
DEPARTMENT OF HEALTH AND SOCIAL SERVICES



Overview of Benchmark Trend Report Calendar Year 2020 Results

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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.
- DHCC collected final CY 2019 data and/or initial CY 2020 data from all payers: Aetna, ACDE, Cigna, Highmark, United, CMS, DMMA, and VHA. CY 2019 data from VHA was not refreshed. 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 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

COVID-19: DELAWARE'S STATE AND FEDERAL HEALTH CARE RELIEF PAYMENTS



As of April 2022, Delaware had received \$483 million in relief funds.

AMERICAN RESCUE PLAN
INVESTING *in* DELAWARE

As of March 30, 2022, Delaware had distributed \$122.1 million to hospitals and other local health care operations.

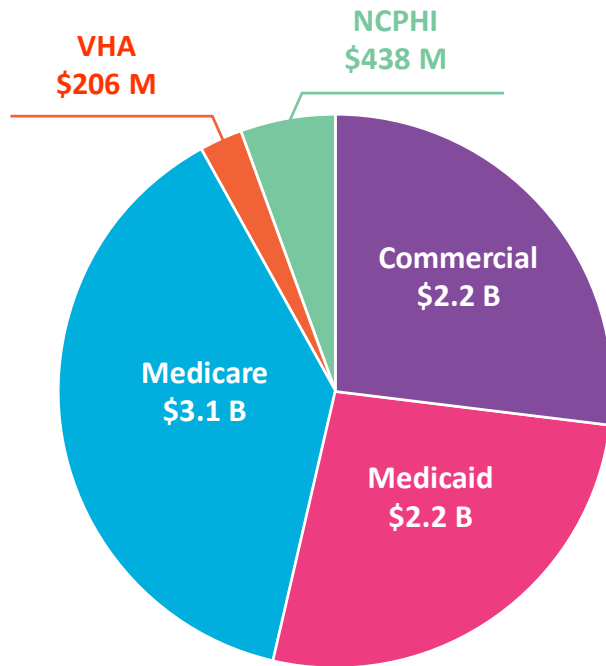
COVID-19 RELIEF & SUPPORT

**Governor Carney Announces
Health Care Relief Fund**

In 2020 and 2021, DHSS distributed \$92 million in CARES Act funds to more than 359 health care entities.

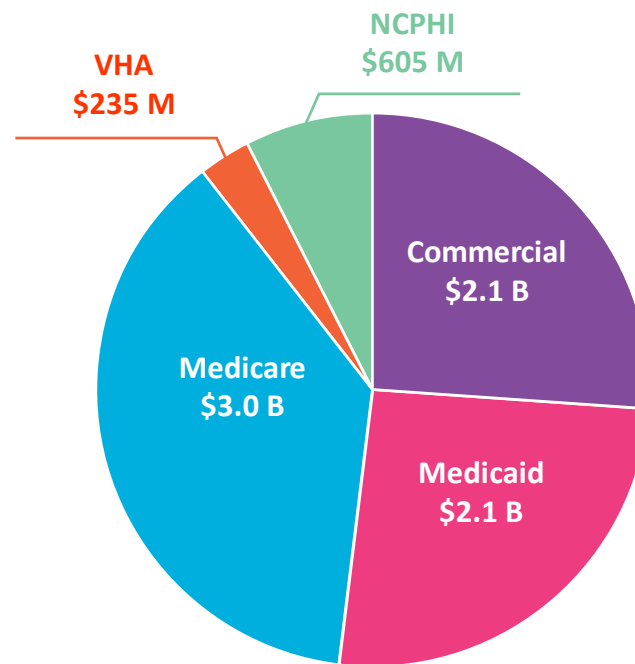
Note: The COVID-19 relief monies are not included in the benchmark spending data.

