
DEPARTMENT OF HEALTH AND SOCIAL SERVICES



Overview of Benchmark Trend Report Calendar Year 2022 Results

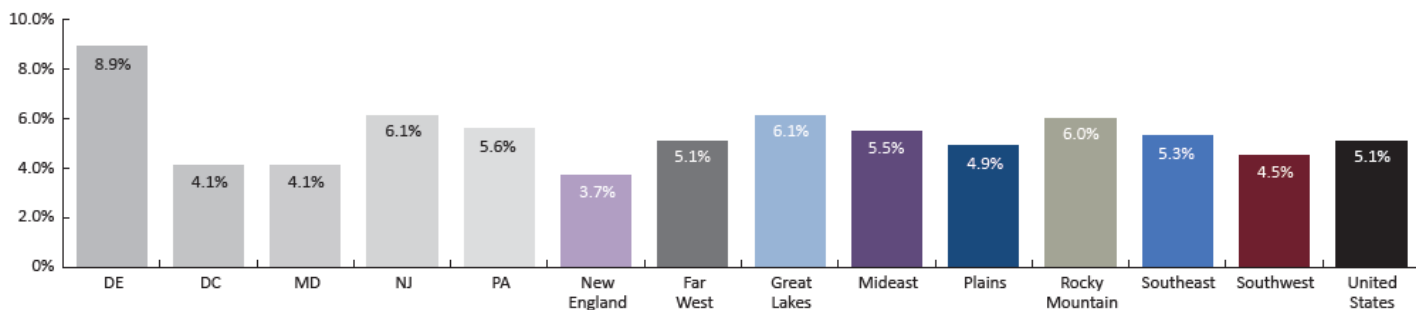
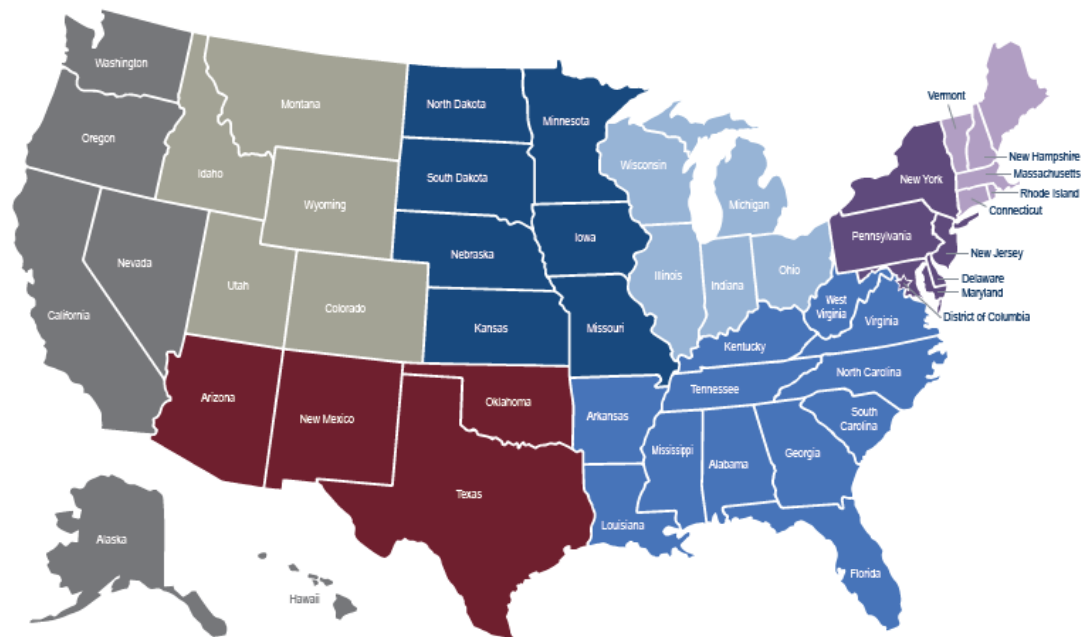
Josette D. Manning, Esq.
Cabinet Secretary
Delaware Department of Health and Social Services
May 2, 2024

COLLECTION OF BENCHMARK SPENDING DATA

- The spending benchmark is a target value for the change from the prior calendar year (CY) in State level per capita total health care expenditures.
- DHSS collected final CY 2022 data from all payers: Aetna, ACDE, Cigna, Highmark, United, CMS, DMMA, and VHA. Humana declined the data submission request. Data sources:

