choose a County Granularity

Service Rate per 1,000 Members
Service Category
Reporting Year
(All)
County

Filter by Age Band
Filter by County of Residence
Filter by Covered CA Region
Filter by Sex
Filter by Payer Type

(All)
(All)
(All)
(All)
(All)

The following table shows **Service Rate per 1,000 Members** by **Service Category** and **Reporting Year**

	2018	2019	2020	2021	2022	2023
	3.4K	3.6K	3.4K	3.8K	3.8K	3.6K
	1.8K	1.9K	1.5K	1.7K	1.7K	1.7K
	868.3	926.6	831.5	1.4K	1.0K	804.7
	697.4	742.3	555.7	693.9	747.1	738.6
	452.9	502.4	551.8	639.9	682.8	731.2
	724.2	773.8	625.2	708.2	728.7	725.8
	194.0	208.5	559.0	961.7	1.0K	419.0
	347.2	362.1	343.2	358.3	361.4	356.4
	337.3	357.1	311.3	350.9	356.8	345.0
	358.3	370.3	287.4	309.5	346.8	332.0
	297.8	320.1	266.2	295.4	312.4	303.5
	272.5	284.7	225.8	252.8	254.7	222.7

Service Home
Service Drill-Down

Selected Measure Name: **Service Rate per 1,000 Members**
 Measure Definition: **The rate of service utilization calculated as the number of occurrences per 1,000 member per year**
 Numerator Definition: **Count of services**
 Denominator Definition: **Sum of member months divided by 12000 (rate per 1,000 members divided by 12 months)**

Choose a County Granularity

County + LA Service Planning ...

County

County + LA Service Planning Area

- LA - Antelope Valley
- LA - East
- LA - Metro
- LA - San Fernando Valley
- LA - San Gabriel Valley
- LA - South
- LA - South Bay
- LA - West

Choose a Service Category

Enter search text

- (All)
- Anesthesia
- Anesthesia - Anesthesia
- DME - Drugs Administered Through D...
- DME - Hospital Beds
- DME - Medical/Surgical Supplies
- DME - Orthotic Devices
- DME - Other DME
- DME - Oxygen and Supplies
- DME - Wheelchairs
- Durable Medical Equipment
- E&M - Behavioral Health Services
- E&M - Care Management/Coordination
- E&M - Critical Care Services
- E&M - E&M - Miscellaneous
- E&M - Emergency Department Services
- E&M - Home Services
- E&M - Hospice
- E&M - Hospital Inpatient Services
- E&M - Nursing Facility Services
- E&M - Observation Care Services
- E&M - Office/Outpatient Services
- E&M - Ophthalmological Services
- Evaluation & Management
- Imaging
- Imaging - CT Scan
- Imaging - Imaging - Miscellaneous
- Imaging - Magnetic Resonance
- Imaging - Nuclear
- Imaging - Standard X-ray

Cancel
Apply

PRELIMINARY ANALYSIS – PREPUBLICATION DRAFT

Development: Out-of-Pocket-Costs

- Stage: Near-Final
- Purpose: understanding chronic condition prevalence and medical out-of-pocket cost
- Users may display the information by member count, median out-of-pocket cost, median claim count per member
- Dashboard can be filtered by county (Los Angeles County divided into its eight Service Planning Areas), payer type, categories of service, chronic condition type.



Development: Out-of-Pocket Costs

Choose a County
All

Total Member Counts and Median OOP Cost for People with Chronic Condition

Claim Type	Product	Member Count w Masked	Median OOP Per Member	Median Claim Ct Per Member
Inpatient	All			
	Commercial			
	Medi-Cal			
	Medi-Care Advantage			
	Medi-Care FFS			
Outpatient	All			
	Commercial			
	Medi-Cal			
	Medi-Care Advantage			
	Medi-Care FFS			
Professional	All			
	Commercial			
	Medi-Cal			
	Medi-Care Advantage			
	Medi-Care FFS			
Other Services	All			
	Commercial			
	Medi-Cal			
	Medi-Care Advantage			
	Medi-Care FFS			
All	All			
	Commercial			
	Medi-Cal			
	Medi-Care Advantage			
	Medi-Care FFS			

Choose a Chronic Condition

- Acute Myocardial Infarcti...
- Alzheimers Disease
- Anemia
- Anxiety
- Asthma
- Atrial Fibrillation
- Breast Cancer
- Chronic Kidney Disease
- Colorectal Cancer
- Combined Cancer
- COPD
- Dementia
- Depression
- Diabetes
- Heart Failure
- Hip/Pelvic Fracture
- Hyperlipidemia
- Hypertension
- Ischemic Heart Disease
- Obesity
- Osteoporosis
- Rheumatoid Arthritis
- Stroke

Choose a Chronic Condition Cou.
All

Choose a County
Alameda

Choose a Claim Type
All

Choose a Product
All

Total Member Count and Median OOP Cost for People with Multiple Chronic Conditions (MCC)

chronic_combined	Member Count w Masked	Median OOP Per Member	Median Claim Ct Per Member
Hypertension+Rheumatoid Arthritis			
Diabetes+Hyperlipidemia			
Hypertension+Obesity			
Hyperlipidemia+Obesity			
Hyperlipidemia+Hypertension+Rheumatoid Arthritis			
Hyperlipidemia+Hypertension			
Diabetes+Hypertension			
Diabetes+Hyperlipidemia+Hypertension+Obesity			
Diabetes+Hyperlipidemia+Hypertension			
Anxiety+Depression			

