



Calendar Year 2023 Results

Benchmark Trend Report

State of Delaware

Department of Health and Social Services

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We acknowledge the importance of complying with the 508 compliance standards set forth by the federal government. We understand that it is necessary to ensure that our documents and templates meet the accessibility requirements outlined in these standards. Our goal is to provide accessible and inclusive documents that meet the needs of all individuals. All data within this report is accessible on the DHCC Benchmark homepage at: <https://dhss.delaware.gov/dhss/dhcc/global.html>.

1. Executive Summary

This is the fifth annual Benchmark Trend Report (Report) produced by the Department of Health and Social Services (DHSS). This Report summarizes the spending and quality data collected from all payers who participated in the benchmark data collection process. Unless otherwise noted, the data contained herein represents spending and quality data incurred (i.e., dates of service) in:

- Calendar year (CY) 2023 Estimate (spending)
- CY 2022 Final
- CY 2021 Final

It is important to remind users of this Report that the benchmark data collection process has its own unique reporting requirements and methodology. Therefore, direct comparisons of this data to any other external data source of Delaware health care spending or per capita values should not be done. All spending data is net of pharmacy rebates.

The DHSS considers this Report an important tool for raising awareness and spurring dialogue regarding the level of and type of health care spending occurring in Delaware along with what Delawareans are receiving in terms of quality outcome results. Please note, the spending data in this Report does not include federal or state COVID-19 relief/special payments.

CY 2023 Per Capita Spending versus Spending Benchmark

Delaware's spending benchmark is the year-over-year percentage change in total health care expenditures (THCE) expressed on a per capita basis. For the CY 2023 performance period, the spending benchmark was set at a 3.1 percent growth rate. As shown in Figure 1-1, Delaware's total CY 2023 THCE was approximately \$10.9 billion. The per capita amount was \$10,588 which represents a 9.1 percent year-over-year increase.



On a per capita basis, THCE increased 9.1% relative to the CY 2023 spending benchmark of 3.1%.

Figure 1-1: CY 2023 State Total Health Care Expenditures
Aggregate and Per Capita

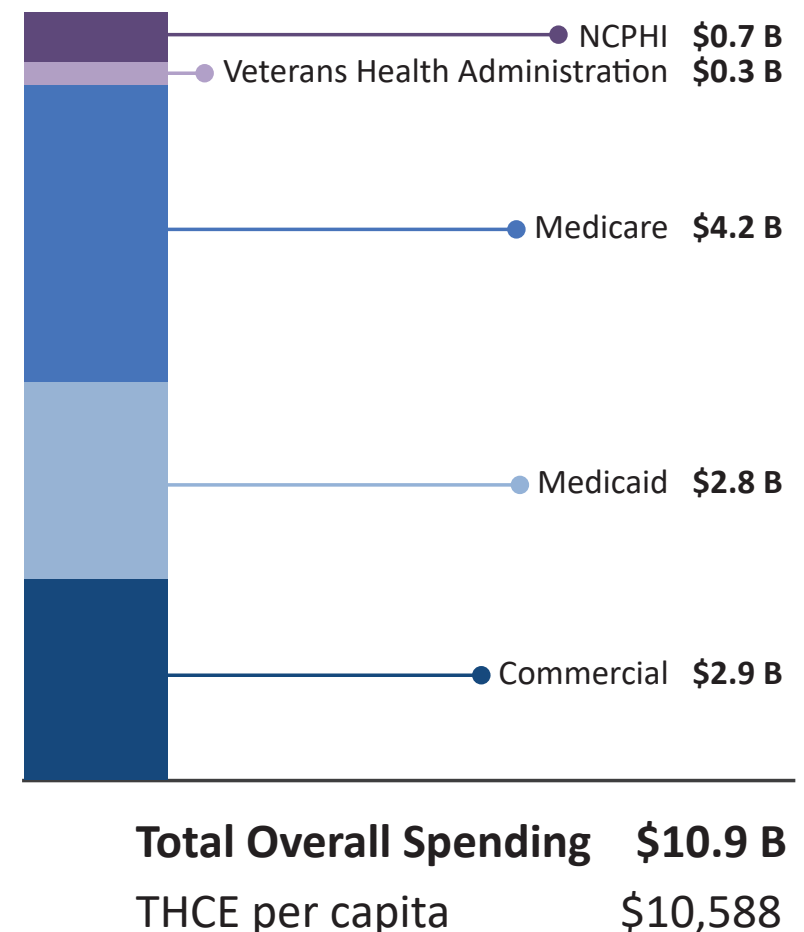
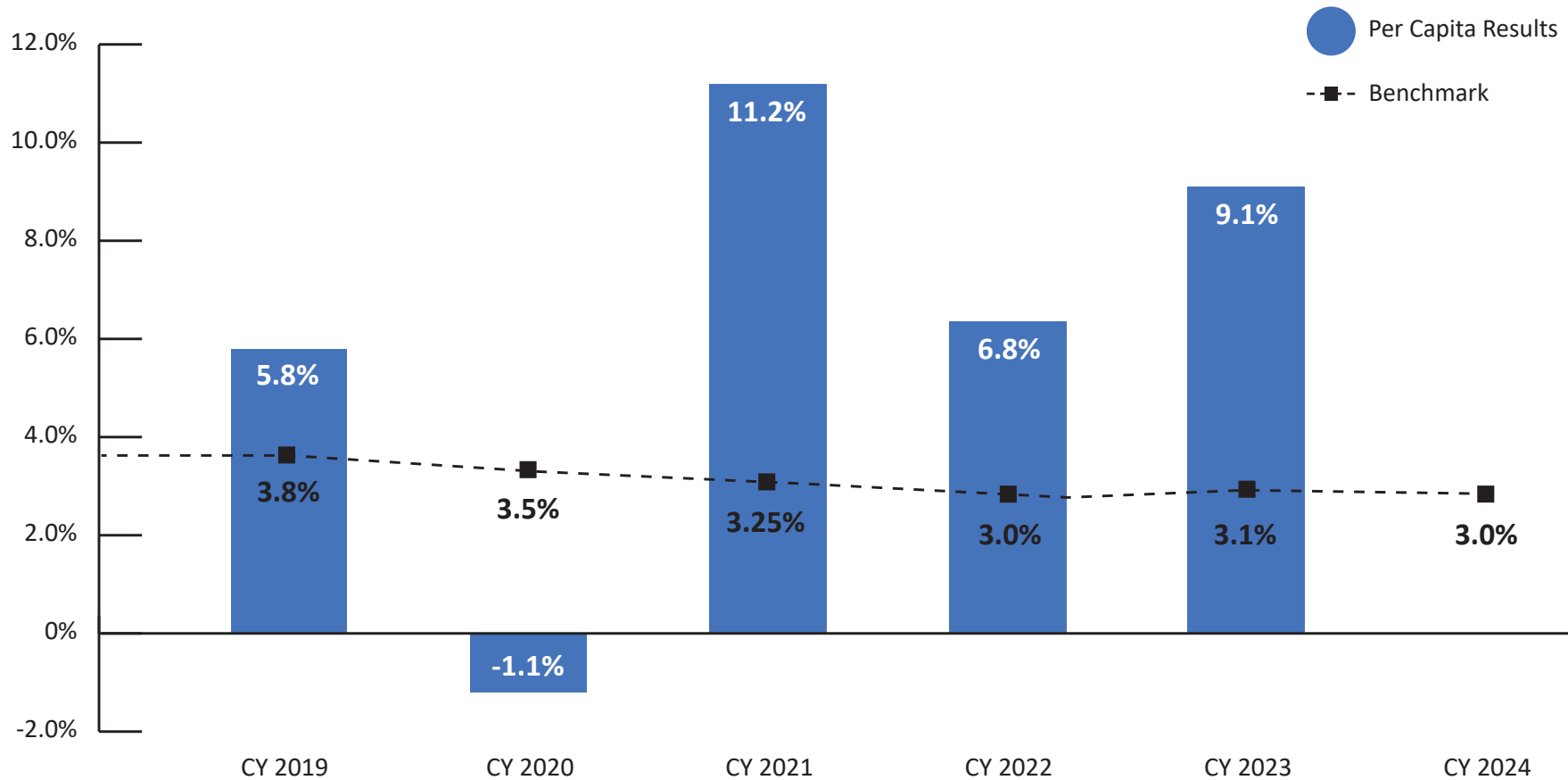




Figure 1-2: State Level Total Health Care Expenditures, Change in Per Capita versus Spending Benchmark



9.1%

On a per capita basis, THCE increased 9.1% relative to the CY 2023 spending benchmark of 3.1%.

CY 2023 Quality Results versus Quality Benchmarks

In addition to the State level per capita spending benchmark, Delaware established annual quality benchmarks for several different quality measures. For the respective quality measures, Delaware-specific benchmarks were set through CY 2023.

DHSS added Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, and Percentage of Eligibles Who Received Preventive Dental Services as new quality benchmarks beginning with the CY 2022 performance period.

The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by CMS in 2021, 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.

As seen in the table below, relative to each respective quality benchmark, CY 2023 results across the nine quality measures were mixed:

Quality Measures	CY 2023 Benchmark	CY 2023 Results	Notes
Adult Obesity	31.2%	35.6%	Lower result is better
Use of Opioids at High Dosages	10.0%	9.6%	Lower result is better
Opioid-related Overdose Deaths	33.0 deaths per 100,000	47.5 deaths per 100,000	Lower result is better
Emergency Department Utilization	158.4 visits per 1,000 Commercial only	169.5 visits per 1,000 Commercial only	Lower result is better
Persistence of Beta-Blocker Treatment After a Heart Attack	89.9% Commercial 84.9% Medicaid	75.0% Commercial 64.1% Medicaid	Higher result is better
Statin Therapy for Patients with Cardiovascular Disease	84.2% Commercial 75.8% Medicaid	82.7% Commercial 69.7% Medicaid	Higher result is better
Breast Cancer Screening	77.5% Commercial 58.4% Medicaid	78.5% Commercial 55.5% Medicaid	Higher result is better
Cervical Cancer Screening	78.5% Commercial 60.1% Medicaid	74.3% Commercial 48.3% Medicaid	Higher result is better
Colorectal Cancer Screening	65.7% Commercial Medicaid N/A	63.2% Commercial 35.8% Medicaid	Higher result is better

Conclusion

The DHSS appreciates and thanks everyone, particularly our valued insurer partners, who participated in the benchmark process including consultants from Mercer Health & Benefits LLC that assisted in the production of this Report. We look forward to the ongoing collaboration with our stakeholders and data partners to make this Report meaningful and useful to the benefit of all Delawareans.

Note: Colorectal cancer screening reporting for the Medicaid market began in CY 2022 which was after the benchmark determination period. Benchmarks for the Medicaid market will be set for the upcoming 2025-2027 cycle.

2. Introduction

This is the fifth annual Benchmark Trend Report (Report) produced by the Department of Health and Social Services (DHSS). This Report summarizes the spending and quality data collected from all payers who participated in the benchmark data collection process. Unless otherwise noted, the data contained herein represents spending and quality data incurred (i.e., dates of service) in:

- CY 2023 Estimate (spending)
- CY 2022 Final
- CY 2021 Final

It is important to remind users of this Report that the benchmark data collection process has its own unique reporting requirements and methodology. Therefore, direct comparisons of this data to any other external data source of Delaware health care spending or per capita values should not be done. Prior to the CY 2021 data collection cycle, data was voluntarily submitted by payers. However, HA 1 for HB 442, signed on August 19, 2022, by Governor Carney, mandated the provision of benchmark data. All spending data is net of pharmacy rebates.

The DHSS considers this Report an important tool for raising awareness and spurring dialogue regarding the level of and type of health care spending occurring in Delaware along with what Delawareans are receiving in terms of quality outcome results. Please note, the spending data in this Report does not include federal or state COVID-19 relief/special payments.

New CY 2023 Spending Data

For this benchmark data collection cycle, CY 2023 spending data was collected for the first time. CY 2022 spending data was collected for the second time with more recent runout and is considered Final. CY 2021 spending data was reported as part of the benchmarks data collection process in previous years and is also considered Final for purposes of this report.

Spending Data and Benchmark

The spending benchmark is measured as the annual change in Delaware's per capita total health care expenditures (THCE). The reported per capita change is then compared to the established spending benchmark target applicable to each CY. THCE sums total medical expense (TME) and the estimated net cost of private health insurance (NCPHI) at the State level and divides by Delaware's state population to arrive at a State level per capita figure for each CY. Please see the Glossary in Section 8 for more information about the terms used throughout this Report.

The spending benchmark for CY 2023 (i.e., the per capita change from CY 2022) was set at a 3.1 percent growth rate.

More information on the development of the benchmarks, the data collection process, and the implementation manual can be found on DHSS's website at <https://dhss.delaware.gov/dhcc/global.html>. In an addition to this Report, DHSS will post an Appendix 1 - Benchmark Data Tables CY 2023 that is an Excel-based document containing all the underlying data that were used to create this Report.

Quality and Spending Interactive Dashboard

DHSS is pleased to announce that the online and interactive quality and spending dashboard posted to DHSS's website is live. This website allows the public to view and download benchmark data. The dashboard is expected to be updated annually to further support the data collection and summarization process.

DHSS thanks every entity's participation in this process and we look forward to an ongoing collaboration in each annual cycle.

Table 2-1: Spending Data Sources

Spending Data	Data Source	Notes
Commercial Data	Carriers serving Delaware: <ul style="list-style-type: none"> • Aetna • AmeriHealth • Cigna • Highmark • United Healthcare (UHC) 	Carriers with multiple lines of business were required to provide data on all lines. For example, Cigna provided spending data on their commercial operations as well as their Medicare Advantage operations (i.e., Cigna Bravo).
Medicaid Data ¹	<ul style="list-style-type: none"> • Delaware’s Division of Medicaid and Medical Assistance (DMMA) • AmeriHealth Caritas of Delaware (ACDE), Delaware First Health (DFH), and Highmark Health Options (Highmark) 	DMMA was the source of Medicaid fee-for-service (FFS) spending data. The insurers provided data on the Medicaid managed care program. DFH entered the Medicaid managed care program in CY 2023; therefore, CY 2023 is the first year data has been reported by the insurer.
Medicare Data	<ul style="list-style-type: none"> • Centers for Medicare and Medicaid Services (CMS) • Aetna • ACDE • Cigna • Highmark • UHC 	CMS provided Medicare Part A and B spending on FFS beneficiaries only as well as total Part D ² (pharmacy) spending for all Medicare FFS and managed care enrollees. The insurers provided spending data on Medicare Advantage (managed care). Humana was asked to provide spending data on its Medicare Advantage line of business, but declined for the second year.
VHA Data	<ul style="list-style-type: none"> • Veterans Health Administration (VHA) public report 	Detailed spending from the VHA is not available. Only aggregate member count and total health care spending on Delaware veterans is available. VHA data is reported on a federal fiscal year (FFY) basis which runs October-September. For purposes of this Report FFY 2023 = CY 2023.
NCPHI	<ul style="list-style-type: none"> • Insurer reported data 	NCPHI was computed using insurer submitted revenue and expenditure data.

¹ Unless otherwise noted, references to “Medicaid” in this Report includes data on both the Title XIX Medicaid program and the Title XXI CHIP program.

² CMS did not provide any Part D pharmacy rebate data and hence the CMS pharmacy spending data is gross of rebates. The only pharmacy rebate information applicable to the Medicare program was provided by the insurers on their respective Medicare Advantage operations.

Quality Data and Benchmarks

Delaware also established annual benchmarks for a select number of quality measures.

DHSS added Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, and Percentage of Eligibles Who Received Preventive Dental Services as new quality benchmarks beginning with the CY 2023 performance period.

The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by CMS in 2021, 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.

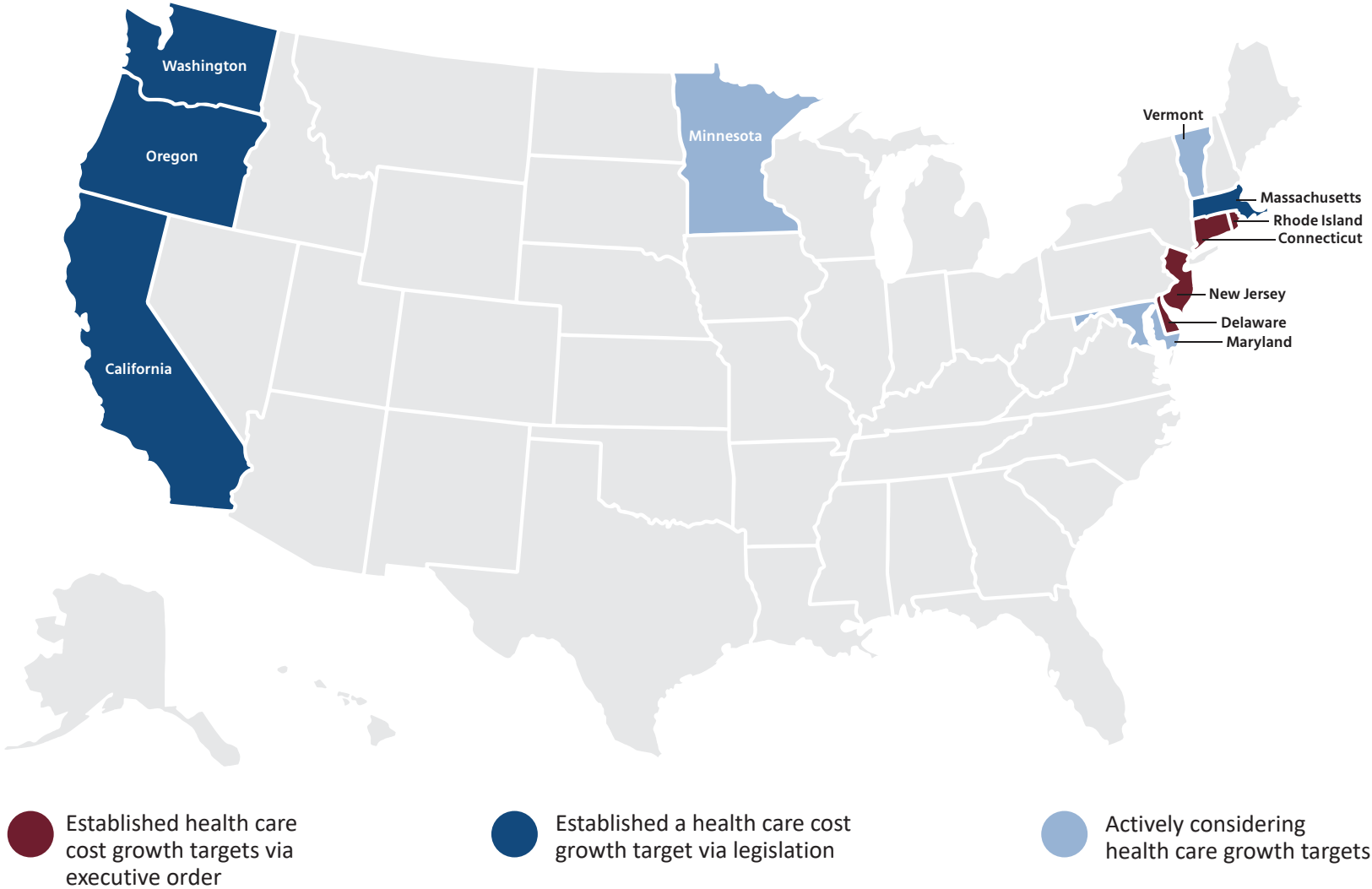
Prior to the CY 2021 data collection cycle, data was voluntarily submitted by payers. However, HA 1 for HB 442, signed on August 19, 2022, by Governor Carney, mandated the provision of benchmark data.

Table 2-2: Quality Measures, Population, Data Sources and CY 2023 Benchmark

Quality Measure	Population	Data Source	CY 2023 Benchmark
Adult Obesity	• Statewide (all populations)	• CDC public report	31.2 percent
Use of Opioids at High Dosages	• Statewide (all populations)	• Delaware Prescription Monitoring Program	10.0 percent
Opioid-related Overdose Deaths	• Statewide (all populations)	• CDC public report	33.0 deaths per 100,000
Emergency Department Utilization	• Commercial market	• Delaware insurers	158.4 visits per 1,000 (Commercial only)
Persistence of Beta-Blocker Treatment After a Heart Attack	• Commercial market • Medicaid market (managed care only)	• Delaware insurers	• 89.9 percent (Commercial) • 84.9 percent (Medicaid)
Statin Therapy for Patients with Cardiovascular Disease	• Commercial market • Medicaid market (managed care only)	• Delaware insurers	• 84.2 percent (Commercial) • 75.8 percent (Medicaid)
Breast Cancer Screening	• Commercial market • Medicaid market (managed care only)	• Delaware insurers	• 77.5 percent (Commercial) • 58.4 percent (Medicaid)
Cervical Cancer Screening	• Commercial market • Medicaid market (managed care only)	• Delaware insurers	• 78.5 percent (Commercial) • 60.1 percent (Medicaid)
Colorectal Cancer Screening	• Commercial market • Medicaid market (managed care only)	• Delaware insurers	• 65.7 percent (Commercial) • N/A (Medicaid)

Note: Colorectal cancer screening reporting for the Medicaid market began in CY 2022 which was after the benchmark determination period. Benchmarks for the Medicaid market will be set for the upcoming 2025-2027 cycle.

Statewide Health Care Cost Growth Benchmark



Eight states have now established statewide health care cost growth targets, ranging from 3.0% to 3.4%.

Source: [How States Use Cost-Growth Benchmark Programs to Contain Health Care Costs](#)
[Video: A State-Led Approach to Improving the Affordability of Health Care | Milbank Memorial Fund](#)

3. Spending Data: State Level



This section includes several different views of Delaware’s health care spending data at the State level.

Even though multiple views of the data have been provided, the value that is directly comparable to the spending benchmark is the State level change in per capita THCE which is shown in Figure 1-2. Other year-over-year comparisons are for informational purposes only.

Changes to CY 2023 Data Collection Process

For the CY 2023 spending data collection cycle, additional breakouts of service categories were collected. These breakouts include splitting the Hospital Inpatient category into Non-Pharmacy and Pharmacy-related expenditures. The Pharmacy service category has been renamed to Prescription Drug Benefit. Finally, an additional Pharmacy Medical Benefit category has been added, which pulls previously-reported pharmacy-related medical spend from other categories into a new category.

Pharmacy Rebates were not collected on a detailed basis, rather in one single Pharmacy Rebates category. As an improvement to next year's trend report, the DHSS plans to collect Pharmacy Rebates in alignment with the new Pharmacy service categories. For purposes of this Report, Pharmacy Rebates are allocated for each market as such:

- Commercial Market: Allocate 90% of Rebates to the Prescription Drug Benefit, 10% to the Pharmacy Medical Benefit.
- Medicaid Market: Allocate 70% of Rebates to the Prescription Drug Benefit, 30% to the Pharmacy Medical Benefit.
- Medicare Market: Allocate 90% of Rebates to the Prescription Drug Benefit, 10% to the Pharmacy Medical Benefit.



CY 2023 THCE increased 10.6% compared to CY 2022



CY 2023 THCE increased in all Delaware markets



Medicare continues to be the largest Market in Delaware



Hospital Inpatient continues to be the largest single service category of TME at the State level



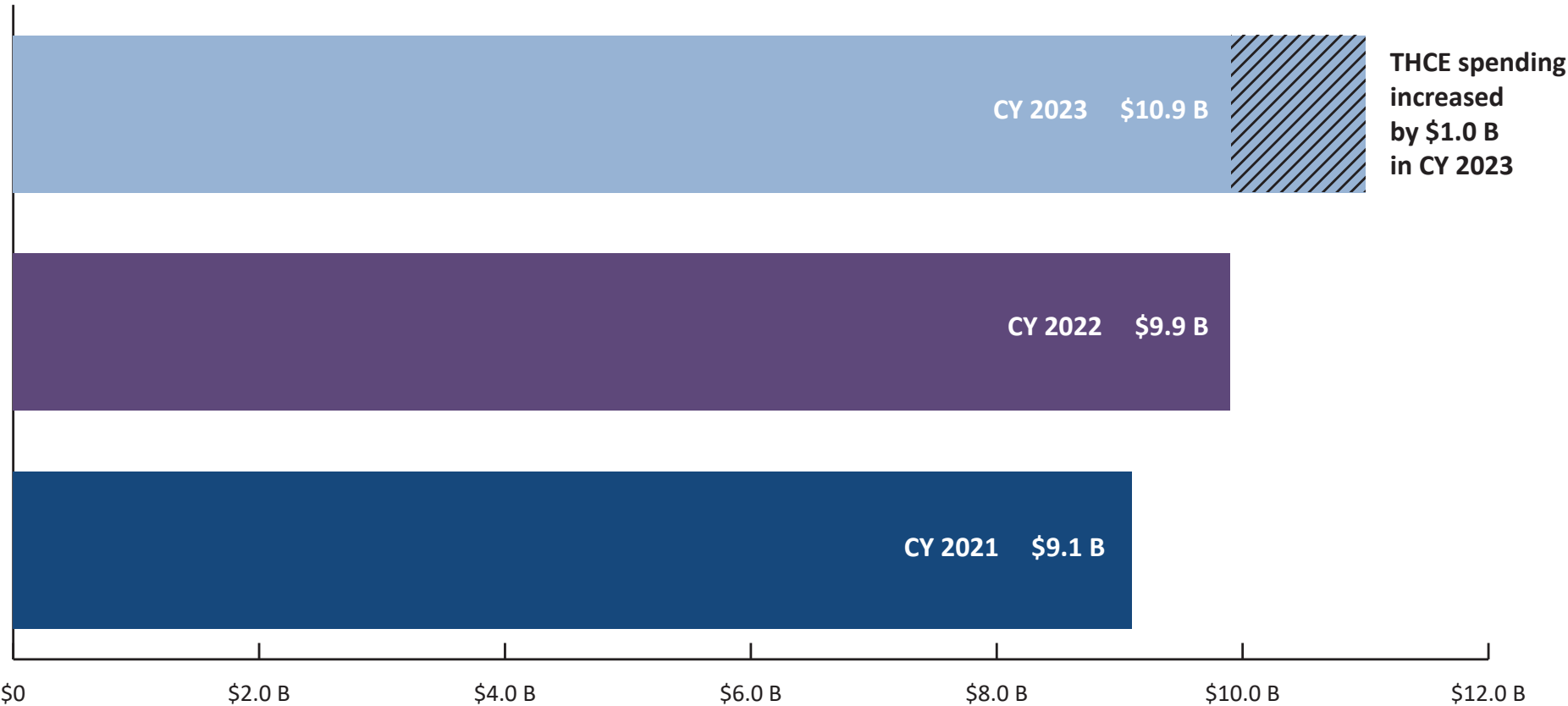
Delaware’s total State population increased 1.3%



On a per capita basis, THCE increased 9.1% in CY 2023



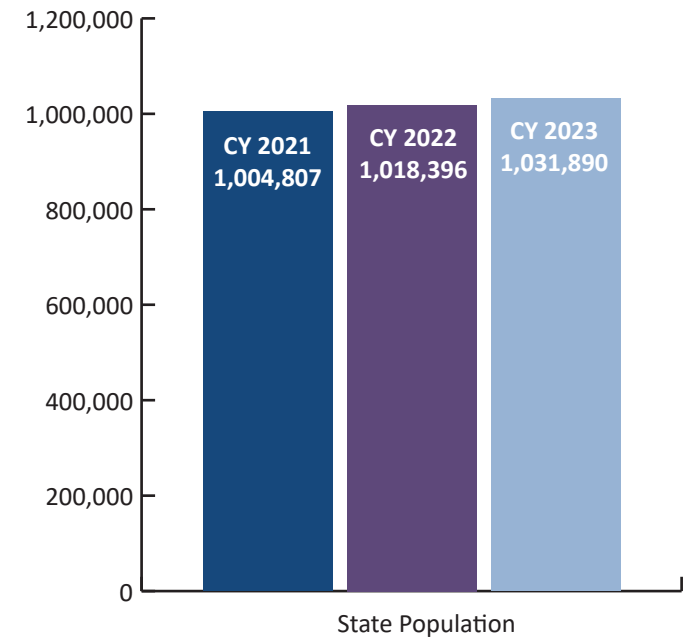
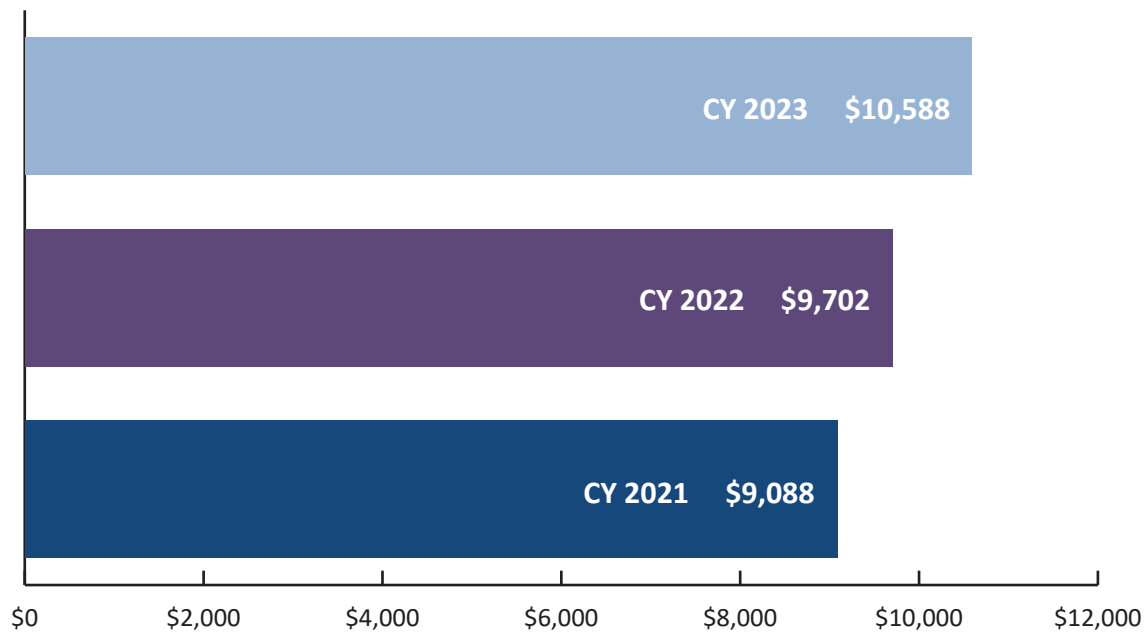
Figure 3-1: State Level Total Health Care Expenditures, Total Spending



10.6% ↑ THCE spending increased 10.6% or by \$1.0 B.



