
DEPARTMENT OF HEALTH AND SOCIAL SERVICES



Overview of Benchmark Trend Report Calendar Year 2021 Results

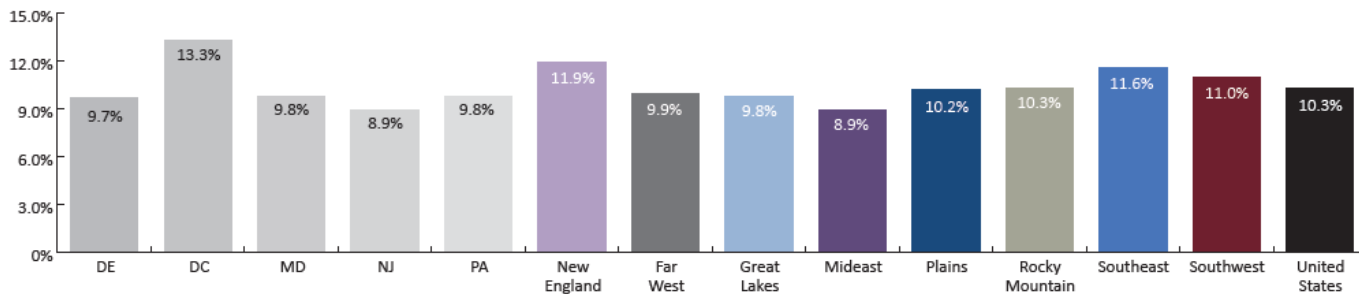
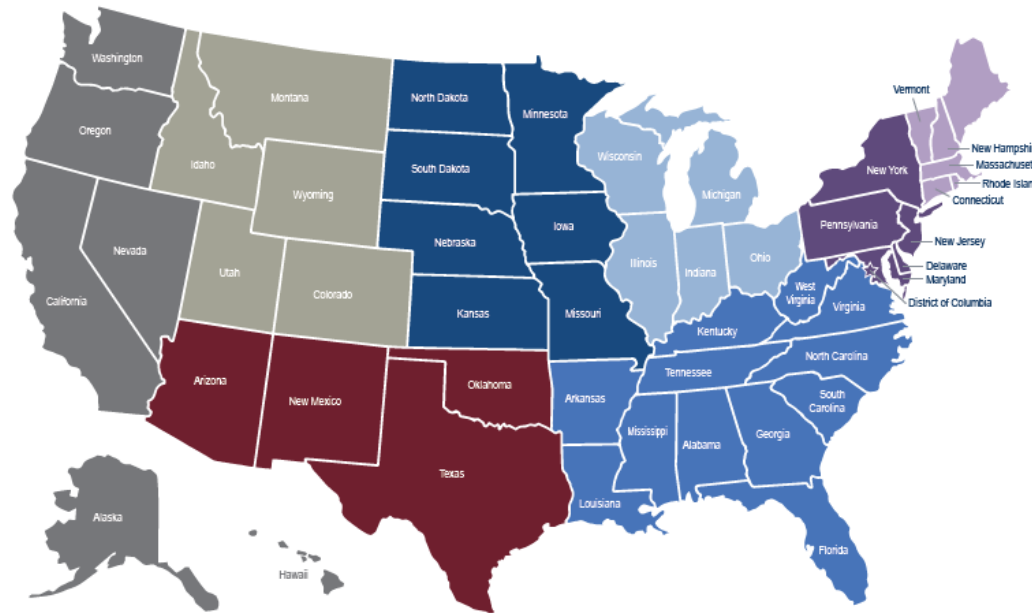
Molly K. Magarik, MS
Cabinet Secretary
Delaware Department of Health and Social Services
April 6, 2023

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 2020 data and/or initial CY 2021 data from all payers: Aetna, ACDE, Cigna, Highmark, United, CMS, DMMA, and VHA. CY 2020 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, and 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

BUREAU OF ECONOMIC ANALYSIS — PER CAPITA PERSONAL CONSUMPTION EXPENDITURES: HEALTH CARE 2021 CHANGE FROM 2020



U.S. Bureau of Economic Analysis, "SAPCE2 Per capita personal consumption expenditures (PCE) by major type of product 1" (accessed Monday, February 27, 2023).

