



The State of Delaware

GHIP Strategic Framework

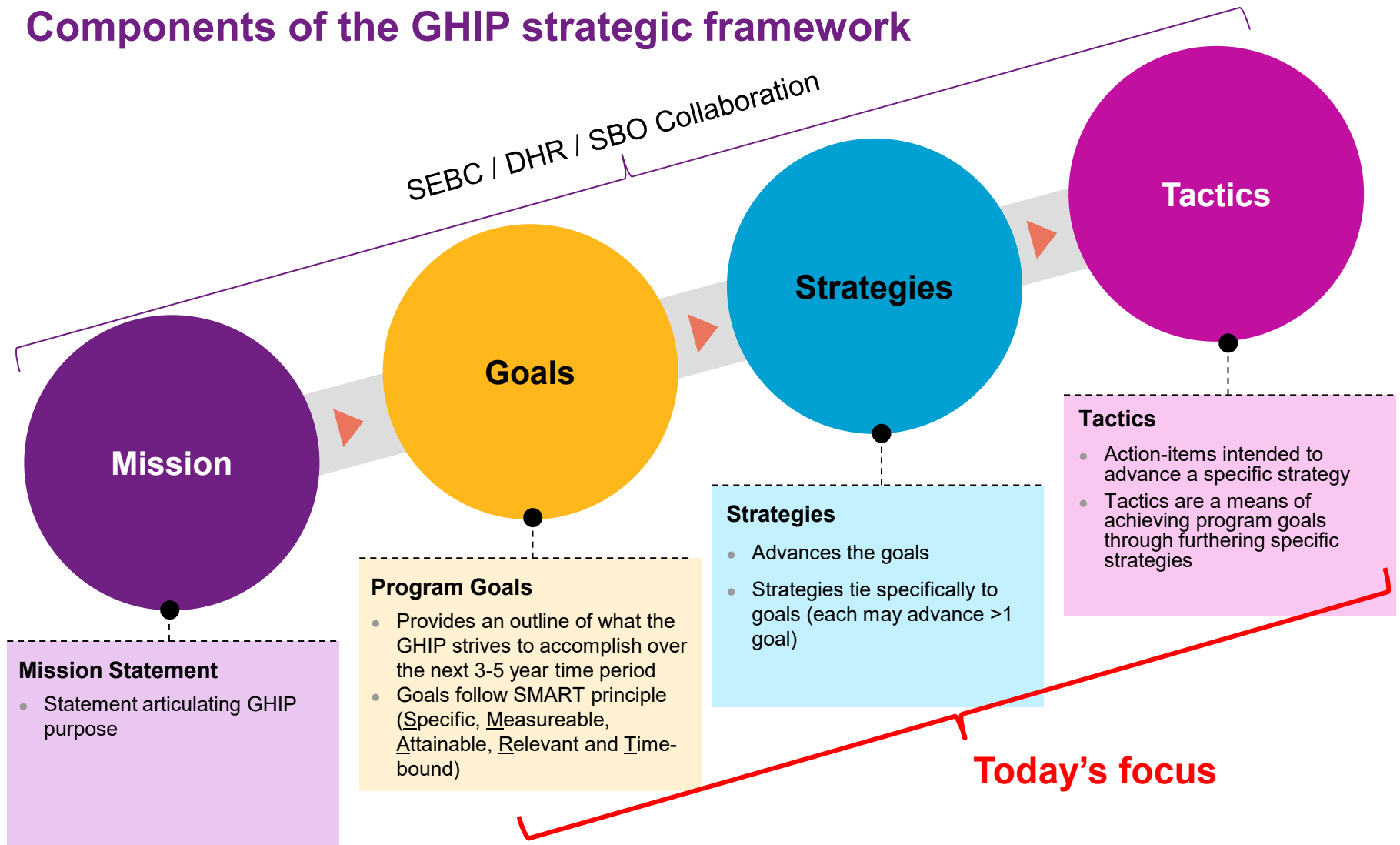
February 17, 2020

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Overview of today's discussion

- Initial proposed changes to GHIP strategic framework reviewed with SEBC in November 2019
 - Discussion focused on revisions to GHIP goals
 - Updates to strategies and tactics would follow after obtaining SEBC feedback
- Today's discussion incorporates SEBC input from the November 2019 and January 2020 meetings
- Additional input is requested of the SEBC to finalize updates to the strategic framework

