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Department of Health Care Access and Information

OHCA Investment and Payment Workgroup

August 19, 2026

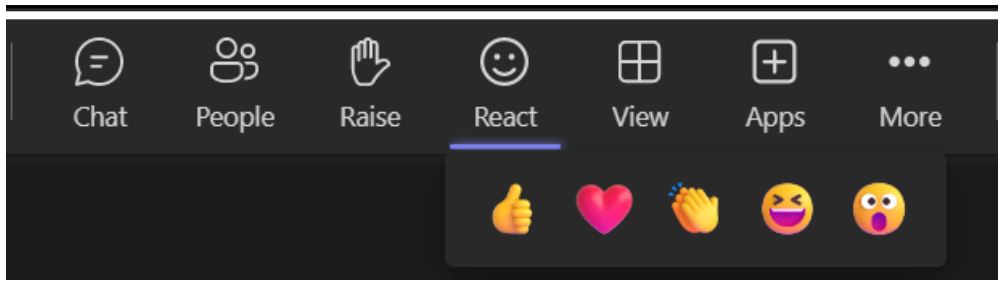
Agenda

9:00 a.m.	**1.**	**Welcome, Updates, and Introductions**
9:10 a.m.	**2.**	**Update on Behavioral Health Spending Analyses and Benchmark Setting**
10:25 a.m.	**3.**	**Next Steps**
10:30 a.m.	**4.**	**Adjournment**

Meeting Format

Reminder: Workgroup members may provide verbal feedback during the meeting. Non-Workgroup members are welcome to participate during the meeting via the chat or provide written feedback to the OHCA team after the meeting.

- Workgroup purpose and scope can be found in the Investment and Payment Workgroup Charter
- Remote participation via Teams Webinar only
- Meeting recurs quarterly
- We will be using reaction emojis, breakout rooms, and chat functions:



Date: August 19, 2026

Time: 9:00 am PST

Microsoft Teams Link
for Public Participation:
Join the meeting now

Meeting ID: 286 006 518 611 7
Passcode: v7u8Gr6z

Or call in (audio only):
+1 916-535-0978

Conference ID:
879 8430892#

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Senior Attorney, National Health Law Program

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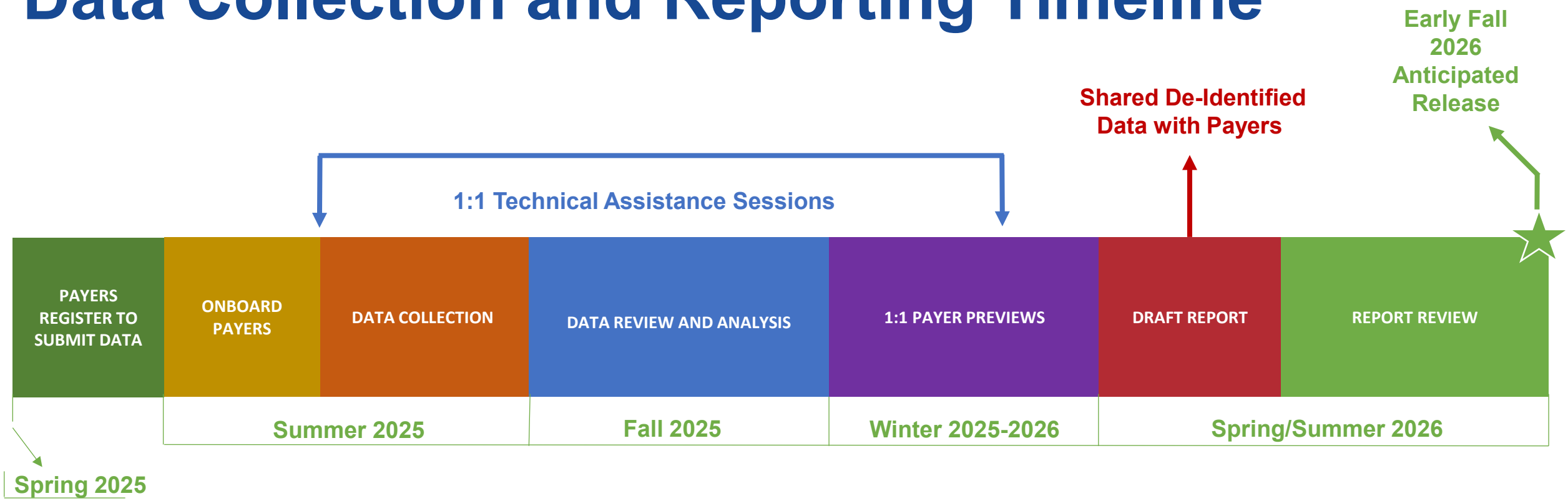
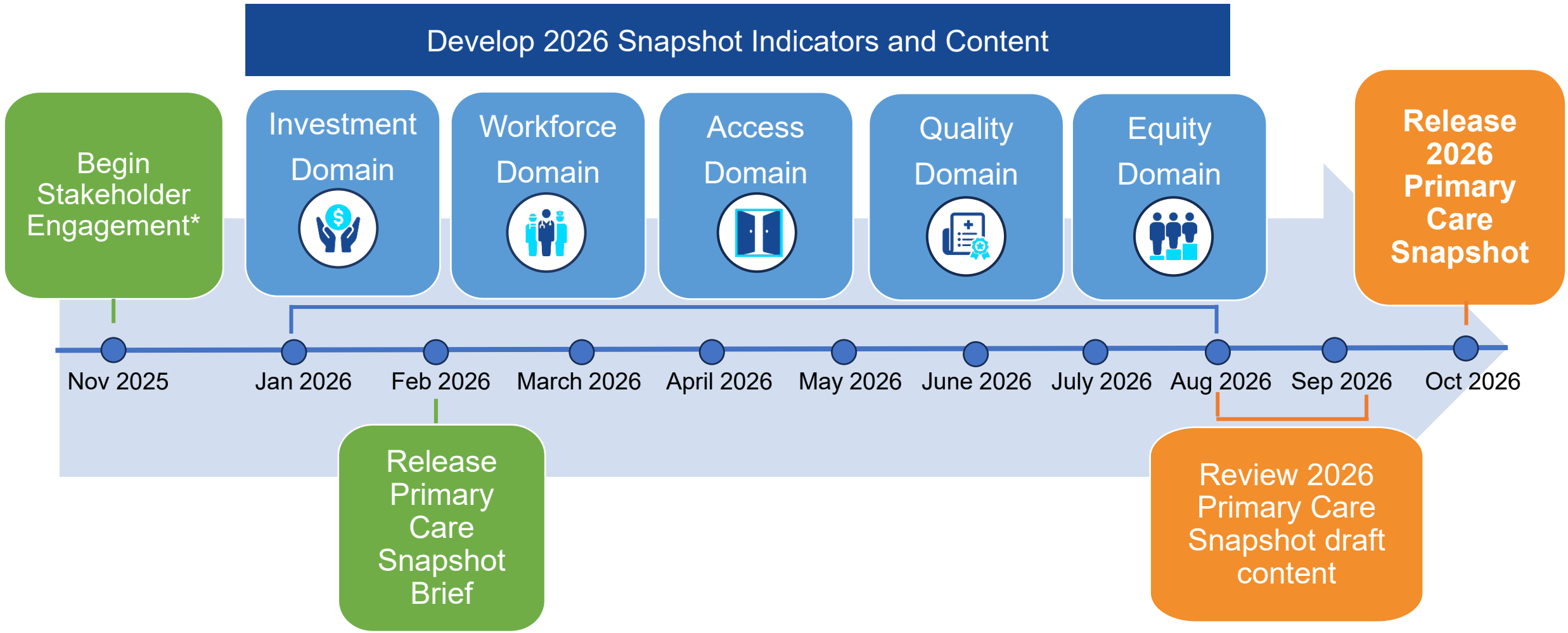
Senior Policy Director, California Pan-Ethnic Health Network (CPEHN)

