

## FY2024 Strategic Plan - Goals and Strategies

The FY2024 strategic plan reflects the desire of the Statewide Benefits Office (SBO) and the State Employee Benefits Committee (SEBC) to continue enhancing the mission of offering 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. Based upon the actions completed by the SBO in FY2023 towards achieving the goals set forth by the SEBC and the current projections of meeting the goals, the SBO has devised a FY2024 strategic plan that includes the following actions for the goals and strategies:

**Goal: Using the Alternative Payment Model (APM) Framework and FY2023 medical spend as a baseline, increase GHIP spend through advanced APMs to be at least the following by the end of FY2025 (as % of total spend):**

- **Category 3: 50%**
- **Category 4: 5%**

- Continue to support the DHIN, including encouraging participation by Highmark and Aetna, and other data-driven approaches to provider care delivery
- Continue to support efforts of the GHIP third-party administrators (TPAs) 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
- Continue to evaluate opportunities to drive a higher proportion of GHIP spend from retrospective payments for quality care delivered (Category 3) to prospective payments for care and/or global budgets (Category 4)

**Goal: Reduce per-member-per-month (PMPM) cost trend for the GHIP and for plan participants for the following conditions by the end of FY2025, using FY2023 spend as a baseline:**

- **Diabetes: 8% for the GHIP / 0.33% for plan participants**
- **Behavioral health: 0.5% for the GHIP / 0.02% for plan participants**
- **Musculoskeletal: 2% for the GHIP / 0.08% for plan participants**

- Continue to leverage vendor-provided and community-based prevention and lifestyle risk management programs for diabetes and behavioral health conditions
- Continue to explore ways to expand access to behavioral healthcare, including reducing and/or removing financial barriers for plan participants
- Continue to promote use of Centers of Excellence for treatment of musculoskeletal conditions
- Continue to encourage member awareness and use of self-care resources and lifestyle risk reduction programs for these conditions to promote healthy lifestyles
- Leverage data on GHIP member demographics (where available) and social determinants of health to identify specific population segments and their unique needs to inform future program offerings and member communications/outreach to address health disparities
- Continue to explore opportunities to expand access to primary care for GHIP participants and support the efforts of Delaware's Primary Care Reform Collaborative

**Goal: Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark by the end of FY2025 by focusing on specific components, which are inclusive of, but not limited to:**

- Outpatient facility costs
- Inpatient facility costs
- Pharmaceutical costs
- Bariatric surgery costs

- Continue managing GHIP TPAs and medical/Rx coverage provisions to encourage use of the most appropriate sites of care and/or types of treatment for members' individual health needs
- 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
- Continue to promote use of Centers of Excellence for bariatric surgery
- Continue to monitor opportunities for carving out coverage of additional services to Centers of Excellence beyond bariatric surgery based on cost, access and utilization by GHIP participants

**Goal: 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 by at least 5%**

- Continue to drive GHIP members' engagement in their health and benefit coverage decisions
- Continue to ensure members understand benefit offerings and value provided
- Continue to promote and educate members on the importance of using decision support tools for plan selection and provider price/quality comparison
- Consider ways to meaningfully differentiate the GHIP medical plan options to meet the diverse needs of GHIP participants, and targeted programs to support special needs
- Monitor and evaluate opportunities with the State's benefit vendors that extend beyond just health plan consumer decision support