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



**As of March 2023, Delaware had received
\$423 million in relief funds.**

AMERICAN RESCUE PLAN
INVESTING *in* DELAWARE

**As of March 6, 2023, Delaware had distributed
\$183.7 million to hospitals and other local
health care operations.**

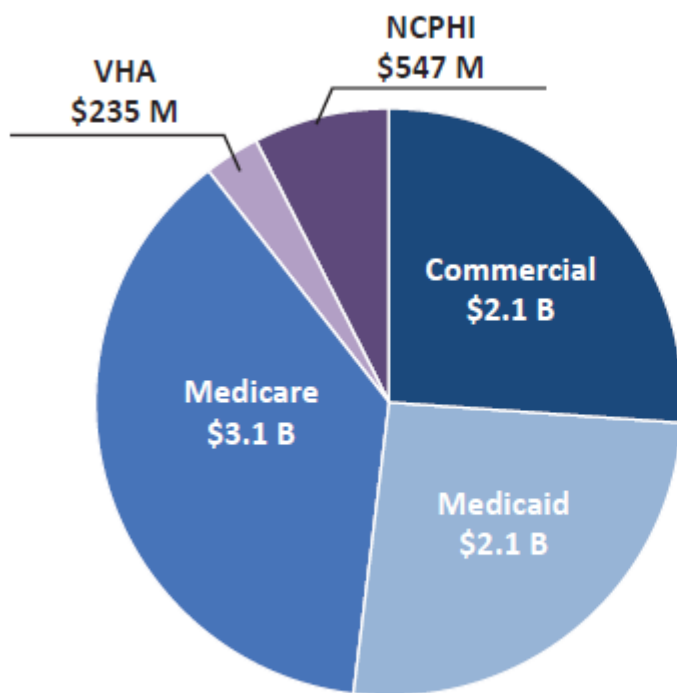
COVID-19 RELIEF & SUPPORT

**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.**

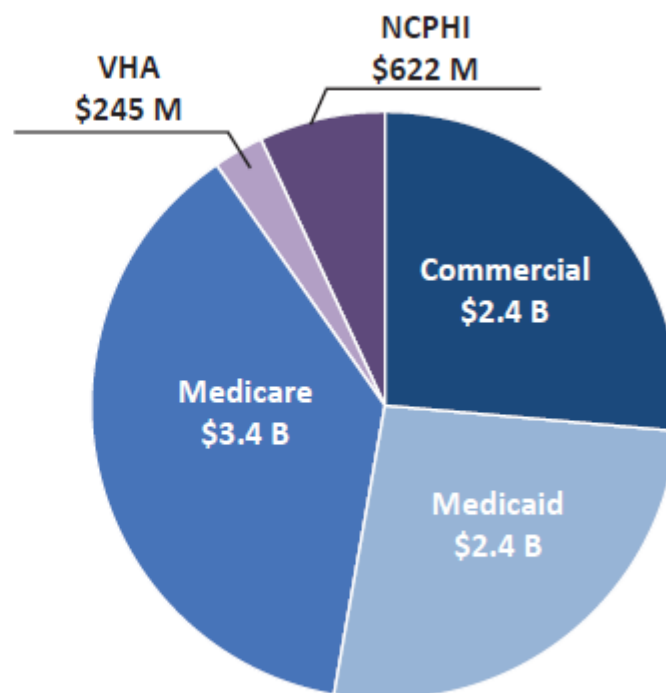
Note: The COVID-19 relief monies are not included in the benchmark spending data.

