
DEPARTMENT OF HEALTH AND SOCIAL SERVICES



Overview of Benchmark Trend Report Calendar Year 2023 Results

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May 1, 2025

TIMELINE AND INTENT OF THE SPENDING BENCHMARK

February 2018:
Governor Carney signs
Executive Order 19

November 2018:
Governor Carney signs
Executive Order 25

August 2022:
Governor Carney signs
House Amendment I
for House Bill 442



RECAP OF BENCHMARKS

Spending benchmark is the annual change in total health care expenditures (THCE) measured on a Statewide per capita basis.

- For CY 2023, the benchmark was set at +3.1%.
- Comparisons will also be made at the market and insurer level.

For CY 2023, there are 10 **quality benchmarks**:

- Adult Obesity
- Emergency Department Utilization
- Opioid-related Overdose Deaths
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Statin Therapy for Patients with Cardiovascular Disease
- Use of Opioids at High Dosage
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Percentage of Eligible Patients who Received Preventative Dental Services

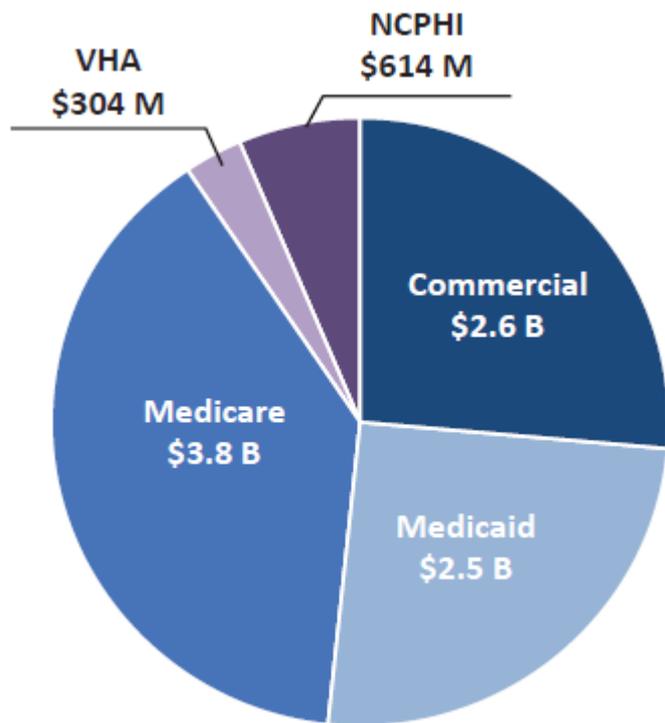


COLLECTION OF BENCHMARK SPENDING DATA

- The spending benchmark is a target value for the change from the prior CY in State-level per capita total health care expenditures.
- DHSS collected final/refreshed CY 2022 and new CY 2023 data from all payers: Aetna, ACDE, Cigna, DE First Health, Highmark, United, CMS, DMMA, and VHA. Humana declined the data submission request.

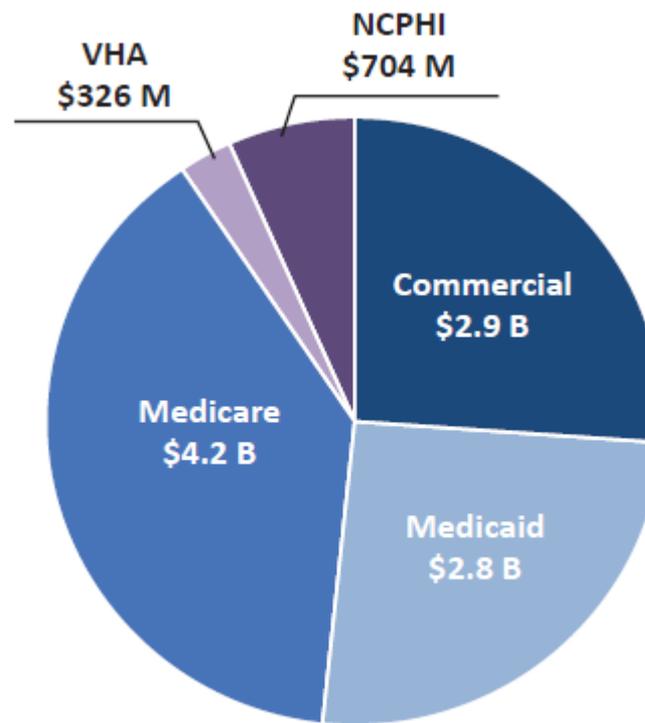
Market/Spending Component	Data Source	Data
Commercial	Insurers	Summary medical expenditures, including pharmacy rebate data on fully-insured, self-insured, small and large group, individual, and student product lines
Medicaid	DMMA and Insurers	Summary fee-for-service (FFS) and managed care, including 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

