
# Establishment of SEBC Subcommittees

July 27, 2026

# Recommendation

- SEBC consider voting to strike the current Resolution to Establish the Financial and Health Policy and Planning Subcommittees.
- Establish Subcommittees that align with the GHIP Strategic Framework, including assigning specific tasks, goals, and deadlines to ensure clarity of work objectives (similar to RHBAS).
- The SBO recommends the establishment of the following Subcommittees:
  - Financial and Vendor Strategy Subcommittee (FVSS)
  - Health Outcomes and Data Insights Subcommittee (HODIS)
- Agenda items that overlap between both Subcommittees can be reviewed in joint meetings to ensure input from both groups.
- The SEBC would have the ability to establish additional Subcommittees as needed without needing to amend a Resolution.
- For discussion: Each Subcommittee would be made up of 5 voting members:
  - 1 SEBC member who is an elected official (or their designee)
  - 1 SEBC member serving in the administration (or their designee)
  - 1 SEBC member who is serving on behalf of a union (or their designee)
  - 1 SEBC member who is serving as a State Pensioner (or their designee)
  - Chief Justice (or their designee)
- The ~~Controller General or the Deputy Controller General~~ Secretary of the Department of Human Resources may also participate as a non-voting member.
- The Chair of these Subcommittees must be a voting member of the SEBC.
- ~~All designees must possess appropriate professional qualifications or experience relevant to the duties of the Subcommittee.~~
- Subcommittees would follow the requirements established for all Subcommittees in Title 29, Chapter 96 of Delaware Code.
- Subcommittees' decision-making power is limited solely to making recommendations for the (full) SEBC's subsequent consideration.

# Financial and Vendor Strategy Subcommittee

| Topic | Framework Alignment | Specific Tasks | Deadline to Report Findings to the SEBC |
|---|---|---|---|
| Optimizing benefit design | Goal 3, Strategy 1 | • Review copay, deductible and coinsurance structures to ensure alignment with cost and quality goals<br>• Explore plan options, benefit design, tools, incentives and plan features that encourage use of high-value care and discourage low-value or avoidable utilization<br>• Explore rating the groups separately for all benefits, including dental, vision, and life<br>• Compare year-over-year GHIP PMPY trend to market benchmarks | January 15, 2027 |
| Managing high-cost drug spend | Goal 3, Strategy 2 | • Review reporting related to high-cost drug spend<br>• Explore strategies to manage PBM and pharmacy costs | As needed |
| Implementing solutions for high-cost conditions | Goal 3, Strategy 3 | • Review reporting on high-cost conditions, procedures, and trends<br>• Evaluate point solutions, vendor partners and patient support programs that focus on high-cost conditions<br>• Review utilization and effectiveness of existing programs and point solutions targeting high-cost conditions | As needed |
| Optimizing vendor management to manage spend | Goal 3, Strategy 4 | • Explore contracting strategies to obtain optimal network discounts, administrative fees, and contract terms<br>• Explore direct contracting opportunities with manufacturers or third-party vendors for certain drugs<br>• Review medical and PBM claims audits<br>• Review and recommend legislative initiatives to control hospital prices or other cost management strategies such as Medicare pricing caps. | Legislative initiatives by October annually, others as needed |
| Member engagement to reduce preventable costs | Goal 3, Strategy 5 | • Review Quarterly Training and Communications Report on the SBOs promotion and outreach actions to reduce preventable costs<br>• Explore member engagement strategies to reduce unnecessary cost | September 15, 2026 |
| Use demographic and actuarial insights to manage cost trends | Goal 3, Strategy 6 | • Review demographic and experience analyses for specific member cohorts to identify cost drivers, emerging risks, and variations to the Fund by group<br>• Evaluate predictive retirement trends and long-term impact models on enrollment, plan costs, and the health fund | January 15, 2027 |