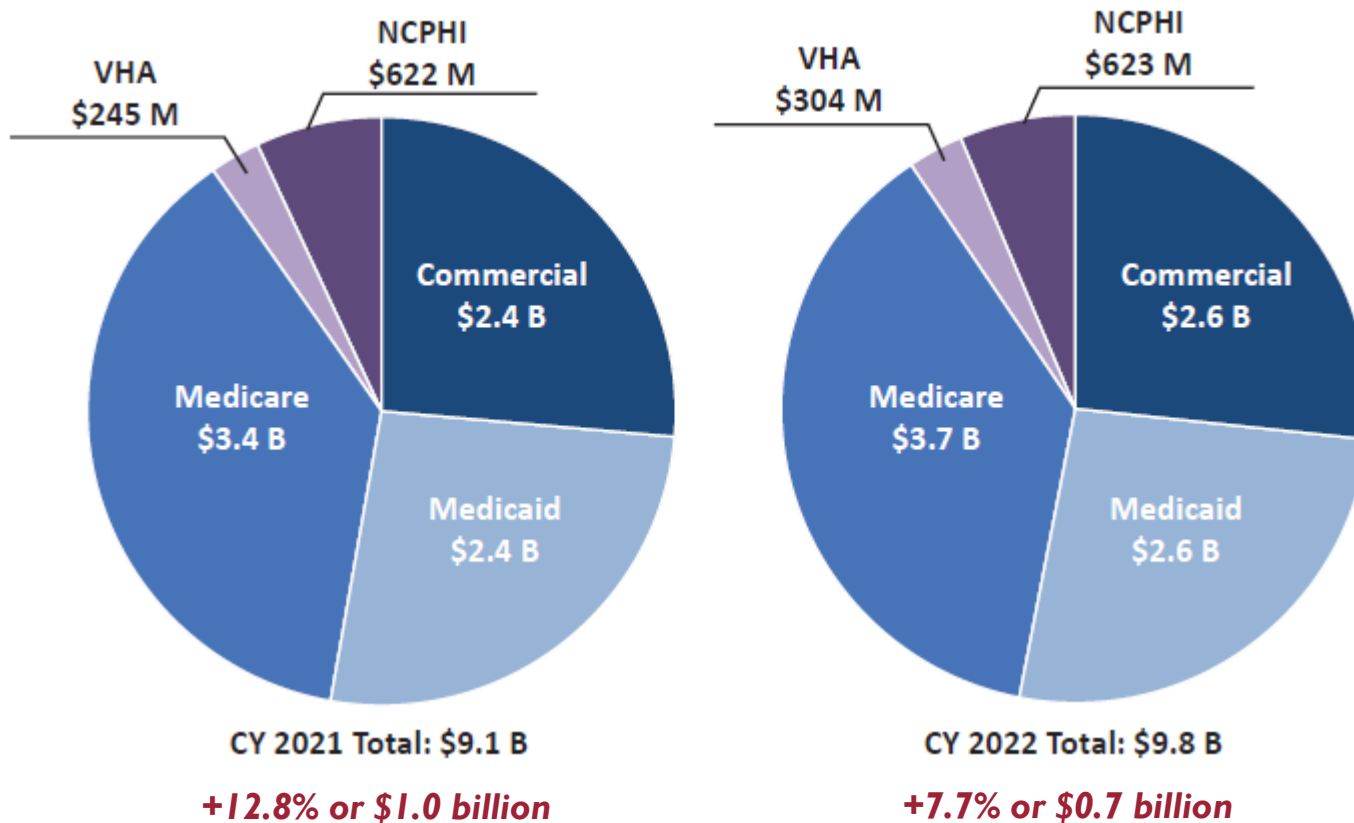
Market/Spending Component	Data Source	Data
Commercial	Insurers	Summary medical expenditures, including pharmacy rebate data on fully-insured, self-insured, small and large group, individual, and student product lines
Medicaid	DMMA and Insurers	Summary FFS and managed care, including pharmacy rebate data
Medicare	CMS and Insurers	Summary FFS and managed care, including drug spending and limited pharmacy rebate data (from Insurers only)
Veterans Health Administration	VHA website	Aggregate data from the US Department of Veterans Affairs
Net Cost of Private Health Insurance	Insurer or public reports	Summary level data on revenues and expenses

