

# Overview of Benchmark Trend Report

Calendar Year 2024 Results

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# Collection of Benchmark Spending Data

- The spending benchmark is a target value for the change from the prior calendar year (CY) in State-level per capita total medical expenditures (TME), otherwise known as the sum of the allowed amount of total claims and non-claims spending paid to providers.
- DHSS collected final/refreshed CY 2023 and new CY 2024 data from all payers: Aetna, AmeriHealth, Cigna, DE First Health, Health Care Service Corporation, Highmark, Humana, United, CMS, DMMA, and VHA.

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 Veteran Affairs
Net Cost of Private Health Insurance (NCPHI)	Insurer or public reports	Summary level data on revenues and expenses



# Spending Data Population Changes

- There are two components that make up the calculation of per capita spend:
  - Health care expenditures (numerator)
  - Enrollment population (denominator)
- This year, DHSS is thinking about a methodology change that moves from utilizing Delaware's Statewide population from the Census to instead using enrollment from the payers' cost growth data provided as part of the benchmarking process.
- Neither methodology is perfect; therefore, this year's report provides both views of analyzing the per capita change in health care spend.



# TME Key Findings

From CY 2023 to CY 2024, TME increased by over \$876 million from \$10.4 billion to \$11.3 billion in total.

On a per capita basis using the Statewide census enrollment, this is a 6.4% increase. Based on the cost growth enrollment data, this is a 12.2% increase.

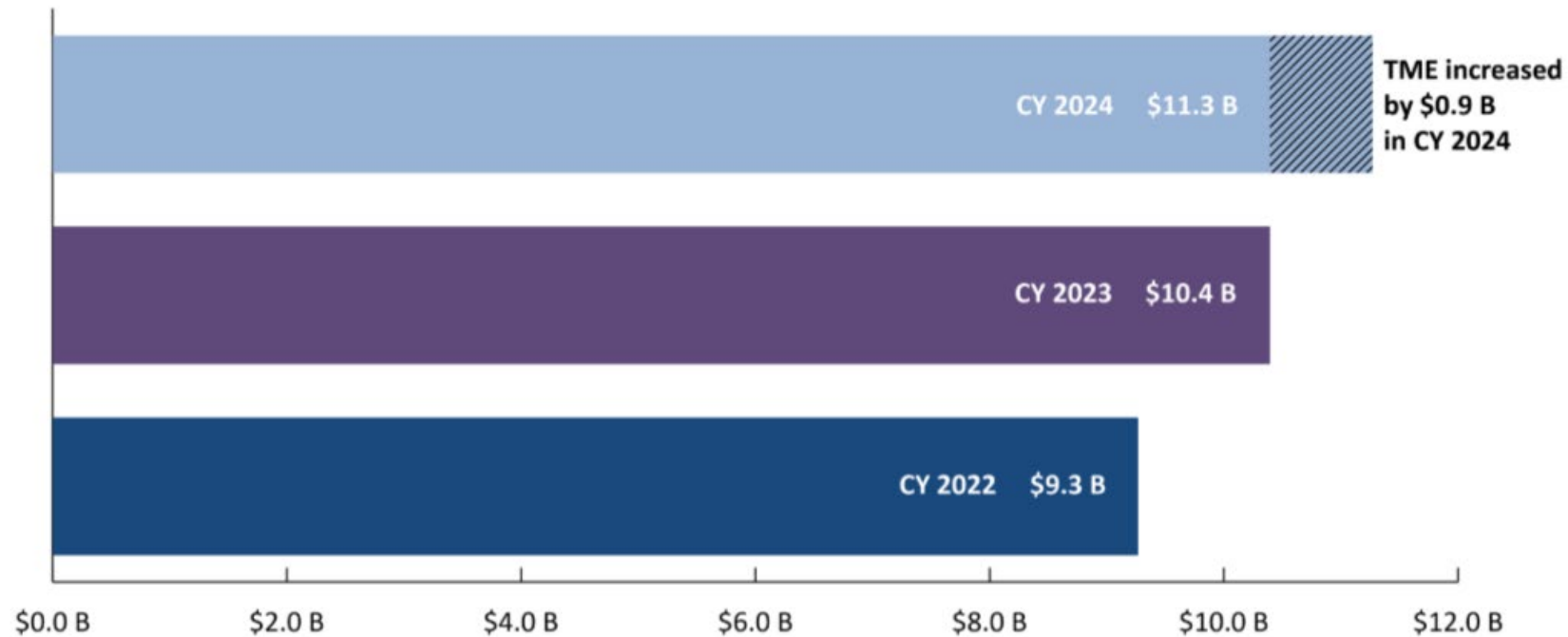
In CY 2024, Commercial TME increased 12.0%, Medicaid increased by 4.3%, Medicare increased by 8.9%, and VHA increased by 7.7%.

Hospital Inpatient/Outpatient (Not Pharmacy) represents over \$3.9 billion in CY 2024. This represents 35.9% of TME (excluding VHA).

Medicare continues to be the largest health care spending market in CY 2024.

