

INTRODUCTION

High-cost claimants (HiCCs) represent a small percentage of healthcare beneficiaries who account for a large proportion of healthcare expenditures.² These individuals often have complex health needs and multiple chronic conditions, leading to increased utilization of healthcare services.³ Understanding the characteristics and cost patterns of this population is crucial to improving healthcare delivery and resource allocation.¹

The objective of this study is to identify the population of HiCCs within a multi-employer database and to describe the demographic and clinical characteristics and cost patterns for this population. Gaining insights into the HiCC population may help develop more effective interventions for early identification and management⁴, which could improve the overall effectiveness of healthcare delivery and potentially lead to more efficient allocation of healthcare resources.¹

METHODS

The study utilizes a random sample of individuals from a large multi-employer claims database provided by Gallagher Benefits Consulting. HiCCs are identified as individuals with medical and pharmacy claims in one year (2021) exceeding \$250,000.

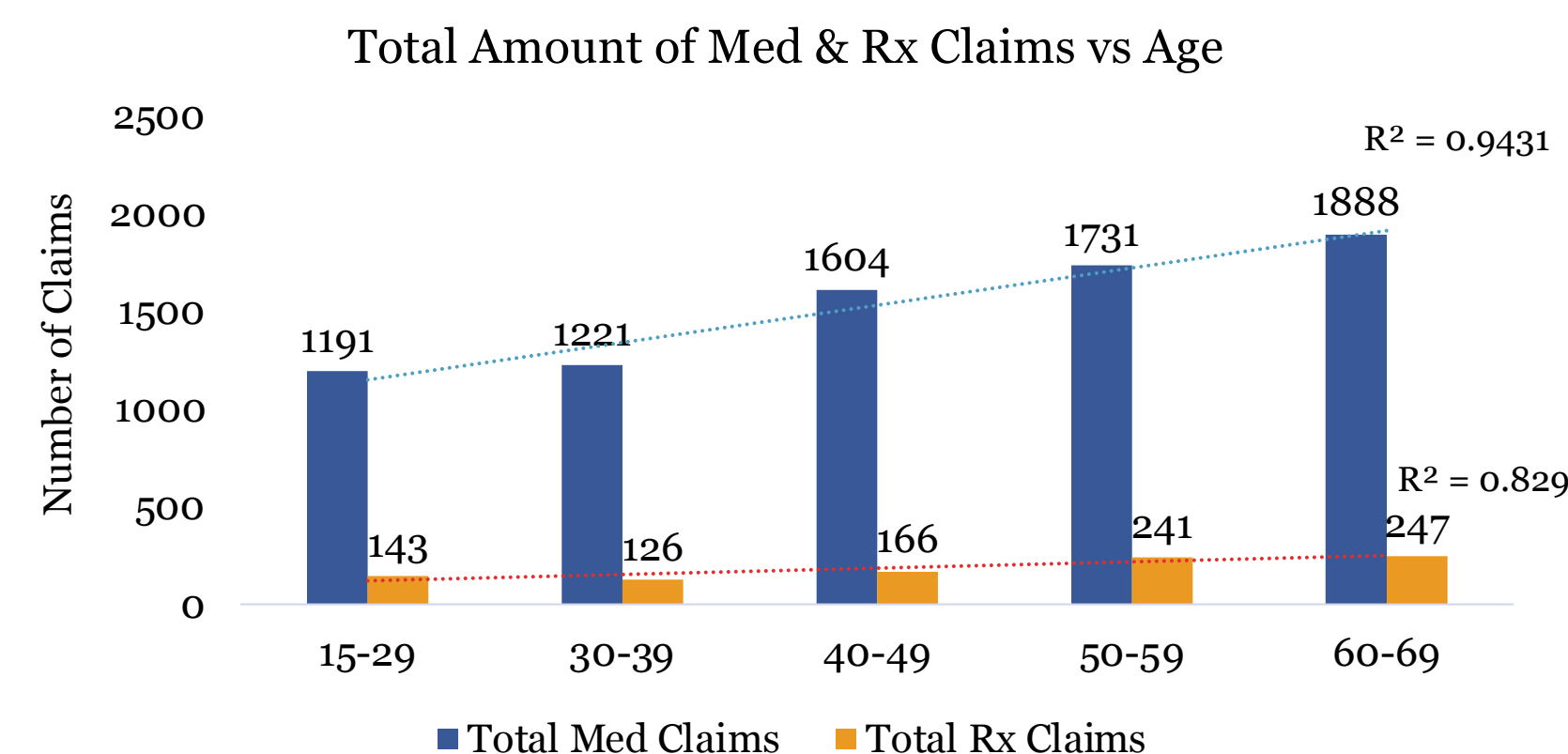
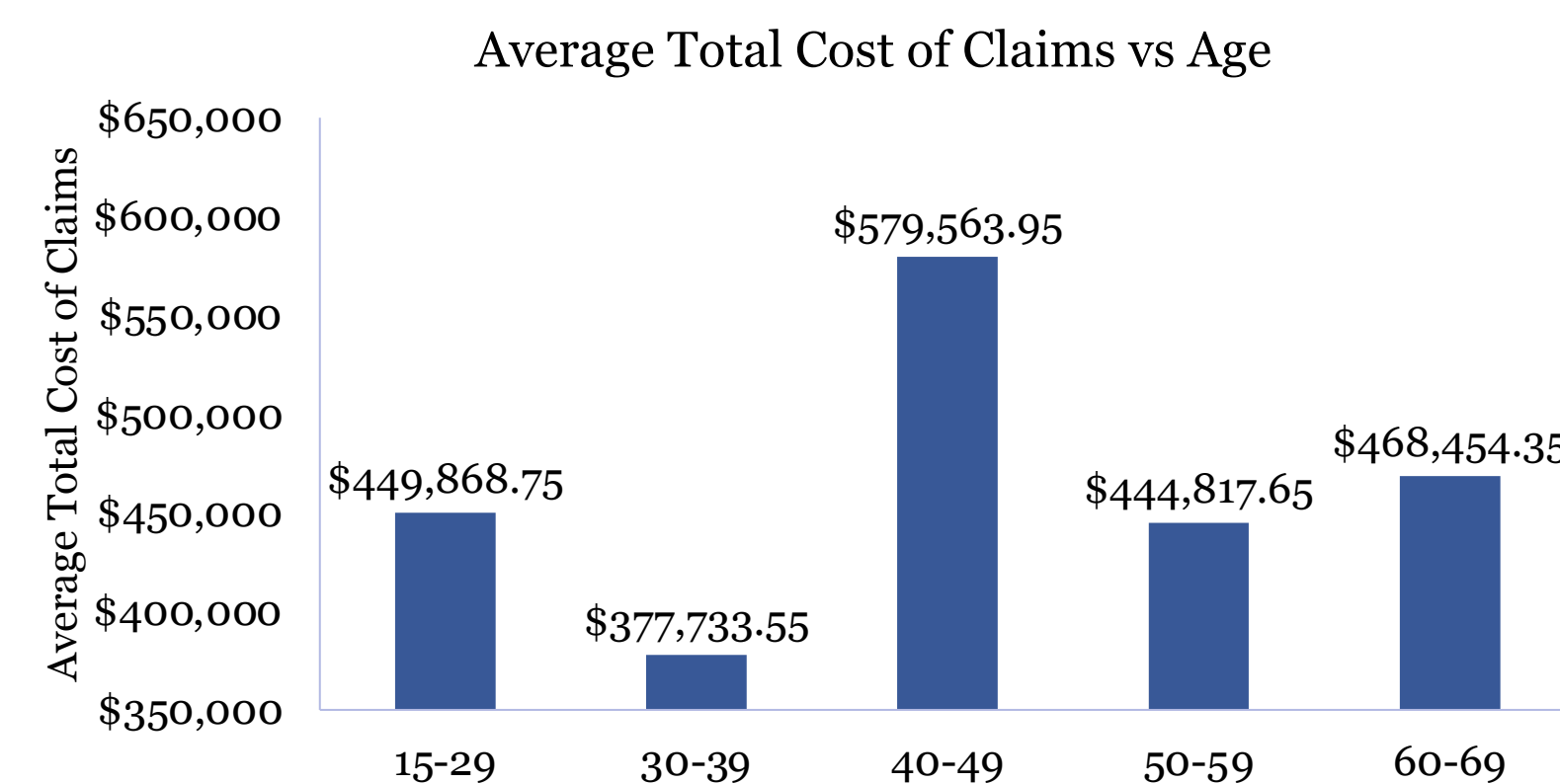
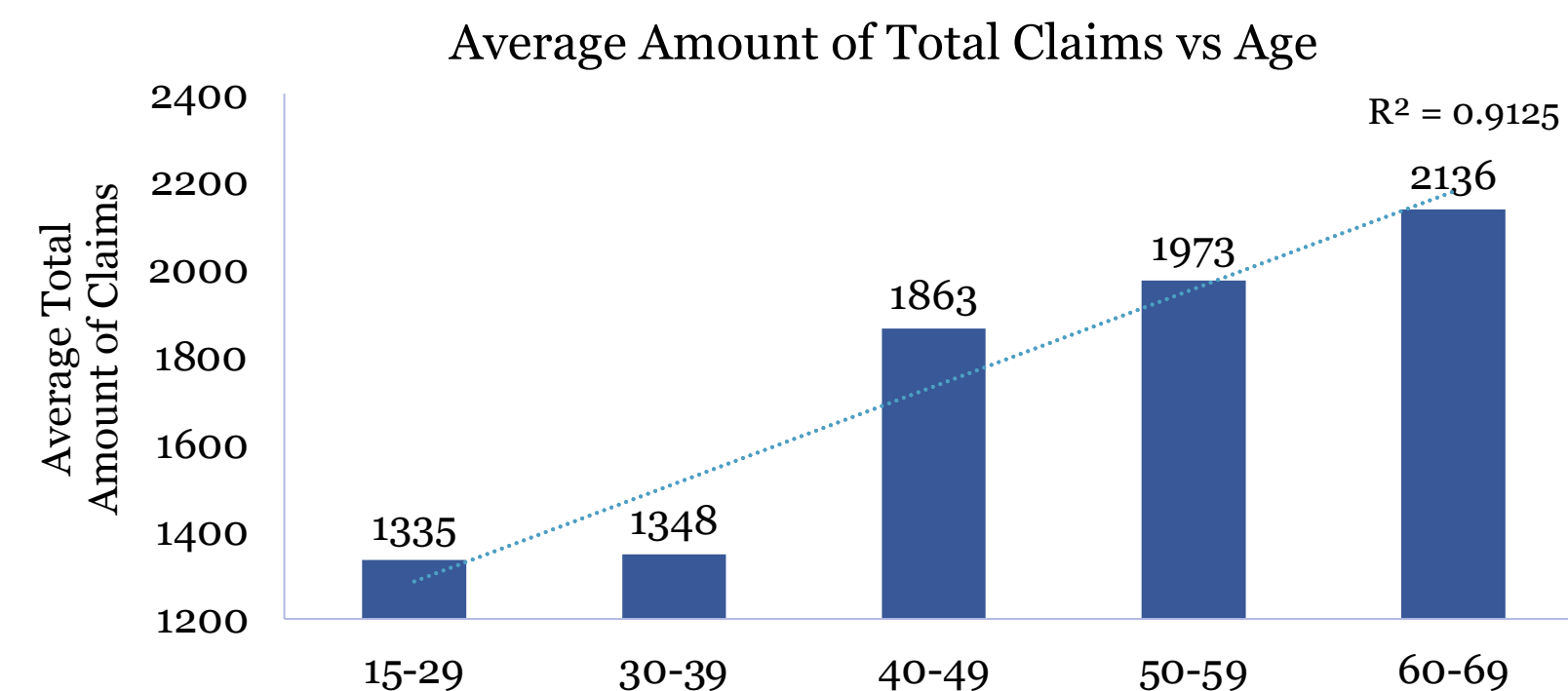
Demographic and clinical characteristics for the HiCC population, and the proportion of medical vs. pharmacy claims, are described.

