

COST DRIVER ANALYSIS REPORT

Understanding the Factors Behind Utah's Rising Healthcare Costs

Years Covered in Report: 2019–2023

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**One
Utah Health
Collaborative**

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Executive Summary

This report presents a detailed analysis of healthcare spending trends in Utah across four major insurance markets: Commercial, Medicaid, Medicare Advantage and Medicare Fee for Service. It compares data from two periods—2019 to 2020 and 2021 to 2023 (or 2022 for Medicaid)—to assess shifts in spending, price, and utilization before, during, and after the COVID-19 pandemic. While overall enrollment increased across all markets, rising prices remained the dominant driver of healthcare cost growth with notable exceptions in Medicare Advantage, where utilization surged even as some prices declined.

Commercial Market Trends

In the commercial market, total spending declined slightly from 2019 to 2020 (-2%) but rebounded with a 15% increase from 2021 to 2023. Per member per month (PMPM) costs decreased by 3% in the earlier period and rose by 8% later, reflecting the effects of pandemic disruption and subsequent recovery.

- **Inpatient services** saw moderate price growth (1% from 2019 to 2020 and 6% from 2021 to 2023), alongside declining utilization in both periods (-9% and -7%).
- **Outpatient** prices increased steadily from 2021 to 2023, with administered drugs showing the sharpest growth—rising 34% from 2019 to 2020 and 62% from 2021 to 2023, while utilization declined in both periods (-13% and -22%).
- **Retail pharmacy** spending surged during 2021 to 2023, driven by a 71% increase in brand-name drug prices despite a 25% decline in utilization.
- **Behavioral health** per member spending increased 19% after 2021, driven primarily by higher utilization of mental health services (29%), while substance use disorder (SUD) service use declined (-38%) despite price increases.
- **Chronic conditions** such as hypertension, chronic kidney disease, and colorectal cancer saw per member spending rise by 26%, 18%, and 13%, respectively, driven by increases in both price and utilization.

Medicaid Market Trends

Medicaid experienced a 9% spending increase from 2019 to 2020 and a 5% rise from 2021 to 2022. PMPM costs decreased in both periods (-5% and -7%) due to a retention of lower-utilizing enrollees during the public health emergency.

- **Inpatient utilization** dropped by 17% across both periods. Prices increased by 15% and 6% for inpatient and outpatient services, respectively, from 2019 to 2020, but remained flat or rose modestly from 2021 to 2022.
- **Outpatient utilization** dropped 10-11% across both periods. Administered drugs experienced significant price growth (26% and 44%), while utilization dropped in both periods.
- **Retail pharmacy** spending was more stable, with moderate increases in both price and utilization for brand-name drugs.

- **Behavioral health** comprised 8% of total Medicaid spending. Mental health per member spending dropped 4% and 6% despite price increases due to declining utilization, while SUD per member spending declined significantly (-52% and -17%), driven by declining utilization (-70% and -14%).
- **Chronic kidney disease** emerged as a major cost driver in the chronic disease category, with a 10% per member spending increase from 2021 to 2022 fueled by a 24% jump in prices.

Medicare Advantage Trends

Medicare Advantage saw the most significant increase in spending among the three markets. Total spending rose by 12% from 2019 to 2020 and surged 64% from 2021 to 2023. PMPM costs increased by 1% and then by 35%.

- **Inpatient utilization** rose sharply (52%) from 2021 to 2023, even as prices declined by 22% during the same time period.
- **Outpatient and professional services** both experienced strong growth in utilization (17% and 34%) from 2021 to 2023, accompanied by modest price increases (13% and 3%). Growth in outpatient spending was driven by increased utilization of hospital surgeries, rising prices and utilization for administered drugs, and higher emergency department use. Avoidable ED utilization went up by 27% from 2021 to 2023 after an initial decline of 22% from 2019 to 2020.
- **Retail pharmacy utilization** surged for brand-name drugs (59%) and generic drugs (27%), while prices remained flat or declined (-1%).
- **Behavioral health** per member spending rose 40%, driven by increased utilization of mental health services (49%) and substance use disorder services (35%), despite falling prices during the 2021 to 2023 period.
- Per member costs for **chronic diseases**, particularly diabetes (36%), colorectal cancer (43%), and chronic kidney disease (28%) rose significantly, driven by increased utilization across all three and additional price growth for diabetes and colorectal cancer.

Medicare FFS Trends

From 2019 to 2023, the Medicare Fee-for-Service (FFS) market in Utah experienced dynamic shifts in spending, enrollment, utilization, and pricing trends. There was a 6% increase in total spending from 2021-2023 and PMPM fell by 1% during 2019 to 2020 followed by a surge of 24% from 2021 to 2023.

- **Inpatient Services** witnessed a declining share of total Medicare FFS spending (from 29% in 2019 to 23% in 2023) despite rising prices, due to reduced utilization.
- **Outpatient and Professional Services** spending remained relatively stable, but outpatient per member spending rose 13% (2021 to 2023), mainly price-driven. Administered drug prices rose steeply (38%). Avoidable ED visits utilization has yet to fully recover.

- **Retail Pharmacy** had a notable per member spending increase of 36% (2021 to 2023), fueled by both price (20%) and utilization (14%) growth.
- **Behavioral health** per member spending declined by 6% from 2021 to 2023. Mental health utilization remained flat while substance use disorder (SUD) utilization fell 9%.
- **Within chronic diseases**, diabetes experienced a spending rebound after 2020, with per member spending costs increasing 26%, primarily due to a 25% rise in prices. Colorectal cancer saw sharp pandemic-related declines in both price and utilization followed by a recovery of 11% per member spending increase solely driven by prices.

Conclusion

Across Utah's healthcare markets, different combinations of changes in price, utilization, and enrollment contributed to increased spending, particularly in the commercial, Medicaid and Medicare FFS sectors. In Medicare Advantage, higher utilization was the dominant trend, particularly after 2021. Pharmacy, outpatient services and behavioral health stood out as consistently high-growth areas, with price increases for medications and rising demand for mental health care. Understanding these drivers is essential for developing targeted strategies to address healthcare affordability and improve the system statewide.

Background

Across the United States, escalating healthcare costs pose a significant challenge. Rising costs strain employers' ability to offer benefits, suppress employee wages, and divert both personal and government resources from other critical needs.

In 2022, recognizing the urgency of the issue, Utah Gov. Spencer Cox declared healthcare affordability an economic imperative for the state. Governor Cox launched a collaborative effort, bringing together leaders from the public and private sectors to develop a comprehensive strategy. This initiative led to the formation of the [One Utah Health Collaborative](#) (the Collaborative).

Healthcare spending continues to consume an increasing share of state, employer, and family budgets. In Utah, the average annual employee contribution toward family premiums rose by 35% from 2017 to 2022, while average hourly wages grew by only 25%. Addressing these trends requires a detailed analysis of healthcare spending patterns.

Utah's aging population and increasing demand for services further underscore the need for action. A 2024 survey of more than 1,000 Utah residents revealed significant concerns about affordability, medical debt, and future healthcare costs. Seventy-one percent of Utahns reported a healthcare condition in their household, and 27% reported medical debt—with a median debt amount of \$1,900. Among those with medical debt, three-quarters reported delaying or avoiding needed care. In addition, 86% of Utahns expressed concern about their ability to afford healthcare in the future (Healthcare Value Hub, Data Brief 2023).

[A recent report](#) by the One Utah Health Collaborative showed an 8.4% per capita healthcare spending growth from 2021 to 2023 in Utah. To better understand the drivers behind these rising costs, the Collaborative is conducting a deeper analysis of key spending categories.

Objectives

This analysis aims to identify the primary drivers of healthcare spending growth in Utah. The findings will help inform strategies to make healthcare more affordable and guide policy and industry decision-making.

Data Source

This analysis draws on claims data for commercial, Medicaid, and Medicare Advantage plans from 2019 to 2023, sourced from the Utah All-Payer Claims Database (APCD), maintained by the Utah Department of Health and Human Services.

Additional data were obtained from the Centers for Medicare & Medicaid Services (CMS) for Medicare Fee-for-Service (FFS) claim costs, Medicare Advantage enrollment (measured through member months), and Medicare FFS member months. Medicaid member months were provided directly by the Utah Medicaid Division.

Data Limitations

This analysis does not capture all data for the following populations:

- **2023 Medicaid claims:** Complete claims data for 2023 were unavailable at the time of this analysis.
- **Medicare FFS retail pharmacy detail:** Reporting on brand and generic drugs for Medicare FFS members is not available.
- **Self-insured employer enrollees:** Participation in the Utah All-Payer Claims Database (APCD) is voluntary for self-insured employers, so their data may not be fully represented.
- **Uninsured residents:** Uninsured individuals are not reflected in claims data.

In addition, this analysis is limited to claim costs and does not account for healthcare payments or adjustments made outside of claims, such as pharmacy rebates, non-claims-based payments, or administrative costs.

Impact of COVID on Medicaid Results

During the COVID-19 public health emergency, Medicaid enrollment increased significantly as more residents became eligible for coverage, and federal continuous coverage requirements temporarily prevented states from terminating enrollment.

However, many newly enrolled members used healthcare services at lower rates than existing members, leading to a substantial decrease in cost per member.

With the end of the public health emergency and the subsequent disenrollment of individuals no longer eligible for Medicaid, enrollment, utilization, and cost per member are expected to return to levels closer to pre-pandemic patterns.

Data Metrics

The costs presented in this report are based on **claim-allowed amounts**—the maximum amounts that health plans will pay for covered medical services. This includes both payments made directly to providers and members' out-of-pocket expenses, such as deductibles, coinsurance, and copayments.

To provide a comprehensive view of healthcare spending trends, the following metrics are used throughout the report:

- **Total Amount Allowed (Total Spending):** The aggregate sum of all allowed amounts for covered services during the analysis period.
- **Per Member Per Month (PMPM) Allowed:** The average allowed amount per member per month, providing insight into monthly healthcare costs at the individual level.

- **Price Per Unit (PPU):** Also referred to as price throughout the report, this represents the average allowed amount for a single medical service, standardizing service-level costs.
- **Units Per 1,000 (UPK):** Also referred to as utilization, this metric measures the number of services used per 1,000 members, indicating overall service usage rates.

Commercial Market

In 2019, total commercial claims costs amounted to \$6.8 billion, declining slightly to \$6.7 billion in 2020. Spending rebounded in 2021, rising to \$7.1 billion and reaching \$8.1 billion by 2023—an increase of approximately 15% from 2021 to 2023.

Commercial enrollment grew by 2% from 2019 (1.27 million) to 2020 (1.29 million), followed by steady 6% growth from 2021 (1.26 million) to 2023 (1.34 million). Per member per month (PMPM) costs decreased by 3% from 2019 (\$447) to 2020 (\$432) but then increased 8% from 2021 (\$467) to 2023 (\$506), reflecting rising costs alongside expanding enrollment.

Table 1 summarizes changes in total spending, per member per month (PMPM) costs, and average enrollment in the commercial market from 2019 to 2020 and 2021 to 2023. The trends show a temporary decline in 2020, followed by a sharp increase in costs and enrollment after 2021.

Commercial healthcare spending is accelerating in Utah, with total costs growing by 15% and per-person monthly costs rising by 8% during the 2021 to 2023 period.

Table 1: Change in Total Spending, Per Member Per Month (PMPM), and Average Enrollment, Commercial Market, 2019–2023

	Change from 2019-2020	Change from 2021-2023
Total Spending	-2%	15%
PMPM	-3%	8%
Average number of members	2%	6%

Spending Patterns by Service Category

Table 2 illustrates how spending was distributed across major service categories—inpatient, outpatient, professional services, and retail pharmacy—in the commercial market from 2019 to 2023.

From 2021 to 2023, the share of spending on inpatient services declined slightly, while outpatient services grew slowly, professional services remained stable, and retail pharmacy spending increased modestly following a dip in 2021.

Table 2: Percentage of Total Spending by Service Category, Commercial Market, 2019–2023

	2019	2020	2021	2022	2023
Inpatient	18%	17%	18%	17%	16%
Outpatient	29%	29%	30%	31%	31%
Professional	29%	30%	30%	30%	30%
Retail Pharmacy	24%	24%	21%	22%	23%

Spending Trends Across Service Categories

Even as inpatient hospital prices rose slightly from 2019 to 2020 and moderately from 2021 to 2023, overall inpatient spending declined slightly due to falling utilization.

For outpatient hospital services, per member per month (PMPM) costs dropped by 5% from 2019 to 2020, aligned with a 6% decline in utilization. From 2021 to 2023, however, PMPM costs rose by 11%, driven primarily by a 12% increase in prices, while utilization declined only modestly (1%).

Outpatient hospital spending rose sharply after 2020, fueled by rising prices rather than higher service use.

In the professional services sector, PMPM costs fell by 2% from 2019 to 2020 as utilization declined by 4%, even as prices increased modestly by 3%. From 2021 to 2023, professional PMPM increased at a rate of 7%, supported by a 2% increase in utilization and continued moderate price growth of 5%.

Professional services spending rebounded moderately after 2020, with both price and utilization contributing to the increase.

Retail pharmacy experienced the most significant PMPM growth rising by 26% from 2021 to 2023. This increase was primarily driven by an annual 10-11% rise in price per unit across both periods (2019 to 2020 and 2021 to 2023).