Primary Care Spending and APM Adoption Data Collection and Reporting Timeline



2026 Primary Care Snapshot Timeline



For more information on the HCAI Primary Care Snapshot Workgroup: https://hcai.ca.gov/affordability/ohca/promote-high-value-system-performance/hcai-primary-care-snapshot-workgroup/

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Update on Behavioral Health Spending Analyses and Benchmark Setting

Debbie Lindes, Health Care Delivery System Group Manager

Key Decisions for Setting a Behavioral Health Benchmark

Key Decisions for Benchmark Focus	Key Decisions for Benchmark Structure
1. Should the benchmark be the same across markets or tailored for each? 2. Should the benchmark focus only on certain behavioral health service subcategories (e.g., outpatient)? 3. Should the benchmark focus only on a specific diagnosis category (mental health or substance use disorder)? 4. Should the benchmark focus only on a specific population or age band (e.g., children/youth)? 5. Should the benchmark focus on in-network behavioral health spending?	1. Should the benchmark be a percentage of total medical expenses or a per member, per month amount? 2. Should the benchmark focus on incremental or long-term improvement, or some combination? 3. What should the timeline be for achieving the benchmark?

Recap: 2025 Benchmark Proposal and Decision

2025 Benchmark Proposal

- In 2025, OHCA considered a benchmark that would require each payer to increase per-member, per-month spending on in-network outpatient and community-based behavioral health care by a set percentage for the performance years (PY) 2026-2029.
  - The baseline would have been the individual payer's spending in PY 2025, by line of business (commercial, Medicare Advantage).
- Informed by a 2029 assessment of 2027 data, OHCA would have updated the benchmark for the next five years (2030-2034).
  - OHCA considered including a long-term spending benchmark across all payers for 2034, aligned with the timeframe for primary care investment and alternative payment method adoption benchmarks.
  - OHCA also planned to incorporate benchmarks for Medi-Cal.

2025 Benchmark Decision

- Delay benchmark until analyses provide a better understanding of behavioral health spending.
- Revisit readiness to set a benchmark in 2026.

Healthcare Payments Data Program (HPD) Behavioral Health Analysis Updates

Commercial and Medicare Advantage

- *Completed*:
  - Behavioral health spending as a share of total claims spending and by plan within markets
  - In- vs. out-of-network shares of behavioral health spending by market
  - Behavioral health spending by age band by market
  - Spending on Applied Behavior Analysis (ABA) services
- *Ongoing*:
  - Variation by geography
  - Spending on claims without a primary behavioral health diagnosis

Medi-Cal

- OHCA is working with DHCS to identify and analyze non-managed care plan Medi-Cal behavioral health spending, including for specialty mental health and substance use disorder services.
- DHCS advised that Medi-Cal Managed Care Plan (MCP) data in the HPD should only be used for utilization analyses and not spending analyses.

HPD Data Analysis – Approach and Limitations

- Analysis reflects spending from claims. Spending via capitation arrangements is not included.
- Analysis includes commercial and Medicare Advantage markets.
  - DHCS advised that Medi-Cal Managed Care Plan (MCP) spending data should be analyzed via OHCA payer submissions.
- Data was grouped by diagnosis category (i.e., mental health and substance use disorder) and service subcategory.*
- The HPD team continues to work with submitters to improve data quality. Health plans with known issues are excluded.
- Analyses of individual plan spending were limited to plans meeting a set of inclusion criteria, to ensure results provide a full picture of claims spending on behalf of members (see appendix).
- Results presented today are preliminary.
- Data presented is a sub-set (2018, 2021, 2024) of the years of data analyzed (2018-2024).**

*Service subcategories included on the next slide.
**2018-2024 data for some analyses is available in the appendix.

Behavioral Health Reporting Categories

Reporting Categories	Service Subcategories
Outpatient/Community Based	Outpatient Professional Primary Care
	Outpatient Professional Non-Primary Care
	Outpatient Facility
Emergency Department	Emergency Department / Observation; Facility
	Emergency Department / Observation; Professional
Inpatient	Inpatient; Facility
	Inpatient; Professional
Residential	Residential Care
Other†	Other Behavioral Health Services
Pharmacy	Mental Health (MH) Prescription Drug Treatments Substance Use Disorder (SUD) Prescription Drug Treatments

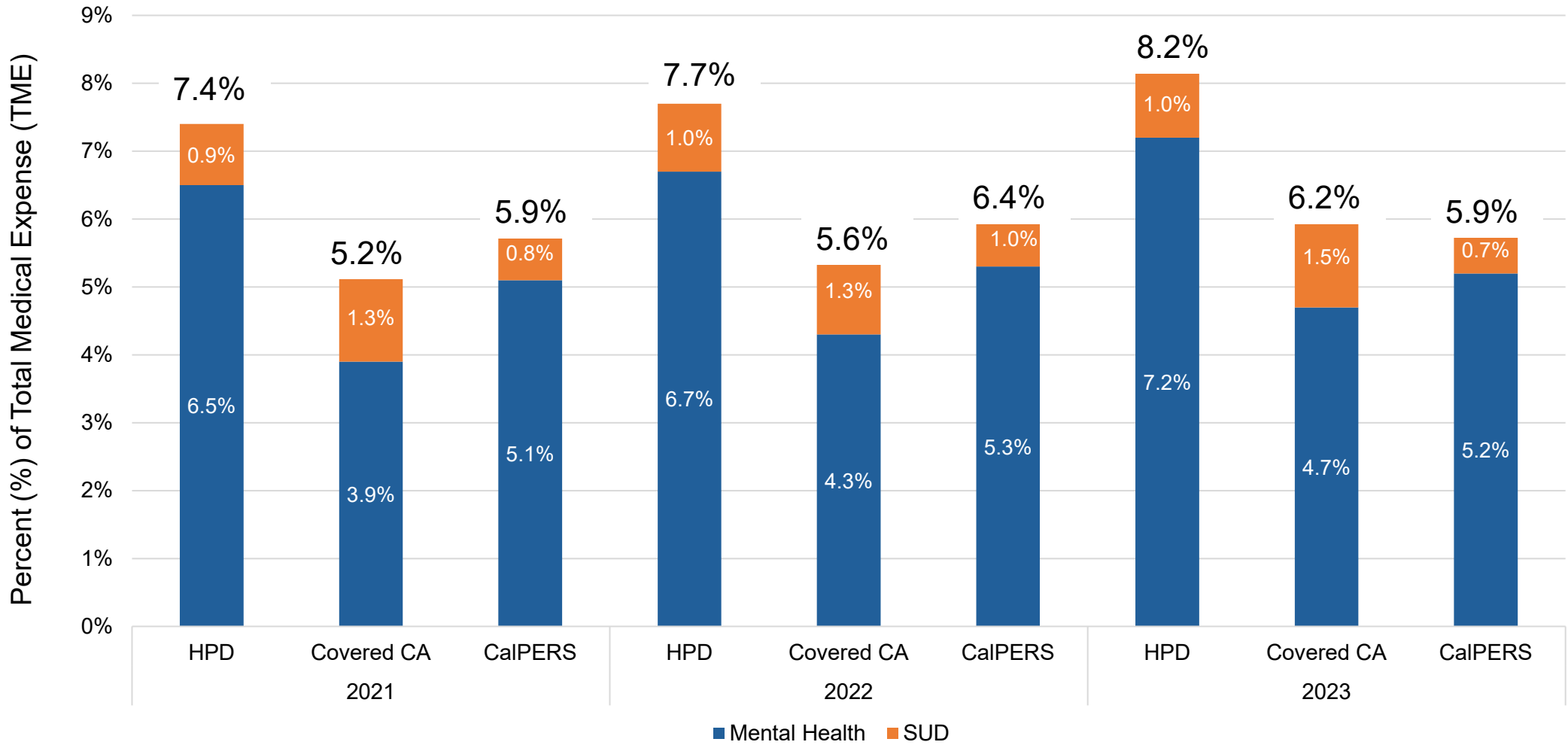
†All spending for claims with a primary behavioral health diagnosis is included (i.e., spending not in other subcategories goes to "Other").