TOTAL HEALTH CARE EXPENDITURES (THCE)



CY 2020 Total: \$8.1 B

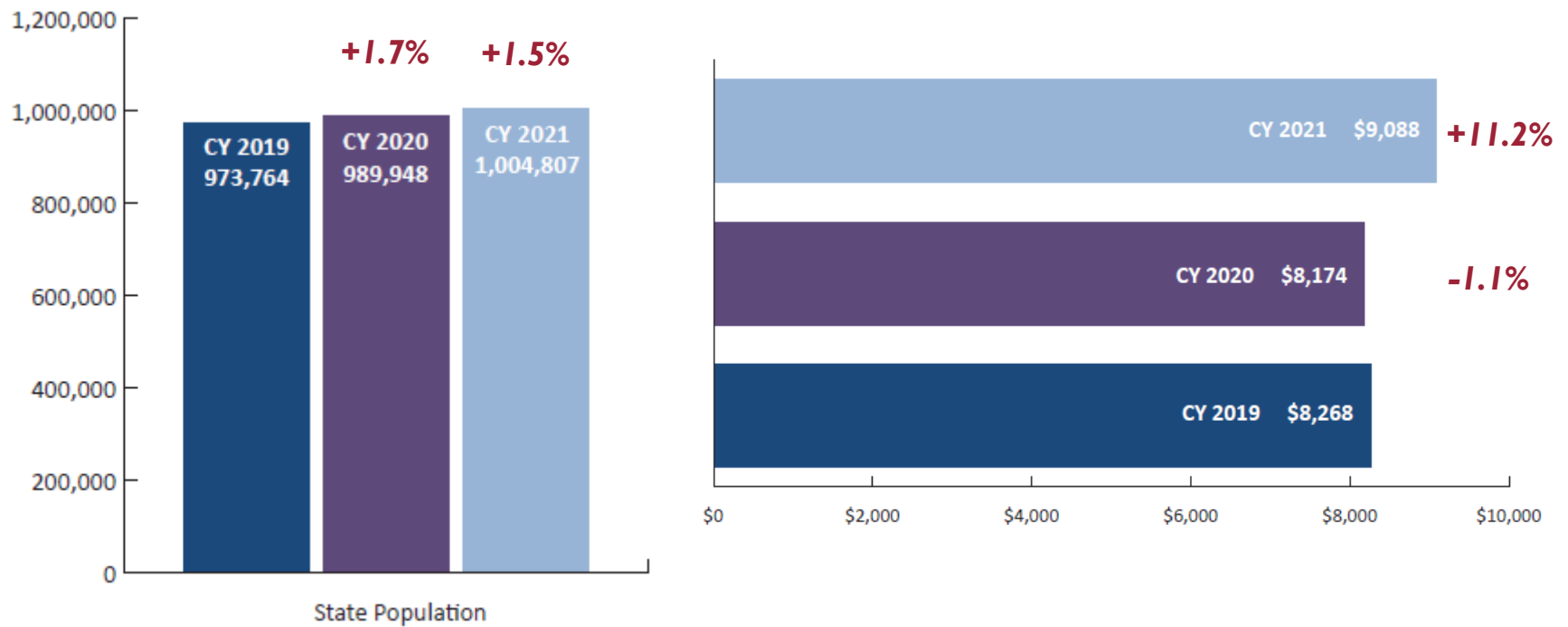
+0.5% or \$40 million



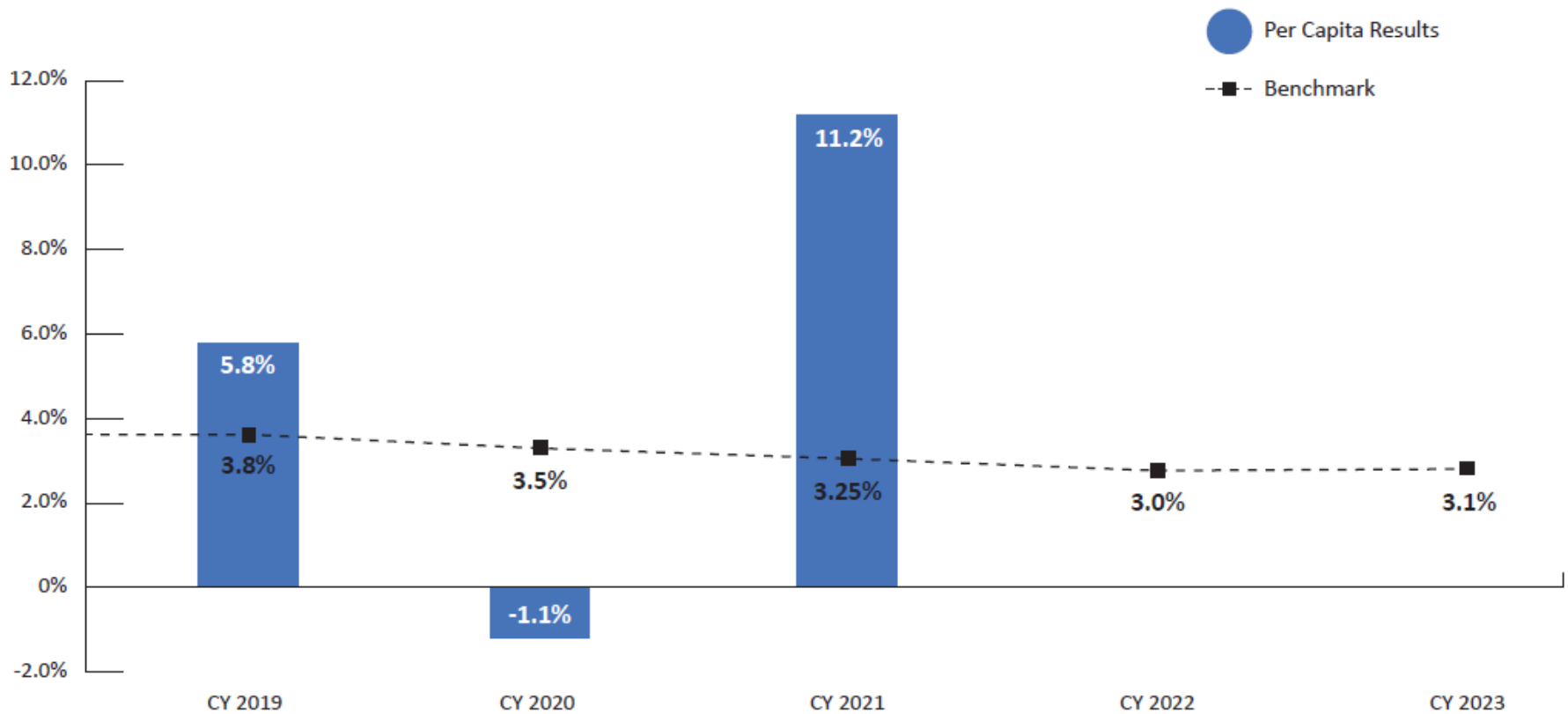
CY 2021 Total: \$9.1 B

+12.8% or \$1.0 billion

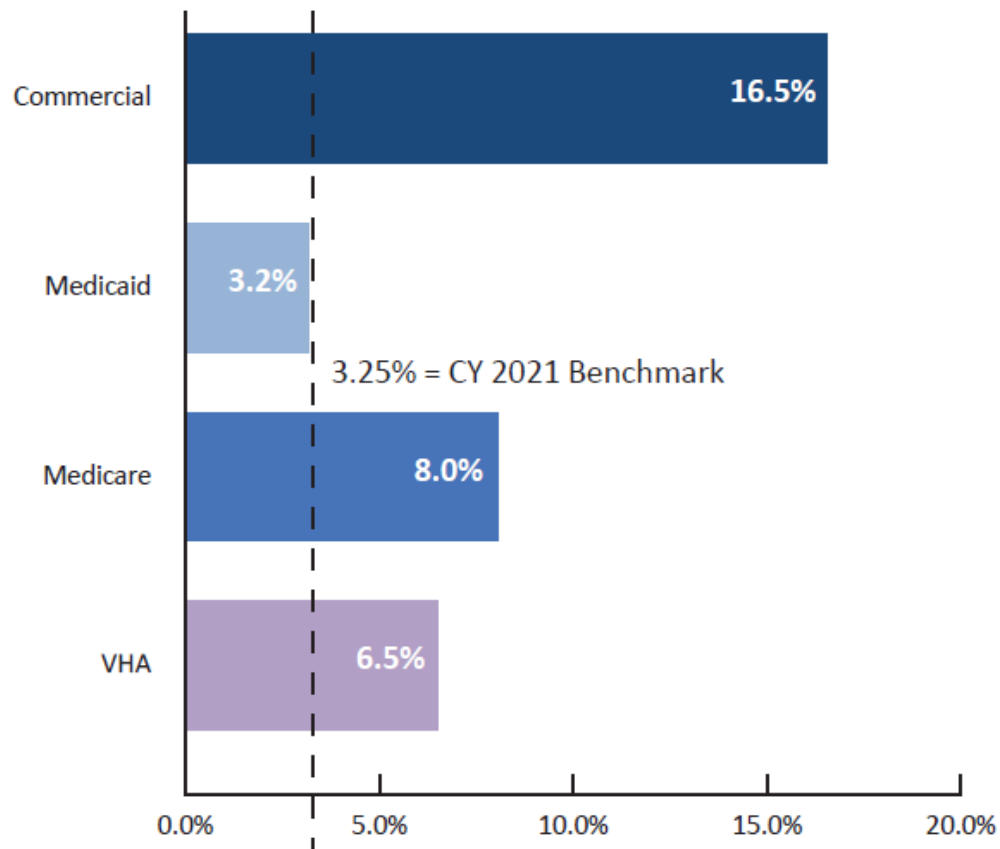
STATE LEVEL THCE PER CAPITA



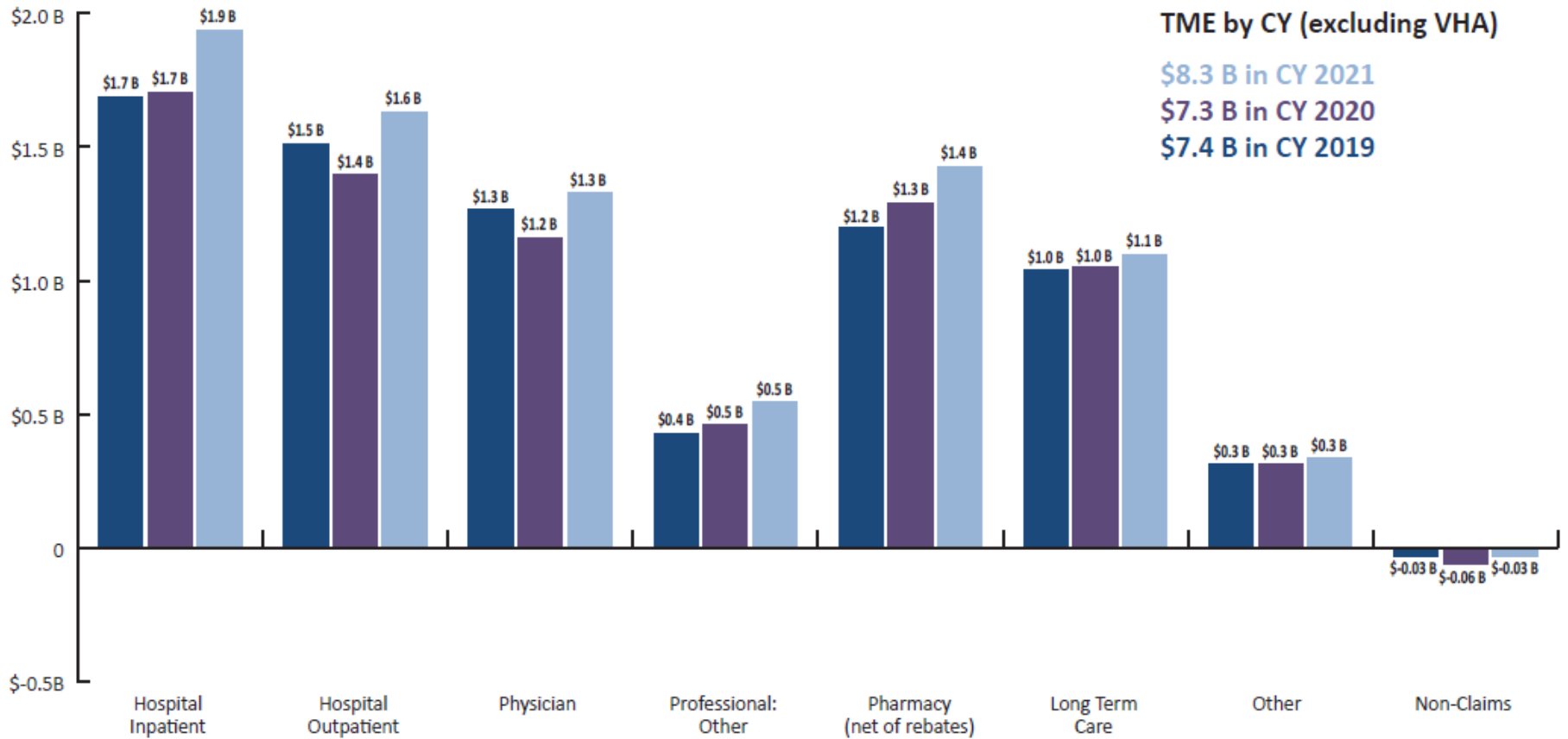
