

2021 Annual Report

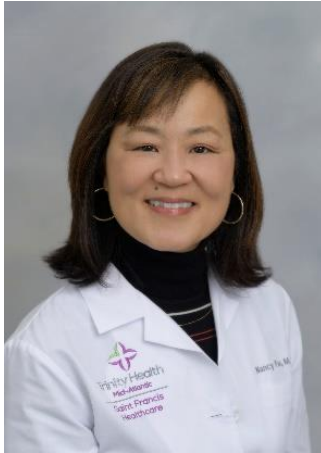
Delaware Health Care Commission



Table of Contents

Letter from the Chair – Nancy Fan, MD	3
Executive Summary	5
Delaware Health Care Commission.....	7
Delaware Health Care Commission Staff.....	9
Highlights of 2021.....	10
Delaware Health Care Commission Strategic Retreat	10
Health Workforce Subcommittee	13
Delaware Health Care Commission Programs	15
Delaware Institute of Dental Education and Research (DIDER)	15
Delaware Institute of Medical Education and Research (DIMER)	19
Delaware State Loan Repayment Program (SLRP)	23
Health Resources Board (HRB)	25
Health Care Spending and Quality Benchmarks Program	28
Primary Care Reform Collaborative	31
CostAware	34
Delaware Health Insurance Individual Market Stabilization Reinsurance Program	35
Health Care Provider Loan Repayment Program	39

Letter from the Chair – Nancy Fan, MD



It is hard to believe that another year has passed, still under the shadow of the COVID-19 pandemic. However, in 2021, it was clear that the work of the Delaware Health Care Commission (DHCC) was progressing forward in the “new” normal, despite the ongoing and far-reaching impact of the pandemic on the health of Delawareans. Our meetings continued to be virtual, but there was the gradual “re-opening” of the state, with a return to in-person education and other activities, such as attending sporting and entertainment events. This sense of returning to “normal” was possible due to the successful development, by the State, of an armamentarium of tools to combat COVID-19. Such measures included providing free access for testing and vaccinations, working with health care providers for access to outpatient treatment options, and supporting our health care systems with the National Guard. Despite my personal sense of 2021 as a year of “two steps forward, one step backwards,” there were several significant initiatives which advanced the mission of the DHCC to provide greater access for affordable, quality healthcare.

The annual Strategic retreat is an opportunity for the DHCC Board to discuss and define vision priorities for the next year. For 2021, the retreat layered our mission with additional operating principles such as focusing on initiatives which are patient centered; promote a continuum of comprehensive care, including behavioral health; and work to address the effects of social determinants on health and health outcomes. Throughout the year, there continued to be a strong focus on assessing workforce needs and initiatives for a sustainable healthcare workforce. In addition to the work of the DHCC Health Workforce Subcommittee, there were presentations at DHCC Board meetings on surveys regarding behavioral health and advanced practice providers and the passage and development of a State-sponsored health care provider loan repayment program. House Bill 48 with House Amendment 1 (the Health Care Provider Loan Repayment Program (“HCPLRP”)), was passed by the General Assembly in the spring of 2021 and signed into law by Governor John Carney, provides a financial incentive for new providers in primary care specialties, such as internal medicine, pediatrics, family practice, psychiatry, and women’s health, to work in Delaware. In addition to our long-standing DIMER and DIDER educational programs, the HCPLRP program will be a valuable tool to bring more providers to Delaware and improve patients’ access to primary care providers, which has been severely adversely affected by the pandemic and lack of new providers.

The concept that primary care is foundational to sustainable and effective health care delivery underpins the work of the Primary Care Reform Collaborative (PCRC). Investing in primary care, in the long term, may produce better health outcomes at a lower overall cost. The legislative action of Senate Substitute 1 for Senate Bill 120 incorporated key elements to achieve this, including annual targets for primary care spend; advancing value-based care and alternative

payment models; and providing the Department of Insurance with a rate review process so that increasing the spending on primary care does not result in unsustainable increases in overall health care spending. The PCRC, under the DHCC, will focus on advancing value-based care models, which may be paired with alternative payment models, with the goal of providing more comprehensive, patient centered care and moving away from a fragmented fee-for-service payment model. The PCRC will continue to do this work in collaboration with the Office of Value Based Health Care Delivery, under the Department of Insurance.

These are just a few programs which highlight the breadth of the work of the DHCC in 2021. The Strategic retreat in the fall of 2021 again defined and re-affirmed our priorities for 2022, which included a new layer to our mission - incorporating a lens of diversity, equity, and inclusion in all our initiatives and policy efforts. Even as the pandemic subsides, it will continue to cast a long shadow, exposing areas of need which have adversely affected the delivery of quality health care and the health outcomes for our Delawareans. With a multi-layered approach, the DHCC will strive to address these needs, as always, by fostering innovative initiatives and engaging in collaboration among all health care stakeholders in Delaware.

Executive Summary

The Delaware Health Care Commission (DHCC) respectfully submits this 2021 Annual Report to Governor John Carney and the Delaware General Assembly.

Background

The General Assembly created the DHCC in June of 1990 to develop a pathway to basic, affordable health care for all Delawareans. For administrative and budgetary purposes, the Commission is placed within the Department of Health and Social Services, Office of the Secretary. The Commission is a public/private body consisting of 11 members and responsible for the administration of three boards: the Delaware Institute of Medical Education and Research (DIMER), the Delaware Institute for Dental Education and Research (DIDER), and the Health Resources Board (HRB). In 2019, the duties of the Commission were expanded to include:

16 Del. C. § 9903

- (f) The Commission must collaborate with the **Primary Care Reform Collaborative** to develop annual recommendations that will strengthen the primary care system in Delaware.
- (g) The Commission shall establish the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program & Fund**.
- (j) The Commission shall be responsible for the administration of a **Health Care Provider Loan Repayment Program (HCPLRP)**.

DHCC Mission

“The DHCC strives to foster initiatives, design plans, and implement programs that promote access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.”

Roles, Responsibilities and/or Goals:

- Collaborate with other state agencies, instrumentalities, and private sector
- Convene stakeholders
- Initiate pilots
- Analyze the impact of previous and current initiatives
- Recommend policy changes to support improved access to high-quality, affordable care

Highlights of Calendar Year 2021

- In the Spring of 2021, the DHCC released Delaware's first [Quality and Spending Data Trend Report](#)¹. This report consists of spending and quality data from 2019 and compared this data to 2018 baseline data.
- The **Health Resources Board (HRB)** approved two Certificate of Public Review applications for an estimated \$15.1 million capital expenditure.
- The **Delaware Institute of Medical Education and Research (DIMER)** incoming class of 2021 represented the largest entering classes in DIMER's history with 49 students matriculating. DIMER's medical education partners have again exceeded their commitments, with Sidney Kimmel Medical College matriculating 31 students and Philadelphia College of Osteopathic Medicine matriculating 18 students.
- The **Delaware Institute of Dental Education and Research (DIDER)** academic year 2022 - 2022 (starting July 1, 2021, and ending June 30, 2022), there were 32 Delaware students enrolled in the DMD program at Temple University Kornberg School of Dentistry: 11 first year, 11 second year, 7 third year, and 3 fourth year. There were also 2 Delaware residents enrolled in the one-year post-baccalaureate program.
- In 2021, the **State Loan Repayment Program** received 6 applications.
- The Commissioners convened a **Strategic Retreat** in October 2021 to reach an agreement on the priorities of the DHCC for the 2022 calendar year and create an action plan.
- The **Health Workforce Subcommittee** recommended building a catalogue of Delaware healthcare professionals' allocation across the State and predictive areas of need. In November 2021, the DHCC contracted with the Delaware Academy of Medicine / Delaware Public Health Association to develop Delaware Health Force, a database designed to document the distribution of health professionals in Delaware.
- DHCC administered the second year of the **Delaware Health Insurance Individual Market Stabilization Reinsurance Program**. For the 2021 plan year, the program reduced member premiums in the individual market by approximated 16.0% relative to if no reinsurance program were in place.

This report will delve deeper into the DHCC programs and initiatives.

¹ <https://dhss.delaware.gov/dhss/dhcc/files/benchmarktrendreport2019.pdf>

Delaware Health Care Commission

DHCC Board Activity for Calendar Year 2021

The DHCC conducted eleven board meetings and a Strategic Retreat.