TOTAL HEALTH CARE EXPENDITURES (THCE)



CY 2022 Total: \$9.9 B

+8.2% or \$0.8 billion

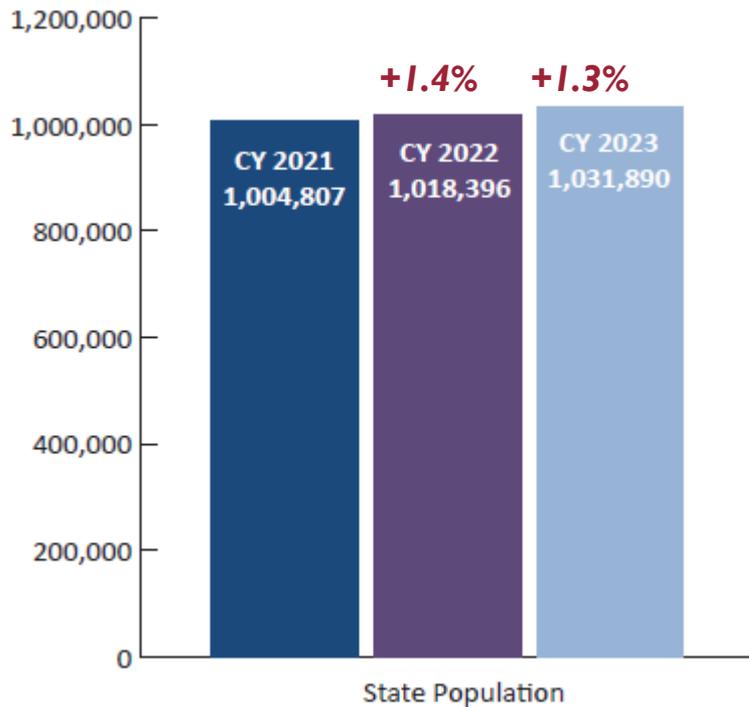


CY 2023 Total: \$10.9 B

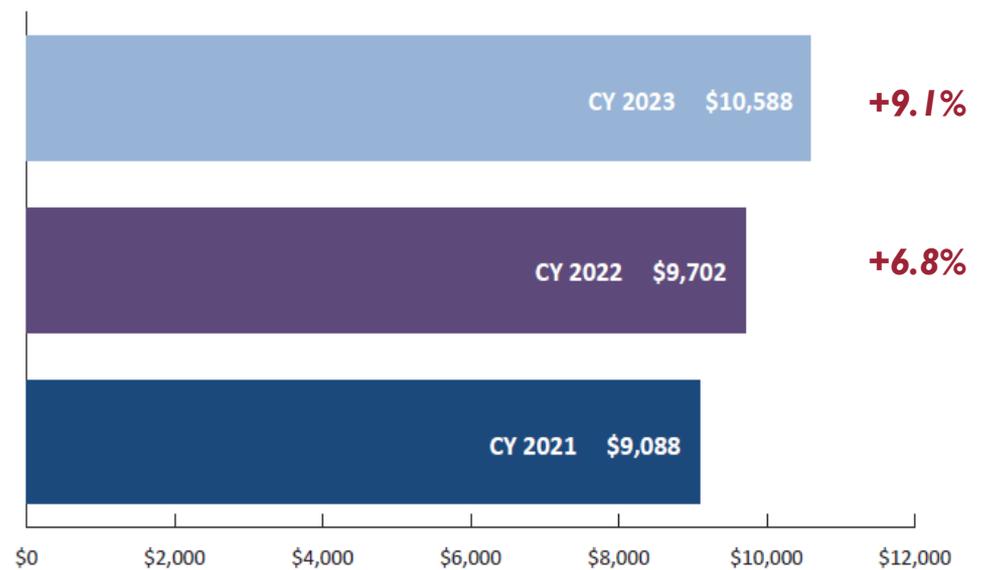
+10.6% or \$1.0 billion

STATE LEVEL THCE PER CAPITA

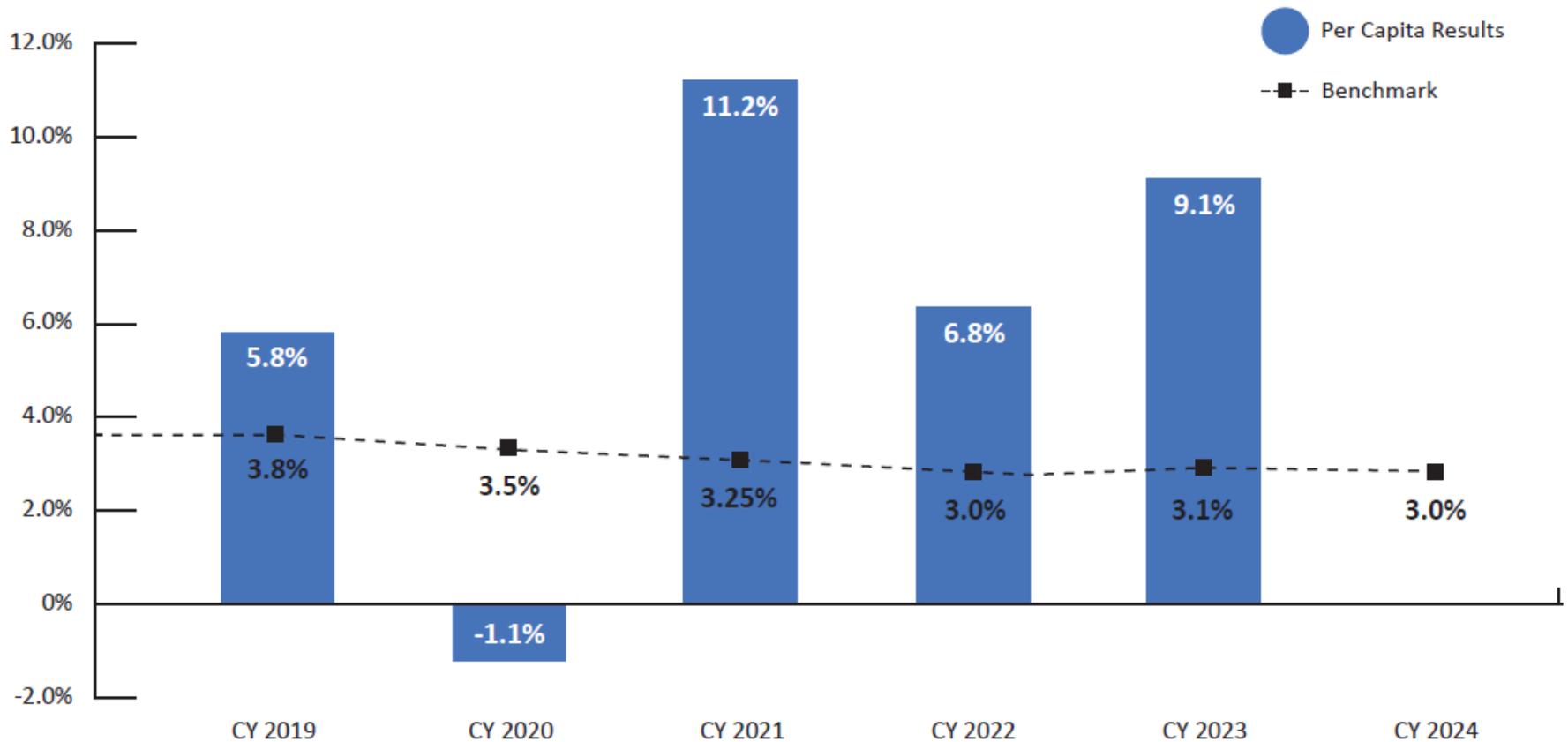
State Population by Year



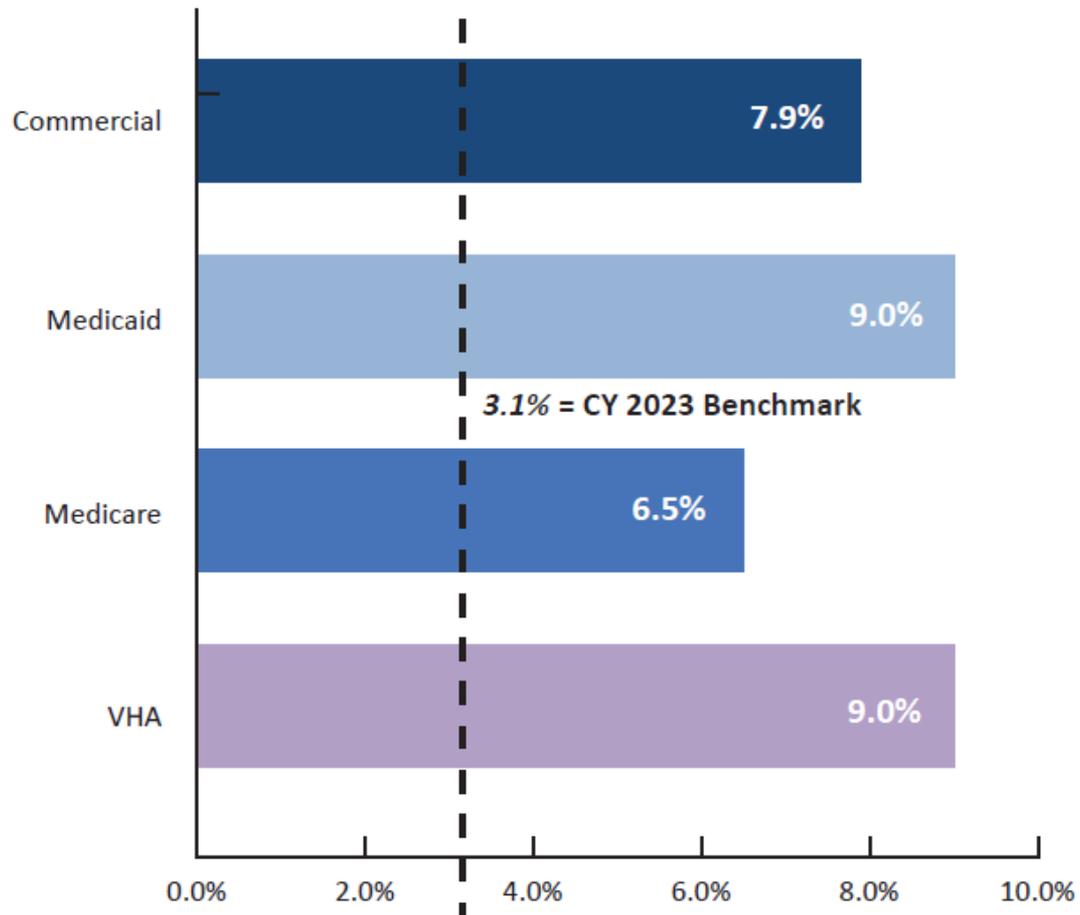
State Level THCE Per Capita by Year



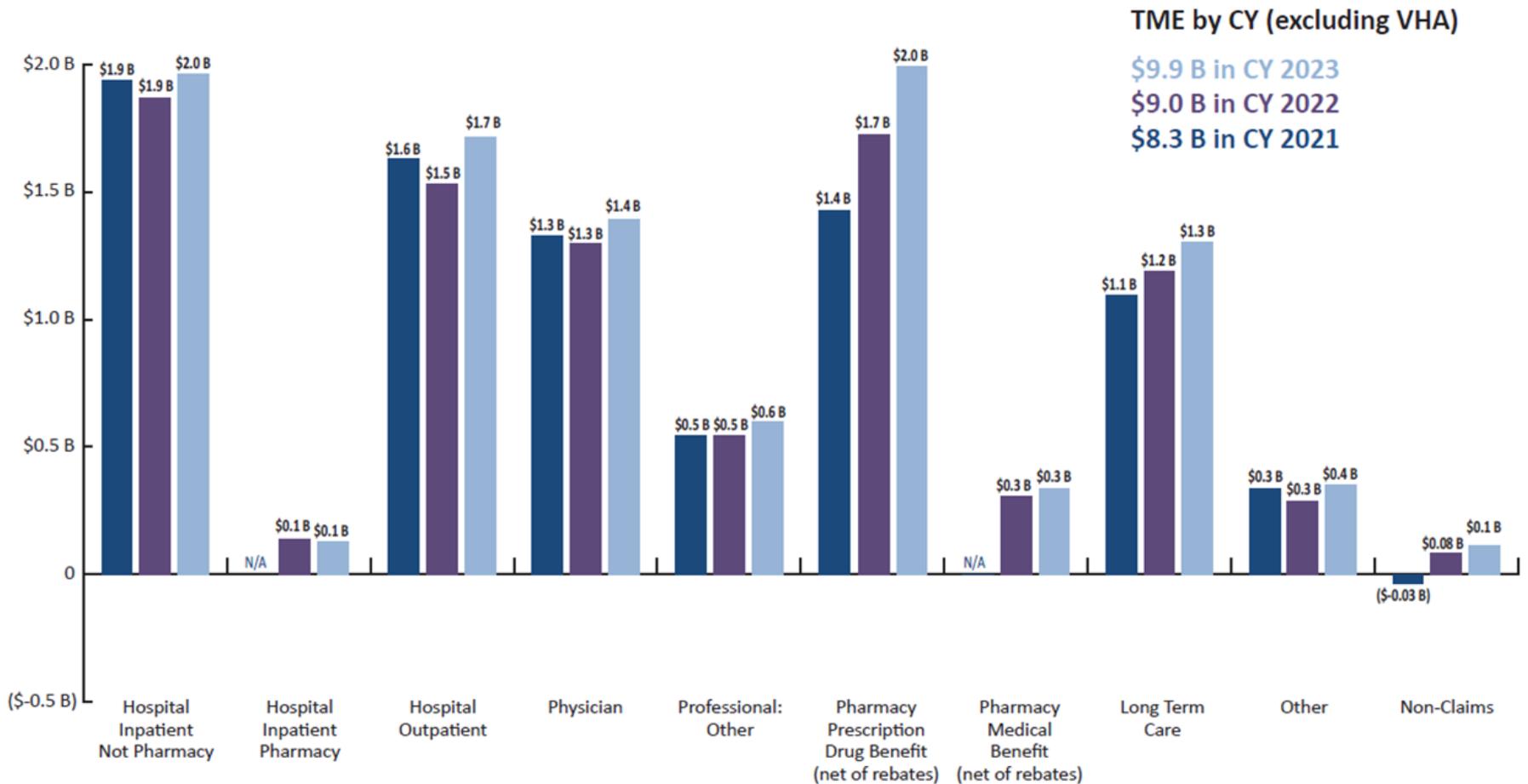
THCE PER CAPITA CHANGE VERSUS BENCHMARK



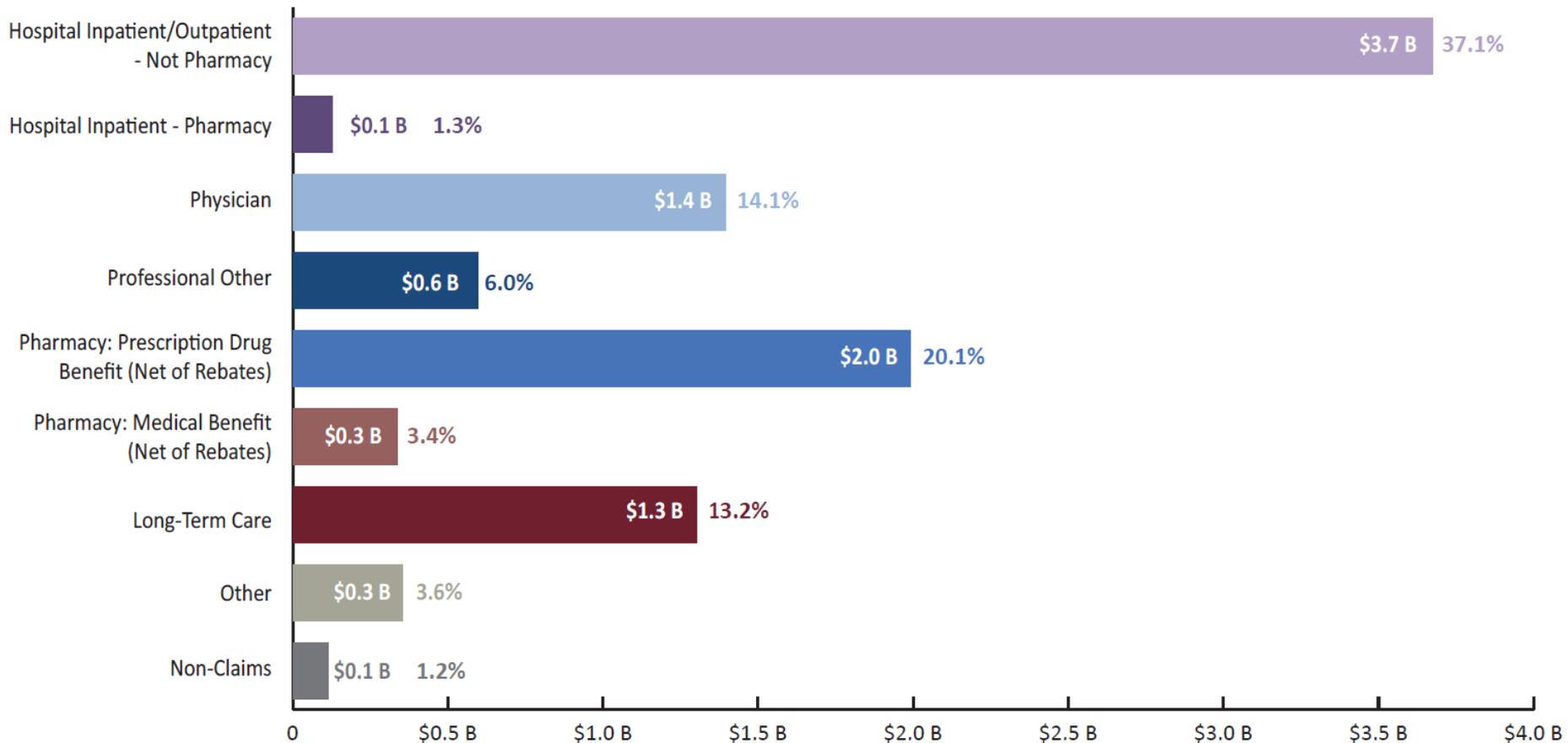
MARKET THCE PER CAPITA CHANGE VERSUS BENCHMARK



