The State of Delaware

FY25 GHIP Planning

State Employee Benefits Committee Meeting

November 20, 2023

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Today’s discussion

- Diversity, Equity & Inclusion (DEI) Benefits Review
- Weight Management Strategy

Diversity, Equity & Inclusion (DEI) Benefits Review

Overview

- Also called “Inclusive Benefits Review”
- Conducted by WTW with input from the GHIP medical, Rx, EAP and dental vendors
- Discussion with the Health Policy & Planning Subcommittee has centered on:
  - Goals and objectives of this review, including how it supports the future state of the GHIP
  - Overview of the review process, including the specific health benefits reviewed
  - Key strengths and high-level short-/long-term opportunities related to current health benefits reviewed
- Further details captured in the Appendix

Health benefits reviewed

- Family forming benefits
- Gender-affirming care / LGBT+
- Women’s health
- Mental health / emotional wellbeing
- Broad wellbeing
- Dental

Benefits were reviewed on a “**good, better, best**” scale for select provisions through a DEI lens, using:

- Corporate indices, such as Human Rights Campaign’s Corporate Equality Index
- Published clinical guidelines and best practices (e.g., WPATH[1])
- Employer prevalence data and surveys
- Employee surveys and input

1. The World Professional Association for Transgender Health (WPATH) is currently the main group creating evidence-based guidelines for treatment of transgender individuals.

Diversity, Equity & Inclusion (DEI) Benefits Review

Feedback from the HP&P Subcommittee

- Discussion about specific short-term opportunities related to the benefits included in this review is ongoing
- Subcommittee member feedback:
  - Two members voiced support for the following benefit enhancements:
    - Removing the requirement for a diagnosis of infertility for opposite sex, same sex and transgender couples, and single parent by choice
    - Benefits related to women's health including enhanced coverage of wigs, addition of cooling cap allowance, alignment of current mastectomy bra benefit regardless of medical carrier
  - Discussed differences in current coverage of acupuncture benefits under the Highmark and Aetna medical plan options (part of "Broad wellbeing" benefits)
  - As a follow-up, Subcommittee members requested additional information on the pricing and coverage provisions associated with hearing aids (part of "Broad wellbeing" benefits), for both Medicare and non-Medicare eligible individuals

Discussed in November

- Family forming benefits
- Women's health
- Broad wellbeing

For discussion in December

- Gender-affirming care / LGBT+
- Mental health / emotional wellbeing
- Dental

Diversity, Equity & Inclusion (DEI) Benefits Review

Next steps

- Aiming to wrap up discussions at the Subcommittee level in December
  - Includes further refinement of preliminary cost estimates for benefits reviewed in November plus firm estimates for remaining benefits not yet discussed
- Prioritized list of benefit enhancements, based on Subcommittee member feedback, administrative considerations and cost impact, will be reviewed with the SEBC in December

Weight Management Strategy

Overview and Subcommittee member feedback

- Discussed with the Health Policy & Planning Subcommittee over several recent meetings
- Prompted by SEBC decision to expand coverage of weight loss medications for Commercial (non-Medicare) plan participants effective July 1, 2023
- Key areas for discussion and summary of feedback from Subcommittee members:

Topic discussed	Subcommittee member feedback
Updates on FY24 year-to-date cost and utilization of weight loss medications, and initial considerations on measuring outcomes	• Request for continued visibility into future cost and utilization of these medications • Interest in evaluating impact on member health outcomes *As a next step, SBO, Merative and WTW are collaborating on further analysis and reporting that will provide additional insight into the cost, utilization and outcomes related to coverage of these medications for the SEBC and Subcommittees.*
Utilization management restrictions currently in place for Commercial plan participants seeking weight loss medications (i.e., aligned with U.S. Food and Drug Administration guidelines)	• Members had differing opinions on whether additional restrictions should be put in place under the GHIP prescription drug plan to control member utilization of these medications • Some members voiced concern over putting further limitations in place so soon after coverage was first adopted by the SEBC • Others cited concerns about the escalating cost of these medications, given that actual Q1 FY24 costs had already reached the level of the original annual cost estimated by CVS • No consensus was reached on next steps beyond further monitoring and evaluation of the continued use of these medications

Weight Management Strategy

Overview and Subcommittee member feedback (continued)

- Key areas for discussion and summary of feedback from Subcommittee members:

Topic discussed	Subcommittee member feedback
Current GHIP resources to support weight loss and management, and availability of new weight management pilot program through CVS	• Interest in leveraging existing weight management resources and using current care management programs to steer members to those resources in lieu of adopting new programs focused on weight management • During this discussion, the topic of encouraging engagement in existing weight management resources as a requirement for accessing weight loss medications was raised; this included discussing two examples from other states (FL, CT). Some Subcommittee members voiced concerns about requiring members who are seeking weight loss medications to also participate in programs that rely on weight loss methods (i.e., diet, exercise) that may not have previously worked for those members. *As a next step, SBO and WTW are continuing to explore opportunities to leverage the GHIP medical carriers' care management programs to drive engagement in all weight management resources available to plan participants.*
Current gap in medical plan coverage of outpatient weight management consultations (i.e., requires co-morbid condition in order for visit to be covered under the medical plan)	• May be an exclusion specific to Delaware's State Group Health plan • Some interest in removing requirement of co-morbid condition, with recognition that medical treatment for weight loss goes beyond simply granting access to weight loss medications; estimated FY24 cost of $383K if requirement is removed effective 1/1/2024 (estimated total cost of $765K annually) • Subcommittee members had differing opinions on whether requirement should be removed • During this discussion, the opportunity to address this coverage gap through virtual primary care solutions offered by the medical carriers was raised. There was no interest from the Subcommittee in further exploring virtual primary care as an avenue for expanding access to outpatient weight loss consultations.