- | | |
|---------------------|-----------------------------|
| ○ January 7, 2021 | Virtual Board Meeting |
| ○ February 4, 2021 | Virtual Board Meeting |
| ○ March 4, 2021 | Virtual Board Meeting |
| ○ April 1, 2021 | Virtual Board Meeting |
| ○ May 6, 2021 | Virtual Board Meeting |
| ○ June 3, 2021 | Virtual Board Meeting |
| ○ July 1, 2021 | Virtual Board Meeting |
| ○ August 5, 2021 | Cancelled (no new business) |
| ○ September 2, 2021 | Virtual Board Meeting |
| ○ October 7, 2021 | Virtual Board Meeting |
| ○ October 29, 2021 | Virtual Strategic Retreat |
| ○ November 4, 2021 | Virtual Board Meeting |
| ○ December 2, 2021 | Virtual Board Meeting |

Membership

Delaware Code, Title 16, Chapter 99, § 9902 states the Commission shall consist of 11 members, 5 of whom shall be appointed by the Governor, 1 of whom shall be appointed by the President Pro Tempore of the State Senate and 1 of whom shall be appointed by the Speaker of the House of Representatives. Of the 5 members appointed by the Governor, at least 1 member shall be a resident of each county. The Insurance Commissioner, the Secretary of Finance, the Secretary of Health and Social Services, and the Secretary of Services for Children, Youth and Their Families or their designees shall serve as ex officio members of the Commission.

2021 Health Care Commission Board Members

Nancy Fan, MD

Chairperson
Governor

Richard Geisenberger, MGA

Cabinet Secretary, Department of Finance
Ex Officio

Molly K. Magarik, MS

Cabinet Secretary, Department of Health
and Social Services
Ex Officio

Richard Margolis, MD

Cabinet Secretary Designee, Department of
Services for Children, Youth and Their
Families
Ex Officio

Trinidad Navarro

Insurance Commissioner, Department of
Insurance
Ex Officio

Theodore W. Becker
Governor

Roger Harrison, Ph.D.
Governor

Jan Lee, MD, MMM, FAAFP
Governor

Nicholas A. Moriello, R.H.U.
Governor

Richard Heffron, Esq
President Pro Tempore of the State Senate

Melissa Jones, R.D.H.
Speaker of the House of Representatives

Delaware Health Care Commission Staff

Elisabeth Massa

Executive Director

- Primary liaison between the Commission, DHSS, and other key public, private partners on health policy matters, including health care workforce, health care access, quality, and cost initiatives
- Provide oversight of all DHCC initiatives and programs

Ayanna Harrison (resigned August 2021)

Stephanie Hartos (effective December 2021)

Public Health Administrator I

- Program manager for Benchmark, Primary Care Reform Collaborative, and special initiatives
- Provide DHCC management support in absence of the Executive Director and/or if requested

Latoya Wright

Manager of Statistics and Research

- Program manager for Health Resources Board (including epidemiological services for nursing home and assisted living)
- DHCC chief financial officer providing oversight of fiscal operations and auditing

Eschalla Clarke

Social Services Senior Administrator

- Program manager for health care workforce development and education initiatives – SLRP, HCPLRP, DIMER, DIDER, and Health Workforce Subcommittee
- DHCC contracts management lead

Marques Johnson (resigned January 2021)

Tynietta Congo-Wright (effective July 2021)

Administrative Specialist III

- Provide administrative support for variety of operational areas for the DHCC and DHSS Director of Health Care Reform

Highlights of 2021

Delaware Health Care Commission Strategic Retreat

The DHCC held a virtual Strategic Retreat on October 29, 2021. The purpose of the Retreat was for the commissioners to reach an agreement on the priorities of the DHCC for Calendar Year 2022, create an action plan, and achieve the following objectives:

1. Discuss critical issues and reach agreement on DHCC role and action plan.
2. Discuss and reach agreement on ways to advance DHCC programs and initiatives.
3. Discuss and reach agreement on strategic direction and focus for the coming year.

Dr. Devona Williams, with Goeins-Williams Associates, Inc., served as the meeting facilitator.

Summary

The theme of the Commission's 2021 retreat was, *Moving Toward Thought Leadership*, which was intended to emphasize the role commissioners play in thinking deeply about health care in Delaware and seeking innovative solutions. The retreat included a review and refresh of DHCC priorities, mission statement, and programs/initiatives. At the retreat, the commissioners discussed three critical issues:

- 1) Workforce
- 2) American Rescue Plan Act of 2021 Funding
- 3) Diversity/equity/inclusion in health care policy

A 2022 Action Plan was created. The meeting summary is available on the [DHCC website](#).

Delaware Health Care Commission 2022 Action Plan

Focus Area	Actions	Responsibility	Timetable
Health Care Provider Loan Repayment Program (HCPLRP)	1. Determine if additional funds awarded could be designated for carryover for unexpended funds.	DHCC	TBD

<p>Workforce</p>	<ol style="list-style-type: none"> 1. Subcommittee will develop a “straw man” of how to approach workforce and the scope of the effort. Will share approach with the DHCC: near term (18 months); mid-term (5 years); long-term (10-20 years). A thought leadership group could be formed to discuss long term initiatives. 2. Looks at other examples in industries dealing with worker shortages (i.e., Zip Code DE). 3. Secretary Geisenberger and Nick are reaching out to the State Chamber to meet with US Chamber to learn how the program works. 4. Timeline – early 2022 for prioritization; For long term issues, may want to form a thought leadership group or build multiple public/private collaboratives to build and source workforce issue. 5. Determine if DHSS has sufficient staff for data analytics. 	<p>Nick Moriello and Secretary Geisenberger co-chairs, Health Workforce Subcommittee</p>	
<p>American Rescue Plan Act (ARPA) of 2021</p>	<ol style="list-style-type: none"> 1. Claire DeMatteis to make a presentation on ARPA at the DHCC December meeting. 2. Look at the community-based grant application program and put in an application. 	<p>DHCC</p>	<p>Confirmed-December 2, 2021</p>
<p>Diversity/Equity/Inclusion in Health Care Policy</p>	<ol style="list-style-type: none"> 1. Add a value statement on DEI. 2. Develop a DEI policy statement for the DHCC. 3. Ask for DEI information in all data collection efforts on health care reports. 	<p>DHCC</p>	<p>TBD</p>

Health Workforce Subcommittee

Background

The Health Workforce Subcommittee, chaired by Commissioners Nick Moriello and Secretary Rick Geisenberger, was created in December 2020 to assess and address Delaware’s health care workforce deficiencies. Throughout 2021, the Subcommittee invited stakeholders from across Delaware to share their challenges in developing and sustaining the workforce in several health care fields including geriatrics, Alzheimer’s, child psychiatry, substance abuse, and mental health. These discussions revealed a desire to understand the data and motivational drivers for Delaware’s health care workforce.

Discussions with community partners identified a need for understanding the health workforce bandwidth in Delaware, shortages in primary care disciplines and other specialties, developing a predictive model for workforce development, and providing Delaware with scientific data to keenly address workforce needs. As a result, in November 2021, the DHCC contracted with the Delaware Academy of Medicine / Delaware Public Health Association to develop a database, Delaware Health Force, to document the distribution of health professionals in Delaware. The vendor is scheduled to produce a workforce demographic report by Summer 2022.

In ensuring public transparency and accountability for the efforts of this subcommittee, DHCC worked closely with information technology staff to design an icon and webpage for this initiative. The new webpage on the DHCC website was launched in the first quarter of 2021. Contents of the page includes details on Health Professional Shortage Areas, Strategic Workforce Activities, Healthcare Pipeline, Why Delaware, Recruitment, and Resources. Active subcommittee members are also listed on the site.