TOTAL MEDICAL EXPENSE (TME) BY SERVICE CATEGORY

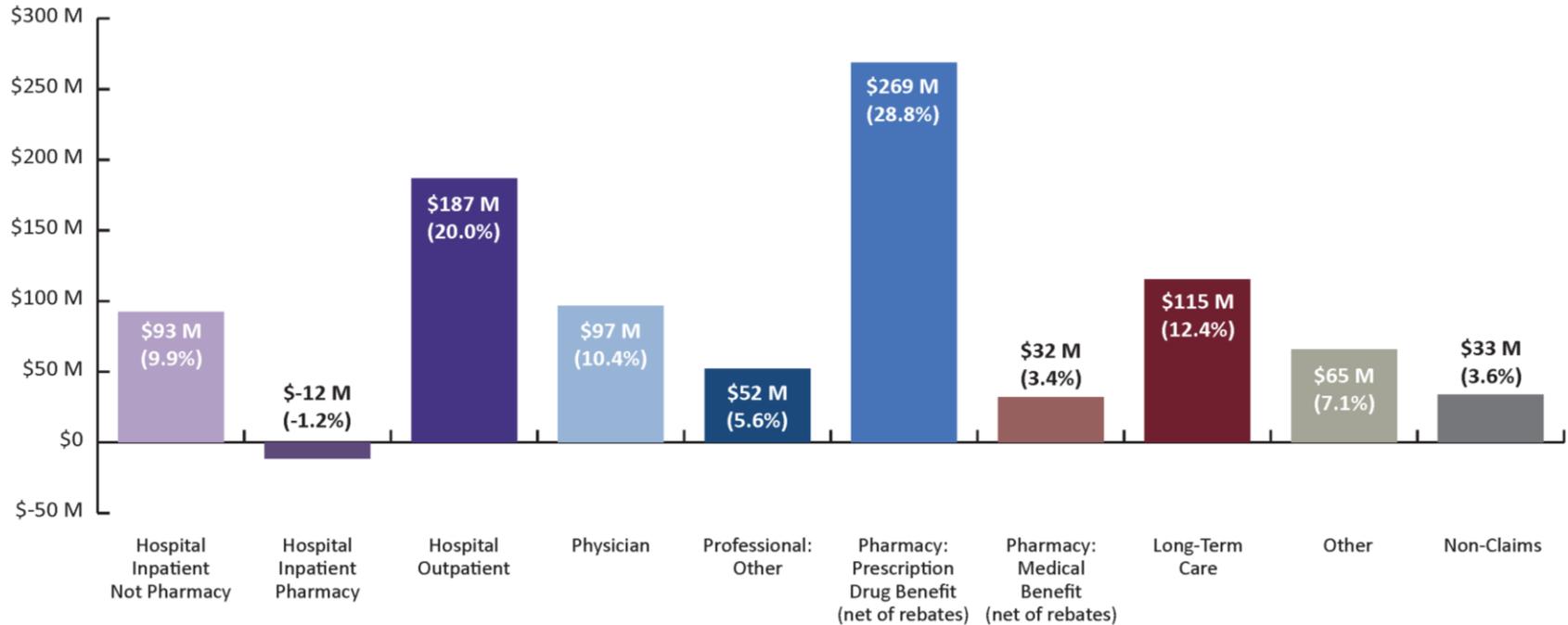


PROPORTION OF CY 2023 TME BY SERVICE CATEGORY



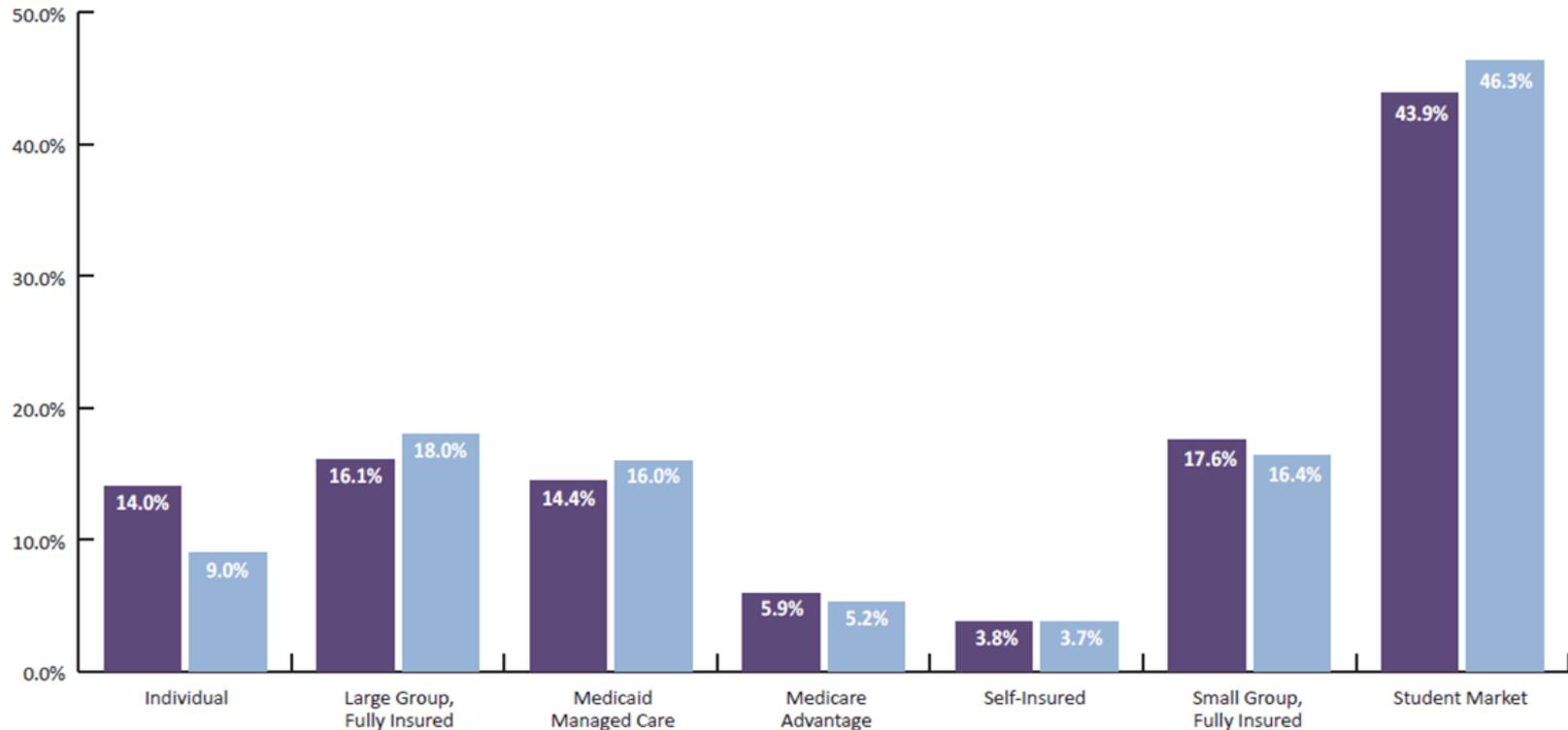
CONTRIBUTION TO CY 2023 TME INCREASE

CY 2023 TME Change dollar amount
(CY 2023 TME percentage change)



PROPORTION OF INSURERS' THCE NOT FOR SERVICES/BENEFITS BY LINE OF BUSINESS

CY 2023
CY 2022



QUALITY BENCHMARK RESULTS

Quality Measure	CY 2022 Results	CY 2023 Results	Change	CY 2023 Benchmark	Benchmark Met/Not Met	Notes
Adult Obesity	37.9%	35.6%	↓ 2.3%	31.2%	Not Met	Lower result is better