Components of the GHIP strategic framework

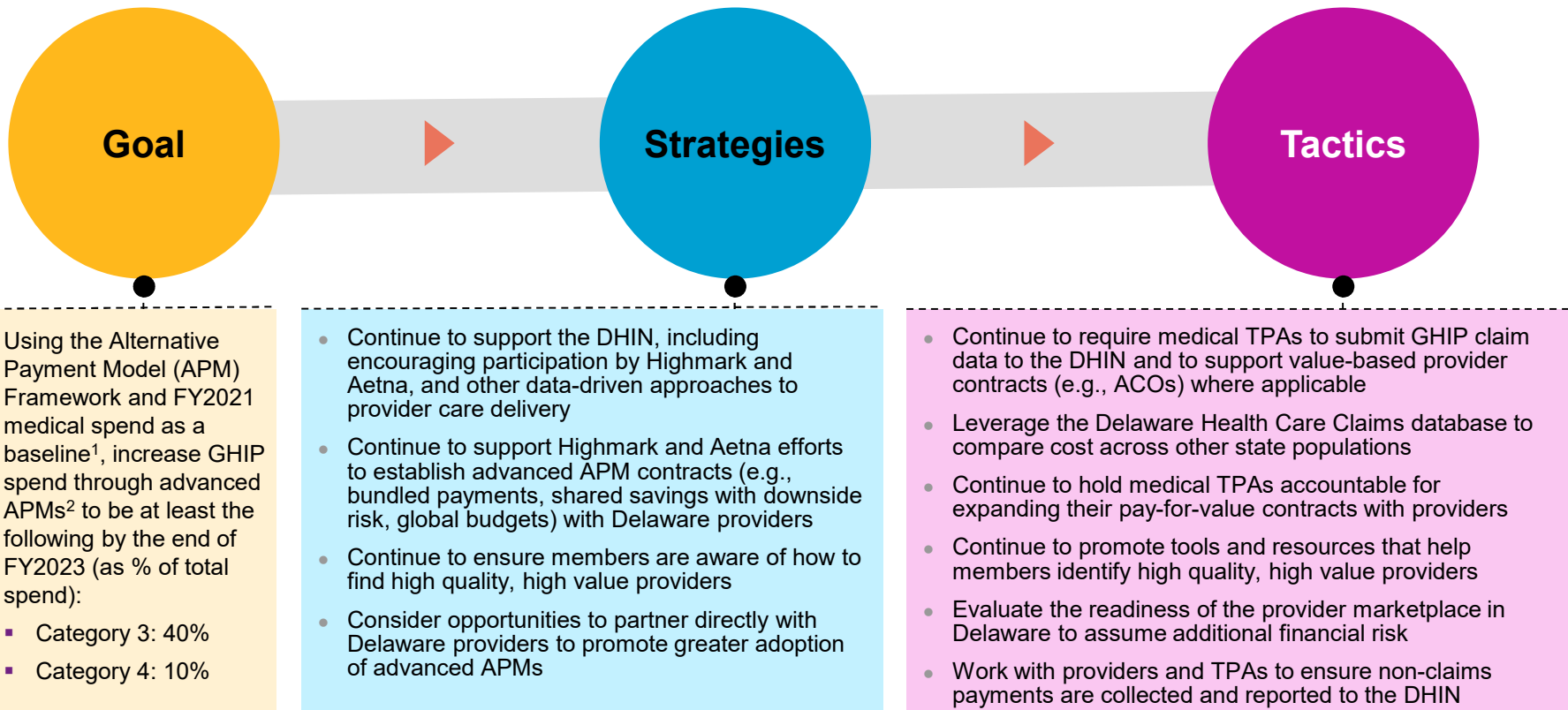


Original strategic framework including all four components above was finalized and approved by the SEBC in December 2016

Revised proposed GHIP goal #1

Mission Statement

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.