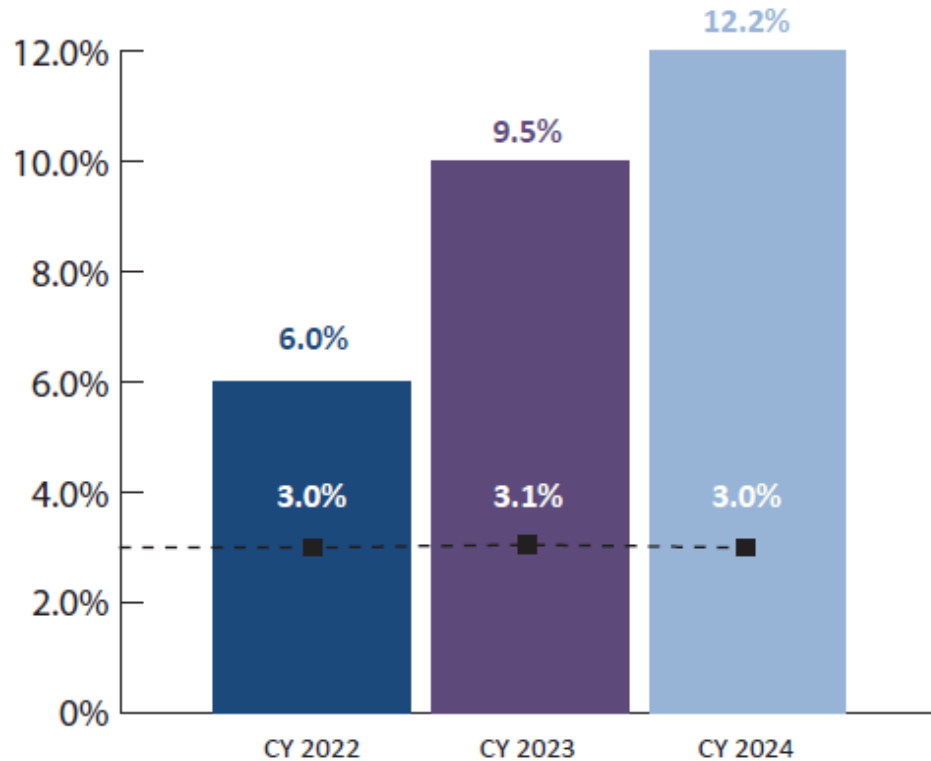


# State Level TME by Year

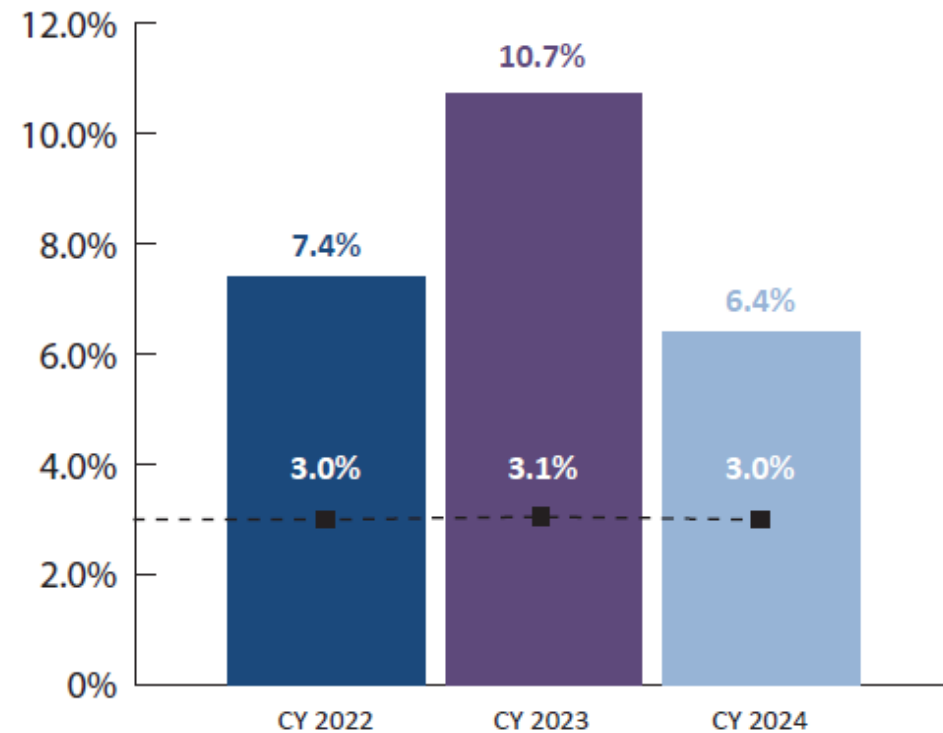


# State Level TME Per Capita

*Change in State Level TME Per Capita Based on