



# Spending And Use Among Maryland's Privately Insured Report (2018 – 2020)

**DRAFT**

COMMISSION MEETING MAY 19, 2022

SHANKAR MESTA | CHIEF, COST AND QUALITY

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS



# Background

- ▶ This report examines health care spending and utilization patterns for Maryland's privately-insured individual, small employer, and large employer markets.
- ▶ The analysis relies on 2018, 2019, and 2020 data from Maryland's Medical Care Database (MCDB), and all reports are limited to Maryland residents under 65 years of age who are enrolled in fully insured and self-insured non-ERISA health plans.
- ▶ The analysis excludes ERISA and FEHBP data resulting in a loss of about 44% (1.68 million ) of privately insured enrollees.
- ▶ Study conducted by HSCRC using the 2019 MCDB and Hospital Case-mix (hospital discharge) data showed that despite the exclusion of the self-insured ERISA and FEHB plans due to Federal decisions, the MCDB closely represents the larger Maryland privately insured population.



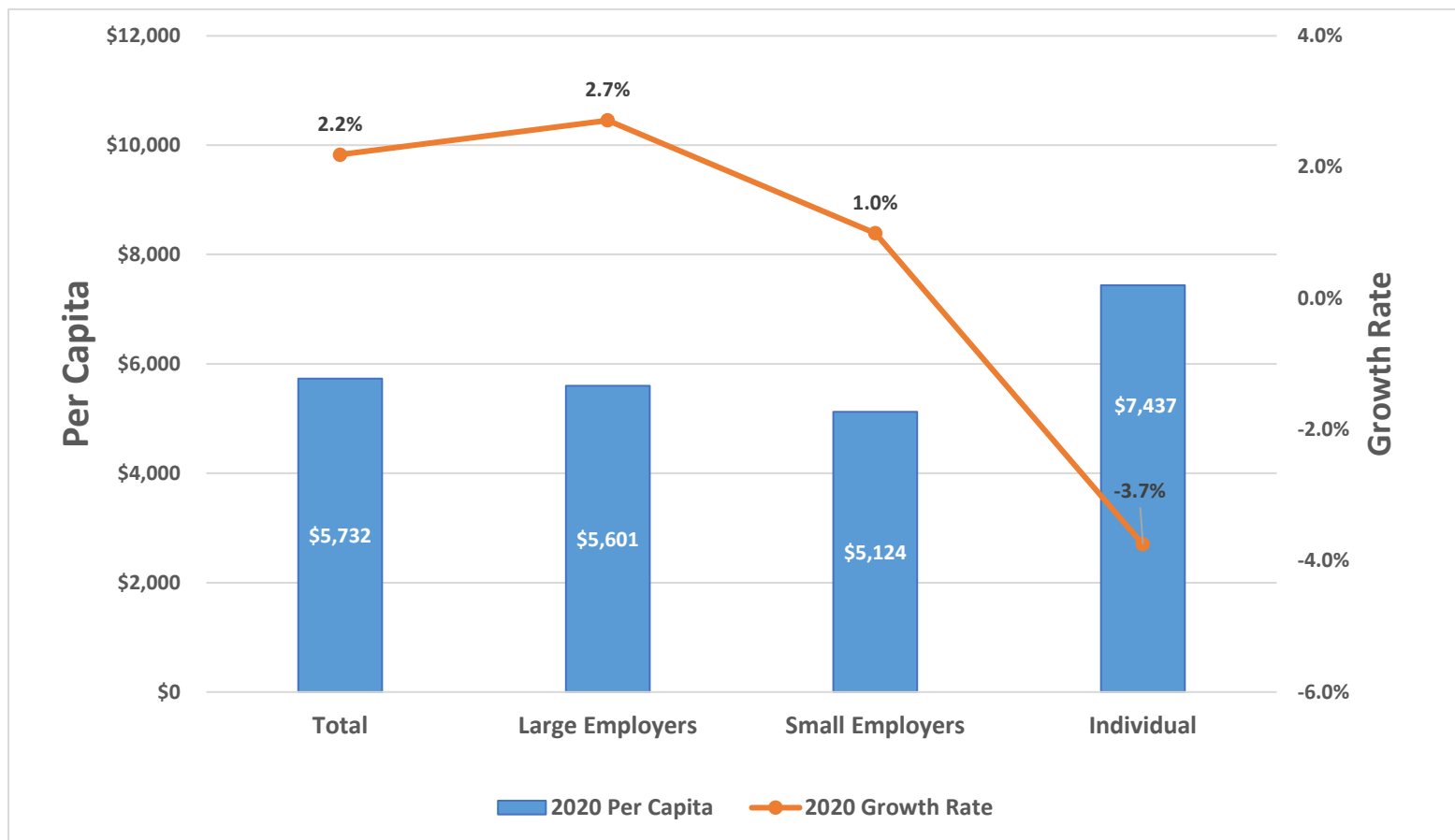
# Annual Spending And Growth Rate All Markets, 2020