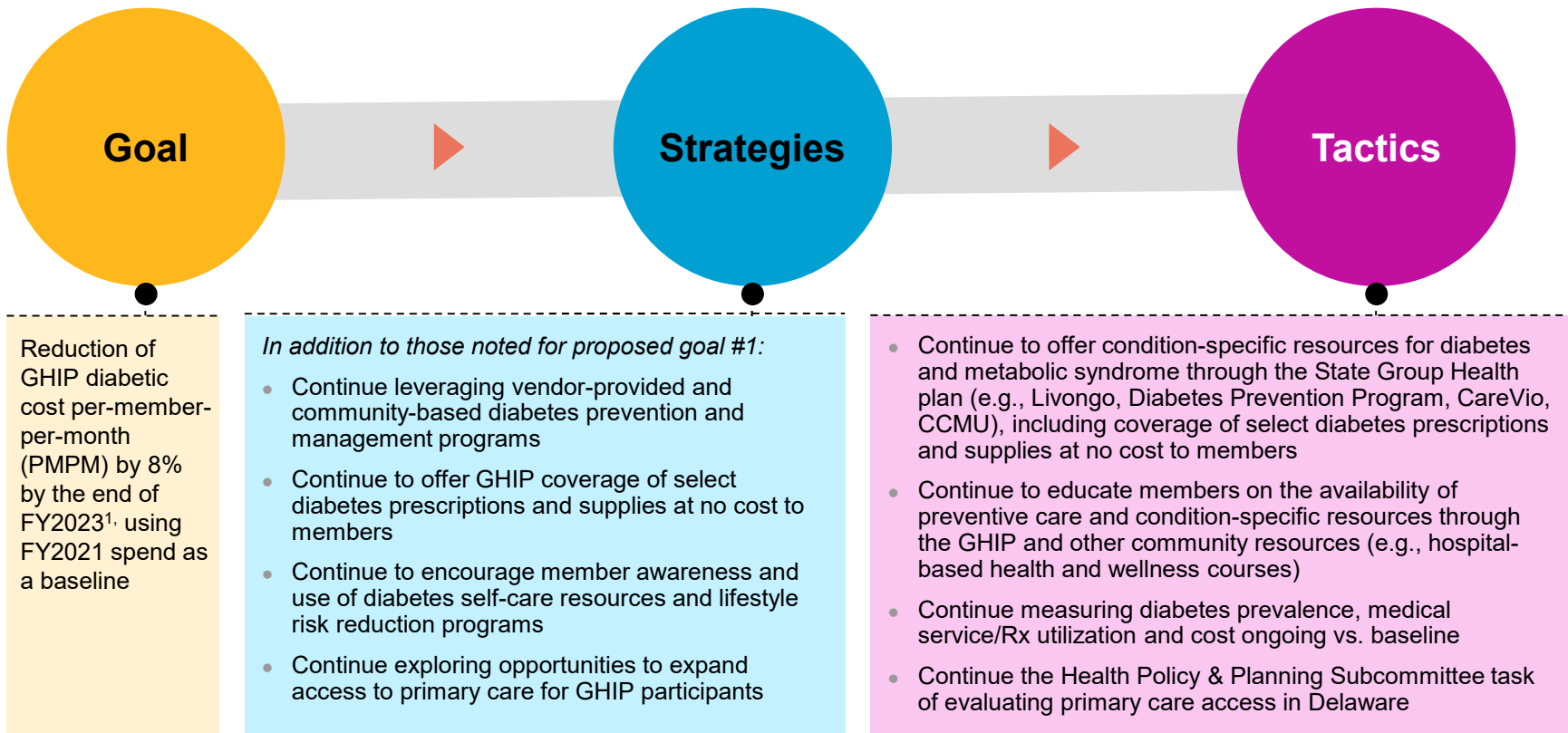
¹ Estimated FY21 baseline medical spend in advanced APMs: Category 3 – 17%, Category 4 – 0%. Based on GHIP-specific data provided by Highmark and Aetna.

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

Revised proposed GHIP goal #2

Mission Statement

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.



¹ Estimated reduction in diabetic member cost for FY21 is approximately 1.5% (\$0.7m).

Revised proposed GHIP goal #3

Mission Statement

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.



Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark¹ 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 proposed 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