Table 3: Change in Per Member Per Month (PMPM), Price Per Unit (PPU), and Units Per 1,000 (UPK) by Service Category, Commercial Market, 2019–2023

(PMPM = Per Member Per Month; PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Inpatient	PMPM	-9%	-1%
	PPU	1%	6%
	UPK	-9%	-7%
Outpatient	PMPM	-5%	11%
	PPU	1%	12%
	UPK	-6%	-1%
Professional	PMPM	-2%	7%
	PPU	3%	5%
	UPK	-4%	2%
Retail Pharmacy	PMPM	-2%	26%
	PPU	10%	22%
	UPK	-11%	2%

Inpatient Hospital Services and DRG Trends

Diagnosis-related groups (DRGs) classify inpatient admissions into clinically similar categories to standardize hospital payments and manage costs.

Table 4 highlights the top five DRGs in Utah’s commercial market and the trends in price per unit (PPU) and utilization per 1,000 members (UPK) observed from 2019 to 2023.

Top Diagnosis-Related Groups (DRGs): Price and Utilization Trends

Vaginal Delivery without Sterilization or D&C without Major Complications (MCC):

Prices increased steadily by 4 to 4.5% per year from 2019 to 2023, while utilization declined by 10% from 2021 to 2023, indicating fewer uncomplicated vaginal deliveries.

Prices for uncomplicated vaginal deliveries continue to rise, even as procedure rates fall.

Normal Newborn Admissions:

Prices decreased slightly by 1% from 2019 to 2020 but rose sharply by 13% from 2021 to 2023. Utilization declined steadily by 2% to 3% per year across both periods.

Newborn admission costs are increasing, even as hospitalization rates decline.

Neonate with Other Significant Problems:

Prices fell by 6% from 2019 to 2020, then surged by 17% from 2021 to 2023. Utilization dropped by 20% during the later period, reflecting a sharp decline in complicated newborn admissions.

Complicated newborn admissions are falling sharply, while costs are rising.

Cesarean Section without Sterilization without Major Complications or Comorbidity (MCC):

Prices remained stable from 2019 to 2020, then rose by 7% from 2021 to 2023. Utilization declined by 6% initially and dropped by another 4% thereafter.

Cesarean section costs are rising moderately, while procedure volumes decline.

Vaginal Delivery without Sterilization or D&C with Complications or Comorbidity (CC):

Prices decreased by 2% from 2019 to 2020, then increased by 4% from 2021 to 2023. Utilization rose by 9% in the earlier period but declined slightly by 2% from 2021 to 2023.

Complicated vaginal deliveries initially rose but have since declined slightly.

Table 4: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Inpatient Hospital DRGs, Commercial Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

	Change in Price		Change in Utilization per 1000 member	
	2019-2020	2021-2023	2019-2020	2021-2023
Vaginal Delivery without sterilization or D&C without major complication of comorbidity	4%	9%	0%	-10%
Normal Newborn admissions	-1%	13%	-2%	-6%
Neonate with Other Significant Problems	-6%	17%	1%	-20%
Cesarean Section Without Sterilization without major complications or comorbidity	0%	7%	-6%	-4%
Vaginal Delivery Without Sterilization or D&C with complications or comorbidity	-2%	4%	9%	-2%

Outpatient Hospital Services

Outpatient hospital services include outpatient surgeries, emergency department (ED) visits, administered drugs (such as infusions), and imaging procedures. These four categories account for the largest share of outpatient hospital spending in Utah’s commercial market.

Table 5 highlights how prices and utilization shifted across key outpatient hospital services. From 2019 to 2020, utilization across outpatient surgeries, emergency department visits, administered drugs, and imaging declined sharply, approximately by 12% to 13%, reflecting widespread disruption during the COVID-19 pandemic. Administered drug prices rose particularly steeply during this period, increasing by 34%.

From 2021 to 2023, utilization recovered for outpatient surgeries, ED visits, and imaging, while administered drugs followed a different trajectory: utilization declined by 22%, even as prices

surged by 62%.

Outpatient service use largely rebounded after the pandemic, but administered drug costs continued to soar despite fewer patients receiving these treatments.

Table 5: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Outpatient Hospital Services, Commercial Market, 2019–2023
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
OP Hospital Surgery	PPU	11%	4%
	UPK	-13%	3%
Emergency Department	PPU	6%	7%
	UPK	-12%	6%
Administered Drugs	PPU	34%	62%
	UPK	-13%	-22%
Imaging	PPU	5%	1%
	UPK	-12%	5%

Potentially Avoidable Emergency Department Visits

Emergency department (ED) services account for 6.5% of total commercial healthcare spending. A portion of these visits, such as those for sinus infections, ear pain, or pharyngitis—are classified as "potentially avoidable," meaning they could typically be managed more appropriately in a physician's office or urgent care setting.

Potentially avoidable ED visits were identified using the Oregon Health Authority's (OHA) methodology, adapted from Medi-Cal's approach.

While these visits are generally less costly than higher-acuity emergency visits, they remain significantly more expensive than comparable care delivered in a clinic or urgent care setting.

Table 6 highlights the shifts in spending, pricing, and utilization patterns for potentially avoidable emergency department visits. From 2019 to 2020, total spending on avoidable ED visits declined by 22%, driven by a 26% drop in utilization, even as the average price per visit rose by 3%. From 2021 to 2023, spending rebounded sharply, increasing by 28%, fueled by a 13% rise in utilization and a 7% increase in prices.

Avoidable ED visits decreased sharply during the pandemic but rebounded afterward, contributing to rising healthcare costs.

Table 6: Change in Total Spending, Price Per Unit (PPU), and Emergency Department Visits Per 1,000 Members for Avoidable ED Visits, Commercial Market, 2019–2023
(PPU = Price Per Unit; ED = Emergency Department)

	Change from 2019-2020	Change from 2021-2023
Total Spending	-22%	28%
PPU	3%	7%
ED Visits/1000 member	-26%	13%

Professional Services Trends

Professional services encompass a broad range of healthcare claims billed by individual providers, including:

- “Physician services”
- “Other provider services (e.g., nurse practitioners, physician assistants, therapists)”
- “Free-standing laboratory services”
- “Independent radiology services”
- “Other ancillary healthcare services”

To group these services consistently for analysis, the Berenson-Eggers Type of Service (BETOS) classification system is used. BETOS organizes ambulatory CPT and HCPCS codes into standardized service categories, providing a consistent framework for reporting and evaluation.

Table 7 illustrates how price and utilization trends varied across the top categories of professional services.

From 2019 to 2020:

- **Evaluation and Management (E&M) services** saw a slight 1% price increase, while utilization declined by 4%.
- **Anesthesia services** experienced a 3% rise in price but an 11% drop in utilization.
- **Treatment services** had a 6% price increase alongside a 6% decline in utilization.

From 2021 to 2023, utilization rebounded across all three categories:

- **E&M services** rose by 10%
- **Treatment services** surged by 25%
- **Anesthesia services** increased by 11%

Price changes were more moderate during this period: prices for E&M and treatment services rose by approximately 3%, while anesthesia prices declined slightly by 2%.

After pandemic-driven declines, professional service utilization rebounded strongly from 2021 to 2023, with growth in service use outpacing price increases.

Table 7: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Professional Service Categories, Commercial Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Evaluation and Management Codes	PPU	1%	3%
	UPK	-4%	10%
Anesthesia	PPU	3%	-2%
	UPK	-11%	11%
Treatment	PPU	6%	3%
	UPK	-6%	25%

Retail Pharmacy

Retail pharmacy claims were separated into brand-name and generic medication categories to allow for a more detailed analysis of cost and utilization trends.

Table 8 highlights the contrast between brand-name and generic drug spending patterns. From 2019 to 2020, brand-name drug utilization fell by 15%, while prices per unit (PPU) increased by 19%. Generic drug utilization also declined by 11% but prices rose by only 1%, widening the price gap between brand-name and generic medications.

From 2021 to 2023, brand-name drug utilization fell even further, declining by 25%, while prices surged by 71%. In contrast, generic drug utilization rose modestly by 6%, with prices increasing by only 2%.

In 2023, the top 25 highest-cost drugs accounted for 48% of total commercial retail pharmacy spending; 8 of these drugs were related to diabetes, and 10 were used for inflammatory conditions.

Retail pharmacy cost growth continues to be driven by sharp increases in brand-name drug prices, even as overall utilization declines.

Table 8: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Retail Pharmacy Categories, Commercial Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Brand	PPU	19%	71%
	UPK	-15%	-25%
Generic	PPU	1%	2%
	UPK	-11%	6%

Medical Pharmacy Trends

Medical pharmacy costs refer to medications administered in hospital or clinical settings, typically through infusions. These costs are captured within inpatient, outpatient, and professional claims and often involve complex treatments such as chemotherapy or biologic therapies.

Table 9 (next page) summarizes trends in medical pharmacy spending, including chemotherapy treatments and non-oncologic infusions. From 2019 to 2020, medical pharmacy spending was driven primarily by price increases: price per unit (PPU) rose by 17%, while utilization per 1,000 members (UPK) declined by 9%. This pattern continued from 2021 to 2023, with prices increasing by 41% and utilization declining by 22%.

Chemotherapy treatments emerged as a major driver of growth, with utilization rising by 9% from 2021 to 2023 and prices increasing by 32%. In contrast, non-oncologic injections and infusions saw ongoing declines in utilization, despite significant price increases (31%).

Medical pharmacy spending growth was primarily driven by price increases across both chemotherapy and non-oncologic treatments, although utilization trends varied.

Table 9: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Medical Pharmacy Categories, Commercial Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Overall	PPU	17%	41%
	UPK	-9%	-22%
Chemotherapy	PPU	8%	32%
	UPK	-2%	9%
Injections and Infusions (nononcologic)	PPU	17%	31%
	UPK	-9%	-23%

Behavioral Health (Mental and Substance Use Disorder Treatment)

Behavioral health services comprises Mental Health and Substance Use Disorder Treatment services and accounted for approximately 5% of total commercial healthcare spending in Utah in 2023. This spending included inpatient, outpatient and professional claims services.

Table 10 highlights changes in overall behavioral health spending, as well as trends specific to mental health services and substance use disorder (SUD) services.

From 2019 to 2020, overall behavioral health spending rose by 10%, driven largely by an 11% increase in mental health spending. In contrast, SUD services grew by a more modest 6%.

From 2021 to 2023, total behavioral health spending accelerated, growing by 26%. Mental health services led this growth, with spending rising by 31%, while SUD services declined sharply by 14%.

Behavioral health spending growth is being driven almost entirely by increased demand for mental health services, even as SUD service use continues to decline.

Table 10: Change in Total Spending and Per Member Per Month (PMPM) for Behavioral Health Categories, Commercial Market, 2019–2023

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2023	Change from 2019-2020	Change from 2021-2023
Behavioral Health	10%	26%	8%	19%
Mental Health	11%	31%	9%	24%
Substance Use Disorder	6%	-14%	4%	-19%

In addition to changes in total spending, trends in price per unit (PPU) and utilization per 1,000 members (UPK) provide important insights into behavioral health service patterns. Table 11 summarizes these trends for overall behavioral health services, mental health services, and substance use disorder (SUD) services.

Table 11 shows how price and utilization trends have diverged within behavioral health services.

For mental health services, price per unit (PPU) declined by 7% from 2019 to 2020 and by 5% from 2021 to 2023, while utilization per 1,000 members (UPK) rose steadily by 14% to 16% yearly. In contrast, substance use disorder (SUD) services experienced sharp price increases, rising by 14% annually, with significant declines in utilization of 38% from 2021 to 2023.

These trends highlight a growing divide: mental health service use is steadily increasing, while SUD services are becoming more expensive even as fewer individuals access care.

Table 11: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Behavioral Health Categories, Commercial Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Behavioral Health	PPU	-6%	-6%
	UPK	15%	27%
Mental Health	PPU	-7%	-5%
	UPK	16%	29%
Substance Use Disorder	PPU	14%	29%
	UPK	-8%	-38%

Chronic Conditions Trends

Claims data for four key chronic conditions—hypertension, diabetes, chronic kidney disease (CKD), and colorectal cancer were analyzed to better understand cost and utilization trends in Utah’s commercial market.

Table 12 summarizes changes in total spending and per member per month (PMPM) costs across these four chronic disease categories. Table 13 highlights the drivers of spending growth by detailing changes in price per unit (PPU) and utilization per 1,000 members (UPK).

Hypertension: From 2019 to 2020, total spending for hypertension decreased by 4%, and PMPM dropped by 6%. From 2021 to 2023, both total spending and PMPM increased sharply, rising by 33% and 26%, respectively. These increases were primarily driven by a 19% rise in price per unit (PPU), along with a 6% increase in utilization.

Spending on hypertension has accelerated sharply since 2021, driven mainly by rising prices.

Diabetes: From 2019 to 2020, total spending rose by 2%, while PMPM remained flat. From 2021 to 2023, spending grew at a moderate pace, increasing by 10%, with PMPM rising by 4%. Price increases played a larger role than utilization changes, which remained relatively stable.

Diabetes costs are increasing gradually, primarily due to higher prices rather than greater service use.