Use of Opioids at High Dosages	10.4%	9.6%	↓ 0.8%	10.0%	Met	Lower result is better
Opioid-related Overdose Deaths	50.2 deaths per 100,000	47.5 deaths per 100,000	↓ 2.7	33.0 deaths per 100,000	Not Met	Lower result is better
Emergency Department Utilization* (Commercial measure only)	168.4 visits per 1,000	169.5 visits per 1,000	↑ 1.1	158.4 visits per 1,000	Not Met	Lower result is better
Persistence of Beta-Blocker Treatment after a Heart Attack	76.5% Commercial	75.0% Commercial	↓ 1.5%	89.9% Commercial	Not Met	Higher result is better
	80.6% Medicaid	64.1% Medicaid	↓ 16.5%	84.9% Medicaid	Not Met	
Statin Therapy for Patients With Cardiovascular Disease — Statin Adherence 80%	82.0% Commercial	82.7% Commercial	↑ 0.7%	84.2% Commercial	Not Met	Higher result is better
	64.5% Medicaid	69.7% Medicaid	↑ 5.2%	75.8% Medicaid	Not Met	

*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.

QUALITY BENCHMARK RESULTS: NEW MEASURES

Quality Measure	CY 2022 Results	CY 2023 Results	Change	CY 2023 Benchmark	Benchmark Met/Not Met	Notes
Breast Cancer Screening	77.0% Commercial	78.5% Commercial	↑1.5%	77.5% Commercial	Met	Higher result is better