Health Workforce Subcommittee Activity for Calendar Year 2021

The Subcommittee convened 7 meetings

- | | |
|---------------------|-----------------|
| ○ January 20, 2021 | Virtual Meeting |
| ○ February 17, 2021 | Virtual Meeting |
| ○ March 17, 2021 | Virtual Meeting |
| ○ April 13, 2021 | Virtual Meeting |
| ○ May 19, 2021 | Virtual Meeting |
| ○ June 22, 2021 | Virtual Meeting |
| ○ November 16, 2021 | Virtual Meeting |

2021 Health Workforce Subcommittee Members

Nicholas Moriello, RHU, Co-Chair
Highmark Blue Cross Blue Shield of
Delaware
Delaware Health Care Commission

Richard Geisenberger, MGA, Co-Chair
Department of Finance
Delaware Health Care Commission

Geoffrey Christ, JD
Department of State, Division of
Professional Regulations

Katherine Collison, MPA
Department of Health and Social Services,
Division of Public Health

Timothy E. Gibbs, MPH, BA, NPMc
Delaware Academy of Medicine / Delaware
Public Health Association

Cheryl Heiks
Delaware Health Care Facilities Association

Melissa Jones, RDH
The Dental Group
Delaware Health Care Commission

Elisabeth Massa, MA
Department of Health and Social Services,
Delaware Health Care Commission

Kathleen Matt, Ph.D
University of Delaware, College of Health
Sciences

Maggie Norris-Bent, MPA
Westside Family Healthcare

Michael J. Quaranta, MPP
Delaware Chamber of Commerce

Gwendolyn Scott-Jones, Ph.D
Delaware State University

Wayne A. Smith, MGA, MA
Delaware Healthcare Association

Mark B. Thompson, MHSA
Medical Society of Delaware

Ayanna Harrison
Delaware Health Care Commission
(Stepped down August 2021)

Delaware Health Care Commission Programs

Delaware Institute of Dental Education and Research (DIDER)

Background

The Delaware General Assembly created the Delaware Institute of Dental Education and Research (DIDER) in 1981. In 2001, administration and operation of DIDER transferred from the Office of Management and Budget to the Delaware Health Care Commission (DHCC), and the total members on the board of directors expanded to ten public/private representatives statewide.

DIDER Board Activity for Calendar Year 2021

DIDER conducted three board meetings, one of which was in collaboration with Delaware Institute of Medical Education and Research (DIMER), to unify and align advocacy initiatives and program development:

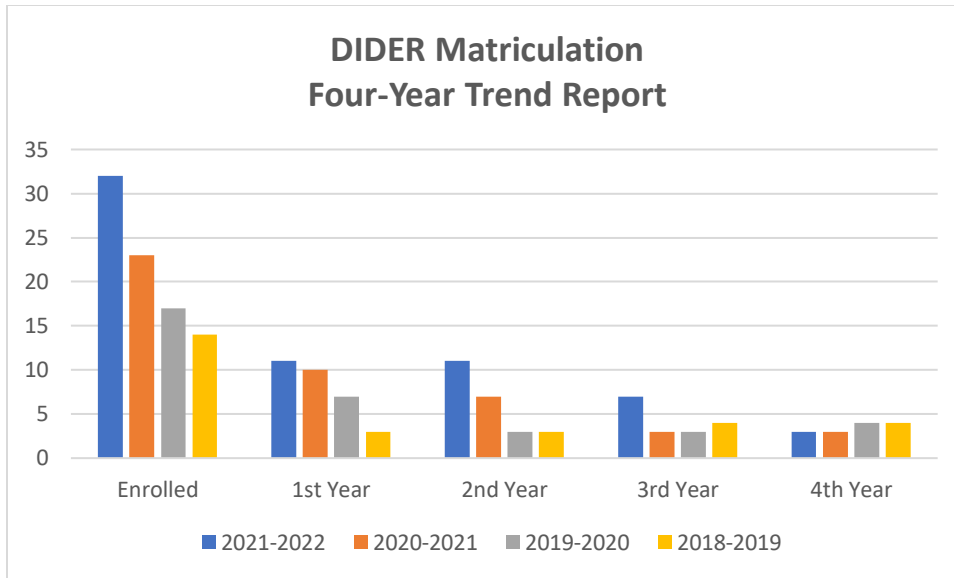
- | | | |
|----------------------|----------------------------------|-----------------|
| ○ April 14, 2021 | Board Meeting | Virtual Meeting |
| ○ June 16, 2021 | Collaborative Meeting with DIMER | Virtual Meeting |
| ○ September 15, 2021 | Board Meeting | Virtual Meeting |

DIDER also participated in several DHCC meetings to provide updates on quarterly activities. DIDER also worked with the DHCC and Division of Public Health in the effort to develop a needed dental workforce capacity survey. This effort is ongoing with expected roll-out of the survey in early 2022.

Delaware's Dental School

In 2005, Delaware established an affiliation agreement with Temple University Kornberg School of Dentistry, ensuring a minimum of (six) 6 eligible residents of Delaware would be guaranteed first-year admissions to a highly qualified dental education. Over time, funding decreased, and four (4) seats are now reserved annually at Temple for Delaware residents entering their first year of dental education in the Doctor of Medicine in Dentistry (DMD) programs. At the outset of this program, funding was also in place to help offset tuition expenses but has since been eliminated as well.

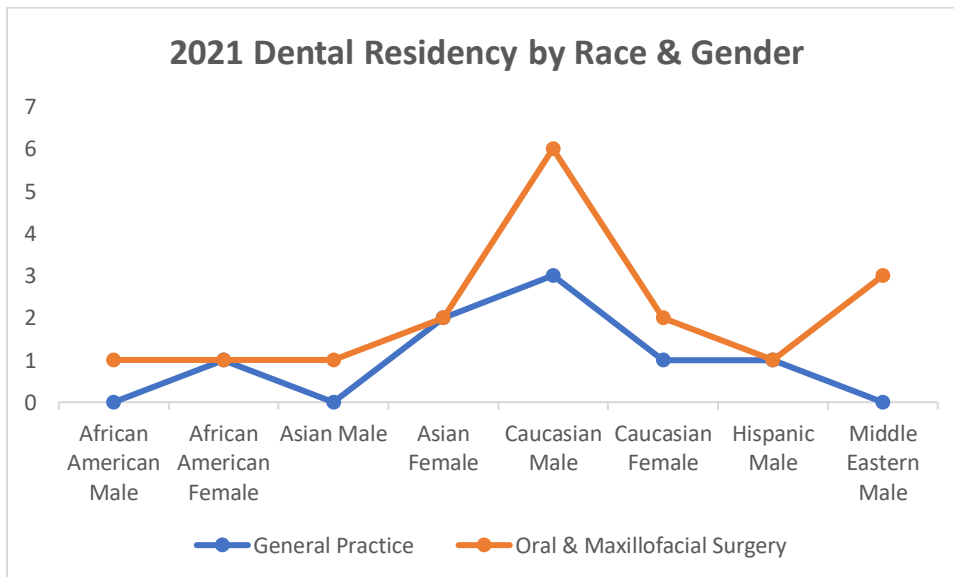
In academic year 2021-2022, starting July 1, 2021 and ending June 30, 2022, there were 32 Delaware students enrolled at Temple University School of Dentistry, including: 11 first years, 11 second years, 7 third years, and 3 seniors. There were also 2 Delaware residents enrolled in the one-year post-baccalaureate program.

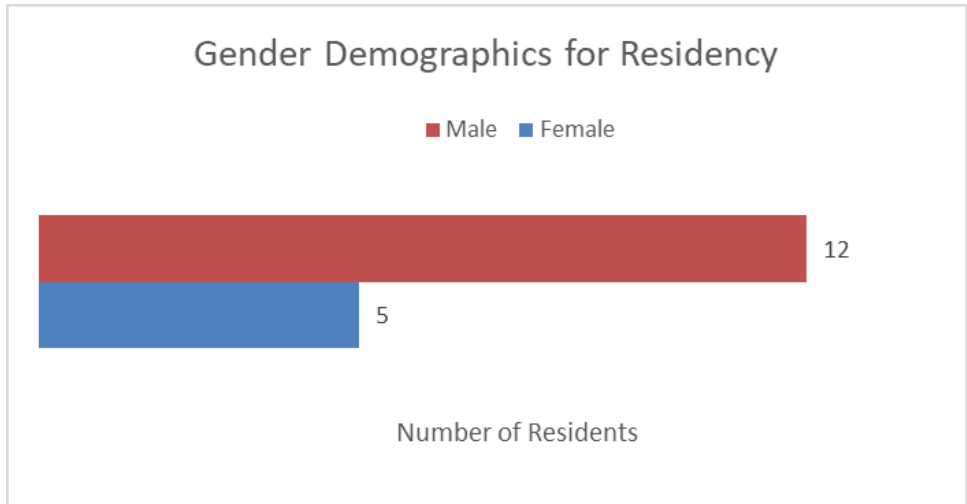


Based on the trends illustrated above for students enrolled at Temple, there has been a rapid uptick in matriculation among the DIDER students in recent years: 32 enrolled in 2021, 23 enrolled in 2020, 17 in 2019, and 14 in 2018.