Figure 3-2: State Level Total Health Care Expenditures, Per Capita



On a per capita basis, THCE spending increased by 9.1% in CY 2023.



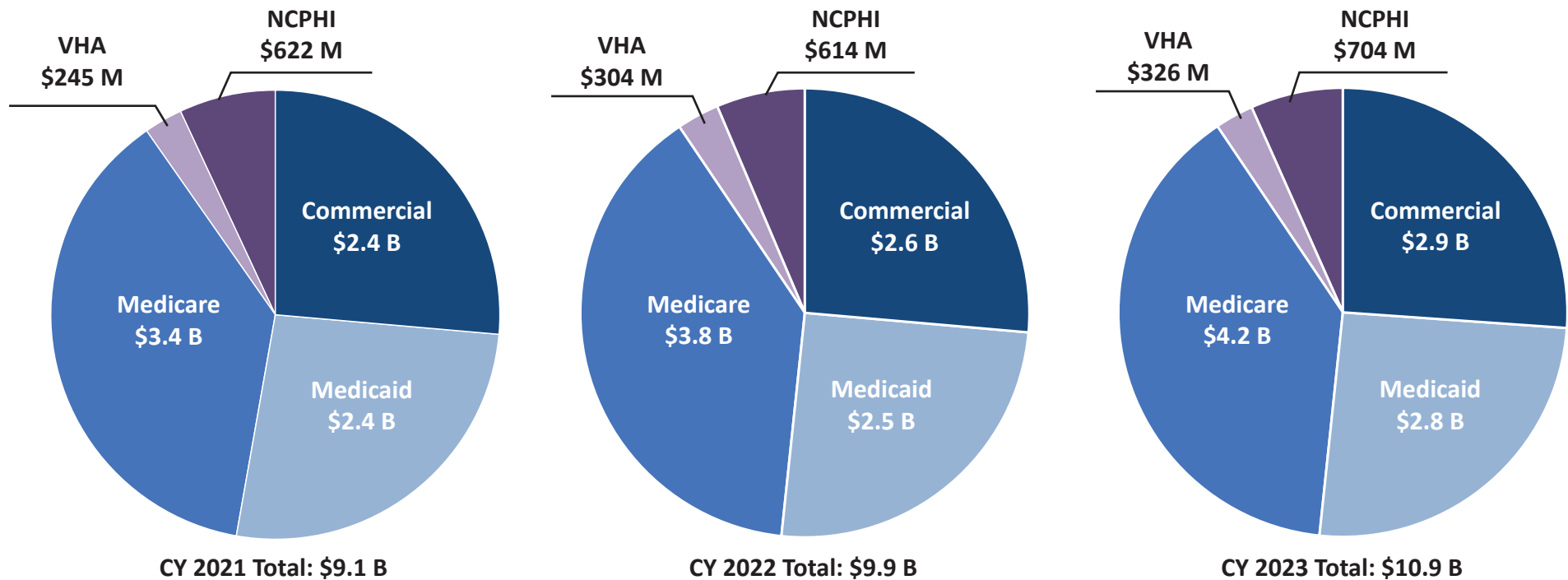
Delaware's population increased by 1.3%.

Note: Spending is net of pharmacy rebates.
Source: Payer-reported data to DHCC and other public sources.

State Level Spending by Total Health Care Expenditures by Component



Figure 3-3: Total Health Care Expenditures, Statewide THCE by Component



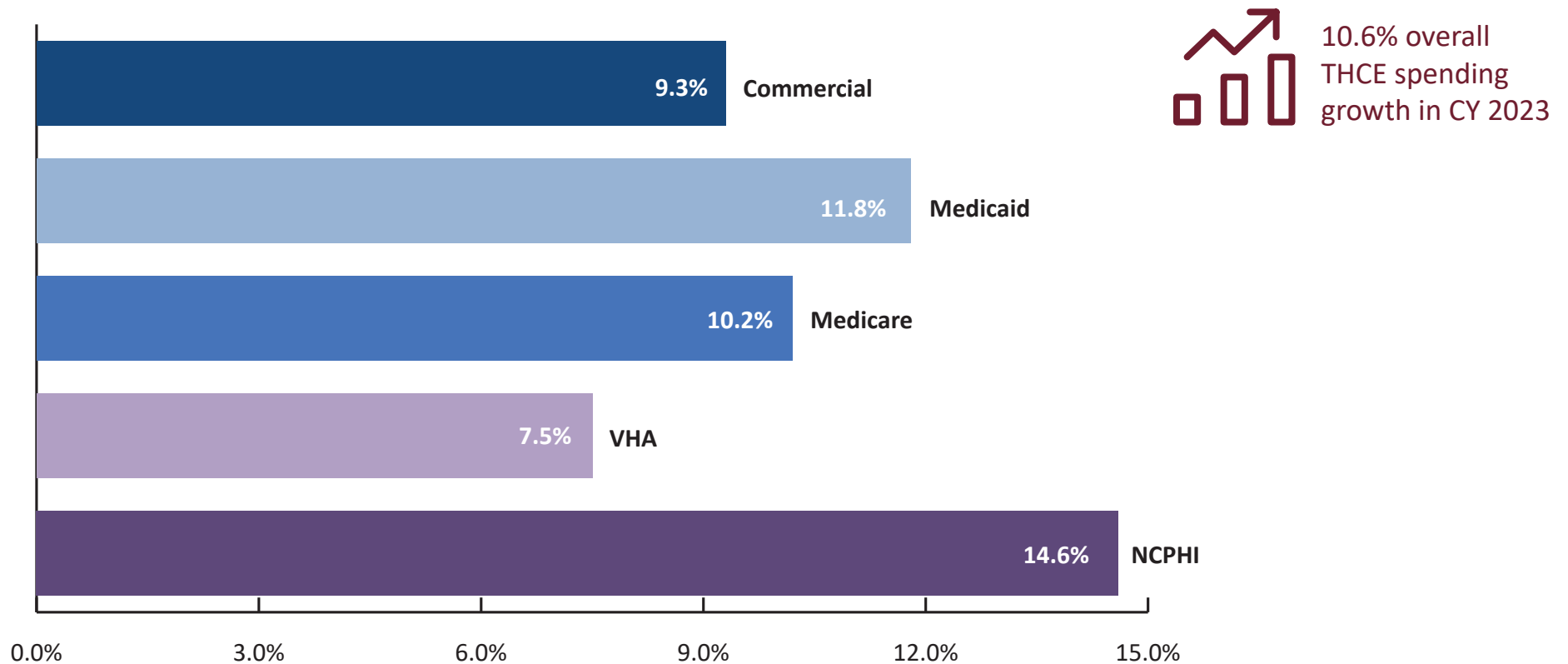
The Medicare market (inclusive of FFS and managed care) was the largest component of all health care spending.

Note 1: Medicaid and Medicare are inclusive of both fee-for-service and managed care.
Note 2: Spending is net of pharmacy rebates.

State Level Total Health Care Expenditures Spending by Component



Figure 3-4: Total Health Care Expenditures, Annual Change in Statewide THCE by Component



NCPHI had the largest reported increase in THCE spending at 14.6% in CY 2023.



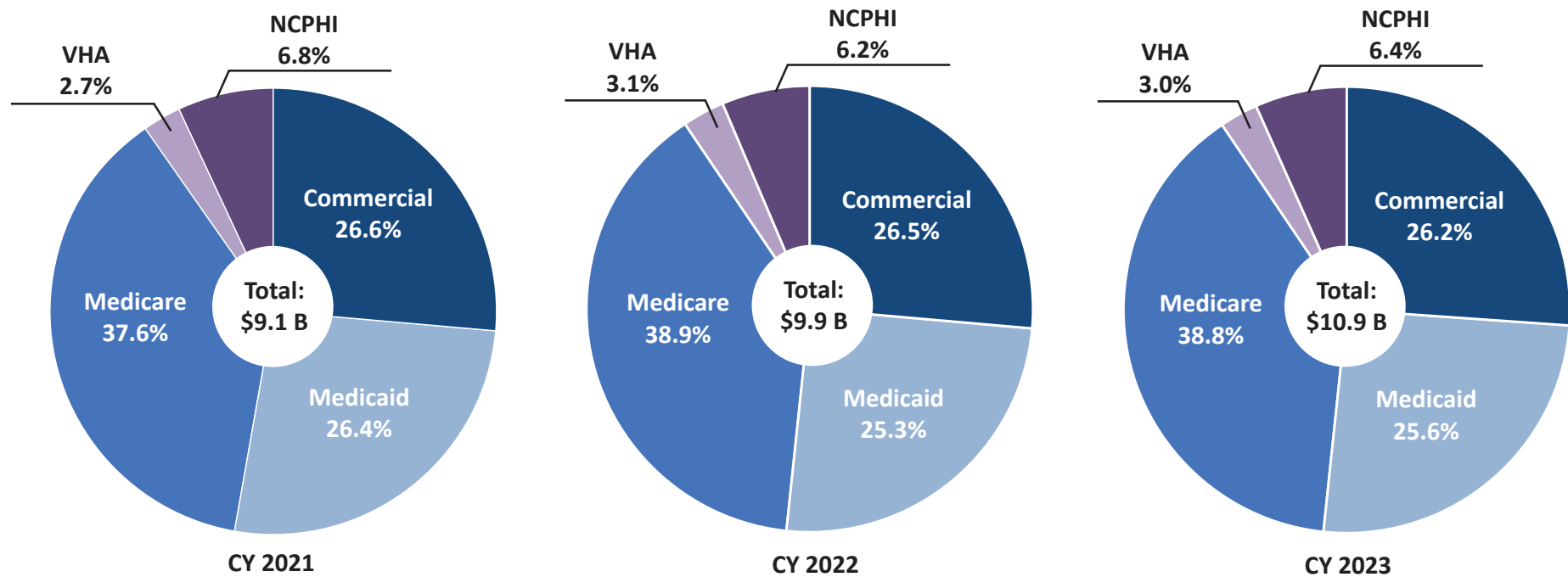
Variations in each Component's share of THCE is expected as enrollment and spending patterns vary from year to year.

Note 1: Medicaid and Medicare are inclusive of both fee-for-service and managed care.
Note 2: Spending is net of pharmacy rebates.

State Level Total Health Care Expenditures Spending by Component



Figure 3-5: Total Health Care Expenditures, Proportion of State Level THCE by Component



By Component, the proportion of THCE remained relatively consistent between CY 2021 and CY 2022.



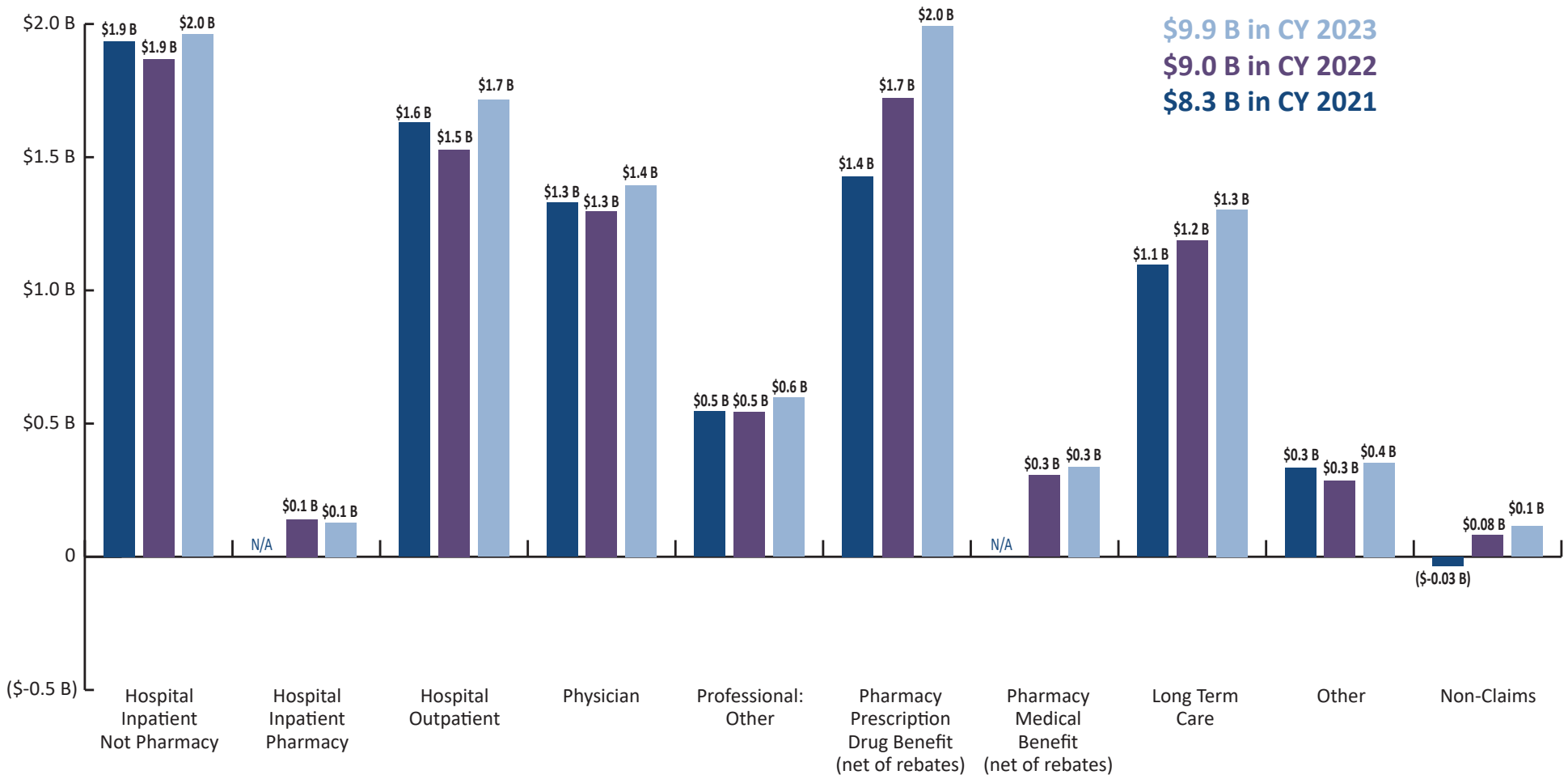
VHA remained the smallest component of all health care spending, representing 3.0% of THCE in CY 2023.

Note 1: Medicaid and Medicare are inclusive of both fee-for-service and managed care.
Note 2: Spending is net of pharmacy rebates.

State Level Total Medical Expense Spending by Major Service Category

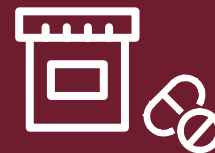


Figure 3-6: State Level TME by Service Category (excluding VHA)



10.4%

TME increased 10.4% in total in CY 2023.

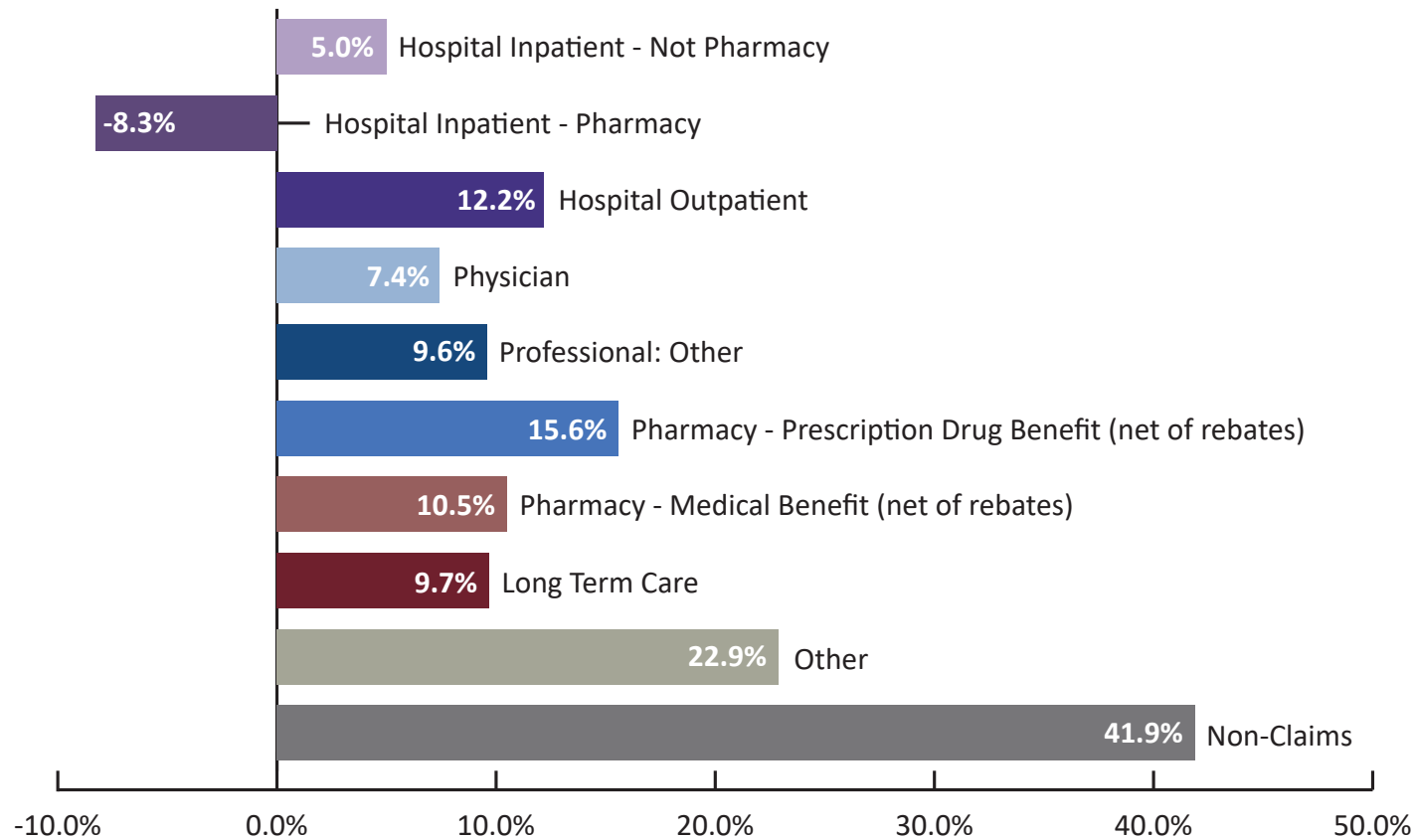


In CY 2023, the Pharmacy Prescription Drug Benefit (net of rebates) surpassed Hospital Inpatient - Not Rx to be the largest, single TME service category.

Note 1: Prior to the CY 2023 data collection cycle, Hospital Inpatient - Not Pharmacy and Hospital Inpatient - Pharmacy were reported in a combined Hospital Inpatient category. CY 2021 experience was not collected on this level of detail.
 Note 2: The Pharmacy Medical Benefit is new to the CY 2023 trend report data collection process, thus this level of detail was not collected for CY 2021 reporting.
 Note 3: Pharmacy Rebate allocations by market can be found in more detail at the beginning of Section 3 of this Report.



Figure 3-7: CY 2023 Change in State Level TME by Service Category (excluding VHA)



Non-Claims spending had the largest percentage change going from \$81 million in CY 2022 to \$115 million in CY 2023.

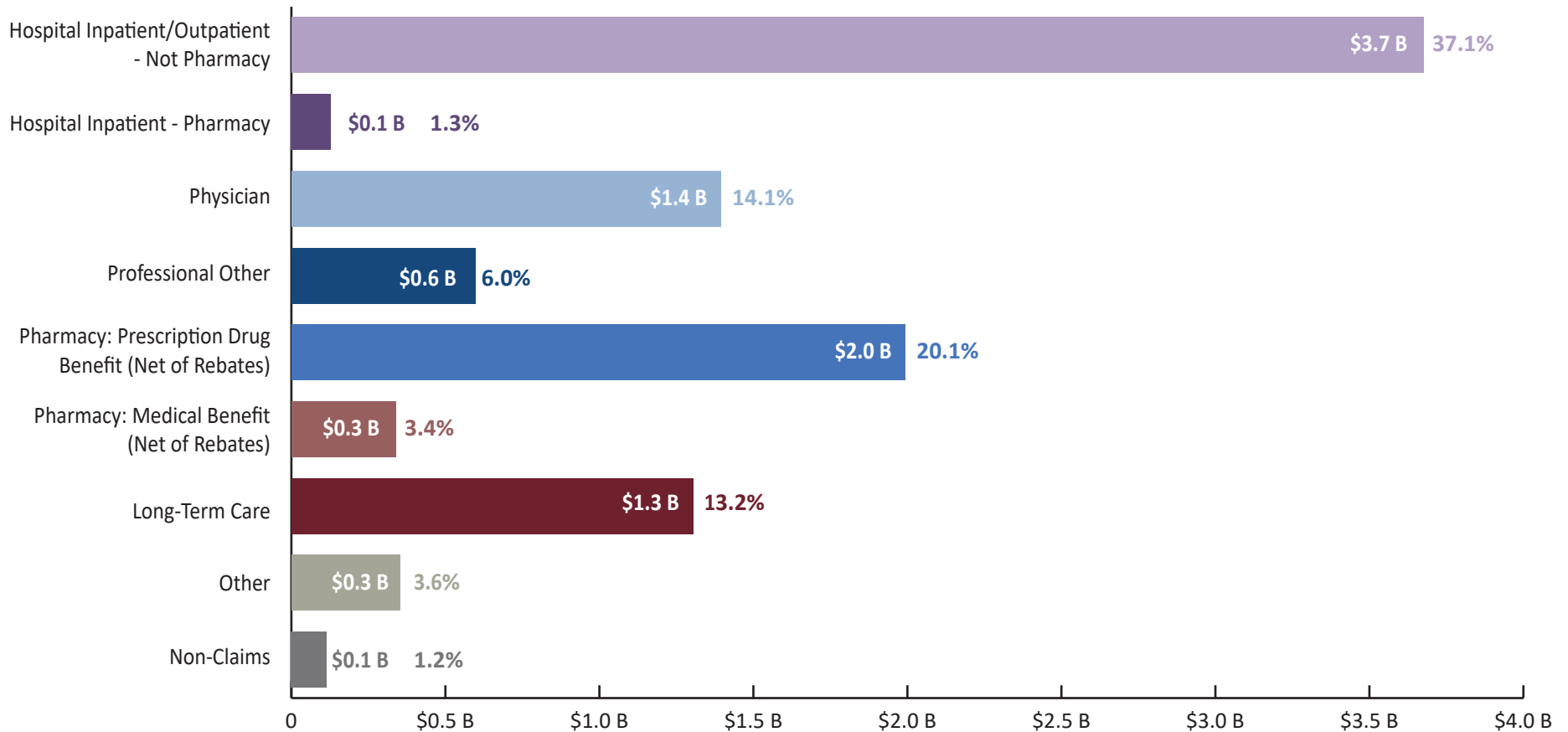


Hospital Inpatient - Pharmacy is the only service category to decrease from CY 2022 to CY 2023.

State Level Total Medical Expense with Hospital Combined



Figure 3-8: Distribution of CY 2023 State Level Total Medical Expense



The Hospital service category includes Hospital Inpatient - Not Pharmacy and Hospital Outpatient only.