Age Group	Female	Male	Total Patients	Total Claims Average	Total Med Claims	Total Rx Claims
15-29	3	4	4	1335	1191	143
30-39	10	11	21	1348	1221	126
40-49	21	15	36	1863	1604	166
50-59	16	35	51	1973	1731	241
60-69	25	30	55	2136	1888	247

Age	Average Total Cost of Claims	Average Total Cost of Med Claims	Average Cost of Rx Claims
15-29	\$449,868.75	\$217,850.95	\$232,017.46
30-39	\$377,733.55	\$267,433.15	\$110,300.40
40-49	\$579,563.95	\$456,411.00	\$123,152.97
50-59	\$444,817.65	\$314,011.95	\$130,805.70
60-69	\$468,454.35	\$419,170.45	\$49,283.87

RESULTS

From a random sample of 65,535 employees with claims, 0.25% (167 individuals) exceeded the \$250,000 annual claims threshold. Gender differences were not noted, but we observed that the number of high-cost claimants increased with age. Even though the oldest age group (over 60 years old) had the highest number of claims, the 40-49 age group had the highest overall cost of claims, with 78.8% of the total cost coming from medical claims. Conversely, the 15-29 age group had the highest cost of pharmacy claims at 35.9%, while the oldest age group had the lowest cost of pharmacy claims at 7.63%.



DISCUSSION

The results highlight the importance of understanding the demographic and clinical characteristics of the HiCC population in order to develop targeted interventions. The increasing number of high-cost claimants with age may be due to the higher prevalence of chronic conditions and complex health needs in older populations (Joynt et al., 2013). The higher overall cost of claims in the 40-49 age group, mainly driven by medical claims, suggests that this group may be more susceptible to costly medical interventions. In contrast, the higher pharmacy claim costs for the 15-29 age group may indicate a greater reliance on medications for managing health conditions in younger populations.

CONCLUSION

This study provides valuable insights into the demographic, clinical, and cost patterns of the HiCC population within a multi-employer database. Understanding these patterns may contribute to the development of more effective interventions for early identification and management of HiCCs (Zuvekas & Cohen, 2016), ultimately improving healthcare delivery and resource allocation (Berk & Monheit, 2001).

FUTURE DIRECTIONS

Further research is needed to explore the specific factors contributing to the high cost of claims in various age groups, as well as potential interventions for addressing these factors.

Additionally, longitudinal studies can help identify trends in healthcare costs and utilization among HiCCs over time. This information may prove instrumental in guiding policy and decision-making processes to optimize healthcare resources and outcomes for high-cost claimants.

REFERENCES

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