THCE PER CAPITA CHANGE VERSUS BENCHMARK



MARKET THCE PER CAPITA CHANGE VERSUS BENCHMARK

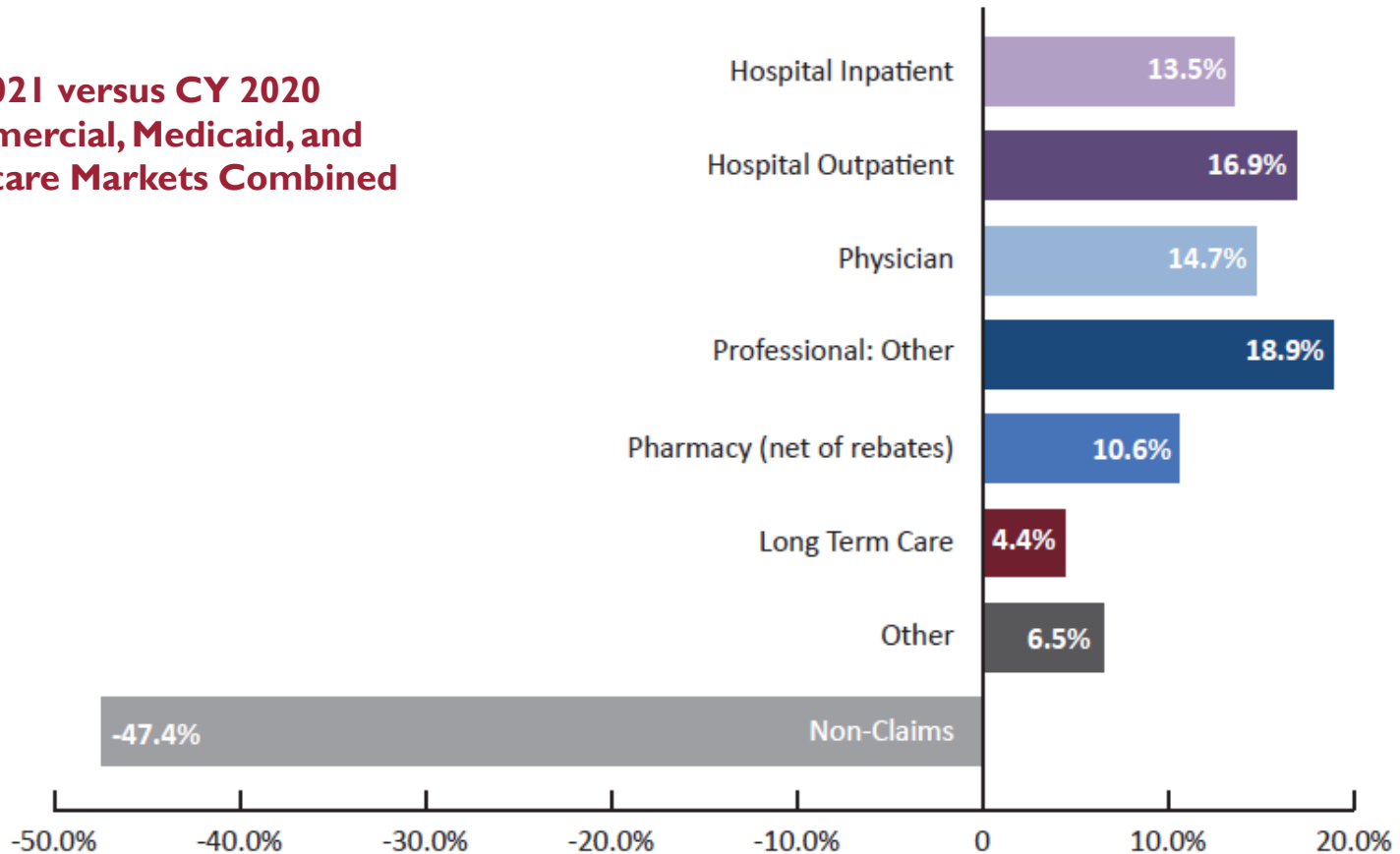


TOTAL MEDICAL EXPENSE (TME) BY SERVICE CATEGORY

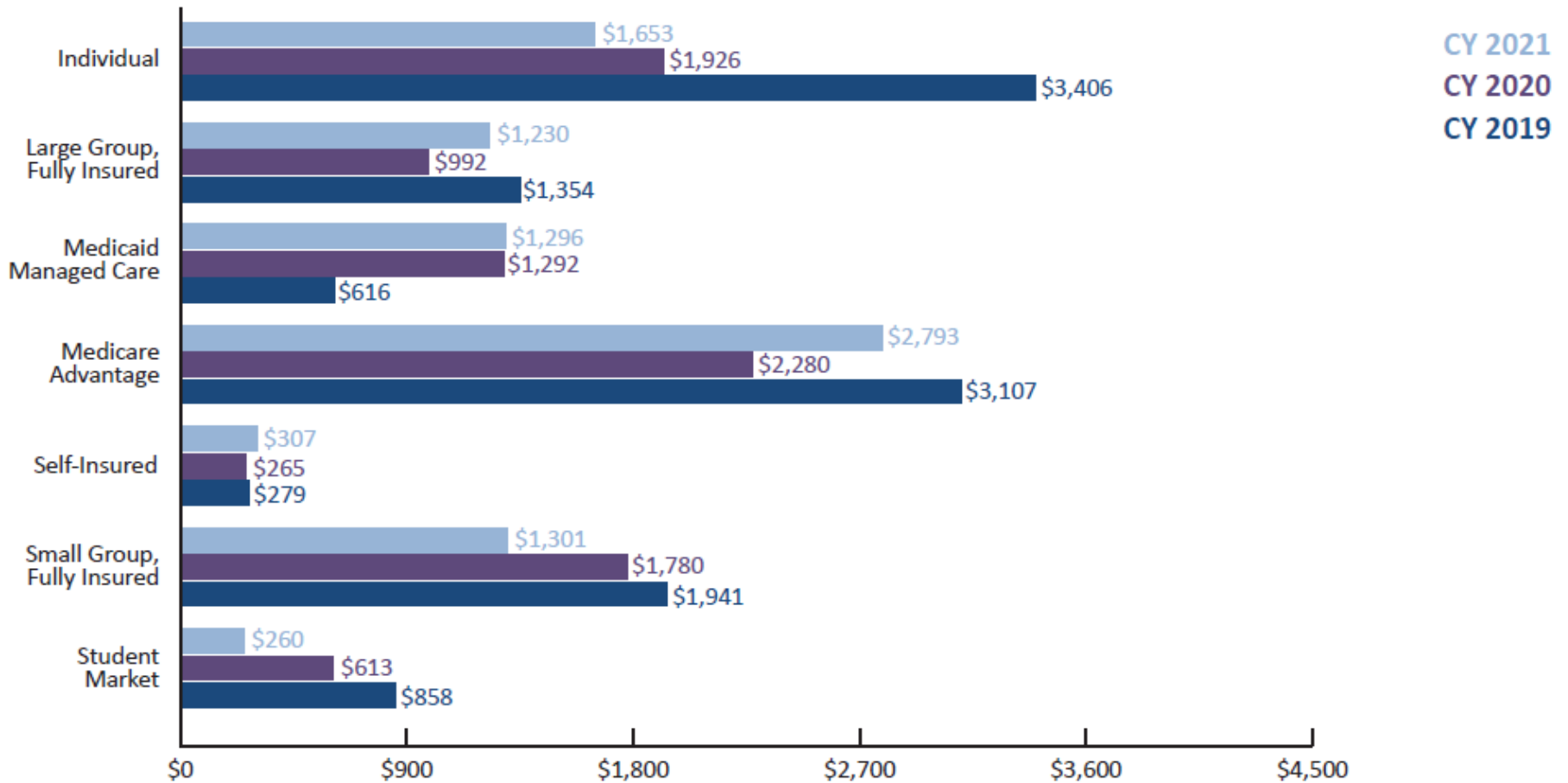


CHANGE IN TME BY SERVICE CATEGORY

CY 2021 versus CY 2020
Commercial, Medicaid, and
