

Mythbusters

House Joint Resolution 7 granted authority to the Department of Health and Social Services to study and plan for a health care spending benchmark. There has been some confusion about what the benchmark is and what it is intended to do. The following clarifies any misperceptions.

MYTH: The benchmark is a cap on spending.

REALITY: The benchmark is not a cap on spending. It is a target for health care spending growth. By increasing transparency and the dialogue about total health care spending, we can identify opportunities for cost and quality improvement.

MYTH: Under the cost and quality benchmarks, health care providers will be penalized for not meeting targets.

REALITY: The state will not penalize health care providers for not meeting a cost or quality benchmark. Both benchmarks will allow us – across the health care spectrum in Delaware – to take stock of where we stand.

MYTH: The ultimate goal of the benchmark is for the state to set rates.

REALITY: The benchmark has not been created to set rates. While the ultimate goal is to move toward value-based health care, the benchmark focuses solely on information transparency.

MYTH: The benchmark will reduce health care providers' reimbursement rates and their income.

REALITY: The benchmark process will not change contracting, or decrease reimbursement rates or a practice's revenues. It will create transparency so that we may understand where our health dollars are going and provide up-to-date data to determine the total cost of health care spending.

MYTH: Under the benchmark, health care providers will be singled out for differences in cost and quality.

REALITY: The reporting will not examine individual or small-practice variation in cost or quality. The benchmark is focused on total cost of expenditures in the state. Reporting will be at the system level and may look at large organizations, such as accountable care organizations, but not at small, individual practices.

MYTH: The benchmark will require health care providers to spend a lot of time gathering reports about their billing.

REALITY: There will be no report that health care providers or office staff have to fill out. Providers and their office staff will not spend additional time providing data to help measure the total cost of care. The information likely will come from health insurance claims.

Send any comments, questions, or concerns to: ourhealthde@state.de.us.

Read more about the benchmark at: <https://www.choosehealthde.com/Health-Care-Spending-Benchmark>.



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