

State of Delaware
 Health Policy & Planning Subcommittee Topic Tracking Log
 9/10/2020

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 Plan Design - Centers of Excellence (COE) Plan Design 	none	<ul style="list-style-type: none"> - Analysis of potential claim-savings/cost-avoided for use of non-COE 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)

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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 	<ul style="list-style-type: none"> - Analysis and recommendations for population cohorts to support engagement planning (ways to define - demographics, risk status, occupation, etc., goals for engagement, measurement strategy) - Further dialogue on freestanding imaging facilities (info available on SBO website, locations throughout the State, how promoted among employees today, subcommittee suggestions for future communication strategy, updates on recent developments in Sussex County) - Updates from Primary Care Coalition meetings, direct primary care options and updates on R-Health relationship with State of NJ - Overview of diabetes health management resources available within the GHIP (current and future opportunities) - Update on COE plan design, incentives and engagement strategy (in January 2019) - Review opportunities to further engage and track engagement of Participating Groups - Identify and analyze employees who do not engage in OE - Review ability to market FQHCs - Analyze demographics of users of primary care, urgent care, no care and correlation to chronic disease and health risk - Consider ways to collaborate with non-hospital facilities to encourage greater utilization 	<ul style="list-style-type: none"> - Recirculate data on primary care access and utilization within the GHIP (PCP attribution rate, % population with at least 1 PCP visit, etc.) - Provide agency scorecard template - Provide recent Health Resources Board approvals 	<ul style="list-style-type: none"> - Further dialogue on freestanding imaging facilities (info available on SBO website, locations throughout the State, how promoted among employees today, subcommittee suggestions for future communication strategy, updates on recent developments in Sussex County) - Review site of care website materials and non-hospital sites - Updates from Primary Care Coalition meetings and on SBO discussions with R-Health (early 2019) - Overview of diabetes health management resources available within the GHIP (current and future opportunities) - Update on COE plan design, incentives and engagement strategy (in January 2019) 	<ul style="list-style-type: none"> - Analysis and recommendations for population cohorts to support engagement planning (ways to define - demographics, risk status, occupation, etc., goals for engagement, measurement strategy) - Explore options to increase access and use of primary care such as direct primary care - Updates from Primary Care Coalition meetings, direct primary care options and updates on R-Health relationship with State of NJ - Review opportunities to further engage and track engagement of Participating Groups - Identify and analyze employees who do not engage in OE - Analyze demographics of users of primary care, urgent care, no care and correlation to chronic disease and health risk - Consider ways to collaborate with non-hospital facilities to encourage greater utilization 		
12/18/2018	<ul style="list-style-type: none"> - Updates from December 4th - FY20 Planning - Diabetes Programming Options & Recommendations - FY20 Planning - Site of Care and Telemedicine Steerage Options & Recommendations 	<ul style="list-style-type: none"> - PMPM costs for diabetics vs entire population - Further analysis of PCP visit information to distinguish between well and sick visits - Analysis of diagnosis codes to determine difference between lifestyle choices and generics for diabetic members - SBO website information- list of freestanding imaging centers in DE (include urgent care and lab) - Overview of PCP landscape in DE and how its changed overtime - DE Health Care Commission Telehealth meetings 	<ul style="list-style-type: none"> - SBO website information- list of freestanding imaging centers in DE (include urgent care and lab) - DE Health Care Commission Telehealth meetings 	<ul style="list-style-type: none"> - PMPM costs for diabetics vs entire population - Further analysis of PCP visit information to distinguish between well and sick visits - Analysis of diagnosis codes to determine difference between lifestyle choices and generics for diabetic members - Overview of PCP landscape in DE and how its changed overtime 			<ul style="list-style-type: none"> - Present site of care and diabetes program recommendations at 1/14 SEBC meeting

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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 - Fertility Care/IVF Services - Health Savings Account Planning - Primary Care Landscape 		<ul style="list-style-type: none"> - Infertility studies regarding medications and cardiac and cancer risks - Aetna and Highmark open PCP panels - Number of Highmark in-network PCP providers - Patients ability to get appointments with their PCP 				
3/7/2019	<ul style="list-style-type: none"> - Updates from Feb 7 - Fertility Care/IVF Services - Health Savings Account Planning - Supplemental Benefits 		<ul style="list-style-type: none"> - Data analytics for employee turnover - Retirement HRA availability for separated and/or retired employees - Outreach for member input regarding HSA plan - HRA funds- rights for vested vs non-vested employees - Wellness incentivized offered by other states - Communicate with sponsors of Supplemental Benefits legislation 				
4/4/2019	<ul style="list-style-type: none"> - Updates from March 7 - Fertility Care/IVF Services - Health Savings Account Planning - Supplemental Benefits 		<ul style="list-style-type: none"> - For Highmark members, did they do in or out of network for fertility services - CDH Gold members age and years of service - Survey CDH members with HRA balances 				<ul style="list-style-type: none"> - Supplemental Benefits