Members from Cost Growth Data*



*Change in State Level TME Per Capita Based on Census Enrollment*



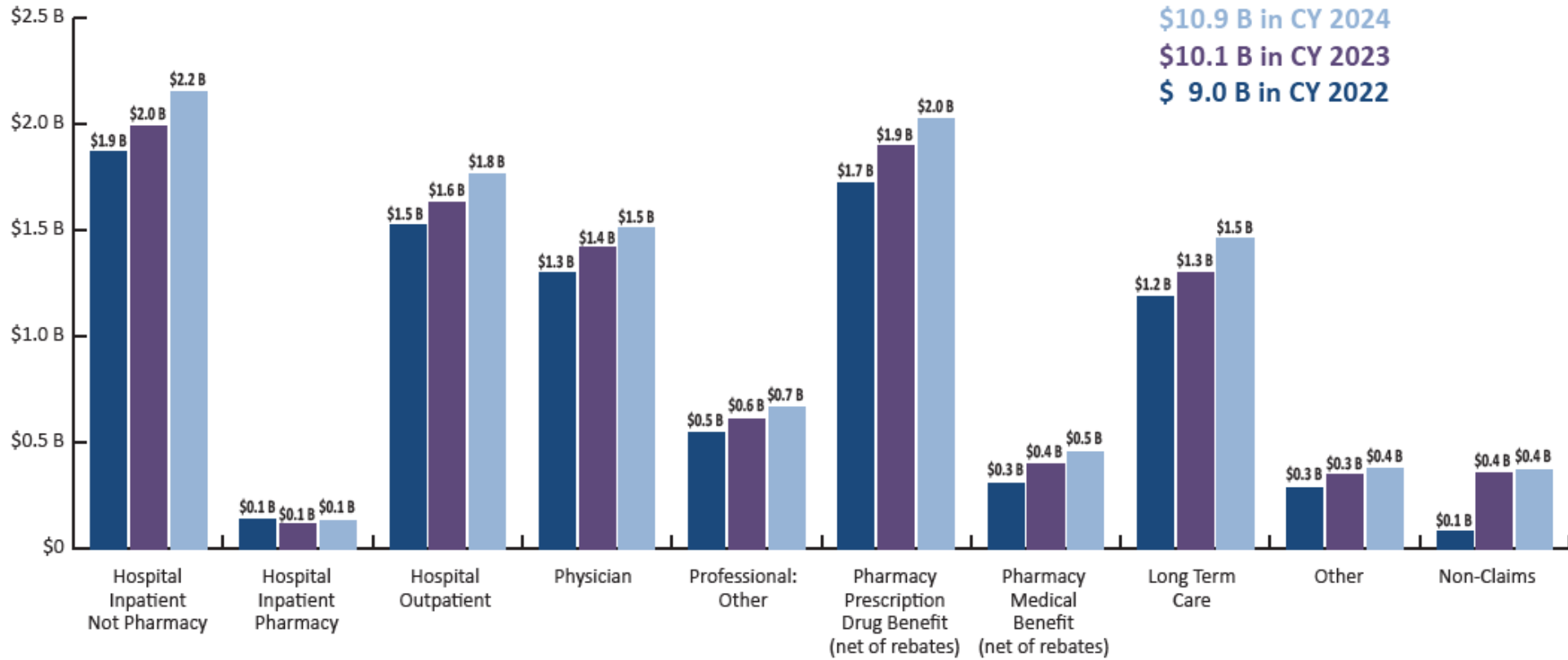
# TME by Service Category

TME by CY (excluding VHA)