BUREAU OF ECONOMIC ANALYSIS — PER CAPITA PERSONAL CONSUMPTION EXPENDITURES: HEALTH CARE 2022 CHANGE FROM 2021



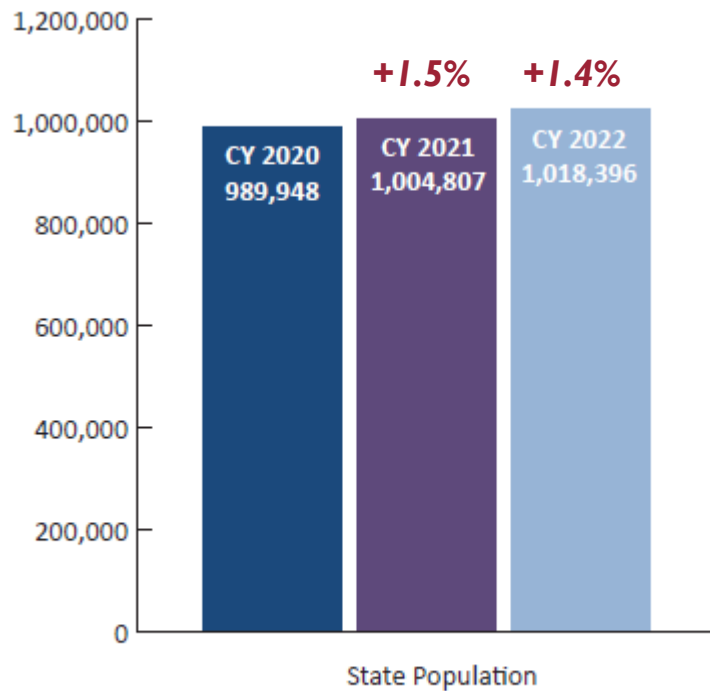
U.S. Bureau of Economic Analysis, "SAPCE2 Per capita personal consumption expenditures (PCE) by major type of product 1/" (accessed at <https://apps.bea.gov/itable/?ReqID=70&step=1>).

TOTAL HEALTH CARE EXPENDITURES (THCE)

