UPDATES

CostAware

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ChooseHealth
DELAWARE

CostAware
Delaware's State Health Care Costs

An initiative of the
Delaware Health Care Commission (DHCC) &
Department of Health and Social Services (DHSS)

October 2024

Utilizing information from the
Delaware Health Care Claims Database (HCCD) &
CMS quality measures

AGENDA

- About the Initiative
- About the HCCD
- Methodology
- New & Upcoming Features
- Q&A

CostAware
Delaware's State Health Care Costs

ABOUT THE INITIATIVE

The CostAware website allows DHCC to share information about variation in Cost* and Quality of medical services in Delaware to:

Support initiatives & programs promoting access to high-quality affordable care

Foster collaboration among providers and health plans

Improve health outcomes for Delawareans

Many factors contribute to health care cost variation including differences in clinical practice, billing practices, contractual relationships, and payment systems used by health insurers.

Overview of the Healthcare Claims Database (HCCD) - Delaware

HCCD Population: 1,611,110 (2013- 2024(Q1))

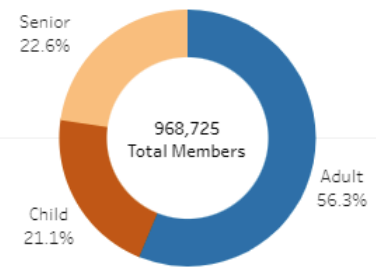| 1,258,003	211,667,486	12
Members with Claims	Total Claims	Total Payers

Navigation:
- Overview
- Medical Claims
- Pharmacy Claims
- Diagnosis Grouping
- HCCD File Summary
- Helpful Resources
- Terms & Definitions

HCCD Population By Year

Bar chart showing HCCD Population by year from 2013 to 2024 (y-axis: 0K to 1000K).
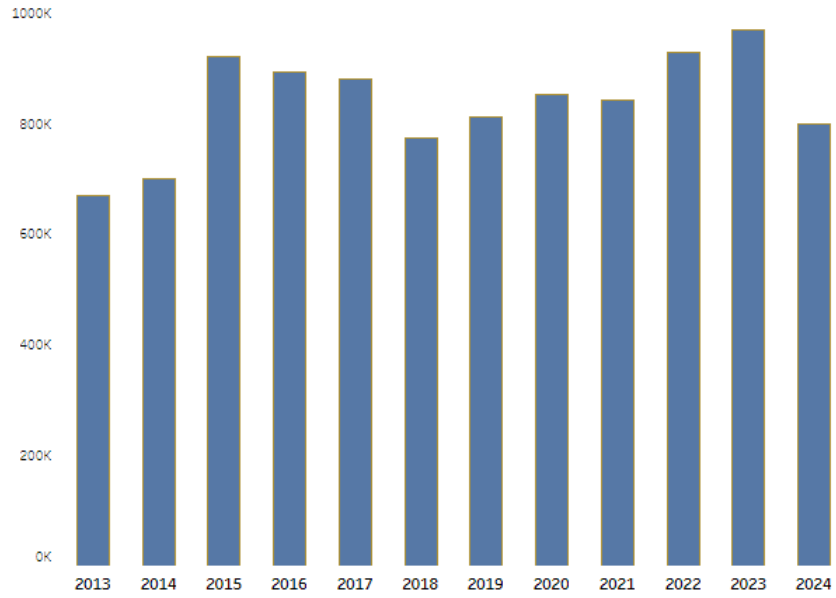
% of Members by Age Group for 2023

- Senior 22.6%
- Adult 56.3%
- Child 21.1%
- 968,725 Total Members

% of Members by Insurance Type

- Medicare 16.5%
- Commercial 45.9%
- Medicaid 36.7%
- Dental 0.7%
- 1,611,110 Total Members
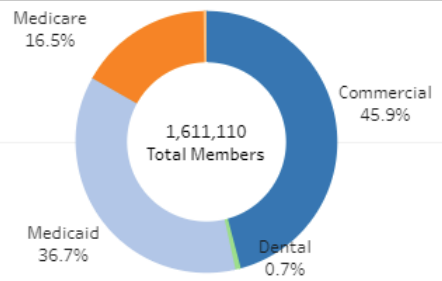
Note:
1) 'HCCD Population' reflects all individuals, including out of state members and individuals who may no longer be located in the state of Delaware since 2013.
2) This report excludes Medicare Fee-for-Service.