**\$5,732\*** per capita,  
2020

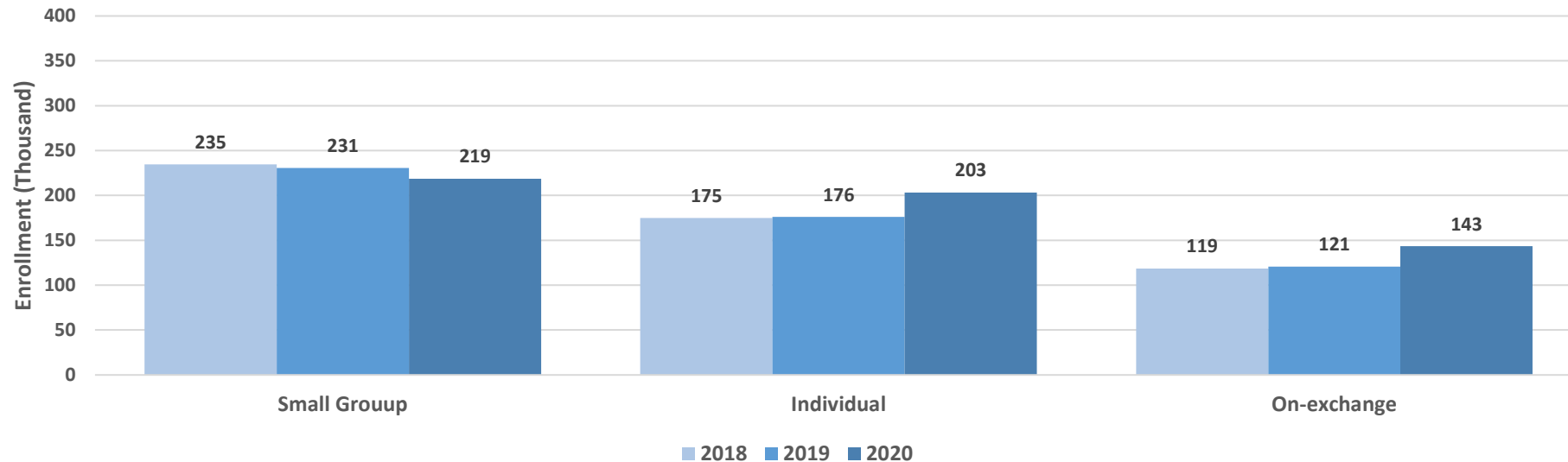
**2.2%** Growth rate per  
capita, 2020

National Health Expenditures (CMS) reported privately insured healthcare per capita spending of **\$5,759**, a decline of **2.6%** (excluding net cost of private health insurance (NCPHI), Medigap, and Dental) among the privately insured in 2020