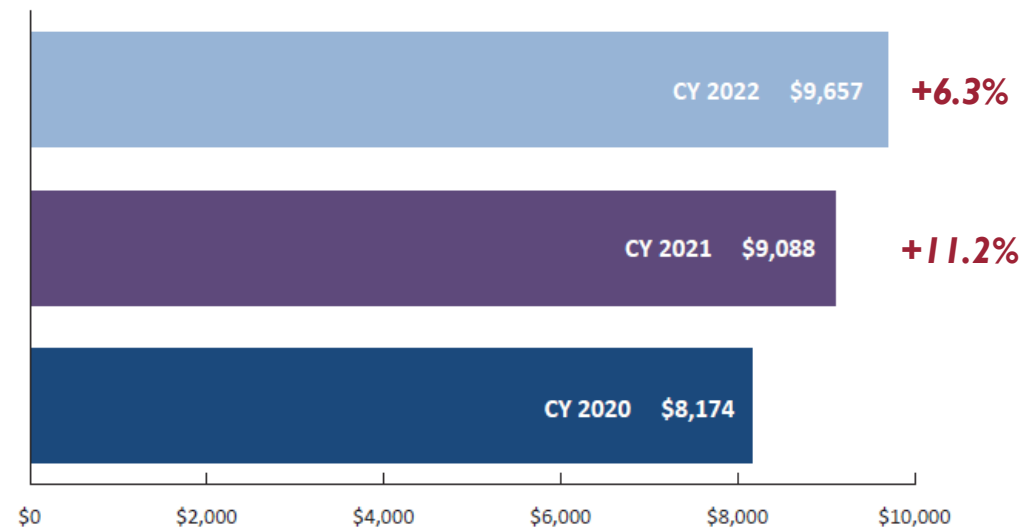


STATE LEVEL THCE PER CAPITA

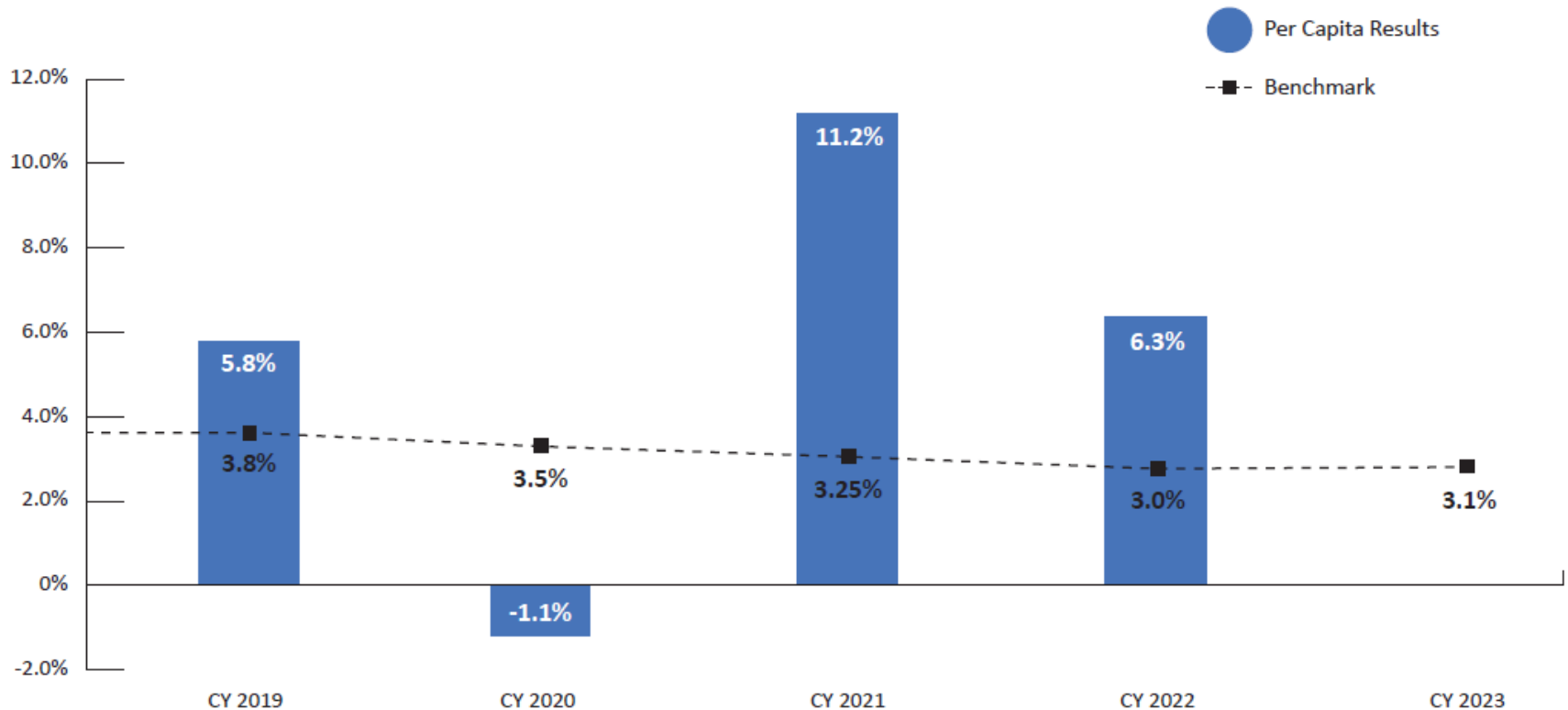
State Population by Year



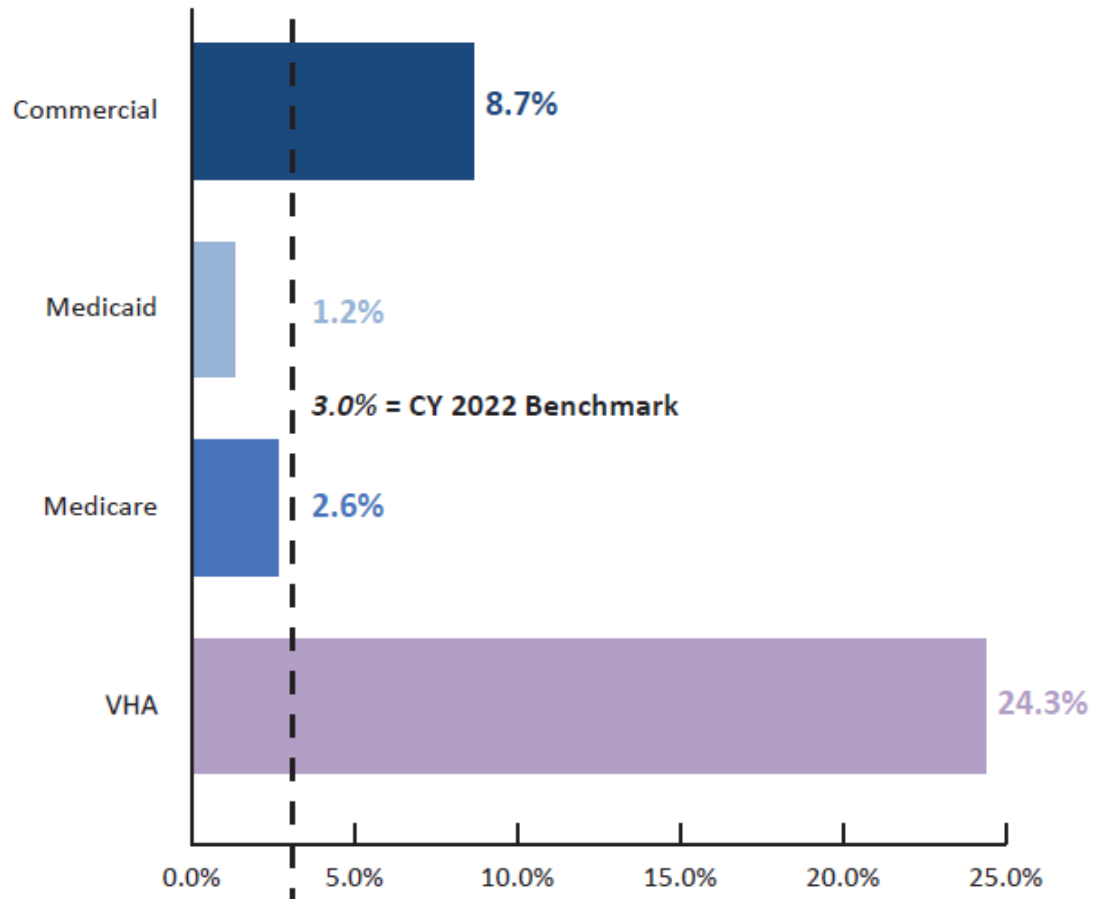