\$10.9 B in CY 2024

\$10.1 B in CY 2023

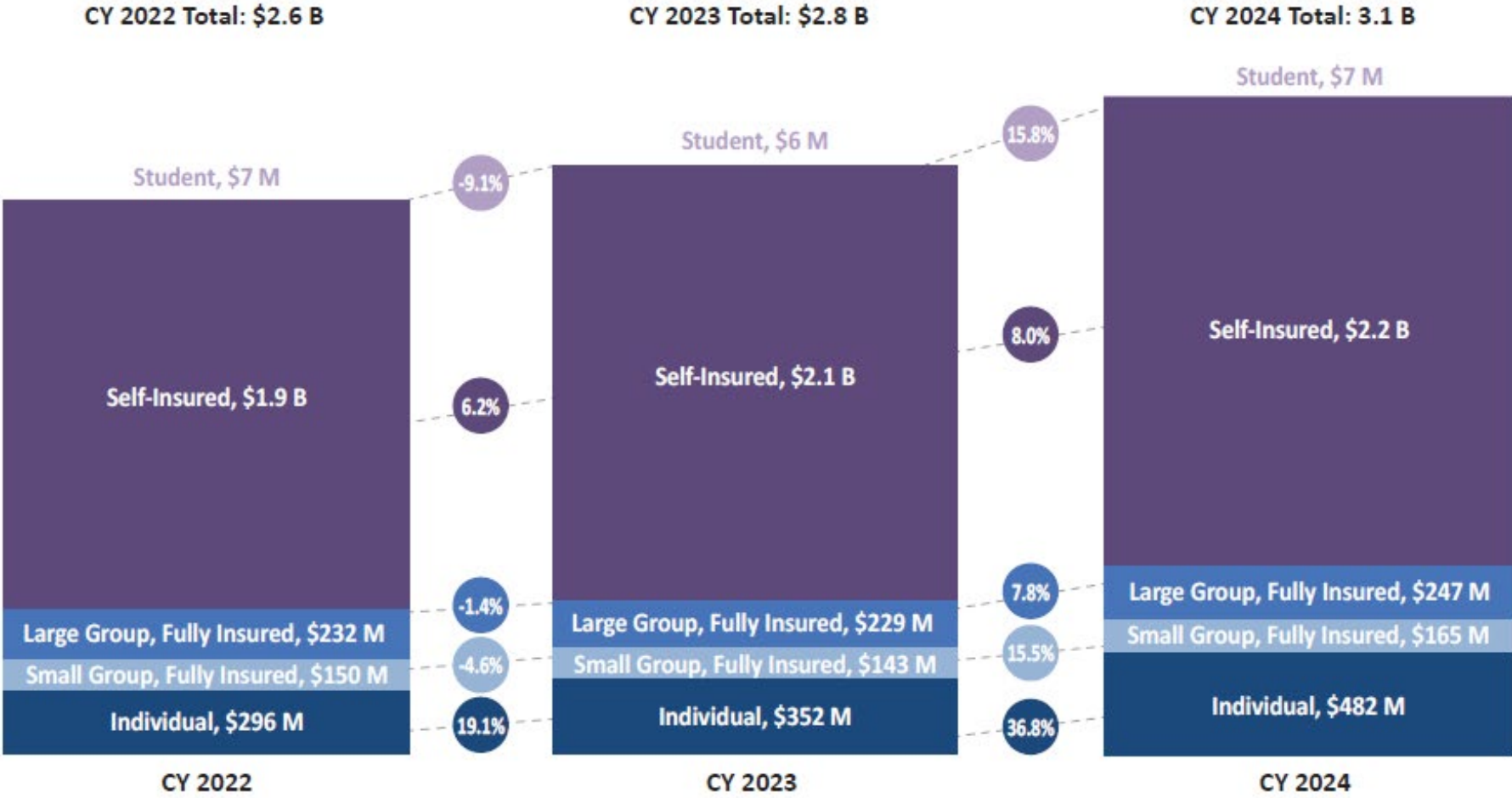
\$ 9.0 B in CY 2022



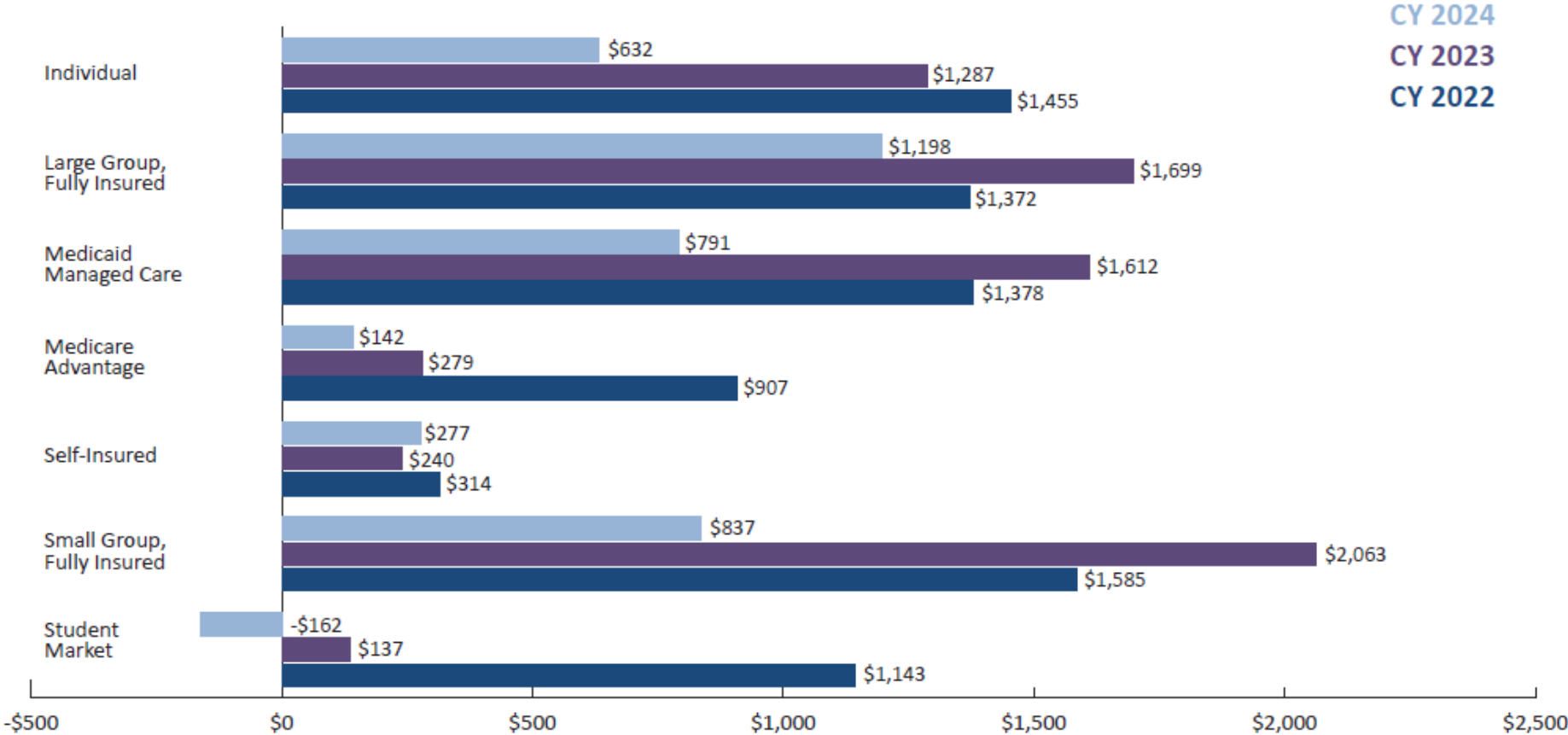
CY 2024 % Change	8.2%	11.2%	8.0%	6.5%	9.4%	6.9%	15.6%	12.2%	8.4%	3.9%
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# Commercial TME by Year