# Health Outcomes & Data Insights Subcommittee

| Topic | Framework Alignment | Specific Tasks | Deadline to Report Findings to the SEBC |
|---|---|---|---|
| Strengthening primary and preventive care engagement | Goal 1, Strategy 1 | • Review primary care and preventive care utilization data<br>• Explore ways to increase member rate of primary care and preventive screening utilization<br>• Review Quarterly Training and Communications Report on the SBOs promotion and outreach actions to promote primary and preventative care engagement. | As needed |
| Providing targeted services, education and member outreach | Goal 1, Strategy 2, 3 & 4 | • Review data on population health risk scores and high-cost claimants<br>• Explore strategies to support and intervene with “rising-risk” members<br>• Review Quarterly Training and Communications Report on the SBOs promotion and outreach actions to promote wellness, condition management and support members of varying health status<br>• Review Social Determinants of Health impact on member health and access to care<br>• Explore ways to address “care deserts.” | As needed |
| Optimizing sites of care utilization | Goal 2, Strategy 1 | • Review site-of-care utilization reports<br>• Review Centers of Excellence utilization trends<br>• Evaluate provider search tools to increase cost transparency and support site of care decisions<br>• Review Quarterly Training and Communications Report on the SBOs promotion, outreach and training around site of care education. | As needed |
| Advancing Alternate Payment Models (APM)s | Goal 2, Strategy 2 | • Review annual GHIP Alternate Payment Model Spending Provided by Payers<br>• Explore opportunities to increase GHIP spend in Value-Based Payment Models, including the AHEAD Model | May 15, 2027 |
| Strengthening data analytics capabilities | Goal 4, Strategy 2 | • Evaluate opportunities to increase analytic capabilities through additional tools<br>• Evaluate opportunities to improve data integration across systems | As needed |
| Refining strategies and tactics of the Strategic Framework | Goal 4, Strategy 3 & 4 | • Review evaluations, member feedback and survey findings to realign goals, strategies and tactics<br>• Review dashboards aligned with strategic goals<br>• Review progress of the Strategic Framework | As needed |

# SEBC Member Feedback

| Member Feedback | SBO Response |
|---|---|
| A member expressed that a one subcommittee model makes more sense because previously the decisions of one subcommittee impacted the other and joint meetings did occur but were infrequent. A second member agreed. | The approach to the Subcommittee redesign is different because we changed from topic-based subcommittees to strategy-based subcommittees. Instead of organizing around broad subject areas like 'Financial' and 'Health Policy,' we organized around the Framework. Each subcommittee is responsible for advancing a defined set of strategic goals. The Financial and Vendor Strategy Subcommittee is focused primarily on implementing the cost management strategies under Goal 3, while the Health Outcomes and Data Insights Subcommittee focuses on improving health outcomes, quality of care, and measuring progress under Goals 1, 2, and 4. Although there are certainly connections between the two, the responsibilities are much more clearly delineated than they were under the previous Financial and Health Policy & Planning Subcommittees. A single subcommittee would not likely have enough time to do the level of detailed work envisioned in the Strategic Framework as there is more than a dozen strategies each with multiple tactics. We commit to having joint meetings when a topic benefits from both financial and clinical perspectives. |
| A member expressed concern that that two current SEBC members, the head of the HCC and the Controller General, appear to be ineligible to serve on either subcommittee, as the guidelines preceded the SEBC reconfiguration, and requires the Chief Justice or designee to serve on each subcommittee. The member suggested making this a "1 of 3" category, the Chief Justice, HCC Chair, Controller General, or their respective designee, as the 5th member. | At the time we proposed the make up and size of the Subcommittees, we were trying to avoid a quorum of SEBC members. The language in SS1 for SB289 explicitly states that “A meeting of a subcommittee does not constitute a meeting of the Committee solely because a quorum of the Committee is appointed to the subcommittee or attends a meeting of the subcommittee.” See 29 Del. C. § 9602(d)(1)c. Therefore, it would not be inappropriate to have more than 5 members on the subcommittee. The recommendation is, however, to keep a balance of representation on the Subcommittees. |

# SEBC Member Feedback

| Member Feedback | SBO Response |
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| A member requested striking "All designees must possess appropriate professional qualifications or experience relevant to the duties of the Subcommittee" given the new process for approval of designees under SB289. | The SEBC should discuss striking or modifying the language. |
| A member requested adding to the recommendation that each subcommittee has no power to set policy, but that each subcommittee's decision-making power is limited solely to making recommendations for the (full) SEBC's subsequent consideration. | The SEBC should discuss approving that language as a recommendation. |

# Next Steps

- After public comment, the Committee to vote to strike the current Resolution to Establish the Financial and Health Policy and Planning Subcommittees.
- After public comment, the Committee to vote to establish the Financial and Vendor Strategy Subcommittee (FVSS) and Health Outcomes and Data Insights Subcommittee (HODIS).
- Committee members interesting in serving as Chair for either Subcommittee submit their interest to the Chair, Vice-Chair, and SEBC Manager for a vote at the August 24 SEBC meeting and committee members interested in serving or designating someone submit their interest by August 3, 2026. As a reminder, the Chair for SEBC Subcommittees must be a voting member of the SEBC and must attend all Subcommittee meetings in person.
- The SEBC to begin considering appointments to the Subcommittees.
- The SBO to begin scheduling Subcommittee meetings in September or October, assuming the Subcommittee Resolution will be approved at the July 27 meeting, and members will be appointed at the August or September meeting.

# Thank You


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