State Level THCE Per Capita by Year



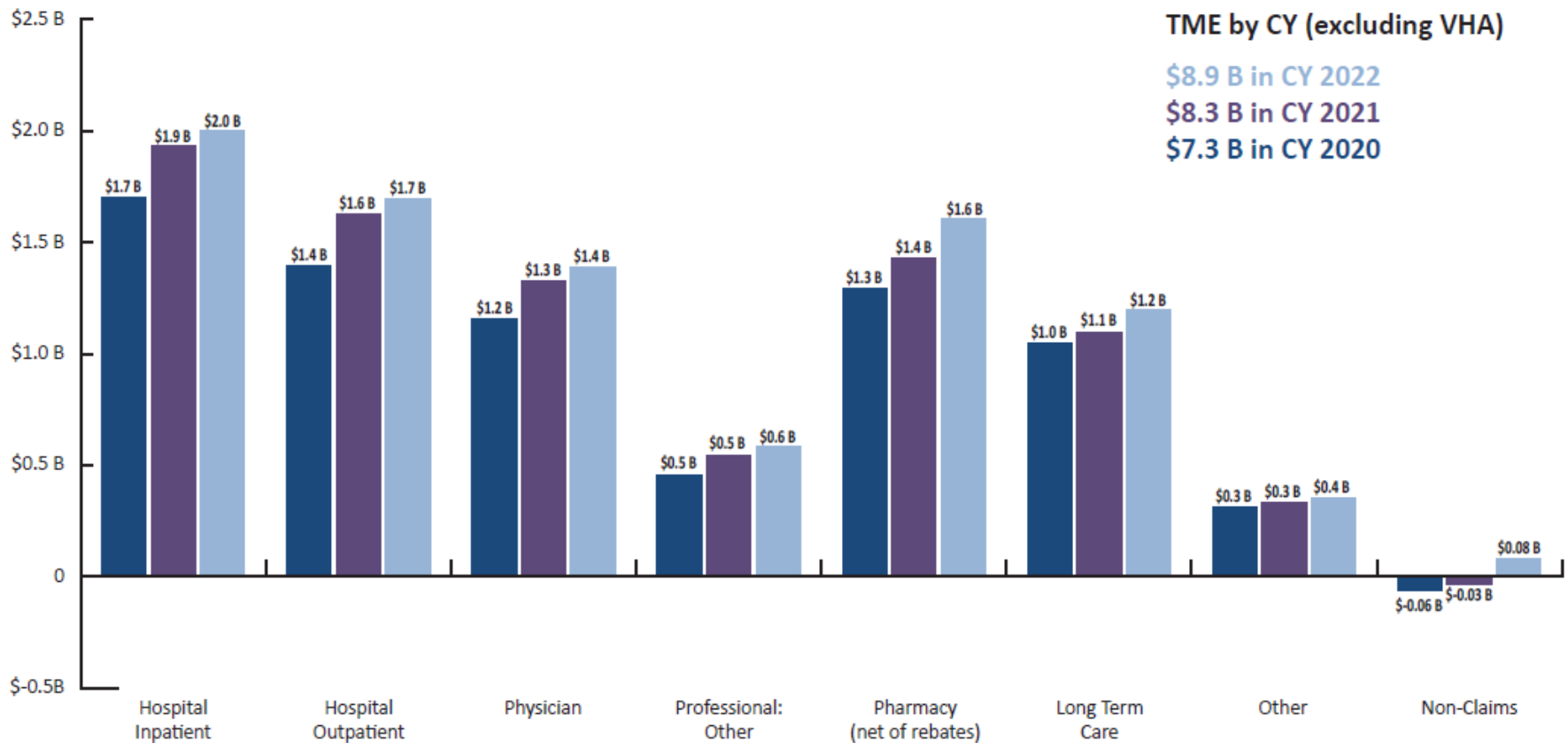
THCE PER CAPITA CHANGE VERSUS BENCHMARK



MARKET THCE PER CAPITA CHANGE VERSUS BENCHMARK