Chronic Kidney Disease (CKD): From 2019 to 2020, total spending decreased by 12%, and PMPM fell by 14%. However, from 2021 to 2023, spending rose by 25%, and PMPM grew by

18%. Growth was driven primarily by a 15% increase in price per unit, with only modest increases in utilization.

After an initial decline, CKD-related spending is now climbing steadily, led by rising prices.

Colorectal Cancer: From 2019 to 2020, total spending fell by 7%, and PMPM dropped by 9%. From 2021 to 2023, spending increased by 20%, and PMPM rose by 13%. Unlike other chronic conditions, colorectal cancer spending growth was driven primarily by an 17% increase in utilization, despite a slight decline in price per unit.

Colorectal cancer costs are rising due to higher demand for services, even as prices have declined slightly.

Spending growth for chronic conditions accelerated significantly after 2021, with hypertension and colorectal cancer showing the most pronounced increases. Hypertension costs rose primarily due to rising prices, while colorectal cancer spending growth was driven largely by higher utilization.

Table 12: Change in Total Spending and Per Member Per Month (PMPM) for Chronic Disease Categories, Commercial Market, 2019–2023

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2023	Change from 2019-2020	Change from 2021-2023
Hypertension	-4%	33%	-6%	26%
Diabetes	2%	10%	0%	4%
Chronic Kidney Disease	-12%	25%	-14%	18%
Colorectal Cancer	-7%	20%	-9%	13%

Across most chronic conditions, rising prices have been the dominant driver of cost growth. The exception is colorectal cancer, where increased utilization has been the primary factor.

Table 13: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Chronic Disease Categories, Commercial Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Hypertension	PPU	2%	19%
	UPK	-8%	6%
Diabetes	PPU	8%	1%
	UPK	-7%	3%
Chronic Kidney Disease	PPU	-13%	15%
	UPK	-1%	3%
Colorectal Cancer	PPU	-7%	-4%
	UPK	-3%	17%

Medicaid

Medicaid Trends

Total Medicaid spending increased by 9% from 2019 (\$2.1 billion) and 2020 (\$2.3 billion), and by 5% from 2021 (\$2.6 billion) to 2022 (\$2.8 billion), reflecting steady growth in overall expenditures. However, per member per month (PMPM) costs declined by 5% and 7% across the same periods, largely due to enrollment dynamics during the COVID-19 public health emergency.

The average number of enrolled members rose sharply by 15% from 2019 to 2020 and 13% from 2021 to 2022 before dropping in 2023 following the end of continuous coverage requirements. Although Medicaid enrollment grew during the pandemic, newly eligible members typically used fewer healthcare services, contributing to lower per-person spending.

Table 1 summarizes changes in total spending, PMPM costs, and enrollment for Medicaid from 2019 to 2022.

Table 1: Change in Total Spending, Per Member Per Month (PMPM), and Enrollment for Medicaid, 2019–2022

	Change from 2019-2020	Change from 2021-2022
Total Spending (\$)	9%	5%
Per Member Per Month	-5%	-7%
Average number of members	15%	13%

Spending by Service Category

Table 2 illustrates how spending was distributed across major service categories from 2019 to 2022. Outpatient services maintained a stable share of total spending, while professional services declined slightly. Notably, spending shifted from inpatient hospital care to retail pharmacy, with inpatient services falling from 29% to 25% of total spending and retail pharmacy increasing from 16% to 19% from 2021 to 2022.

Table 2: Percentage of Total Medicaid Spending by Service Category, 2019–2022

	2019	2020	2021	2022
Inpatient	28%	28%	29%	25%
Outpatient	14%	14%	14%	14%
Professional	45%	43%	42%	43%
Retail Pharmacy	13%	15%	16%	19%

Cost, Price, and Utilization Trends by Service Category

Table 3 summarizes changes in per member per month (PMPM) costs, price per unit (PPU), and utilization per 1,000 members (UPK) across major Medicaid service categories from 2019 to 2022.

Inpatient PMPM spending declined by 4% from 2019 to 2020 and fell by another 17% from 2021 to 2022. Utilization dropped by 17% in both periods, while inpatient prices rose by 15% initially and then remained stable.

Outpatient PMPM costs decreased by 6% across both periods. Outpatient prices rose modestly by 6% initially and 4% later while utilization declined by 10% to 11%.

Professional services PMPM fell by 9% from 2019 to 2020 and by 5% from 2021 to 2022. Prices rose slightly (up 1% initially and 8% later), while utilization declined by 10% and then 13%.

Retail pharmacy was the only category to show PMPM growth, increasing by 9% across both periods. Retail pharmacy prices rose by 3% initially and 11% later. Utilization increased by 6% from 2019 to 2020, but declined by 2% from 2021 to 2022.

Table 3: Changes in PMPM, PPU, and UPK by Service Category, Medicaid, 2019–2022
(PMPM = Per Member Per Month; PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
Inpatient	PMPM	-4%	-17%
	PPU	15%	0%
	UPK	-17%	-17%
Outpatient	PMPM	-6%	-6%
	PPU	6%	4%
	UPK	-11%	-10%
Professional	PMPM	-9%	-5%
	PPU	1%	8%
	UPK	-10%	-13%
Pharmacy	PMPM	9%	9%
	PPU	3%	11%
	UPK	6%	-2%

Inpatient Hospital Services and Diagnosis-Related Group (DRG) Trends

Table 4 highlights changes in price per unit (PPU) and utilization per 1,000 members (UPK) for the top five inpatient Diagnosis-Related Groups (DRGs) in the Medicaid population, three of which are related to childbirth.

Vaginal deliveries without major complications saw a 4% price increase across both periods (2019 to 2020 and 2021 to 2022), while utilization declined by 18% and 21%, respectively.

Normal newborn admissions experienced a 3% price decrease initially, followed by a 5% price increase, with utilization falling by 22% and 16%.

Neonates with other significant problems had a 5% price decline from 2019 to 2020, then a 10% price increase from 2021 to 2022, alongside steep utilization declines of 14% and 25%.

Septicemia or severe sepsis without mechanical ventilation (>96 hours) saw a 20% price increase in the first period but a 6% price decline later, with utilization decreasing slightly by 2% initially and by 14% in the later period.

Psychoses showed no price change from 2019 to 2020 but saw a 16% price increase from 2021 to 2022, with utilization falling by 8% and then by 20%.

Table 4: Changes in PPU and UPK for Top Inpatient DRGs, Medicaid, 2019–2022

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

	Change in Price		Change in Utilization per 1000 member	
	Change from 2019-2020	Change from 2021-2022	Change from 2019-2020	Change from 2021-2022
Vaginal Delivery Without Sterilization or D&C without major complication of comorbidity (MCC)	4%	4%	-18%	-21%
Normal Newborn	-3%	5%	-22%	-16%
Neonate with other significant problems	-5%	10%	-14%	-25%
Septicemia or Severe Sepsis Without Mechanical ventilation for more than 96 Hours with MCC	20%	-6%	-2%	-14%
Psychoses	0%	16%	-8%	-20%

Outpatient Hospital Services

Table 5 summarizes price per unit (PPU) and utilization per 1,000 members (UPK) changes for the four largest outpatient hospital service categories: outpatient surgeries, emergency department visits, administered drugs (infusions), and imaging.

From 2019 to 2020, prices increased across most outpatient categories, with administered drugs rising the most sharply (up 26%), followed by outpatient surgeries (13%), imaging (12%), and emergency department services (7%). Utilization declined across all categories, with outpatient surgeries and emergency department visits seeing the largest drops (19% and 21%, respectively).

From 2021 to 2022, administered drugs continued to show steep price growth (44%), while outpatient surgery prices rose more moderately (6%). Utilization continued to decline across all categories, particularly for administered drugs (22% decline), outpatient surgeries (15% decline), and imaging (9% decline).

Table 5: Changes in PPU and UPK for Top Outpatient Hospital Services, Medicaid, 2019–2022
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
OP Hospital Surgery	PPU	13%	6%
	UPK	-19%	-15%
Emergency Department	PPU	7%	-1%
	UPK	-21%	-3%
Administered Drugs	PPU	26%	44%
	UPK	-13%	-22%
Imaging	PPU	12%	1%
	UPK	-15%	-9%

Potentially Avoidable Emergency Department Visits

Emergency Department visits comprises 4.4% of the total Medicaid Spending in 2022.

Table 6 summarizes trends in spending, price per unit (PPU), and utilization per 1,000 members (UPK) for potentially avoidable emergency department (ED) visits, those that could often be managed in lower-cost settings such as physician offices or urgent care clinics.

From 2019 to 2020, spending on avoidable ED visits declined by 17%, driven largely by a 33% drop in utilization, even as prices per visit rose by 8%.

From 2021 to 2022, spending rebounded by 15%, fueled by a 3% increase in utilization and a slight 1% decline in prices.

Table 6: Changes in Spending, PPU, and UPK for Avoidable ED Visits, Medicaid, 2019–2022
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

	Change from 2019-2020	Change from 2021-2022
Total Spending	-17%	15%
PPU	8%	-1%
UPK	-33%	3%

Professional Services

Table 7 highlights trends in professional treatment services, including radiation therapy, cardiac rehabilitation, dialysis-related care, laboratory testing, and diagnostic procedures.

From 2019 to 2020, utilization per 1,000 members (UPK) rose sharply by 34%, even as price per unit (PPU) declined by 7%.

From 2021 to 2022, utilization decreased slightly by 2%, while prices rose by 6%, indicating a shift toward higher costs despite lower service use.

Table 7: Changes in PPU and UPK for Professional Treatment Services, Medicaid, 2019–2022
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
Treatment	PPU	-7%	6%
	UPK	34%	-2%

Retail Pharmacy

Table 8 (next page) summarizes changes in price per unit (PPU) and utilization per 1,000 members (UPK) for brand-name and generic drugs in the Medicaid market.

From 2019 to 2020, brand-name drug prices rose by 8%, accompanied by a 1% increase in utilization. Generic drug prices remained flat, while utilization rose by 7%.

From 2021 to 2022, brand-name drug prices increased by another 5%, with utilization rising by 6%. Generic drug prices grew modestly by 2%, while utilization declined by 3%.

In 2022, the top 25 highest-cost drugs accounted for 44% of total Medicaid retail pharmacy spending, with 11 of these drugs related to behavioral health conditions, including 8 focused specifically on mental health.

Table 8: Changes in PPU and UPK for Retail Pharmacy Categories, Medicaid, 2019–2022
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
Brand	PPU	8%	5%
	UPK	1%	6%
Generic	PPU	0%	2%
	UPK	7%	-3%

Medical Pharmacy

Table 9 highlights trends in medical pharmacy costs and utilization for the Medicaid population, focusing on overall spending and key service categories such as chemotherapy and non-oncologic injections and infusions.

From 2019 to 2020, the overall price per unit (PPU) for medical pharmacy increased by 12%, while utilization per 1,000 members (UPK) declined by 13%.

From 2021 to 2022, prices rose sharply by 19%, while utilization dropped further by 17%.

Chemotherapy services experienced a 9% increase in price and a 4% rise in utilization from 2019 to 2020. From 2021 to 2022, chemotherapy prices rose by 26%, while utilization declined by 15%, indicating price-driven growth.

For non-oncologic injections and infusions, prices increased by 8% from 2019 to 2020 alongside a 14% utilization decline. However, from 2021 to 2022, prices surged by 16% even as utilization fell sharply by 17%, suggesting that recent spending increases in this category were entirely price-driven.

Table 9: Changes in PPU and UPK for Medical Pharmacy Categories, Medicaid, 2019–2022
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
Overall	PPU	12%	19%
	UPK	-13%	-17%
Chemotherapy	PPU	9%	26%
	UPK	4%	-15%
Injections and Infusions (nononcologic)	PPU	8%	16%
	UPK	-14%	-17%

Behavioral Health (Mental Health and Substance Use Disorder Treatment)

Table 10 summarizes trends in total spending and per member per month (PMPM) costs for behavioral health services which comprises Mental Health and Substance Use Disorder Treatment Services within Medicaid. Behavioral health spending comprises 8% of total Medicaid spending and mental health spending increased from 76% to 89% of the total behavioral health spending .

From 2019 (\$188 million) to 2020 (\$182 million), overall behavioral health spending declined by 3%, while PMPM costs fell more sharply by 16%. Mental health services saw a 10% increase in total spending (\$143 million in 2019 to \$157.4 million), with a 4% decline in PMPM. In contrast, substance use disorder (SUD) services experienced a steep 45% drop in total spending and a 52% decrease in PMPM.

From 2021 to 2022, overall behavioral health spending rose by 5% (\$213 million to \$223 million), although PMPM costs continued to decline by 7%. Mental health spending grew by 7%, (\$186 million in 2021 to \$198 million in 2022) while PMPM fell by 6%. SUD spending declined more modestly, with a 6% drop in total spending and a 17% decrease in PMPM, highlighting continued differences between mental health and SUD trends.

Table 10: Change in Total Spending and Per Member Per Month (PMPM) for Behavioral Health Categories, Medicaid, 2019–2022

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2022	Change from 2019-2020	Change from 2021-2022
Behavioral Health	-3%	5%	-16%	-7%
Mental Health	10%	7%	-4%	-6%
Substance Use Disorder	-45%	-6%	-52%	-17%

Behavioral Health Price and Utilization Trends

Table 11 presents trends in price per unit (PPU) and utilization per 1,000 members (UPK) for behavioral health categories from 2019 to 2022.