Summary of Analytic Findings Informing Benchmark Focus and Structure

OHCA proposes delaying setting a benchmark until OHCA's behavioral health data collection can provide additional information on key decisions.

Key Decision	Preliminary Recommendation
Should benchmark be the same across markets or tailored to each?	Tailored to each
Should the benchmark focus only on certain behavioral health service subcategories?	Maybe
Should the benchmark focus only on specific diagnosis category?	Maybe
Should the benchmark focus only on a specific population or age band?	No
Should the benchmark focus on in-network behavioral health spending?	No
Should the benchmark be a percentage of total medical expenses or a PMPM amount?	Additional information needed
Incremental or long-term improvement, or some combination, benchmark?	Incremental
What should the timeline be for achieving the benchmark?	Additional information needed

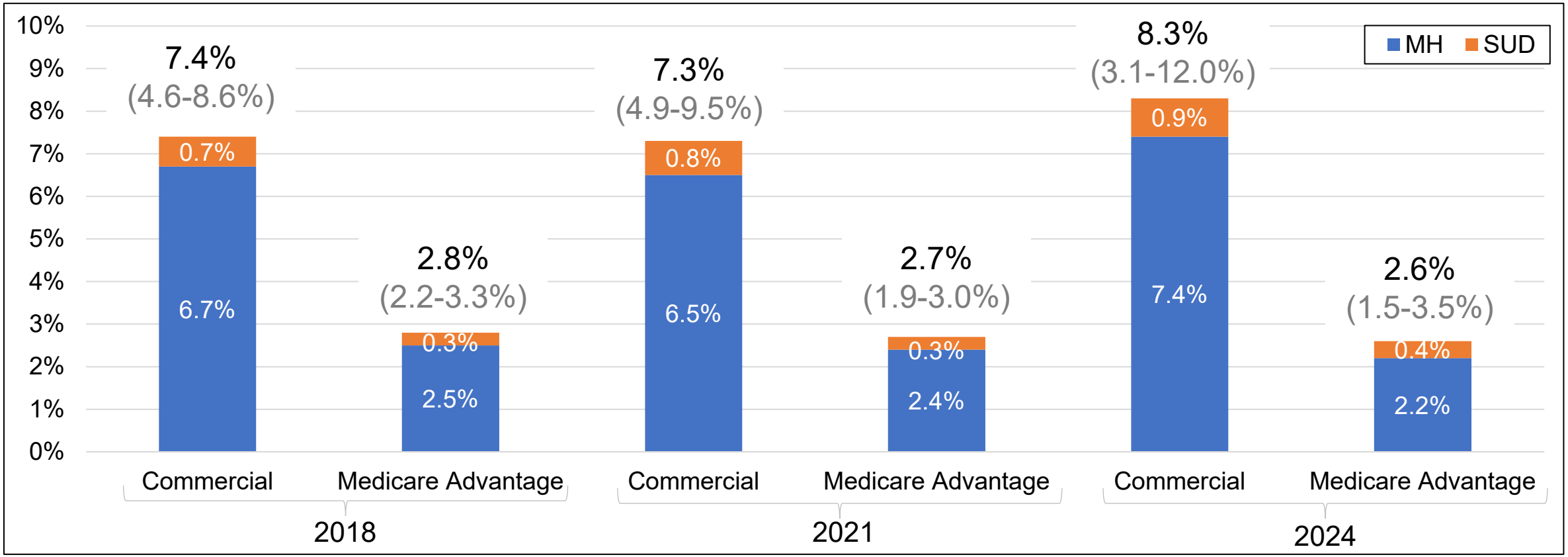
Preliminary BH Spending Comparison*: HPD Commercial, Covered CA, CalPERS 2021-2023



*Presented at the May 2025 Investment & Payment Workgroup meeting using Milbank-Freedman methodology. Results are consistent with the results when applying the the OHCA methodology.

Behavioral Health Spending as a Share of Total Claims Spending Varies by Market

Commercial behavioral health spending as a percent of total claims spending is approximately 8% in 2024 compared to under 3% in the Medicare Advantage market.



Key: Behavioral health as a share of total claims spending %
(Range of individual plan BH as a share of total claims spending %)

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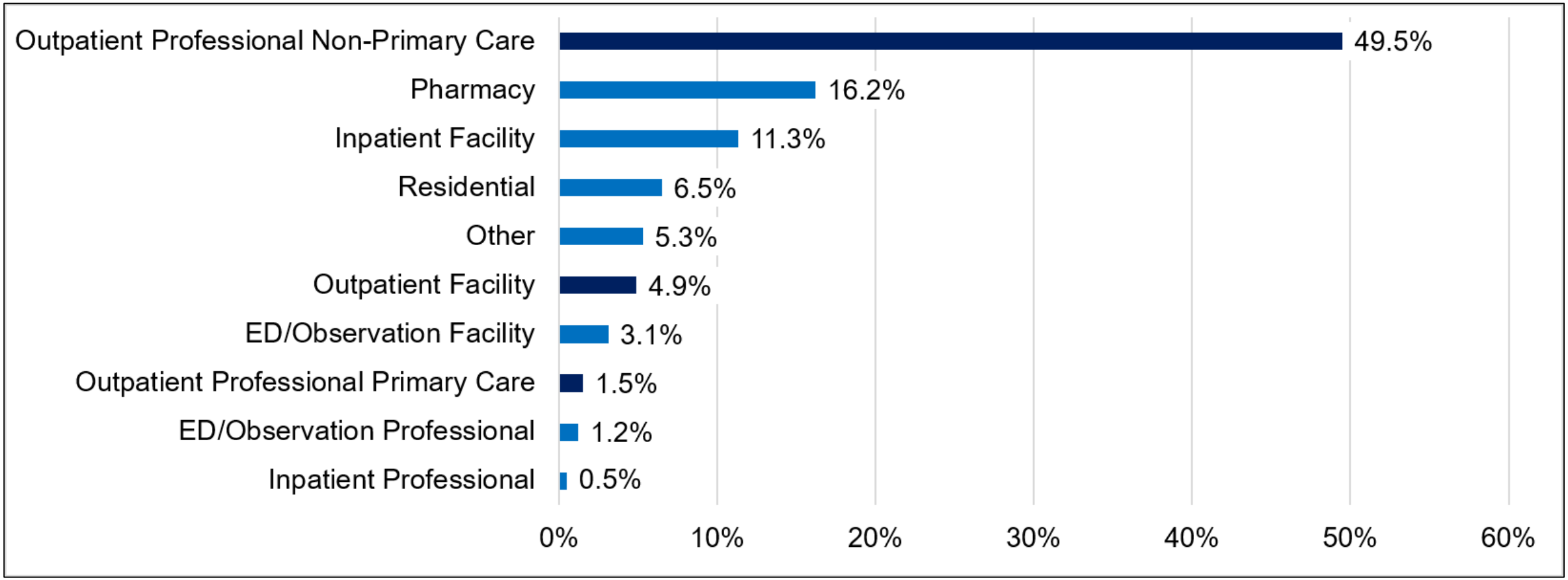
Key Benchmark Decision: Should the benchmark be the same across markets or tailored for each?

Analysis Recap	Benchmark Implication
Behavioral health spending as a percent of total claims spending is much higher in the commercial market compared to Medicare Advantage (~8% vs. ~3% in 2024) • Commercial plans also showed greater variation compared to Medicare Advantage plans (~3-12% vs. ~2-4% in 2024)	Differences in baseline behavioral health spending across markets suggest that OHCA should develop market-specific benchmarks.