*\*Excludes Kaiser, ERISA and FEHB data.*



# Enrollment Trend By Market Type, 2018-2020



## MCDB v. SHADAC Enrollment Comparison, 2019 V. 2020

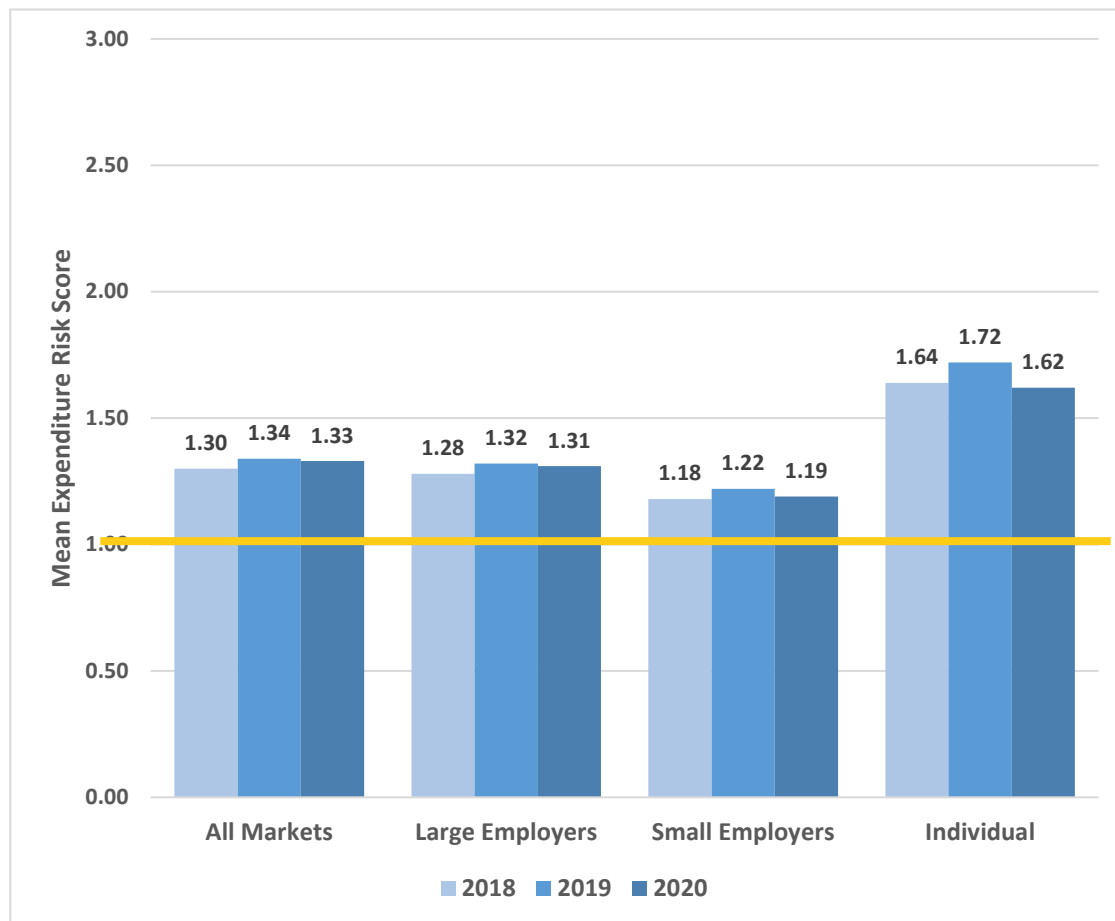
Privately Insured	2019	2020	%Δ
MCDB	1,347	1,347	0.0%
SHADAC-MD	3,762	3,837	2.0%
Uninsured-MD	351.7	257.1	-27%

(000 omitted)

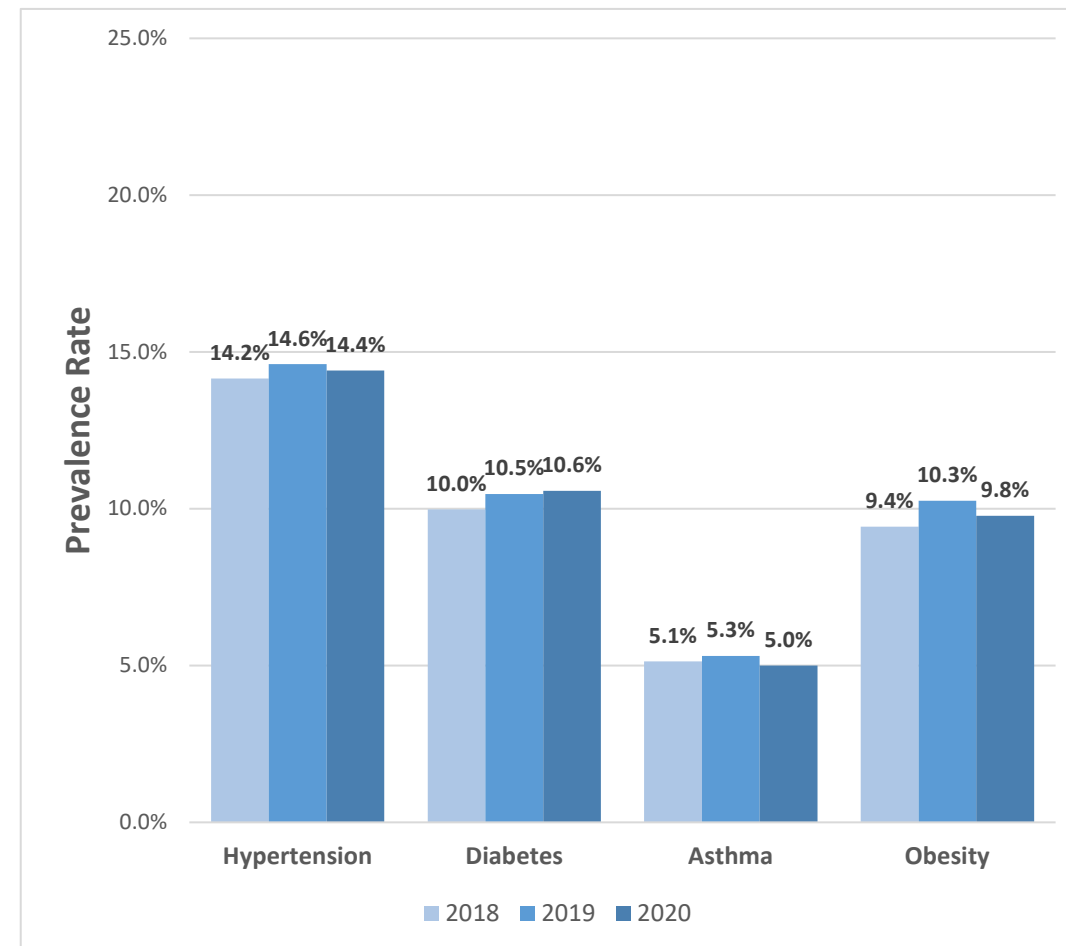
\* MCDB excludes ERISA and FEHB plans. Enrollment as of December 31<sup>st</sup>  
 State Health Access Data Assistance Center ([shadac.org](http://shadac.org))