Hospital costs contribute to over one-third of the total medical expenditures in CY 2023.

4. Spending Data: Market Level



For purposes of this section of the Report, DHSS is including summaries of the benchmark spending data on the four Markets for which data was collected:

- Commercial
- Medicare (managed care and FFS)
- Medicaid (managed care and FFS)
- VHA

In the Commercial market, the insurers offer different insurance products/coverages (e.g., fully insured, self-insured, preferred provider organizations, etc.). NCPHI is only applicable to insurers.

In the Medicaid market, the vast majority of individuals are mandatorily enrolled in managed care resulting in most spending being reported by the three insurers under contract with DMMA in CY 2023. However, DMMA did provide Medicaid FFS spending information on individuals not enrolled in managed care as well as FFS spending on services that were excluded from managed care (e.g., pediatric dental services). NCPHI is not applicable to the Medicaid FFS data.

In the Medicare market, the majority of spending is through the traditional FFS program and hence provided by CMS. Medicare managed

care (i.e., Medicare Advantage) spending data was also provided by some insurers. Since CMS did not provide any pharmacy rebate information, the rebates reported by insurers is used to at least partially account for some level of Medicare pharmacy rebates. NCPHI is not applicable to the Medicare FFS data.

The VHA market has limited data available and thus only aggregate health care spending is obtainable. NCPHI is not applicable to the VHA data.

Per member per year (PMPY) values were computed as total CY expenditures divided by estimated number of members in the respective CY.

Pharmacy Rebate allocations by market can be found in more detail at the beginning of Section 3 of this Report.



CY 2023 TME increased by \$955 million across all payers



TME increased in all markets



NCPHI increased by \$90 million

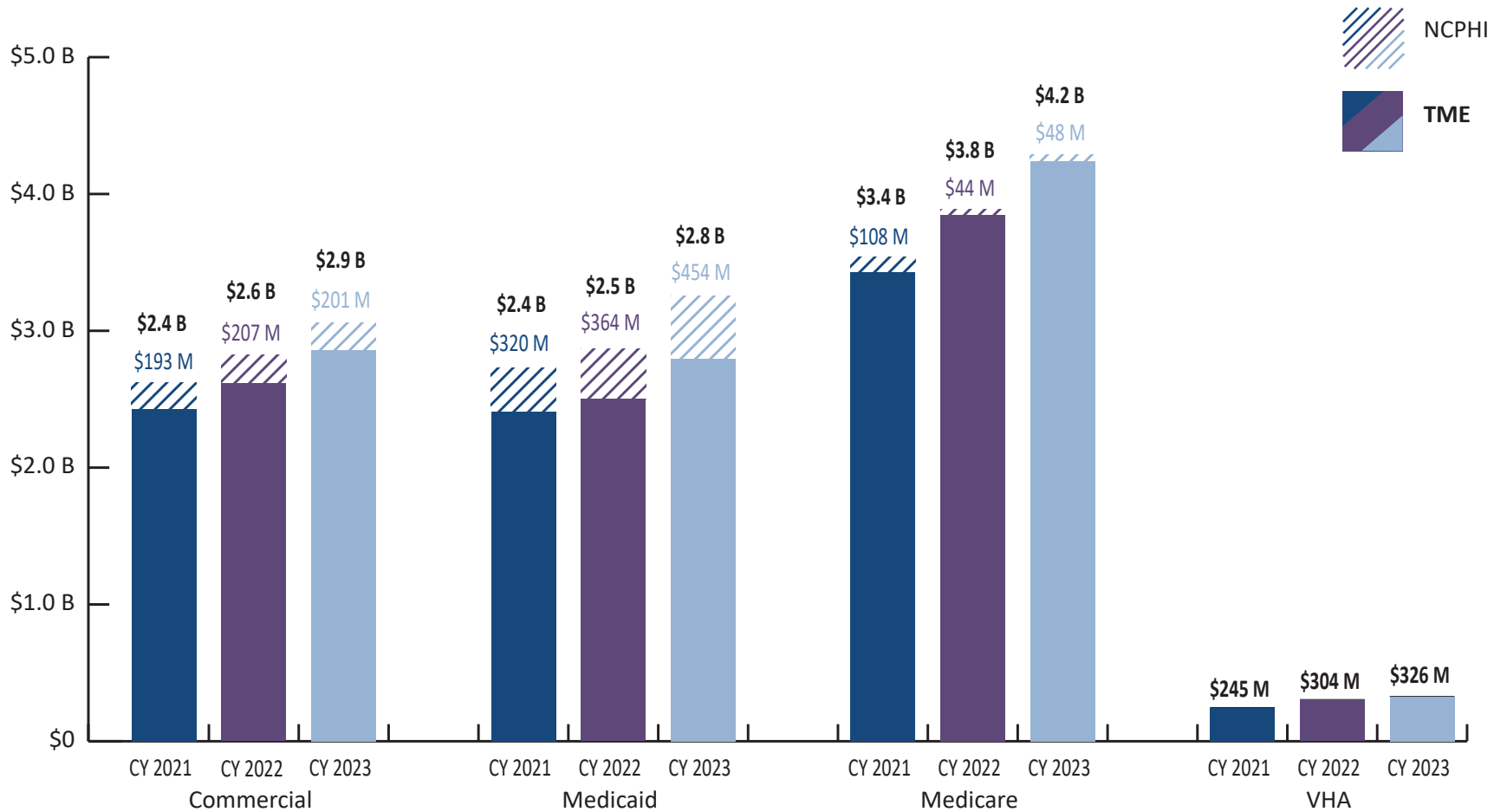


VHA and Medicaid had the largest per capita change with a 9.0% increase

Market Level Total Health Care Expenditures Spending



Figure 4-1: Total Health Care Expenditures, Total Spending by Market

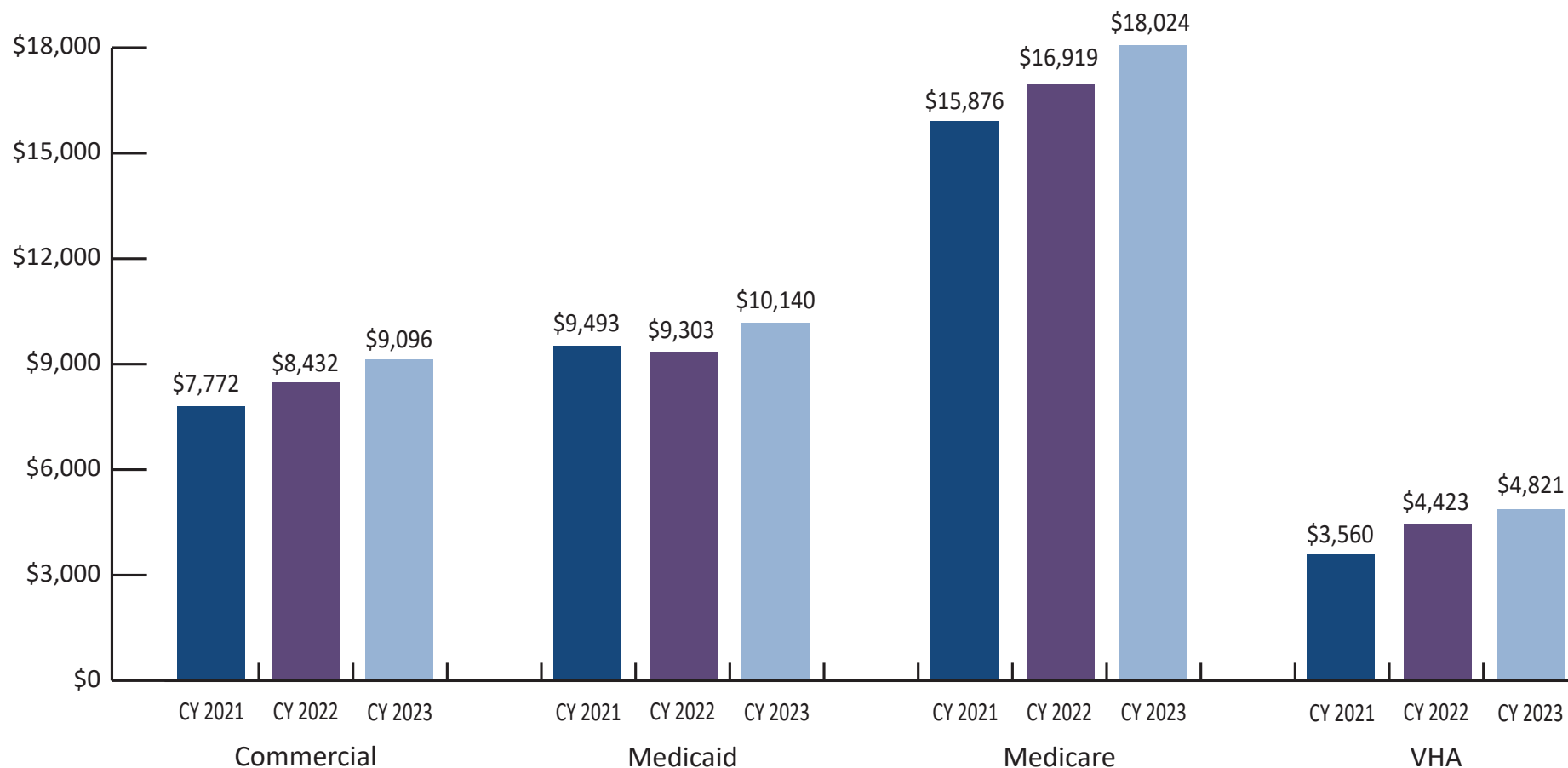


TME increased in
CY 2023 in all Markets.

NCPHI for the Medicaid and Medicare Markets
reflects the managed care plans only.



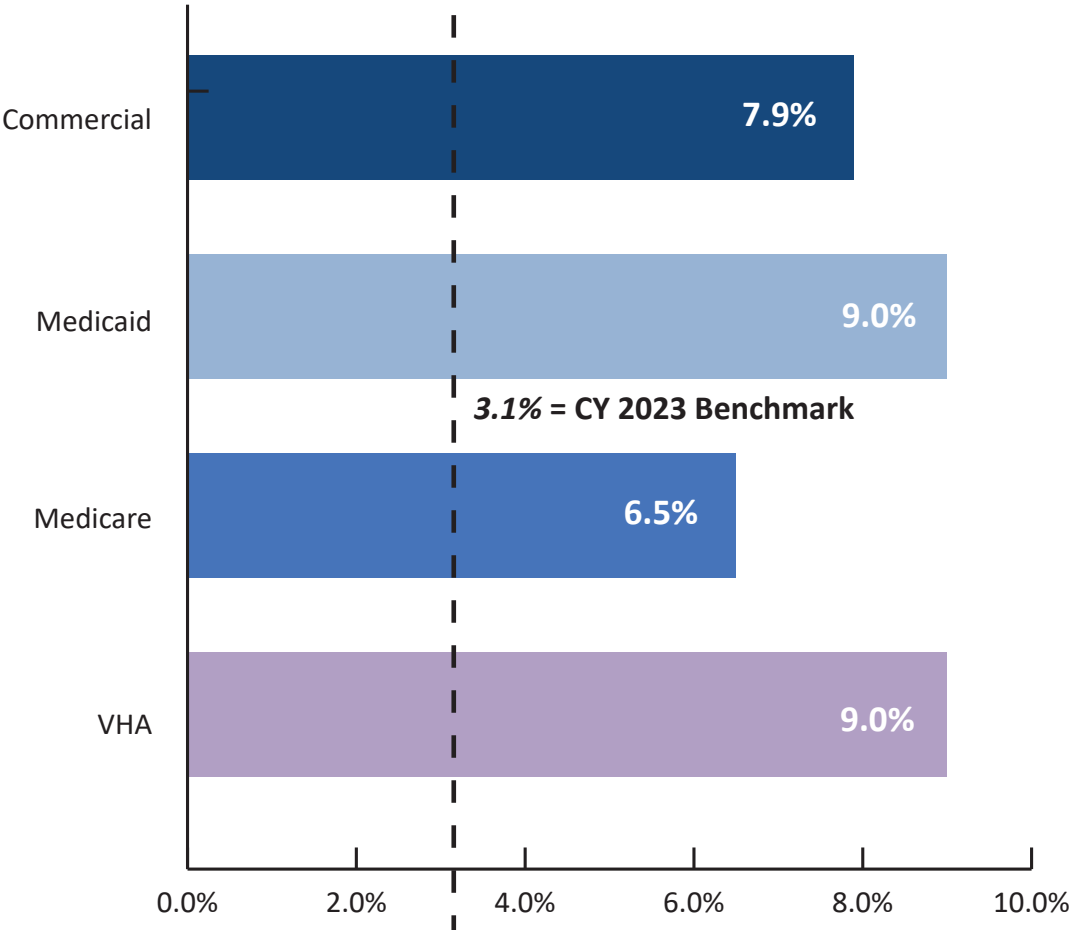
Figure 4-2: Total Health Care Expenditures, THCE Per Member Per Year by Market



Member counts were estimated for each Market to compute PMPY values. Since members may have coverage in more than one program (e.g., Medicare and Medicaid), member counts are not mutually exclusive.



Figure 4-3: Total Health Care Expenditures, CY 2023 THCE Per Member Per Year Change by Market



The THCE spending benchmark is measured at the State level as shown in Figure 1-2.

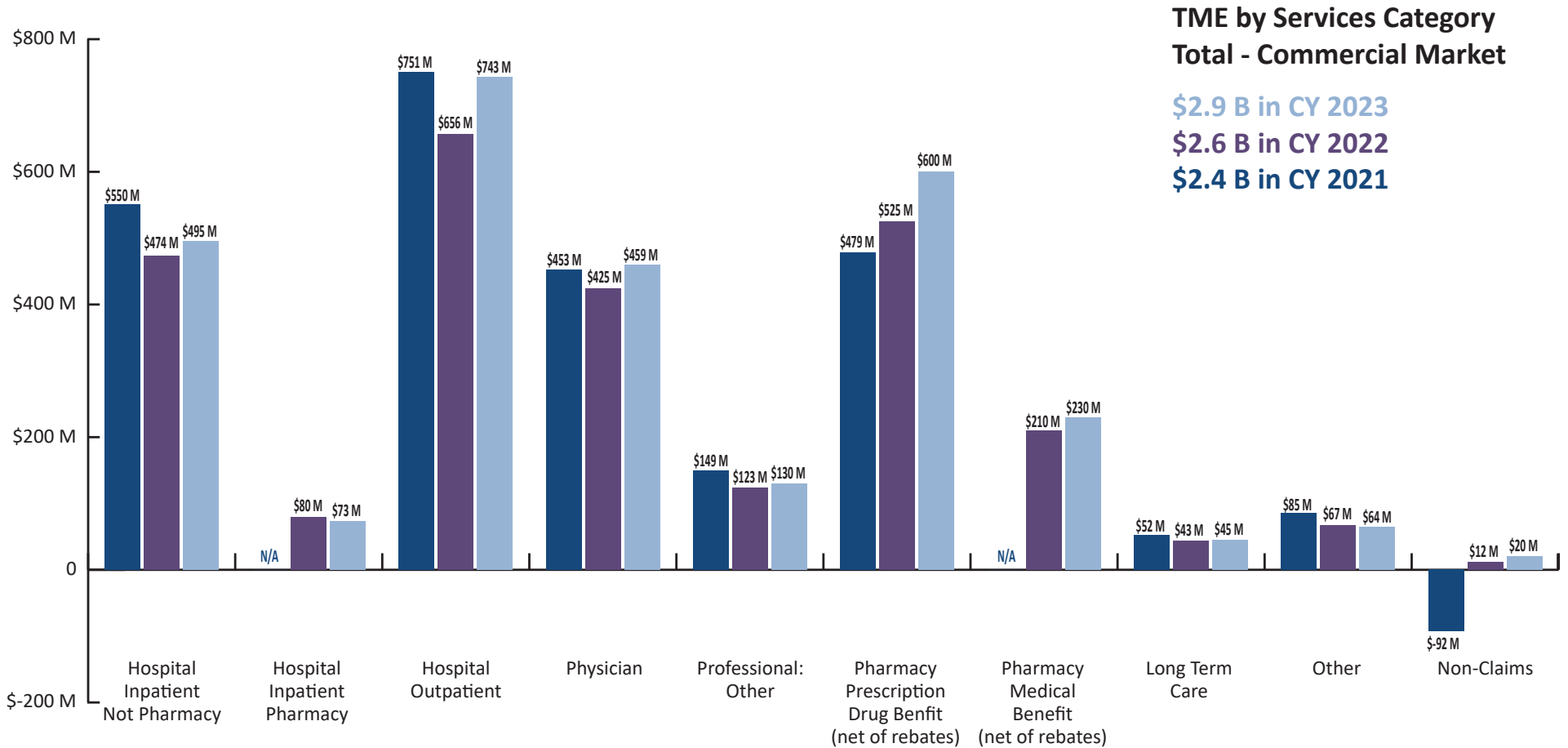


The CY 2023 THCE per member per year change at the Market level is provided for informational purposes only.

Market Level TME Spending by Major Service Category—Commercial Market



Figure 4-4: TME by Service Category - Commercial Market



**Commercial
Market**

9.3%

TME increased
9.3% in CY 2023.



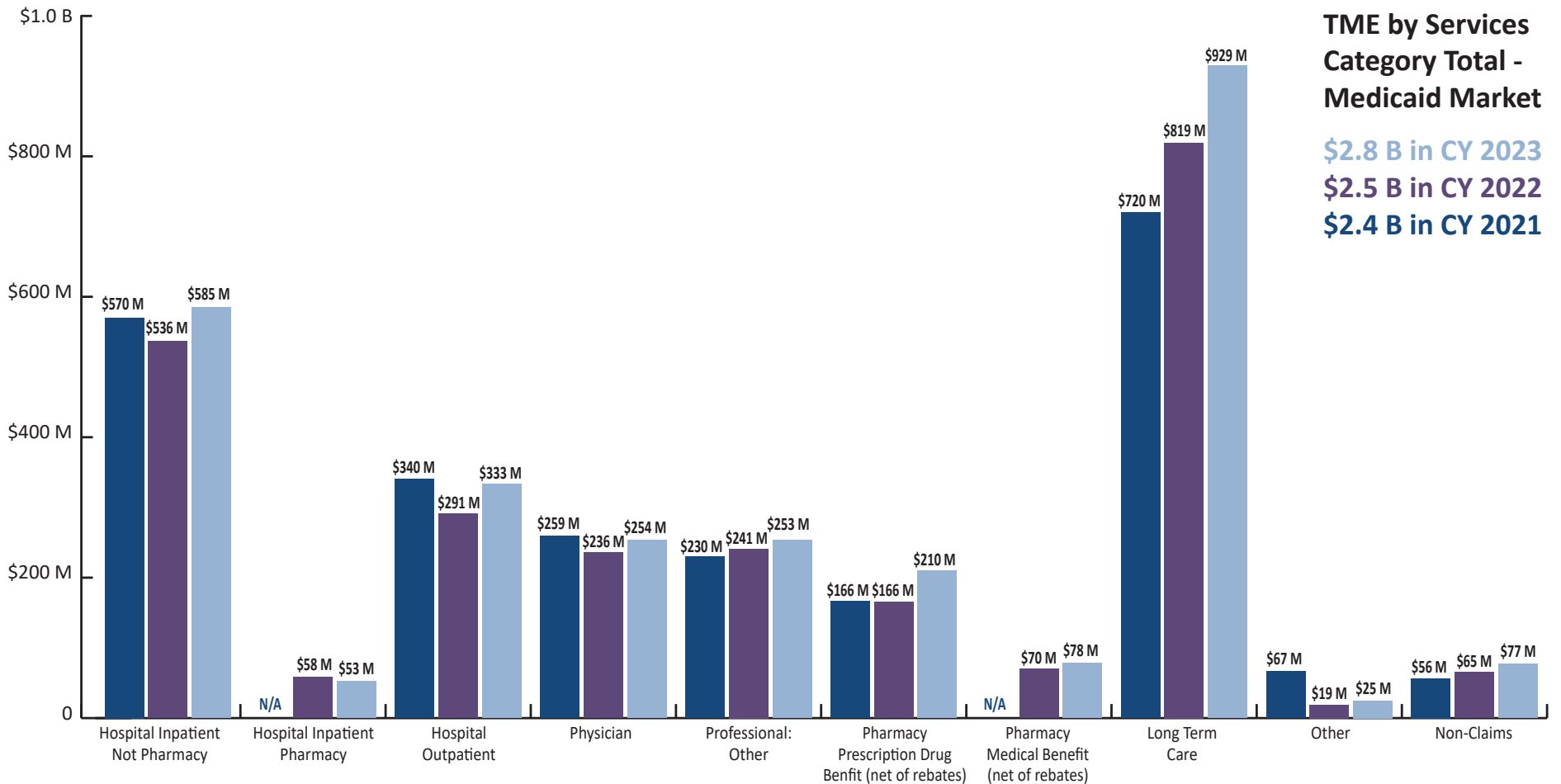
**\$2.9 B in CY 2023 TME
spend versus \$2.6 B in
CY 2022.**

Note 1: Prior to the CY 2023 data collection cycle, Hospital Inpatient - Not Pharmacy and Hospital Inpatient - Pharmacy were reported in a combined Hospital Inpatient category. CY 2021 experience was not collected on this level of detail.
Note 2: The Pharmacy Medical Benefit is new to the CY 2023 trend report data collection process, thus this level of detail was not collected for CY 2021 reporting.
Note 3: Pharmacy Rebates are allocated for the Commercial Market as such: Allocate 90% of Rebates to the Prescription Drug Benefit, 10% to the Pharmacy Medical Benefit.

Market Level TME Spending by Major Service Category—Medicaid Market



Figure 4-5: TME by Service Category - Medicaid Market



Medicaid Market

11.8%

TME increased 11.8% in CY 2023.



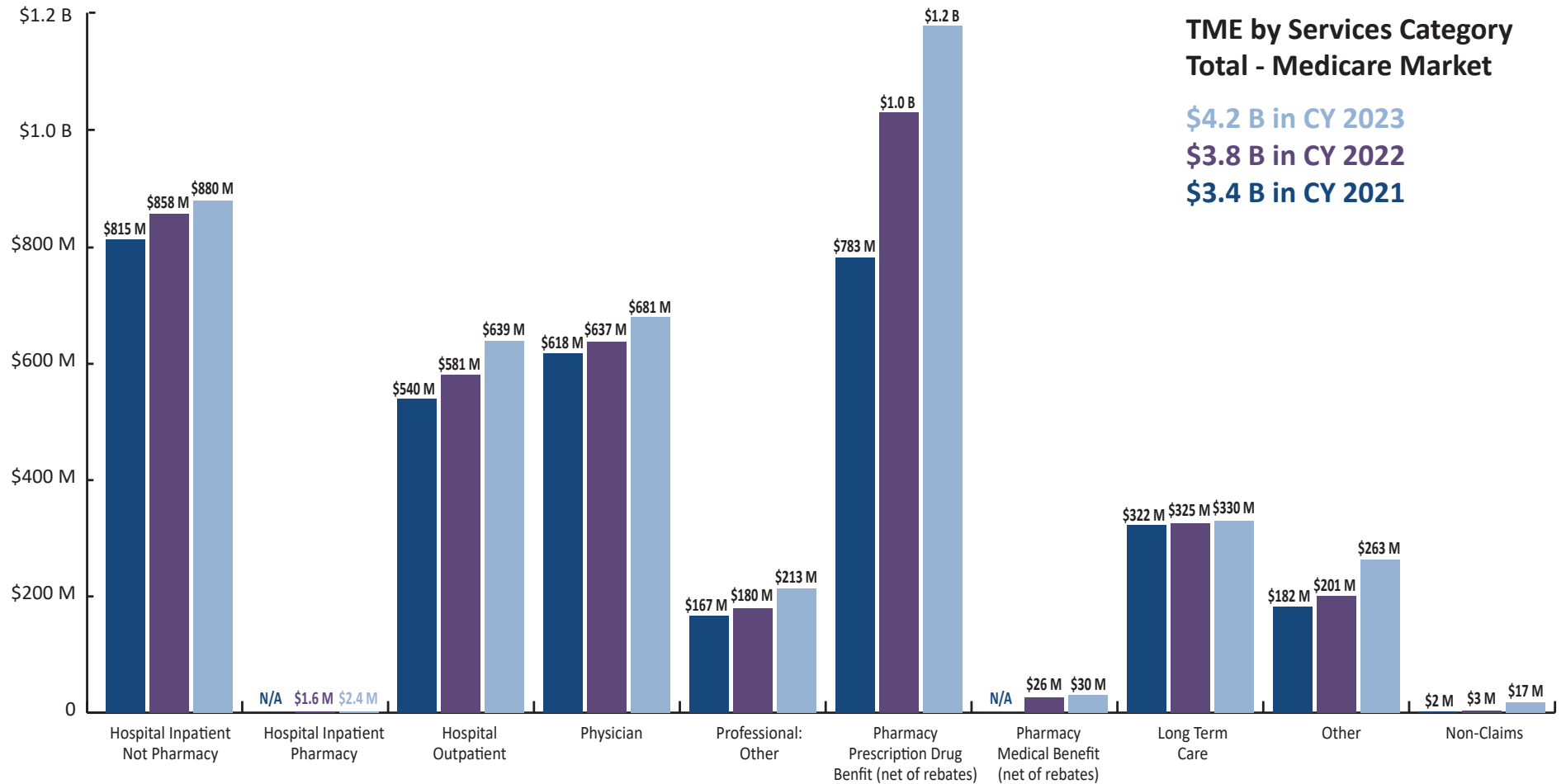
\$2.8 B in CY 2023 TME spend versus \$2.5 B in CY 2022.

Note 1: Prior to the CY 2023 data collection cycle, Hospital Inpatient - Not Pharmacy and Hospital Inpatient - Pharmacy were reported in a combined Hospital Inpatient category. CY 2021 experience was not collected on this level of detail.
 Note 2: The Pharmacy Medical Benefit is new to the CY 2023 trend report data collection process, thus this level of detail was not collected for CY 2021 reporting.
 Note 3: Pharmacy Rebates are allocated for the Commercial Market as such: Allocate 70% of Rebates to the Prescription Drug Benefit, 30% to the Pharmacy Medical Benefit.

Market Level TME Spending by Major Service Category—Medicare Market



Figure 4-6: TME by Service Category - Medicare Market



**Medicare
Market**

10.2%

TME increased 10.2%
in total in CY 2023.



\$4.2 B in CY 2023 TME
spend versus \$3.8 B in
CY 2022.

Note 1: Prior to the CY 2023 data collection cycle, Hospital Inpatient - Not Pharmacy and Hospital Inpatient - Pharmacy were reported in a combined Hospital Inpatient category. CY 2021 experience was not collected on this level of detail.

Note 2: The Pharmacy Medical Benefit is new to the CY 2023 trend report data collection process, thus this level of detail was not collected for CY 2021 reporting.