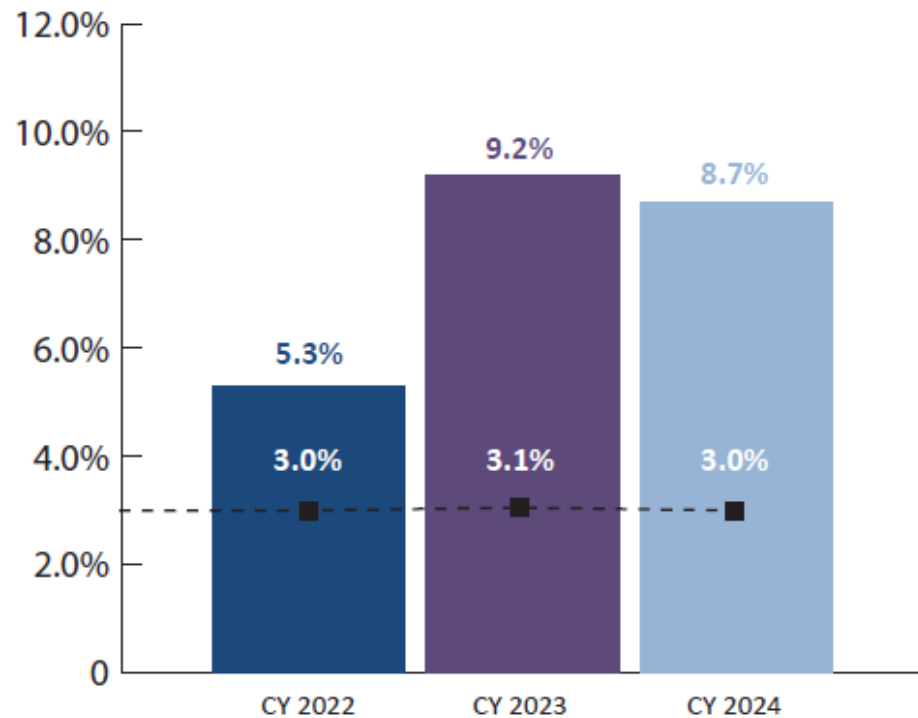


# Estimated Per Member Per Year (PMPY) NCPHI by Insurance Segment



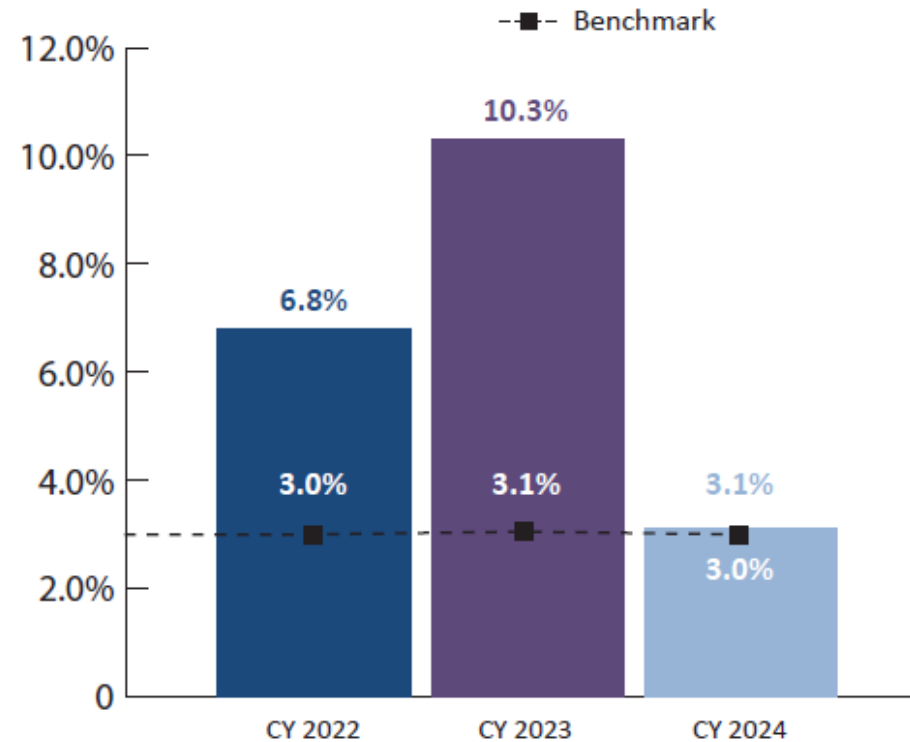
# State Level Total Health Care Expenditures (THCE) Per Capita

Change in State Level THCE Per Capita Based on Members from Cost Growth Data



Note 1: Spending is net of pharmacy rebates.  
 Note 2: Estimated members are calculated based on member months provided within benchmark spending data submissions from payers.