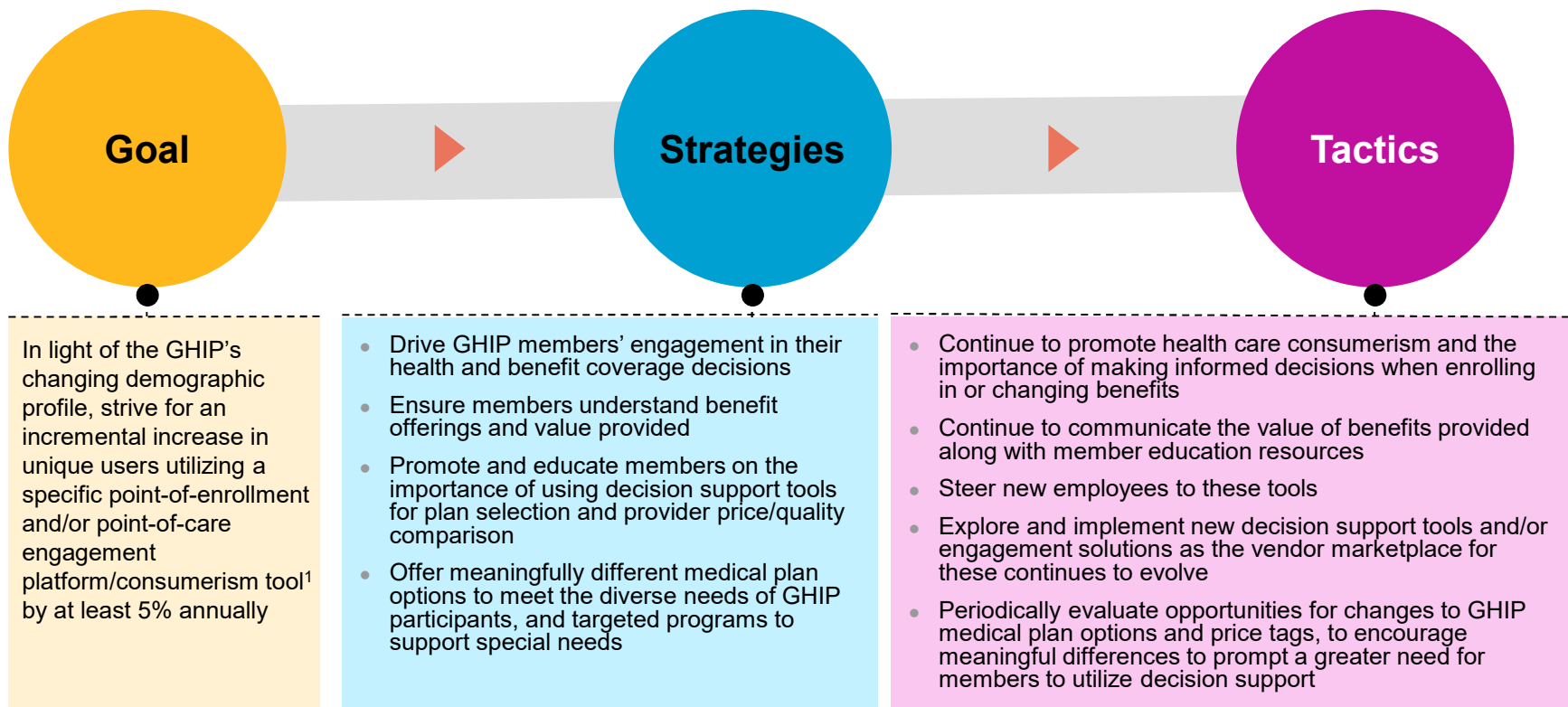
- Evaluate competitiveness of State Group Health medical and Rx vendors' pricing for covered services and drugs against their competitors
- Continue to explore, implement and promote medical TPA programs and plan designs that help steer members to most appropriate sites of care (without impacting quality 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

¹ Currently pegged at 3.8% for 2019.

Revised proposed GHIP goal #4

Mission Statement

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*.

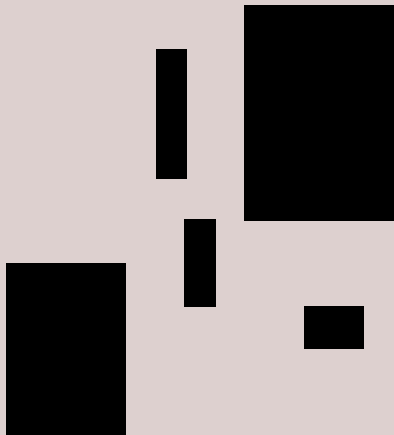


¹ Through FY2021, this tool will continue to be administered under the purview of the SBO. Post-FY2021, selection of a specific engagement platform / consumerism tool will be at the discretion of the SEBC.

Next steps

- SEBC to consider voting on the revised components of the GHIP strategic framework at the conclusion of today's SEBC meeting

Appendix





GHIP mission statement

Approved by the SEBC in December 2016

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.



GHIP mission statement

Core concepts defined

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*.