Note 3: Pharmacy Rebates are allocated for the Commercial Market as such: Allocate 90% of Rebates to the Prescription Drug Benefit, 10% to the Pharmacy Medical Benefit.

5. Spending Data: Insurer Level



The six major health insurers in Delaware all provided benchmark spending data as requested by the DHSS. This data included both fully-insured and self-insured programs. Each insurer attested to the accuracy and completeness of their data and each were given an opportunity to review their data for inclusion in this public report. DHSS requested spending data from Humana who declined to provide information for the second year.

At an insurer level, changes in the health risk of the respective insurer’s member population can change from year-to-year impacting spending levels. A higher risk population is expected to incur higher costs than a lower risk population all else being equal. Therefore, the spending data contained in this section of the Report has been adjusted based on the estimated health risk of each insurer’s member population. Since different insurers used different risk adjustment models, results are not directly comparable across insurers. The reader should focus on comparisons of the same insurer for the data provided in this Section of the Report.

Aggregate spending by insurer is a function of the size of the insurer’s membership. Insurers with more members are likely to have more spending relative to smaller insurers. On a per member basis, the relative size of each insurer is normalized to a degree.

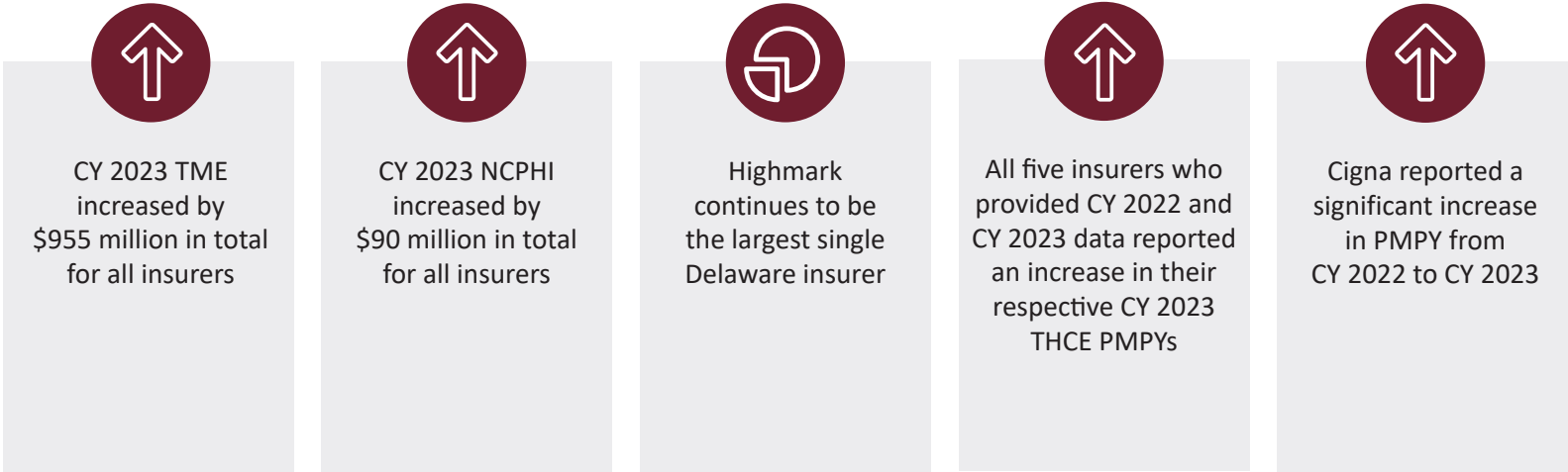
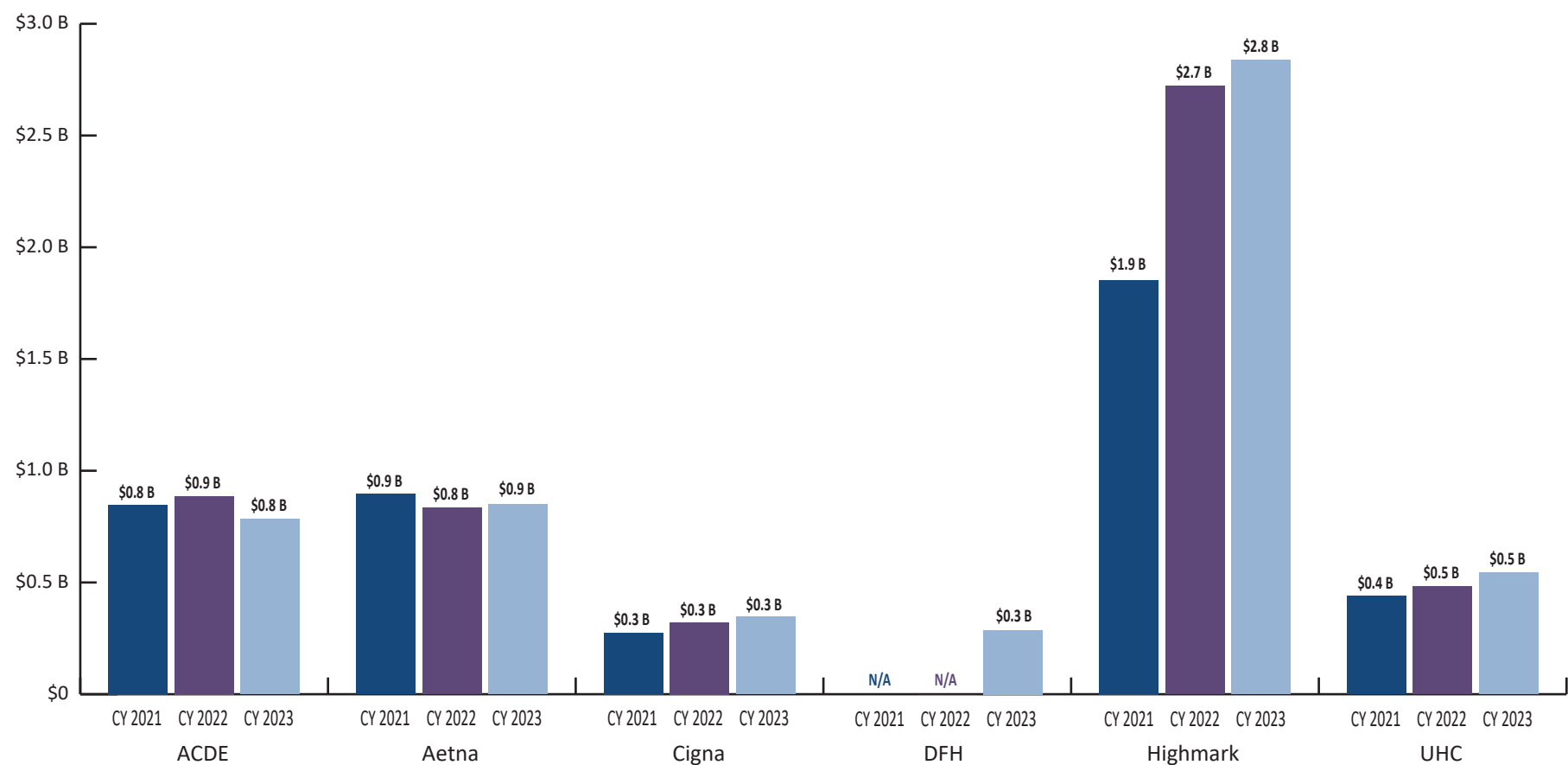




Figure 5-1: Total Health Care Expenditures, Health Risk Adjusted THCE by Insurer



ACDE was the only insurer that experienced a decrease in HRA THCE from CY 2022 to CY 2023, driven in large part by a decrease in membership.

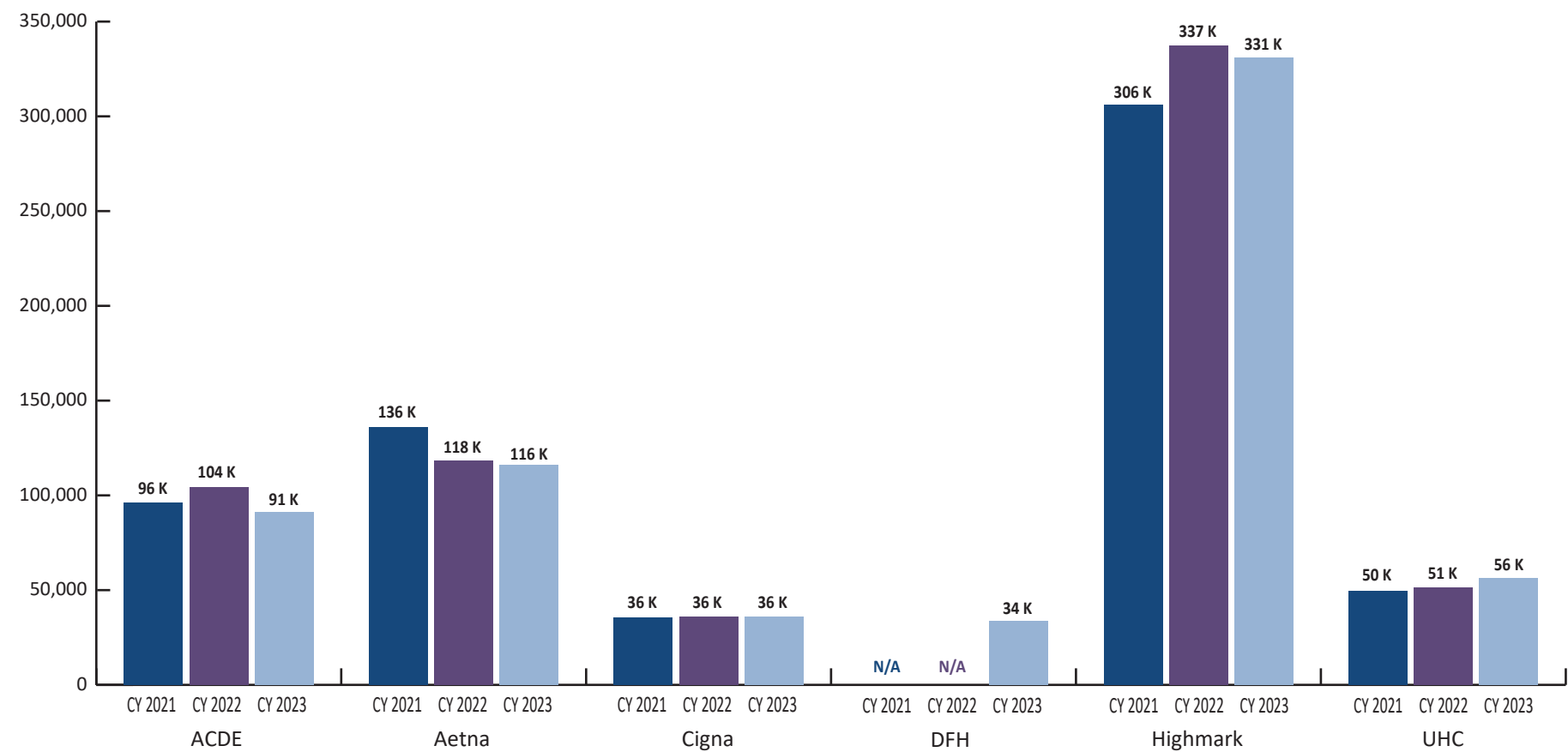


Highmark was the largest insurer in Delaware in terms of HRA THCE in all CYs.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 5-2: Estimated Membership by Insurer



12.5%

Estimated membership in ACDE decreased by 12.5% in CY 2023.

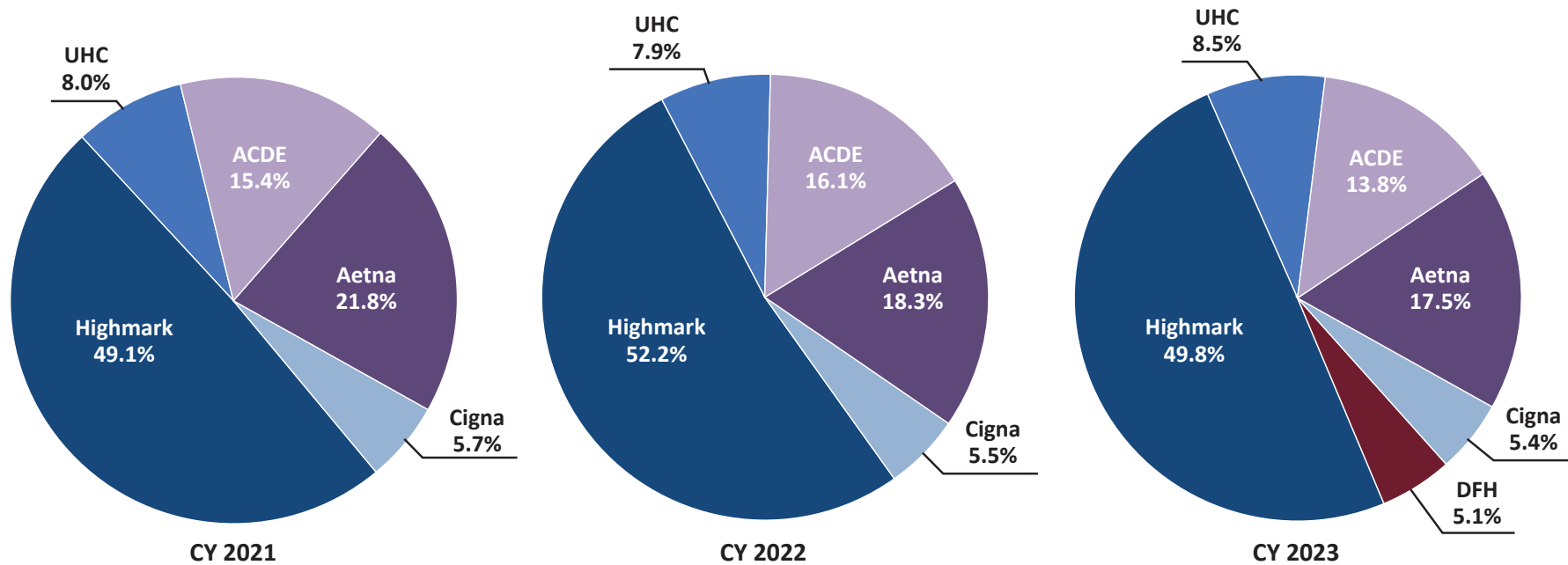
9.9%

Membership in UHC increased by 9.9% in CY 2023.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 5-3: Estimated Membership Distribution by Insurer



2.7%

Total Insurer membership increased by about 17,000 or 2.7% in CY 2023 across all lines of business.

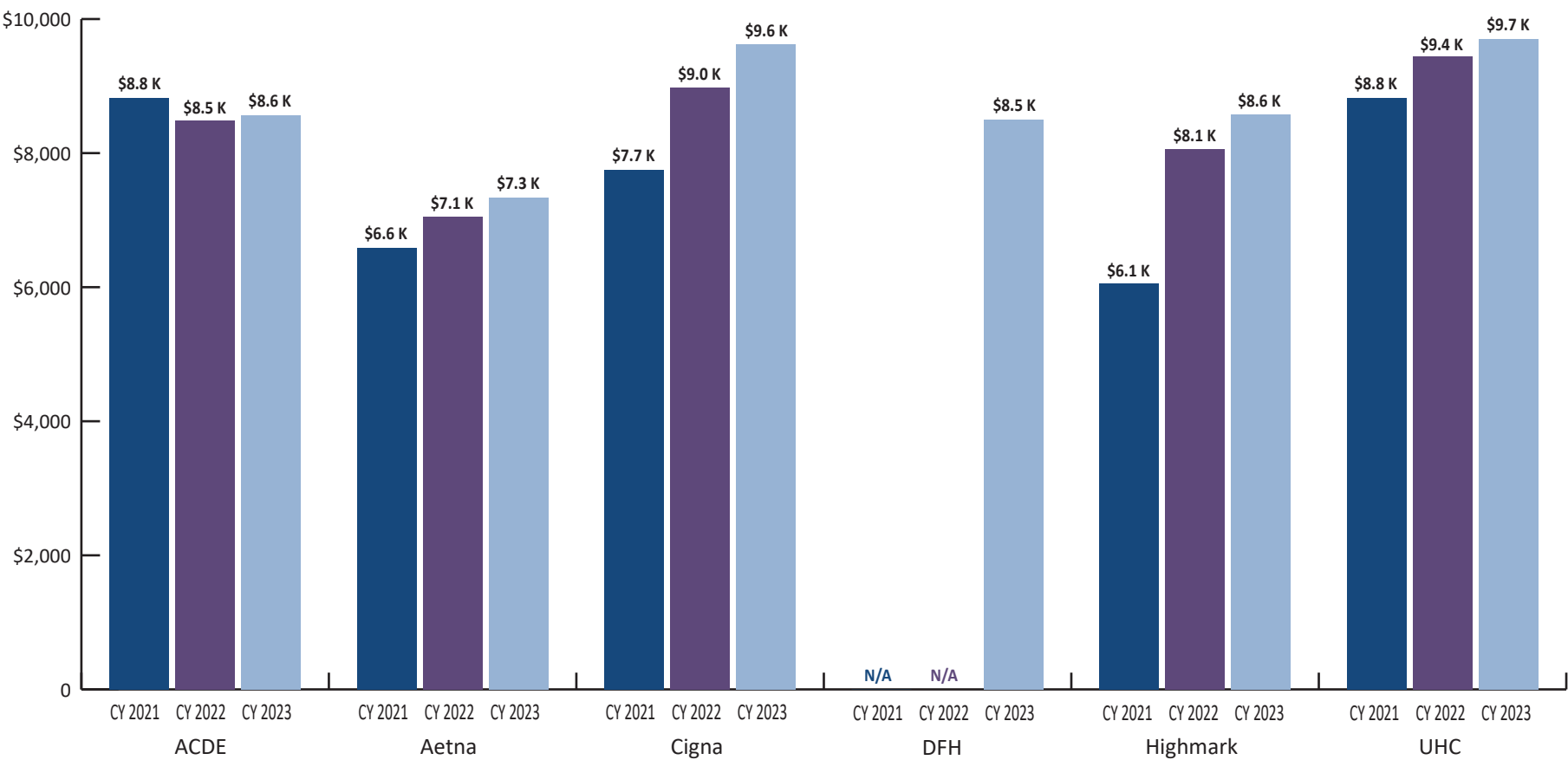


Highmark continues to be Delaware's largest insurer with almost half of all members in CY 2023.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 5-4: Total Health Care Expenditures, Health Risk Adjusted THCE PMPY by Insurer



Data reflects all lines of business reported by each insurer. Insurers do not have all the same lines of business (e.g., DFH is a Medicaid-only insurer).

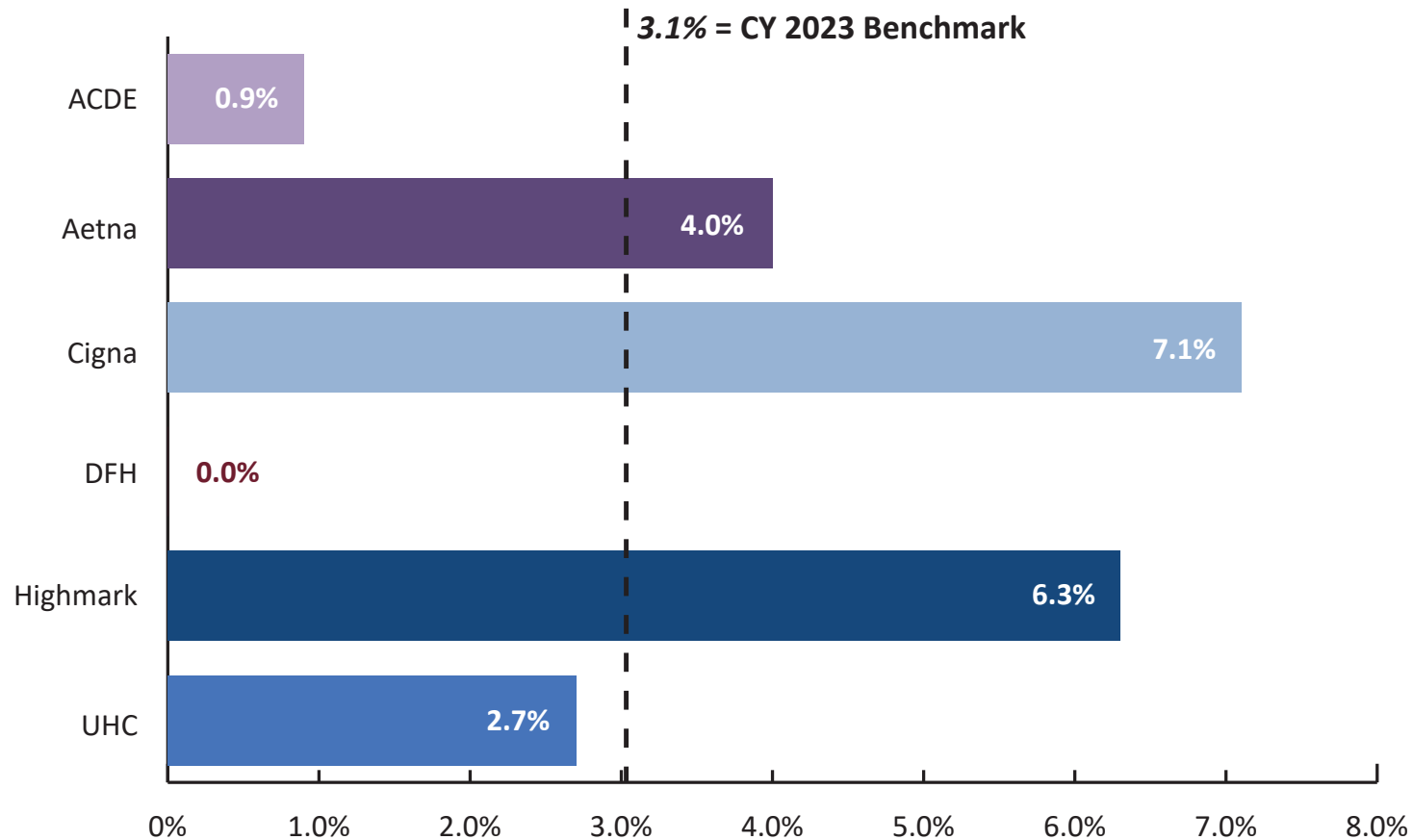


All insurers, except for DFH, which was new, reported an increase in HRA THCE PMPY from CY 2022 to CY 2023.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 5-5: Total Health Care Expenditures, CY 2023 Change in Health Risk Adjusted THCE PMPY by Insurer



The THCE per capita change relative to the benchmark is measured at the State level and was 3.1% in CY 2023 as shown in Figure 1-2.



The CY 2023 HRA THCE PMPY change at the insurer level is provided for informational purposes only.

6. Net Cost of Private Health Insurance (NCPHI)



NCPHI measures the costs to Delaware residents associated with the administration of private health insurance.

NCPHI is broadly defined as the estimated difference between health premiums earned and benefits incurred and consists of insurers' costs of processing claims, advertising/marketing, staff salaries, commissions, other administrative costs, premium taxes and any applicable profits or losses.

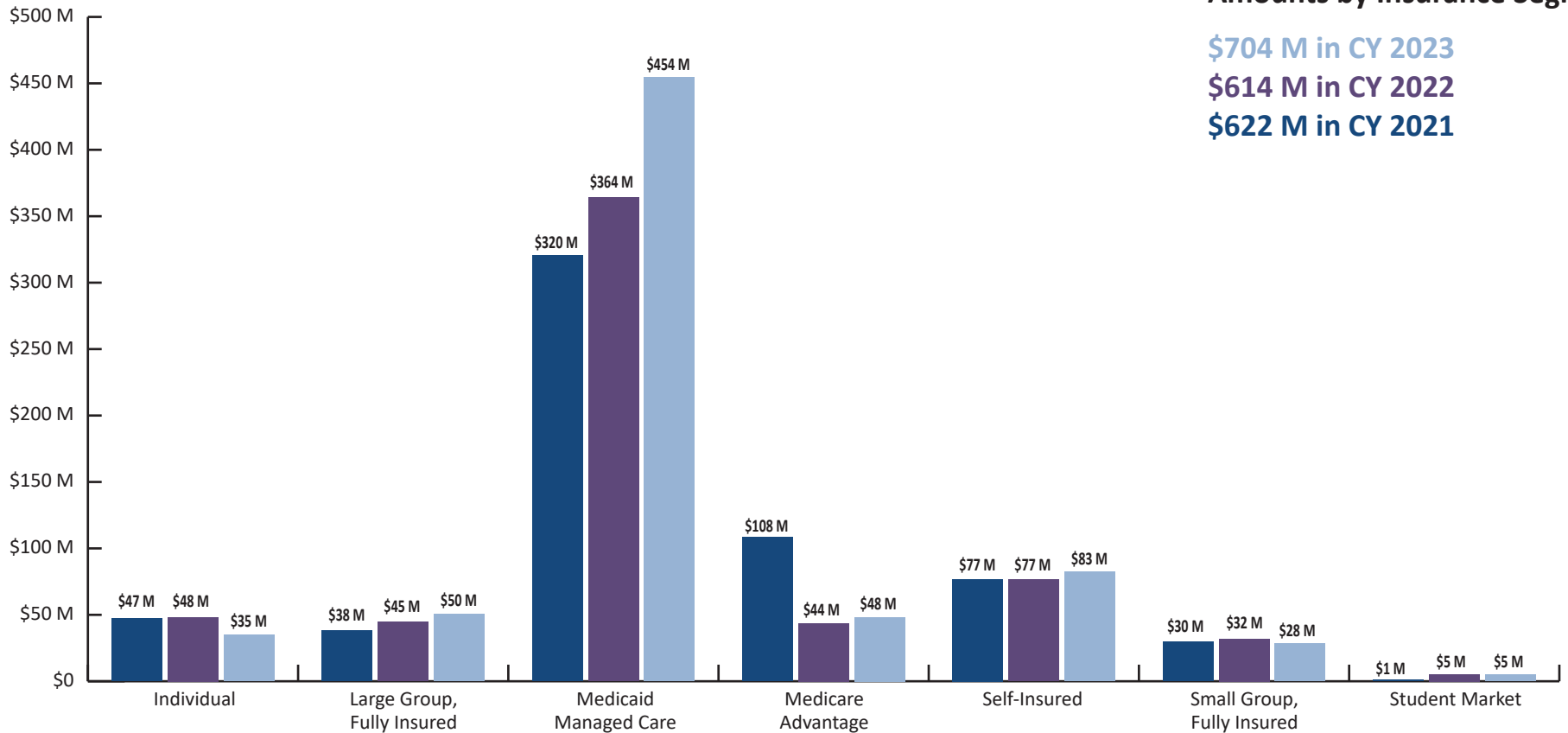
NCPHI is only applicable to insurers. NCPHI is not reported by CMS for the Medicare market nor DMMA for the Delaware Medicaid FFS program. If an insurer participates in Medicare Advantage and/or Delaware's Medicaid managed care program, the NCPHI applicable to those lines of business are included herein.