DIDER provided a 38% acceptance rate for students applying to dental school in 2021.

Delaware Dental Residency Programs by the Numbers





Licensure

Components of dental licensure are: 1) clinical exam and 2) a one-year hospital-based residency (for most applicants).

General Practice Residency (GPR)

Christiana Care supports eight (8) general practice residents. While DIDER formerly supported one of these positions, this funding was eliminated several years ago.

The GPR has provided a productive way to attract individuals to Delaware. Consider the following:

In the 2021-2022 resident year of training, there were 47 applicants for 8 positions; 6 of the current residents attended the University of Maryland School of Dentistry, 1 attended Temple University Kornberg School of Dentistry, and 1 Rutgers School of Dentistry. Only 1 of the enrolled residents was born in Delaware. Six (6) current residents took the Delaware Dental Board in January of 2022 and all 6 passed and are planning to stay in Delaware pending competitive opportunities.

In the 2020-2021 resident year of training, there were 62 applicants for 8 positions; all completed the GPR successfully. Four (4) of the 8 residents attended the University of Maryland School of Dentistry, 2 attended Temple University Kornberg School of Dentistry, 1 attended the A.T. Still School of Dentistry, and 1 the University of Alabama School of Dentistry. Only two (2) of the 8 residents were born in Delaware. Six (6) of the 8 residents took the Delaware Dental Board, all 6 passed. All currently practice in Delaware.

Clinical Examination

Despite the limits imposed by the pandemic, the State Board of Dentistry was able to administer examinations for both Dentistry and Dental Hygiene. The passing success rate

continues to be high. The Examination has had near capacity applicants for the two scheduled examinations and is considering whether to expand to three examinations to accommodate need.

2021 DIDER Board of Directors

Louis K. Rafetto, DMD, MEd, Chair
Delaware State Dental Society

Theodore W. Becker, Jr., Mayor
Delaware Health Care Commission

Nicholas Conte, DMD, MBA
State of Delaware Dental Director
(Ex-Officio)

Lisa Goss, RDH, BS
Delaware Dental Hygienist Association

Andrew Swiatowicz, DDS
Delaware State Board of Dentistry and
Dental Hygiene

Bruce McAllister, DDS
Department of Education, Higher Education
Office

Ray S. Rafetto, DDS
Delaware State Dental Society

Jeffrey Cole, DDS
Christiana Care

Erika Williams, DMD
New Castel County

Wanda Gardner Smith, DDS
Public Member

Bruce Matthews, DDS
Delaware State Board of Dentistry and
Dental Hygiene
(term ended September 30, 2021)

Howard Zucker, DDS
ChristianaCare
(term ended June 17, 2021)

Delaware Institute of Medical Education and Research (DIMER)

*Excerpt below from the [“DIMER 2021 Annual Report” Executive Summary](#)²

History and Background

The Delaware Institute of Medical Education and Research (DIMER) was founded in 1969, as an alternative to an in-state medical school, to address the concern of access to high-quality medical education for Delaware residents. Upon creation, DIMER formalized a relationship with Thomas Jefferson University for 20 admission slots for Delawareans at Jefferson Medical College (now Sidney Kimmel Medical College (SKMC)). In 2000, DIMER expanded its education relationships to also include the Philadelphia College of Osteopathic Medicine (PCOM), further increasing access to medical education for Delawareans. Upon creation, PCOM held five admission slots for qualified Delaware applicants and in 2019, the number of admission slots was increased to 10. DIMER is incredibly grateful to both institutions, who continue to exceed their commitments in accepting highly qualified Delawareans into their respective medical education programs and provide the highest quality training to future physicians.

The DIMER Advantage

Delaware is one of four states that does not offer an in state medical school. This would ordinarily present a disadvantage for Delaware residents seeking medical education and future careers in medical professions. However, through its innovative relationships with SKMC and PCOM, Delaware has secured a minimum number of slots for highly qualified Delaware applicants. In recent years, SKMC and PCOM have each seen an increase in annual applications received to an estimated 12,000 applications for ultimately no more than 280 slots per respective institution. As a DIMER applicant, Delaware resident applications are pulled from the overall 10,000 applications received and evaluated against Delaware only applicants. This significantly improves the odds, to being one of ultimately 30 or more slots out of approximately 90-100 Delaware applicants. DIMER therefore provides one of the best medical education admission advantages in the country for qualified applicants from the First State.

Delaware Branch Campus and Residency

DIMER is not only focused on providing medical education opportunities for Delawareans but also on the retention of Delaware physicians to serve our communities. DIMER’s relationships extend beyond its education partners and into Delaware’s health systems and Delaware Health Sciences Alliance (DHSA) partners. DIMER Medical students at SKMC and PCOM have an opportunity to conduct their third- and fourth-year rotations at the Delaware Branch Campus. The Delaware Branch Campus provides medical students clinical training at ChristianaCare, Nemours, and the Wilmington VA Medical Center. In addition, PCOM clinical rotations also include Bayhealth’s Kent and Sussex Campuses as well as recently adding opportunities for rotation at Beebe Healthcare, also in Sussex County.

² <https://dhss.delaware.gov/dhss/dhcc/files/2021dimerannualrpt.pdf>

The opportunities for residency training in Delaware are numerous and expanding. ChristianaCare and Nemours offer an array of residency opportunities. Delaware residency match opportunities are not limited to Delaware Branch Campus partners as St. Francis also has a residency program and Bayhealth launched its family medicine and internal medicine residency programs in 2021, with a general surgery residency program anticipated in 2022. Beebe Healthcare is also currently planning for a launch of its family medicine residency program in 2023. Recruitment and retention of Delaware physicians is enhanced with the increased opportunities for Delawareans to complete their medical training and serve their community in their home state.

Abstract Data

The incoming class of 2021 represents the largest entering classes in DIMER's history with 49 students matriculating. DIMER's medical education partners have again exceeded their commitments, with SKMC matriculating 31 students and PCOM matriculating 18 students. As noted in the DIMER 50th Anniversary Report, 38% of all time DIMER students were female, however, the entering class of 2021 is comprised of 61% female students.

The graduating class of 2021 provided 28 newly graduated physicians looking forward to residency training. For those Delaware medical students who graduated from SKMC and PCOM in 2021, 57% went into primary care and 43% entered specialty training.

DIMER Board Activity for 2021

The DIMER Board remained active in 2021 despite the on-going COVID-19 pandemic. The Board of Directors held virtual meetings and met five times over the course of the year. There was broad Board participation on the DHSAs-facilitated outreach events for prospective DIMER students in each of Delaware's three counties which produced a record account of participation with over 220 individual households registered. DIMER leadership was also heavily engaged in virtual engagements for current DIMER students, solidifying its commitment to providing a network of support for DIMER Students in their journey to becoming a practicing physician.

The DIMER Board recognizes the high cost for medical education and enormous debt students face upon graduation. The DIMER Board continued to advocate and work closely with the Health Care Commission, Delaware Legislators, and partners such as the Delaware Health Sciences Alliance, in support of the now passed legislature for a new robust State of Delaware Student Loan Repayment Program. This program will provide for increased participation and funding support for those physicians with Primary Care focused specialties, serving geographic areas of need throughout the First State. DIMER leadership looks forward to continued engagement and advocacy as the new loan repayment program is implemented, increasing opportunities to support returning physicians to Delaware.

DIMER has a rich tradition of extending its activities beyond its mission to ensure access to quality medical education for Delaware residents. DIMER and its partners are committed to providing a network of support for its students and engage students throughout the academic year in a variety of ways. In collaboration with DHSAs, DIMER provided care packages to each

student; co-hosted virtual receptions with PCOM and SKMC for DIMER students to network with DIMER and institutional leadership; and conducted virtual awareness events in every county with prospective students and families to discuss the many benefits of DIMER.

Conclusion

The DIMER program continues to represent an incredible value for Delawareans' medical education. The full annual report contains detailed information on the demographics and data relative to DIMER's 2020 incoming and graduating classes, as well as personal stories from state and institution leadership, including DIMER students. DIMER's approach to partnering with the DHSA, health systems and others has resulted in a robust array of services intended to facilitate Delawareans' pathway to medical school and improved chances of returning to Delaware to practice medicine in geographic and specialty areas of need. We express our gratitude for all who have supported DIMER over its 50-year plus history and look forward to even greater achievements in the future.

