



Minutes of SEBC Health Policy & Planning Subcommittee Meeting
December 18, 2018 - 10:00 am

Attendees

Subcommittee Members

- Victoria Brennan, Designee of CGO
- Bill Oberle, Designee of State Worker's United, DSTA
- Tanner Polce, Designee of Lt. Governor
- Judi Schock, Designee of OMB
- Stuart Snyder, Designee of DOI
- Molly Magarik, Designee of DHSS
- Faith Rentz, Subcommittee Chair, Designee of DHR

Guests

- Leighann Hinkle, SBO, DHR
- Jeff Taschner, SEBC Member, DSEA
- Julie Caynor, Aetna
- Jennifer Mossman, Highmark Delaware
- Lisa Mantegna, Highmark Delaware
- Christina Bryan, DE Healthcare Assoc
- Susan Steward, OST
- Elizabeth Lewis Zubaca, HGP
- Caryn Shetzler, SBO, DHR
- Nina Figueroa, SBO, DHR
- Walt Mateja, IBM Watson Health
- Kevin Fyock, Willis Towers Watson
- Chris Giovannello, Willis Towers Watson
- Martha Sturtevant, OST
- Paula Roy, Roy Associates
- Mary Kate McLaughlin, Drinker Biddle
- Aaron Schrader, SBO, DHR

Agenda

- Call to Order
- Approval of minutes from December 4, 2018 meeting
- SEBC/Financial Subcommittee Updates
- FY20 Planning
 - Diabetes Programming Options & Recommendations
 - Site of Care and Telemedicine Steerage Options & Recommendations
- Other Business
- Public Comment

Summary of Discussion

Call to Order

- Faith Rentz called the meeting to order at 10:00 am. Introductions were made including an announcement that Martha Sturtevant was hired by SBO to replace Lisa Porter, Executive Assistant and will start in early January.

SEBC / Financial Subcommittee Updates

SEBC December 10, 2018 Meeting

- Dr. Walker presented Executive Order 25.
- Researchers from Johns Hopkins presented data on their review of inpatient hospital pricing in DE vs Medicare and policy recommendations. Follow-ups from the meeting include risk adjusting the pricing and comparison data for surrounding regions. A review of this information is being planned for the January 24th Subcommittee meeting which will be a combined meeting of the HP&P and Financial Subcommittees.
- The January SEBC meeting will include SBO research regarding suggested next steps related to SB 139. This may be a possible HP&P future agenda item.

Finance Subcommittee Meeting- December 4, 2018

- Discussed methodology for reserve and surplus which will continue at today's meeting with the intent to finalize a recommendation for presentation at the January SEBC meeting.
- Mr. Oberle encouraged the Subcommittee members to attend the SEBC meetings.
- Mr. Taschner asked about the relationship with the Arnold Foundation/Johns Hopkins to which Ms. Rentz responded that they approached DE because of our challenges and to help inform decision makers of their research. The length of the partnership is unknown.
- Ms. Rentz mentioned that there were additional materials in the packets but they would not be reviewed during today's meeting.

Diabetes/Pre-Diabetes Programming

- Aaron Schrader and Walt Mateja provided an overview of the work being done in response to HB 203 and some of the high level statistics regarding diabetes costs and prevalence in the GHIP.
- Mr. Taschner asked for the PMPM costs for diabetics vs. entire population. SBO should be able to determine this amount.
- Ms. Magarik inquired as to whether or not diabetics have PCPs. SBO will be further analyzing the PCP visit information to distinguish between well and sick visits.
- Mr. Oberle asked if there is a difference between lifestyle choices and genetics for those who are diabetic. SBO can review diagnosis codes to see if this is something we can determine.
- Mr. Schrader also provided an overview of the current benefits for pre-diabetics and diabetics in the Highmark and Aetna plans, including the Diabetes Prevention Programs through Retrofit and the YMCA.
- Leighann Hinkle provided an overview of Livongo, a remote monitoring program available through Highmark, Aetna and ESI. Eligibility is determined by claims, outreach is made to members for enrollment and members are provided real time coaching based on blood glucose readings. Savings estimates were presented for both the commercial and EGWP populations based on 30% enrollment of eligible members.
- There was a discussion regarding the 30% enrollment figure to which Mr. Fyock responded that WTW has seen higher enrollment numbers for other clients.
- Mr. Polce inquired about the availability of the intended data that would be collected. Mr. Fyock stated that Livongo provides a reporting package to clients.