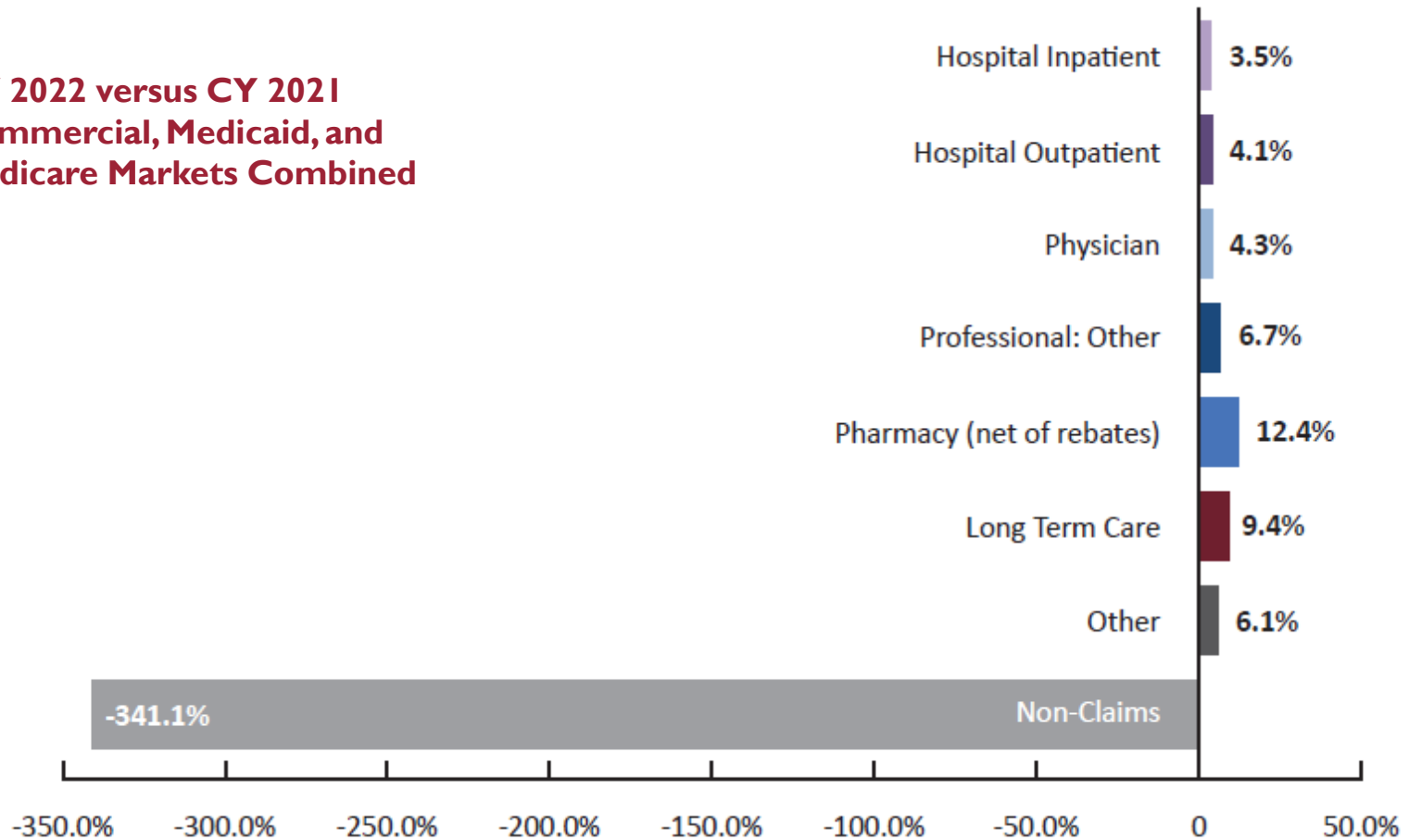


TOTAL MEDICAL EXPENSE (TME) BY SERVICE CATEGORY

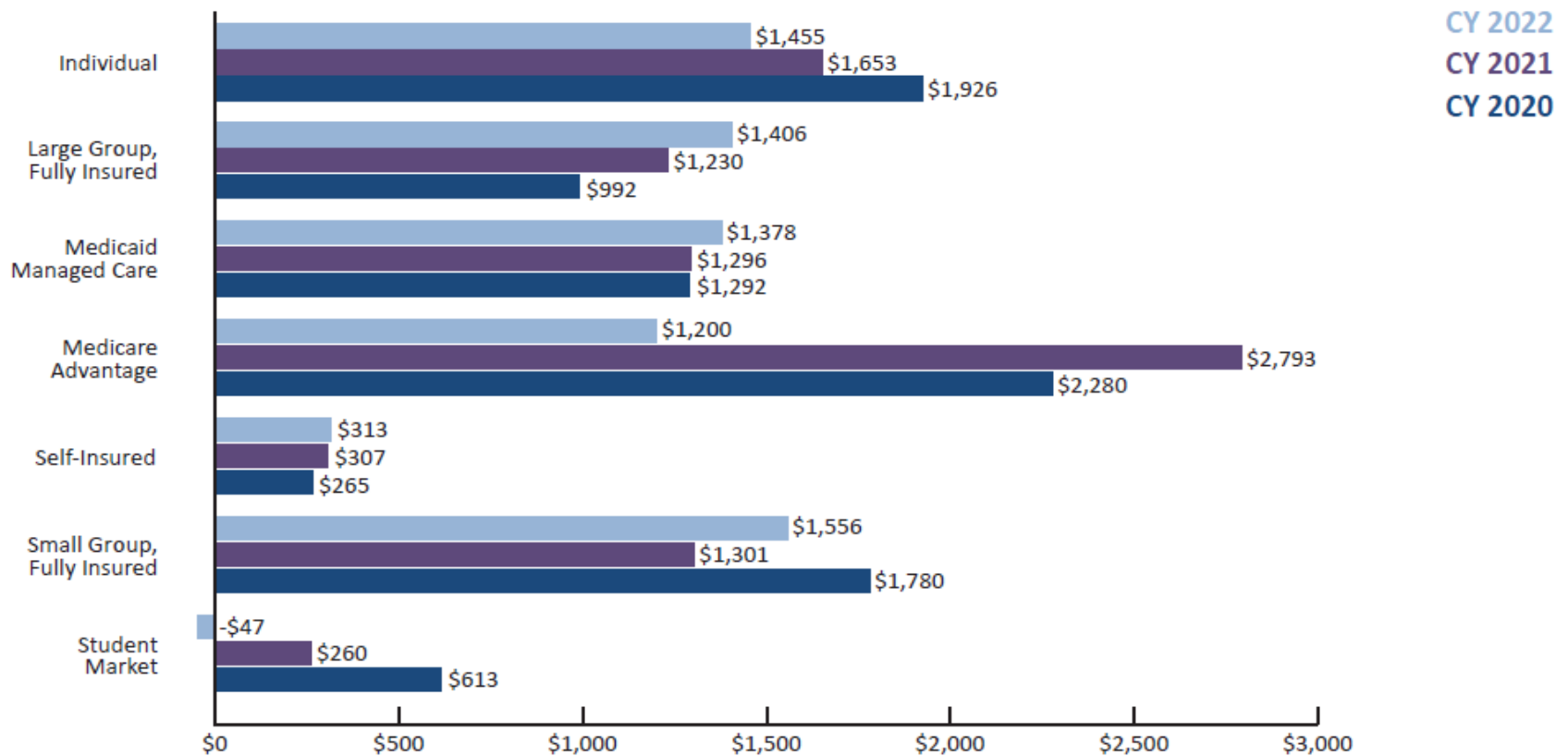


CHANGE IN TME BY SERVICE CATEGORY

CY 2022 versus CY 2021
Commercial, Medicaid, and
Medicare Markets Combined



PER MEMBER PER YEAR NET COST OF PRIVATE HEALTH INSURANCE (NCPHI)