With appreciation to the Delaware Health Sciences Alliance (www.dhsa.org) for their partnership for this Summary and the DIMER 2021 Annual Report. Contacts: Dr. Omar Khan, President & CEO (okhan@dhsa.org) & Pam Gardner MBA (PGardner@dhsa.org)

2021 DIMER Board of Directors

Sherman L. Townsend, Chair

University of Delaware, Board of Trustees
(retired)

David A. Barlow, PhD

Department of Education
Delaware Higher Education Office

Katherine Collison, MSM

Department of Health and Social Services
Division of Public Health Ex-Officio

Chai Gadde, MBA

BioTek reMEDys

John F. Glenn, MD

Kent County – Public Member

Marshá T. Horton, PhD

Delaware State University
College of Health and Behavioral Science

Neil Jasani, MD

ChristianaCare

Janice Lee, MD

Delaware Health Care Commission

Brian Levine, MD

ChristianaCare

Vincent Lobo, Jr., DO

Sussex County – Public Member

Kathleen Matt, PhD

University of Delaware
College of Health Sciences
(formerly College of Nursing)

Lisa Maxwell, MD
ChristianaCare

Robert Monteleone, MD
Saint Francis Hospital
Medical Residency Program

Wayne A. Smith, MGA, MA
Delaware Healthcare Association

Jessica Tomaszewski, MD
Nemours

Carl E. Turner, MD
Wilmington – Public Member

Delaware State Loan Repayment Program (SLRP)

Background

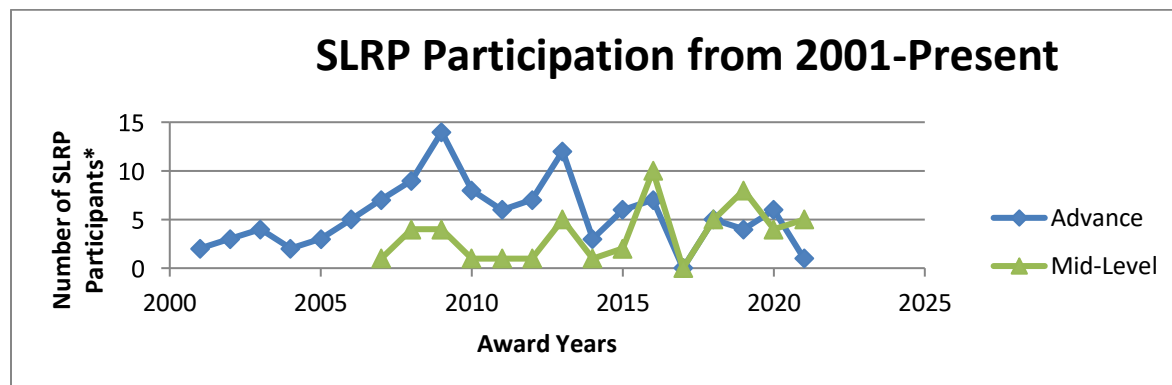
Delaware has operated a State Loan Repayment Program (SLRP) since 2000. The Delaware Health Care Commission (DHCC) serves as the lead administrative entity for the program. The program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). A multi-year federal grant totaling \$900,000 was awarded September 1, 2018, running through August 31, 2022. The DHCC submitted an application to HRSA for consideration of a new award cycle, September 1, 2022, through August 31, 2026.

SLRP strives to create healthier communities by recruiting and retaining quality health care professionals to practice in designated Health Professional Shortage Areas (HPSAs). The program offers financial assistance up to \$100,000 for verifiable educational loans to qualified dental, behavioral/mental health, and primary care professionals for a minimum of two consecutive years of full-time (40 hours per week) or half-time (20-39 hours per week) service in shortage areas across the State. Required match for this program is sourced from three entities: 1) the State of Delaware is the largest contributor with 96%, 2) Highmark of Delaware sponsors 4% of the budgeted amount, and 3) employers have the option – in the event funding is exhausted at the State-level to fund SLRP awards issued to organization-specific practitioners.

Calendar Year 2021 Awards

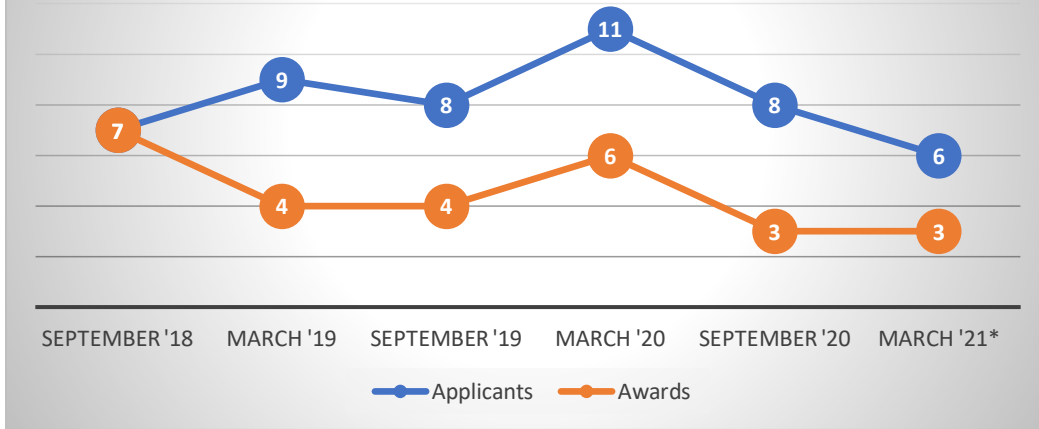
March 15, 2021, closed the first application cycle for Calendar Year 2021. The DHCC received six applications during this period; three were eligible for award and three applications were incomplete (missing documents). Contractual obligations were projected to start August 1, 2021. One eligible candidate was no longer interested, and two had modified employment status changes.

Program Participation by the Numbers - 2021

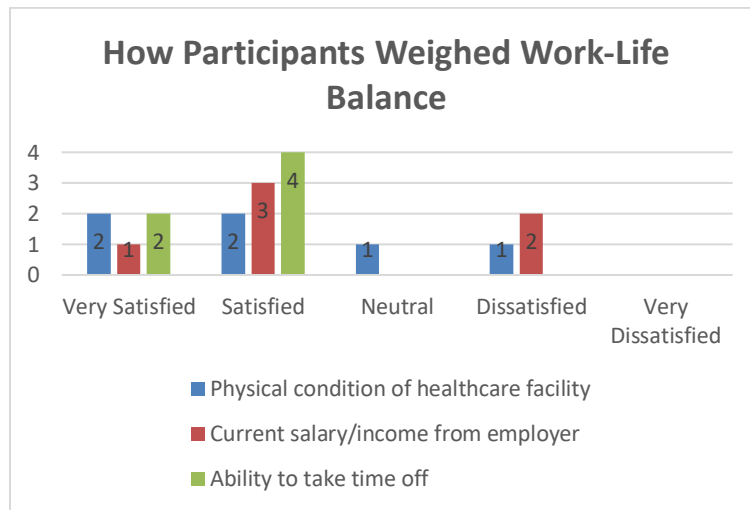


* Total is inclusive of continuing contractual participants through a 3rd and 4th year. It also includes awards declined during preparation of this report.

SLRP Performance Metrics September 2018 - September 2021



* Awards approved in March 2021 were not finalized through contractual agreement either because the agreement was declined or required reverification of information.



Health Resources Board (HRB)

Background

The Delaware Health Resources Board (HRB) Certificate of Public Review (CPR) program, like other national Certificate of Need (CON) programs, originated to regulate the number of beds in hospitals and nursing homes and essentially prevent excessive purchasing of expensive equipment. Per the Joint Sunset Committee 2012 Final Report, HRB transitioned from the Division of Public Health to the Department Health and Social Services, Office of the Secretary, the Delaware Health Care Commission (DHCC). The DHCC provides the administration and staffing for the board. The purpose of the HRB is to foster the cost-effective and efficient use of health care resources and the availability of and access to high quality and appropriate health care services.

The CPR program is regulated by 16 *Del. C.* § 9301. The primary goal for the CPR process is to control health care cost through a formal review process used to ensure public scrutiny of certain health care developments in the state. These reviews are focused on balancing concerns for access, cost, and quality. A Letter of Intent begins the CPR process and a formal application review process used to ensure public scrutiny of health care developments in the state of Delaware.

