

HEALTH WEALTH CAREER

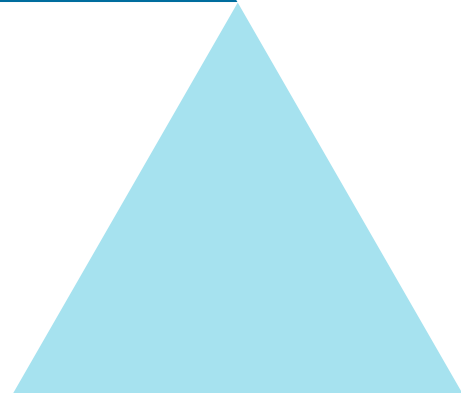
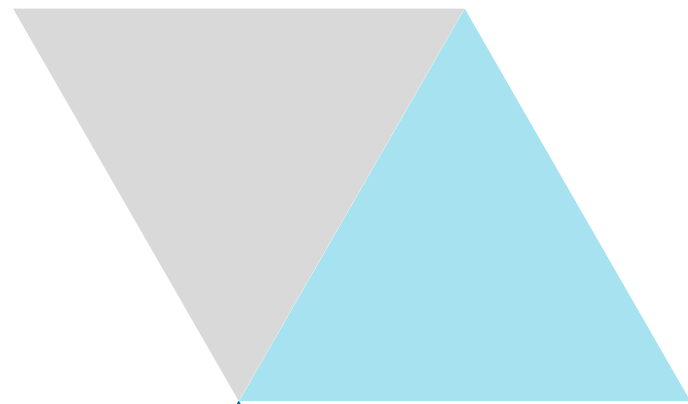
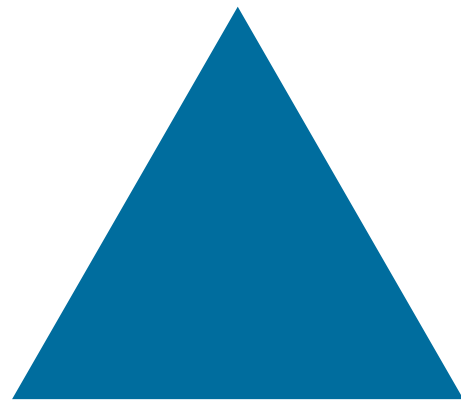
DELAWARE HEALTH CARE SPENDING AND QUALITY BENCHMARKS

INSURER QUALITY DATA REPORTING SPECIFICATION

VERSION 1.1

APRIL 16, 2019

State of Delaware



INSURER QUALITY DATA REPORTING SPECIFICATION

Delaware has established health care quality benchmark values that foster accountability for improved health care quality in the state. The purpose of this document is to provide instructions for insurer submission of data.

Health insurers subject to reporting must annually provide performance data to the Delaware Health Care Commission (DHCC) for the following measures at both the health insurer level and provider level, by line of business.

MEASURE	SPECIFICATION	LINES OF BUSINESS	REPORTING UNIT
Concurrent use of opioids and benzodiazepines	PQA	Commercial Medicaid	Insurer Provider
Emergency department utilization	HEDIS, version corresponding to performance period	Commercial	Insurer
Statin therapy for patients with cardiovascular disease - statin adherence 80%		Commercial Medicaid	Insurer Provider
Persistence of beta-blocker treatment after a heart attack		Commercial Medicaid	Insurer Provider

Quality Benchmark Performance Submission Template

One “Quality Benchmark Performance Submission Template” should be submitted per health insurer. The template should contain all health insurer and provider-level information requested of the health insurer with at least 120 days of claims runout.

The “Quality Benchmark Performance Submission Template”, refer to [Attachment 6](#), contains one tab that payers should complete: “Quality Performance”. Illustrative examples are provided in rows 11 and 12 of the accompanying spreadsheet.

- **Cell C3** requests the calendar year for which performance is being submitted.
- **Columns B–F** ask for the submitter’s contact information.
- **Column H** asks for the name of the entity for which the performance is being reported in a given row.

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- **Column I** requests the payer select the reporting level for which it is reporting data in the associated row: “Health Insurer” or “Provider”. The template is set up so that only one option may be selected per row.
- **Column J** requests the payer select the line of business for which it is reporting data in the associated row: “Commercial” or “Medicaid”. The template is set up so that only one option may be selected per row.
- **Column K** asks for membership information for the line of business being reported. If "Health Insurer" is selected in column I, please submit health insurer enrollment in member months. If "Provider" is selected in column I, please submit provider-attributed lives in member months.
- **Columns M–V** ask for the measure performance data by measure:
 - **Column M**, Emergency Department Utilization Observed-to-Expected Ratio requests input of the observed-to-expected ratio.
 - **Columns O–V**, Concurrent Use of Opioids and Benzodiazepines (columns O & P), Statin Therapy for Patients with Cardiovascular Disease - Statin Adherence 80% (columns R & S), and Persistence of Beta-Blocker Treatment After a Heart Attack request numerator and denominator information (columns U & V).

Timeline

Materials must be electronically submitted annually by August 1 of the year immediately following the performance period, to Elisabeth.Scheneman@Delaware.gov and DHCC@Delaware.gov.