QUALITY BENCHMARK RESULTS

Quality Measure	CY 2022 Benchmark	CY 2022 Results	CY 2021 Results	Notes
Adult Obesity	31.9%	37.9%	33.9%	Lower result is better
Use of Opioids at High Dosages	10.8%	10.4%	9.6%	Lower result is better
Opioid-related Overdose Deaths	38.0 deaths per 100,000	50.2 deaths per 100,000	48.1 deaths per 100,000	Lower result is better
Emergency Department Utilization	160.7 visits per 1,000 (Commercial only)	168.4 visits per 1,000 (Commercial only)*	163.0 visits per 1,000 (Commercial only)*	Lower result is better
Persistence of Beta-Blocker Treatment after a Heart Attack	86.8% Commercial	76.5% Commercial	88.5% Commercial	Higher result is better
	83.0% Medicaid	80.6% Medicaid	80.7% Medicaid	
Statin Therapy for Patients With Cardiovascular Disease — Statin Adherence 80%	83.1% Commercial	82.0% Commercial	81.8% Commercial	Higher result is better
	73.1% Medicaid	64.5% Medicaid	66.1% Medicaid	

*The 2021 result was calculated using the updated measure year (MY) 2021 methodology. The benchmark, however, was determined using the MY 2018 methodology. Therefore, caution should be exercised when interpreting this result.

QUALITY BENCHMARK RESULTS: NEW MEASURES

Quality Measure	CY 2022 Benchmark	CY 2022 Results	CY 2021 Results	Notes
Breast Cancer Screening	75.7% Commercial 57.9% Medicaid	77.0% Commercial 53.8% Medicaid	N/A	Higher result is better
Cervical Cancer Screening	76.2% Commercial 55.1% Medicaid	74.1% Commercial 52.6% Medicaid	N/A	Higher result is better
Colorectal Cancer Screening	61.0% Commercial	62.3% Commercial	N/A	Higher result is better
Percentage of Eligibles Who Received Preventive Dental Services*	49.1%	Not available	N/A	Higher result is better

*The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by CMS 2021, after the CY 2022-25 quality benchmark measures were selected. Thus, there is no data available to report for the CY 2022 Report. DHSS is looking into replacing this measure for the next 3-year cycle of quality benchmarks.

NEXT STEPS

- The CY 2022 Benchmark Trend Report and Appendix I data tables can be found on the DHSS website here: <https://dhss.delaware.gov/dhcc/global.html>
- The online and interactive quality and spending dashboard posted to DHSS's website is live and will be updated in the coming of weeks with the CY 2022 results. This website allows the public to view and download benchmark data.
- The CY 2025 spending benchmark will be set in the upcoming DEFAC meeting.
- The CY 2023 spending and quality data collection process will commence this fall with the release of an updated Implementation Manual and corresponding Payers Webinar to kick off the process.



THANK YOU!

For more information about the health care spending benchmark, visit:
<https://dhss.delaware.gov/dhcc/global.html>



Questions?



GLOSSARY OF KEY TERMS

- **Allowed Amount:** The amount the payer paid plus any member cost sharing for a claim. Allowed amount is the basis for measuring the claims component of medical expenses for purposes of the benchmark spending data.
- **Insurer:** A private health insurance company that offers one or more of the following, commercial insurance, Medicare managed care products, and/or are Medicaid/Children's Health Insurance Program (CHIP) managed care organization products.
- **Market:** The highest level of categorization of the health insurance market. For example, Medicare and Medicare managed care are collectively referred to as the "Medicare market". Medicaid/CHIP FFS and Medicaid/CHIP MCO/managed care are collectively referred to as the "Medicaid market". Individual, self-insured, small and large group markets, and student health insurance are collectively referred to as the "Commercial market".
- **Net Cost of Private Health Insurance (NCPHI):** Difference between premiums revenues and net paid expenditures. Estimates insurers' administrative & operating expenses and gain/loss. Applies to insurers only.
- **Payer:** A term used to refer collectively to all entities submitting data to DHSS.
- **Total Health Care Expenditures (THCE):** TME (as defined below) incurred by Delaware residents for all health care benefits/services by all payers reporting to DHSS plus insurers' NCPHI.
- **Total Health Care Expenditures Per Capita:** THCE (as defined above) divided by Delaware's total state population.
- **Total Medical Expense (TME):** The total claims and non-claims medical expense incurred by Delaware residents for all health care benefits/services as reported by payers submitting data to DHSS.