CPR Applications in Calendar Year 2021

Received	Approved	Denied	Withdrawn
2	2	0	0

Applicant	Project	Capital Expenditure
ChristianaCare	Center for Spine Surgery Joint Venture partnership ChristianaCare and Neurosurgical Group	\$ 5.2 million
Select Specialty Hospital	Relocation of long-term acute care hospital from St. Francis Hospital to ChristianaCare Wilmington Hospital	\$9.9 million

Joint Legislative Oversight and Sunset Committee

In June 2019, the DHCC received notification that the Joint Legislative Oversight and Sunset Committee (JLOSC) voted to conduct a comprehensive legislative oversight and sunset review of the HRB. Legislative oversight and sunset review is a periodic review of an entity with the purpose of determining where there is a public need for the entity and, if so, whether the entity is effectively performing to meet that need. The COVID-19 pandemic cut short the review and public meeting schedule. In 2020, all entities under JLOSC review, including HRB, were held over until January 2021.

In March 2021, the JLOSC conducted two recommendations meetings. The purpose of those meetings was to provide an overview of the JLOSC staff’s findings and recommendation report drafted by the JLOSC staff regarding the sunset and oversight review of the HRB. The DHCC received the [JLOSC’s staff findings and recommendations report](#) in March 2021. The JLOSC staff provided five [recommendations](#) that were adopted in April 2021.

HRB Board Activity for Calendar Year 2021

HRB conducted eight Board meetings and three Review Committee meetings:

- February 25, 2021 Board Meeting Virtual Meeting
- March 25, 2021 Board Meeting Virtual Meeting
- April 25, 2021 Board Meeting Virtual Meeting
- May 27, 2021 Board Meeting Virtual Meeting
- June 24, 2021 Board Meeting Virtual Meeting
- August 26, 2021 Board Meeting Virtual Meeting
- September 23, 2021 Board Meeting Virtual Meeting
- November 18, 2021 Board Meeting Virtual Meeting
- February 2, 2021 Review Committee Meeting Virtual Meeting
- February 17, 2021 Review Committee Meeting Virtual Meeting
- October 20, 2021 Review Committee Meeting Virtual Meeting

2021 Health Resources Board of Directors

Brett Fallon

Chair and Public at Large

Leighann Hinkle

Representative involved in purchasing health-care coverage on behalf of State employees

Michael Hackendorn

Labor representative

Margaret Strine

Public at Large

Julia O'Hanlon

Public at Large
(Stepped down September 2021)

John Walsh

Public at Large

Edwin Barlow

Public at Large
(Stepped down August 2021)

Vincent Lobo, Jr. DO

Licensed to practice medicine in DE representative

Elizabeth Brown, MD

DHSS representative

Theodore Becker

DHCC representative

Mark Thompson

Health care administration representative
(Stepped down March 2021)

Cheryl Heiks

Long-term care administration representative

Pamela Price

Health insurance industry representative

VACANT

Representative of a provider group other than hospitals, nursing homes or physicians

VACANT

Representative involved in purchasing health care coverage for employers with more than 200 employees

VACANT

Vice Chair

Health Care Spending and Quality Benchmarks Program

Background

Delaware has one of the highest per-capita health care spending rates in the country. This spending has routinely outpaced the state's inflation and economic growth and accounts for more than a quarter of Delaware's annual budget. Though health care costs attribute to much of the State's spending, Delaware's health outcomes are consistently poorer than many other states. These findings brought about House Joint Resolution 7, signed in September 2017, which tasked the Delaware Department of Health and Social Services (DHSS) with the establishment of an annual health care benchmark as a strategy to help address the unsustainable growth in health care spending that was contributing to the State's deficit.

On November 20, 2018, Governor Carney signed Executive Order (EO) 25³ into action, which established Delaware's Spending and Quality Benchmark initiative. The ratification of these benchmarks supports the continuation of Delaware's Road to Value by improving the transparency of health care spending and quality, as well as providing attainable goals needed to achieve better health care, lower costs, and healthier communities. With Delaware having a population that is demographically older and sicker than most other states, it is imperative that health care spending and quality be monitored on an annual basis to steer Delaware's trajectory towards better quality, lower-cost health care that is accessible to all Delawareans.

Executive Order 25

Health Care Spending Benchmark

Executive Order (EO) 25 established the Delaware Economic and Financial Advisory Council (DEFAC) Health Care Spending Benchmark Subcommittee, which is responsible for setting the health care spending benchmark for the State of Delaware on a calendar year basis. DEFAC set the benchmark at 3.25% for calendar year 2021, with the rate decreasing to 3.0% for calendar years 2022 and 2023. The spending benchmark for 2024 and beyond will be reviewed by the Health Care Spending Benchmark Subcommittee and recommendations will be made to DEFAC no later than March 2023 and each March thereafter.

The spending benchmark is calculated as the per capita Potential Gross State Product (PGSP) growth rate, which is:

- i. The sum of the expected growth in national labor force productivity; plus, the expected growth in Delaware's civilian labor force; plus, the expected national inflation*
- ii. Minus Delaware's expected population growth¹*

The PGSP growth rate methodology is reviewed by the DEFAC subcommittee on an annual basis to determine if any changes in the spending benchmark need to occur.

³ <https://governor.delaware.gov/executive-orders/eo25/>

Health Care Quality Benchmarks

Delaware's quality benchmarks are established by the DHCC and are supported by DEFAC, the Governor, and other relevant state agencies. As the Executive Order only established quality benchmarks for calendar years 2019-2021, methodology for the 2022-2024 quality benchmarks were reviewed in 2021 and will subsequently be reviewed every three (3) years thereafter. The following quality benchmarks will be retired due to limitations in data availability and lack of adequate change showed by pursuing these benchmarks:

- i. *High School Students who were Physically Active*
- ii. *Tobacco Use Measures*

Furthermore, the following four (4) new quality benchmarks were proposed and approved for calendar years 2022-2024:

- i. *Breast Cancer Screening for women ages 50-74*
- ii. *Colorectal Cancer Screening for individuals ages 50-75*
- iii. *Cervical Cancer Screening for women of various age groups*
- iv. *Percentage of Eligibles Who Received Preventive Dental Services ages 1-20 and who are enrolled in Medicaid or CHIP Medicaid.*

More information on the 2022-2024 quality benchmarks is available on the [DHCC's benchmark website](#)⁴.

Details about the methodology for establishing the benchmarks and reporting performance against them can be found in the Version 3 of the Delaware Health Care Spending and Quality [Benchmarks Implementation Manual](#)⁵.

Calendar Year 2021 Activities and Accomplishments

- In the Spring of 2021, the DHCC released Delaware's first [Quality and Spending Data Trend Report](#)⁶. This report consists of spending and quality data from 2019 and compared this data to 2018 baseline data. Spending data was collected voluntarily from Delaware's top commercial carriers, as well as Medicaid, Medicare and the Veterans' Administration. Quality data were collected through the same carriers and payers, as well as the CDC and NCQA-HEDIS® (see implementation manual on how to obtain this data).
- In April 2021, DHSS Secretary Molly Magarik shared a summary of the Trend Report at a Delaware Health Care Commission meeting to increase transparency and public knowledge around Delaware's health care spending and the progression of the quality benchmarks towards our goals.

⁴ <https://dhss.delaware.gov/dhcc/files/benchmarkproposedqilty04092021.pdf>

⁵ <https://dhss.delaware.gov/dhss/files/benchmarkmanual06212021.pdf>

⁶ <https://dhss.delaware.gov/dhss/dhcc/files/benchmarktrendreport2019.pdf>

- In April 2021, the benchmark spending targets were reviewed and approved by the Delaware Economic and Financial Advisory Council (DEFAC).
- As required by EO 25, the DHCC reviewed the quality benchmarks and methodology. The DHCC recommended retiring two measures and adding four new measures (three measures focused on cancer screenings and one measure focused on dental services).
- In June 2021, the DHCC released an updated [Benchmark Implementation Manual and Data Collection Templates for insurers⁷](#), as well as a webinar to go through the data validation and submission processes.
- In the Fall of 2021, the DHCC began collecting calendar year 2020 data and recollected 2019 data from insurers and Medicaid, Medicare and the Veterans' Administration to establish a spending baseline for 2019 against which the spending growth for 2020 can be measured. The 2020 Trend Report will include spending and quality data from 2018, 2019, and 2020 to best demonstrate the direction at which health care spending and quality have moved over a three-year period.
- Feedback from the 2019 Trend Report was reviewed and is being used to strengthen the 2020 Trend Report, which is set to be released in the Spring of 2022.

