

Act 167 Data Review Highlights: Blueprint vs. Non-Blueprint

Overall Population

The proportion of individuals with MH/SUD claims has been increasing from 25.1% in 2019 to 26.1% in 2022.

The proportion of emergency department claims with an MH/SUD diagnosis code has not changed in a statistically significant way over the past four years.

The proportion of individuals with a primary care visit has declined from 71.5% in 2019 to 69.0% in 2022.

Overall pharmacy costs per person have risen 11.2% after adjustment for inflation since 2019.

Overall medical costs per person have declined 8.2% after adjustment for inflation since 2019.

Blueprint attributed individuals versus non-Blueprint attributed individuals

The proportion of individuals attributed to a Blueprint Primary Care practice has declined slightly from 54.3% in 2019 to 52.2% in 2022. This is accompanied by a corresponding increase in individuals attributed to a non-Blueprint Primary Care practice (from 34.5% to 35.4%) and those who have no attributable primary care practice (from 11.2% to 12.4%).

Blueprint practices have a higher proportion of individuals in the MH/SUD category than non-Blueprint practices. The difference is statistically significant at the 0.01 level and growing over time.

There is no statistically significant difference in overall proportion of individuals with Emergency Department claims between people attributed to Blueprint primary care practices and those attributed to non-Blueprint primary care practices.

A lower proportion of MH/SUD individuals attributed to Blueprint primary care practices have ED claims than of MH/SUD individuals attributed to non-Blueprint primary care practices. This difference is statistically significant at the 0.01 level and has been consistent throughout all studied years.

There is no difference in the proportion ED patients with three or more ED claims between the categories of practices.

A higher proportion of Blueprint attributed patients visited their primary care practitioner each year. This difference is statistically significant at the 0.01 level and consistent over all studied years.

This difference shows up and is statistically significant in all subcategories (MH/SUD and Non MH/SUD populations).

On average, a person attributed to a Blueprint Primary Care practice has about \$2,600.00 less in medical and pharmacy claims costs annually. This difference is present in all categories and is

higher for individuals in the MH/SUD category. Claims amounts per person is given in the tables below for both categories.

Per Member Per Year Medical and Pharmacy Claims for All Individuals			
Year Ending	Blueprint Attributed	Non-Blueprint Attributed	Difference
2019	\$8,059.97	\$10,435.74	\$2,376.17
2020	\$7,711.31	\$10,298.18	\$2,586.86
2021	\$8,254.25	\$11,005.17	\$2,750.91
2022	\$8,580.73	\$11,253.14	\$2,672.41

Per Member Per Year Medical and Pharmacy Claims for MH/SUD Individuals			
Year Ending	Blueprint Attributed	Non-Blueprint Attributed	Difference
2019	\$12,265.25	\$14,694.60	\$2,429.35
2020	\$11,501.17	\$14,302.17	\$2,800.99
2021	\$11,924.43	\$14,960.52	\$3,036.09
2022	\$11,986.57	\$14,975.32	\$2,988.75

The annualized rate of increase of overall claims is 1.6% for Blueprint attributed individuals compared to 1.9% for non-Blueprint attributed individuals (not adjusted for inflation).

Blueprint attributed individuals had an annualized rate of increase in Pharmacy claims of 5.2%, while non-Blueprint attributed individuals had an annualized rate of increase in Pharmacy claims of 6.2% (not adjusted for inflation).