## Average Illness Burden By Market Type, 2018-2020



## Select Chronic Conditions Prevalence 2018-2020

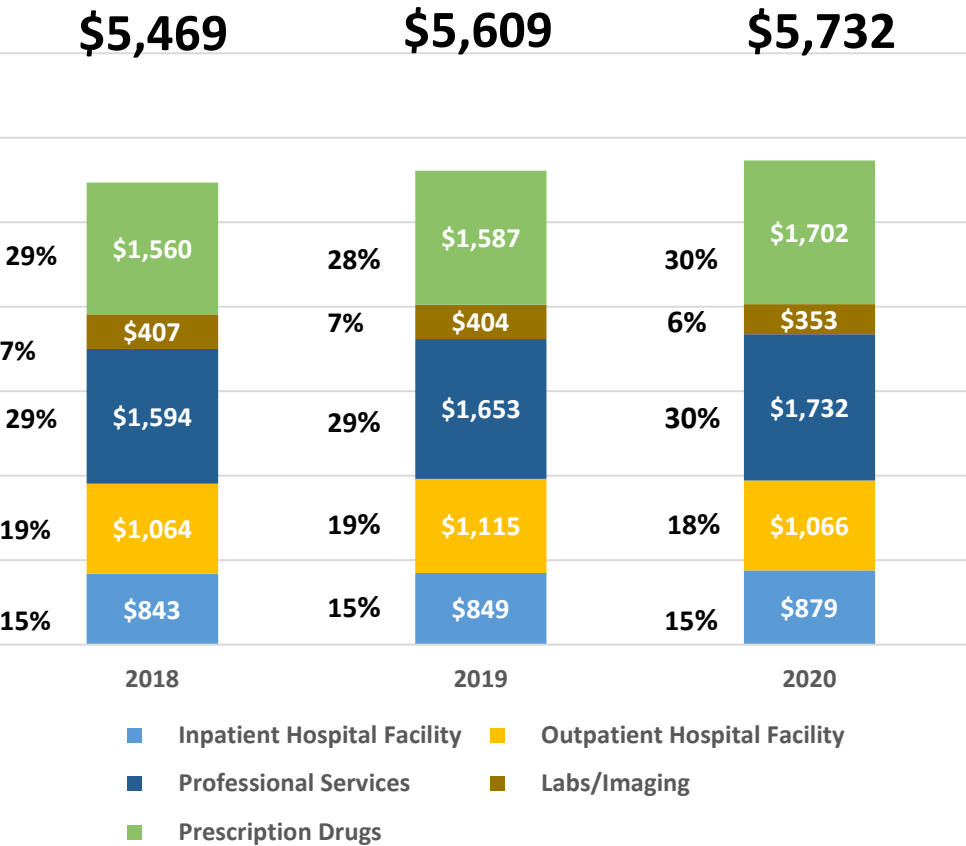


Excludes Kaiser data. Results generated using the Johns Hopkins ACG® System Version 12, All Rights Reserved

