

State of Delaware
 Health Policy & Planning Subcommittee Topic Tracking Log
 12/4/2018

Meeting Date	Agenda Topic(s)	New Topic(s)	Quick Hits (Follow-ups Outside of Meeting)	Short Term FY20 Focus Topics	Long Term Focus Topics	No Longer Consider	Move to/Receive direction from SEBC
	<i>Planned discussion topics for this date's meeting</i>	<i>Topics brought up during the meeting for further consideration</i>	<i>Follow-up to be sent to subcommittee after discussion</i>	<i>Topic determined for continued subcommittee dialogue</i>	<i>Topic tabled for longer term consideration</i>	<i>Agreed upon to cease discussion of topic</i>	<i>Decision to move topic for presentation and potential approval/receive direction from SEBC</i>
10/25/2018	<ul style="list-style-type: none"> - Committee Business Rules - Overview of GHIP Planning Discussions with SEBC - FY20 Planning - Short Term Opportunities 	<ul style="list-style-type: none"> - Details on demographic shifts - Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks) - How "access" is defined in strategic framework - How tactics align to each strategy within the strategic framework - Revisit new proposed goals within the strategic framework - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose & timing) - PCP attribution / value of annual physicals / on-site clinics and other primary care options ("direct primary care", mobile units, TPA ability to support) - Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured) - Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support) - Plan mix/options (choice, traditional vs. consumer-directed, network & TPA options) - Program incentives (types, alignment with goals / population or cohort needs, delivery methods) - Education/programs targeted at specific population need - Management of cost based on behavior/lifestyle (i.e., tobacco usage) 	<ul style="list-style-type: none"> - Details on demographic shifts - Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks) - How "access" is defined in strategic framework - How tactics align to each strategy within the strategic framework - Summary of subcommittee feedback on / prioritization of GHIP influencing levers 	<ul style="list-style-type: none"> - Site-of-Care Steerage (including opportunities, total and member-paid cost differentials for services) - Centers of Excellence Specifics (plan design, incentives, scope of COE-eligible procedures) 	<ul style="list-style-type: none"> - Revisit new proposed goals within the strategic framework - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose & timing) - PCP attribution / value of annual physicals / on-site clinics and other primary care options ("direct primary care", mobile units, TPA ability to support) - Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured) - Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support) - Plan mix/options (choice, traditional vs. consumer-directed, network & TPA options) - Program incentives (types, alignment with goals / population or cohort needs, delivery methods) - Education/programs targeted at specific population need - Management of cost based on behavior/lifestyle (i.e., tobacco usage) 		<ul style="list-style-type: none"> - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose & timing)
11/7/2018	<ul style="list-style-type: none"> - Updates from the October 25th - Centers of Excellence (COE) Plan Design 	none	<ul style="list-style-type: none"> - Analysis of potential claim savings/cost avoided for use of non-COEs vs. COEs presented previously to the SEBC. 	<ul style="list-style-type: none"> - COE travel allowance, communications and considerations for requiring member contact with SurgeryPlus prior to surgery 	<ul style="list-style-type: none"> - Reference-based pricing (continued dialogue including the points noted for this topic above) 		<ul style="list-style-type: none"> - Reference-based pricing (continued dialogue including the points noted for this topic above)
12/4/2018	<ul style="list-style-type: none"> - Updates from November 7th - FY20 Planning - Open Enrollment Employee Engagement - FY20 Planning - Site of Care Steerage 						

State of Delaware
 Financial Subcommittee Topic Tracking Log
 12/4/2018

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	<i>Planned discussion topics for this date's meeting</i>	<i>Topics brought up during the meeting for further consideration</i>	<i>Follow-up to be sent to subcommittee after discussion</i>	<i>Topic determined for continued subcommittee dialogue</i>	<i>Topic tabled for longer term consideration</i>	<i>Agreed upon to cease discussion of topic</i>	<i>Decision to move topic for presentation and potential approval/receive direction from SEBC</i>
10/25/2018	<ul style="list-style-type: none"> - Committee Business Rules - Overview and History of Group Health Financials - Quarterly Financial Reporting Format - Trend Methodology 	<ul style="list-style-type: none"> - Look at demographic/geographic cuts of claim costs - Provide regional breakdown of trend (include Rx net of rebates) - Research other states financial reporting - what data/metrics do other states find valuable? - Reference-based pricing - Should the subcommittee establish a level of funding for future legislative actions? - Provide total cost share pie chart (shown in 10/25 P&P subcommittee meeting) - Medical administrative fees - amount and % of total cost? 	<ul style="list-style-type: none"> - Review demographic/geographic cuts of claim costs - Provide regional breakdown of claim cost/trend - Provide GHIP quarterly claims exhibit net of Rx rebates - Review components of national health care trend (price, utilization) - Provide total cost share pie chart (shown in 10/25 P&P subcommittee meeting) - Medical administrative fees - amount and % of total cost? 	<ul style="list-style-type: none"> - Premium Increases - Measuring savings for adopted programs (e.g., site-of-care steerage) - Walk-through quarterly reporting (what does the data suggest are the GHIP's problems and opportunities for short/long-term focus?) - Research other states financial reporting - what data/metrics do other states find valuable? 	<ul style="list-style-type: none"> - Reference-based pricing - Pricing equity - Should the subcommittee establish a level of funding for future legislative actions? 	<ul style="list-style-type: none"> - Reference-based pricing - Should the subcommittee establish a level of funding for future legislative actions? 	
11/7/2018	<ul style="list-style-type: none"> - Updates from October 25th - FY18 Q4 Dashboard and Incurred Reporting Overview - Reserve, Claim Liability & Surplus Methodology Discussion 		<ul style="list-style-type: none"> - Estimated participating group fees in aggregate - Provide commentary on how specialty drug costs vary by place of care and what other employer's are doing to address these costs - IBM Watson Health to determine if prior quarter net paid amounts can be added to top clinical conditions in incurred reporting - IBM Watson Health to determine if HCC exhibit in quarterly dashboard can be broken down by claimant status (e.g., termed vs ongoing) 	<ul style="list-style-type: none"> - Develop reporting baseline for initiatives that may be adopted for FY20 (and beyond) - Establish reporting metrics to track recent GHIP initiatives (i.e., site of care steerage) - Continued discussion of minimum reserve methodology; model and evaluate alternative methodologies - Continued discussion of use of surplus; consider spreading over 2-3 years 	<ul style="list-style-type: none"> - Review detailed incurred utilization report once per year 		<ul style="list-style-type: none"> - Approved change to summary at the bottom of Fund Equity exhibit; will be reflected in October Fund report