

State of Delaware
 Financial Subcommittee Topic Tracking Log
 10/10/2019



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 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 	

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12/4/2018	<ul style="list-style-type: none"> - Updates from November 7th - October Fund Report - FY19 Q1 Reporting and Reforecasted Long Term Projection - Reserve and Surplus Modeling 	<ul style="list-style-type: none"> - Review past SEBC discussions related to salary-banded employee contribution structure 	<ul style="list-style-type: none"> - Historical enrollment growth for GHIP - Circulate June 2017 document with enrollment distribution by salary (provide to both subcommittees) - Provide historical budget vs. actual results for last 5 to 10 years; track moving forward 	<ul style="list-style-type: none"> - During next meeting on 12/18, Financial Subcommittee to finalize recommendations regarding reserve methodology and use of surplus to bring to SEBC - For future long term projection exhibits, show the \$ impact range to employee for any modeled premium increases, as well as FY17 % change per member 			<ul style="list-style-type: none"> - Present October Fund Equity at 12/10 SEBC meeting - Present FY19 Q1 financial results and revised long term projections at 12/10 SEBC meeting
12/18/2018	<ul style="list-style-type: none"> - Updates from December 4th - FY20 Group Health Premium Rate Discussion - Reserve & Surplus Modeling Options & Recommendations 	<ul style="list-style-type: none"> - Addition of two columns to premium increase modeling to show monthly and annual dollar changes for state - Addition of employee and state cost ranges to header on GHIP Long Term Projection modeling - Discussion/ decision by SEBC and Administration should Health Fund exhaust reserve and surplus 	<ul style="list-style-type: none"> - Addition of two columns to premium increase modeling to show monthly and annual dollar changes for state - Addition of employee and state cost ranges to header on GHIP Long Term Projection modeling - Remodel premium projections using the \$9M savings recommended by HP&P Subcommittee 				<ul style="list-style-type: none"> - Provide comments at 1/14 SEBC meeting related to the discussion/ decision by SEBC and Administration should Health Fund exhaust reserve and surplus

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1/24/2019 Combined Meeting	<ul style="list-style-type: none"> - Updates from January 14 SEBC Meeting - Healthcare Cost Landscape Analysis and Discussion - Healthcare Cost Containment Strategies 	<ul style="list-style-type: none"> - consider ways to engage employees on work being done 	<ul style="list-style-type: none"> - Breakout of hospital profits by for-profit and non-profit - Adjust hospital prices for the labor market and Case Mix index - whether other states utilized legislation or program adjustments to contain costs - Highmark and Aetna pricing for the existing RBP plans 	<ul style="list-style-type: none"> - Explore opportunities to address pricing concerns in the contracting renewal process with Highmark and Aetna that begins July 1 - Consider ways to engage employees on work being done 			<ul style="list-style-type: none"> - Explore global budgeting - Explore ACO options
2/7/2019	<ul style="list-style-type: none"> - Updates from January 24 joint Subcommittee Meeting - December Fund Report - FY19 Qtr 2 Financial Reporting - GHIP Long Term Projection Recast 	<ul style="list-style-type: none"> - How do DE hospitals define investments 	<ul style="list-style-type: none"> - How do DE hospitals define investments - Breakout HCC into chronic utilizers vs one-time claims over \$100k - Add benchmark to Well Care and Preventive visits in IBM dashboards - Rate increase options in one-pager, model rate increase of 5% (national trend), model how proposed changes impact member's out of pocket costs - Details of ESI savings at plan level 				

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3/7/2019	<ul style="list-style-type: none"> - Updates from February 7 - January Fund Report - GHIP Long Term Projection Recast - GHIP Utilization and Cost Reporting - HSA Planning 		<ul style="list-style-type: none"> - Historical projections vs actuals - Report urgent care utilization during nights and weekends - Is facility fee included in UC avg cost of visit - Primary care spend by provider type and percentage of total spend - Outcomes of high utilization engagement for Aetna and Highmark - Highmark and Aetna value based contracts and number of participating providers - myBenefitsMentor migration analysis - HSA plans implemented in other states 				
5/2/2019	<ul style="list-style-type: none"> - Updates from March 7 - March Fund Report - FY19 Q3 Financial Reporting - FY19 Health Plan Premium Recommendations - HSA Planning 		<ul style="list-style-type: none"> - State share for proposed rate increases - FY20 new FTEs and impact to growth rate - Number of employees who left state service within the last year 				<ul style="list-style-type: none"> - FY19 Health Plan Premium Recommendations
6/6/2019	<ul style="list-style-type: none"> - Updates from May 2 - April Fund Report - FY20 Premium Recommendations - HSA Planning - SurgeryPlus Implementation 		<ul style="list-style-type: none"> - COE baseline reporting and every 6 months post go live - SurgeryPlus utilization projection 				<ul style="list-style-type: none"> - Health Savings Account Planning - SurgeryPlus Implementation - FY20 Premium Recommendations
8/22/2019	<ul style="list-style-type: none"> - Updates from June 6 - May and June Fund Reports - FY19 Q4 Financials - FY20 GHIP Budget - Excise Tax/Updated LT projections 						<ul style="list-style-type: none"> - FY20 Budget

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9/19/2019 Combined Meeting	<ul style="list-style-type: none"> - Updates from August 22 - July Fund Report - Approaches to Health Care Contracting 		<ul style="list-style-type: none"> - Reason why program fees/costs and consultants fees above budget 	<ul style="list-style-type: none"> - Details of Oregon balance billing legislation - How did states with RBP determine percentage of Medicare rates - What is percentage of population in DE HCCD - In the RAND study 2.0, reason why percentage of Medicare decreased for Michigan 			