Change in State Level THCE Per Capita Based on Census Enrollment

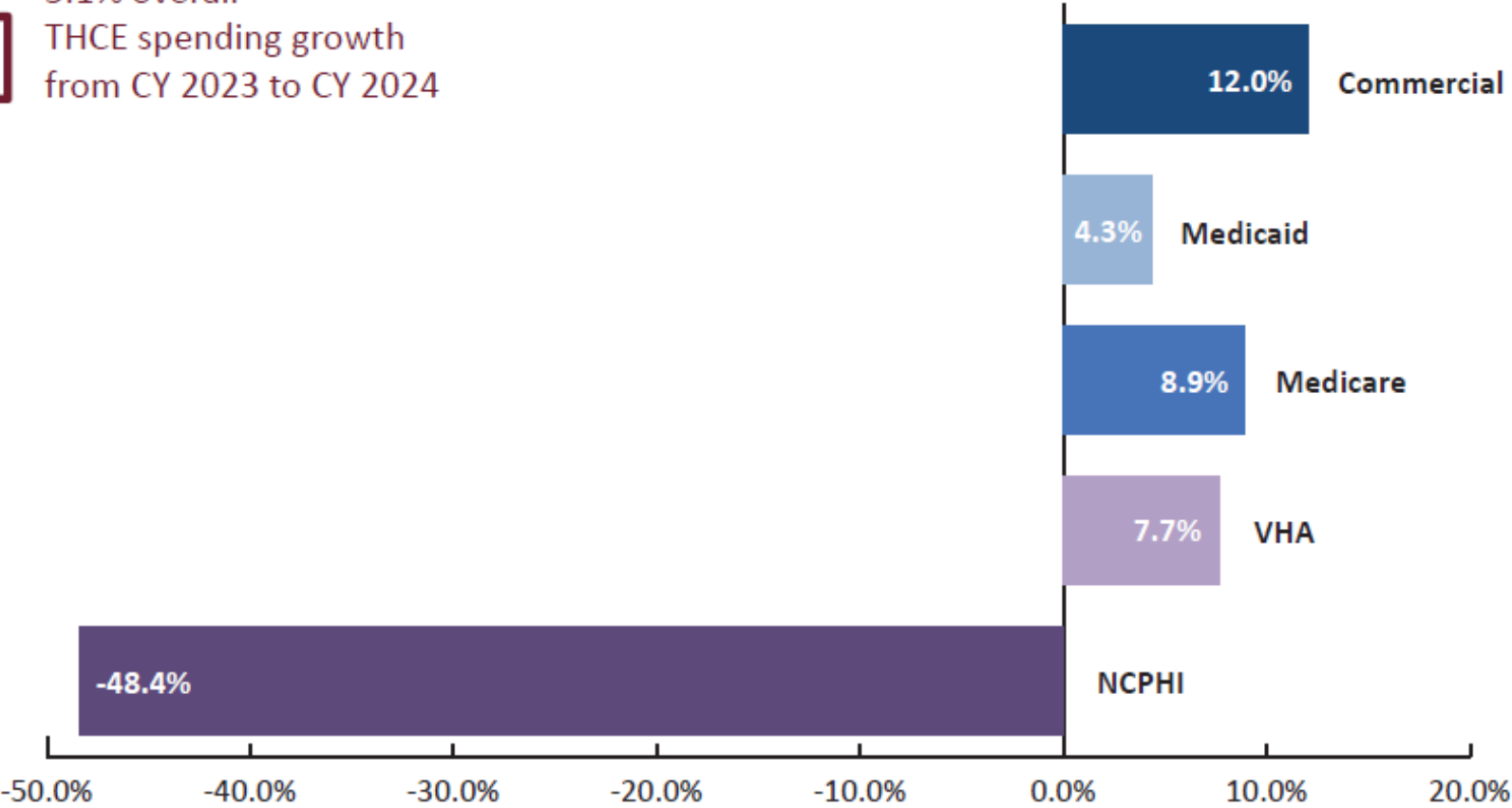


Note 1: Spending is net of pharmacy rebates.  
 Note 2: Enrollment shown above comes from census.gov.  
 Source: Payer-reported data to DHCC and other public sources.