For insurers that have multiple lines of business, NCPHI is computed for each line of business and then aggregated across all insurers in that respective line of business.

Each insurer was asked to provide by line of business their respective Premium Revenues and Total Net Paid Expenditures for purposes of computing NCPHI to standardize and simplify the methodology for computing NCPHI and rely on data submitted by each insurer. CY 2021-23 NCPHI figures are comparable and calculated on the same basis.



Figure 6-1: Estimated NCPHI Amounts by Insurance Segment



**Estimated Total - NCPHI
Amounts by Insurance Segment**

\$704 M in CY 2023

\$614 M in CY 2022

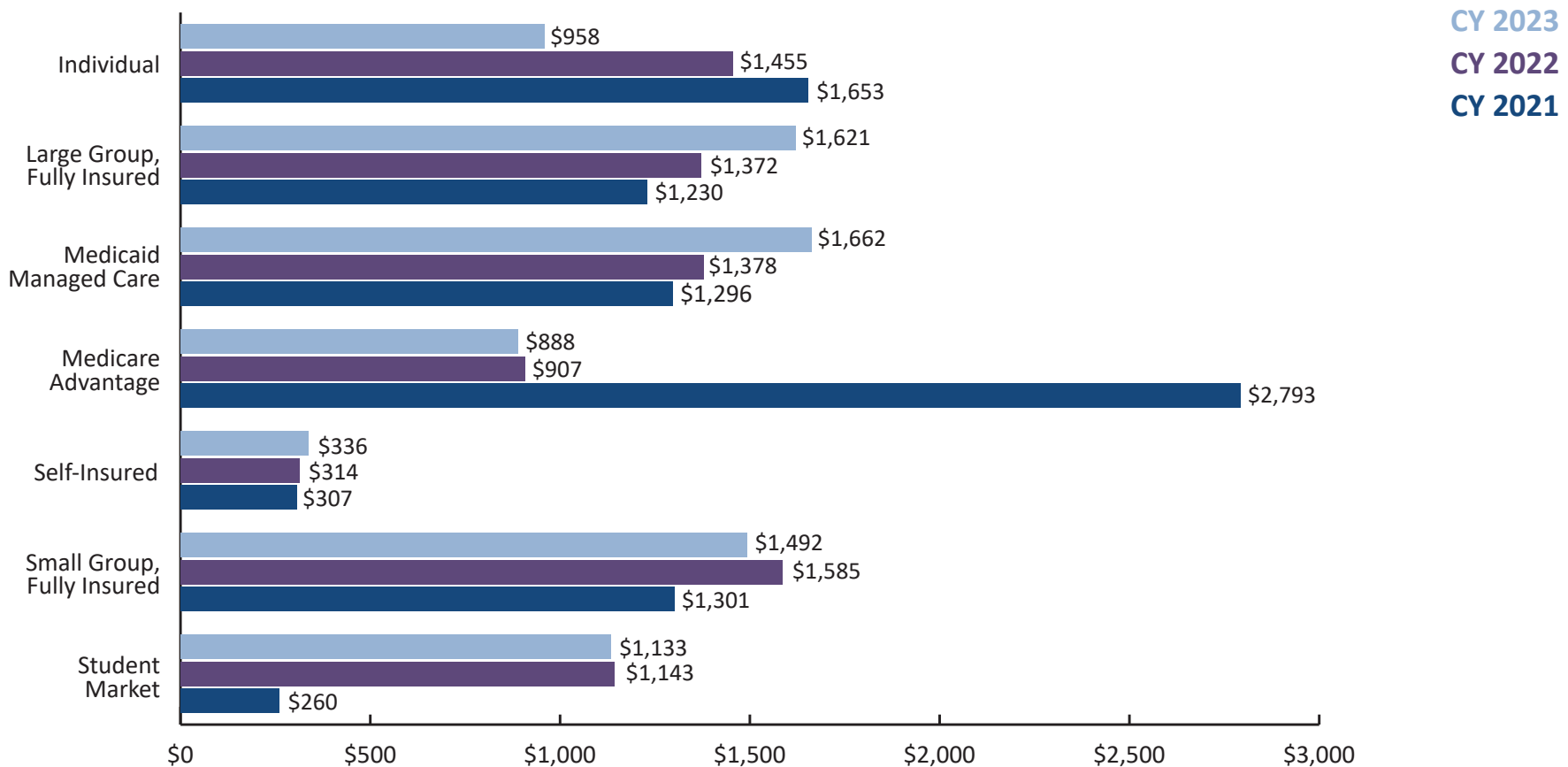
\$622 M in CY 2021

14.6%

Estimated NCPHI increased by
\$90 million or 14.6% in CY 2023,
totaling \$704 million.



Figure 6-2: Estimated PMPY NCPHI by Insurance Segment



For CY 2023, Medicaid managed care had highest NCPHI while Self-insured had lowest.

7. Quality Data

Delaware also established annual benchmarks for a select number of quality measures.



The ten original quality benchmarks applicable to CY 2023 and the population for which results will be evaluated relative to the respective benchmark are listed below.



Adult Obesity

Statewide population



Use of Opioids at High Dosages

Statewide population



Opioid-related Overdose Deaths per 100,000

Statewide population



Emergency Department Utilization

Commercial population only



Persistence of Beta-Blocker Treatment After a Heart Attack

Commercial and Medicaid Managed Care populations, respectively



Statin Therapy for Patients with Cardiovascular Disease

Commercial and Medicaid Managed Care populations, respectively



Breast Cancer Screening

Commercial and Medicaid Managed Care populations, respectively



Cervical Cancer Screening

Commercial and Medicaid Managed Care populations, respectively



Colorectal Cancer Screening

Commercial population only. Medicaid Managed Care was reported, however no benchmark was set



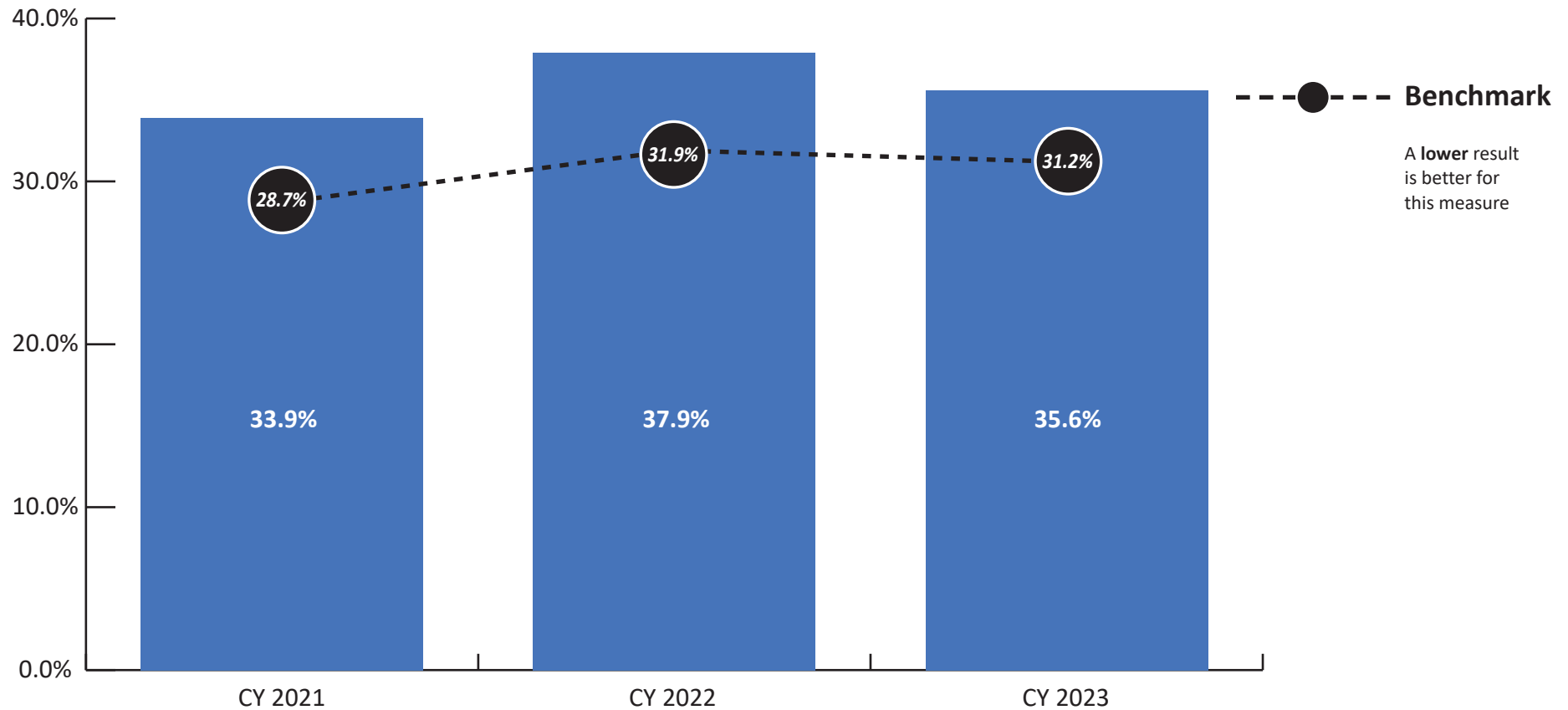
Percentage of Eligible Patients who Received Preventative Dental Services

Medicaid (includes fee-for-service [FFS] and managed care)

Note: The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by CMS in 2021, thus there is no data available to report for the CY 2023 Report.



Figure 7-1: Adult Obesity Quality Measure - Actual Results versus Benchmark



Adult Obesity

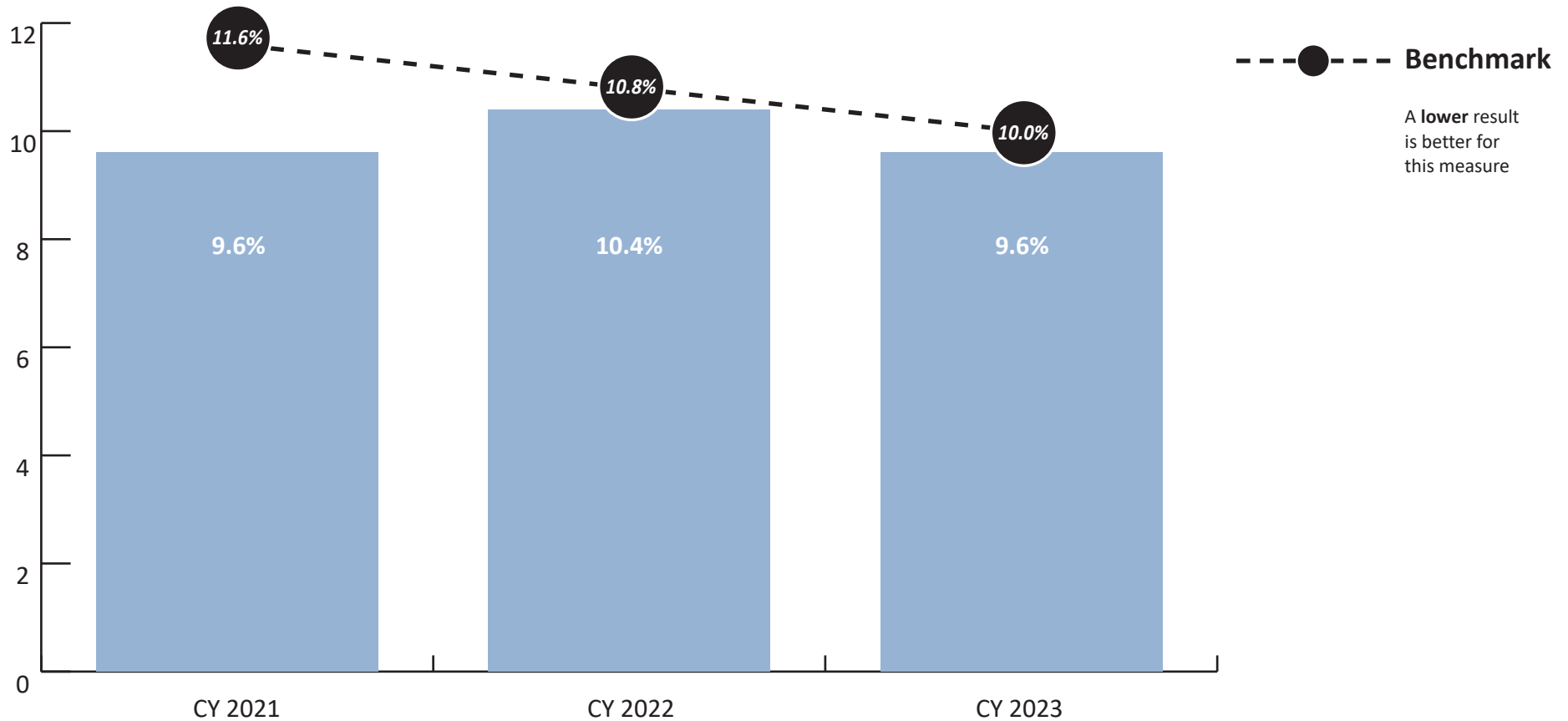
4.4% Points
above the benchmark



Results decreased by 2.3% in CY 2023 and were 4.4 percentage points above the benchmark.



Figure 7-2: Use of Opioids at High Dosages Quality Measure - Actual Results versus Benchmark



**Use of Opioids
at High Dosages**

0.4% Points
below the benchmark

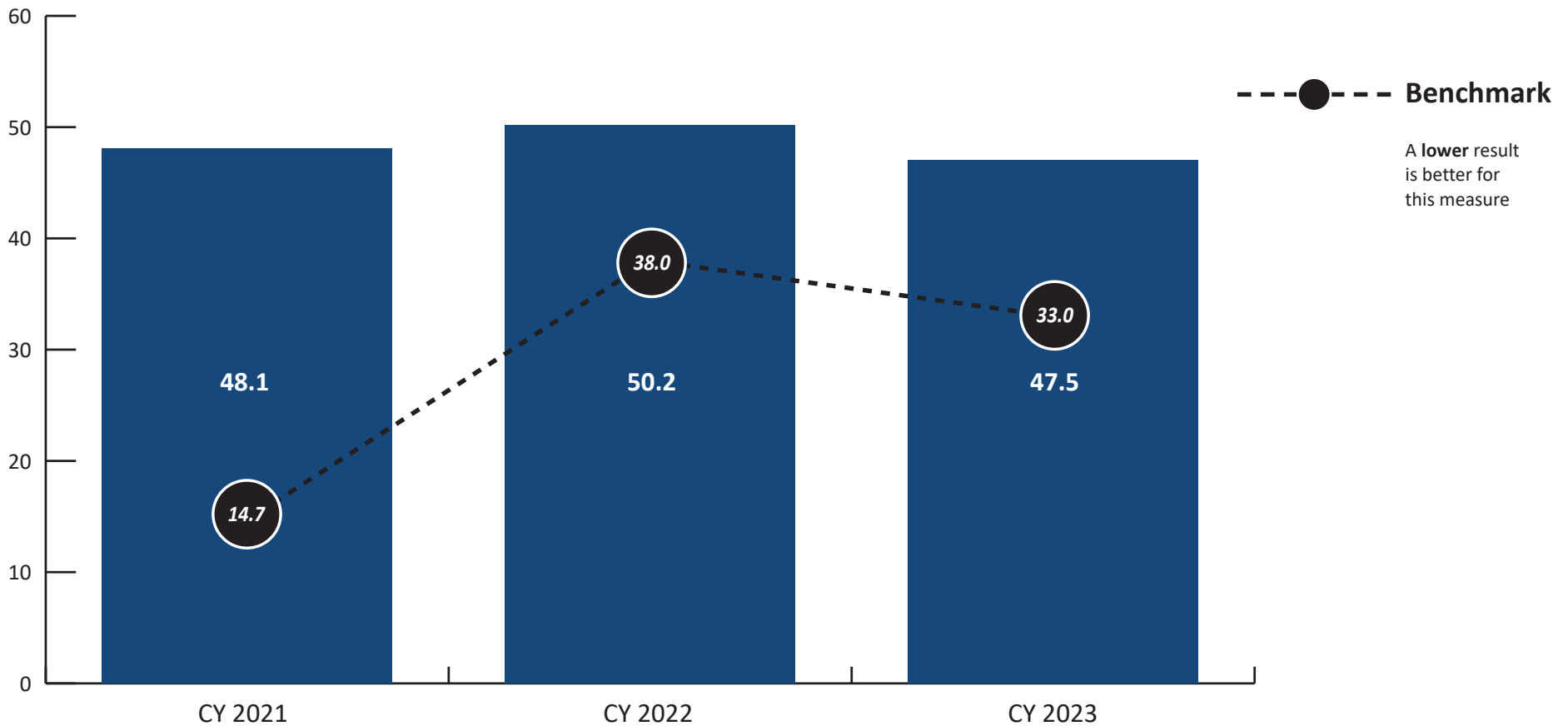


Results improved by 0.8 percentage points in CY 2023 and 0.4 percentage points below the benchmark.

Opioid-related Overdose Deaths per 100,000



Figure 7-3: Opioid-related Overdose Deaths per 100,000 Quality Measure - Actual Results versus Benchmark



Opioid-related
Overdose Deaths
per 100,000

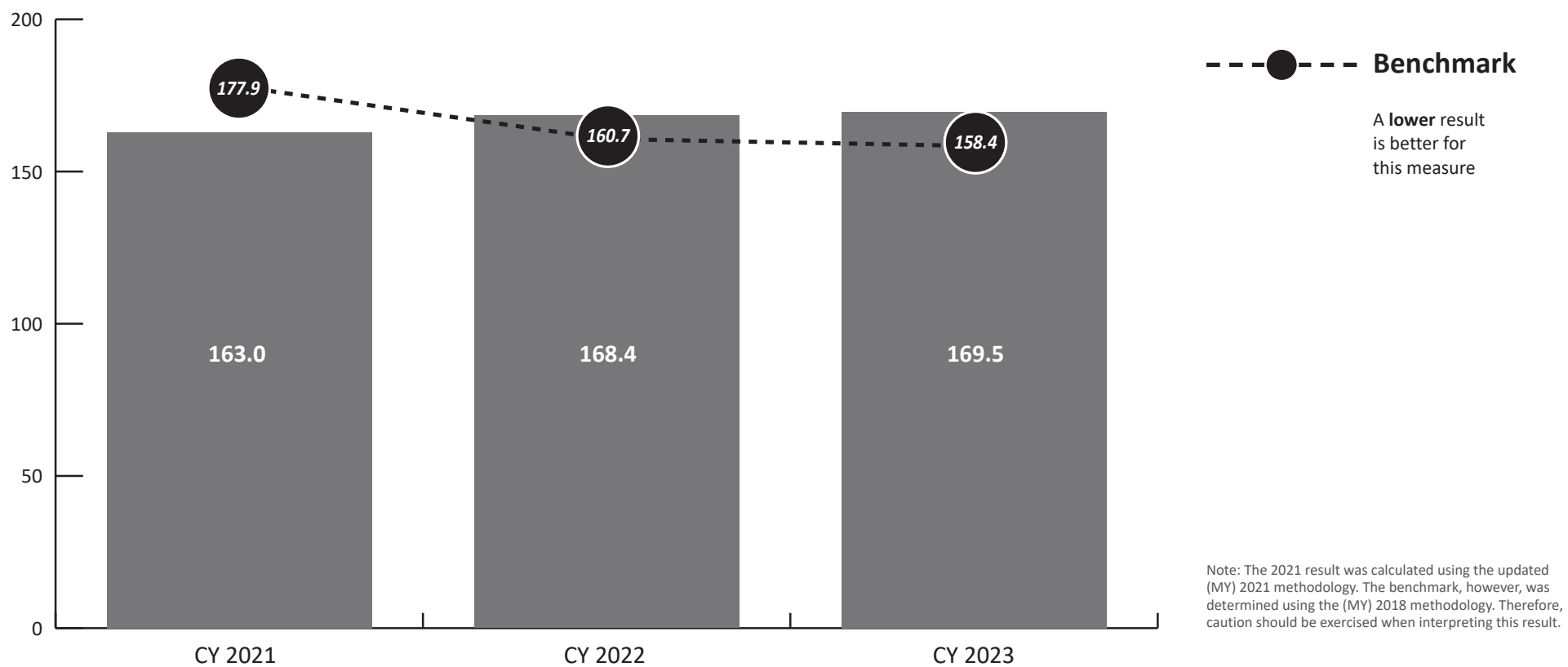
14.5 Deaths
above the benchmark



Results decreased by 2.7 deaths per 100k in CY 2023
and 14.5 deaths per 100k higher than the CY 2023
benchmark.



Figure 7-4: Emergency Department Utilization Quality Measure - Actual Results versus Benchmark: Commercial





Emergency Department Utilization

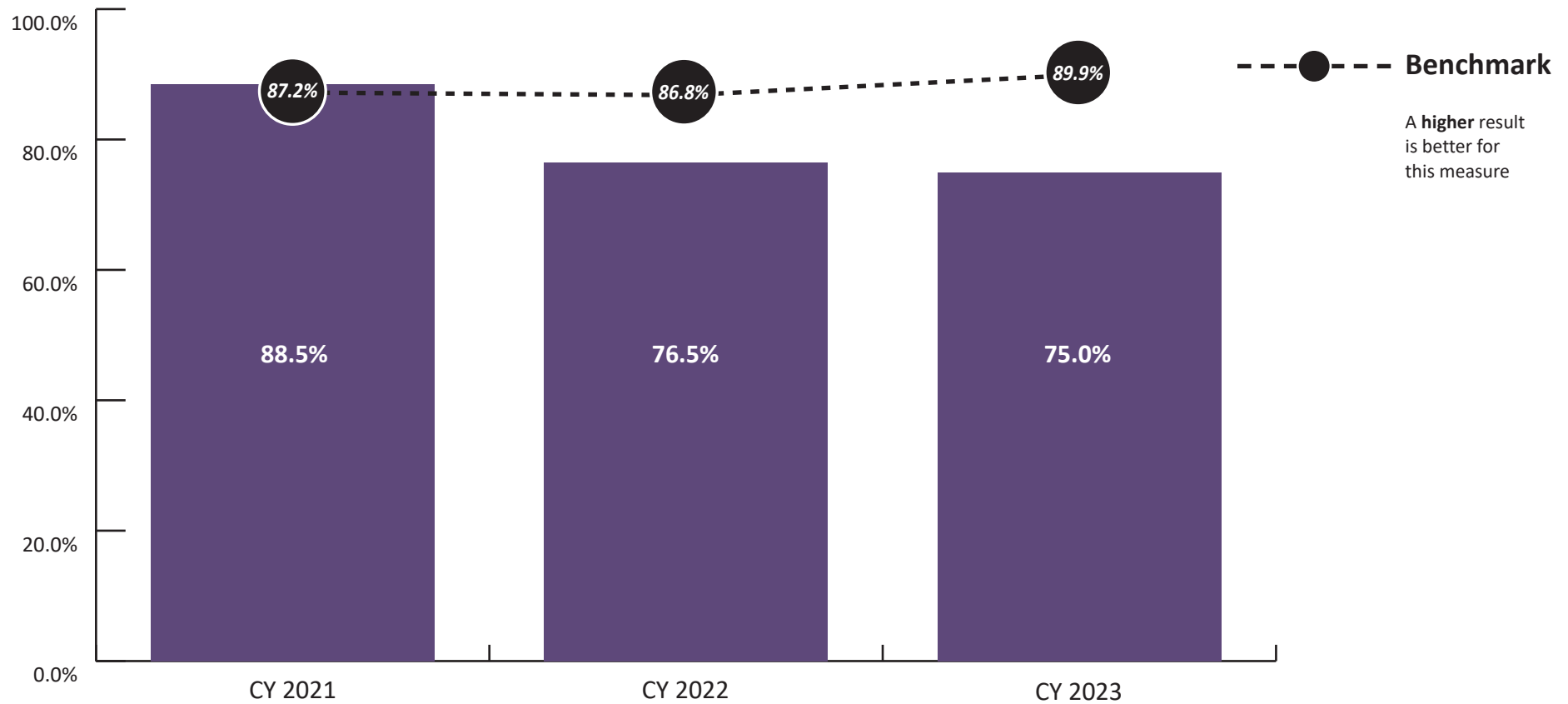
11.1 Visits
above the benchmark



Results increased by 1.1 visits per 100k in CY 2023 and 11.1 visits per 100k higher than the CY 2023 benchmark.



Figure 7-5 A: Persistence of Beta-Blocker Treatment After a Heart Attack Quality Measure - Actual Results versus Benchmark: Commercial



**Persistence of
Beta-Blocker
Treatment After
a Heart Attack**



The Commercial market was 14.9 percentage points lower (worse) than the CY 2023 benchmark.