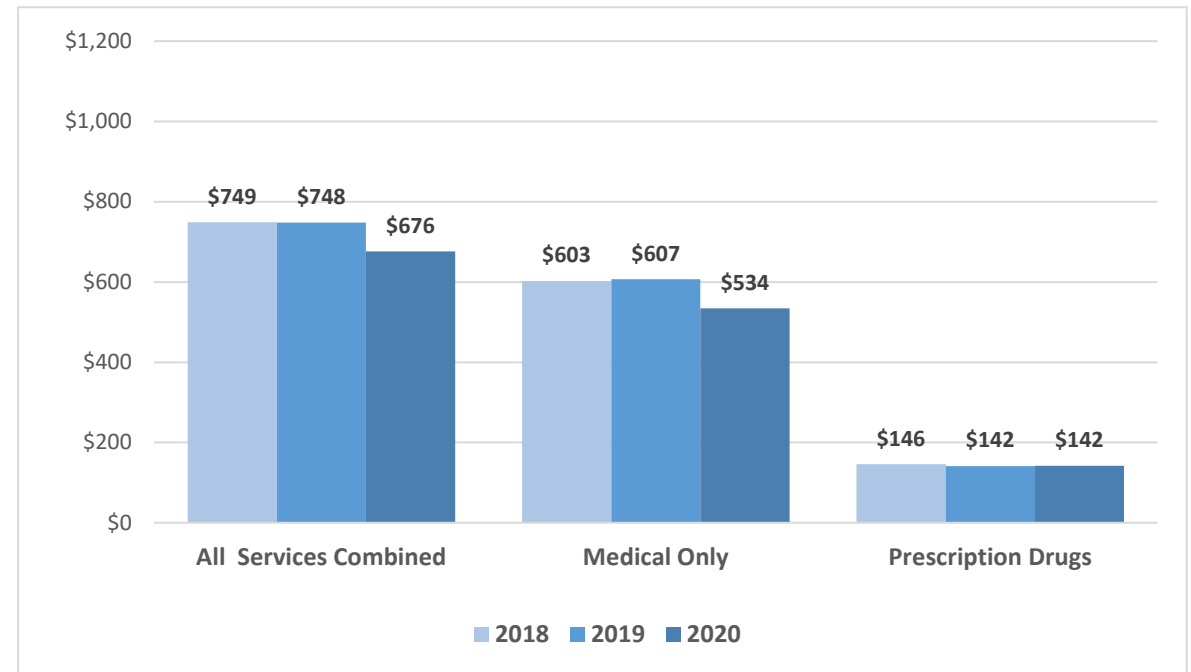
# Spending Per Capita, 2018-2020



## Per Capita Spending By Service Type

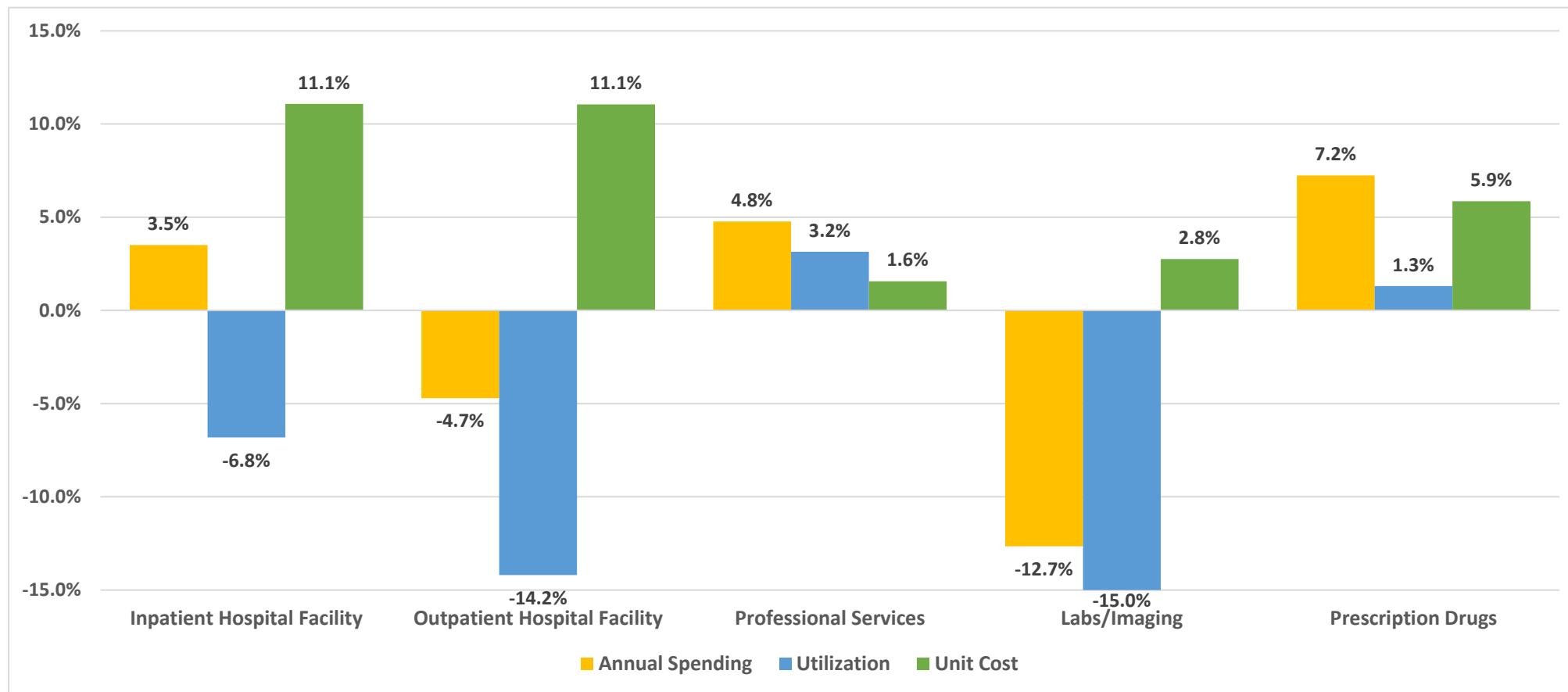


## Out Of Pocket Spending Per Capita





# Healthcare Spend Drivers By Service Category, 2019 