- Ms. Magarik asked if it is the intention for Highmark/Aetna to determine Livongo and care management coordination. Ms. Rentz stated that SBO would work on the coordination with the vendors.
- Mr. Taschner asked about the participation in the current programs offered. Mr. Schrader referred the members to the appendix for DPP enrollment and DM engagement.
- A discussion regarding implementation of Livongo occurred and there was a question about the fees being paid for CCMU and Carelink and how it fits with Livongo. SBO will have that information for the January SEBC discussion.

Site of Care & Telemedicine Steerage Options & Opportunities

- Mr. Fyock continued the discussion from the last meeting discussing the various copay changes for lab, imaging and emergency room for the Comp PPO and HMO plans and stated that WTW recommends modest changes for FY20.
- There was discussion from the members around an interest in being more aggressive with copay increases to steer members to the lower cost site of care, the need to engage PCPs to steer members to freestanding facilities and for SBO to consider communicating to members regarding awareness and tools to assist them in making decision.
- A new option was presented to the Committee to decrease the telemedicine copay to \$0 in the Comp PPO and HMO plans in an effort to increase utilization and save cost as a telemedicine visit is roughly \$40 and lower than both a PCP and urgent care visit.
- Ms. Rentz stated that SBO reached out to Highmark and Aetna regarding imaging facilities and confirmed that rates at freestanding facilities are lower than hospital facilities. SBO has information on the website that provides members with a list of freestanding imaging centers in DE and will send the link to the Subcommittee members.
- Ms. Rentz also stated that she has reached out to Highmark and Aetna regarding insight into the PCP landscape to determine how it has changed over time.
- Ms. Rentz mentioned to the Subcommittee that there is information in their packet of recent Health Resources Board decisions that show new hospital facilities being built that offer lab and imaging services.
- Ms. Magarik provided feedback that she feels the word “freestanding” is confusing and SBO should consider changing their terminology for OE.
- There was discussion regarding an email from the DE Health Care Commission regarding Telehealth and a meeting tomorrow. SBO will get more information and materials to share with the Subcommittee.
- Mr. Fyock provided some follow-up information on the Highmark infusion therapy benefit related to preferred site of care and the appeal process.
- Copays changes discussed and recommended for consideration by the SEBC amount to \$9M in savings (\$6M GF).

Other Business

- Mr. Oberle inquired about the Subcommittee having a discussion on the follow-ups from the SEBC meeting with Johns Hopkins. Ms. Rentz responded that this will occur at the January 24th Subcommittee meeting.

Public Comment

- Paula Roy, representing Teladoc asked what the Subcommittee’s recommendation was for Telemedicine. Ms. Rentz responded that it was to reduce the copay to \$0.
- Ms. Roy asked the Subcommittee to consider instances when the ER is appropriate but the member is not admitted and therefore subject to the copay. She also agreed that steerage to freestanding is important but agreed the Subcommittee’s confusion on the definition of “freestanding” is on target.

Action Items

- Approved December 4, 2018 meeting minutes as presented.
- The Subcommittee agreed to recommend to the SEBC the following:
 - increase the copay for hospital-based facilities for basic imaging from \$35 to \$50
 - increase the copay for hospital-based facilities for high tech imaging from \$50 to \$75
 - increase the copay for non-preferred lab from \$20 to \$50
 - increase the copay for emergency room from \$150 to \$200
 - decrease the copay for telemedicine from \$15/\$20 to \$0
 - implement infusion therapy steerage for Highmark members (as this is in place today for Aetna members)
 - implement Livongo for commercial and EGWP members

Next Meeting

- Date: Thursday, January 24, 2019
- Time: 1:00 pm
- Location: Statewide Benefits Office
97 Commerce Way, Suite 201, Dover, DE 19904
Phone: 1-800-489-8933