

State of Delaware  
 Policy & Planning Subcommittee Topic Tracking Log  
 11/7/2018

Meeting Date	Agenda Topic(s)	New Topic(s)	Quick Hits (Follow-ups Outside of Meeting)	Short Term FY20 Focus Topics	Long Term Focus Topics	No Longer Consider	Move to/Receive direction from SEBC
	<i>Planned discussion topics for this date's meeting</i>	<i>Topics brought up during the meeting for further consideration</i>	<i>Follow-up to be sent to subcommittee after discussion</i>	<i>Topic determined for continued subcommittee dialogue</i>	<i>Topic tabled for longer term consideration</i>	<i>Agreed upon to cease discussion of topic</i>	<i>Decision to move topic for presentation and potential approval/receive direction from SEBC</i>
10/25/2018	<ul style="list-style-type: none"> <li>- Committee Business Rules</li> <li>- Overview of GHIP Planning Discussions with SEBC</li> <li>- FY20 Planning - Short Term Opportunities</li> </ul>	<ul style="list-style-type: none"> <li>- Details on demographic shifts</li> <li>- Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks)</li> <li>- How "access" is defined in strategic framework</li> <li>- How tactics align to each strategy within the strategic framework</li> <li>- Revisit new proposed goals within the strategic framework</li> <li>- Local Hospital cost (in executive session)</li> <li>- Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose &amp; timing)</li> <li>- PCP attribution / value of annual physicals / on-site clinics and other primary care options ("direct primary care", mobile units, TPA ability to support)</li> <li>- Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured)</li> <li>- Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support)</li> <li>- Plan mix/options (choice, traditional vs. consumer-directed, network &amp; TPA options)</li> <li>- Program incentives (types, alignment with goals / population or cohort needs, delivery methods)</li> <li>- Education/programs targeted at specific population need</li> <li>- Management of cost based on behavior/lifestyle (i.e., tobacco usage)</li> </ul>	<ul style="list-style-type: none"> <li>- Details on demographic shifts</li> <li>- Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks)</li> <li>- How "access" is defined in strategic framework</li> <li>- How tactics align to each strategy within the strategic framework</li> <li>- Summary of subcommittee feedback on / prioritization of GHIP influencing levers</li> </ul>	<ul style="list-style-type: none"> <li>- Site-of-Care Steerage (including opportunities, total and member-paid cost differentials for services)</li> <li>- Centers of Excellence Specifics (plan design, incentives, scope of COE-eligible procedures)</li> </ul>	<ul style="list-style-type: none"> <li>- Revisit new proposed goals within the strategic framework</li> <li>- Local Hospital cost (in executive session)</li> <li>- Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose &amp; timing)</li> <li>- PCP attribution / value of annual physicals / on-site clinics and other primary care options ("direct primary care", mobile units, TPA ability to support)</li> <li>- Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured)</li> <li>- Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support)</li> <li>- Plan mix/options (choice, traditional vs. consumer-directed, network &amp; TPA options)</li> <li>- Program incentives (types, alignment with goals / population or cohort needs, delivery methods)</li> <li>- Education/programs targeted at specific population need</li> <li>- Management of cost based on behavior/lifestyle (i.e., tobacco usage)</li> </ul>	<ul style="list-style-type: none"> <li>- Local Hospital cost (in executive session)</li> <li>- Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose &amp; timing)</li> </ul>	
11/7/2018	<ul style="list-style-type: none"> <li>- Updates from the October 25th</li> <li>- Centers of Excellence Plan Design</li> </ul>						

State of Delaware  
 Financial Subcommittee Topic Tracking Log  
 11/7/2018

Meeting Date	Agenda Topic(s)	New Topic(s)	Quick Hits (Follow-ups Outside of Meeting)	Short Term FY20 Focus Topics	Long Term Focus Topics	No Longer Consider	Move to/Receive direction from SEBC
	<i>Planned discussion topics for this date's meeting</i>	<i>Topics brought up during the meeting for further consideration</i>	<i>Follow-up to be sent to subcommittee after discussion</i>	<i>Topic determined for continued subcommittee dialogue</i>	<i>Topic tabled for longer term consideration</i>	<i>Agreed upon to cease discussion of topic</i>	<i>Decision to move topic for presentation and potential approval/receive direction from SEBC</i>
10/25/2018	<ul style="list-style-type: none"> <li>- Committee Business Rules</li> <li>- Overview and History of Group Health Financials</li> <li>- Quarterly Financial Reporting Format</li> <li>- Trend Methodology</li> </ul>	<ul style="list-style-type: none"> <li>- Look at demographic/geographic cuts of claim costs</li> <li>- Provide regional breakdown of trend (include Rx net of rebates)</li> <li>- Research other states financial reporting - what data/metrics do other states find valuable?</li> <li>- Reference-based pricing</li> <li>- Should the subcommittee establish a level of funding for future legislative actions?</li> <li>- Provide total cost share pie chart (shown in 10/25 P&amp;P subcommittee meeting)</li> <li>- Medical administrative fees - amount and % of total cost?</li> </ul>	<ul style="list-style-type: none"> <li>- Review demographic/geographic cuts of claim costs</li> <li>- Provide regional breakdown of claim cost/trend</li> <li>- Provide GHIP quarterly claims exhibit net of Rx rebates</li> <li>- Review components of national health care trend (price, utilization)</li> <li>- Provide total cost share pie chart (shown in 10/25 P&amp;P subcommittee meeting)</li> <li>- Medical administrative fees - amount and % of total cost?</li> </ul>	<ul style="list-style-type: none"> <li>- Premium Increases</li> <li>- Measuring savings for adopted programs (e.g., site-of-care steerage)</li> <li>- Walk-through quarterly reporting (what does the data suggest are the GHIP's problems and opportunities for short/long-term focus?)</li> <li>- Research other states financial reporting - what data/metrics do other states find valuable?</li> </ul>	<ul style="list-style-type: none"> <li>- Reference-based pricing</li> <li>- Pricing equity</li> <li>- Should the subcommittee establish a level of funding for future legislative actions?</li> </ul>	<ul style="list-style-type: none"> <li>- Reference-based pricing</li> <li>- Should the subcommittee establish a level of funding for future legislative actions?</li> </ul>	
11/7/2018	<ul style="list-style-type: none"> <li>- Updates from October 25th</li> <li>- FY18 Q4 Dashboard and Incurred Reporting Overview</li> <li>- Reserve, Claim Liability &amp; Surplus Methodology Discussion</li> </ul>						