

2022 Healthcare Affordability State Policy Scorecard

This Scorecard looks at both policies and related outcomes across four affordability-related areas that were implemented as of Dec. 31, 2021. Lawmakers, regulators, consumer advocates, and the public can use the Scorecards to understand how their state performs when it comes to healthcare affordability policies and outcomes relative to other states and identify opportunities to improve.

STATE:

DELAWARE

RANK:

13

out of
50 states
+ DC

POLICY SCORE

23.2

out of 40

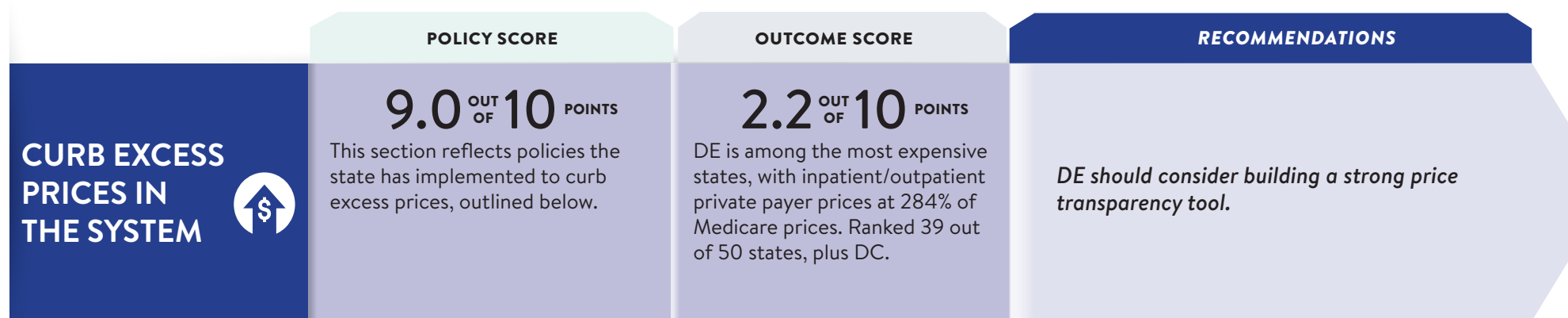
OUTCOME SCORE

20.7





out of 40

TOTAL
43.9 OUT OF 80
POSSIBLE POINTS

Setting the stage: According to SHADAC, 19% of Delaware adults experienced healthcare affordability burdens as of 2020. According to the Personal Consumption Expenditure, healthcare spending per person in Delaware grew 26% between 2013 and 2021, totaling \$9,064 in 2021. Please note some of the outcome measures in this Scorecard include data from 2020, which may have been impacted by the COVID-19 pandemic.



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.

	Create an all-payer or multi-payer claims database to analyze healthcare price inflation, price variation and utilization Delaware's all-payer claims database (APCD) requires mandatory data submission for Medicaid, the State Group Health Insurance Program, Medicare and any qualified health plan in state exchange. Claims data submission is voluntary for all other insurers, although the APCD states it contains data from the state's seven largest commercial insurers. Data is only available by request at a cost. Both state and external groups are actively using APCD data to study cost and utilization issues.
	Create a permanently convened health spending oversight entity Delaware has a permanently convened health spending oversight entity that targets all spending.
	Create all-payer healthcare spending and quality benchmarks for the state As of 2021, Delaware is the only state that combines their spending benchmark with quality benchmarks, which are mandatory for all providers. The 2020 Benchmark Trend Report shows some progress, but that there is still work to do.
	Implement free, public-facing healthcare price transparency that reflects negotiated rates and features treatment- and provider-specific prices Delaware did not have a tool that met the criteria to receive credit. To receive credit, a state's tool has to be public-facing, searchable by specific procedure and hospital and show the negotiated rate paid by insurance plans/patients (not chargemaster rate).

KEY:  = implemented by state  = not implemented by state  = the state has implemented policies, but could be enhanced

Full report and additional details at www.HealthcareValueHub.org/Affordability-Scorecard/Delaware

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POLICY SCORE

1.0 OUT OF 10 POINTS

DE has not yet measured the extent of low-value care being provided. 100% of hospitals have adopted antibiotic stewardship.

OUTCOME SCORE

1.4 OUT OF 10 POINTS

Delaware was among the states with the most low-value care, with 21% of residents having received at least one low-value care service. Ranked 41 out of 50 states, plus DC.

RECOMMENDATIONS

DE should consider using claims and EHR data to identify unnecessary care and enact a multi-stakeholder effort to reduce it.

REDUCE LOW-VALUE CARE



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Analyze claims and electronic health records data to understand how much is spent on low- and no-value services

Delaware did not measure the provision of low-value care as of Dec. 31, 2021.