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5/2/2019	- Updates from April 4 - Fertility Care/IVF Services - Health Savings Account Planning		- FY20 Subcommittee topics		- Reference-based pricing (what it looks like in DE)		- Fertility Care/IVF Services
6/6/2019	- Updates from May 2 - Health Savings Account Planning - SurgeryPlus Implementation		- OE Stats - mBM stats - Plan migration analysis - ability to audit SurgeryPlus credentialing process- build into contract		- Prohibition of balance billing related to RBP GON Process		- Health Savings Account Planning - SurgeryPlus Implementation
8/22/2019	- Updates from June 6 - Primary Care		- define urban, suburban, rural - Highmark/Aetna PCP network changes	- R-Health and NJ partnership/presentation			
9/19/2019 Combined Meeting	- Updates from August 22 - July Fund Report - Approaches to Health Care Contracting		- Reason why program fees/costs and consultants fees above budget	- 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			
10/10/2019	- Updates from Sept 19 - August Fund Report - Opioid Management Initiatives - Integrated Well Being - Health Program E&E Rules - Primary Care		- Opioid mgmt programs offered through medical plans- connecting ESI AOM program with medical care mgmt programs- ESI fund allowance and available programs for use - other states who offer payday loans - percentage of employees who live in each county				
11/7/2019	- Updates from October 10 - Primary Care & R-Health - Opioid Management Initiatives		- various follow-up questions for R-Health				
12/5/2019	- Updates from November 7 - Primary Care - SBO Strategic Framework		- State partnerships with other primary care vendors/models - Invite telehealth and primary care model vendors to future meeting - SBO to discuss strategies/approaches with TPAs and telemed vendors - SBO to discuss options to further communicate/educate members on existing telehealth benefits				
1/9/2020	- Updates from December 5 - Primary Care- Cerner & American Well						

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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 CHIP - 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 CHIP 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 CHIP 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	- Updates from January 14 SEBC Meeting - Healthcare Cost Landscape Analysis and Discussion - Healthcare Cost Containment Strategies	- consider ways to engage employees on work being done	- 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	- 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			- Explore global budgeting - Explore ACO options
2/7/2019	- Updates from January 24 joint Subcommittee Meeting - December Fund Report - FY19 Qtr 2 Financial Reporting - GHIP Long Term Projection Recast	- How do DE hospitals define investments	- How do DE hospitals define investments - Breakout HCC into chronic utilizers vs one-time claims over \$400k - 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				
3/7/2019	- Updates from February 7 - January Fund Report - GHIP Long Term Projection Recast - GHIP Utilization and Cost Reporting - HSA Planning		- 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	- Updates from March 7 - March Fund Report - FY19 Q3 Financial Reporting - FY19 Health Plan Premium Recommendations - HSA Planning		- 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				- FY19 Health Plan Premium Recommendations
6/6/2019	- Updates from May 2 - April Fund Report - FY20 Premium Recommendations - HSA Planning - SurgeryPlus Implementation		- COE baseline reporting and every 6 months post go live - SurgeryPlus utilization projection				- Health Savings Account Planning - SurgeryPlus Implementation - FY20 Premium Recommendations
8/22/2019	- Updates from June 6 - May and June Fund Reports - FY19 Q4 Financials - FY20 GHIP Budget - Excise Tax/Updated LT projections						- 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 			
11/7/2019	<ul style="list-style-type: none"> - Updates from September 19 - August and September Fund Reports - FY20 Q1 Financials - GHIP Long Term Projection recast - FY21 health premium rates - Prescription Program-policy and contracting updates 		<ul style="list-style-type: none"> - compliance metric for screenings for chronic condition prevalence separated by controlled and uncontrolled populations - IBM dashboards to show paid amounts for service categories/conditions as percentage - SurgeryPlus reporting include rate of consultation that doesn't result in surgery 				
12/5/2019	<ul style="list-style-type: none"> - Updates from November 7 - October Fund Report - Plan Migration Analysis - Incurred and High Cost Claimant Reporting - GHIP Impact Analysis - SBO Strategic Framework 		<ul style="list-style-type: none"> - MBM Usage data for prior years - plan enrollment by usage/non-usage of mBM tool - office visit utilization breakdown - ED usage breakdown by emergent/non-emergent - NJ reverse auction for PBM services. SBO to investigate - HCC in 2015 - breakdown of current HCCs by member type - add benchmark data to preventive screenings - validate savings assumptions for plan design changes and new programs - WTW to determine if HCC limit should be \$100k - reason for increase in pharmacy cost or utilization 				
2/13/2020 Combined Meeting	<ul style="list-style-type: none"> - Updates from January 9 - November and December Fund Reports - FY20 Q2 Financials - GHIP Long Term Projection recast - FY21 health premium rates 		<ul style="list-style-type: none"> - additional modeling for rate increase to show \$0 at end of FY22 for both a 10/1 and 1/1 effective date 				