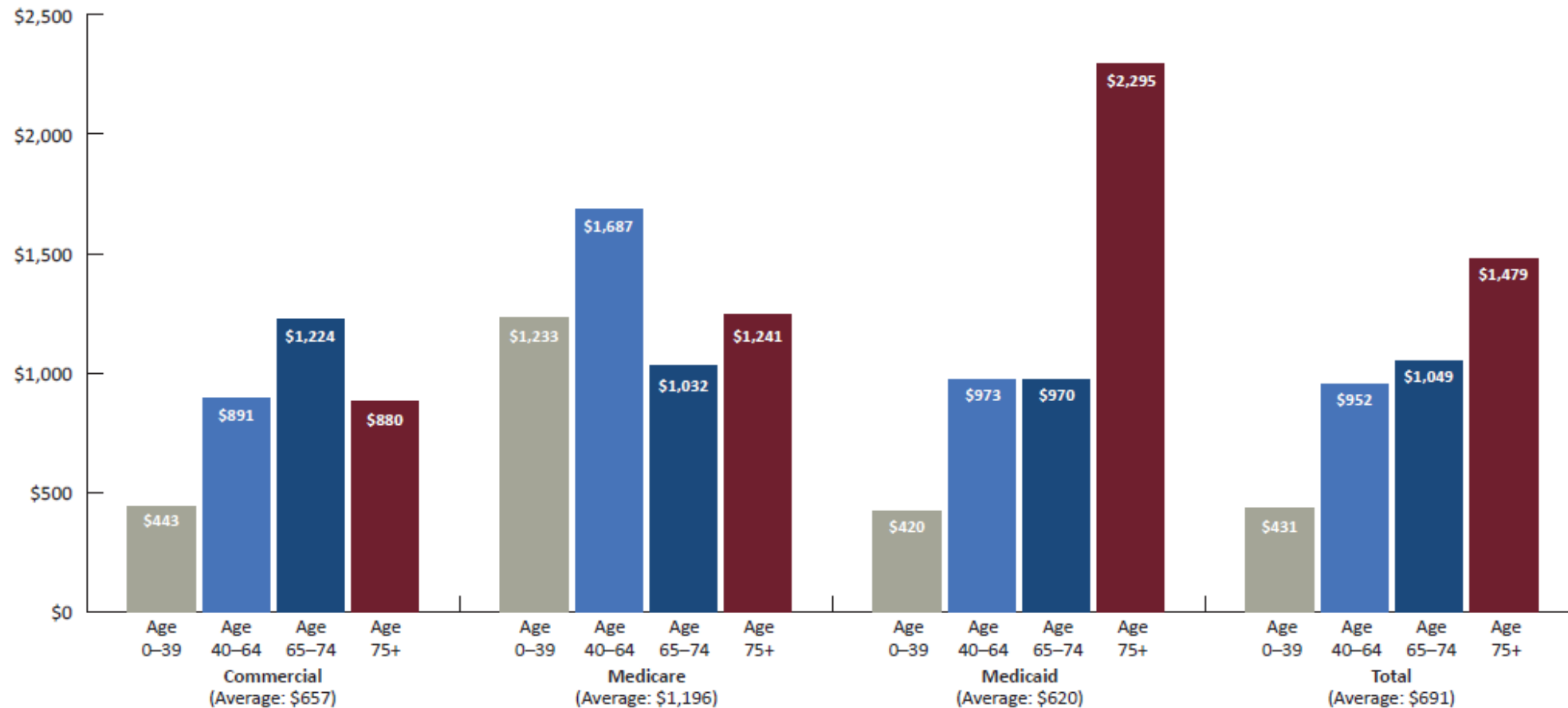


# Market THCE Per Capita Change Versus Benchmark (Cost Growth Enrollment)

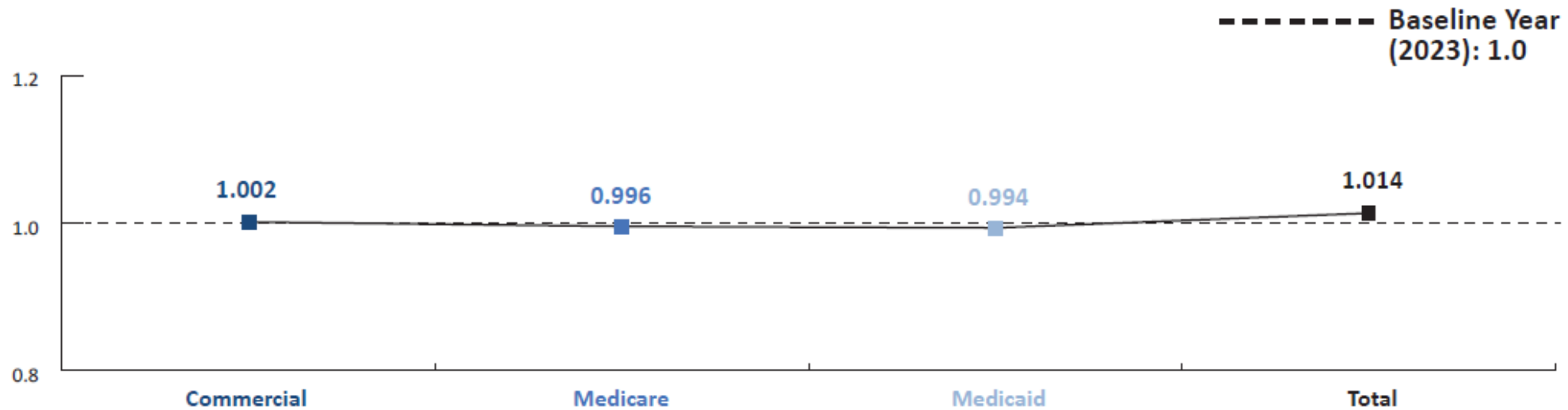
 5.1% overall  
THCE spending growth  
from CY 2023 to CY 2024