Require validated patient-safety reporting for hospitals

Central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) are two common forms of hospital-acquired infections. Data on patient safety reporting is not available for Delaware.



Universally implement antibiotic stewardship programs using CDC's 7 Core Elements

Improper use of antibiotics is another type of low-value care. Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients, and states were scored on what share of their hospitals follow the CDC's stewardship program. 100% of Delaware hospitals have adopted antibiotic stewardship. States with 90% adoption or more get the most credit.

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POLICY SCORE

7.2 OUT OF 10 POINTS

DE Medicaid coverage for childless adults extends to 138% of FPL. Only lawfully residing immigrant children/pregnant women can access state coverage options. DE uses reinsurance to reduce costs in the non-group market.

OUTCOME SCORE

7.9 OUT OF 10 POINTS

6% of DE residents are uninsured. Ranked 14 out of 50 states, plus DC.

RECOMMENDATIONS

DE should consider additional options for residents earning too much to qualify for Medicaid, like a Basic Health plan, premium subsidies, Medicaid buy-in and a Public Option. Also consider offering coverage options for undocumented children, pregnant people and adults.

EXTEND COVERAGE TO ALL RESIDENTS



THIS CHECKLIST IDENTIFIES THE POLICIES THAT WERE EVALUATED FOR THIS SECTION.



Expand Medicaid to cover adults up to 138% of the federal poverty level

Delaware has expanded Medicaid.



Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies

Delaware implemented a reinsurance program under a 1332 State Innovation Waiver. The waiver was approved in 2019 and has been in effect since 2020.



Provide options for immigrants that don't qualify for the coverage above

Delaware provides Medicaid coverage for eligible lawfully residing immigrant pregnant women and children without a 5-year wait, but offers no coverage options for undocumented immigrants. In 2022, HB 137 was introduced and would have expanded health insurance for undocumented children, but it did not pass.



Conduct strong rate review of fully insured, private market options

Delaware has effective rate review as classified by CMS but does not incorporate affordability criteria into rate review. Looking Ahead: Delaware's Office of Value-Based Health Care Delivery established affordability standards that would use rate review to enforce new targets for primary care investment, unit price growth for non-professional services and adoption of alternative payment models beginning in 2022.

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POLICY SCORE

6.0 OUT OF **10** POINTS

DE has limited protections against short-term, limited duration health plans; has partial protections against surprise medical bills and No Surprises Act loopholes; and caps cost-sharing for some high-value services.

OUTCOME SCORE

9.2 OUT OF **10** POINTS

DE ranked 2 out of 50 states, plus DC on affordability burdens but 19% of adults faced an affordability burden: not getting needed care due to cost (8%), delaying care due to cost (9%), changing medication due to cost (7%), problems paying medical bills (9%) or being uninsured due to cost (sample size too small).

RECOMMENDATIONS

DE should consider a suite of measures to ease consumer burdens, such as stronger protections against short-term, limited-duration health plans and surprise medical bill protections not addressed by the federal No Surprises Act. If DE wants to pursue standard plan design, they can establish a state-based exchange.

**MAKE
OUT-OF-
POCKET COSTS
AFFORDABLE**



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Limit the availability of short-term, limited-duration health plans

Delaware has enacted some protections against short-term, limited duration health plans (STLDs) but there are still plans available with a duration of less than a year with no additional substantive protections. Some people choose STLD health plans for their lower monthly premiums compared to ACA-compliant plans. However, they offer poor coverage, can discriminate against people with pre-existing conditions and pose financial risks for consumers. States received credit depending on how much they limit these plans.



Protect patients from inadvertent surprise out-of-network medical bills

Delaware has partial protections against surprise medical bills (SMBs), plus additional protections for ground ambulance bills not covered by the federal No Surprises Act. 'Comprehensive' protections include emergency departments and hospitals, apply to all insurance types, hold consumers harmless/prevent balance billing and adopt adequate payment standard or dispute resolution process. States with only some of these policies have 'partial' protections. The federal No Surprises Act prohibits SMBs in most plans effective January 2022. However, it does not cover ground ambulances. States can still implement protections in this area—24% of ground ambulance rides in DE charged to commercial insurance plans had the potential for SMBs (2021).



Waive or reduce cost-sharing for high-value services

Delaware caps costs for certain specialty drugs to treat conditions like hemophilia, HIV, hepatitis and multiple sclerosis, as well as for insulin.



Require insurers in a state-based exchange to offer evidence-based standard plan designs

Delaware conducts plan management activities on a federally facilitated marketplace and cannot implement standardized plans unless they establish a state-based exchange. Standard plan design makes cost-sharing the same across plans within metal tiers, making it easier for consumers to compare plans. They also help regulators and exchanges negotiate or set rates with insurance carriers, which may translate to lower prices for consumers.

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