Persistence of Beta-Blocker Treatment After a Heart Attack



Figure 7-5 B: Persistence of Beta-Blocker Treatment After a Heart Attack
Quality Measure - Actual Results versus Benchmark: Medicaid

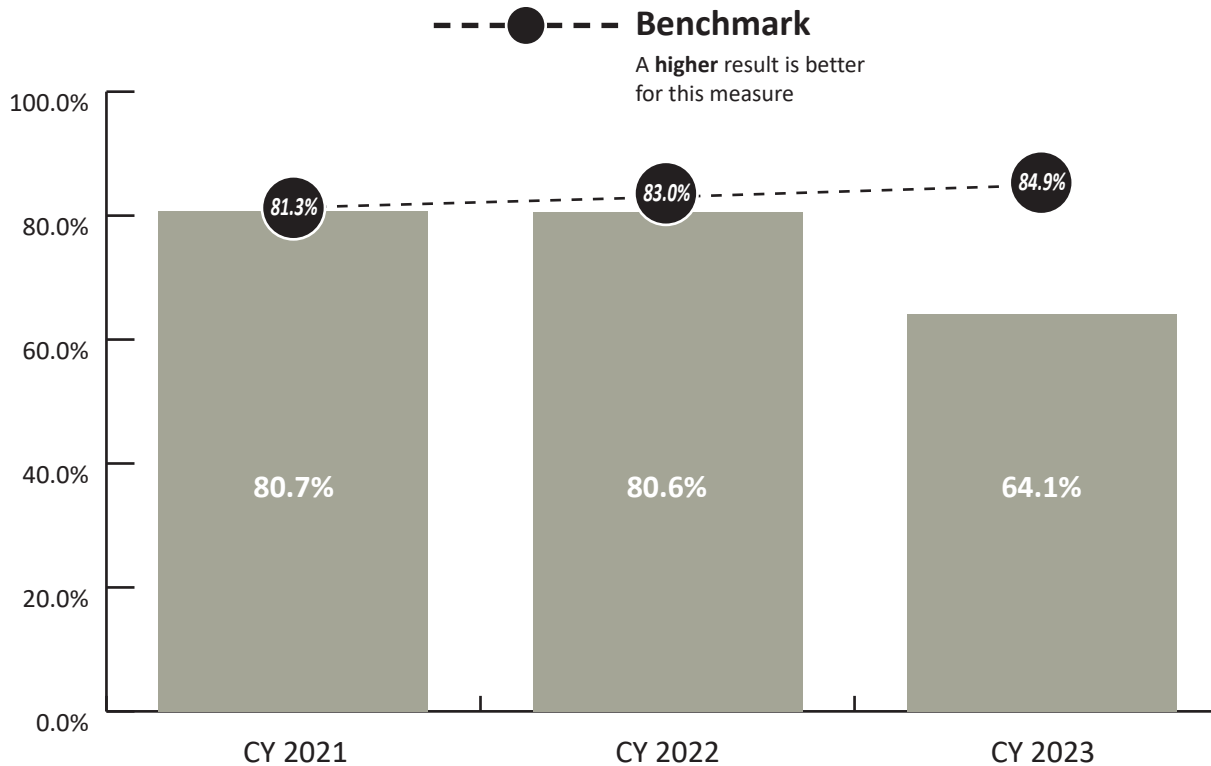
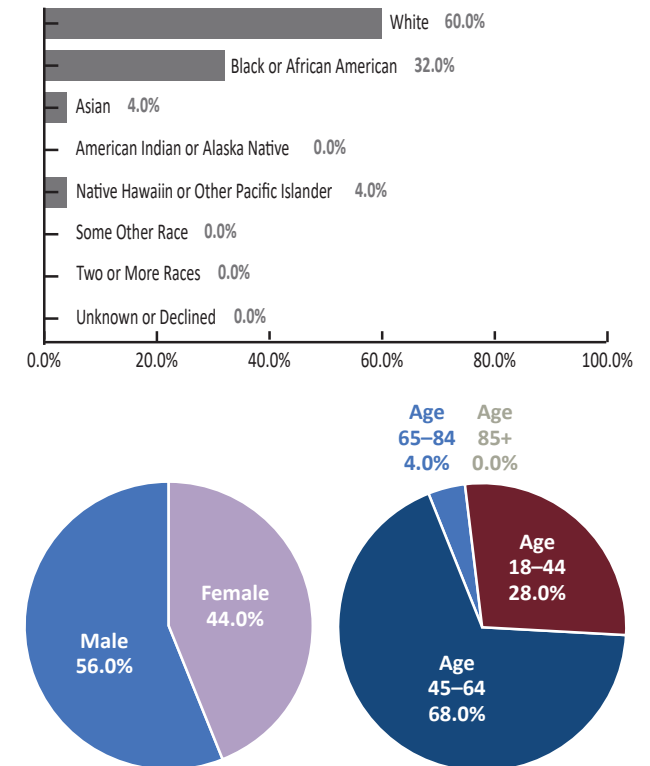


Figure 7-5 B1:

Individuals within the Medicaid Population who Received Persistent Beta-Blocker Treatment After a Heart Attack - Race, Sex, and Age*



Persistence of Beta-Blocker Treatment After a Heart Attack



The Medicaid market remained relatively consistent from CY 2021 to CY 2022, but was 20.8 percentage points lower (worse) in CY 2023 than the benchmark.

*Results reflect data submitted by ACDE, DFH, and Highmark. Demographic data may be underreported and not truly representative of the total population.



Figure 7-6 A: Statin Therapy for Patients with Cardiovascular Disease Quality Measure - Actual Results versus Benchmark: Commercial

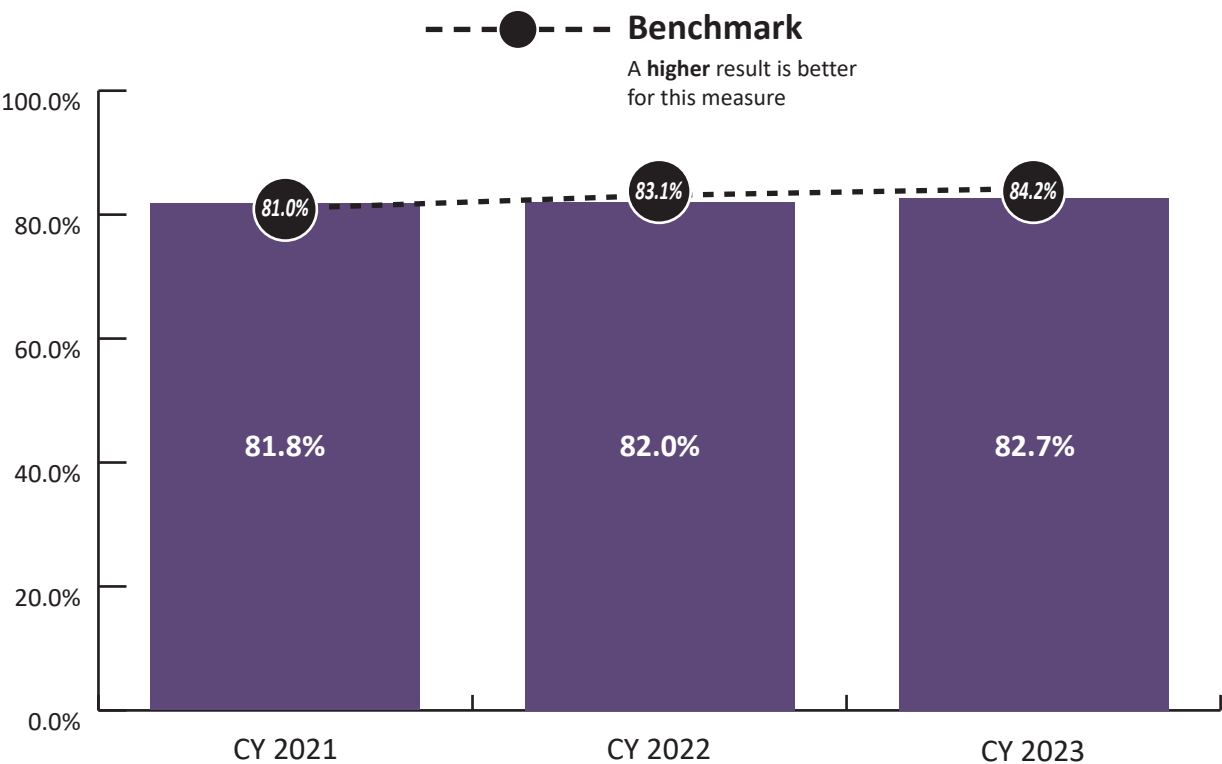
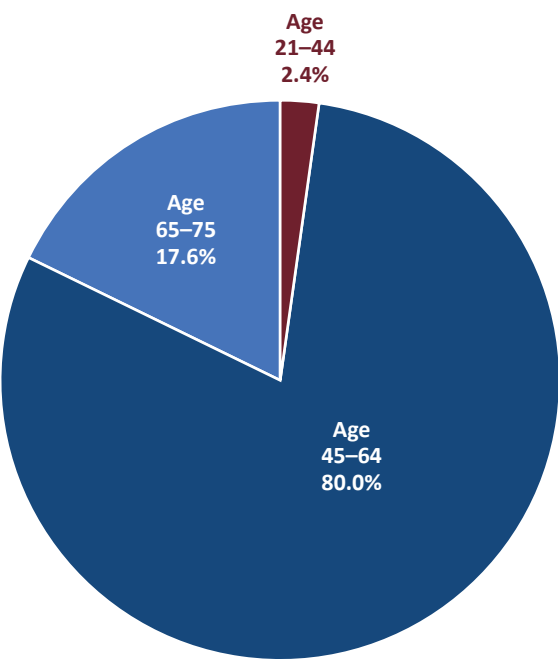


Figure 7-6 A1: Individuals within the Commercial Population with Cardiovascular Disease who Received Statin Therapy - Age*



Statin
Therapy



Results for this measure in CY 2023 increased from CY 2022, but not enough to exceed the CY 2023 benchmark.

*Results reflect data submitted by Highmark only. Demographic data may be underreported and not truly representative of the total population.



Figure 7-6 B: Statin Therapy for Patients with Cardiovascular Disease Quality Measure - Actual Results versus Benchmark: Medicaid

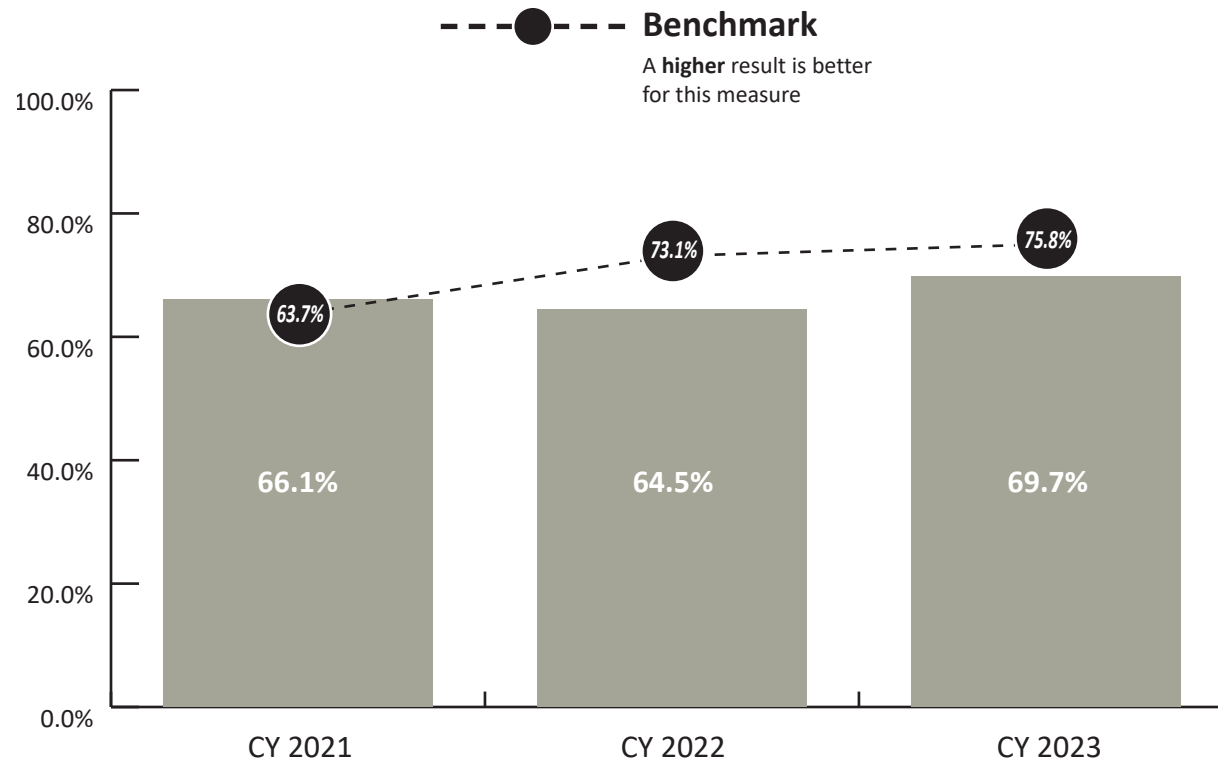
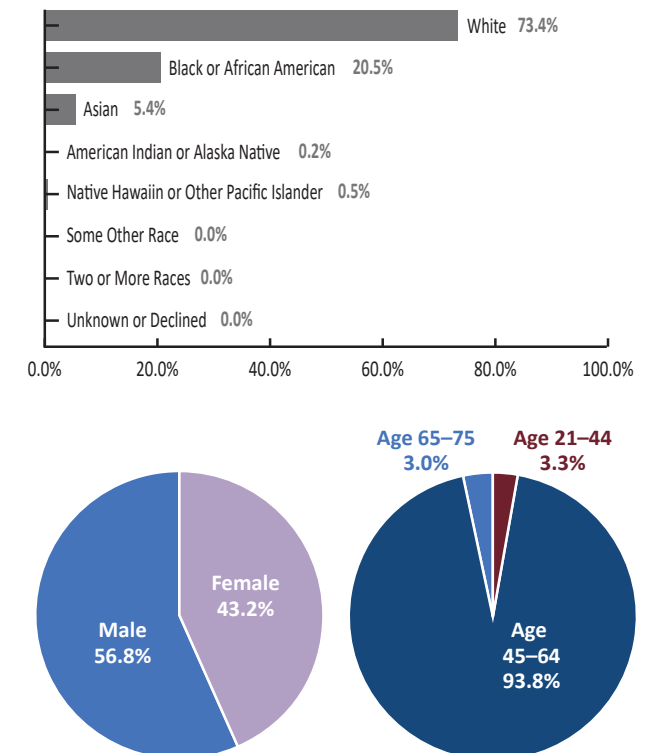


Figure 7-6 B1:

Individuals within the Medicaid Population with Cardiovascular Disease who Received Statin Therapy - Race, Sex, and Age*



Statin Therapy



The Medicaid market was 6.1 percentage points lower (worse) than the CY 2023 benchmark.

*Results reflect data submitted by Highmark and ACDE. Demographic data may be underreported and not truly representative of the total population.



Figure 7-7 A: Breast Cancer Screening Quality Measure - Actual Results versus Benchmark: Commercial

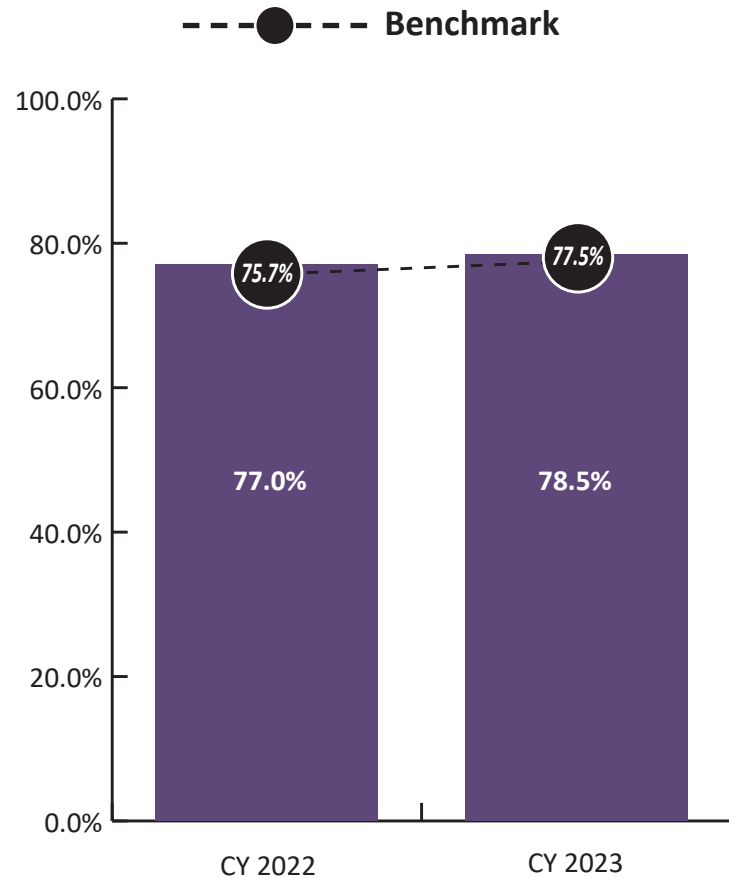
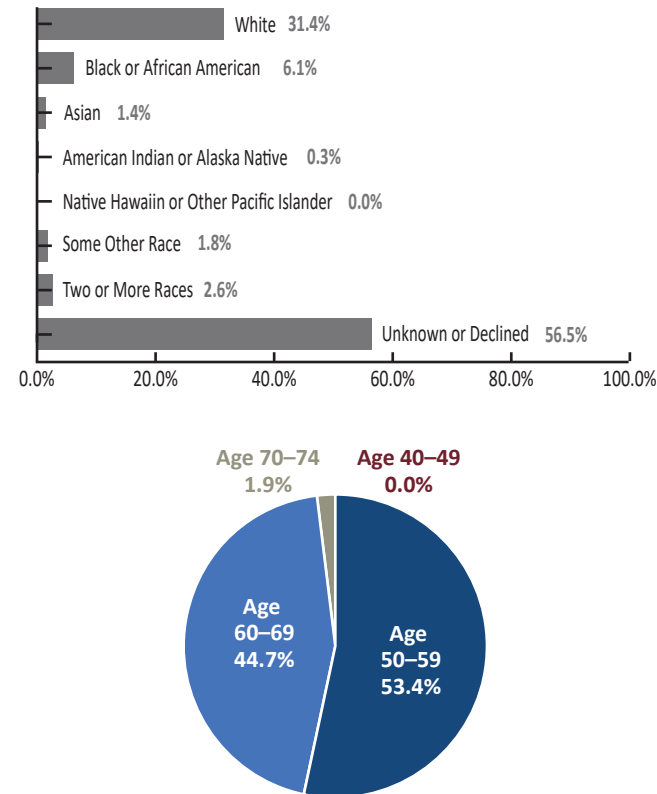


Figure 7-7 A1: Breast Cancer Screening Quality Measure - Race, and Age: Commercial



Breast Cancer Screening

A higher result is better for this measure



The Commercial market exceeded the CY 2023 benchmark by 1.0 percent.

Note: Age results reflect data submitted by Highmark only. Demographic data may be underreported and not truly representative of the total population.



Figure 7-7 B: Breast Cancer Screening Quality Measure - Actual Results versus Benchmark: Medicaid

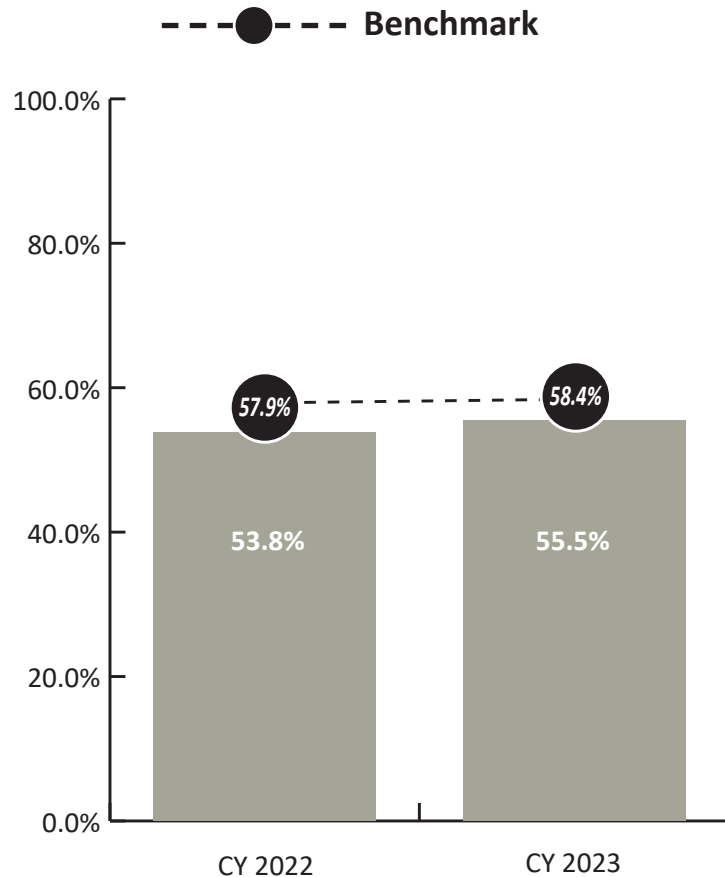
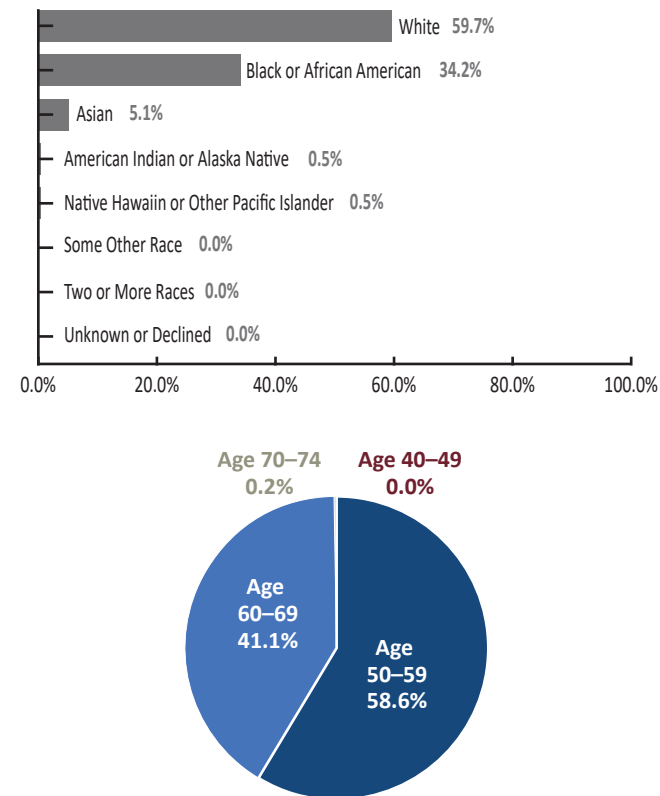


Figure 7-7 B1: Breast Cancer Screening - Race, and Age: Medicaid



Breast Cancer Screening

A higher result is better for this measure



The Medicaid market was 2.9 percent below the CY 2023 benchmark.



Figure 7-8 A: Cervical Cancer Screening Quality Measure - Actual Results versus Benchmark: Commercial

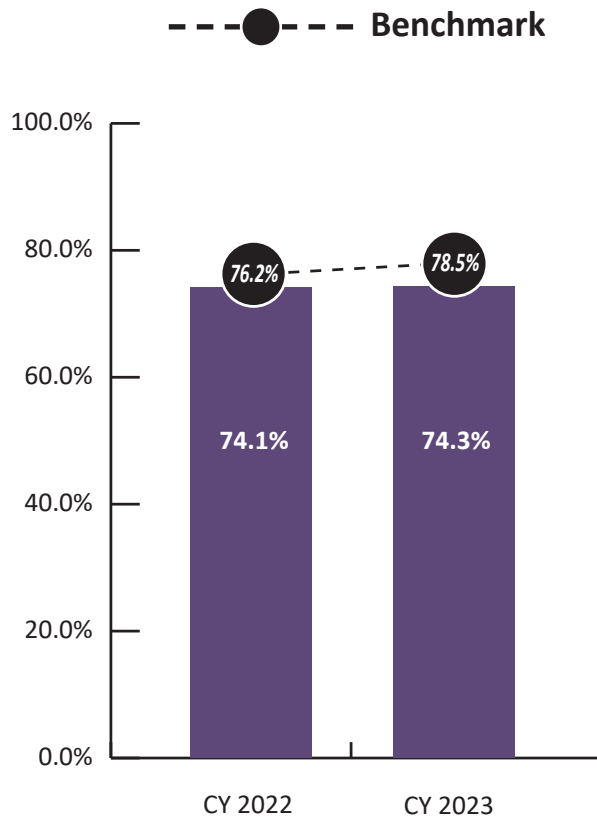


Figure 7-8 B: Cervical Cancer Screening Quality Measure - Actual Results versus Benchmark: Medicaid

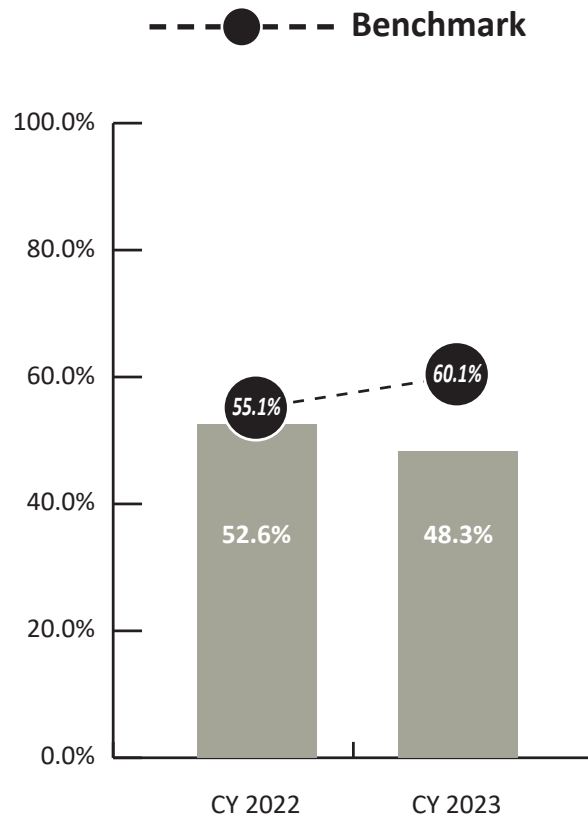
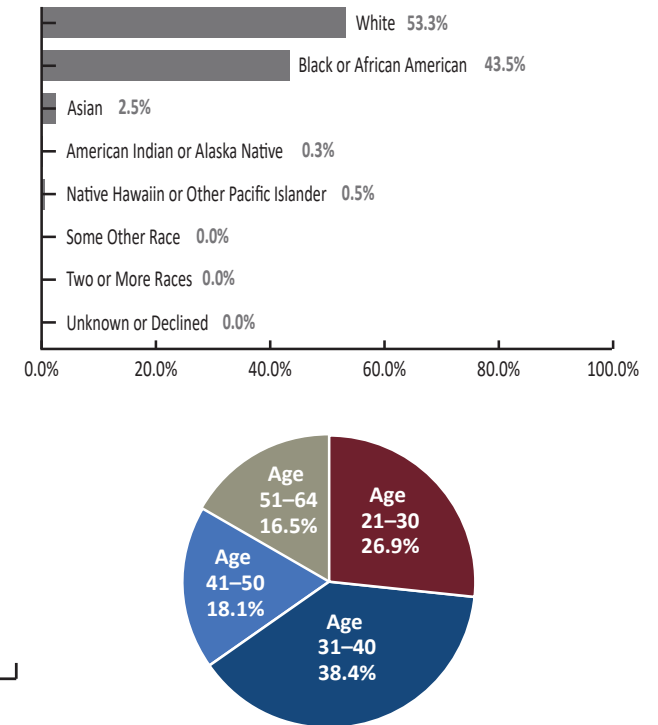


Figure 7-8 B1: Cervical Cancer Screening - Race, and Age: Medicaid



Cervical Cancer Screening

A higher result is better for this measure



Neither the Commercial market nor Medicaid market beat the CY 2023 benchmark.



