

Recent market dynamics affecting the GHIP (continued)

2016 Medical TPA RFP



	Post-2016 RFP
Industry drivers	<ul style="list-style-type: none"> Consolidation in the health care market through TPA/PBM mergers (e.g., Aetna/CVS Health, Cigna/Express Scripts) Increasing emphasis on value-based provider contracting COVID-19 pandemic
Delaware state-level drivers	<ul style="list-style-type: none"> Consolidation of Delaware providers with hospital systems buying up independent practices Establishment of Delaware Health Care Spending Benchmark Establishment of working groups/committees to address statewide health care considerations such as primary care, delivery system transformation, prescription drug purchasing and Delaware's liability for retiree medical expenditures (through OPEB study group)
Key changes to GHIP design and offerings	<ul style="list-style-type: none"> Adoption of GHIP Strategic Framework (eff. Dec 2016; updated Feb 2020) Adoption of plan design differentials to encourage site of care steerage for select services (effective Jul 2016 and later) Addition of SurgeryPlus surgeons of excellence program (effective Jul 2019) PBM RFP (2020) led to change from Express Scripts to CVS Health

Outcomes of the 2016 Medical TPA RFP (effective July 1, 2017)

- GHIP administration remained with Highmark Delaware and Aetna
- Single administrator for each type of plan resulted in elimination of Highmark HMO and Highmark CDH Gold plans
- Adoption of financial risk-sharing (value-based) agreement with Aetna/Christiana Care for HMO plan
- Adoption of enhanced care management for Aetna HMO ("CareVio") and Highmark PPO and FSB plans ("CCMU")
- No changes to Highmark Special Medicfill Medicare supplement plan

Goals of the 2021 Medical TPA RFP

Identify Medical TPA(s) that can:

Support the goals of the GHIP Strategic Framework	Provide competitive financial terms	Support the GHIP's programs and plan offerings	Deliver on core functions of a medical TPA
<ul style="list-style-type: none"> ▪ Increase proportion of spend through advanced alternative payment models ▪ Reduce per-member cost for diabetic members ▪ Limit total cost of care inflation ▪ Offer and increase engagement in decision support tools 	<ul style="list-style-type: none"> ▪ Competitive provider reimbursement rates and administrative fees ▪ Service level guarantees including accountability for supporting the GHIP Strategic Framework goals ▪ Offer solutions that uphold and support: <ul style="list-style-type: none"> ▪ Investments in primary care, and ▪ Affordability Targets of the Delaware Department of Insurance's Office of Value Based Health Care Delivery 	<ul style="list-style-type: none"> ▪ Administer current plans ▪ Support plan provisions that optimize effectiveness of GHIP benefit offerings ▪ Integrate with other programs and vendors supporting the GHIP ▪ Maintain a provider network that meets current and future state goals of the GHIP ▪ Provide supplemental coverage to Medicare-eligible retirees and their Medicare-eligible dependents ▪ Support other state-level health care initiatives 	<ul style="list-style-type: none"> ▪ Claims administration ▪ Provider network ▪ Care management ▪ Member services ▪ Care navigation support ▪ Online tools/resources ▪ Communications support ▪ Account management ▪ Reporting ▪ Participation in the DHIN ▪ Coordination with Delaware community health resources