V. 2020





# COVID-19 Prevalence Snapshot Among Privately Insured Members, 2020

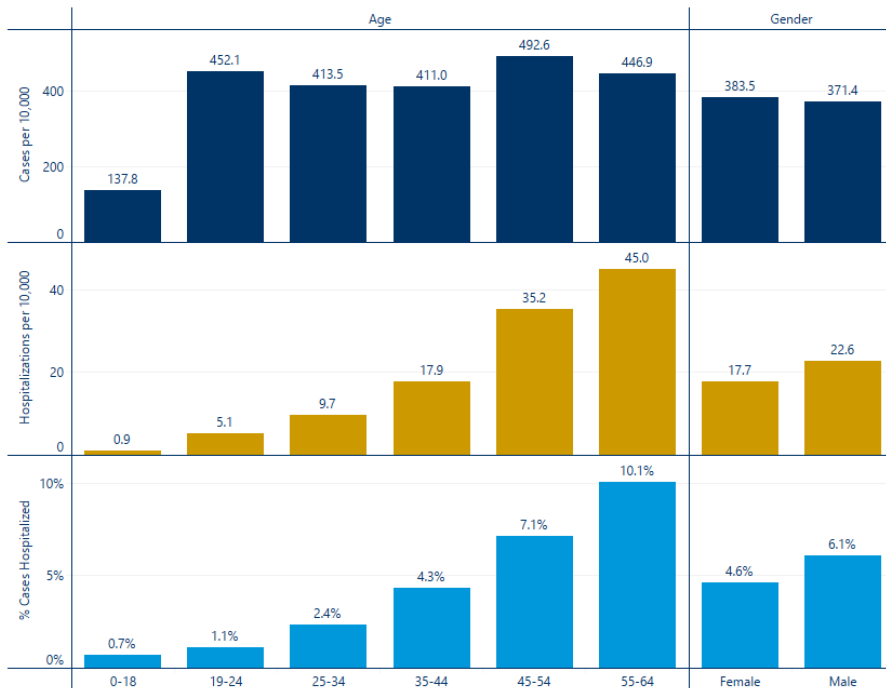
**51,037** Total COVID-19 cases

**2,710** Total COVID-19 Hospitalizations

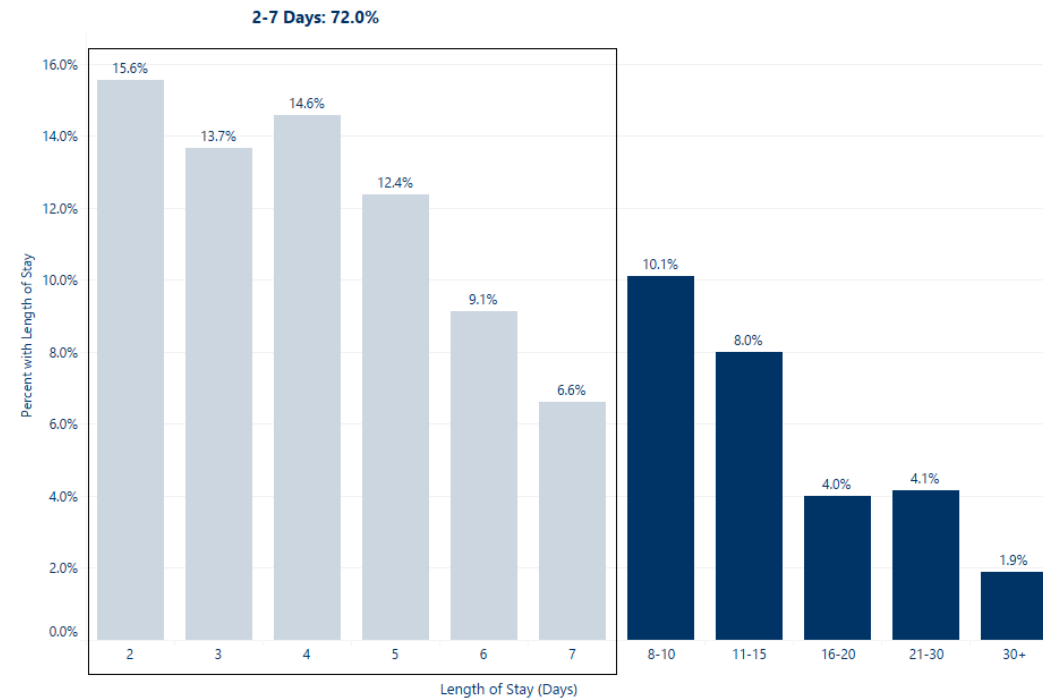