Figure 7-9 A: Colorectal Cancer Screening Quality Measure - Actual Results versus Benchmark: Commercial

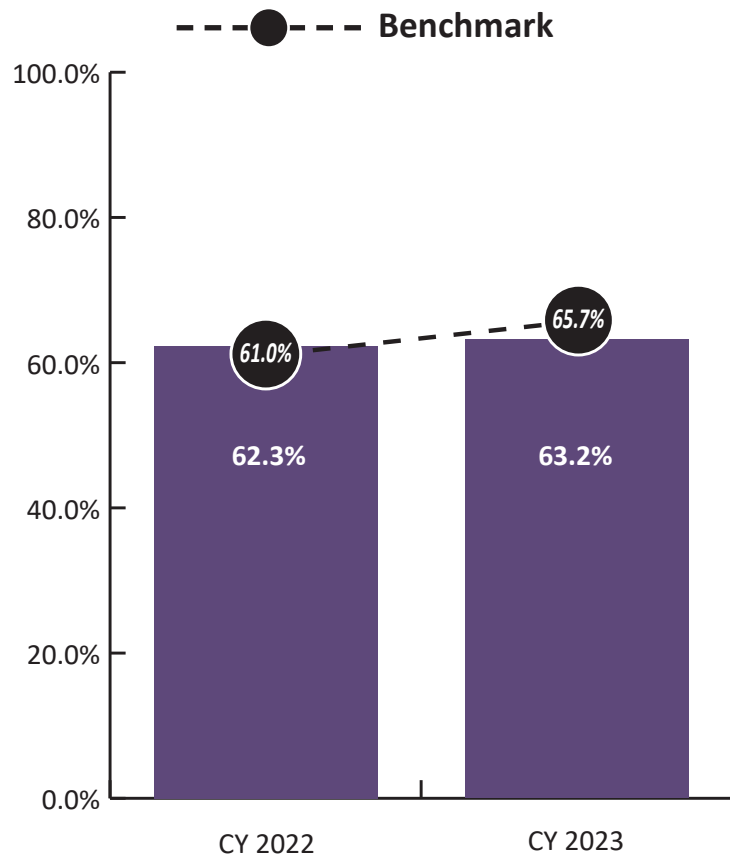
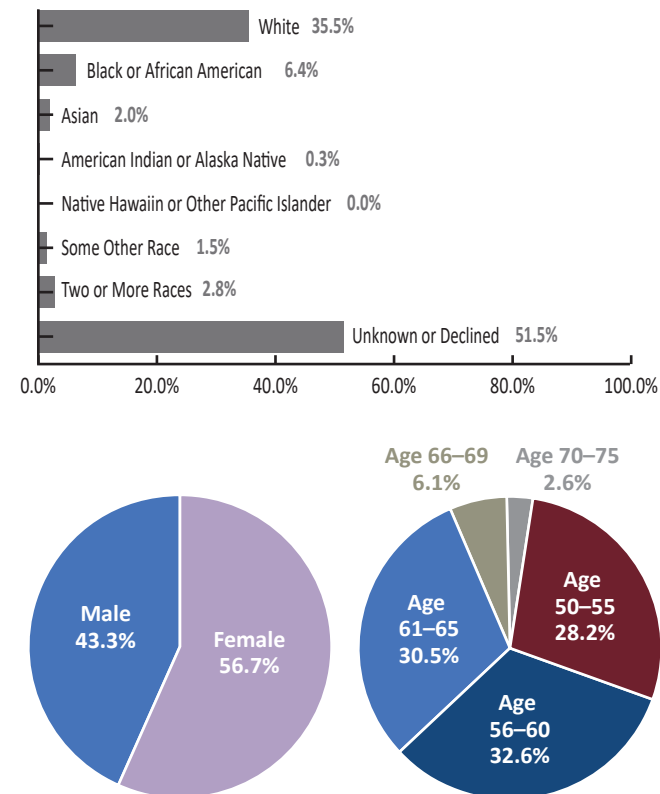


Figure 7-9 A1: Colorectal Cancer Screening - Race, Sex, and Age: Commercial



**Colorectal
Cancer
Screening**

A higher result is better
for this measure



The Commercial market improved in
CY 2023 from CY 2022, but did not meet
the CY 2023 benchmark.



Figure 7-9 B: Colorectal Cancer Screening Quality Measure - Actual Results versus Benchmark: Medicaid

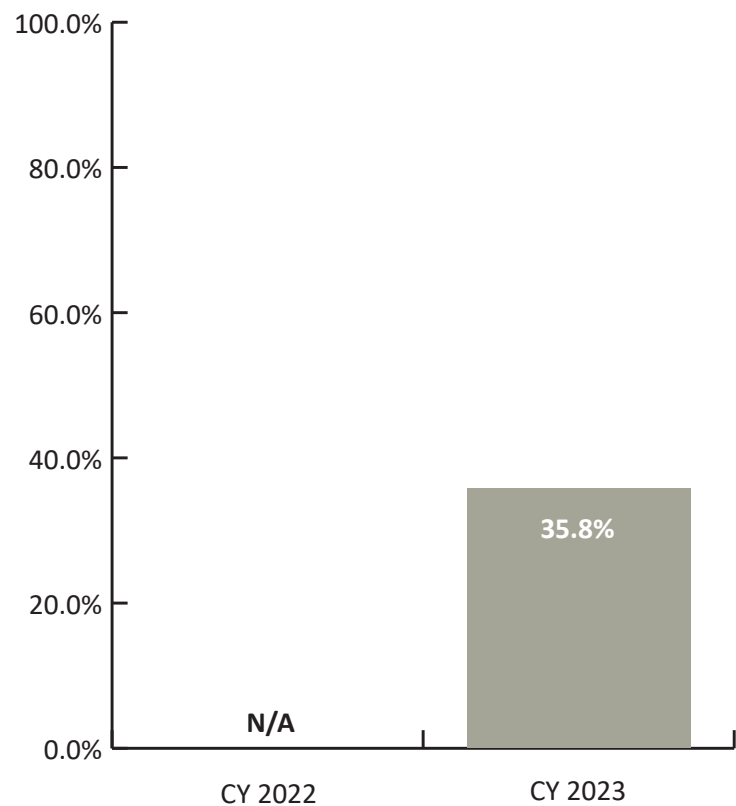
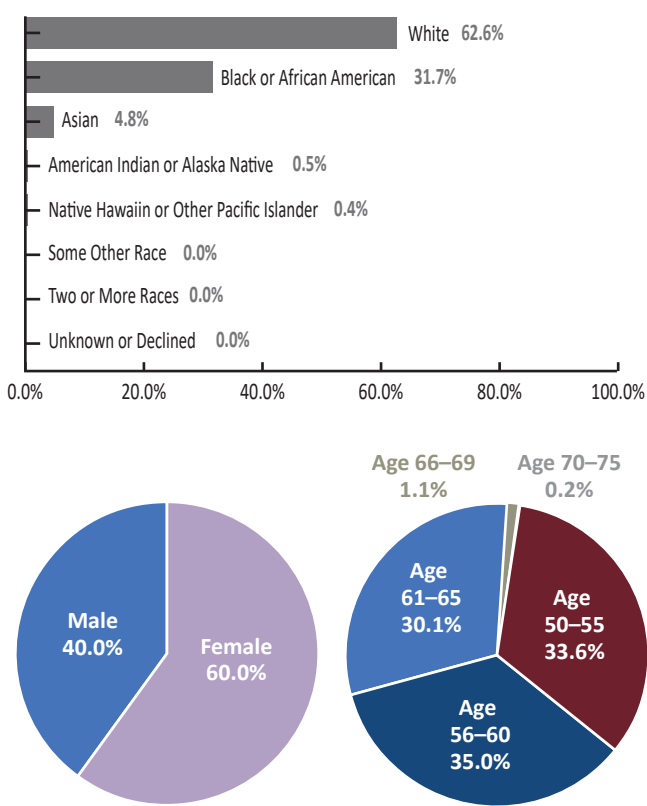


Figure 7-9 B1: Colorectal Cancer Screening - Race, Sex, and Age: Medicaid



Colorectal
Cancer
Screening

Informational
purposes only



For the Medicaid population, this is a newly reported measure and therefore no benchmark has been set. Information is provided for informational purposes only.



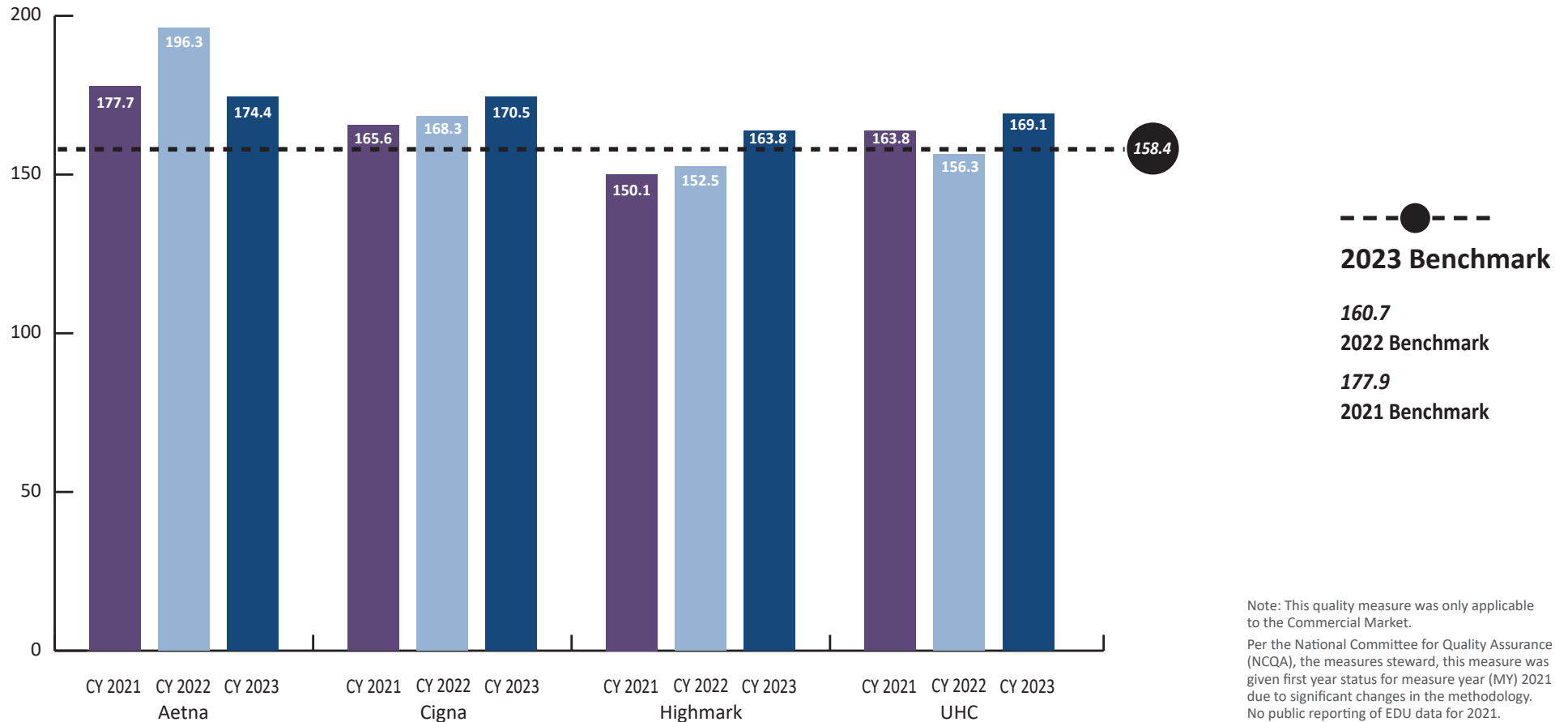
For the six quality measures specific to the Commercial and/or Medicaid managed care markets, insurer-specific results can be computed from the data provided. The respective quality benchmarks are applicable at the Market level only, but results by insurer can provide additional information and insights.

Table 7-1: Quality Measure by Insurer

Quality Measure	Commercial Insurer	Medicaid Managed Care Insurer
Emergency Department Utilization	<ul style="list-style-type: none"> • Aetna • Cigna • Highmark • UHC 	<ul style="list-style-type: none"> • Commercial only
Persistence of Beta-Blocker After a Heart Attack	<ul style="list-style-type: none"> • Aetna • Cigna • Highmark • UHC 	<ul style="list-style-type: none"> • ACDE • DFH • Highmark
Statin Therapy for Patients with Cardiovascular Disease	<ul style="list-style-type: none"> • Aetna • Cigna • Highmark • UHC 	<ul style="list-style-type: none"> • ACDE • DFH • Highmark
Breast Cancer Screening	<ul style="list-style-type: none"> • Aetna • Cigna • Highmark • UHC 	<ul style="list-style-type: none"> • ACDE • DFH • Highmark
Cervical Cancer Screening	<ul style="list-style-type: none"> • Aetna • Cigna • Highmark • UHC 	<ul style="list-style-type: none"> • ACDE • DFH • Highmark
Colorectal Cancer Screening	<ul style="list-style-type: none"> • Aetna • Cigna • Highmark • UHC 	<ul style="list-style-type: none"> • ACDE • DFH • Highmark <p>Note: For informational purposes only.</p>



Figure 7-10: Emergency Department Utilization Quality Measure - Actual Results versus Benchmark



**Emergency
Department
Utilization**

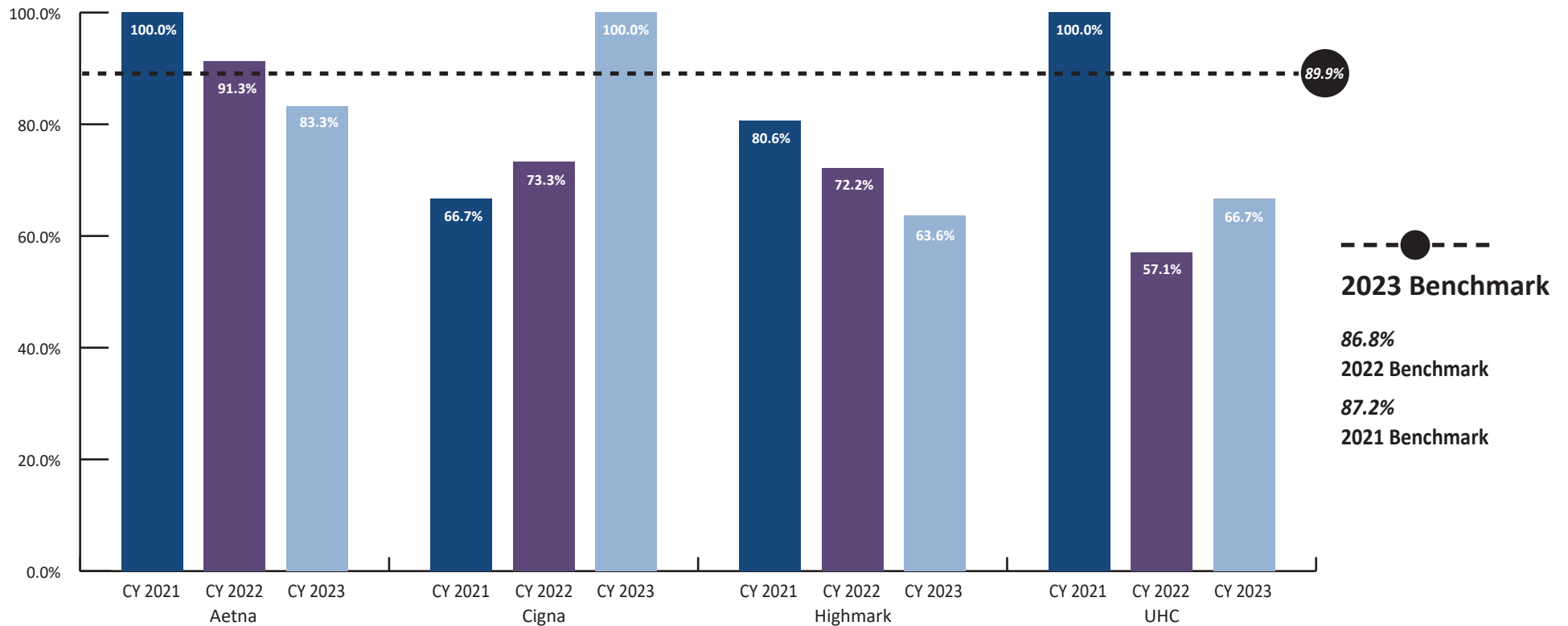
A lower result is better
for this measure



All Commercial insurers did worse
than the benchmark in CY 2023.



Figure 7-11: Persistence of Beta-Blocker Treatment After a Heart Attack Quality Measure - Actual Results versus Benchmark



**Persistence of
Beta-Blocker
Treatment After
a Heart Attack**

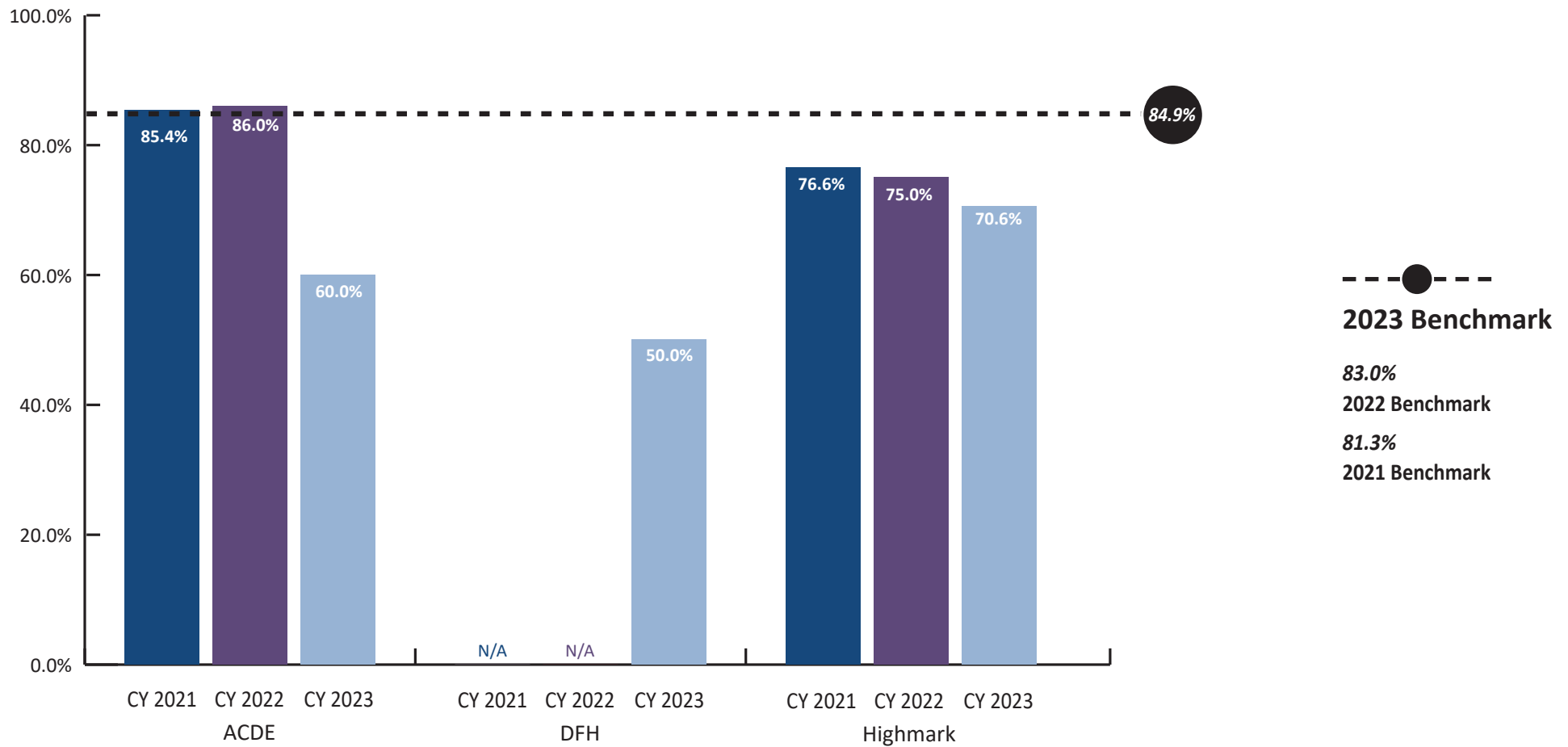
A higher result is better
for this measure



Cigna is the only Commercial insurer
to exceed the benchmark in CY 2023.



Figure 7-12: Persistence of Beta-Blocker Treatment After a Heart Attack Quality Measure - Actual Results versus Benchmark



Persistence of Beta-Blocker Treatment After a Heart Attack

A higher result is better for this measure

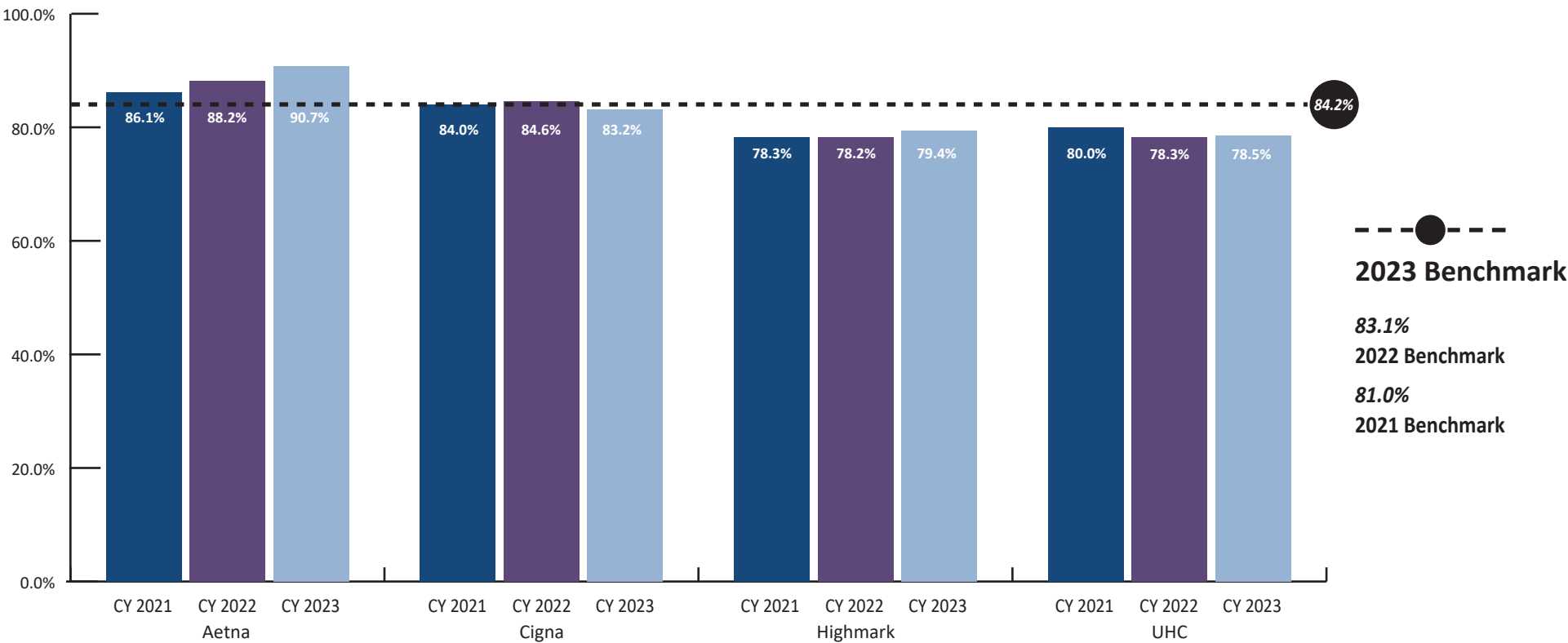


None of the Medicaid insurers exceeded the benchmark in CY 2023.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 7-13: Statin Therapy for Patients with Cardiovascular Disease Quality Measure - Actual Results versus Benchmark



Statin
Therapy

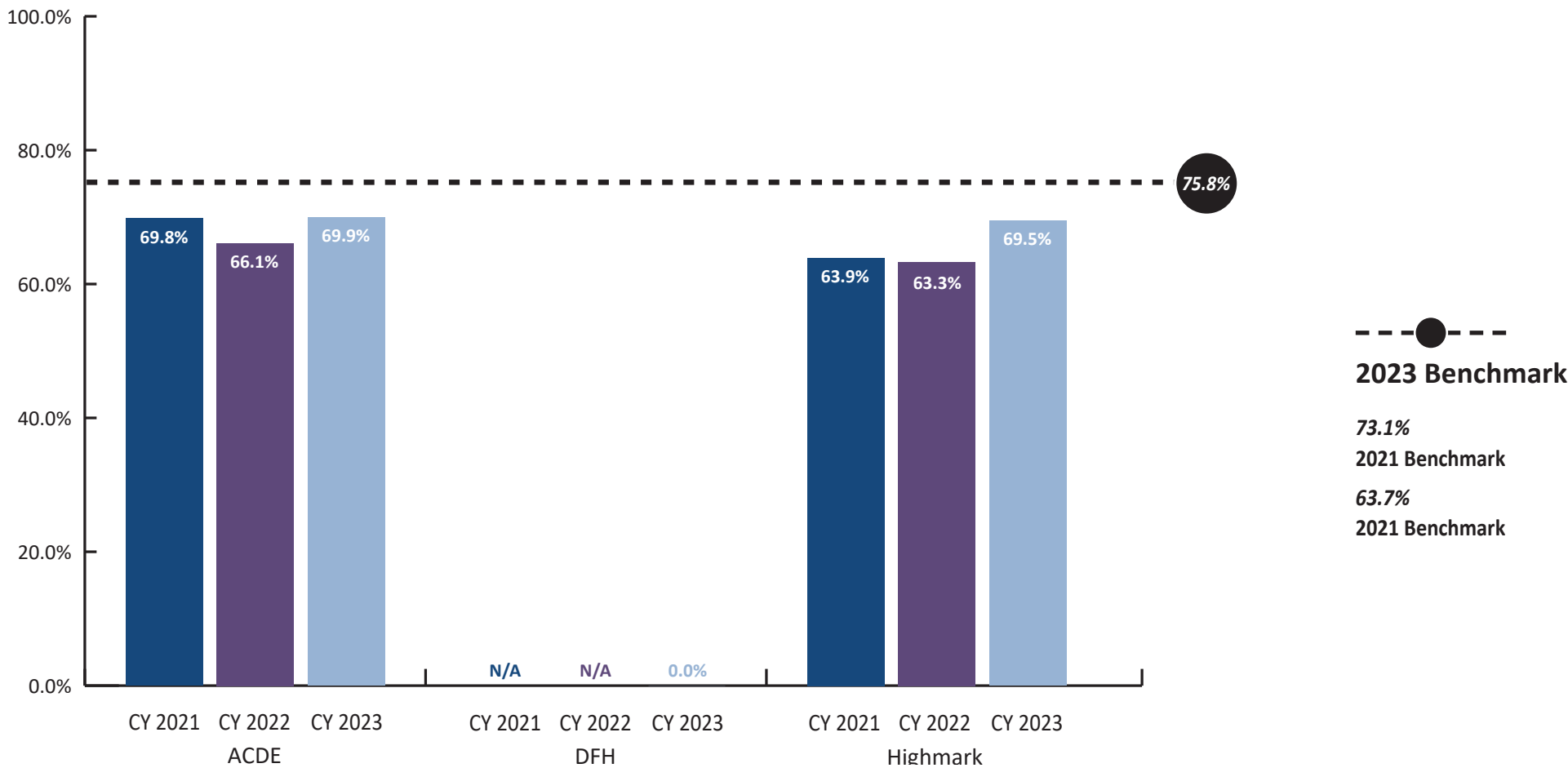
A higher result is better
for this measure



Aetna was the only Commercial
insurer that did better than the
CY 2023 benchmark.