TOTAL HEALTH CARE EXPENDITURES (THCE)



CY 2019 Total: \$8.1 B

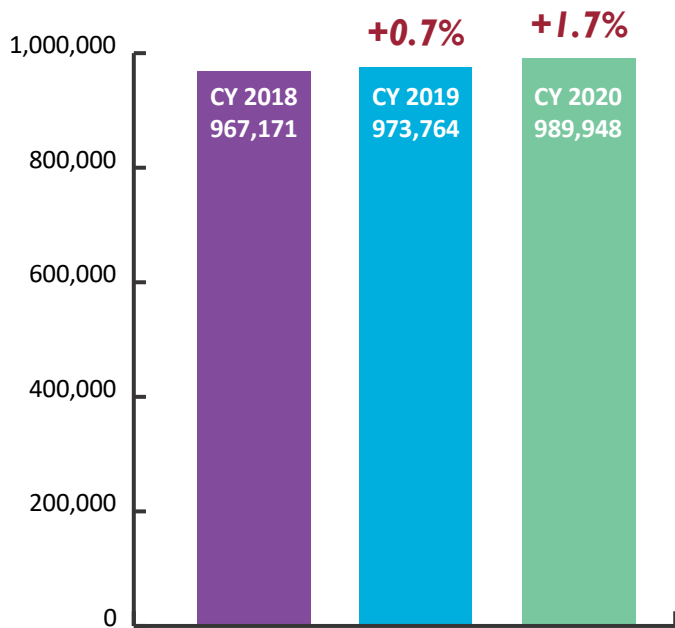
+6.5% or \$494 million



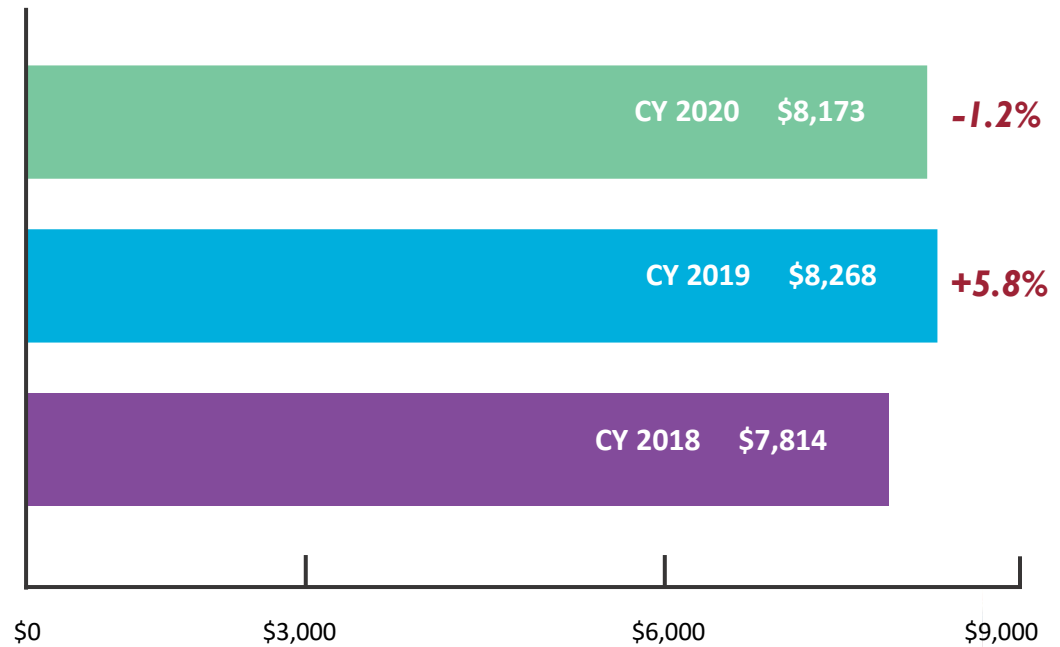
CY 2020 Total: \$8.1 B

+0.5% or \$39 million

STATE LEVEL THCE PER CAPITA

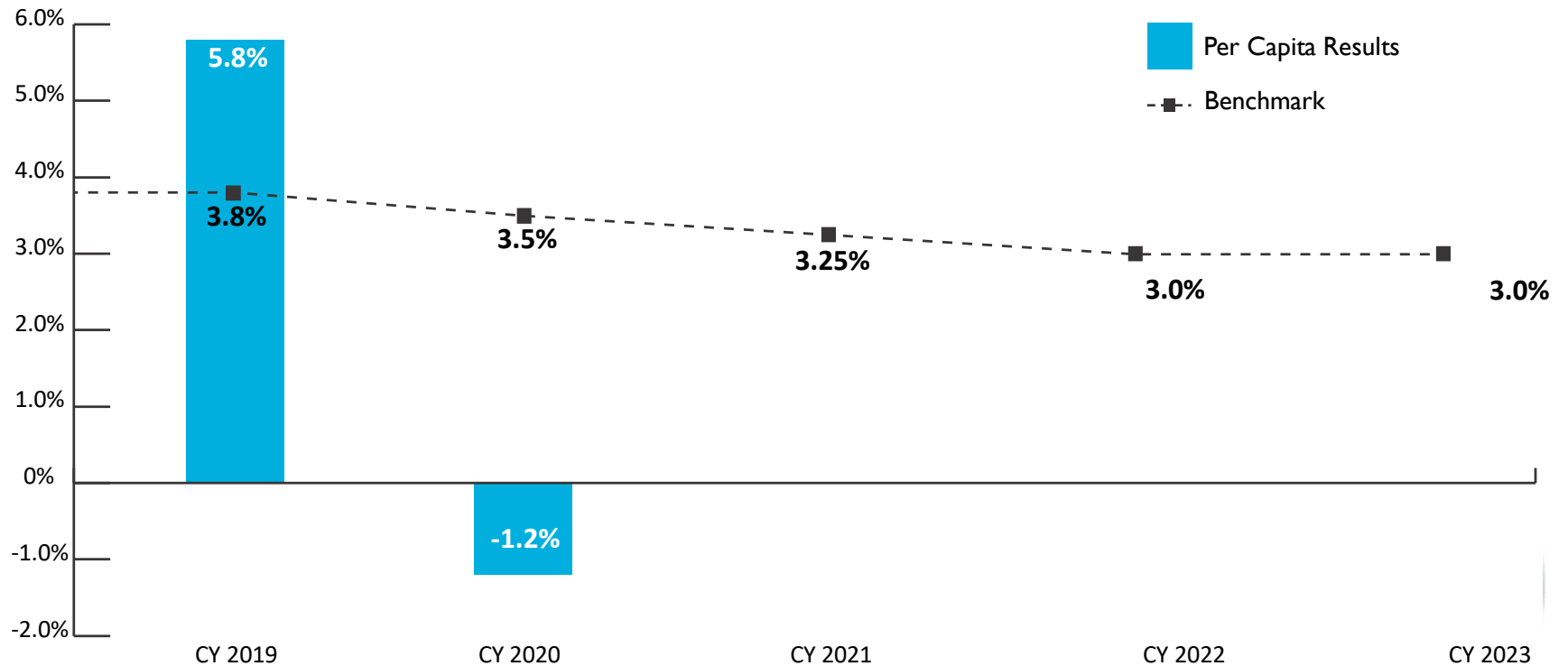


State Population

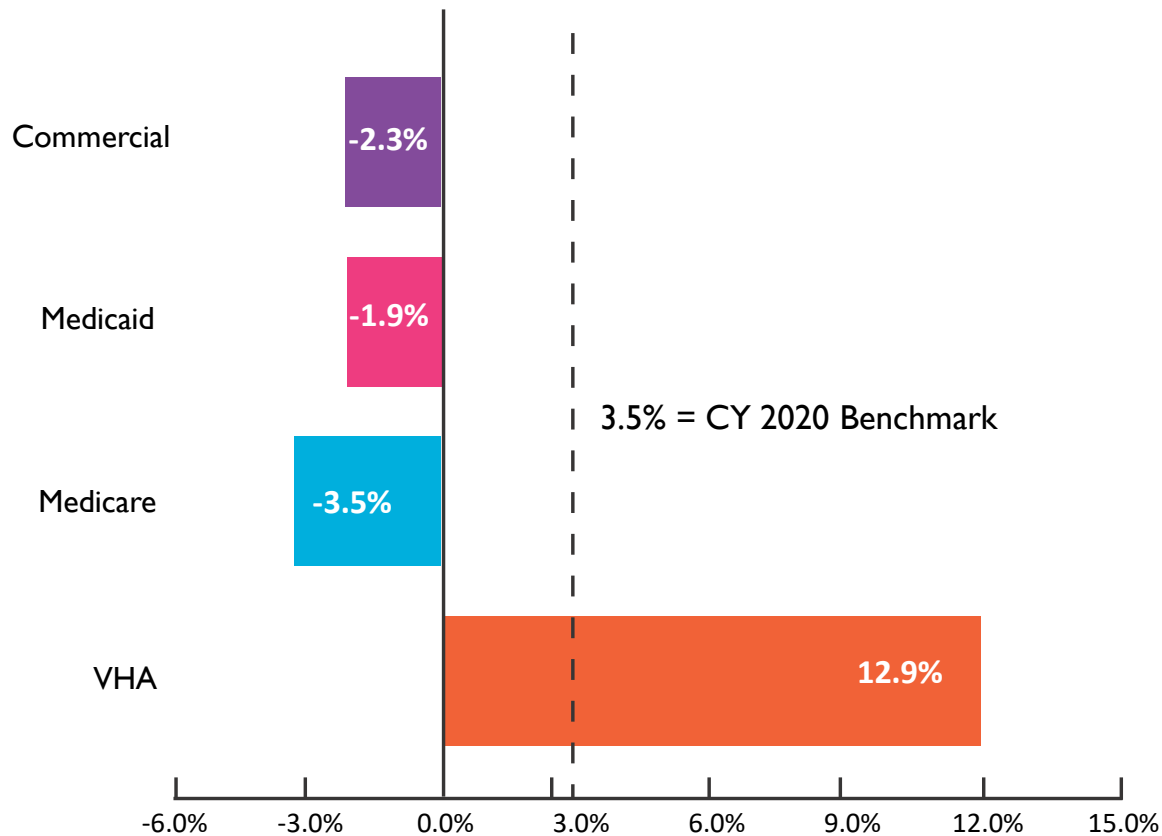