**378** COVID-19 Cases per 10K per year

**20** COVID-19 Hospitalizations per 10K per year

**COVID-19 Prevalence & Hospitalization Rates per 10,000**



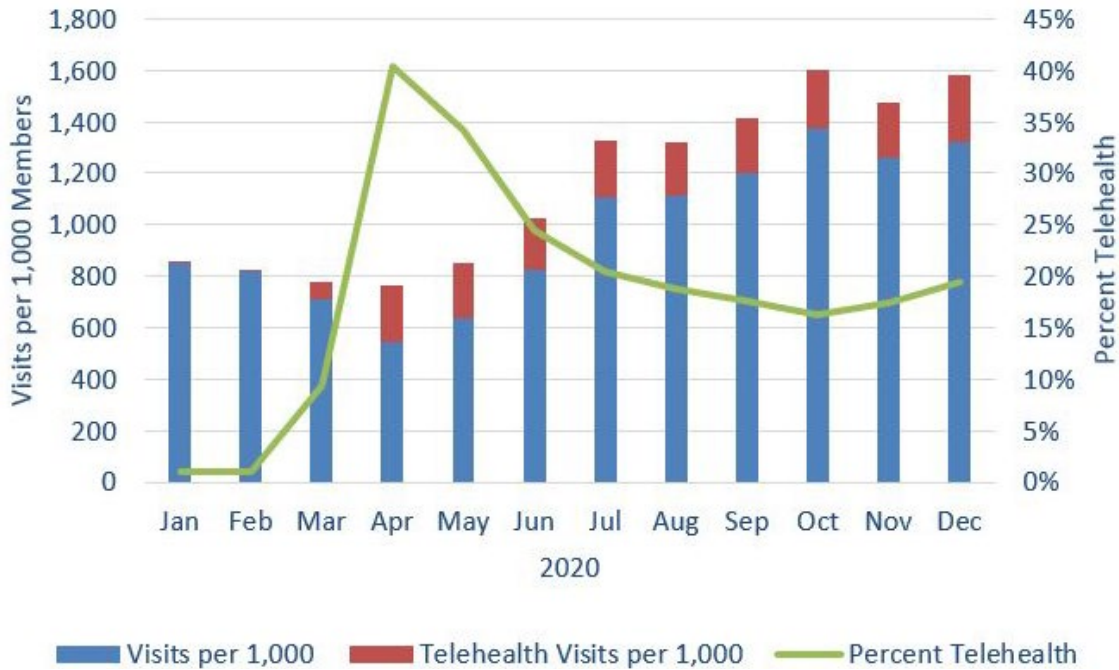
**COVID-19 Hospitalizations by Average Length of Stay (in Days)**