	53.8% Medicaid	55.5% Medicaid	↑1.7%	58.4% Medicaid	Not Met	
Cervical Cancer Screening	74.1% Commercial	74.3% Commercial	↑0.2%	78.5% Commercial	Not Met	Higher result is better
	52.6% Medicaid	48.3% Medicaid	↓4.3%	60.1% Medicaid	Not Met	
Colorectal Cancer Screening	62.3% Commercial	63.2% Commercial	↑0.9%	65.7% Commercial	Not Met	Higher result is better
	Medicaid N/A	35.8% Medicaid	N/A	Medicaid N/A*	Not Met	
Percentage of Eligibles Who Received Preventive Dental Services**	Not available	Not available	Not available	49.1%	Not available	Higher result is better

*The Colorectal Cancer Screening measure is new to Medicaid and shown for informational purposes only.

**The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by CMS 2021, after the CY 2022-25 quality benchmark measures were selected. Thus, there is no data available to report for the CY 2023 Report. DHSS is replacing this measure for the next 3-year cycle of quality benchmarks.

NEXT STEPS

- The CY 2023 Benchmark Trend Report and Appendix I data tables can be found on the DHSS website here: <https://dhss.delaware.gov/dhcc/global.html>
- The online and interactive quality and spending dashboard posted to DHSS's website is live and will be updated in the coming of weeks with the CY 2023 results. This website allows the public to view and download benchmark data.
- The CY 2026 spending benchmark will be set in the upcoming DEFAC meeting.
- The CY 2024 spending and quality data collection process will commence this fall with the release of an updated Implementation Manual and corresponding Payers Webinar to kick off the process.



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.