THCE Per Capita

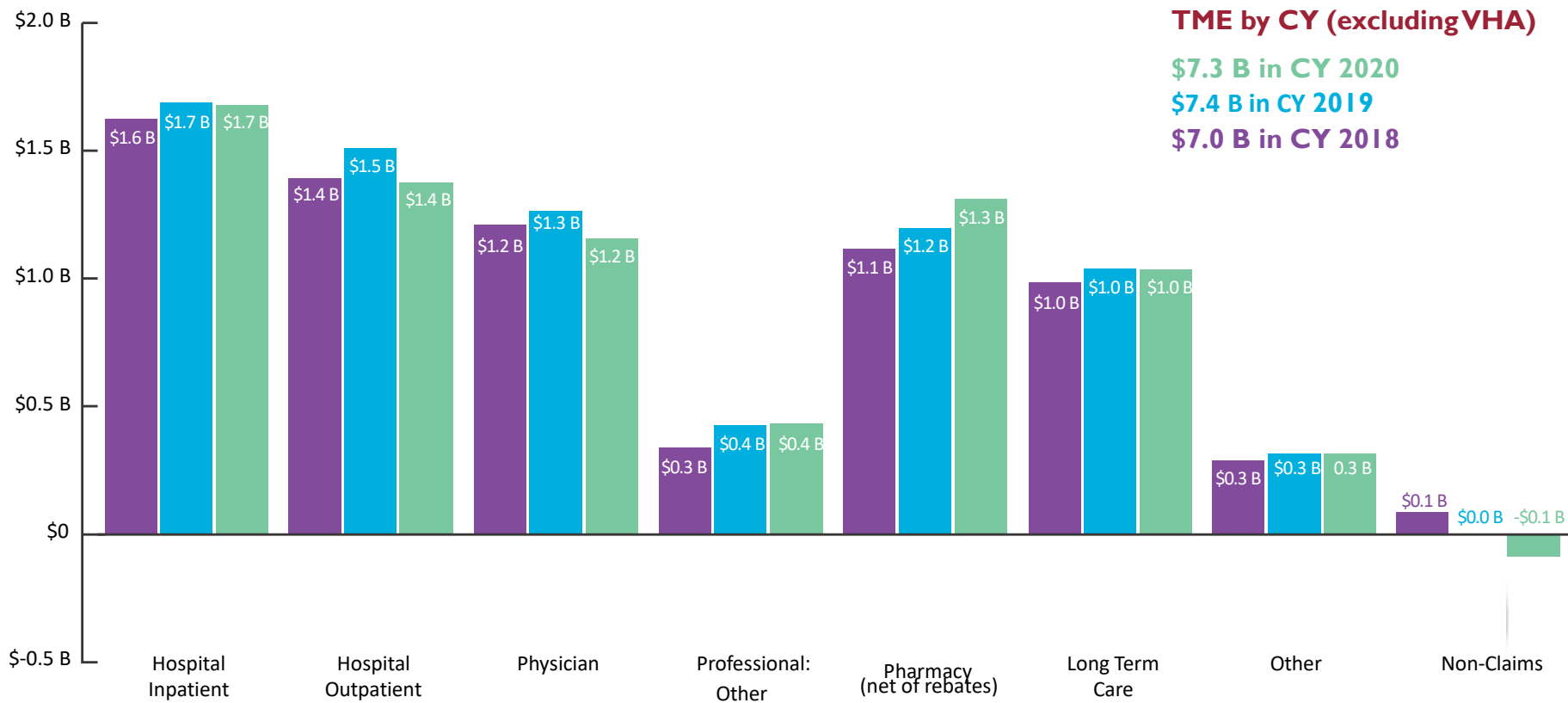
THCE PER CAPITA CHANGE VERSUS BENCHMARK



MARKET THCE PER CAPITA CHANGE VERSUS BENCHMARK

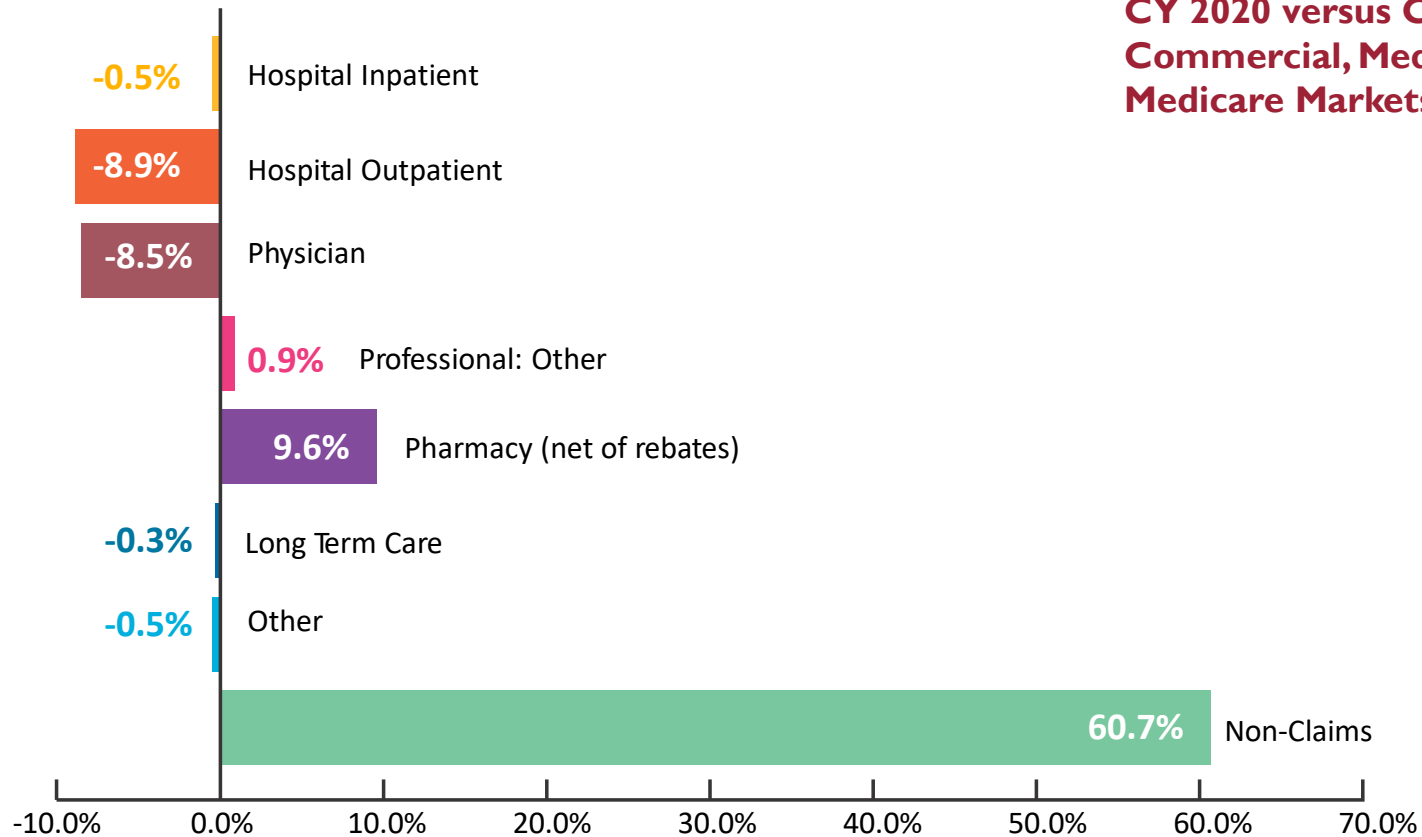


TOTAL MEDICAL EXPENSE (TME) BY SERVICE CATEGORY

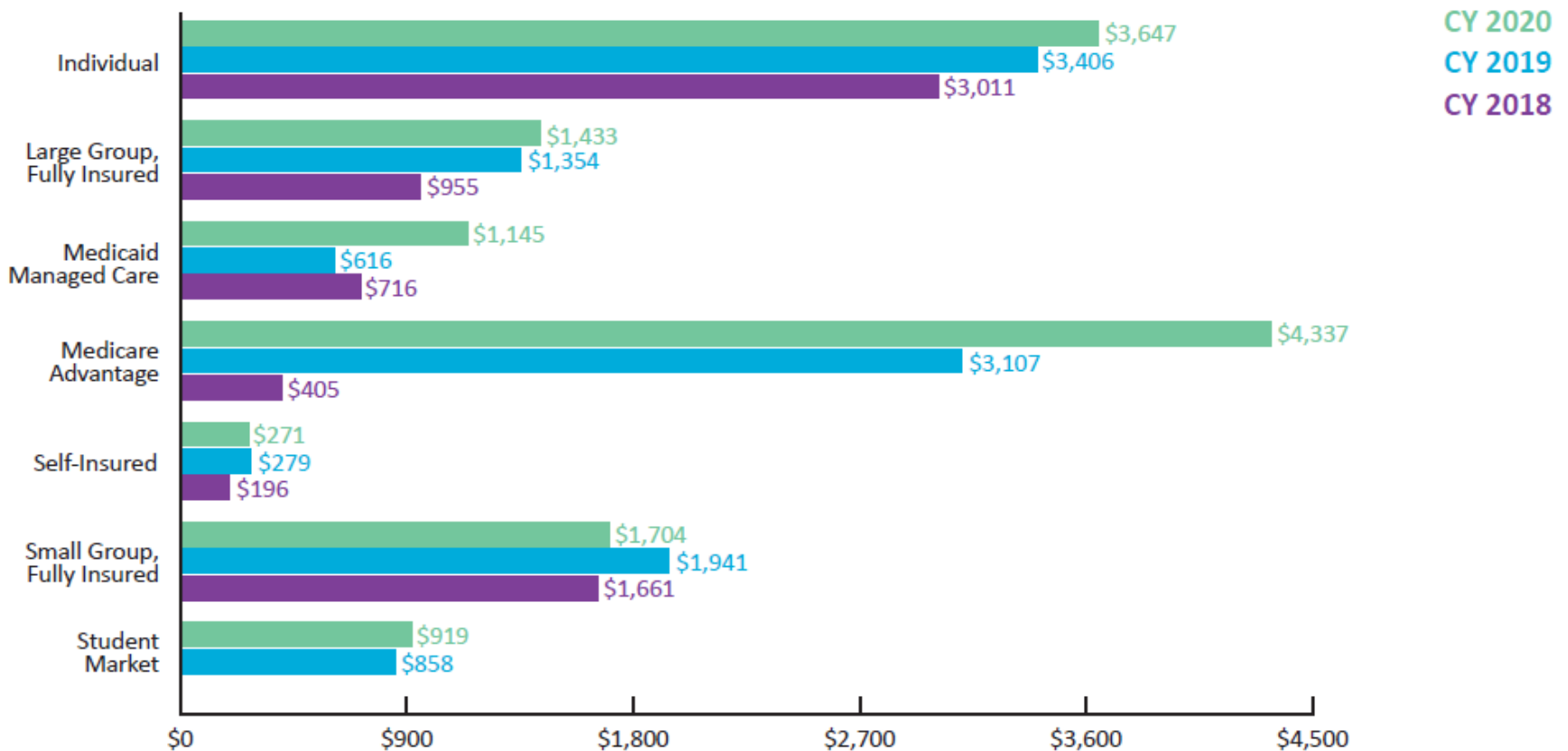


CHANGE IN TME BY SERVICE CATEGORY