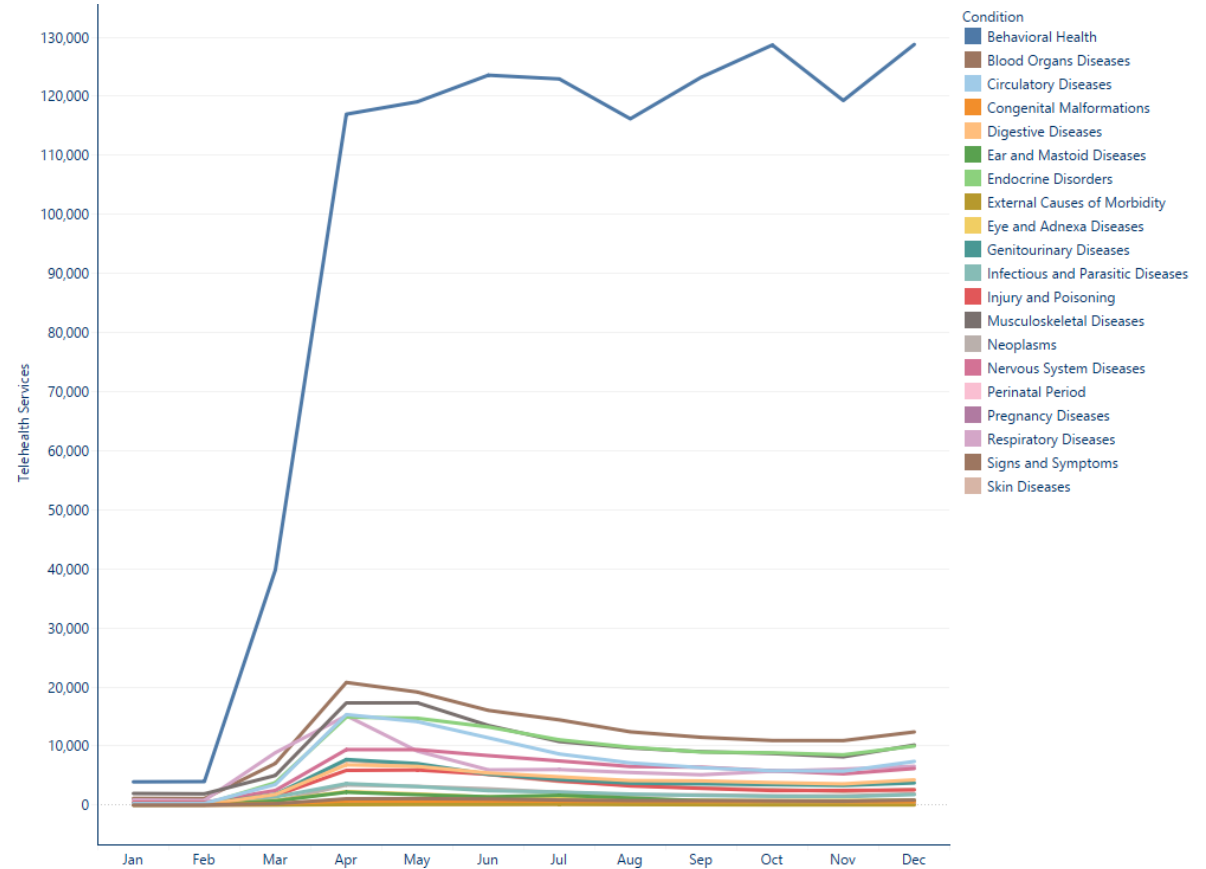
# 2020 Telehealth Visits Trend By Month Among Privately Insured Members



Due to COVID-19, there was an abrupt spike in telehealth visits in the second quarter of 2020, followed by a gradual decline and leveling off.



Mental health disorders were the leading diagnosis for telehealth visits before and during the pandemic.



# Takeaways



- ❖ Overall per capita spending (all services combined) across all markets was \$5,732 , an increase of 2.2% in 2020 .
  - ❖ Prescription drug, professional services, and inpatient services were the primary contributors to the overall 2.2% increase in spending for 2020.
- ❖ Overall illness burden decreased marginally from 2019 to 2020 (1.33)
- ❖ Overall enrollment as of December 31<sup>st</sup> was static in 2020 among privately insured in Maryland. However, enrollment in individual market increased by 22% due to the impact of an easy enrollment program and special enrollment period to meet the immense need due to the COVID-19 pandemic.
- ❖ During 2020, a total of 51,037 COVID-19 cases and 2,710 COVID-19 hospitalizations were identified in the privately insured claims data. About one in 20 COVID-19 cases included hospitalization in the privately insured population in 2020.
- ❖ Due to COVID-19, there was an abrupt spike in telehealth visits in the second quarter of 2020, followed by a gradual decline and leveling off.
- ❖ Mental health disorders were the leading diagnosis for telehealth visits before and during the pandemic.