Overall behavioral health services experienced a 5% increase in price and a 20% decline in utilization from 2019 to 2020. From 2021 to 2022, prices rose another 8%, while utilization continued to fall by 14%.

Mental health services saw a 2% price increase from 2019 to 2020, followed by a sharper 10% rise from 2021 to 2022. Utilization declined by 6% in the earlier period and by 14% in the later period, highlighting growing costs despite reduced service use.

Substance use disorder (SUD) services experienced a sharp 60% price increase from 2019 to 2020, even as utilization fell by 70%. From 2021 to 2022, prices declined slightly by 4%, while utilization continued to decrease by 14%, reflecting a sustained trend of reduced service use in this category.

Table 11: Changes in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Behavioral Health Categories, Medicaid, 2019–2022

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
Behavioral Health	PPU	5%	8%
	UPK	-20%	-14%
Mental Health	PPU	2%	10%
	UPK	-6%	-14%
Substance Use Disorder	PPU	60%	-4%
	UPK	-70%	-14%

Chronic Conditions

Table 12 summarizes total spending and per member per month (PMPM) trends for four chronic conditions within the Medicaid population: hypertension, diabetes, chronic kidney disease (CKD), and colorectal cancer.

For hypertension, total spending declined by 3% from 2019 to 2020 but rose by 2% from 2021 to 2022. PMPM costs decreased sharply by 15% and 10% across the two periods. Price per unit (PPU) fell by 9% initially but rose by 5% later, while utilization (UPK) declined steadily by 7% and then 14%.

For diabetes, total spending increased by 10% from 2019 to 2020 and by 1% from 2021 to 2022, even as PMPM costs fell by 5% and 11%. PPU rose by 6% initially but declined by 2% in the later period. Utilization fell consistently across both periods, down 10% and then 9%.

Chronic kidney disease (CKD) spending grew by 8% from 2019 to 2020 and surged by 24% from 2021 to 2022. PMPM costs dipped by 6% initially but rose by 10% later. PPU declined slightly by 3% in the earlier period but jumped by 24% afterward. Utilization dropped modestly by 3% initially and more sharply by 11% later.

For colorectal cancer, total spending rose slightly by 2% from 2019 to 2020, then declined by 7% from 2021 to 2022. PMPM costs fell sharply across both periods, down 11% and 18%. PPU declined significantly by 24% initially and by 9% later, while utilization increased by 16% before falling by 10%.

Table 12: Change in Total Spending and Per Member Per Month (PMPM) for Chronic Disease Categories, Medicaid, 2019–2022

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2022	Change from 2019-2020	Change from 2021-2022
Hypertension	-3%	2%	-15%	-10%
Diabetes	10%	1%	-5%	-11%
Chronic Kidney Disease	8%	24%	-6%	10%
Colorectal Cancer	2%	-7%	-11%	-18%

Chronic Conditions: Change in Price and Utilization

Table 13 highlights changes in price per unit (PPU) and utilization per 1,000 members (UPK) for major chronic disease categories from 2019 to 2022.

For hypertension, PPU decreased by 9% from 2019 to 2020 but rose by 5% from 2021 to 2022. Utilization declined by 7% initially and by 14% in the later period.

For diabetes, PPU rose by 6% from 2019 to 2020 but declined by 2% from 2021 to 2022. Utilization steadily decreased across both periods, falling by 10% and then 9%.

For chronic kidney disease (CKD), prices declined slightly by 3% in the first period but surged by 24% from 2021 to 2022. Utilization fell modestly by 3% initially and more sharply by 11% later.

For colorectal cancer, PPU dropped by 24% from 2019 to 2020 and declined by another 9% from 2021 to 2022. Utilization rose by 16% initially before falling by 10% in the later period.

Table 13: Changes in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Chronic Disease Categories, Medicaid, 2019–2022

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2022
Hypertension	PPU	-9%	5%
	UPK	-7%	-14%
Diabetes	PPU	6%	-2%
	UPK	-10%	-9%
Chronic Kidney Disease	PPU	-3%	24%
	UPK	-3%	-11%
Colorectal Cancer	PPU	-24%	-9%
	UPK	16%	-10%

Medicare Advantage

From 2019 to 2020, total Medicare Advantage spending increased by 12%, rising from \$1.2 billion to \$1.3 billion. Per member per month (PMPM) costs rose slightly by 1% (\$649 to \$658), while the average number of members grew by 11%.

In contrast, from 2021 to 2023, growth accelerated significantly. Total spending rose by 64% (from \$1.4 billion to \$2.3 billion), PMPM costs increased by 35% (\$647 to \$876), and average membership expanded by 21% (Table 1).

Table 1: Changes in Total Spending, Per Member Per Month (PMPM) Costs, and Enrollment for Medicare Advantage, 2019–2023

	Change from 2019-2020	Change from 2021-2023
Total Spending (\$)	12%	64%
Per Member Per Month	1%	35%
Average number of members	11%	21%

Spending Patterns by Service Category

Table 2 shows how spending patterns shifted within Medicare Advantage from 2019 to 2023. Inpatient spending declined from 25% to 21%, professional services fell slightly from 27% to 26%, and outpatient services remained relatively stable at 23% to 24%. In contrast, retail pharmacy spending grew steadily from 25% to 29%, signaling a shift in costs away from inpatient services toward pharmacy benefits.

Table 2: Distribution of Total Spending by Service Category for Medicare Advantage, 2019–2023

	2019	2020	2021	2022	2023
Inpatient	25%	25%	24%	21%	21%
Outpatient	23%	23%	24%	24%	24%
Professional	27%	27%	26%	26%	26%
Retail Pharmacy	25%	25%	26%	28%	29%

Spending Trends Across Service Categories

Table 3 highlights spending and utilization trends across major service categories. From 2019 to 2020, changes in PMPM, price per unit (PPU), and utilization per 1,000 members (UPK) were modest, except for a notable increase in inpatient prices. However, from 2021 to 2023, spending

growth accelerated significantly across all categories, driven by increases in both PMPM costs and utilization.

From 2019 to 2020, growth across most Medicare Advantage service categories was modest. Inpatient PMPM increased by 3%, professional services by 1%, and retail pharmacy by 1%, while outpatient spending remained flat. During the same period, inpatient utilization (UPK) declined by 7%, even as inpatient prices (PPU) rose by 11%.

From 2021 to 2023, spending growth accelerated across all categories. Inpatient PMPM rose by 19%, outpatient by 32%, professional services by 39%, and retail pharmacy by 49%. Inpatient utilization surged by 52%, despite a 22% decline in inpatient prices.

Outpatient and professional service utilization also grew, rising by 17% and 34%, respectively. Retail pharmacy utilization expanded by 29%. During the same time, outpatient service prices increased by 13%, while retail pharmacy prices rose by 15%. Overall, the 2021 to 2023 period reflects a sharp shift toward higher healthcare utilization across all service categories, paired with continued price growth in outpatient and pharmacy services.

Table 3: Changes in PMPM, PPU, and UPK by Service Category for Medicare Advantage, 2019–2023

(PMPM = Per Member Per Month; PPU = Price Per Unit; UPK = Units Per 1,000)

		Change from 2019-2020	Change from 2021-2023
Inpatient	PMPM	3%	19%
	PPU	11%	-22%
	UPK	-7%	52%
Outpatient	PMPM	0%	32%
	PPU	2%	13%
	UPK	-2%	17%
Professional	PMPM	1%	39%
	PPU	0%	3%
	UPK	1%	34%
Retail Pharmacy	PMPM	1%	49%
	PPU	5%	15%
	UPK	-4%	29%

Inpatient Services and DRG Trends

Diagnosis-Related Groups (DRGs) are used to categorize inpatient hospital stays based on similar clinical characteristics and expected resource use. Table 4 highlights trends in price per unit (PPU) and utilization per 1,000 members (UPK) for the top five DRGs within Medicare Advantage from 2019 to 2023.

For Sepsis or Severe Sepsis without MV >96 hours with MCC, from 2019 to 2020, the price per unit rose by 16%, while utilization decreased by 2%. From 2021 to 2023, price declined by 6%, but utilization increased significantly by 20%.

For Psychoses, price per unit increased by 16% from 2019 to 2020, while utilization dropped slightly by 1%. From 2021 to 2023, price declined by 3%, but utilization rose sharply by 25%.

For Respiratory Infections and Inflammations with MCC, prices increased steeply by 51% from 2019 to 2020, while utilization surged by 587%. However, from 2021 to 2023, prices declined by 26%, and utilization dropped by 64%, suggesting a major pandemic-related spike and subsequent normalization.

Heart Failure and Shock with MCC experienced a 12% price increase from 2019 to 2020, followed by a 3% price decline from 2021 to 2023. Utilization fell by 6% initially but rose by 13% in the later period.

For Simple Pneumonia and Pleurisy with MCC, price per unit rose by 6% from 2019 to 2020 and decreased slightly by 1% from 2021 to 2023. Utilization declined by 10% initially but rebounded strongly, increasing by 63% from 2021 to 2023.

Table 4: Changes in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Inpatient DRGs, Medicare Advantage, 2019–2023

(PMPM = Per Member Per Month; PPU = Price Per Unit; UPK = Units Per 1,000)

		Change from 2019-2020	Change from 2021-2023
Sepsis or Severe Sepsis without MV >96 hours with MCC	PPU	16%	-6%
	UPK	-2%	20%
Psychoses	PPU	16%	-3%
	UPK	-1%	25%
Respiratory Infections and Inflammations with MCC	PPU	51%	-26%
	UPK	587%	-64%
Heart Failure and Shock with MCC	PPU	12%	-3%
	UPK	-6%	13%
Simple Pneumonia and Pleurisy with MCC	PPU	6%	-1%
	UPK	-10%	63%

Outpatient Hospital Services

Table 5 shows how pricing and utilization shifted across key outpatient hospital categories, including surgeries, emergency department visits, administered drugs, and imaging.

Spending on outpatient surgeries rose due to a 19% increase in price per unit (PPU) from 2019 to 2020, followed by a more modest 3% price increase from 2021 to 2023. Utilization declined slightly in the earlier period (4%) but rebounded sharply with a 34% increase during 2021 to 2023.

Emergency department (ED) services experienced a 10% decline in utilization from 2019 to 2020, followed by a strong recovery of 32% from 2021 to 2023. Prices for ED services declined modestly in both periods, falling by 2% each time.

Administered drugs stood out with steep price increases: a 24% jump from 2019 to 2020 and another 15% increase from 2021 to 2023. After an initial 15% drop in utilization, use of administered drugs rose 28% over the later period.

Imaging services saw a 9% price increase in the first period and a 4% increase in the second. Utilization dropped by 10% from 2019 to 2020, then surged by 32% from 2021 to 2023.

Table 5: Change in PPU and UPK for Top Outpatient Hospital Services, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
OP Hospital Surgery	PPU	19%	3%
	UPK	-4%	34%
Emergency Department	PPU	-2%	-2%
	UPK	-10%	32%
Administered Drugs	PPU	24%	15%
	UPK	-15%	28%
Imaging	PPU	9%	4%
	UPK	-10%	32%

Potentially Avoidable (Non-Emergent) Emergency Department Visits

Emergency department (ED) visits made up 2.4% of total Medicare Advantage healthcare spending in 2023. A subset of these visits, classified as potentially avoidable, includes low-acuity cases that could typically be managed in lower-cost settings such as primary care clinics or urgent care centers.

Table 6 presents trends in total spending, price per unit (PPU), and utilization per 1,000 members (UPK) for potentially avoidable ED visits.

From 2019 to 2020, total spending on avoidable ED visits decreased by 12%, largely due to a 22% decline in utilization, even as average visit prices rose slightly by 2%.

From 2021 to 2023, spending rebounded sharply, rising 54%, driven by a 27% increase in utilization while prices remained flat.

Table 6: Change in Spending, PPU, and UPK for Avoidable ED Visits, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

	Change from 2019-2020	Change from 2021-2023
Total Spending	-12%	54%
PPU	2%	0%
UPK	-22%	27%

Professional Services

Professional services encompass claims submitted by individual healthcare providers, including physicians, nurse practitioners, anesthesiologists, and diagnostic professionals. These services span a wide range of categories, from imaging to anesthesia to treatment therapies.

Table 7 (next page) highlights trends in price per unit (PPU) and utilization per 1,000 members (UPK) for the top professional service categories in the Medicare Advantage market from 2019 to 2023.

From 2019 to 2020:

- Imaging services saw an 8% increase in price, while utilization declined by 3%.
- Anesthesia prices remained flat, but utilization fell by 6%.
- Treatment services experienced a 13% price increase alongside a 17% rise in utilization.

From 2021 to 2023:

- Utilization rose sharply across all categories: 33% for Imaging, 39% for Anesthesia, and 62% for Treatment services.
- Price changes were modest or flat, with Imaging and Treatment both declining slightly by 2%, and Anesthesia remaining stable.

Professional services utilization increased substantially after 2021, with spending growth largely driven by volume rather than price.

Table 7: Change in PPU and UPK for Top Professional Service Categories, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Imaging	PPU	8%	-2%
	UPK	-3%	33%
Anesthesia	PPU	0%	0%
	UPK	-6%	39%
Treatment	PPU	13%	-2%
	UPK	17%	62%

Retail Pharmacy

Retail pharmacy utilization and pricing trends for Medicare Advantage members were analyzed separately for brand-name and generic medications.