# Age/Gender Baseline (CY 2023) PMPM by Market



# Age/Gender Risk Score Changes from CY 2023 to CY 2024



- Delaware's Total Statewide 2024 age/gender population is 1.4% more costly than the 2023 (Baseline Year) population.
- From 2023 to 2024, the share of older, higher-cost members increased, while the share of younger, lower-cost members decreased.
- Delaware's aging population and population mix may have an impact on its overall average cost per member each year.



# Quality Benchmark Results

Quality Measure	CY 2023 Results	CY 2024 Results	Change	CY 2024 Benchmark	Benchmark Met/Not Met	Notes
<b>Opioid-Related Overdose Deaths</b>	47.5 deaths per 100,000	<b>29.4 deaths per 100,000</b>	↓ 18.1	<b>28.0 deaths per 100,000</b>	<b>Not Met</b>	Lower result is better
<b>Use of Opioids at High Dosages</b>	9.6%	<b>10.6%</b>	↑ 1.0%	<b>10.0%</b>	<b>Not Met</b>	Lower result is better
<b>Breast Cancer Screening</b>	78.5% Commercial 55.5% Medicaid	<b>79.4% Commercial</b>	↑ 0.9%	<b>79.3% Commercial</b>	<b>Met</b>	Higher result is better
		<b>57.3% Medicaid</b>	↑ 1.8%	<b>61.8% Medicaid</b>	<b>Not Met</b>	
<b>Cervical Cancer Screening</b>	74.3% Commercial 48.3% Medicaid	<b>72.6% Commercial</b>	↓ 1.7%	<b>82.1% Commercial</b>	<b>Not Met</b>	Higher result is better
		<b>52.0% Medicaid</b>	↑ 3.7%	<b>65.5% Medicaid</b>	<b>Not Met</b>	
<b>Colorectal Cancer Screening</b>	63.2% Commercial 35.8% Medicaid	<b>62.0% Commercial</b>	↓ 1.2%	<b>68.1% Commercial</b>	<b>Not Met</b>	Higher result is better
		<b>37.6% Medicaid</b>	↑ 1.8%	<b>34.4% Medicaid</b>	<b>Met</b>	

\*CY 2024 was the first year a Medicaid benchmark was established for the Colorectal Cancer Screening measure since it was new.



# Quality Benchmark Results (Continued)

Quality Measure	CY 2023 Results	CY 2024 Results	Change	CY 2024 Benchmark	Benchmark Met/Not Met	Notes
Adult Obesity	35.6%	<b>36.6%</b>	↑ 1.0%	<b>30.5%</b>	<b>Not Met</b>	Lower result is better
Persistence of Beta-Blocker Treatment after a Heart Attack	75.0% Commercial	<b>81.0% Commercial</b>	↑ 6.0%	<b>91.7% Commercial</b>	<b>Not Met</b>	Higher result is better
	64.1% Medicaid	<b>42.9% Medicaid</b>	↓ 21.2%	<b>86.8% Medicaid</b>	<b>Not Met</b>	
Statin Therapy for Patients With Cardiovascular Disease — Statin Adherence 80%	82.7% Commercial	<b>78.5% Commercial</b>	↓ 4.2%	<b>85.2% Commercial</b>	<b>Not Met</b>	Higher result is better
	69.7% Medicaid	<b>64.4% Medicaid</b>	↓ 5.3%	<b>78.5% Medicaid</b>	<b>Not Met</b>	
Emergency Department Utilization* (Commercial measure only)	169.5 visits per 1,000	<b>161.9 visits per 1,000</b>	↓ 7.6	<b>156.1 visits per 1,000</b>	<b>Not Met</b>	Lower result is better
Percentage of Eligibles Who Received Preventive Dental Services**	Not available	<b>Not available</b>	Not available	<b>Not applicable</b>	<b>Not available</b>	Higher result is better

\*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.

\*\*The Percentage of Eligibles Who Received Preventive Dental Services measure was retired by CMS 2021, after the CY 2022–CY 2025 quality benchmark measures were selected. Thus, there is no data available to report for the CY 2024 Report. DHSS is replacing this measure for the next three-year cycle of quality benchmarks.



# Next Steps

- The CY 2024 Benchmark Trend Report and Appendix 1 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 has been updated with the CY 2024 results. This website allows the public to view and download benchmark data.
- The CY 2027 spending benchmark will be set in the upcoming DEFAC meeting.
- The CY 2025 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.

