

# The State of Delaware

## Group Health Insurance Plan (GHIP) Strategic Framework

### Mission

**Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.**

### Goals

Using the Alternative Payment Model (APM) Framework and FY2021 medical spend as a baseline<sup>1</sup>, increase GHIP spend through advanced APMS<sup>2</sup> to be at least the following by the end of FY2023 (as % of total spend):

- Category 3: 40%
- Category 4: 10%

### Strategies

- Continue to support the DHIN, including encouraging participation by Highmark and Aetna, and other data-driven approaches to provider care delivery
- Continue to support Highmark and Aetna efforts to establish advanced APM contracts (e.g., bundled payments, shared savings with downside risk, global budgets) with Delaware providers
- Continue to ensure members are aware of how to find high quality, high value providers
- Consider opportunities to partner directly with Delaware providers to promote greater adoption of advanced APMS

### Tactics

- Continue to require medical TPAs to submit GHIP claim data to the DHIN and to support value-based provider contracts (e.g., ACOs) where applicable
- Leverage the Delaware Health Care Claims database to compare cost across other state populations
- Continue to hold medical TPAs accountable for expanding their pay-for-value contracts with providers
- Continue to promote tools and resources that help members identify high quality, high value providers
- Evaluate the readiness of the provider marketplace in Delaware to assume additional financial risk
- Work with providers and TPAs to ensure non-claims payments are collected and reported to the DHIN

Reduction of GHIP diabetic cost per-member-per-month (PMPM) by 8% by the end of FY2023<sup>3</sup> using FY2021 spend as a baseline

*In addition to those noted for goal #1:*

- Continue leveraging vendor-provided and community-based diabetes prevention and management programs
- Continue to offer GHIP coverage of select diabetes prescriptions and supplies at no cost to members
- Continue to encourage member awareness and use of diabetes self-care resources and lifestyle risk reduction programs
- Continue exploring opportunities to expand access to primary care for GHIP participants

- Continue to offer condition-specific resources for diabetes and metabolic syndrome through the State Group Health plan (e.g., Livongo, Diabetes Prevention Program, CareVio, CCMU), including coverage of select diabetes prescriptions and supplies at no cost to members
- Continue to educate members on the availability of preventive care and condition-specific resources through the GHIP and other community resources (e.g., hospital-based health and wellness courses)
- Continue measuring diabetes prevalence, medical service/Rx utilization and cost ongoing vs. baseline
- Continue the Health Policy & Planning Subcommittee task of evaluating primary care access in Delaware

1 Estimated FY21 baseline medical spend in advanced APMS: Category 3 – 17%, Category 4 – 0%. Based on GHIP-specific data provided by Highmark and Aetna.

2 Defined by the APM Framework as Category 3 and Category 4 models.

3 Estimated reduction in diabetic member cost for FY21 is approximately 1.5% (\$0.7m).

Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark<sup>4</sup> by the end of FY2023 by focusing on specific components, which are inclusive of, but not limited to:

- Outpatient facility costs
- Inpatient facility costs
- Pharmaceutical costs

*In addition to those noted for goal #1:*

- Continue managing medical TPA(s) and GHIP coverage provisions
- Continue to offer and promote resources that will support member efforts to improve and maintain their health
- Continue to monitor GHIP claims experience to identify areas of unnecessary utilization

- Evaluate competitiveness of State Group Health medical and Rx vendors' pricing for covered services and drugs against their competitors
- Continue to explore, implement and promote medical TPA programs and plan designs that help steer members to most appropriate sites of care (without impacting quality of care delivered)
- Continue to educate GHIP members on lower cost alternatives to the emergency room for non-emergency care (e.g., telemedicine, urgent care centers, retail clinics)
- Continue to educate members on the availability of GHIP care management and risk reduction programs
- Continue to monitor utilization of the SurgeryPlus benefit and drive engagement through additional member education and ongoing review of incentives

In light of the GHIP's changing demographic profile, strive for an incremental increase in unique users utilizing a specific point-of-enrollment and/or point-of-care engagement platform/consumerism tool<sup>5</sup> by at least 5% annually

- Drive GHIP members' engagement in their health and benefit coverage decisions
- Ensure members understand benefit offerings and value provided
- Promote and educate members on the importance of using decision support tools for plan selection and provider price/quality comparison
- Offer meaningfully different medical plan options to meet the diverse needs of GHIP participants, and targeted programs to support special needs

- Continue to promote health care consumerism and the importance of making informed decisions when enrolling in or changing benefits
- Continue to communicate the value of benefits provided along with member education resources
- Steer new employees to these tools
- Explore and implement new decision support tools and/or engagement solutions as the vendor marketplace for these continues to evolve
- Periodically evaluate opportunities for changes to GHIP medical plan options and price tags, to encourage meaningful differences to prompt a greater need for members to utilize decision support

4 Currently pegged at 3.8% for 2019.

5 Through FY2021, this tool will continue to be administered under the purview of the SBO. Post-FY2021, selection of a specific engagement platform / consumerism tool will be at the discretion of the SEBC.