Table 8 (next page) summarizes changes in price per unit (PPU) and utilization per 1,000 members (UPK) from 2019 to 2023.

From 2019 to 2020:

- Brand-name drug prices rose by 9%, while utilization declined by 8%.
- Generic drug prices increased by 7%, with a smaller 3% decrease in utilization.

From 2021 to 2023:

- Brand-name drug utilization surged by 59%, even as prices declined slightly by 1%.
- Generic drug prices remained flat, while utilization increased by 27%.

Retail pharmacy spending in Medicare Advantage grew primarily due to rising utilization, especially among brand-name drugs, rather than price increases.

Table 8: Change in PPU and UPK for Retail Pharmacy Categories, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Brand	PPU	9%	-1%
	UPK	-8%	59%
Generic	PPU	7%	0%
	UPK	-3%	27%

Medical Pharmacy

Medical pharmacy includes drugs administered in clinical or hospital settings, such as chemotherapy and other infused treatments and is a significant cost driver within Medicare Advantage.

Table 9 (next page) summarizes changes in price per unit (PPU) and utilization per 1,000 members (UPK) across overall medical pharmacy services, chemotherapy, and non-oncologic injections and infusions.

From 2019 to 2020:

- Overall medical pharmacy prices rose by 9%, while utilization declined by 5%.
- Chemotherapy saw a modest 7% price increase and a stable utilization rate.
- Injections and infusions (non-oncologic) experienced a 7% price increase and a 5% decline in utilization.

From 2021 to 2023:

- Overall utilization rose by 36%, with prices increased by 9%
- Chemotherapy utilization increased by 41%, with prices rising 15%.
- Non-oncologic injections and infusions saw a 35% increase in utilization with a 2% increase in prices.

Recent growth in medical pharmacy spending has been driven by surging utilization, particularly for chemotherapy and other infused treatments, while price trends have remained stable or increased modestly.

Table 9: Change in PPU and UPK for Medical Pharmacy Categories, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Overall	PPU	9%	9%
	UPK	-5%	36%
Chemotherapy	PPU	7%	15%
	UPK	0%	41%
Injections and Infusions (nononcologic)	PPU	7%	2%
	UPK	-5%	35%

Behavioral Health (Mental Health and Substance Use Disorder Treatment)

Behavioral health services which comprise Mental Health and Substance Use Disorder Treatment accounted for just 1.5% of total Medicare Advantage spending in 2023. However, spending in this category has grown significantly in recent years, particularly for mental health services.

From 2019 to 2020:

- Total behavioral health spending increased by 22%, from \$15.2 million to \$18.5 million.
- PMPM (per member per month) costs rose by 10%.

From 2021 to 2023:

- Total spending for behavioral health grew by 69%, from \$24.3 million to \$34.5 million.
- PMPM costs increased by 40%.

Mental health services made up 76% to 78% of total behavioral health spending. From 2019 to 2020, mental health spending rose by 19% and PMPM increased by 7%. Growth accelerated from 2021 to 2023, with a 76% increase in total spending and a 45% rise in PMPM.

Spending on substance use disorder (SUD) services grew by 32% from 2019 to 2020, with a 20% increase in PMPM. From 2021 to 2023, SUD spending rose by 51%, while PMPM grew by 24%.

Table 10: Change in Total Spending and PMPM for Behavioral Health Categories, Medicare Advantage, 2019–2023

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2023	Change from 2019-2020	Change from 2021-2023
Behavioral Health	22%	69%	10%	40%
Mental Health	19%	76%	7%	45%
Substance Use Disorder	32%	51%	20%	24%

Behavioral Health: Price and Utilization Trends

Across behavioral health services, recent trends show rising utilization paired with declining prices—especially in mental health.

From 2019 to 2020:

- Overall behavioral health service prices (PPU) declined by 8%.
- Utilization for behavioral health services rose by 19%.

From 2021 to 2023:

- Prices fell another 5% for behavioral health services.
- Utilization increased significantly, by 47% for overall behavioral health services.

Mental Health Services:

- Prices dropped by 10% from 2019 to 2020, and by 3% from 2021 to 2023.
- Utilization rose by 18% initially, then by 49% in the later period.

Substance Use Disorder (SUD) Services:

- Prices decreased by 6% in both periods.
- Utilization increased by 27% from 2019 to 2020 and by 35% from 2021 to 2023.

Despite falling prices, behavioral health spending rose due to sharp increases in service use, especially for mental health.

Table 11: Change in PPU and UPK for Behavioral Health Categories, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Behavioral Health	PPU	-8%	-5%
	UPK	19%	47%
Mental Health	PPU	-10%	-3%
	UPK	18%	49%
Substance Use Disorder	PPU	-6%	-8%
	UPK	27%	35%

Chronic Disease Categories

Claims for four chronic conditions—hypertension, diabetes, chronic kidney disease (CKD), and colorectal cancer were analyzed to understand spending and utilization trends within the Medicare Advantage population (Table 12).

Hypertension:

- Total spending rose by 4% from 2019 to 2020 and surged by 37% from 2021 to 2023.
- PMPM costs decreased by 6% initially but increased by 13% during 2021–2023.

Diabetes:

- Total spending grew by 3% from 2019 to 2020 and rose sharply by 65% from 2021 to 2023.
- PMPM costs fell by 7% initially but rebounded with a 36% increase.

Chronic Kidney Disease (CKD):

- Total spending rose by 14% from 2019 to 2020 and by 55% from 2021 to 2023.
- PMPM costs increased by 3% initially and by 28% in the later period.

Colorectal Cancer:

- Total spending declined by 8% from 2019 to 2020, but climbed by 73% from 2021 to 2023.
- PMPM costs dropped by 16% initially and then rose by 43%.

Chronic disease spending growth accelerated significantly after 2021, particularly for diabetes and colorectal cancer.

Table 12: Change in Total Spending and PMPM for Chronic Disease Categories, Medicare Advantage, 2019–2023

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2023	Change from 2019-2020	Change from 2021-2023
Hypertension	4%	37%	-6%	13%
Diabetes	3%	65%	-7%	36%
Chronic Kidney Disease	14%	55%	3%	28%
Colorectal Cancer	-8%	73%	-16%	43%

Chronic Conditions: Price and Utilization Trends

Table 13 highlights how price per unit (PPU) and utilization per 1,000 members (UPK) changed for the same chronic disease categories over the 2019 to 2023 period.

Hypertension:

- PPU fell by 16% from 2019 to 2020, followed by a smaller 3% decline from 2021 to 2023.
- Utilization rose steadily, up 12% initially and 17% later.

Diabetes:

- PPU declined by 6% initially but rose by 17% from 2021 to 2023.
- Utilization dropped by 2% in the first period and rose by 17% in the second.

Chronic Kidney Disease (CKD):

- PPU dropped by 8% from 2019 to 2020 and another 13% from 2021 to 2023.
- Utilization rose by 12% initially and surged by 46% in the later period.

Colorectal Cancer:

- PPU fell by 12% from 2019 to 2020 but increased by 27% from 2021 to 2023.
- Utilization declined by 6% initially and then rebounded by 13%.

Price trends for chronic diseases varied widely, but utilization consistently increased after 2021.

Table 13: Change in PPU and UPK for Chronic Disease Categories, Medicare Advantage, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Hypertension	PPU	-16%	-3%
	UPK	12%	17%
Diabetes	PPU	-6%	17%
	UPK	-2%	17%
Chronic Kidney Disease	PPU	-8%	-13%
	UPK	12%	46%
Colorectal Cancer	PPU	-12%	27%
	UPK	-6%	13%

Medicare FFS Market

Medicare Fee-For-Service (FFS) is the traditional Medicare program where the federal government pays healthcare providers directly for each service delivered to beneficiaries. From 2019 to 2023, Medicare Fee-for-Service (FFS) spending in Utah experienced notable fluctuations. In 2019, total claims costs stood at \$3.1 billion, declining slightly to \$3.05 billion in 2020. Spending then rebounded, rising to \$3.3 billion in 2021 and reaching \$3.5 billion by 2023, an overall increase of approximately 6% from 2021 to 2023. This upward trend reflects accelerating healthcare spending in the state.

Medicare FFS enrollment showed a modest 1% decline from 2019 (262,000 beneficiaries) to 2020 (260,000). This was followed by a significant decline of 14% from 2021 to 2023. During the same period, per member per month (PMPM) costs decreased slightly by 1% from 2019 (\$989) to 2020 (\$979), but surged by 24% from 2021 (\$1,098) to 2023 (\$1,363), signaling growing cost pressures in the program.

Table 1 highlights changes in total spending, PMPM costs, and average enrollment in the Medicare FFS market across two key periods: 2019 to 2020 and 2021 to 2023. The data reveal a temporary dip in 2020, followed by a significant rise in spending in the subsequent years.

Table 1: Change in Total Spending, Per Member Per Month (PMPM), and Average Enrollment, Medicare FFS Market, 2019–2023

	Change from 2019-2020	Change from 2021-2023
Total Spending	-2%	6%
PMPM	-1%	24%
Average number of members	-1%	-14%

Spending Patterns by Service Category

Table 2 presents the distribution of Medicare Fee-for-Service (FFS) spending across four major service categories—inpatient care, outpatient services, professional services, and retail pharmacy from 2019 to 2023.

During the 2021 to 2023 period, the proportion of spending on inpatient services declined steadily, indicating a shift away from hospital based care. In contrast, spending shares for outpatient and professional services remained relatively stable. Notably, retail pharmacy costs increased modestly, reflecting growing use or higher costs of prescription medications.

Table 2: Percentage of Total Spending by Service Category, Medicare FFS Market, 2019–2023

	2019	2020	2021	2022	2023
Inpatient	29%	28%	26%	25%	23%
Outpatient	31%	31%	31%	32%	31%
Professional	26%	26%	27%	26%	27%
Retail Pharmacy	14%	15%	16%	17%	19%

Spending Trends Across Service Categories

Despite a significant increase in inpatient hospital prices from 2019 to 2020 of 11%, and a slight rise from 2021 to 2023, overall inpatient per member spending declined slightly. This was largely due to decreased utilization over both periods.

For outpatient hospital services, per member per month (PMPM) costs remained flat from 2019 to 2020, reflecting a balance between a 4% drop in utilization and a 4% rise in prices. However, from 2021 to 2023, PMPM costs increased by 13%, primarily driven by an 11% increase in prices, while utilization grew only slightly (2%).

Outpatient spending rose sharply after 2020, largely fueled by price growth rather than increased service use.

In the professional services category, PMPM costs declined by 3% from 2019 to 2020, driven by an 8% decrease in utilization, despite a 5% increase in prices. From 2021 to 2023, professional services PMPM rose by 12%, supported by a 7% increase in utilization and continued moderate price growth of 5%.

This reflects a moderate rebound in professional services spending, influenced by both higher usage and pricing.

Retail pharmacy experienced the most substantial growth in PMPM costs, rising by 36% from 2021 to 2023. This surge was primarily driven by a 20% increase in price per unit, alongside a 14% rise in utilization.

Table 3: Change in Per Member Per Month (PMPM), Price Per Unit (PPU), and Units Per 1,000 (UPK) by Service Category, Medicare FFS Market, 2019–2023

(PMPM = Per Member Per Month; PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Inpatient	PMPM	-5%	-1%
	PPU	11%	1%
	UPK	-14%	-2%
Outpatient	PMPM	0%	13%
	PPU	4%	11%
	UPK	-4%	2%
Professional	PMPM	-3%	12%
	PPU	5%	5%
	UPK	-8%	7%
Retail Pharmacy	PMPM	8%	36%
	PPU	3%	20%
	UPK	5%	14%

Inpatient Hospital Services and DRG Trends

Table 4 highlights the top five DRGs in Utah’s Medicare FFS market and the trends in price per unit (PPU) and utilization per 1,000 members (UPK) observed from 2019 to 2023.

Top Diagnosis-Related Groups (DRGs): Price and Utilization Trends

From 2019 to 2020, notable shifts included a 455% spike in utilization for respiratory infections and inflammations with MCC, likely driven by the onset of the COVID-19 pandemic. Meanwhile, major joint replacements saw a steep 60% drop in utilization, potentially due to widespread deferral of elective procedures during the pandemic.

From 2021 to 2023, patterns shifted again. Utilization of respiratory-related admissions fell sharply by 62%, while prices also declined by 16%, a potential correction following the 2020 surge. In contrast, procedures such as heart failure admissions and joint replacements experienced modest rebounds in utilization, though joint replacements still remained below pre-pandemic levels. Price changes were generally modest across most categories during this period, with the exception of joint replacement, which saw a 9% price increase.

Table 4: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Inpatient Hospital DRGs, Medicare FFS Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

	Change in Price		Change in Utilization per 1000 member	
	2019-2020	2021-2023	2019-2020	2021-2023
Heart Failure and Shock with MCC	4%	-5%	-18%	8%
Major Hip/Knee Joint Replacement (no MCC)	4%	9%	-60%	-11%
Psychoses	1%	2%	-1%	-16%
Respiratory Infections with MCC	27%	-16%	455%	-62%
Septicemia without MV >96 hrs (with MCC)	8%	3%	-3%	9%

Outpatient Hospital Services

Table 5 summarizes changes in price per unit (PPU) and utilization (measured as units per 1,000 members, or UPK) for the top outpatient hospital services in Utah’s Medicare Fee-for-Service (FFS) market from 2019 to 2020 and 2021 to 2023.

