MINUTES FROM THE MEETING OF THE STATE EMPLOYEE BENEFITS COMMITTEE
September 14, 2020

The State Employee Benefits Committee (the "Committee") met at 2:00 p.m. on September 14, 2020 in accordance with the Proclamation Authorizing Public Bodies to Meet Electronically. In the interests of protecting the citizens of this State from the public health threat caused by COVID-19, this meeting was conducted via WebEx, without a physical location.

Committee Members Represented or in Attendance:
Secretary Saundra Johnson, Department of Human Resources ("DHR"), Co-Chair
The Honorable Colleen Davis, State Treasurer, Office of the State Treasurer
Secretary Molly Magarik, Department of Health & Social Services ("DHSS")
Controller General Mike Morton, Office of the Controller General ("OCG")
Ms. Amy Bonner, Deputy Director, (Designee OBO Dir. Mike Jackson, Office of Management & Budget ("OMB"), (Co-Chair)
Mr. Tanner Polce, Policy Advisor (OBO The Honorable Bethany Hall-Long, Lieutenant Governor, Office of the Lt. Governor)
Mr. Jeff Taschner, Executive Director, Delaware State Education Association (Appointee of the Governor)
Ms. Ashley Tucker, Staff Attorney, Administrative Office of the Courts (Designee OBO The Honorable Collins Seitz, Chief Justice, Delaware Supreme Court)

Committee Members Represented or in Attendance:
The Honorable Trinidad Navarro, Insurance Commissioner, Department of Insurance ("DOI")

Others in Attendance:
Director Faith Rentz, Statewide Benefits Office ("SBO"), DHR
Deputy Director Leighann Hinkle, SBO, DHR
Deputy Attorney General, Andrew Kerber, Dept. of Justice, SEBC Legal Counsel
Mr. Kevin Fyock, Willis Towers Watson ("WTW")
Mr. Chris Giovannello, WTW
Ms. Jaclyn Iglesias, WTW
Ms. Rebecca Warnken, WTW
Ms. Joanna Adams, Pension Administrator, Office of Pensions
Mr. Peter Bandarenko, MetLife
Ms. Jennifer Bredemeier, University of Delaware
Ms. Victoria Brennan, Sr. Legislative Analyst, OCG
Ms. Christina Bryan, DE Healthcare Assoc.
Ms. Cherie Dodge Biron, Deputy Principal Assistant, DHR
Ms. Rebecca Byrd, ByrdGomes LLC
Ms. Julie Caynor, Aetna
Ms. Judy Grant, Health Advocate
Ms. Nina Figueroa, Health Policy Advisor, SBO, DHR
Ms. Sandy Hart, IBM Watson Health
Ms. Kim Hawkins, City of Dover
Ms. Abby Houtman, Superior Vision
Ms. Heather Johnson, Controller, DHR
Ms. Elizabeth Lewis, Hamilton Goodman Partners
Ms. Lisa Mantegna, Highmark Delaware
Mr. Walt Mateja, IBM Watson Health
Ms. Emily Molinaro, Fiscal & Policy Analyst, OMB
Ms. Katherine Nadelka, HRIS Specialist III, PHRST
Ms. Jennifer Najjar, MetLife
Ms. Pam Price, Highmark Delaware
Ms. Paula Roy, DE Chiropractic Services Network
Ms. Carrie Schiavo, Delta Dental
Ms. Judi Schock, Deputy Principal Asst., OMB
Ms. Martha Sturtevant, Exec. Sec., SBO, DHR -Recorder

CALLED TO ORDER
Dir. Faith Rentz called the meeting to order at 2:00 p.m. and introductions were made.

APPROVAL OF MINUTES – DIRECTOR FAITH RENTZ

A MOTION was made by CG Morton and seconded by Sec. Magarik to approve the minutes from the August 17, 2020 meeting of the State Employee Benefits Committee.
MOTION ADOPTED UNANIMOUSLY

DIRECTOR'S REPORT – DIRECTOR FAITH RENTZ

Subcommittee Updates:

The Financial Subcommittee and the Health Policy & Planning Subcommittee met in a joint session September 10, 2020 to review the July 2020 Fund report and updated COVID-19 reporting. They also discussed the purpose and potential audiences for the Health Care Stakeholder Request for Information ("RFI").

The Health Policy & Planning Subcommittee has been asked to review proposed changes to the GHIP Eligibility & Enrollment Rules with responses due back to SBO by October 1, 2020; further discussion on proposed changes that require feedback from follow-up will be reviewed at the October 8, 2020 Subcommittee meeting and will be the primary topic for the Committee at the October 12, 2020 meeting.

In November the Committee and its Subcommittees will review the engagement and effectiveness of FY20 implemented programs (e.g. infertility benefit changes, site of care, etc.). SBO will continue to work with the Proposal Review Committee on the remaining Request for Proposals (medical and prescription plan audit services, data analytics and prescription benefit manager) with award recommendations expected to the Committee between October 2020 and January 2021.