Behavioral Health Claims Spending in the Commercial Market by Service Subcategory, 2024



= Subcategories included in the benchmark proposed in 2025.

Claims Spending in Behavioral Health Outpatient Service Subcategories Varies by Plan

Outpatient Professional Non-Primary Care spending makes up between 14% and 57% of a plan's total behavioral health claims spending in the commercial market and between 2% and 29% of a plan's total behavioral health claims spending in the Medicare Advantage market.

Outpatient Professional Non-Primary Care Share of Total BH Claims Spending by Market
(Range of Individual Plan Shares)

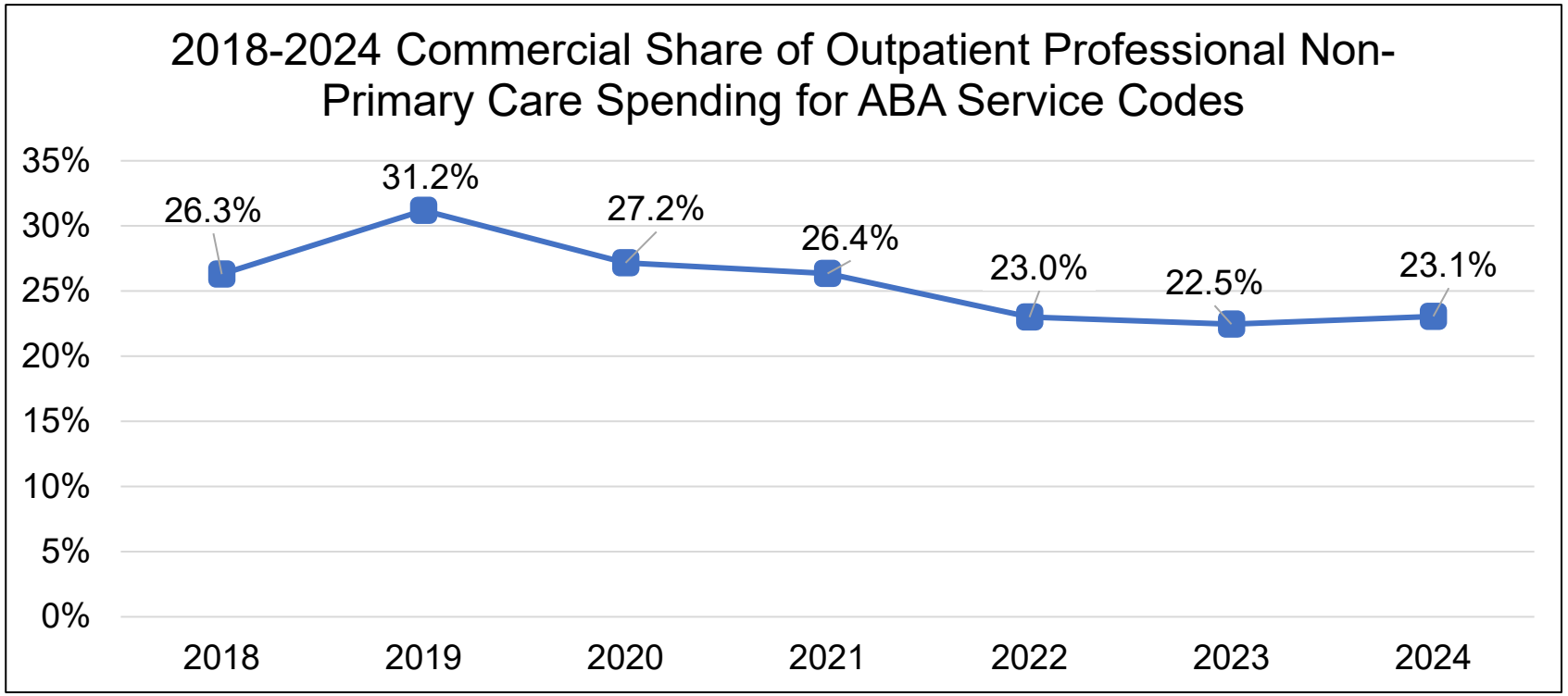
Market	2018	2021	2024
Commercial	32% (14 - 37%)	39% (28 - 48%)	50% (26 - 57%)
Medicare Advantage	4% (4 - 12%)	8% (7 - 25%)	19% (2 - 29%)

Note: The Outpatient category includes care settings like offices, telehealth, home, partial hospitalization, and community mental health centers.

Applied Behavior Analysis (ABA) Services as a Share of Commercial Outpatient Professional Non-PC Claims Spending

Almost a quarter of 2024 commercial outpatient professional non-primary care behavioral health claims spending was for applied behavior analysis (ABA) services.

2024 ABA Services Commercial BH Spending	
Share of total BH claims spending	~12%
Share of total claims spending	~1%



Note: In the Medicare Advantage market, less than 1% of Outpatient Professional Non-Primary Care behavioral health spending and ~0.2% of total behavioral health spending was for ABA services in 2024.

Key Benchmark Decision: Should the benchmark focus only on certain behavioral health service subcategories?

Analysis Recap	Benchmark Implication

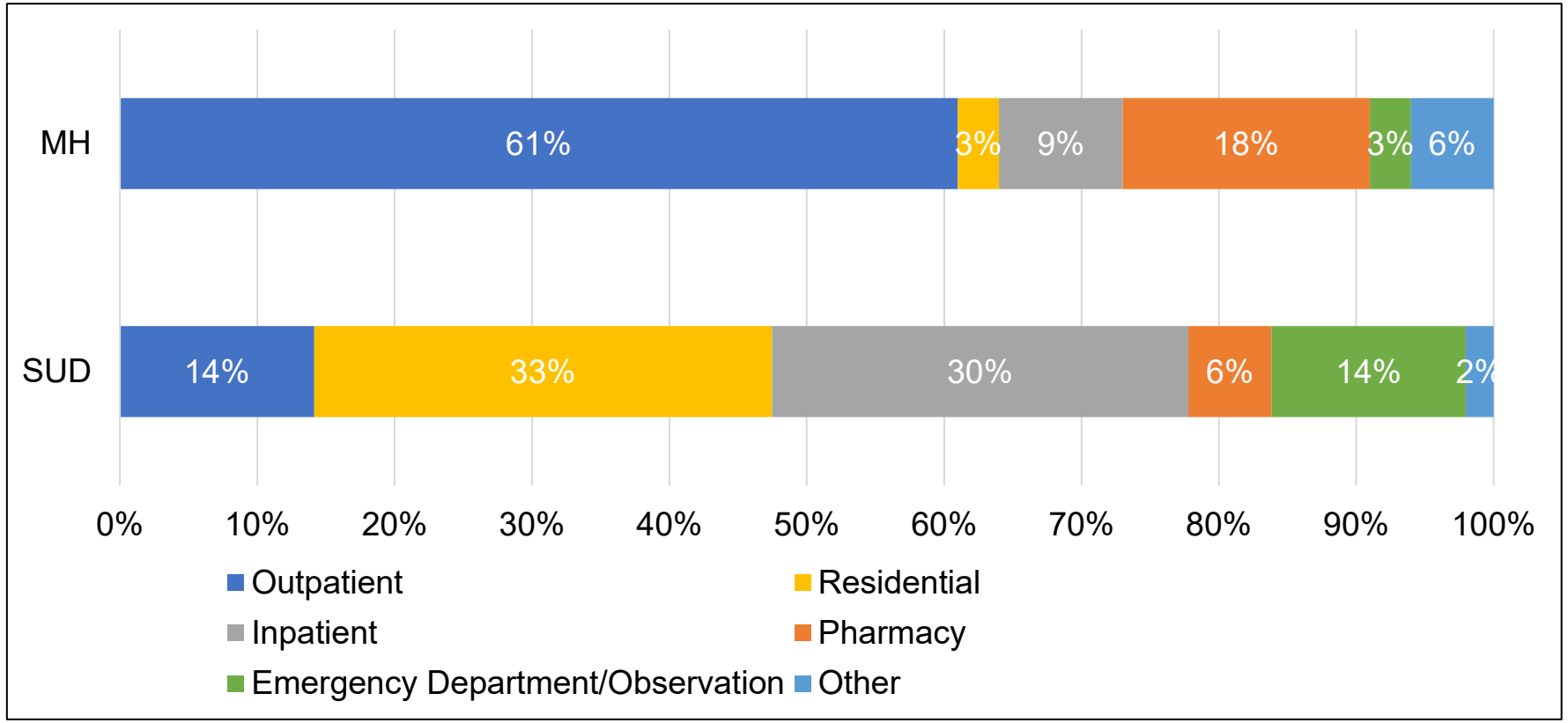
• Spending on outpatient services as a percent of total behavioral health claims spending varied greatly by plan – even within the same market.
  ○ Commercial (2024): 26-57%
  ○ Medicare Advantage (2024): 2-29%
• Almost one quarter of commercial outpatient professional non-primary care spending is on applied behavior analysis (ABA) services.
	• A subcategory-focused benchmark would need to be incremental because of wide variation in subcategory spending across plans within a market.
	• An outpatient-focused benchmark would be heavily influenced by ABA spending.