From 2019 to 2020, outpatient hospital surgery experienced a 13% decline in utilization, even as prices rose by 20%. From 2021 to 2023, utilization rebounded modestly by 3%, while price growth moderated to 7%.

Emergency department visits dropped sharply by 18% from 2019 to 2020, likely due to patients avoiding hospitals during the early stages of the pandemic. Prices during this period remained relatively stable. From 2021 to 2023, emergency department utilization increased by 5%, with a slight 2% rise in prices, suggesting a gradual return to pre-pandemic service patterns.

For administered drugs, prices surged by 22% from 2019 to 2020, despite a 7% drop in utilization. The trend intensified from 2021 to 2023, with prices soaring an additional 38% and utilization declining further by 6%.

Imaging services saw a 16% decline in utilization from 2019 to 2020, coupled with a modest 6% increase in price. Utilization rebounded by 7% from 2021 to 2023, while prices continued to rise at a slower pace (3%).

Table 5: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Outpatient Hospital Services, Medicare FFS Market, 2019–2023
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
OP Hospital Surgery	PPU	20%	7%
	UPK	-13%	3%
Emergency Department	PPU	1%	2%
	UPK	-18%	5%
Administered Drugs	PPU	22%	38%
	UPK	-7%	-6%
Imaging	PPU	6%	3%
	UPK	-16%	7%

Potentially Avoidable Emergency Department Visits

Emergency department (ED) services account for 2% of total Medicare FFS healthcare spending.

Table 6 presents changes in spending, pricing, and utilization for potentially avoidable emergency department (ED) visits in the Medicare Fee-for-Service (FFS) population.

From 2019 to 2020, total spending on avoidable ED visits dropped by 30%, driven entirely by a corresponding 30% decline in utilization, while the average price per visit increased slightly by 2%. From 2021 to 2023, spending rose modestly by 4%, reflecting a 5% increase in both utilization and average price.

Avoidable ED visits fell sharply during the height of the pandemic but have shown a gradual recovery in the following years.

Table 6: Change in Total Spending, Price Per Unit (PPU), and Emergency Department Visits Per 1,000 Members for Avoidable ED Visits, Medicare FFS Market, 2019–2023
(PPU = Price Per Unit; ED = Emergency Department)

	Change from 2019-2020	Change from 2021-2023
Total Spending	-30%	4%
PPU	2%	5%
ED Visits/1000 member	-30%	5%

Professional Services Trends

Table 7 reveals notable shifts in pricing and utilization across professional service categories in the Medicare FFS market from 2019 to 2023.

Durable Medical Equipment (DME) experienced the steepest price increases—143% from 2019 to 2020 and 82% from 2021 to 2023—while utilization first rose slightly, then declined.

Administered drugs showed modest price growth early on but saw a sharp 56% price increase from 2021 to 2023, coupled with a 32% drop in utilization, signaling strong price-driven cost growth.

For treatment services, prices rose 23% and utilization fell early in the period, but this trend reversed post-2020, with prices dropping 27% and utilization increasing 28%.

Other services which include ambulance, vision, hearing, speech, enteral and parenteral services had modest early changes, but utilization surged by 198% from 2021 to 2023, despite a 19% decline in prices, indicating a strong rebound in volume-driven care.

Table 7: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Top Professional Service Categories, Medicare FFS Market, 2019–2023
(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Durable Medical Equipment (DME)	PPU	143%	82%
	UPK	8%	-8%
Administered Drugs	PPU	4%	56%
	UPK	1%	-32%
Treatment	PPU	23%	-27%
	UPK	-7%	28%
Other	PPU	9%	-19%
	UPK	-7%	198%

Medical Pharmacy Trends

Table 8 summarizes pricing and utilization trends in medical pharmacy services within the Medicare FFS market from 2019 to 2023. Overall, price per unit (PPU) rose steadily by 10% from 2019 to 2020 and a sharp 61% from 2021 to 2023, while utilization (UPK) declined in both periods, down 2% and 28%, respectively.

Breaking it down by category, chemotherapy saw a considerable price growth (13% and 26%) alongside a 6% utilization drop early on, followed by a 16% rebound in service volume from 2021 to 2023. In contrast, non-oncologic injections and infusions experienced significant price increases (10% and 46%) and steep utilization decline of 30% from 2021 to 2023.

Table 8: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Medical Pharmacy Categories, Medicare FFS Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Overall	PPU	10%	61%
	UPK	-2%	-28%
Chemotherapy	PPU	13%	26%
	UPK	-6%	16%
Injections and Infusions (nononcologic)	PPU	10%	46%
	UPK	-2%	-30%

Behavioral Health (Mental Health and Substance Use Disorder Treatment)

Behavioral health services which includes Mental Health and Substance Use Disorder Treatment services accounted for approximately 1% of total Medicare FFS healthcare spending in Utah in 2023. This spending included inpatient, outpatient and professional claims services.

Table 9 shows trends in total spending and per member per month (PMPM) costs for behavioral health services in the Medicare Fee-for-Service (FFS) market from 2019 to 2023, broken down into mental health and substance use disorder (SUD) categories.

From 2019 to 2020, total behavioral health spending declined slightly by 3%, with PMPM costs falling by 2%. These trends remained consistent across both mental health and SUD services. From 2021 to 2023, the decline accelerated, with total spending dropping by 11%-12% and PMPM costs by 6% for all behavioral health categories.

Table 9: Change in Total Spending and Per Member Per Month (PMPM) for Behavioral Health Categories, Medicare FFS Market, 2019–2023

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2023	Change from 2019-2020	Change from 2021-2023
Behavioral Health	-3%	-11%	-2%	-6%
Mental Health	-3%	-11%	-2%	-6%
Substance Use Disorder	-2%	-12%	-1%	-6%

Table 10 outlines changes in price per unit (PPU) and utilization (UPK) for behavioral health services in the Medicare FFS market from 2019 to 2023, with breakdowns for mental health and

substance use disorder (SUD) services.

From 2019 to 2020, behavioral health prices increased by 10%, but utilization declined by 11%. Mental health services followed a similar pattern, with a 13% increase in price and a 13% decline in utilization. In contrast, SUD services saw a 14% decrease in price, but utilization increased by 15%, suggesting a rise in demand for SUD treatment, possibly due to the early impacts of the pandemic.

From 2021 to 2023, behavioral health prices declined by 5%, and utilization dipped marginally by 1%. Mental health services saw similar price declines of 6% with flat utilization, suggesting limited recovery in service volume. SUD services, however, showed a 3% price increase but a 9% drop in utilization, reversing the earlier upward trend in use.

Overall, the data reflect declining prices and mostly flat or falling utilization in behavioral health services post-2020, especially for mental health, while SUD services initially surged in use but tapered off in the later years.

Table 10: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Behavioral Health Categories, Medicare FFS Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Behavioral Health	PPU	10%	-5%
	UPK	-11%	-1%
Mental Health	PPU	13%	-6%
	UPK	-13%	0%
Substance Use Disorder	PPU	-14%	3%
	UPK	15%	-9%

Chronic Conditions Trends

Table 11 highlights shifts in total spending and per member per month (PMPM) costs for key chronic disease categories in the Medicare Fee-for-Service (FFS) market from 2019 to 2023. The data reflect varying trends across conditions, influenced by care patterns during and after the pandemic.

Hypertension spending declined in both periods down 9% (2019 to 2020) and 4% (2021 to 2023). PMPM costs also dropped 8% initially, but reversed slightly with a 2% increase in the later period, indicating some stabilization in per-patient spending despite overall reductions.

Diabetes showed modest declines during the early period with total spending down 3% and PMPM down 2%, but rebounded strongly from 2021 to 2023, with total spending up 19% and PMPM up 26%, suggesting increased resource use or higher treatment costs in recent years.

Chronic Kidney Disease (CKD) had a small 2% increase in spending and 3% in PMPM from 2019

to 2020, but both declined from 2021 to 2023 (12% decline in total spending, 7% decline in PMPM costs), possibly reflecting reduced utilization or shifts in care delivery.

Colorectal Cancer saw sharp declines during the pandemic with total spending dropping 23%, and PMPM fell 22%, likely due to delays in screenings and elective procedures. From 2021 to 2023, total spending rebounded by 5% and PMPM rose 11%, indicating partial recovery in care delivery.

Table 11: Change in Total Spending and Per Member Per Month (PMPM) for Chronic Disease Categories, Medicare FFS Market, 2019–2023

	Total Spending		PMPM	
	Change from 2019-2020	Change from 2021-2023	Change from 2019-2020	Change from 2021-2023
Hypertension	-9%	-4%	-8%	2%
Diabetes	-3%	19%	-2%	26%
Chronic Kidney Disease	2%	-12%	3%	-7%
Colorectal Cancer	-23%	5%	-22%	11%

Table 12 outlines the changes in price per unit (PPU) and utilization (UPK) for key chronic disease categories in the Medicare Fee-for-Service (FFS) market from 2019 to 2023. The data reveal distinct patterns for each condition, shaped by cost pressures and shifts in care delivery.

Hypertension saw a 1% decline in price and a 7% drop in utilization from 2019 to 2020. From 2021 to 2023, prices fell further by 5%, but utilization increased by 7%.

Diabetes experienced a 4% price increase and a 6% drop in utilization early in the period. From 2021 to 2023, price growth accelerated significantly by 25%, while utilization remained mostly flat.

Chronic Kidney Disease (CKD) showed minimal changes throughout. Price per unit rose slightly (2%) from 2019 to 2020, then declined (–8%) from 2021 to 2023. Utilization remained stable.

Colorectal Cancer had a 15% price decline and a 9% drop in utilization early on, likely due to pandemic-related care delays. From 2021 to 2023, prices rose moderately by 11%, but utilization remained flat.

Table 12: Change in Price Per Unit (PPU) and Units Per 1,000 (UPK) for Chronic Disease Categories, Medicare FFS Market, 2019–2023

(PPU = Price Per Unit; UPK = Units Per 1,000 Members)

		Change from 2019-2020	Change from 2021-2023
Hypertension	PPU	-1%	-5%
	UPK	-7%	7%
Diabetes	PPU	4%	25%
	UPK	-6%	1%
Chronic Kidney Disease	PPU	2%	-8%
	UPK	1%	1%
Colorectal Cancer	PPU	-15%	11%
	UPK	-9%	0%

References

- Source for CMS monthly enrollment by state: [CMS Medicare Enrollment Data](#)
- Source for information on BETOS: [CMS BETOS Codes](#)
- Source for avoidable ED methodology: [CMS Qualified Entity Phase 3 Reporting Calculation Methodology](#)
- Source for All Payers Claims Database:
<https://healthcarestats.utah.gov/about-the-data/apcd/>

Glossary of Service Categories

Modified BETOS:

Certain outpatient and professional services were categorized using the Berenson-Eggers Type of Service (BETOS) system. BETOS groups ambulatory CPT and HCPCS procedures into meaningful categories. This version was modified to separately classify administered drugs and treatment services.

Facility-Based Services:

- **Inpatient Hospital (IP):** Claims from hospitals, skilled nursing, and other facilities. Physician costs are generally excluded.
- **Diagnosis-Related Group (DRG):** A case-mix system that categorizes hospital patients with similar diagnoses to manage costs and set reimbursement rates.
- **Outpatient Hospital (OP):** Claims from hospitals and facilities for outpatient services. Physician costs are billed separately.

Outpatient Hospital Service Categories:

- **Outpatient Hospital Surgery:** Surgeries performed in outpatient surgical suites.
- **Emergency Department:** Visits to a hospital ED, based on revenue codes. ED visits take precedence over surgery if both are billed.
- **Administered Drugs:** Medications delivered in an outpatient hospital setting.
- **Imaging:** X-rays, CT scans, MRIs, MRAs, and other imaging studies.
- **Procedure:** Outpatient procedures not involving a surgical suite.
- **Testing:** Laboratory, pathology, and cardiography testing services.
- **Other:** Includes ambulance services, vision, hearing, speech therapy, and other miscellaneous services.

Professional Services:

- **Evaluation and Management (E&M):** Physician or qualified provider diagnosis and treatment visits.
- **Procedure:** Professional-billed procedures or surgeries.
- **Testing:** Professional lab and pathology services.
- **Imaging:** Professional-billed imaging services.
- **Administered Drugs:** Drugs administered in an outpatient clinic setting.
- **Durable Medical Equipment (DME):** Equipment like walkers, wheelchairs, and oxygen tanks.
- **Anesthesia:** Professional anesthesia services.
- **Treatment:** Radiation therapy, cardiac rehab, dialysis-related services, and other treatment therapies.
- **Clinic:** Services billed by a hospital-based clinic.

- **Other:** Ambulance and miscellaneous services not captured in the categories above.

Pharmacy Services:

- **Retail Pharmacy:** Prescription medications obtained through retail pharmacies.
 - **Brand:** Brand-name medications.
 - **Generic:** Generic equivalents of brand-name drugs.
- **Medical Pharmacy:** Drugs administered in clinical or hospital settings.
 - **Chemotherapy:** Cancer-fighting drug therapies.
 - **Other Infusions and Injections:** Non-chemotherapy infused treatments.