The Rethink family support benefit designed to support families caring for children with learning, social or behavioral challenges, or developmental disabilities was approved by the Committee on June 8, 2020. Rethink estimates 2,321 employees are caring for a child with a developmental disability based upon 17% prevalence per CDC. Through week 6, there is a 4.7% participation rate with 109 employees enrolled and receiving assistance from a care team member. SBO is sending communications to announce October webinars designed to assist parents with developing their children's executive functioning skills.

SBO is preparing communications to announce the transition from Health Advocate to the new Employee Assistance Program vendor, ComPsych (contract effective January 1, 2021). Communications will begin in October for Human Resources/Benefit Representatives and agency leadership, and in November for employees.

FINANCIALS – WILLIS TOWERS WATSON

July Fund Report – Mr. Chris Giovannello, WTW

Revenues came in $3.4M below budget. There was a $3.8M coverage gap discount payment.

Claims in July were $7.1M below budget. The FY21 budget does not reflect Q4 favorable claim experience or account for the impact of care deferral due to COVID-19.

July had an overall net income shortfall of $6.4M and the Fund Equity balance is $183.4M.

COVID-19 Reporting – Mr. Chris Giovannello, WTW

As a result of deferred care that began in late March due to COVID-19, the FY20 Q4 claims were a combined $47.1M below budget. Claim levels are returning closer to budget. July and August claims were $7.1M and $3.9M below budget, respectively, with September and October claims expected to be on budget.

Actual costs related to COVID-19 were reviewed by health plan provider.

Highmark has 584 confirmed positive members of the 5,944 tested. Paid claims for confirmed members total $3.7M and testing claims total $3.8M. There is $1.6M in pending charges. There were 360 telemedicine claims associated with COVID-19 totaling $34K.

Aetna has a total of 1,270 in confirmed member claims, for a total of $686K in paid claims with 3,847 test claims totaling $352K. Telemedicine utilization for COVID-19 total $22K, and $1.9M in claims for non-COVID-19 visits.

On September 10, 2020 the Subcommittee requested more detail on COVID-19 claims by member. Further analysis is forthcoming.

COVID-19 GROUP HEALTH INSURANCE PLAN ("GHIP") BENEFIT PLAN ADJUSTMENTS

COVID-19 Benefit Plan Changes and Related Considerations – Mr. Fyock, WTW

The Committee considered a vote to extend COVID-19 related benefit plan changes.

The Committee reviewed the recommendations and estimated costs to extend the following benefits through December 31, 2020 and for any time period following for which Aetna and Highmark fully-insured plans are extended to include: no member cost share for in-network, inpatient services related to COVID-19 (estimated cost $200-300K), Employee Assistance Program services coverage for all State of Delaware employees (estimated cost $16,800), no member cost share for office visits that result in COVID-19 related testing or treatment, and no member cost share for telehealth visits (estimated cost $25-37K).

A MOTION was made by CG Morton and seconded by Ms. Bonner to extend COVID-19 related benefits to the GHIP through December 31, 2020 and for any time period following for which Aetna and Highmark fully-insured plans are extended, as presented.
MOTION ADOPTED UNANIMOUSLY

AETNA DIABETES PREVENTION PROGRAM

Solera – Ms. Leighann Hinkle, SBO

The Committee considered the adoption of the solera Diabetes Prevention Program for Aetna members. Solera is comparable to Retrofit which is currently offered to Highmark members, but not available for Aetna members.

Solera will work with SBO to support member communications to launch the program.

To enroll, members will take a 1-miute quiz online to determine eligibility. Once qualified, the member is encouraged to enroll and will be matched to programs that meet their preferences. Programs include options for virtual and in-person support to make lasting healthy lifestyle changes.

Members who qualify and enroll will have the opportunity to participate in 16 weekly sessions, followed by monthly sessions for up to one-year.

There are 4 milestones that are each activity or outcome based: (1) enrollment, (2) engagement at 4 weeks, (3) engagement at 60 days, (4) and 5% weight loss. Claims are filed at each milestone. Digital scales are provided to members participating in online programs. A Fitbit tracker is provided for members with 4 weeks of engagement.

The cost is $178.50 per milestone/per member. The average first-year cost is estimated at $475-$525 per enrollee.

Solera implementation will take 12-16 weeks. Solera is an existing Aetna partner and the program can be initiated immediately.

Sec. Johnson queried the cost impact to the employee. Ms. Hinkle responded that there is no member cost share to members and that is consistent with the Retrofit program available to Highmark members and the YMCA diabetes prevention programs available to Aetna and Highmark members.

A comparison of Solera to Retrofit was shared with the Committee. The average cost for Solera is projected to be less per participant per year as compared to Retrofit members; it is estimated to cost the GHIP $29,925-$33,075 annually. Enrollment is estimated at 63 members. Both programs are offered for 52 weeks, and Solera offers ongoing support in year-two with program completion (achievement of 5% weight loss, increase activity and management stress). The curriculum, duration, eligibility criteria and goals are the same for both programs.