OHCA's upcoming behavioral health data collection will provide more information on differences in service subcategory spending by market and plans.

Distribution of Commercial MH vs. SUD Claims Spending by Subcategory, 2024

For mental health, the majority of claims spending was for outpatient services.

For substance use disorders, the majority of claims spending was for residential and inpatient services.

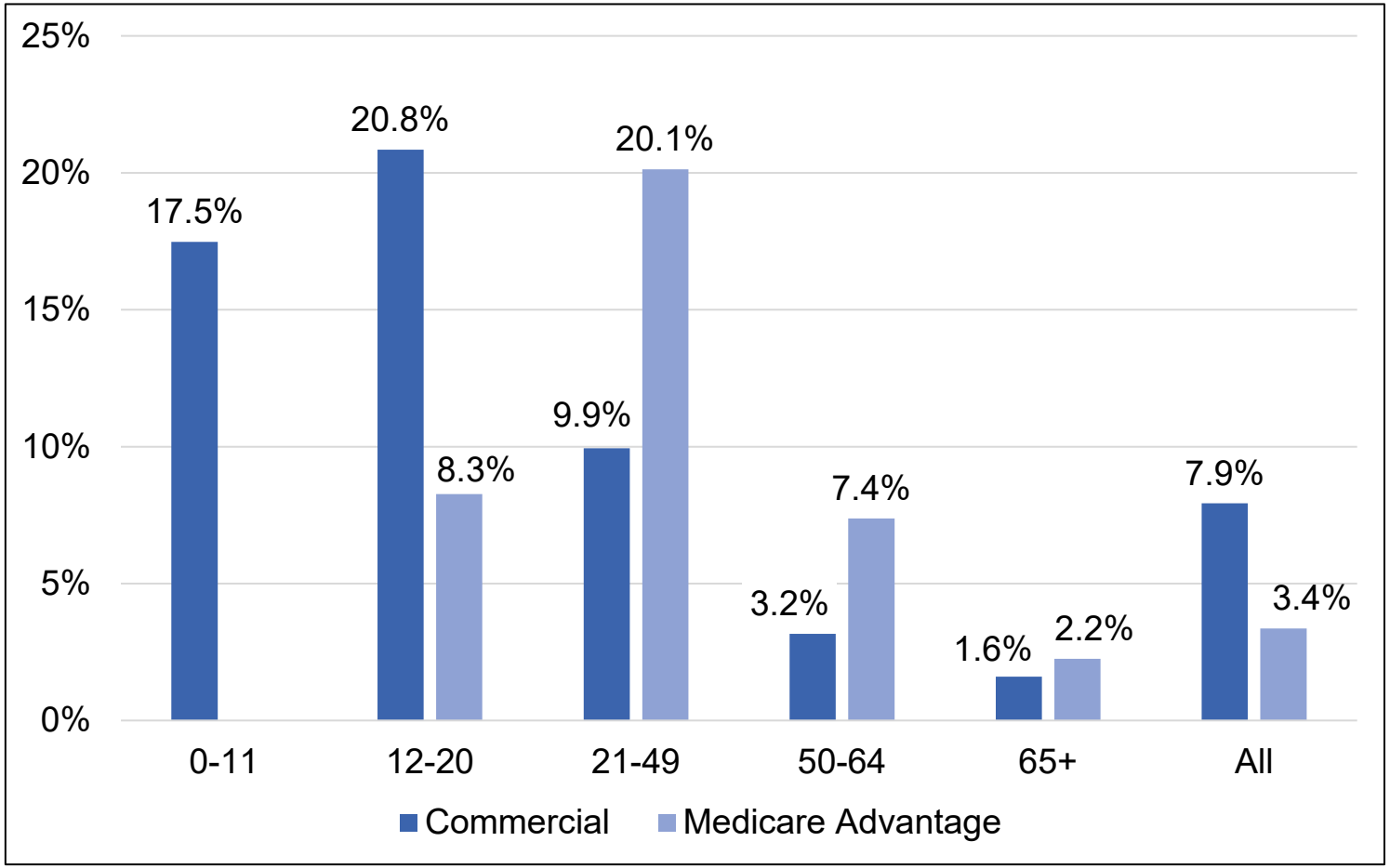


Key Benchmark Decision: Should the benchmark focus only on a specific diagnosis category?

Analysis Recap	Benchmark Implication
The distribution of behavioral health claims spending varies by diagnosis category (i.e., mental health and substance use disorder). • For example, spending on residential services is a much greater share of substance use disorder claims spending than mental health (33% vs. 3% for commercial in 2024).	A benchmark focused on a specific diagnosis category could advance a related policy priority (e.g., move more SUD spending to outpatient care).

2024 Behavioral Health Spending as a Share of Total Claims Spending by Age Band and Market

Behavioral health spending is a higher share of total claims spending for younger age bands, most likely due to higher total claims spending for the older age bands.



Note: 99.9% of 12-20, 91.2% of 21-49, 73.5% of 50-64, and 7.0% of 65+ age band's behavioral health spending included in this analysis was in the commercial market.

Key Benchmark Decision: Should the benchmark focus only on a specific population or age band?