Last Updated
6/27/2024 12:43:02 PM

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DHIN
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METHODOLOGY

Outlier Values:

- May exist due to incomplete data or human error

- Cell suppression rule

- Impact the accuracy and relevance of average cost estimates

For each service/episode:

- Excluded $0 claims

- 2.5 % outlier methodology

- Excludes supplemental insurance, dual eligible

METHODOLOGY – DATA ENHANCEMENT TOOL

- MS-DRG-based inpatient "episodes"

- Assigned to hospitals based on billing provider NPI

- Average amount paid reflects all services billed between admission and discharge date

- Assign patient classification for inpatient care, including MS-DRGs and 3M™ All Patient Refined DRG Classification System

- Assign episodes of care and patient health status

WHAT'S NEW ON COSTAWARE?

New cervical cancer & psychoses, enhanced pharmacy reports

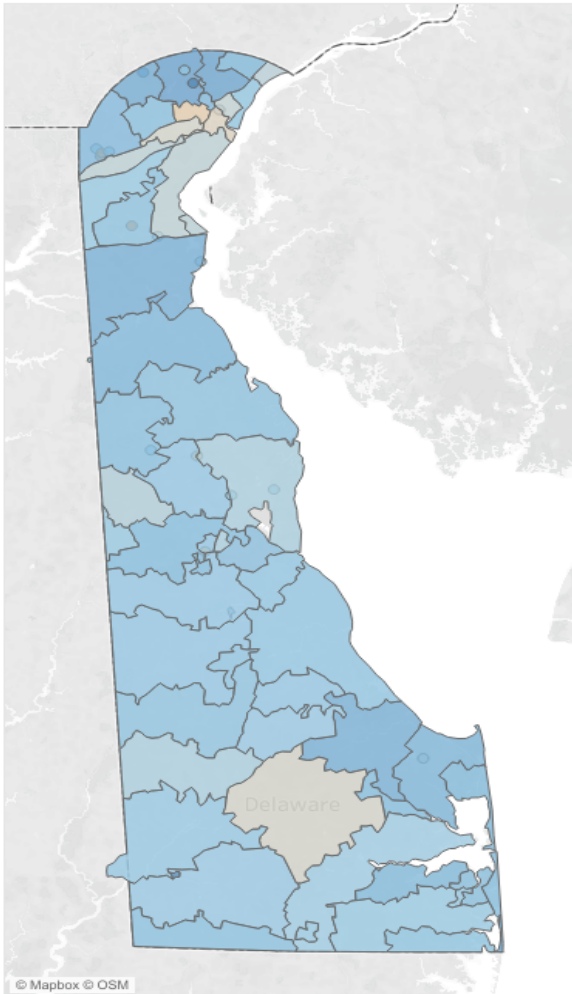Added Medicare FFS & 2022 data, showing results for 2019-2022

Website redesign - dashboards replace individual reports

CERVICAL CANCER SCREENING

Screenings by ZIP

© Mapbox © OSM

Screened Pops Yearly (Simple)

Received Screening / Screening Status

Year	True			False
	Cotested	Cytology Alone	hrHPV alone	None
2017	32,569 29.70%	27,063 24.68%	2,214 2.02%	47,796 43.59%
2018	31,942 31.70%	23,204 23.03%	2,934 2.91%	42,671 42.35%
2019	29,904 34.11%	19,934 22.74%	3,523 4.02%	34,318 39.14%
2020	30,520 31.88%	21,312 22.26%	4,269 4.46%	39,644 41.41%
2021	31,960 30.82%	22,630 21.82%	4,032 3.89%	45,076 43.47%
2022	33,249 28.61%	23,846 20.52%	4,902 4.22%	54,237 46.66%

Screening by Healthcare

Received Screening / Screening Status

Insurance Type	True			False
	Cotested	Cytology Alone	hrHPV alone	None
Commercial	23.10% 141,767	13.19% 80,944	1.72% 10,584	19.32% 118,547
Medicaid	7.88% 48,372	9.29% 57,045	1.84% 11,290	23.65% 145,174

Zip Code
All

Year
All

Screened Population (Map)
0.00%　　　100.00%

% of Population (Charts)
0.0%　　　100.0%

WHAT'S NEXT?