Figure 7-14: Statin Therapy for Patients with Cardiovascular Disease Quality Measure - Actual Results versus Benchmark



**Statin
Therapy**

A higher result is better
for this measure

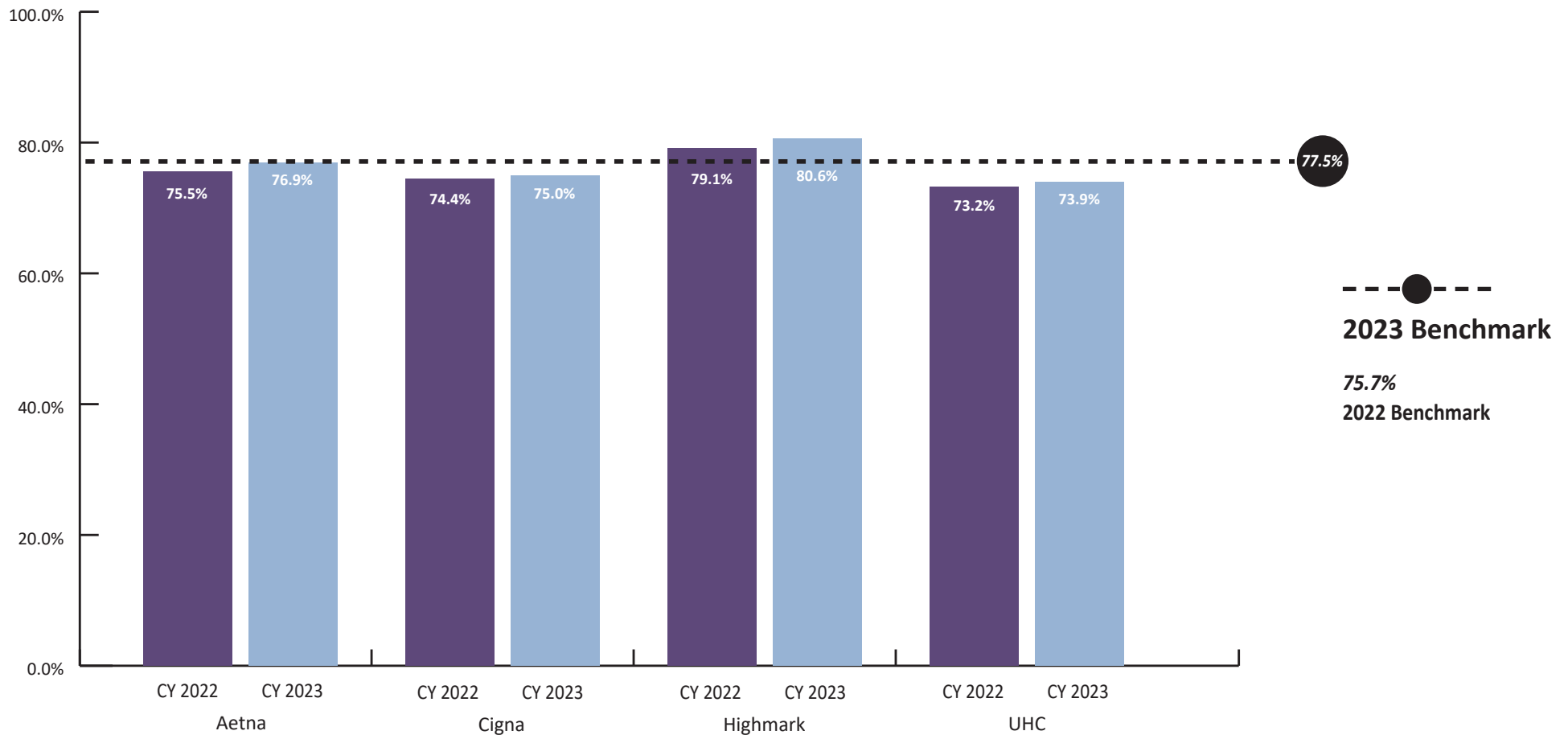


All Medicaid managed care insurers
did worse than the CY 2023 benchmark.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 7-15 A: Breast Cancer Screening Quality Measure - Actual Results versus Benchmark: Insurer Level: Commercial



Breast Cancer Screening

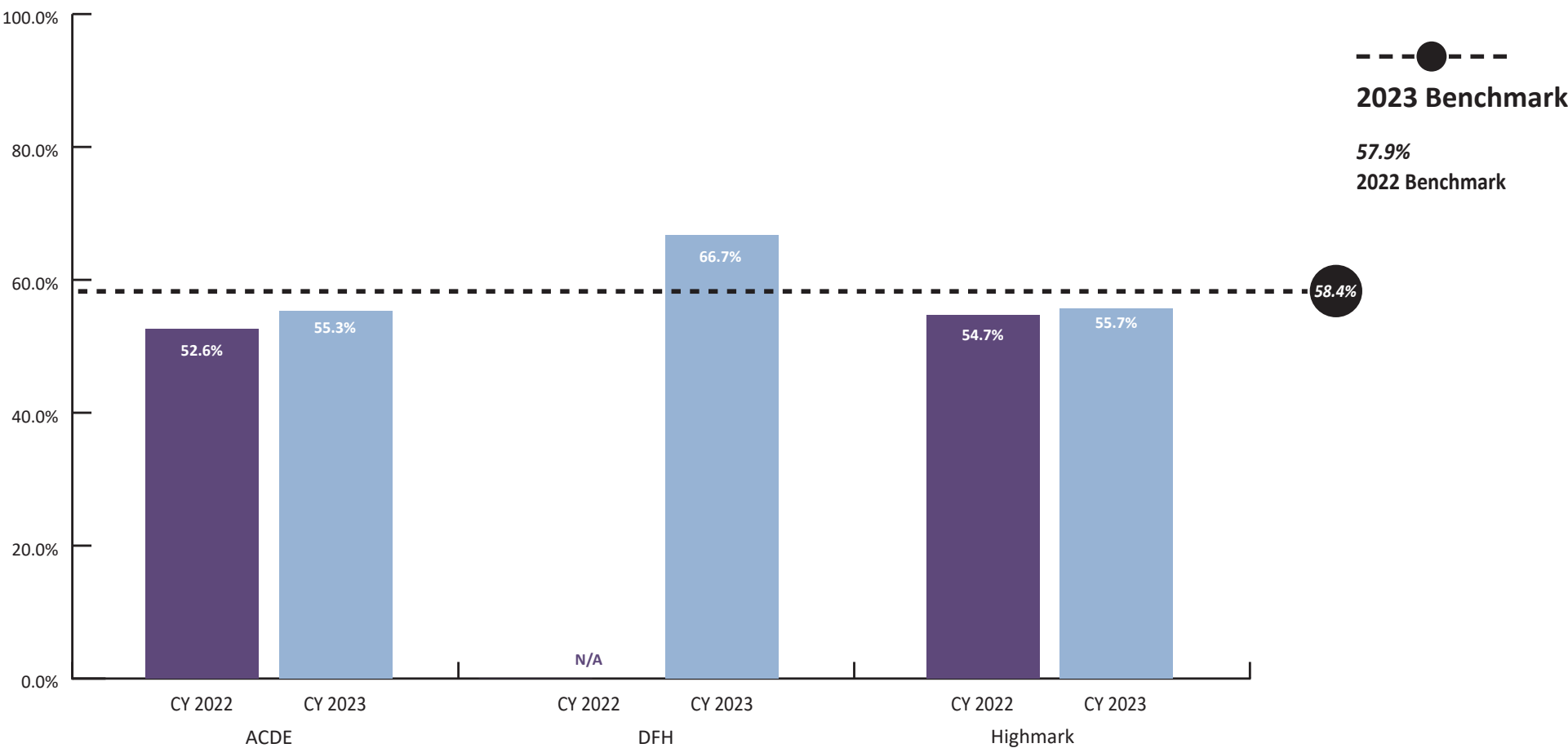
A higher result is better for this measure



Highmark is the only Commercial insurer to beat the CY 2023 benchmark.



Figure 7-15 B: Breast Cancer Screening Quality Measure - Actual Results versus Benchmark: Insurer Level: Medicaid



Breast Cancer Screening

A higher result is better for this measure

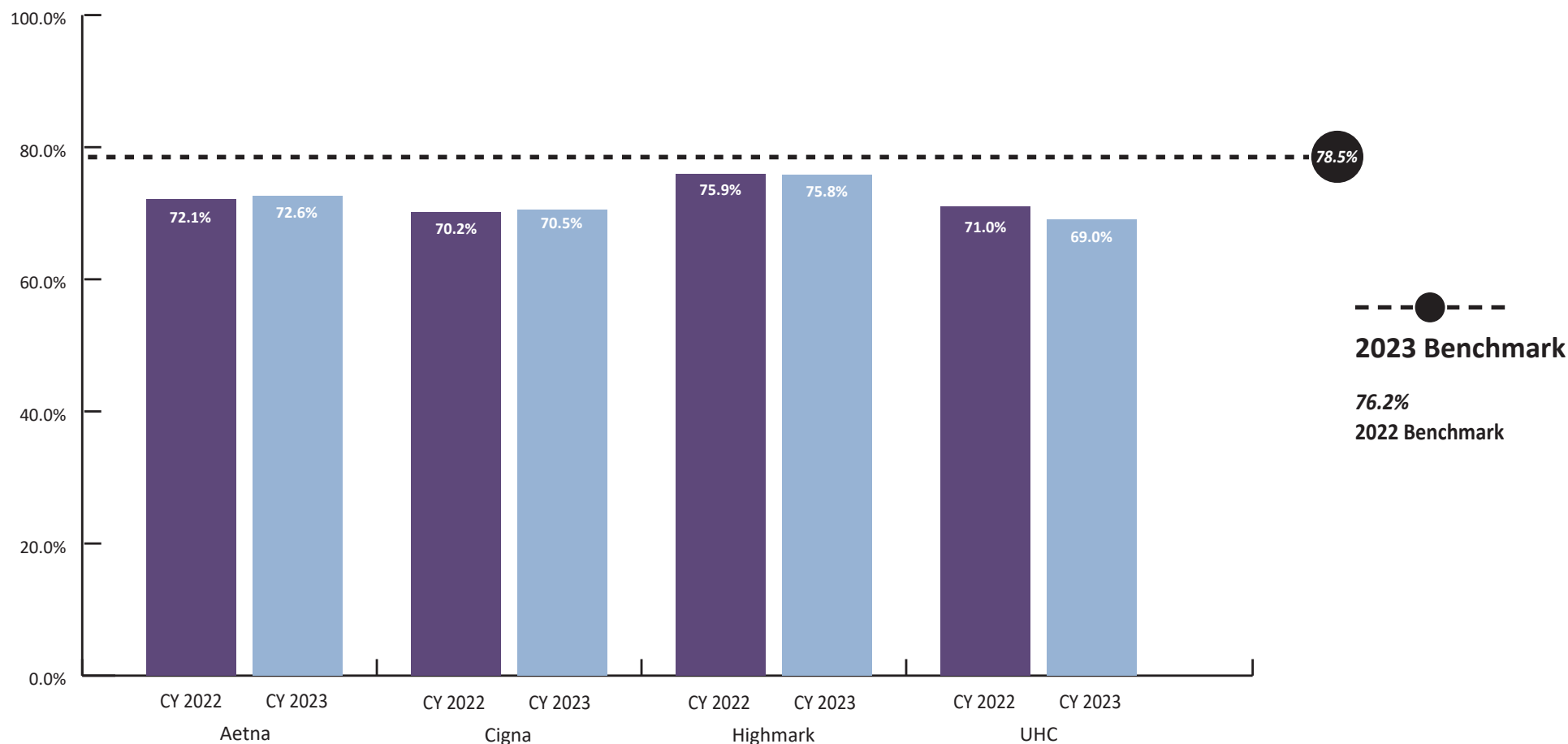


DFH is the only Medicaid insurer to beat the CY 2023 benchmark.

Note: DFH entered the Medicaid managed care program in CY 2023



Figure 7-16 A: Cervical Cancer Screening Quality Measure - Actual Results versus Benchmark: Insurer Level: Commercial



Cervical Cancer Screening

A higher result is better for this measure

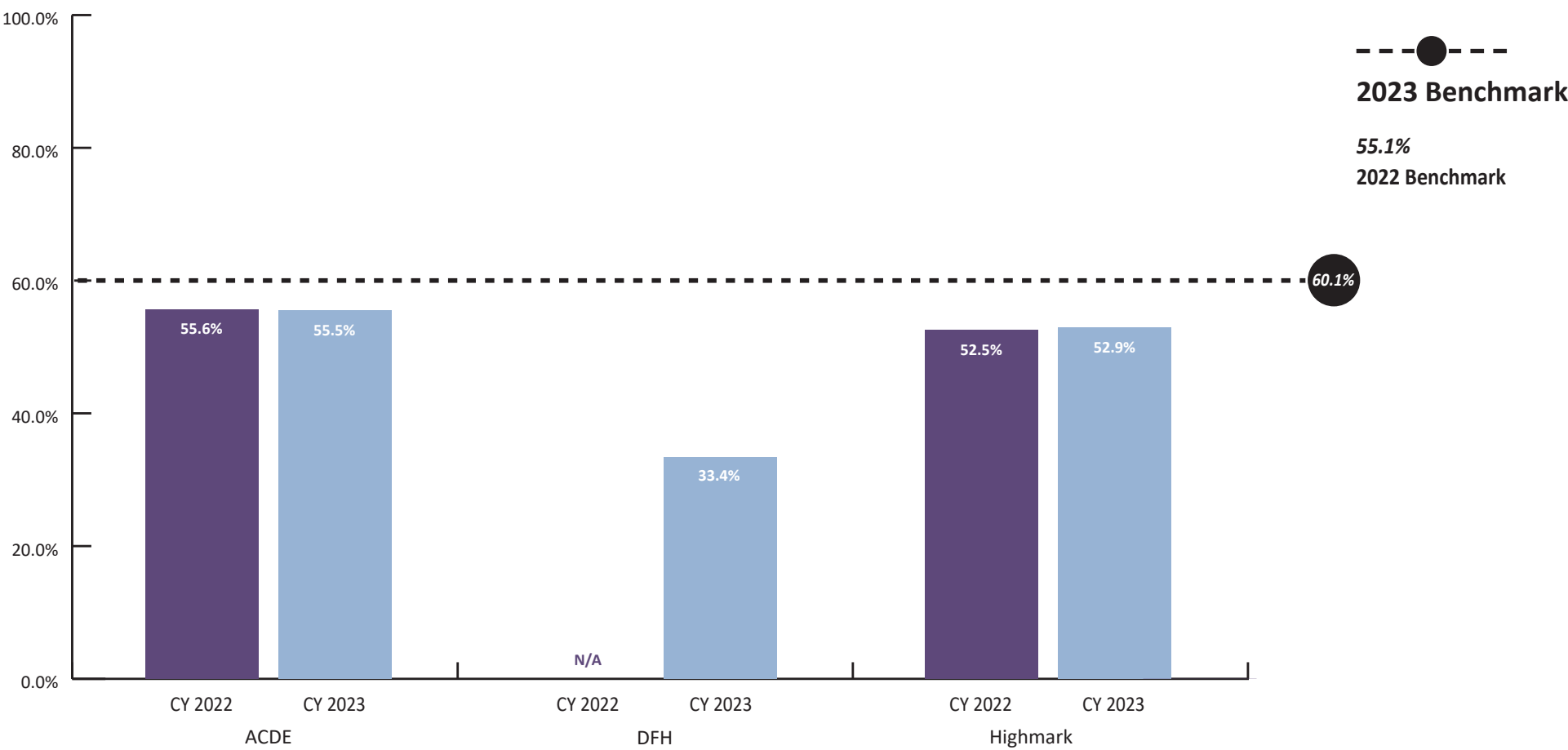


All Commercial insurers did worse than the CY 2023 benchmark.

Note: The state result is a combination of administrative and hybrid methodologies.



Figure 7-16 B: Cervical Cancer Screening Quality Measure - Actual Results versus Benchmark: Insurer Level: Medicaid



Cervical Cancer Screening

A higher result is better for this measure

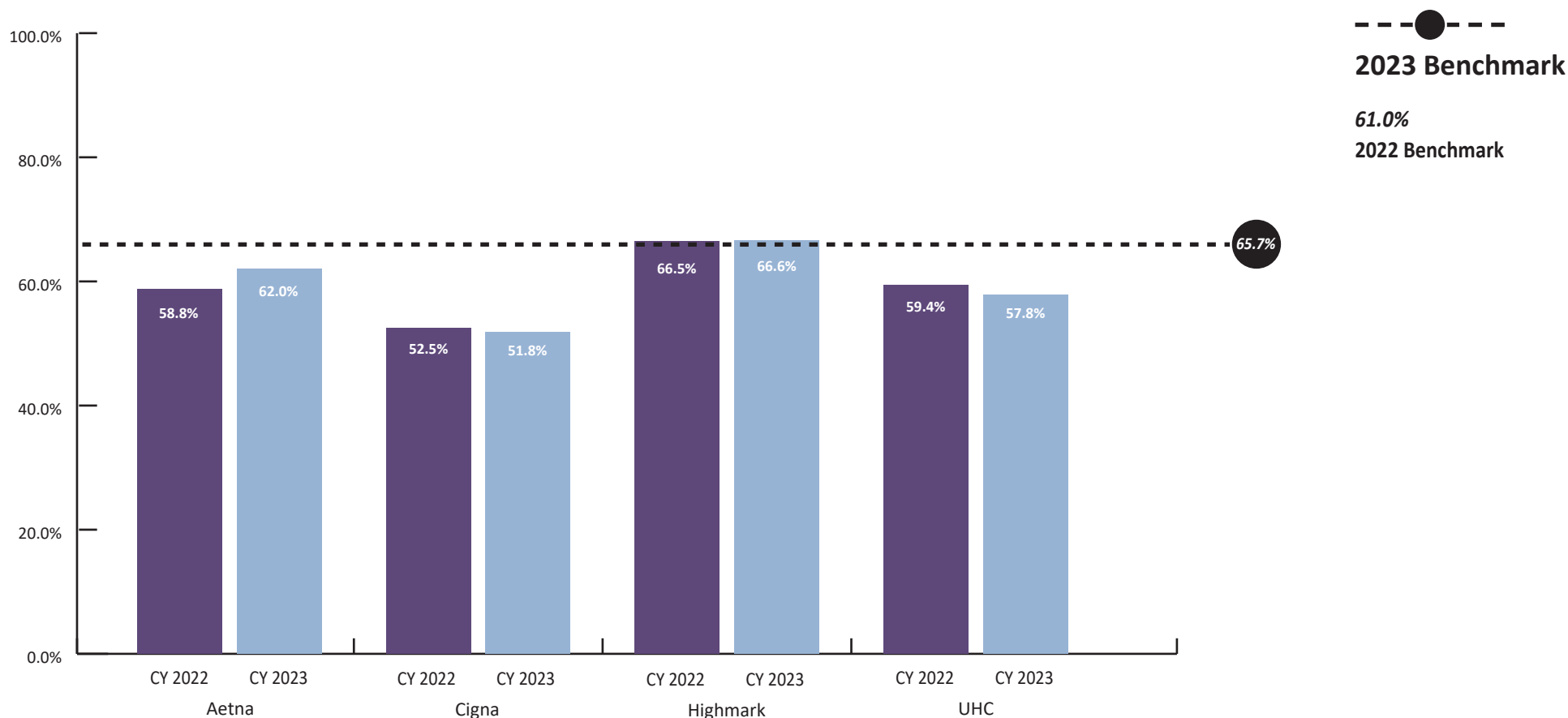


All Medicaid managed care insurers did worse than the CY 2023 benchmark.

Note 1: The state result is a combination of administrative and hybrid methodologies.
Note 2: DFH entered the Medicaid managed care program in CY 2023



Figure 7-17 A: Colorectal Cancer Screening Quality Measure - Actual Results versus Benchmark: Insurer Level: Commercial



**Colorectal
Cancer
Screening**

A higher result is better
for this measure

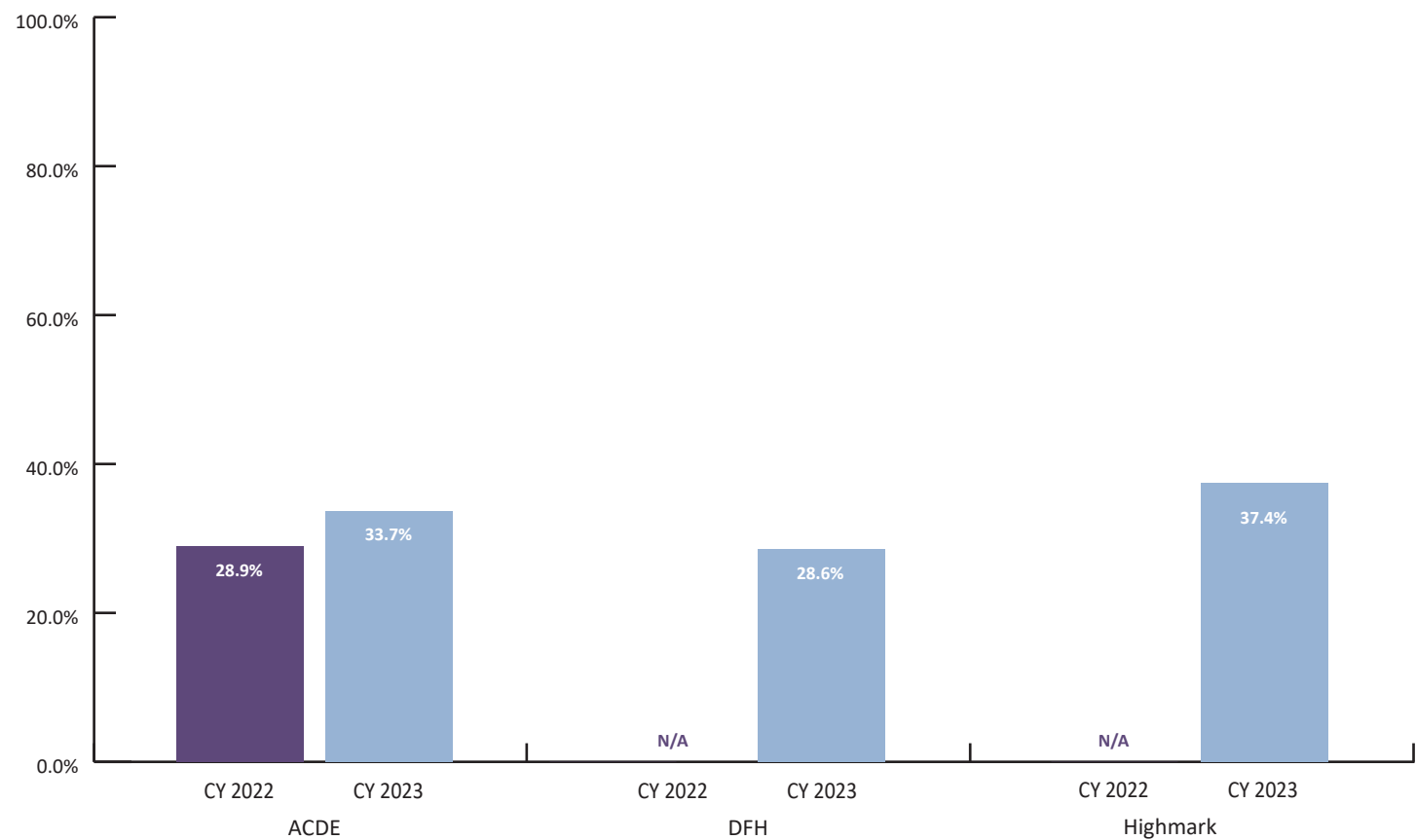


Highmark is the only Commercial insurer
to beat the CY 2023 benchmark.

Note: This quality measure was only applicable to the Commercial Market. The state result is a combination of administrative and hybrid methodologies.



Figure 7-17 B: Colorectal Cancer Screening Quality Measure - Actual Results versus Benchmark: Insurer Level: Medicaid



Colorectal
Cancer
Screening

A higher result is better
for this measure



There is currently no benchmark set for
the Colorectal Cancer Screening measure
for the Medicaid population.

Note 1: Medicaid results are for informational purposes only. The state result is a combination of administrative and hybrid methodologies.
Note 2: DFH entered the Medicaid managed care program in CY 2023

8. 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.

Centers for Medicare & Medicaid Services (CMS): Federal government entity responsible for Medicare, Medicaid and CHIP program oversight, administration and monitoring.

Claims Data: Medical expense spending that payers reported that are associated with incurred claims. Examples include hospital inpatient, hospital outpatient, professional: primary care, long term care and other.

Department of Health and Social Services (DHSS): The State agency responsible for overseeing and administration of the benchmark data collection and reporting processes. The DHSS is also responsible for selecting and/or updating the benchmark quality measures.

Division of Medicaid and Medical Assistance (DMMA): The State agency responsible for oversight, administration and monitoring of Delaware's Medicaid/CHIP program.

Health Risk Adjustment: A process that measures a member's illness burden and predicted resource use based on differences in patient characteristics or other risk factors.

Insurer: A private health insurance company that offers one or more of the following: commercial insurance, Medicare managed care products and/or are Medicaid/CHIP managed care organization products.

Market: The highest level of categorization of the health insurance market. For example, Medicare fee-for-service (FFS) 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): Measures the costs to Delaware residents associated with the administration of private health insurance (including Medicare Advantage and Medicaid Managed Care). It is defined as the difference between health premiums earned and benefits incurred, and consists of insurers' costs of paying bills, advertising, sales commissions and other administrative costs, premium taxes and profits (or contributions to reserves) or losses.

Non-Claims: Medical expense spending data reported by payers that was not associated with a specific incurred claim. Examples include provider capitation payments, provider incentives, recoveries or risk settlements.

Payer: A term used to refer collectively to all entities submitting data to DHSS.

Pharmacy Rebates: Any rebates provided by pharmaceutical manufacturers to payers for prescription drugs, excluding manufacturer provided fair market value bona fide service fees.

Quality Benchmark: The annual target results for the selected quality measures.

Spending Benchmark: The annual target change in the per capita THCE measured at the State level.

Total Health Care Expenditures (THCE): The total medical expense (TME) incurred by Delaware residents for all health care benefits/services by all payers reporting to the DHSS plus insurers' NCPHI.

Total Health Care Expenditures Per Capita: Total health care expenditures (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 the DHSS.

Veterans Health Administration (VHA): The federal agency responsible for provision of health care benefits to veterans.