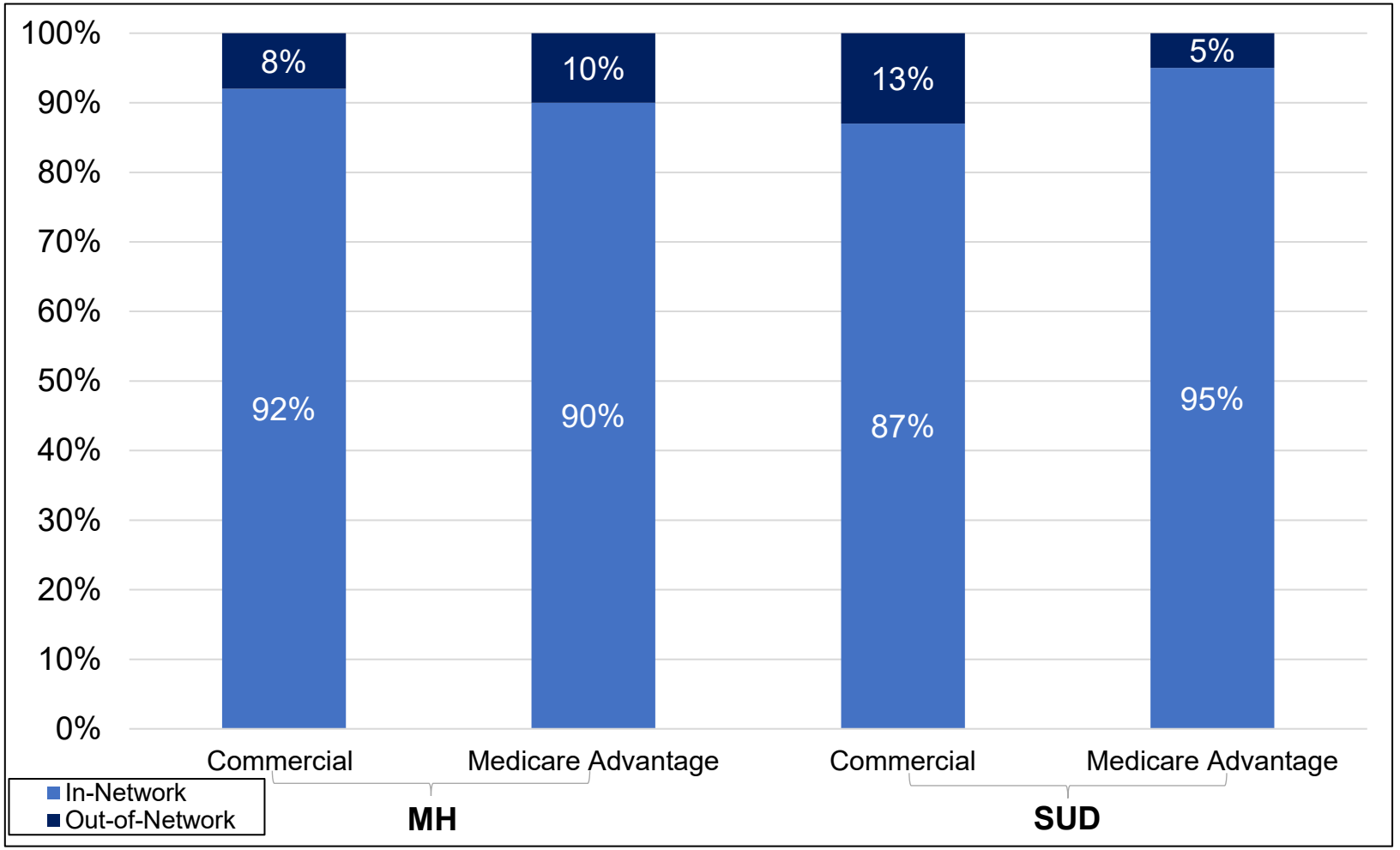
Analysis Recap	Benchmark Implication
• Behavioral health spending as a percent of total claims spending is higher for the younger age bands (~21% for 12-20 vs. ~2% for 65+). • Distribution of spending across service subcategories varies by age band. ○ Over three quarters of 0-11 behavioral health claims spending was for outpatient services* compared to just under half of 12-20 behavioral health claims spending in 2024.	These findings, along with lack of available evidence on the "right" level of investment by age band, suggest that the benchmark should not vary by age band/population.

*Outpatient services include both outpatient facility and outpatient professional services

2024 In-Network Shares of Mental Health (MH) vs. Substance Use Disorder (SUD) Claims Spending by Market

The commercial and Medicare Advantage markets had similar levels of out-of-network mental health (MH) claims spending.

There was more out-of-network substance use disorder (SUD) claims spending in the commercial market compared to the Medicare Advantage market.



Key Benchmark Decision: Should the benchmark focus on in-network behavioral health spending?

Analysis Recap	Benchmark Implication
• Analysis does not capture out-of-plan spending, which is more common for behavioral health than other services.[1] • The share of in-network behavioral health claims spending was about the same for commercial and Medicare Advantage in 2024 (91.2% vs. 90.9%). ○ A lower share of commercial substance use disorder claims spending was in-network compared to Medicare Advantage (87% vs. 95%).	Without information on out-of-plan spending, a benchmark focused on in- vs. out-of-network spending cannot track changes in access to covered behavioral health care and consumer out-of-pocket spending.

1. RTI International, April 2024. Behavioral Health Parity- Pervasive Disparities in Access to In-Network Care Continue. https://www.rti.org/publication/behavioral-health-parity-pervasive-disparities-access-network-care-continue/fulltext.pdf

Key Benchmark Structure Decisions

Structure Decisions	Analysis Recap	Benchmark Implications
• Should the benchmark be a percentage of total medical expenses or a per member, per month amount? • Should the benchmark focus on incremental or long-term improvement, or some combination? • What should the timeline be for achieving the benchmark?	• There is wide variation in current behavioral health spending as a percent of total claims spending for plans in the commercial and Medicare Advantage markets. • Plan behavioral health spending as a percent of total claims spending varies each year in both markets.	• Given variation in plan spending and without an understanding of the "right" level of spending, OHCA does not have enough information to set a long-term benchmark. • OHCA's data collection will inform key decisions for benchmark structure.

Summary of Analytic Findings Informing Benchmark Focus and Structure

OHCA proposes delaying setting a benchmark until OHCA's behavioral health data collection can provide additional information on key decisions.

Key Decision	Preliminary Recommendation
Should benchmark be the same across markets or tailored to each?	Tailored to each
Should the benchmark focus only on certain behavioral health service subcategories?	Maybe
Should the benchmark focus only on specific diagnosis category?	Maybe
Should the benchmark focus only on a specific population or age band?	No
Should the benchmark focus on in-network behavioral health spending?	No
Should the benchmark be a percentage of total medical expenses or a PMPM amount?	Additional information needed
Incremental or long-term improvement, or some combination, benchmark?	Incremental
What should the timeline be for achieving the benchmark?	Additional information needed

Discussion

1. Do members have questions or feedback on the connections between analytic findings and their implications for benchmark focus and structure?
2. Do members have feedback on the proposal to delay setting a benchmark until OHCA's behavioral health data collection can provide additional information?
   - OHCA will collect 2024-2025 behavioral health spending data in fall 2026 and report this data in summer 2027.

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Next Steps

Margareta Brandt, Assistant Deputy Director

Next Steps

- Next meeting: October 21st, 2026
- Upcoming topics
  - Continued Discussion of Behavioral Health Spending Analyses and Investment Benchmark Implications
  - Primary Care and APM Adoption Report Findings

The October meeting is the last in this series for the Investment and Payment Workgroup. OHCA is considering extending this series into 2027 to continue behavioral health investment benchmark discussions.

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Adjournment

Margareta Brandt, Assistant Deputy Director

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Appendix

Applying Exclusions to Plan-level Analyses

- To set a behavioral health benchmark that applies across plans within a market and/or across markets, understanding inter-plan variation in levels of behavioral health spending, and in spending distribution across service subcategories, is necessary.
- Plan-level analyses conducted without exclusions showed extremely wide ranges of spending across plans and across spending subcategories.
  - Some plans carved out behavioral health and had no spending, others carved out pharmacy, etc.
- OHCA developed a set of inclusion criteria, to enable analysis limited to plans for which a full picture of claims spending on behalf of members is available.
  - OHCA believes that applying these criteria results in a more accurate picture of the true range of behavioral health spending as a share of total claims spending, to inform a benchmark for behavioral health spending.