⁷ <https://dhss.delaware.gov/dhss/files/benchmarkmanual06212021.pdf>

Primary Care Reform Collaborative

Background

Throughout the State, primary care and preventative health services are becoming increasingly more difficult for Delawareans to access. Shortfalls in primary care access and resources can worsen existing inequities in health care and impact citizens across various aspects of life. These findings brought about [Senate Bill 227 \(SB227\)](#)⁸, which established a Primary Care Reform Collaborative (PCRC) to assist with the development of recommendations to strengthen the primary care system in Delaware.

Following the development of the PCRC, [Senate Substitute 1 for Senate Bill 116 \(SS1 for SB116\)](#)⁹ was signed by Governor Carney in August of 2019. This bill expanded the membership of the PCRC and created an Office of Value-Based Health Care Delivery (OVBHCD) in the Department of Insurance. The [OVBHCD](#)¹⁰ was created with the goal of “reducing health care costs by increasing the availability of high quality, cost-efficient health insurance products that have stable, predictable, and affordable rates.”¹¹ This office works closely with DHCC and the PCRC on various aspects of primary health care transformation.

Calendar Year 2021 PCRC Meetings

- The PCRC conducted 2 meetings:
 - January 25, 2021 Virtual Meeting
 - March 8, 2021 Virtual Meeting

Calendar Year 2021 Activity

- On January 25, 2021, the PCRC met and discussed the [Components of Strengthening Primary Care Legislation](#)¹¹ document. This document was created to initiate discussion on increasing primary care investment and ensuring greater adoption and compliance to value-based payment models. This proposal was meant as a starting point to draft Primary Care Reform legislation with the support of the PCRC and input from the OVBHCD. This document received valuable feedback and an overall positive response.
- On March 8, 2021, the PCRC convened for a second time to review and deliberate the proposed legislation on Primary Care Investment and Reform. This legislation was drafted by the co-chairs of the PCRC with feedback and input from all collaborative members. The result of this meeting was overall appreciation for the proposed legislation and thoughtful input to ensure the legislation will be as beneficial as possible to primary care providers, as well as all Delawareans who are struggling with access to these services. The proposed legislation would focus on achievements for value-based care through increasing provider participation in Alternative Payment Models (APM).

⁸ <https://legis.delaware.gov/BillDetail?LegislationId=26743>

⁹ <https://legis.delaware.gov/BillDetail?LegislationId=47843>

¹⁰ <https://insurance.delaware.gov/divisions/consumerhp/ovbhcd/>

¹¹ pcrcmtgminutessupp012521.pdf (delaware.gov)

The PCRC worked closely with the OVBHCD and other stakeholders to build a primary care concept model with alternative payment methods that promote value-based care.

- In March 2021, [Senate Substitute 1 for Senate Bill 59 \(SS1 for SB59\)](#)¹² was passed; this bill revised the appointment process for members of the PCRC who members by virtue of position were not.
- In May 2021, [Senate Substitute 1 for Senate Bill 120 \(SS1 for SB120\)](#)¹³ was introduced in the state Senate and sponsored by two PCRC members, Senator Bryan Townsend and Representative David Bentz. This legislation was proposed through deliberation within the PCRC with the primary focus on continuing recent efforts to strengthen the primary care system in this State.
- On October 1, 2021, Governor Carney signed into law SS1 for SB120.

Summary of SS1 for SB 120

SS1 for SB120 continues previous efforts of strengthening the primary care system for this State of Delaware by doing the following:

- Directing the DHCC to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care.*
- Requiring rate filings limit aggregate unit price growth for inpatient, outpatient, and other medical services, to certain percentage increases over the next four (4) years.*
- Requiring an insurance carrier to spend a certain percentage of its total cost on primary care over the next 4 years.*

The legislation also continues the Medicare Parity by stating that carriers shall provide coverage for primary care and chronic disease management at a reimbursement rate that is no less than the Medicare reimbursement rate for comparable services.

SS1 for SB120 states that by 2025, at least 60% of all Delawareans shall be attributed to value-based payment models. This goal is also concurrent with the Primary Care Spending Benchmark which states that by 2025, 11.5% of total health care spending shall be utilized on primary care. This benchmark will gradually be met over the next four (4) years by the meeting the following targets:¹⁴

- By 2022, spend at least 7 percent of its total cost of medical care on primary care.*
- By 2023, spend at least 8.5 percent of its total cost of medical care on primary care.*
- By 2024, spend at least 10 percent of its total cost of medical care on primary care.*
- By 2025, spend at least 11.5 percent of its total cost of medical care on primary care.*

¹² <https://legis.delaware.gov/BillDetail?LegislationId=26743>

¹³ <https://legis.delaware.gov/BillDetail?LegislationId=26743>

¹⁴ <https://legis.delaware.gov/BillDetail/68714>

The legislation includes the requirement of rate filing limits to slow the growth of costs for inpatient, outpatient, and other medical services. Rate filings for health benefit plans may not include aggregate unit price growth for nonprofessional services that exceed the following:

- i. In 2022, the greater of 3 percent or Core CPI (Consumer Price Index) plus 1 percent.*
- ii. In 2023, the greater of 2.5 percent or Core CPI plus 1 percent.*
- iii. In 2024, 2025, and 2026, the greater of 2 percent or Core CPI plus 1 percent.²*

The OVBHCD is also required to establish mandatory minimums for payment innovations (including APM's) and evaluate compliance with these minimums on an annual basis. Updates on the minimums will be posted on the [OVBHCD's website¹⁵](#) when they occur.

SS1 for SB120 and the PCRC's involvement maintains Delaware's trajectory on the Road to Value by prioritizing primary care spending, developing and implementing APM's, and ensuring that medical care will be affordable, attainable, and beneficial to all citizens of the State.

¹⁵ <https://insurance.delaware.gov/divisions/consumerhp/ovbhcd/>

CostAware

Background

In early 2020, the Department of Health and Social Services (DHSS) and the Delaware Health Care Commission (DHCC) began working with the Delaware Health Information Network (DHIN) to develop and implement various health care cost and quality analyses. These analyses leverage data in the Delaware Health Care Claims Database (HCCD), managed by DHIN, and will be used by DHSS to inform and support a variety of policy initiatives. The goals of the project include expanding the claims database analysis, measurement and reporting capabilities to increase transparency, highlighting variation in health care system performance, adding to consumers' knowledge base, and identifying opportunities to improve quality and reduce costs for Delaware residents. The project also complements existing initiatives, including the Delaware Health Care Spending and Quality Benchmarks, the Office of Value-Based Health Care Delivery, and the Primary Care Reform Collaborative. Results of the analyses will be summarized in reports and made available through a public-facing, consumer-friendly website, CostAware.org, scheduled to launch in the spring of 2022.

CostAware will provide average cost and utilization information for specific medical procedures (office visits, lab tests) and common episodes of care (vaginal and cesarean births, knee and hip replacements and more). In addition to cost and utilization data, the website also will include quality measures published by the Centers for Medicare and Medicaid Services (CMS) as part of its Hospital Compare and Medicare Shared Savings Program initiatives. Users of CostAware will be able to see the average costs for medical services and episodes of care and variation by unnamed Hospital Systems or Accountable Care Organizations (ACOs). Information on utilization and quality will be integrated into the interactive website views as well. Because this is a new initiative, results will not be published on a regional or named provider basis.

Calendar Year 2021 Activities and Accomplishments

- In October 2021, DHSS and DHIN hosted informational webinars with health systems, payers, and legislators. The webinars included an introduction to the project and purpose, national context for the initiative, a demonstration of the CostAware.org website, and an overview of the measures and methodology/QC process. The webinars concluded with a question-and-answer session.

Delaware Health Insurance Individual Market Stabilization Reinsurance Program

Background

From its implementation in 2014, the Affordable Care Act's reforms resulted in the growth of Delaware's individual health coverage market to its peak of 34,500 enrollees in 2016. These years of enrollment growth were bolstered by public demand for newly affordable health coverage, significant federal spending in marketing and consumer assistance, and a temporary transitional reinsurance program that supported premium stability.

Early trends pivoted in 2017, as unsustainable premium increases, enrollment attrition, and loss of choice in health coverage carriers destabilized the individual market. The end of the transitional reinsurance program (2017), increasing enrollee morbidity, and the cessation of cost sharing reduction payments from the federal government (2018) were key drivers of declining marketplace performance.

