



The State of Delaware

GHIP Strategic Planning Initiatives

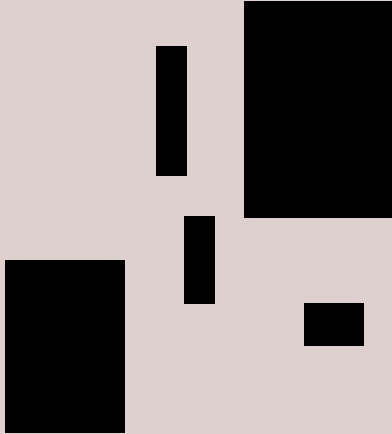
September 14, 2020

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Overview of today's discussion

- SEBC Strategic Framework Goals
- Health Care Stakeholder Request for Information (RFI)

SEBC Strategic Framework Goals





GHIP mission statement and goals

Approved by the SEBC in February 2020

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

Using the Alternative Payment Model (APM) Framework and FY2021 medical spend as a baseline¹, increase GHIP spend through advanced APMs² to be at least the following by the end of FY2023 (as % of total spend):

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

Reduction of GHIP diabetic cost per-member-per-month (PMPM) by 8% by the end of FY2023³, using FY2021 spend as a baseline

Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark⁴ 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 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 tool⁵ by at least 5% annually

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)

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.



Measurement update on Goal #1:

Opportunity to leverage efforts of the Office of Value Based Healthcare Delivery

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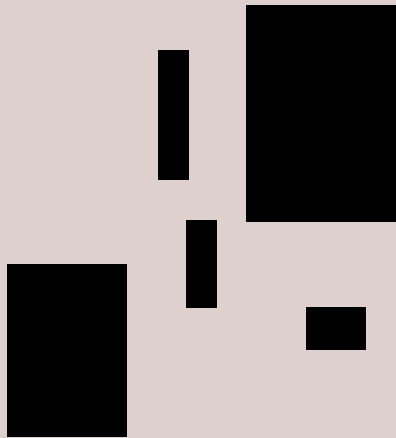
- Category 3: 40%
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- Will use FY21 medical spend as a baseline
- Requires spend to be categorized into the categories of the Health Care Payment Learning & Action Network's Alternative Payment Model (APM) Framework
- Previously measured in 2019 for the FY18 plan year
- Office of Value Based Health Care Delivery is conducting similar exercise with fully insured payers in Delaware to measure total medical expenditures for insurers' books of business through each category of the APM framework
- SBO would like to add the GHIP's data to this effort

Next steps

- SBO will request assistance from Highmark and Aetna with completing the Office of Value Based Health Care Delivery's data collection template for the GHIP
- Information will be provided to the Office of Value Based Health Care Delivery for aggregation with the fully insured data collected
- GHIP spend through APM framework categories will continue to be monitored using a similar approach in the future

Health Care Stakeholder Request for Information (RFI)



Update on the Health Care Stakeholder RFI

- Detailed overview of the RFI was provided at the Combined Financial and Health Policy & Planning Subcommittee on Thursday, September 10, 2020
- Overview included (and included herein):
 - Purpose of the RFI
 - Primary audiences targeted by the Health Care Stakeholder RFI
 - Important considerations
 - Timing for RFI release and anticipated next steps

Purpose of Health Care Stakeholder RFI

The SEBC has authorized the SBO to issue a health care stakeholder RFI in an effort to gather best practices in *cooperative approaches* and *innovative solutions* to reducing the total cost of care for the GHIP. This RFI will identify strategies that have the potential to support the following goals of the GHIP Strategic Framework:

GHIP Strategic Framework Goals

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Primary audiences targeted by the Health Care Stakeholder RFI

1. Health care stakeholders willing to partner with the GHIP in advanced APMs containing down-side risk (Category 3B & 4 models)
2. Health care stakeholders willing to expand access to primary care with an effort to improve care delivery and coordination for GHIP participants
3. Health care stakeholders willing to improve care delivery, care coordination and care management for GHIP participants

Above groups may include third party vendors that could play a role in the Delaware health care marketplace to support the goals of the SEBC

Other important considerations

- RFI will seek stakeholders' perspectives on proposed solutions, prior experience with similar models, thoughts on barriers to adoption, timeframe for readiness to adopt, and implications for transformation of care delivery
- ***Innovation is encouraged*** – stakeholders who have ideas about solutions that are not yet available in the Delaware marketplace are encouraged to participate in this RFI
 - It is critical that those suggestions articulate how those approaches would also maintain the State's commitment to promoting the delivery of high-quality care in a cost-efficient manner that does not increase the total cost of care
- There will be no contract awarded as a result of this RFI
 - However, findings from this RFI **will be used as key inputs for the upcoming GHIP Medical TPA RFP**, which is scheduled for release by Spring 2021

Next steps

- Health care stakeholder RFI – key dates:
 - RFI released: Tuesday, September 22, 2020
 - RFI response period closes: Tuesday, December 1, 2020
 - Questions from respondents will be accepted throughout the entire response period (September 22 – December 1, 2020)
- Information obtained in this RFI will be used as key inputs for the upcoming GHIP Medical TPA RFP, which is scheduled for release in the Spring, 2021