Criteria for Inclusion in Analysis

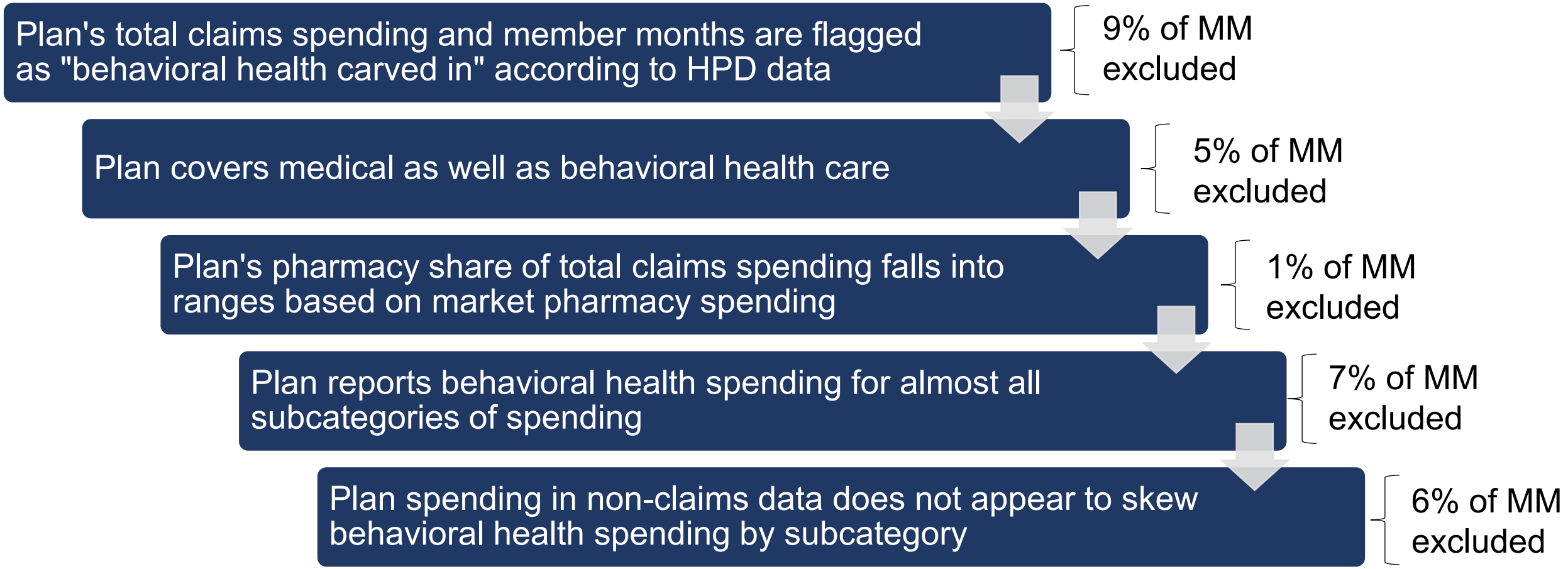
Plan-product combinations are included in the summary analysis if the:

- ✓ Plan's total claims spending and member months are flagged as "behavioral health carved in" according to the HPD.
- ✓ Plan covers medical as well as behavioral health care.
- ✓ Plan's pharmacy share of total claims spending falls into ranges based on market pharmacy spending in the upcoming 2026 OHCA Interim Report on total health care expenditures.
  - Commercial: Pharmacy share of total claims spending falls between 10% and 40%.
  - Medicare Advantage: Pharmacy share of total claims spending falls between 15% and 45%.
- ✓ Plan reports behavioral health spending for almost all subcategories of spending.
  - Plans missing two or more subcategories of spending, aside from Residential, are excluded.*
  - Plans missing pharmacy spending are excluded.
- ✓ Plan spending in non-claims does not appear to skew behavioral health spending by subcategory.

*Residential behavioral health is not required to be covered for Medicare Advantage plans

2024 Commercial Example: Impact of Applying Criteria for Inclusion

The flow chart shows the share of member months (MM) excluded after applying each criterion. Plan-specific commercial analyses include 72% of MM for 2024.



Percent of 2024 commercial MM excluded because of step

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Commercial Subcategory Share of Behavioral Health Spending

Subcategory	2018	2019	2020	2021	2022	2023	2024
ED/Obs Facility	4% (2-8%)	4% (2-6%)	3% (2-6%)	4% (2-8%)	4% (2-8%)	3% (2-5%)	3% (0-6%)
ED/Obs Professional	2% (0-2%)	2% (0-2%)	2% (0-2%)	2% (0-2%)	1% (0-2%)	1% (0-2%)	1% (0-3%)
Inpatient Facility	18% (6-28%)	17% (5-34%)	17% (6-21%)	16% (3-23%)	14% (2-20%)	12% (3-20%)	11% (0-17%)
Inpatient Professional	1% (1-1%)	1% (1-1%)	1% (0-1%)	1% (0 -1%)	1% (0-1%)	1% (0-1%)	1% (0-1%)
Other	8% (3-14%)	5% (1-8%)	5% (1-11%)	5% (1-19%)	5% (2-22%)	6% (1-22%)	5% (1-10%)
Outpatient Facility	5% (2-17%)	5% (2-16%)	5% (2-13%)	6% (3-13%)	6% (0-12%)	6% (0-11%)	5% (3-12%)
Outpatient Professional Non-Primary Care	32% (14-37%)	37% (29- 44%)	39% (34-48%)	39% (28-48%)	41% (31-50%)	45% (33-53%)	50% (26-57%)
Outpatient Professional Primary Care	1% (0-4%)	1% (0-5%)	1% (0-4%)	1% (0-5%)	1% (0-5%)	1% (0-5%)	2% (0-7%)
Residential	4% (0-6%)	6% (0-11%)	7% (0-13%)	6% (0-14%)	7% (0-15%)	7% (0-14%)	7% (0-12%)
Pharmacy	26% (15-39%)	24% (11-37 %)	21% (19-31%)	20% (10-30%)	19% (14-27%)	18% (14-27%)	16% (9-36%)

Key: Subcategory Share of Total Market BH Spending (Range of individual plan subcategory share of spending)

Commercial Subcategory Mental Health Spending as a % of Total BH Claims Spending

MH Subcategory	2018	2019	2020	2021	2022	2023	2024
ED/Obs Facility	3% (2-7%)	2% (2-4%)	2% (2-4%)	2% (2-5%)	2% (2-4%)	2% (1-4%)	2% (0-4%)
ED/Obs Professional	1% (0-2%)	1% (0-2%)	1% (0-2%)	1% (0-2%)	1% (0-2%)	1% (0-1%)	1% (0-3%)
Inpatient Facility	14% (0-19%)	14% (5-23%)	13% (6-17%)	12% (2-17%)	11% (1-15%)	9% (2-12%)	8% (0-12%)
Inpatient Professional	1% (1-1%)	1% (1-1%)	1% (0-1%)	1% (0-1%)	1% (0-1%)	1% (0-1%)	0% (0-1%)
Other	7% (3-14%)	5% (1-8%)	5% (1-9%)	5% (1-15%)	5% (2-18%)	5% (1-18%)	5% (1-9%)
Outpatient Facility	4% (2-8%)	4% (2-9%)	4% (2-10%)	5% (2-11%)	5% (0-10%)	5% (0-9%)	4% (2-9%)
Outpatient Professional Non-Primary Care	32% (14-38%)	36% (28-43%)	38% (33-48%)	39% (27-48%)	40% (30-50%)	45% (32-53%)	49% (25-57%)
Outpatient Professional Primary Care	1% (0-5%)	1% (0-4%)	1% (0-4%)	1% (0-4%)	1% (0-4%)	1% (0-5%)	1% (0-6%)
Residential	2% (0-4%)	3% (0-6%)	3% (0-7%)	3% (0-7%)	4% (0-8%)	4% (0-7%)	3% (0-9%)
Pharmacy	26% (14-39%)	23% (11-37%)	20% (18-31%)	19% (9-29%)	18% (13-28%)	17% (13-27%)	15% (9-35%)
Total MH Spending as a % of BH	90% (72-100%)	90% (80-100%)	89% (82-100%)	88% (85-100%)	88% (84-100%)	89% (82-100%)	89% (84-100%)

Key: Subcategory Share of Total Market BH Spending (Range of individual plan subcategory share of spending)

Commercial Subcategory Substance Use Disorder Spending as a % of Total BH Claims Spending

