



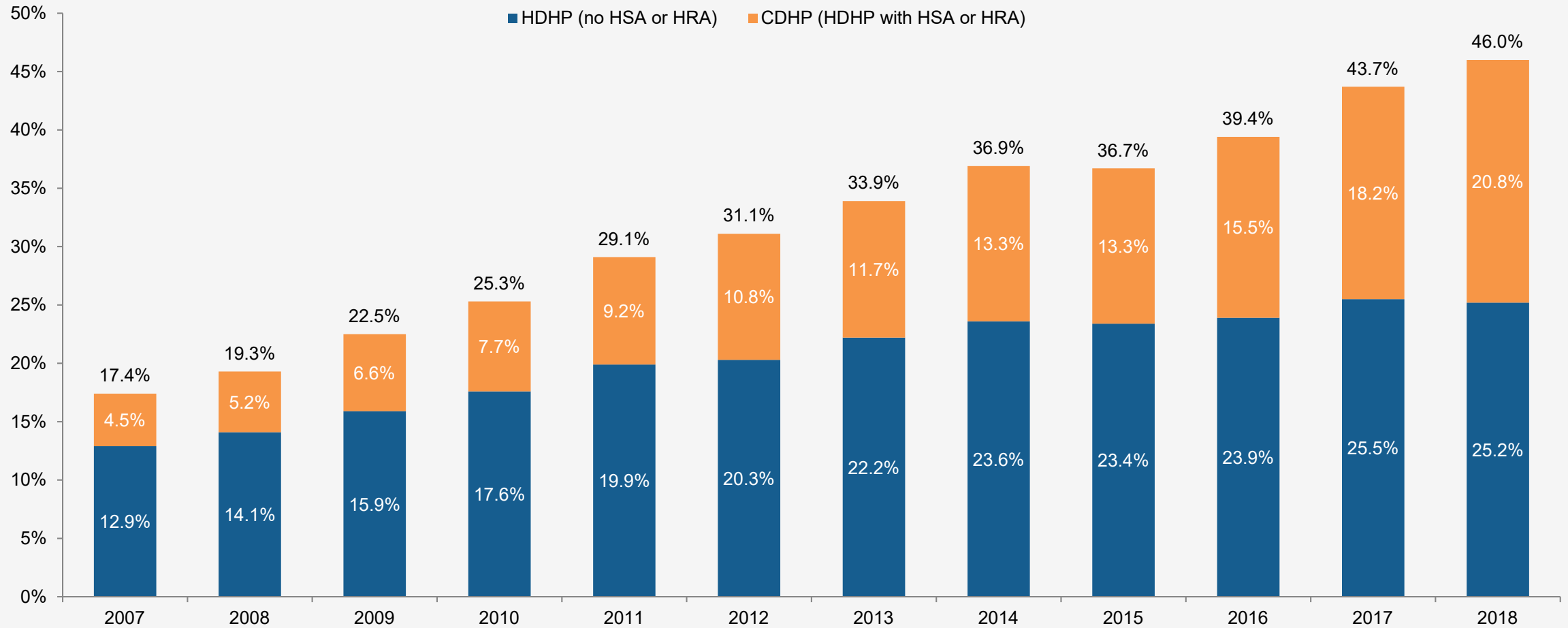
Price and Quality Transparency and Other Initiatives to Address High Cost Claimants

Paul Fronstin, Ph.D.

Employee Benefit Research Institute

December 12, 2019

Percentage of Persons With Private Health Insurance Under Age 65 Enrolled in HDHP or CDHP, 2007–2018



Data

- Truven MarketScan Database
- Medical and pharmacy claims data on 14-16 million people with employment-based health benefits in any given year between 2013-2017
- 5.8 million individuals with employment-based health benefits trackable over 2013-2017

- Limitations of using continuously enrolled sample
 - Missing many \$1 million babies
 - Missing other potentially high cost claimants who drop from sample because they become disabled, eligible for Medicare or pass away

Distribution of Health Spending, Among Individuals with Employment-Based Health Coverage, Continuous Enrollment in 2017

Percentage of Enrollees	Percentage of Spending	Median Spending Per Person	Mean Spending Per Person	Minimum Spending Per Person	Percent Reaching OOP Maximum
1%	28%	\$120,500	\$168,500	\$ 80,000	70-80%
5%	56%	\$41,500	\$65,315	\$ 23,000	60-70%
10%	70%	\$23,500	\$41,300	\$ 12,000	50-60%
20%	84%	\$12,700	\$24,900	\$ 5,400	30-40%

Potential Implications

- The highest users might not care about price transparency. They only care about the cost to them, which is often going to be nothing.
- The highest users should care about quality transparency.
- The highest users might use price transparency tools before they become high users.
- Price transparency may affect provider pricing because of its availability, rather than through consumer engagement.
- NBER paper from 2015 “What Does a Deductible Do? The Impact of Cost-Sharing on Health Care Prices, Quantities, and Spending Dynamics” found no evidence of consumers learning to price shop after 2 years in an HDHP.
- It may take more than 2 years to change a culture once appropriate price transparency tools are available.