Medicare Markets Combined



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



QUALITY BENCHMARK RESULTS

Quality Measure	CY 2021 Benchmark	CY 2021 Results	CY 2020 Results	Notes
Adult Obesity	28.7%	33.9%	36.5%	Lower result is better
Use of Opioids at High Dosages	11.6%	9.6%	11.1%	Lower result is better
Opioid-related Overdose Deaths	14.7 deaths per 100,000	48.1 deaths per 100,000	43.9 deaths per 100,000	Lower result is better
Emergency Department Utilization	178.0 visits per 1,000 (Commercial only)	163.0 visits per 1,000 (Commercial only)*	Not Available**	Lower result is better
Persistence of Beta-Blocker Treatment after a Heart Attack	87.2% Commercial 81.3% Medicaid	88.5% Commercial 80.7% Medicaid	91.7% Commercial 78.1% Medicaid	Higher result is better
Statin Therapy for Patients With Cardiovascular Disease — Statin Adherence 80%	81.0% Commercial 63.7% Medicaid	81.8% Commercial 66.1% Medicaid	83.6% Commercial 72.6% Medicaid	Higher result is better

*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.

**Per the National Committee for Quality Assurance (NCQA), the measure steward, this measure was given first year status for MY 2020 due to significant changes in the methodology. There is no public reporting of EDU data for 2020.

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.