SUD Subcategory	2018	2019	2020	2021	2022	2023	2024
ED/Obs Facility	1% (0-3%)	1% (0-2%)	1% (0-2%)	1% (0-3%)	1% (0-3%)	1% (0-2%)	1% (0-2%)
ED/Obs Professional	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)
Inpatient Facility	4% (0-14%)	4% (0-11%)	4% (0-10%)	4% (0-9%)	4% (0-8%)	3% (0-8%)	3% (0-7%)
Inpatient Professional	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)
Other	0% (0-1%)	0% (0-1%)	0% (0-2%)	0% (0-4%)	0% (0-5%)	0% (0-4%)	0% (0-1%)
Outpatient Facility	1% (0-10%)	1% (0-7%)	1% (0-6%)	1% (0-7%)	1% (0-4%)	1% (0-4%)	1% (0-5%)
Outpatient Professional Non-Primary Care	0% (0-2%)	0% (0-1%)	0% (0-1%)	1% (0-1%)	1% (0-3%)	1% (0-1%)	1% (0-1%)
Outpatient Professional Primary Care	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-1%)
Residential	1% (0-4%)	3% (0-5%)	4% (0-7%)	3% (0-7%)	4% (0-8%)	4% (0-7%)	3% (0-7%)
Pharmacy	1% (0-2%)	1% (0-2%)	1% (0-1%)	1% (0-1%)	1% (0-1%)	1% (0-1%)	1% (0-2%)
Total SUD Spending as a % of BH	10% (0-28%)	10% (0-20%)	11% (0-18%)	12% (0-15%)	12% (0-16%)	11% (0-18%)	11% (0-17%)

Key: Subcategory Share of Total Market BH Spending (Range of individual plan subcategory share of spending)

Medicare Advantage Subcategory Share of Behavioral Health Spending

Subcategory	2018	2019	2020	2021	2022	2023	2024
ED/Obs Facility	2% (1-3%)	2% (0-5%)	1% (1-4%)	2% (1-6%)	2% (0-3%)	1% (0-4%)	2% (0-5%)
ED/Obs Professional	0% (0-4%)	1% (0-4%)	1% (0-3%)	1% (0-3%)	1% (0-2%)	1% (0-2%)	1% (0-3%)
Inpatient Facility	35% (0-37%)	33% (9-37%)	34% (25-37%)	32% (0-36%)	30% (15-36%)	28% (0-36%)	30% (17-36%)
Inpatient Professional	2% (1-4%)	2% (0-4%)	1% (1-3%)	2% (1-4%)	2% (1-2%)	2% (1-3%)	2% (1-5%)
Other	3% (2-13%)	3% (1-5%)	3% (2-11%)	4% (3-9%)	4% (2-5%)	3% (2-11%)	3% (1-8%)
Outpatient Facility	2% (0-4%)	2% (0-4%)	2% (0-6%)	2% (0-6%)	2% (1-5%)	2% (0-3%)	2% (1-11%)
Outpatient Professional Non-Primary Care	4% (4-12%)	5% (4-8%)	6% (4-13%)	8% (7-25%)	10% (8-14%)	14% (1-25%)	18% (2-29%)
Outpatient Professional Primary Care	0% (0-6%)	0% (0-1%)	0% (0-5%)	1% (0-9%)	1% (0-4%)	1% (0-5%)	1% (0-6%)
Residential	3% (0-5%)	5% (0-9%)	8% (0-12%)	6% (0-12%)	9% (0-16%)	9% (0-16%)	10% (0-16%)
Pharmacy	49% (48-62%)	47% (41-79%)	43% (29-56%)	43% (40-57%)	39% (35-58%)	38% (31-57%)	32% (18-60%)

Key: Subcategory Share of Total Market BH Spending (Range of individual plan subcategory share of spending)

Medicare Advantage Subcategory Mental Health Spending as a % of Total BH Claims Spending

MH Subcategory	2018	2019	2020	2021	2022	2023	2024
ED/Obs Facility	1% (1-3%)	1% (0-3%)	1% (1-3%)	1% (1-6%)	1% (1-2%)	1% (0-4%)	1% (0-3%)
ED/Obs Professional	0% (0-4%)	1% (0-3%)	1% (0-3%)	1% (0-3%)	1% (0-2%)	1% (0-2%)	1% (0-4%)
Inpatient Facility	30% (0-31%)	28% (6-32%)	29% (22-31%)	27% (0-35%)	25% (12-30%)	24% (0-32%)	25% (17-33%)
Inpatient Professional	2% (1-4%)	2% (0-4%)	1% (1-3%)	2% (1-4%)	2% (1-2%)	2% (1-3%)	2% (1-5%)
Other	3% (2-13%)	3% (1-5%)	3% (2-11%)	3% (3-9%)	3% (2-5%)	3% (2-11%)	3% (1-7%)
Outpatient Facility	2% (0-4%)	2% (0-4%)	2% (0-6%)	2% (0-6%)	2% (0-5%)	2% (0-3%)	2% (0-11%)
Outpatient Professional Non-Primary Care	4% (3-12%)	5% (4-8%)	5% (4-13%)	7% (6-25%)	9% (8-13%)	13% (1-24%)	17% (2-28%)
Outpatient Professional Primary Care	0% (0-6%)	0% (0-1%)	0% (0-5%)	0% (0-8%)	1% (0-4%)	1% (0-5%)	0% (0-6%)
Residential	2% (0-4%)	3% (0-6%)	5% (0-8%)	3% (0-7%)	5% (0-10%)	5% (0-9%)	5% (0-9%)
Pharmacy	47% (46-60%)	45% (39-75%)	41% (25-53%)	41% (38-53%)	38% (34-55%)	36% (28-55%)	30% (16-56%)
Total MH Spending as a % of BH	91% (90-97%)	90% (88-96%)	88% (88-97%)	88% (87-97%)	87% (85-97%)	87% (85-97%)	86% (84-97%)

Key: Subcategory Share of Total Market BH Spending (Range of individual plan subcategory share of spending)

Medicare Advantage Subcategory Substance Use Disorder Spending as a % of Total BH Claims Spending

SUD Subcategory	2018	2019	2020	2021	2022	2023	2024
ED/Obs Facility	1% (0-1%)	1% (0-2%)	0% (0-1%)	1% (0-1%)	0% (0-1%)	0% (0-1%)	1% (0-2%)
ED/Obs Professional	0% (0-0%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)
Inpatient Facility	6% (0-7%)	5% (0-6%)	5% (0-6%)	5% (0-6%)	5% (0-6%)	5% (0-7%)	4% (0-6%)
Inpatient Professional	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)
Other	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-1%)	0% (0-1%)	0% (0-1%)	0% (0-1%)
Outpatient Facility	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-0%)	0% (0-1%)	0% (0-1%)	0% (0-2%)
Outpatient Professional Non-Primary Care	0% (0-0%)	0% (0-0%)	0% (0-1%)	1% (0-2%)	1% (0-1%)	1% (0-2%)	1% (0-5%)
Outpatient Professional Primary Care	0% (0-1%)	0% (0-0%)	0% (0-0%)	0% (0-1%)	0% (0-0%)	0% (0-1%)	0% (0-1%)
Residential	1% (0-1%)	2% (0-3%)	3% (0-4%)	3% (0-5%)	4% (0-7%)	4% (0-7%)	4% (0-7%)
Pharmacy	1% (1-2%)	2% (1-4%)	2% (2-4%)	2% (2-4%)	2% (1-3%)	2% (2-3%)	2% (1-4%)
Total SUD Spending as a % of BH	9% (3-10%)	10% (4-12%)	12% (4-12%)	12% (3-13%)	13% (3-15%)	13% (3-15%)	14% (3-16%)

Key: Subcategory Share of Total Market BH Spending (Range of individual plan subcategory share of spending)