Early- and Mid-Stage Development

Development: HPD Visits

- Stage: Mid-Development
- The dashboard groups medical claims for services into visit categories/types using Onpoint's Service Price Reporting methodology
 - Inpatient: Visits are defined using MS-DRGs and include all medical claims incurred during the hospitalization.
 - Outpatient: For outpatient services, all CPT codes for the service are required to have been reported on the same day of service
 - Outpatient Diagnostic: All medical claims reported with the specific CPT procedure code identifying the service are included (includes facility and professional components of the cost)
 - Outpatient Surgical/Non-Diagnostic: All medical claims on the date of the procedure are included.
 - Professional: The medical claims records with the specific place of service code, CPT procedure code, and CPT modifier code identifying the service are included.
- Preliminary analyses are underway to explore options for cost information
 - Total Costs (Fee-For-Service Only)
 - Out-of-Pocket Costs

Early Development: Health Equity, Hospital Costs

Health Equity

- Stage: Early development
- Key question: How is preventive care utilization associated with social drivers of health?
- Incorporate Healthy Places Index (HPI) at the census tract level
- Preventive care utilization measures under consideration
 - HEDIS measures (e.g., colorectal cancer screening, breast cancer screening, immunizations)
 - Changes in preventive care utilization over time

Cost of Hospital Inpatient Care

- Stage: Early development
- Key question: What is the cost of hospital inpatient care?
- Includes both facility and professional costs for an inpatient stay
- Can be viewed or filtered by 25 Major Diagnostic Categories, severity, payer type, region

Analysis for DHCS: Coverage/Churn, Primary Care, Dual Eligibles

Analysis for DHCS

As part of CMS certification of the HPD (and as a condition of funding), three analyses were requested by DHCS and conducted using HPD data.

1. Assessment of "unwinding" of the Medi-Cal continuous coverage requirement temporarily in place during the pandemic
2. Assessment of primary care providers, primary care services, and number of patients across payer types
3. Assessment of utilization of inpatient services by members eligible for both Medi-Cal and Medicare ("dual eligibles")

Coverage/Churn: Assessment of the “Unwinding” of the Medi-Cal Continuous Coverage Requirement

Medi-Cal Continuous Coverage "Unwinding": Enrollment Status by Age Group and Month					
Initial Cohort of Medi-Cal Beneficiaries Enrolled April to June 2023	Age Group, as of June 2023	Medi-Cal Continuous Coverage "Unwinding," July to September 2023			
		Coverage	July	August	September
5,265,384	0-20	Medi-Cal	5,248,369	5,216,156	5,133,075
	0-20	Commercial - Covered CA	1,130	2,595	4,582
	0-20	Commercial - Other	9,683	19,020	29,814
	0-20	Lost to follow-up*	6,202	27,613	97,913
7,305,216	21-64	Medi-Cal	7,262,924	7,174,040	6,960,656
	21-64	Commercial - Covered CA	4,847	10,571	17,357
	21-64	Commercial - Other	20,579	40,543	64,882
	21-64	Lost to follow-up*	16,866	80,062	262,321

*Includes those enrolled in Medicare (data are unavailable after March 2023), those that fall within the 90-day grace period for Medi-Cal dis-enrollment but may be reinstated at the end of the grace period, and those truly lost due death, out-of-state moves, unmeasured coverage sources like the VA.

Primary Care: Count of PC Providers, Services, and Patients

Count of Primary Care Providers, Primary Care Claims, and Patients, by Year, 2018-2022				
Year	Type	Count of Primary Care Providers (rendering provider)	Total Number of Primary Care Visit Claims	Total Number of Patients
2018	All	44,011	50,313,338	17,137,859
	Medi-Cal		15,813,686	6,224,257
	non-Medi-Cal		34,529,936	13,786,156
2019	All	44,966	51,085,670	17,263,158
	Medi-Cal		16,122,864	6,289,552
	non-Medi-Cal		34,994,641	14,078,578
2020	All	45,537	45,878,452	15,819,893
	Medi-Cal		14,280,700	5,681,165
	non-Medi-Cal		31,630,352	13,001,550
2021	All	46,422	50,310,276	16,914,542
	Medi-Cal		16,176,477	6,374,355
	non-Medi-Cal		34,171,908	14,111,855
2022	All	47,380	52,111,229	17,321,765
	Medi-Cal		17,425,067	6,869,397
	non-Medi-Cal		34,724,551	14,369,606

Dual Eligible Medi-Cal Members with an Acute Inpatient Stay, 2022

Measure	Result
Number of Dual Eligible Persons	1,800,387
Average Age	68
Percent Male	43.2%
Number of Dual Eligible Persons with an Acute Inpatient Stay	263,832
Number of Inpatient Stays	497,825
Average Age	69
Percent Male	45.12%
Average Length of Stay (ALOS)	7
In-Hospital Mortality Rate per 100 Inpatient Stays	4.45
Top Reasons for Acute Inpatient Stay	
Diseases and Disorders of the Circulatory System	17.1%
Infectious and Parasitic Diseases, Systemic or Unspecified Sites	16.0%
Diseases and Disorders of the Respiratory System	12.6%
Diseases and Disorders of the Digestive System	8.4%

Public Comment