Behavioral Health:

- **Behavioral Health Services:** Claims with a primary behavioral health diagnosis.
- **Mental Health (MH):** Claims with a primary mental health diagnosis.
- **Substance Use Disorder (SUD):** Claims with a primary diagnosis of substance use disorder.

Chronic Conditions:

- **Hypertension:** Claims related to hypertension diagnoses.
- **Diabetes:** Claims related to diabetes diagnoses.
- **Chronic Kidney Disease (CKD):** Claims related to CKD diagnoses.
- **Colorectal Cancer:** Claims related to colorectal cancer diagnoses.

Full diagnosis code lists (Appendices A-C) used to define potentially avoidable emergency department visits, behavioral health categories, and chronic conditions are available upon request.

Appendix Tables

Table 1 – Total claims Spending, members and PMPM by Market, 2019-2023

		2019	2020	2021	2022	2023
Commercial	Total Spending (\$)	6,834.9M	6,727.3M	7,072.9M	7,553.3M	8,134.2M
	PMPM	\$447.4	\$432.1	\$467.2	\$481.2	\$505.9
	Enrollment	1273131	1297395	1261699	1308097	1339915
Medicaid	Total Spending (\$)	2,106.1M	2,300.4M	2,630.7M	2,772.6M	
	PMPM	\$563.1	\$535.3	\$508.6	\$475.2	
	Enrollment	311,674	358,121	431,024	486,196	461,923
Medicare Advantage	Total Spending (\$)	1,154.6M	1,295.1M	1,422.7M	1,858.7M	2,328.3M
	PMPM	\$648.5	\$657.6	\$647.2	\$768.9	\$875.6
	Enrollment	148373	164103	183195	201452	221597
Medicare FFS	Total Spending (\$)	3121.06 M	3058.92 M	3329.05 M	3369.69 M	3542.8M
	PMPM	\$989.4	\$979.4	\$1,097.6	\$1,146.1	\$1362.94
	Enrollment	262987	260372	252850	245100	216615

Table 2 – Per Member Per Month (PMPM), Price per unit (PPU) and Utilization per 1000 members (UPK) by Service categories and by Market, 2019-2023

			2019	2020	2021	2022	2023
Commercial	Inpatient	PMPM	\$ 80.7	\$ 74.3	\$ 83.9	\$ 80.6	\$ 82.8
		PPU	\$ 12,968.1	\$ 13,063.0	\$ 14,110.4	\$ 14,293.5	\$ 14,972.7
		UPK	7.47	6.83	7.13	6.77	6.64
	Outpatient	PMPM	\$ 129.6	\$ 124.0	\$ 142.0	\$ 150.3	\$ 156.6
		PPU	\$ 515.0	\$ 521.0	\$ 539.2	\$ 564.6	\$ 602.2
		UPK	302.08	285.49	316.14	319.49	312.04
	Professional	PMPM	\$ 131.7	\$ 128.9	\$ 141.7	\$ 145.1	\$ 151.8
		PPU	\$ 110.3	\$ 112.9	\$ 113.9	\$ 117.6	\$ 120.2
		UPK	1,433.11	1,369.72	1,492.03	1,480.57	1,516.15
	Retail Pharmacy	PMPM	\$ 97.7	\$ 96.0	\$ 82.3	\$ 88.8	\$ 102.6
		PPU	\$ 77.8	\$ 86.2	\$ 90.1	\$ 98.5	\$ 109.9
		UPK	1,506.92	1,335.38	1,095.12	1,082.00	1,119.88
Medicaid	Inpatient	PMPM	\$ 158.2	\$ 152.2	\$ 144.8	\$ 119.9	
		PPU	\$ 11,103.5	\$ 12,801.4	\$ 13,935.0	\$ 13,983.5	
		UPK	17.10	14.27	12.47	10.29	
	Outpatient	PMPM	\$ 77.4	\$ 73.1	\$ 69.7	\$ 65.2	
		PPU	\$ 313.6	\$ 331.9	\$ 312.0	\$ 324.8	
		UPK	296.24	264.46	268.16	241.09	
	Professional	PMPM	\$ 255.1	\$ 231.0	\$ 213.7	\$ 202.3	

Medicaid

		PPU	\$ 145.7	\$ 147.3	\$ 135.3	\$ 146.5	
		UPK	2,100.58	1,881.34	1,894.98	1,657.53	
	Retail Pharmacy	PMPM	\$ 72.4	\$ 78.9	\$ 80.4	\$ 87.7	
		PPU	\$ 100.9	\$ 103.7	\$ 105.1	\$ 117.0	
		UPK	861.83	913.51	918.47	900.01	
Medicare Advantage	Inpatient	PMPM	\$ 161.8	\$ 167.1	\$ 154.2	\$ 164.8	\$ 183.6
		PPU	\$ 11,257.9	\$ 12,496.4	\$ 12,533.4	\$ 9,736.0	\$ 9,788.5
		UPK	17.25	16.04	14.77	20.31	22.51
	Outpatient	PMPM	\$ 149.4	\$ 149.7	\$ 156.2	\$ 186.6	\$ 206.4
		PPU	\$ 281.4	\$ 287.5	\$ 333.7	\$ 358.7	\$ 377.4
		UPK	636.84	624.80	561.75	624.34	656.47
	Professional	PMPM	\$ 172.7	\$ 174.6	\$ 166.4	\$ 202.6	\$ 230.8
		PPU	\$ 88.5	\$ 88.4	\$ 92.4	\$ 94.0	\$ 95.6
		UPK	2,341.65	2,370.69	2,162.15	2,585.83	2,896.28
	Retail Pharmacy	PMPM	\$ 168.2	\$ 170.6	\$ 177.3	\$ 222.7	\$ 264.6
		PPU	\$ 57.7	\$ 60.7	\$ 67.5	\$ 69.1	\$ 77.9
		UPK	3,495.20	3,370.50	3,154.00	3,867.70	4,075.90
Medicare FFS	Inpatient	PMPM	\$ 285.5	\$ 272.2	\$ 288.7	\$ 287.4	\$285.84
		PPU	\$ 14,090.0	\$ 15,677.0	\$ 16,601.0	\$ 16,576.0	\$16786
		UPK	24.3	20.8	20.9	20.8	20.4
	Outpatient	PMPM	\$ 305.9	\$ 305.3	\$ 342.6	\$ 363.3	\$386.86
		PPU	\$ 430.0	\$ 448.0	\$ 472.0	\$ 499.0	\$523.42
		UPK	853.7	817.6	870.3	874.4	886.9
	Professional	PMPM	\$ 260.1	\$ 252.4	\$ 295.5	\$ 300.6	\$329.58
		PPU	\$ 101.0	\$ 106.0	\$ 111.0	\$ 111.0	\$115.89
		UPK	3,088.40	2,855.30	3,203.30	3,240.50	3412.6
	Retail Pharmacy	PMPM	\$ 251.3	\$ 270.5	\$ 307.7	\$ 349.4	\$419.56
		PPU	\$ 59.0	\$ 60.0	\$ 66.0	\$ 71.0	\$78.53
		UPK	5,143.10	5,388.00	5,624.20	5,931.70	6411.0

Table 3 – Emergency Department Spending by Market and Non-Avoidable/Potentially Avoidable Spending, Price per unit and Visits per 1000 members

			2019	2020	2021	2022	2023
Commercial	Total ED	Spending (\$)	407.9M	385.3M	440.9M	492M	531.2M
	Non - Avoidable	Spending (\$)	385.0M	367.4M	426.9M	476.2M	513.4M
	Potentially Avoidable	Spending (\$)	22.9M	17.9M	13.9M	15.8M	17.8M
	Non - Avoidable	PPU	\$ 2,242.54	\$ 2,371.40	\$ 2,475.63	\$ 2,499.57	\$ 2,658.49
	Potentially Avoidable	PPU	\$ 1,818.67	\$ 1,881.20	\$ 1,752.08	\$ 1,723.98	\$ 1,865.71
	Non - Avoidable	ED Visits/1K	13.5	11.9	13.7	14.6	14.4
	Potentially Avoidable	ED Visits/1K	1.0	0.7	0.6	0.7	0.7
	Total ED	Spending (\$)	96.9M	93.4M	112.3M	122.2M	
	Non - Avoidable	Spending (\$)	89.6M	87.4M	106.0M	114.9M	

Medicaid

	Potentially Avoidable	Spending (\$)	7.29M	6.0M	6.3M	7.27M	
	Non - Avoidable	PPU	\$ 560.59	\$ 595.47	\$ 588.03	\$ 582.54	
	Potentially Avoidable	PPU	\$ 429.31	\$ 461.42	\$ 440.03	\$ 433.46	
	Non - Avoidable	ED Visits/1K	51.3	41.0	41.8	40.6	
	Potentially Avoidable	ED Visits/1K	5.5	3.7	3.3	3.5	
Medicare Advantage	Total ED	Spending (\$)	33.2M	32.5M	36.2M	48.1M	56.6M
	Non - Avoidable	Spending (\$)	31.2M	30.7M	34.5M	46.1M	54.0M
	Potentially Avoidable	Spending (\$)	2.0M	1.8M	1.7M	2.0M	2.6M
	Non - Avoidable	PPU	\$ 858.52	\$ 841.60	\$ 900.43	\$ 906.02	\$ 879.41
	Potentially Avoidable	PPU	\$ 704.77	\$ 718.30	\$ 754.29	\$ 747.57	\$ 753.35
	Non - Avoidable	ED Visits/1K	24.5	22.2	20.9	25.2	27.7
	Potentially Avoidable	ED Visits/1K	2.0	1.5	1.2	1.3	1.5
Medicare FFS	Total ED	Spending (\$)	63.95M	52.86M	59.74M	61.90M	60.46M
	Non - Avoidable	Spending (\$)	59.65 M	49.83 M	57.07 M	59.11 M	57.70M
	Potentially Avoidable	Spending (\$)	4.30 M	3.02 M	2.67 M	2.79 M	2.77M
	Non - Avoidable	PPU	\$739.29	\$746.24	\$793.31	\$809.94	\$811.44
	Potentially Avoidable	PPU	\$598.95	\$609.93	\$632.93	\$671.11	\$662.13
	Non - Avoidable	ED Visits/1K	30.7	25.6	28.4	29.8	29.7
	Potentially Avoidable	ED Visits/1K	2.7	1.9	1.7	1.7	1.8

Table 4: Retail Pharmacy PMPM, PPU, Utilization by Market from 2019-2023

			2019	2020	2021	2022	2023
Commercial	PMPM	Brand	\$ 72.84	\$73.38	\$ 63.47	\$ 69.71	\$ 81.63
		Generic	\$ 21.11	\$ 18.81	\$ 15.30	\$ 15.19	\$ 16.47
		Other	\$ 1.95	\$ 2.00	\$ 1.87	\$ 2.42	\$ 3.00
		Branded-Generic	\$ 1.77	\$ 1.79	\$ 1.62	\$ 1.48	\$ 1.47
	ppU	Brand	\$ 673.45	\$ 799.1	\$639.19	\$ 891.910	\$ 1090.85
		Generic	\$ 19.69	\$ 19.81	\$ 20.32	\$ 19.98	\$ 20.71
		Other	\$ 72.63	\$ 75.89	\$ 83.28	\$ 87.47	\$ 98.18
		Branded-Generic	\$ 36.47	\$ 39.57	\$ 42.72	\$ 42.02	\$ 45.00
	UPK	Brand	129.8	110.2	119.2	93.8	89.8
		Generic	1,286.8	1,139.4	903.5	912.6	954.2
		Other	32.1	31.6	27.0	33.3	36.7
		Branded-Generic	58.2	54.2	45.5	42.4	39.1
Medicaid	PMPM	Brand	\$56.05	\$61.21	\$62.22	\$68.95	
		Generic	\$ 14.09	\$ 15.06	\$ 15.00	\$ 14.85	
		Other	\$ 1.84	\$ 1.93	\$ 2.28	\$ 3.13	
		Branded-Generic	\$ 0.46	\$ 0.73	\$ 0.92	\$ 0.80	
	ppU	Brand	\$ 765.24	\$828.22	\$883.61	\$ 923.93	
		Generic	\$ 23.92	\$ 23.93	\$ 23.61	\$ 24.15	
		Other	\$ 42.97	\$ 45.28	\$ 54.08	\$ 70.52	
		Branded-Generic	\$ 35.11	\$ 46.65	\$ 52.07	\$ 49.90	

Medicaid

Medicare Advantage	UPK	Brand	87.9	88.70	84.5	89.5	
		Generic	707.0	754.9	762.2	738.0	
		Other	51.4	51.2	50.5	53.3	
		Branded-Generic	15.6	18.7	21.3	19.2	
	PMPM	Brand	\$ 120.66	\$ 121.78	\$134.21	\$ 169.10	\$ 210.13
		Generic	\$ 41.97	\$ 43.30	\$ 37.77	\$ 47.23	\$ 48.06
		Other	\$ 4.47	\$ 4.13	\$ 3.83	\$ 4.75	\$ 5.38
		Branded-Generic	\$ 1.09	\$ 1.40	\$ 1.49	\$ 1.61	\$ 1.05
	PPU	Brand	\$ 583.36	\$636.90	\$ 728.58	\$675.83	\$717.79
		Generic	\$ 16.03	\$ 17.12	\$ 16.02	\$ 16.45	\$ 16.03
		Other	\$ 61.10	\$ 57.78	\$ 56.12	\$ 57.38	\$ 56.91
		Branded-Generic	\$ 73.77	\$ 80.75	\$ 81.04	\$ 89.07	\$ 93.99
	UPK	Brand	248.2	229.5	221.1	300.2	351.3
		Generic	3,141.6	3,034.4	2,828.9	3,446.4	3,597.7
		Other	87.7	85.8	82.0	99.3	113.5
		Branded-Generic	17.8	20.9	22.1	21.7	13.4