Weight Management Strategy

Next steps

- SBO, Merative and WTW are collaborating on further analysis and reporting that will provide additional insight into the cost, utilization and outcomes related to coverage of these medications for the SEBC and Subcommittees
- SBO and WTW are continuing to explore opportunities to leverage the GHIP medical carriers' care management programs to drive engagement in all weight management resources available to plan participants
- SEBC to determine whether there is any interest in further considering any changes to one or both of the following topics for which there was not consensus among Subcommittee members:
  - Whether additional restrictions beyond those recommended by the U.S. Food and Drug Administration should be put in place under the GHIP prescription drug plan to control member utilization of these medications
  - Whether the current requirement of a co-morbid condition should be removed in order for the GHIP medical plan to cover outpatient weight management consultations

Appendix

Inclusive benefits review – goals and objectives

- Do our current benefit programs meet the needs of a diverse workforce?
- How do benefits impact our ability to attract and retain employees?
- Does the current benefits package support an inclusive and diverse culture, and align with the State's Diversity, Equity, and Inclusion goals?
- Are there opportunities to improve the wellbeing of State employees (financial, physical, and/or emotional wellbeing)?

Support Development of GHIP Future State

Meaningful Choice – Several medical plan options that are meaningfully different in terms of price tags and benefit value (including an IRS-qualified HSA plan)

Personalized Benefit Offerings – After-tax Lifestyle Savings Account aimed at meeting the participants' life needs in any given year (e.g., child/elder care, student loan repayment, pet insurance, etc.)

Voluntary Benefits – Strategic approach driven by employee demographics, supported by robust benchmarking, market knowledge and enrollment services

Flexible Subsidization – Employees receive fixed amount towards suite of core and voluntary benefit offerings such that employees can purchase based on their own unique needs

Meets Variety of Needs – Scope of benefit offerings are flexible to meet the needs and preferences of the State's diverse workforce

Inclusive benefits review – overview of process

Health benefits reviewed	Areas for potential future study/review
• Family forming benefits • Gender-affirming care / LGBT+ • Women's health • Mental health / emotional wellbeing • Broad wellbeing • Dental	• Disability plan and policies • Leave/time off programs • Retirement readiness and benefit offerings • Caregiving benefits • Perks/ancillary benefits • Benefits education, communications and resources

Benefits were reviewed on a "**good, better, best**" scale for select provisions through a DEI lens, using:

- Corporate indices, such as Human Rights Campaign's Corporate Equality Index
- Published clinical guidelines and best practices (e.g., WPATH)
- Employer prevalence data and surveys
- Employee surveys and input

Strengths in current offerings

Health benefit reviewed	Strengths
Family forming benefits	• Generous fertility benefit implemented in August 2019 with medical and Rx maximums above benchmark for members that meet requirement of demonstrated infertility
Gender-affirming care / LGBT+	• Transgender surgery coverage generally aligned with WPATH[1] Standards of Care v.7 based on Aetna and Highmark's standard policies
Women's health	• Current benefits cover many services to support women's health and wellbeing at all life stages
Mental health / emotional wellbeing	• Robust mental health and substance abuse support through Aetna, Highmark, CVS and ComPsych EAP
Broad wellbeing	• Robust clinical programs and wellbeing offering to support members in managing physical health through best-in-class partnerships • Workplace Wellbeing Policy executed in July 2022
Dental	• Current dental benefits aligned with most best practices through DEI lens, recognizing that the State has more flexibility with the Delta Dental plans vs. Dominion HMO

1. The World Professional Association for Transgender Health (WPATH) is currently the main group creating evidence-based guidelines for treatment of transgender individuals.

Short-term opportunities for FY25

Potential benefit enhancements with a cost impact (preliminary estimates peovided)

Plan Design / Coverage Change	Description	Preliminary Annual Cost Estimate (assuming 7/1/24 effective date)
Family forming benefits		
Remove the demonstration of infertility requirements for opposite sex, same sex and transgender couples, and single parent by choice	• About 54% of employers cover fertility services beyond diagnosis of infertilty[1] • Expands access to this benefit to any covered member regardless of sexual orientation or marital status	Initial estimate ranges $1.5m - $3.0m, depending on utilization
Evaluate holistic family forming programs available through medical carrier partnerships	• Offers support for accessing fertility treatments through high quality providers and in coordination with the member's medical provider network • CVS Health/Aetna offers partnership with Progyny • Highmark offers partnership with WINFertility	Varies based on utilization and vendor(s) selected. Further details could be provided in December if Subcommittee members are interested.
Women's health		
Enhance coverage for wigs for any treatment, illness or injury resulting in hair loss and align benefit maximum across Aetna and Highmark (e.g., $1,000)	• Typically covered as an allowance (e.g., up to $1,000) provided annually	Initial estimate: $25,000 - $50,000
Add coverage allowance for cooling caps (scalp hypothermia) which reduces hair loss due to chemotherapy, typically used for breast cancer patients	• Typically covered as an allowance (e.g., up to $1,000) provided annually • Often aligned with wig allowance (same amount provided for both)	Initial estimate: $25,000 - $50,000
Alignment of coverage of mastectomy bra across medical carriers	• Covered under both medical carriers today, though coverage parameters vary	Under development with the medical carriers.
Broad wellbeing		
Expand hearing aid benefit to adults over age 23 (Highmark) / 24 (Aetna)	• Proposed enhancement would remove age limit • Consider administering with a dollar limit (e.g., up to $3,000 max, every 3 years)	Coverage with no age limit, no dollar maximum: up to $750,000
Expand coverage for alternative medicine to include acupuncture	• Proposed enhancement would remove coverage limitations	Under development with the medical carriers.

1. Source: 2022 WTW Emerging Trends in Healthcare Survey.