All Aetna members will be included in the outreach campaign via email (if address is on file) or by direct mail (for members without an email).

A MOTION was made by Sec. Johnson and seconded by CG Morton to approve implementation of the Solera Diabetes Prevention Program for Aetna members for an effective date of January 1, 2021.
MOTION ADOPTED UNANIMOUSLY

GHIP STRATEGIC PLANNING INITIATIVES

SEBC Strategic Framework Goals – Ms. Jaclyn Iglesias, WTW

Members reviewed the GHIP mission statement and the measurement update on Goal #1 of the Strategic Framework.

The measurement for Goal #1, which seeks to increase the percent of GHIP spend through advanced Alternative Payment Model ("APM"), has been updated to set FY21 medical spend as a baseline.

Additionally, the Office of Value Based Health Care Delivery ("OVBHCD") is measuring total medical expenditures for fully insured payers in Delaware through each category of the APM framework. To collaborate with the OVBHCD, SBO would like to request assistance from Aetna and Highmark in completing the data collection template for the purpose of aggregating GHIP data with the fully insured.

Health Care Stakeholder Request for Information – Ms. Jaclyn Iglesias, WTW

Members reviewed the goals and primary audiences targeted by the Health Care Stakeholder Request for Information ("RFI").

The RFI seeks to gather best practices in collaborative approaches and innovative solutions to reduce total cost of care and improve quality, cost, and access for the GHIP, improve provider satisfaction, and to understand interest and readiness among Delaware providers to enter more advanced categories of the APM framework, and to identify third-party providers would could support the goals of the SEBC.

The RFI seeks to identify stakeholders who are willing to partner with the GHIP in advanced APMs containing down-side risk, who can expand access to primary care, and who can improve care delivery, coordination, and management for participants.

Sec. Johnson inquired how the RFI might align with the opportunities outlined in the presentation by Johns Hopkins. Ms. Iglesias responded that the researchers reported on the cost components of hospital facilities whereas the RFI is taking a broader approach and outside of hospital stakeholders. Dir. Rentz added that the collaboration with the OVBHCD, along with the results of the RAND study will provide an opportunity for further discussions related to the information previously presented by the Johns Hopkins' Team.

The RFI encourages innovation and seeks to gather perspectives on proposed solutions, prior experience, understand the barriers to adoption, and the timeframe for readiness to adopt. Respondents should articulate how recommendations support the State's commitment to promoting the delivery of high quality care that does not increase the total cost of care.

Sec. Johnson queried whether other states had issued similar RFIs. Ms. Iglesias was not aware of other states using the same approach, but private employers have taken a similar approach to drive innovation. Sec. Magarik responded that local stakeholders have asked for the opportunity to collaborate and the RFI offers an opportunity for dialog not available during the RFP process.

The RFI is scheduled to be released on September 22, 2020 with responses due December 1, 2020. There will be no contract awarded as a result of the RFI; however, responses will assist in preparing the upcoming GHIP Medical Plan TPA RFP scheduled for release in the Spring of 2021 for a contract effective date of July 1, 2022.

CONTRACT AWARD RECOMMENDATION for VISION PLAN – JACYLN IGLESIAS, WTW
The Committee reviewed the timeline of the vision insurance plan RFP and the final recommendation of the Proposal Review Committee ("PRC").

The PRC's key areas of discussion included the vendor's ability to expand networks to include the top 20 utilized providers for current plan participants, option to offer an optional second "high" plan, and the option to extend coverage to include Participating Groups without increasing the cost to current participants.

EyeMed had the highest score among the three finalist (EyeMed: 46.0, Superior Vision: 43.1, and MetLife: 40.7).

EyeMed had the least network disruption and their best and final offer resulted in a reduction of the current FY20 rate. They were also rated high in their service to members including ease of use of member website and apps and to SBO for account management.

The PRC voted to recommend offering a second "high" plan option and to offer coverage to Participating Groups on a direct bill arrangement at no additional cost to current plan participants.

A MOTION was made by Sec. Magarik and seconded by Sec Johnson to approve the recommendation of the Proposal Review Committee to award the Vision Insurance Plan contract to EyeMed for an initial three-year term effective July 1, 2021 through June 30, 2024, with two optional one-year period extensions to include two coverage options and expand eligibility to Participating Groups that do not offer their own vision plans.
MOTION ADOPTED UNANIMOUSLY

OTHER BUSINESS
No new business.

PUBLIC COMMENT
No public comment.

ADJOURNMENT
A MOTION was made by Sec. Johnson and seconded by Mr. Taschner to adjourn the meeting at 02:58 p.m.
MOTION ADOPTED UNANIMOUSLY

Respectfully submitted,

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Martha Sturtevant, Executive Secretary, Statewide Benefits Office, Department of Human Resources
Recorder, Statewide Employee Benefits Committee