Core Concept	Definition
Adequate access	Access to various types of healthcare providers that meets generally accepted industry standards (e.g., x number of y PCPs, specialists, hospitals within z miles of GHIP participant's home zip code).
High quality healthcare that produces good outcomes	Healthcare that meets nationally recognized standards of care established by various governmental and non-governmental health care organizations (e.g., AHRQ, NCQA, The Leapfrog Group). ¹
Affordable cost	Annual health care cost trend that is lower than national average for both GHIP participants and the State. For GHIP participants, at minimum, medical plans meet the minimum value and affordability requirements under PPACA; cost reflects both out-of-pocket cost sharing via plan features and employee payroll contributions. For the State, program costs are monitored and budgeted to promote greater fiscal certainty.
Healthy lifestyles	Combination of behaviors that reduce health risk factors, including regular exercise, proper nutrition, avoidance of tobacco, moderation of alcohol use, preventive care, and active management of chronic conditions.
Engaged consumers	GHIP members who have taken ownership of their health by using all available resources provided by the State (e.g., provider cost/quality data, SBO consumerism website and online training course) to make informed decisions on how, where and when they seek care.

¹ AHRQ = Agency for Healthcare Research and Quality, a Federal agency within the U.S. Department of Health and Human Services (HHS).

NCQA = National Committee for Quality Assurance, a 501(c)(3) not-for-profit organization.

The Leapfrog Group is a nonprofit watchdog organization and a national advocate of hospital transparency in cost, quality and safety data to support informed decision-making among healthcare consumers.



GHIP goals – approved by SEBC in December 2016

Tied to the GHIP mission statement

Mission Statement:

*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:

- Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018
- Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020¹
- GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020²

¹ Gross trend is inclusive of total increase to GHIP medical plan costs (both “employer” and “employee”) and will be measured from a baseline average trend of 6% (based on a blend of the State’s actual experience and Willis Towers Watson market data).

² Note: To drive enrollment at this level, the State will need to make plan design and employee contribution changes that may require changes to the Delaware Code.



GHIP strategies – linked to GHIP goals

Framework for the health care marketplace

	Health Care Services	Health Status of the Population	
Providers	<p style="text-align: center;">Provider Care Delivery</p> <ul style="list-style-type: none"> ★ Continue to support the DHIN, including encouraging medical TPAs' participation, and other data-driven approaches to provider care delivery ★ Continue to support Highmark and Aetna efforts to establish advanced APM contracts with Delaware providers ○ Continue managing medical TPA(s) ★ Consider opportunities to partner directly with Delaware providers to promote greater adoption of advanced APMs with downside risk ■ Continue exploring opportunities to expand access to primary care for GHIP participants 	<p style="text-align: center;">Provider-led Health and Wellness Initiatives</p> <ul style="list-style-type: none"> ■ Continue leveraging vendor-provided and community-based diabetes prevention and management programs ○ Continue managing medical TPA(s) 	<p style="color: purple; font-weight: bold; margin-top: 0;"><i>Revised Proposed Goals:</i></p> <ul style="list-style-type: none"> ★ Using FY2021 medical spend as a baseline, increase GHIP spend through advanced APMs to be the following by the end of FY2023: Category 3 ≥ 40%, Category 4 ≥ 10% ■ Reduction of GHIP diabetic cost per-member-per-month (PMPM) by 8% by the end of FY2023 ○ Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark by the end of FY2023 by focusing on specific components ▲ Incremental increase in unique users utilizing a specific point-of-enrollment and/or point-of-care engagement platform/consumerism tool by at least 5% annually
	<p style="text-align: center;">Participant Care Consumption</p> <ul style="list-style-type: none"> ★ Continue to ensure members are aware of how to find high quality, high value providers ■ Continue to offer GHIP coverage of select diabetes prescriptions and supplies at no cost to members ○ Continue managing GHIP coverage provisions ○ Continue to monitor GHIP claims experience to identify areas of unnecessary utilization ▲ Ensure members understand benefit offerings and value provided ▲ Promote 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 	<p style="text-align: center;">Participant Engagement in Health and Wellness</p> <ul style="list-style-type: none"> ■ Continue to encourage member awareness and use of diabetes self-care resources and lifestyle risk reduction programs ○ Offer and promote resources that will support member efforts to improve and maintain their health ▲ Drive GHIP members' engagement in their health and benefit coverage decisions 	
Participants	Group Health Insurance Program		

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