**CY 2020 versus CY 2019
Commercial, Medicaid, and
Medicare Markets Combined**



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



QUALITY BENCHMARK RESULTS

QUALITY MEASURE	CY 2020 Benchmark	CY 2020 Results	CY 2019 Results	Notes
Adult Obesity	29.4%	36.5%	34.4%	Lower result/score is better
Use of Opioids at High Dosages	12.4%	11.1%	N/A	Lower result/score is better
Opioid-related Overdose Deaths	15.5 deaths per 100,000	43.9 deaths per 100,000	43.0 deaths per 100,000	Lower result/score is better
Emergency Department Utilization	184.0 visits per 1,000 (Commercial only)	Results were unavailable	193.2 visits per 1,000	Lower result/score is better
Persistence of Beta-Blocker Treatment after a Heart Attack	84.9% Commercial 80.1% Medicaid	91.7% Commercial 78.1% Medicaid	93.9% Commercial 73.5% Medicaid	Higher result/score is better
Statin Therapy for Patients With Cardiovascular Disease – Statin Adherence 80%	80.5% Commercial 61.5% Medicaid	83.6% Commercial 72.6% Medicaid	85.3% Commercial 65.1% Medicaid	Higher result/score is better

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 DHCC.
- **Total Health Care Expenditures (THCE):** The total medical expense (TME) incurred by Delaware residents for all health care benefits/services by all payers reporting to the DHCC 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 the DHCC.