

DEPARTMENT OF HEALTH AND SOCIAL SERVICES



Benchmark Data Submission Technical Webinar for Data Due September 17, 2025

Delaware Health Care Commission
August 14, 2025

TODAY'S PRESENTERS

- Department of Health and Social Services (DHSS)
 - Dr. Stephen Cha and Elisabeth Massa
- Mercer Health & Benefits LLC
 - Jordan Bublik and Alyson Ramsaier
- Introductions/Roll Call of Payers Participating Today
 - Insurers: Aetna, AmeriHealth, Cigna, DE First Health, Highmark, Humana, and United
 - Division of Medicaid and Medical Assistance (DMMA)



TODAY'S WEBINAR

- Purpose of today's webinar: To provide a technical briefing for insurers and DMMA regarding this year's benchmark spending and quality data submission process.
 - The intended audience for this webinar is staff who will be tasked with preparing their respective benchmark data files for submission.
- Revisions/updates to the data submission process will be highlighted in today's discussion.
- **Focus: Walk through the updated Excel data submission templates.**
- Webinar is being recorded. A copy of the recording is available upon request.
- This presentation is based on information and/or processes known as of the date of the presentation.



RECAP OF BENCHMARKS

- The spending benchmark is the annual change in total health care expenditures measured on a Statewide per capita basis.
 - For calendar year (CY) 2024, the spending benchmark was set at +3.0%.
 - Comparisons will also be made at the market and insurer level.
- 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.



RECAP OF BENCHMARKS

- For CY 2024, there are nine quality measures.
 - Each measure has its respective benchmark
- Six of the nine measures are reported at the State- and insurer-level, requiring insurers to provide data. Insurers will need to provide data for the following measures:
 - Emergency Department Utilization
 - Persistence of Beta-Blocker Treatment after a Heart Attack
 - Statin Therapy for Patients with Cardiovascular Disease
 - Breast Cancer Screening
 - Colorectal Cancer Screening
 - Cervical Cancer Screening
- The remaining three measures are reported only at the State-level and therefore do not require insurers to provide data. The Statewide measures include:
 - Adult Obesity
 - Opioid-Related Overdose Deaths
 - Use of Opioids at High Dosage



NEW & IMPORTANT ELEMENTS

- **Two years of new spending data, CY 2023 and CY 2024 experience, will be collected.**
- Spending and quality data will be due September 17, 2025.
 - Payers are encouraged to allow as much run-out as practical before summarizing and submitting data (i.e., through at least August 17, 2025).
- Data templates were updated to enable payers to perform self-checks.
 - Goal is to reduce number of resubmissions and delays in arriving at final data.
- Implementation Manual (IM) has been updated.
 - Insurers have their own IM to reference/use.
 - DMMA has a separate IM to reference/use.
- HAI/HB442 makes submission of benchmark data **mandatory**.
 - DHSS expects all payers to submit complete and accurate data for all respective lines of business applicable to Delaware.



Benchmark Spending Data Submission Instructions



BENCHMARK SPENDING DATA

- Due date is **September 17, 2025, with runout through August 17, 2025.**
- Each payer will provide two years of benchmark spending data (same template):
 - CY 2024 (new) based on incurred date of service.
 - CY 2023 (refresh) based on incurred date of service.
- Minimal updates to spending data submission requirements:
 - Template now breaks out Pharmacy Rebates into Pharmacy Rebates: Prescription Drug Benefit and Pharmacy Rebates: Medical Benefit for more accurate reporting.
 - Supplemental Health Care Exhibits and Medical Loss Ratio reporting submissions are required to be submitted with the benchmark reporting templates. DHCC is exploring an alternative calculation of Net Cost of Private Health Insurance (NCPHI) using these data sources.
- Excel template enables each payer to perform self-checks and data comparisons before submitting to DHSS.



BENCHMARK SPENDING DATA

- Based on allowed amount.
- Where payer is the primary payer on that claim.
 - Exclude claims where payer is secondary/tertiary insurer.
- Limited to Delaware residents.
- By line of business (e.g., individual, large group, self-insured, Medicare Advantage, and Medicaid/CHIP managed care).
- Claims and non-claims categories.
 - Provide as much run-out as possible for accuracy and completeness.
 - The primary care services coding logic has been updated as of July 2025.



BENCHMARK SPENDING DATA

- Each insurer and DMMA will be given their own Excel template to complete; pre-populated with the respective payer's CY 2023 data submitted last year.
- The Excel template will automatically calculate comparisons (values and percent change). Changes are expected, but each payer needs to review for accuracy.
 - New CY 2024 data to refreshed CY 2023 data.
 - Refreshed CY 2023 data to last year's CY 2023 data.
- **We will now do a live walk through of the updated Excel spending data template.** Mock data is used for illustration purposes.
- Email completed Excel template with signed attestation by the **insurer's actuary** to:
 - Elisabeth Massa elisabeth.massa@delaware.gov
 - CC: DHCC@delaware.gov



Benchmark Quality Data Submission Instructions



BENCHMARK QUALITY DATA

- Due date is **September 17, 2025**.
 - DMMA is not required to submit any quality data at this time.
- Limited to Delaware residents.
- Commercial and/or Medicaid/CHIP markets, as applicable.
- **Six total quality benchmarks will be reported upon by the insurers.**
- Goal is to increase the collection and reporting of race, ethnicity, gender, and age data over time to support DHSS's effort to identify disparities and care gaps.
 - NCQA is in process of adding these requirements to all HEDIS® measures.
- Excel template reflects the additional race, ethnicity, gender, and age data stratifications request. **Please provide as practical.**



BENCHMARK QUALITY DATA

- Each insurer will provide one year of benchmark quality data.
 - CY 2024 quality data results.
 - Do not resubmit/refresh any prior year quality data results.
- Refer to NCQA website for information about applicable HEDIS® measure specifications.
- **We will now do a live walk through of the updated Excel quality data template.**
 - Mock data is used for illustration purposes.
- Email completed Excel template with signed attestation by the ***insurer's Chief Quality Officer or Quality Lead*** to:
 - Elisabeth Massa elisabeth.massa@delaware.gov
 - CC: DHCC@delaware.gov



NEXT STEPS

- DHSS will be sending each entity their respective spending and/or quality templates in the coming days.
- New materials will be available on DHSS/DHCC's website:
<https://dhss.delaware.gov/dhcc/global.html>
- Webinar recording can be made available to insurers and DMMA upon request.
- Insurers and DMMA prepare and submit new CY 2024 and refreshed CY 2023 spending data, and new CY 2024 quality data.
- DHSS and Mercer will perform reasonableness reviews of submitted data this fall, and if necessary, send questions to each entity to clarify their data.
- CY 2024 Benchmarks Trend Report is expected to be finalized and published in Spring 2026.



THANK YOU!

For more information about the health care spending benchmark, visit:

<https://dhss.delaware.gov/dhcc/global.html>



Questions?