Table 5: Medical Pharmacy PMPM, PPU and Utilization by market from 2019-2023

			2019	2020	2021	2022	2023
Commercial	Overall	PMPM	\$31.89	\$33.96	\$37.27	\$39.77	\$41.02
		PPU	\$173.81	\$203.77	\$205.66	\$247.25	\$289.90
		UPK	220.2	200.0	217.5	193.0	169.8
	Chemotherapy	PMPM	\$7.25	\$7.77	\$8.02	\$9.47	\$11.42
		PPU	\$1,822.43	\$1,973.08	\$2,057.03	\$2,334.83	\$2,705.21
		UPK	4.8	4.7	4.7	4.9	5.1
	Injections and Infusions (nononcologic)	PMPM	\$24.64	\$26.20	\$29.25	\$30.30	\$29.60
		PPU	\$137.30	\$160.98	\$164.94	\$193.24	\$215.64
		UPK	215.4	195.3	212.8	188.1	164.7
Medicaid	Overall	PMPM	\$17.53	\$17.01	\$15.71	\$15.46	
		PPU	\$137.15	\$153.74	\$156.13	\$185.46	
		UPK	153.4	132.8	120.8	100.0	
	Chemotherapy	PMPM	\$3.89	\$4.26	\$4.01	\$4.24	
		PPU	\$1,698.80	\$1,857.21	\$1,774.82	\$2,242.78	
		UPK	2.7	2.8	2.7	2.3	
	Injections and Infusions (nononcologic)	PMPM	\$13.64	\$12.75	\$11.70	\$11.21	
		PPU	\$108.68	\$117.66	\$118.94	\$137.67	
		UPK	150.6	130.0	118.1	97.7	
Medicare Advantage	Overall	PMPM	\$42.64	\$44.13	\$41.49	\$53.68	\$61.53
		PPU	\$340.76	\$371.72	\$435.92	\$408.60	\$476.98
		UPK	150.1	142.5	114.2	157.6	154.8
	Chemotherapy	PMPM	\$16.41	\$17.56	\$17.44	\$21.15	\$28.34

	Injections and Infusions (nononcologic)	PPU	\$1,958.93	\$2,095.10	\$2,451.11	\$2,509.46	\$2,825.92
		UPK	10.1	10.1	8.5	10.1	12.0
		PMPM	\$26.22	\$26.57	\$24.05	\$32.53	\$33.19
		PPU	\$224.61	\$240.80	\$273.08	\$264.59	\$278.98
		UPK	140.1	132.4	105.7	147.5	142.8
Medicare FFS	Overall	PMPM	\$86.13	\$92.46	\$101.63	\$111.01	117.75
		PPU	\$414.32	\$454.78	\$378.74	\$477.86	611.00
		UPK	249.4	244.0	322.0	278.8	231.3
	Chemotherapy	PMPM	\$28.54	\$30.33	\$31.59	\$37.37	\$46.16
		PPU	\$2,318.12	\$2,623.80	\$2,680.07	\$3,025.16	3,375.76
		UPK	14.8	13.9	14.1	14.8	16.4
	Injections and Infusions (nononcologic)	PMPM	\$57.59	\$62.13	\$70.04	\$73.64	71.59
		PPU	\$294.48	\$324.03	\$273.00	\$334.78	399.85
		UPK	234.7	230.1	307.9	264.0	214.9

Table 6: Behavioral Health, Mental Health/Substance Use Disorder Spending, PMPM, PPU and Utilization by Market, 2019-2023

			2019	2020	2021	2022	2023
Commercial	Behavioral Health	Total Spending (\$)	228.1M	251.2M	300.1M	337.9M	379.6M
	Mental Health		204.9M	226.6M	268.7M	306.9M	352.7M
	Substance Use Disorder		23.2M	24.7M	31.4M	31.1M	26.9M
	Behavioral Health	PMPM (\$)	14.93	16.14	19.82	21.53	23.61
	Mental Health		13	15	18	20	22
	Substance Use Disorder		1.52	1.58	2.07	1.98	1.67
	Behavioral Health	PPU (\$)	208.37	195.07	201.45	195.80	188.93
	Mental Health		194.82	181.55	187.14	183.65	178.71
	Substance Use Disorder		541.14	617.29	582.61	564.17	754.16
	Behavioral Health	UPK	86.0	99.3	118.1	131.9	149.9
	Mental Health		82.6	96.2	113.8	127.7	147.3
	Substance Use Disorder		3.4	3.1	4.3	4.2	2.7
Medicaid	Behavioral Health	Total Spending (\$)	188.1M	182.1M	212.6M	223.0M	
	Mental Health		143.1M	157.4M	186.1M	198.3M	
	Substance Use Disorder		45.0M	24.7M	26.5M	24.8M	
	Behavioral Health	PMPM (\$)	50.29	42.37	41.10	38.23	
	Mental Health		38.3	36.6	36.0	34.0	
	Substance Use Disorder		12.03	5.75	5.12	4.24	
	Behavioral Health	PPU (\$)	186.91	196.56	195.62	211.46	
	Mental Health		180.13	184.40	188.15	206.51	
	Substance Use Disorder		212.33	338.93	271.28	261.62	
	Behavioral Health	UPK	322.9	258.7	252.1	216.9	
	Mental Health		254.9	238.3	229.5	197.5	

Medicaid

	Substance Use Disorder		68.0	20.3	22.6	19.5	
Medicare Advantage	Behavioral Health	Total Spending (\$)	15.2M	18.5M	20.3M	27.1M	34.5M
	Mental Health		11.6M	13.7M	15.4M	21.2M	27.0M
	Substance Use Disorder		3.6M	4.7M	5.0M	5.9M	7.5M
	Behavioral Health	PMPM (\$)	8.52	9.38	9.26	11.19	12.97
	Mental Health		6.5	7.0	7.0	8.8	10.2
	Substance Use Disorder		2.01	2.40	2.26	2.42	2.81
	Behavioral Health	PPU (\$)	253.54	233.72	244.13	232.55	231.90
	Mental Health		219.21	198.23	212.25	207.29	206.19
	Substance Use Disorder		515.18	486.60	456.26	415.66	421.72
	Behavioral Health	UPK	40.3	48.2	45.5	57.7	67.1
	Mental Health		35.6	42.2	39.5	50.7	59.1
	Substance Use Disorder		4.7	5.9	5.9	7.0	8.0
Medicare FFS	Behavioral Health	Total Spending (\$)	59.0M	57.4M	56.7M	52.2M	50.5M
	Mental Health		43.0M	41.8M	41.6M	37.4M	37.2M
	Substance Use Disorder		16.0M	15.7M	15.0M	14.8M	13.3M
	Behavioral Health	PMPM (\$)	18.69	18.38	18.68	17.75	17.61
	Mental Health		13.6	13.4	13.7	12.7	12.9
	Substance Use Disorder		5.07	5.01	4.96	5.05	4.64
	Behavioral Health	PPU (\$)	259.42	286.17	286.67	284.11	273.19
	Mental Health		208.14	236.02	238.21	229.67	225.08
	Substance Use Disorder		766.93	661.03	655.76	704.10	677.55
	Behavioral Health	UPK	86.5	77.1	78.2	75.0	77.3
	Mental Health		78.5	68.0	69.1	66.4	69.1
	Substance Use Disorder		7.9	9.1	9.1	8.6	8.2

Table 7: Chronic Care Spending, PMPM, PPU and Utilization by diseases and by Markets

			2019	2020	2021	2022	2023
Commercial	Hypertension	Total Spending (\$)	43.5M	41.7M	46.0M	51.4M	61.3M
	Diabetes		76.2M	77.7M	79.9M	80.3M	88.2M
	Chronic Kidney Disease		55.5M	48.6M	46.8M	56.4M	58.6M
	Colorectal Cancer		15.6M	14.4M	13.5M	15.7M	16.2M
	Hypertension	PMPM (\$)	2.8	2.7	3.0	3.3	3.8
	Diabetes		5.0	5.0	5.3	5.1	5.5
	Chronic Kidney Disease		3.6	3.1	3.1	3.6	3.6
	Colorectal Cancer		1.0	0.9	0.9	1.0	1.0
	Hypertension	PPU (\$)	301.17	306.60	346.14	372.70	412.25
	Diabetes		288.63	312.17	327.77	317.83	329.65
	Chronic Kidney Disease		454.22	395.60	433.66	507.08	497.22
	Colorectal Cancer		989.16	923.76	898.52	959.63	864.10
	Hypertension	UPK	11.3	10.5	10.5	10.5	11.1

Commercial

	Diabetes		20.7	19.2	19.3	19.3	20.0
	Chronic Kidney Disease		9.6	9.5	8.5	8.5	8.8
	Colorectal Cancer		1.2	1.2	1.2	1.3	1.4
Medicaid	Hypertension	Total Spending (\$)	18.3M	17.7M	22.7M	23.1M	
	Diabetes		23.1M	25.3M	33.5M	33.7M	
	Chronic Kidney Disease		15.8M	17.1M	18.9M	23.5M	
	Colorectal Cancer		3.0M	3.1M	3.1M	2.9M	
	Hypertension	PMPM (\$)	4.9	4.1	4.4	4.0	
	Diabetes		6.2	5.9	6.5	5.8	
	Chronic Kidney Disease		4.2	4.0	3.7	4.0	
	Colorectal Cancer		0.8	0.7	0.6	0.5	
	Hypertension	PPU (\$)	379.84	344.50	376.25	395.76	
	Diabetes		228.09	242.75	270.34	264.42	
	Chronic Kidney Disease		230.90	224.29	237.24	295.16	
	Colorectal Cancer		794.41	606.27	603.39	549.43	
	Hypertension	UPK	15.4	14.4	14.0	12.0	
	Diabetes		32.5	29.1	28.7	26.2	
	Chronic Kidney Disease		22.0	21.2	18.5	16.4	
	Colorectal Cancer		1.2	1.4	1.2	1.1	
Medicare Advantage	Hypertension	Total Spending (\$)	17.3M	18.0M	22.4M	25.8M	30.6M
	Diabetes		27.3M	28.0M	27.8M	37.5M	45.9M
	Chronic Kidney Disease		19.1M	21.7M	33.5M	39.2M	51.8M
	Colorectal Cancer		3.9M	3.6M	3.1M	4.4M	5.3M
	Hypertension	PMPM (\$)	9.7	9.1	10.2	10.7	11.5
	Diabetes		15.3	14.2	12.6	15.5	17.2
	Chronic Kidney Disease		10.7	11.0	15.3	16.2	19.5
	Colorectal Cancer		2.2	1.8	1.4	1.8	2.0
	Hypertension	PPU (\$)	221.29	185.51	237.82	233.56	229.70
	Diabetes		152.98	144.43	160.95	180.69	187.84
	Chronic Kidney Disease		241.62	221.79	300.11	266.41	262.12
	Colorectal Cancer		713.53	631.48	482.97	548.61	611.38
	Hypertension	UPK	52.8	59.0	51.4	54.9	60.1
	Diabetes		120.2	118.2	94.3	102.9	110.2
	Chronic Kidney Disease		53.2	59.7	61.0	73.1	89.2
	Colorectal Cancer		3.7	3.5	3.5	3.9	3.9
Medicare FFS	Hypertension	Total Spending (\$)	43.9M	40.1M	47.1M	41.0M	45.3M
	Diabetes		72.3M	70.4M	79.3M	84.3M	94.7M
	Chronic Kidney Disease		92.2M	93.8M	84.4M	76.8M	74.0M
	Colorectal Cancer		7.9M	6.1M	6.5M	7.4M	6.8M
	Hypertension	PMPM (\$)	13.9	12.8	15.5	13.9	15.8
	Diabetes		22.9	22.5	26.1	28.7	33.0
	Chronic Kidney Disease		29.2	30.0	27.8	26.1	25.8
	Colorectal Cancer		2.5	1.9	2.2	2.5	2.4

Medicare FFS

	Hypertension	PPU (\$)	242.35	238.98	264.86	242.48	252.48
	Diabetes		240.09	250.23	274.48	306.79	342.39
	Chronic Kidney Disease		662.61	676.62	632.06	605.63	581.90
	Colorectal Cancer		671.24	571.60	618.91	678.18	686.24
	Hypertension	UPK	68.9	64.4	70.4	69.0	75.1
	Diabetes		114.5	108.1	114.3	112.2	115.7
	Chronic Kidney Disease		52.9	53.2	52.8	51.7	53.2
	Colorectal Cancer		4.5	4.1	4.2	4.4	4.2

Check out our [dashboard](#) for detailed data tables and trends on inpatient, outpatient, professional and retail pharmacy subcategories as well as demographic and geographic breakdowns