These headwinds risked reversing all of Delaware's health coverage gains as enrollment decreased in 2019 to 22,800 enrollees, down 34% from 2016. Unsubsidized enrollees accounted for 82% of coverage losses as monthly premiums increased to \$735 in 2019, up \$274 from 2016. Through this period of decreasing enrollment/affordability, the marketplace was supported by enrollees with premium tax credits, whose share of total enrollment peaked at 75% in 2019.

To address the affordability crises Delaware took legislative action:

1. Senate Concurrent Resolution 70 (SCR 70) passed on June 28, 2018 and authorized the State's 1332 waiver application.
2. House Bill 193 (HB 193) was signed by Governor Carney on June 20, 2019.

As a result, the Delaware Health Insurance Market Stabilization Reinsurance Program & Fund ("the SRP") was established in 2019 under a Section 1332 State Innovation Waiver. The waiver is effective January 1, 2020, through December 31, 2024, to implement a state-based reinsurance program. The State Reinsurance Program (SRP) helps stabilize Delaware's Individual market by lowering premium rates, increasing enrollment, and improving the morbidity of the single risk pool overall. Through its impact of lowering Individual market premium rates, the primary goal of the SRP is to help ensure that health care is as accessible and affordable as possible for Delaware citizens.

Following implementation, premiums were reduced by 19% for 2020 and 1% for 2021. Increased affordability led to 1,200 new unsubsidized enrollments in 2020, reversing the attrition trend. In 2022 premiums increased by 3% on average. The additional assistance provided to Delawareans under the American Rescue Plan Act lowered monthly costs for Delawareans who receive premium tax credits. Marketplace enrollment increased in response to the lower premiums, rising to 32,113 in 2022 – exceeding enrollment projections by 3%.

Each year, the DHCC estimates the SRP's expected costs for the approved premium reduction

target. In 2022, the SRP’s 15% premium reduction target is estimated to cost \$52.2 million. Under the State Innovation Waiver, SRP costs are supported by state and federal funds. These federal “passthrough” funds are determined by the estimated federal savings in premium tax credits associated with the SRP’s premium reduction. In 2022, the state cost is estimated at \$13.7 million with passthrough funds expected to cover \$38.5 million in program costs.

Table 1 provides data on key Marketplace indicators for Delaware’s individual market from 2016 – 2022.

Table 1. Delaware Individual Marketplace Enrollment & Premiums (2016 – 2022)

	2016	2017	2018	2019	2020	2021	2022
Individual Market Enrollment	34,500	28,700	23,400	22,800	25,800	29,100	<i>Est.</i> <i>31,100</i>
Healthcare.gov Enrollment*	28,256	27,584	24,500	22,562	23,961	25,320	32,113
Enrollment (APTC)	19,300	18,000	17,000	17,300	19,100	TBD	TBD
<i>Average Premium</i>	\$150	\$162	\$119	\$113	\$108	TBD	TBD
Enrollment (no APTC)	15,200	10,700	6,400	5,500	6,700	TBD	TBD
<i>Average Premium</i>	\$461	\$552	\$719	\$735	\$603	TBD	TBD
(% Rate Increase)	22%	30%	25%	3%	-19%	-1%	3%
Carriers	2	2	1	1	1	1	1

SOURCES:

<https://www.cms.gov/newsroom/fact-sheets/2021-federal-health-insurance-exchange-weekly-enrollment-snapshot-final-snapshot>

2014 - 2020 Marketplace Open Enrollment Public Use Files

Oliver Wyman Actuarial Analysis for DHCC (2021)

*Reflects the enrollment data provided by Healthcare.gov at the end of year’s Open Enrollment Period.

Importantly, this enrollment data does not report effectuations, i.e. enrollees who paid their first month’s premium.

2021 Plan Year Payment Parameters

The SRP reimburses issuers who offer comprehensive coverage in Delaware’s Individual Market for a percentage (coinsurance percentage) of the annual claims which they incur on a per member basis between a specified lower threshold (attachment point) and upper threshold (reinsurance cap), to be determined each year by the DHCC.

For the 2021 plan year, the attachment point was \$65,000, a coinsurance rate of 80%, and a

reinsurance cap of \$335,000. At those parameters, the program reduced member premiums in the individual market by approximated 16.0% relative to if no reinsurance program were in place. In 2022 the reinsurance program will be expected to reduce issuer costs in the individual ACA market by an average of 13.0% to 20.0%, depending on the level of funding expected to be available for each calendar year.¹⁶

Calendar Year 2021 Activities and Accomplishments

- In February 2021, DHCC issued a *Letter to Issuer*, an annual paper providing administrative guidance for SRP participating issuers to meet SRP requirements under the Delaware Code & regulations.
- In April 2021, CMS issued a letter to DHSS that the Department of the Treasury's final administrative determination for Delaware's pass-through funding amount was \$28,062,341 for calendar year 2021. This determination reflects federal law as of March 10, 2021.
- In April 2021, the DHCC submitted to CMS the [2020 SRP Annual Report¹⁷](#)
- On June 21, 2021, the DHCC hosted a virtual [Public Forum¹⁸](#) to provide the public an opportunity to give meaningful comment on the progress of the Section 1332 Waiver. The 2022 payment parameters were announced
 - Attachment point: \$65,000
 - Coinsurance rate: 80%
 - Reinsurance cap: \$300,000
- In July 2021, the DHCC remitted \$23,788,389.14 in reinsurance payments to the participating issuer, accounting for 14% of marketplace claims costs.
- In September 2021, the DHCC submitted pass-through funding data to CMS.
- In September 2021, CMS notified DHSS that Delaware would receive \$10,821,203 more in pass-through funding, than the amount specified in the April 2021 CMS letter, after accounting for the passage of the American Rescue Plan. Delaware's pass-through amount in total for 2021 would be \$38,883,544.
- In October 2021, the participating issuer provided DHCC with a 2020 State Reinsurance Program Report, providing additional information into claims drivers, the impact of chronic diseases on claims, and the top five chronic diseases that affect reinsurance program claims.

¹⁶ In years where there is no moratorium on the Health Insurance Providers Fee, a 1.0% premium assessment will be charged to finance the program; In years where there is a moratorium on the Health Insurance Providers Fee, a 2.75% premium assessment will be charged to finance the program.

¹⁷ <https://dhss.delaware.gov/dhcc/files/annualreport092020.pdf>

¹⁸ <https://dhss.delaware.gov/dhss/dhcc/files/publicforum.pdf>

- In November 2021, at the monthly DHCC commission meeting, the DHSS Office of the Secretary and DHCC’s actuary and policy support consultants, presented a comprehensive [overview](#)¹⁹ about the program’s history, impact, and policy implications.

¹⁹ <https://dhss.delaware.gov/dhss/dhcc/files/rppres110421.pdf>

Health Care Provider Loan Repayment Program

Background

In August 2021, Governor Carney signed [House Bill 48 with House Amendment 1](#), establishing a Health Care Provider Loan Repayment Program (HCPLRP) for new primary care providers. The DHCC is responsible for the administration of the program and may award education loan repayment grants to new primary care providers up to \$50,000 per year for a maximum of four years. Priority consideration may be given to DIMER-participating students and participants in Delaware based residency programs. The DHCC established an Advisory Committee to assist with the development of the program parameters and ensure the program is consistent with legislative expectations and health workforce needs. A marketing vendor was secured to develop a statewide brand and program awareness strategy.



Advisory Committee

The Advisory Committee met on November 8, 2021 and December 13, 2021 and will continue to meet throughout 2022 to establish the program parameters. The Committee is comprised of nine members from the public and private sector:

Nancy Fan, MD

Chair, Delaware Health Care Commission

William Chasanov, DO, MBA

Beebe Healthcare

Omar A. Khan MD, MHS, FAAFP

President & CEO

Delaware Health Sciences Alliance

LaTonya Mann, DNP, FNP-BC, OCN

Nurse Practitioner, Hematology/Oncology

Bayhealth Medical Center

Pamela Price

Senior Government Affairs Representative

Highmark Delaware

Wayne Smith

President & CEO

Delaware Healthcare Association

Mark Thompson, MHSA

Executive Director

Medical Society of Delaware

Sherman Townsend

Chair, Delaware Institute of Medical

Education and Research

ToriAnne M. Yetter, MSPAS, PA-C

Hospitalist and Urgent Care Physician

Assistant

Christian Care



*Delaware Health
and Social Services*



ChooseHealth
DELAWARE

Improving the state of health