1. **Additional Years of Data**
   - 2023 expected by end of CY 2024
   - 2024 expected September 2025

2. **New Development**
   - Additional public health, quality reporting

3. **Other Enhancements**
   - Add provider names to more reports
   - Define physician provider groups for reporting
   - Move to more advanced episode grouper, APR-DRG replaces MS-DRG

4. **Stakeholder Engagement**

CONTRIBUTORS

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Contact us to schedule in-depth reviews of your data & results

APPENDIX

Legend:
- Pending production deployment
- In production
- No longer reporting/reporting not started
- In prod pending resubmission

Contributing Organization	Health Insurance Type	2013-2021									2022				2023			
		2013	2014	2015	2016	2017	2018	2019	2020	2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Aetna	Commercial																	
Aetna Med	Medicare and Retiree Products																	
AetNG	Medicare (plus Commercial effective 1/1/23)																	
AetSUP	Medicare Supplemental																	
Amerihealth Caritas	Medicaid																	
Cigna PT1	Medicare																	
Cigna PT2	Commercial																	
CVS	Pharmacy only - Medicaid, Medicare and Retiree products																	
DMMA	Medicaid																	
Express Scripts	Pharmacy only - Commericial																	
Highmark BCBS	Commercial, Medicaid																	
Humana	Medicare and Retiree Products																	
CMS	Medicare Fee for Service																	
Optum Catamaran	Pharmacy only																	
SurgeryPlus	Employer Direct Healthcare													thru Nov				
United Health Group	Commercial																	
United Healthcare	Medicare and Retiree Products																	
Delaware First Health	Medicaid																	

Note: *CostAware website displays 2019-2021 data; does not include Medicare FFS*

ABOUT THE HCCD - OVERVIEW

- The **Health Care Claims Database (HCCD)** is Delaware's All-Payers' Claims Database (**APCD**)

- **What:** A large-scale database that systematically collects healthcare claims (medical and pharmacy), member enrollment and provider data from payers for Delaware residents

- **Purpose:** To facilitate data-driven, evidence-based improvements in access, quality, and cost of healthcare and to promote and improve the public health through increased transparency of accurate claims data and information.

- **Goals:**
  - Provide meaningful data to advance triple aim of improved population health, quality of care, and lower costs
  - Promote population health research and analysis
  - Promote value-based and alternative payment arrangements
  - Support provider risk-sharing arrangements

- **Authorized** July 2016: [SB 238](#) for Delaware Health Information Network to develop and operate Delaware's Health Care Claims database (HCCD)

SELECTION OF SERVICES

Common medical services provided to large numbers of patients

Of interest to consumers because they are "shoppable"

Reflect DHSS input and policy priorities

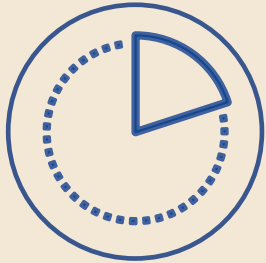Claim volume in the HCCD is adequate to support public reporting

Often included In other state All-Payer Claims Database (APCD) websites

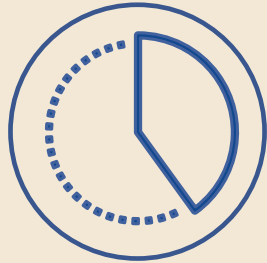Focus on services without complications to reflect typical experience
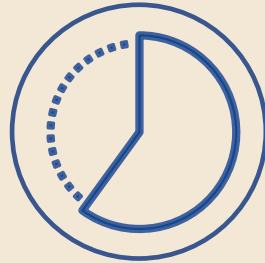
ABOUT THE HCCD – DATA PREPARATION

Staging
- Check for file integrity
- Compare counts
- Processing viability

Level 1
- Specification compliance
- Data type
- Format
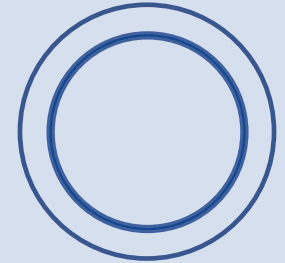- Length
- % Completed
- Orphan claims

Versioning
- Master Data Management
- Collapse multiple versions of claim
- Medical
- Pharmacy

Level 2
- Descriptive statistics
- Distribution comparisons
- Validation of critical reporting elements
- State comparisons

Enhancements
- EID
- Age groups
- Care settings
- Service lines
- Address parser
- Census tract
- Risk adjustment
- Attribution
- MS DRG grouper
- HealthPartners

Validation and Standardization

METHODOLOGY

Services
- Claims identified based on CPT codes
- Average amount paid calculated by service/payer type
- Assigned to billing providers based on NPIs

Imaging Reports
- DE Residents
- Service Location: Delaware
- Included all facilities with professional charges
- No filter on modifiers
- Professional hospital outpatient fees have been removed – if charged after the day of service

3M