



**MINUTES FROM THE COMBINED MEETING OF THE FINANCIAL and HEALTH POLICY & PLANNING SUBCOMMITTEES  
TO THE STATE EMPLOYEE BENEFITS COMMITTEE  
MARCH 4, 2021**

The Health Policy & Planning (“HP&P”) Subcommittee and the Financial Subcommittee to the State Employee Benefits Committee (the “Committee”) met Thursday, March 4, 2021 in a combined meeting. In accordance with the [Proclamation Authorizing Public Bodies to Meet Electronically](#) and in the interests of protecting the citizens of this State from the public health threat caused by COVID-19, this meeting was conducted via WebEx and without a physical location.

*Subcommittee Members Represented or in Attendance:*

Dir. Faith Rentz, SBO, Department of Human Resources (“DHR”) (Appointee DHR Sec. Bonner), Chair  
Ms. Judy Anderson, DSEA, (Appointee Mr. Taschner for DSEA)  
Ms. Victoria Brennan, Chief of Fiscal Policy, Office of the Controller General (Appointee CG Jones)  
Mr. Steven Costantino, Dir. Health Care Reform, Dept. of Health and Social Services (“DHSS”) (Appointee DHSS Sec. Magarik)  
Mr. Daniel Madrid, Chief Operating Officer, Office of the State Treasurer (Appointee State Treasurer Davis)  
Deputy Secretary Tanesha Merced, DHSS (Appointee DHSS Sec. Magarik)  
Mr. William Oberle, Delaware State Trooper’s Association (Appointee Mr. Taschner, DSEA)  
Ms. Judi Schock, Deputy Principal Assistant, Office of Management & Budget (“OMB”) (Appointee OMB Dir. Cade)  
Mr. Bert Scoglietti, Deputy Controller General, Office of the Controller General (Appointee CG Jones)  
Ms. Ashley Tucker, Staff Attorney, Administrative Office of the Courts (Appointee The Hon. Collins Seitz, Chief Justice, Delaware Supreme Court)

*Subcommittee Members Not Represented or in Attendance:*

Ms. Emily Molinaro, OMB (Appointee of OMB Dir. Cade)  
Mr. Stuart Snyder, Chief of Staff, Department of Insurance (Appointee Commissioner Navarro)  
Mr. Keith Warren, Chief of Staff, Office of the Lt. Governor (Appointee Lt. Governor Hall-Long)

*Others in Attendance:*

Ms. Leighann Hinkle, Deputy Director, SBO, DHR	Ms. Heather Johnson, Controller II, DHR
Mr. Chris Giovannello, Willis Towers Watson (“WTW”)	Mr. Walter Mateja, IBM Watson Health
Ms. Jaclyn Iglesias, WTW	Ms. Lisa Mantegna, Highmark Delaware
Ms. Wendy Beck, Highmark	Ms. Paula Roy, Roy & Associates
Ms. Christina Bryan, Delaware Healthcare Association	Mr. Aaron Schrader, HR Manager, DHR, SBO
Ms. Julie Caynor, Aetna	Ms. Martha Sturtevant, Exec. Sec., SBO, DHR - Recorder, State Employee Benefits Committee and Subcommittees
Ms. Nina Figueroa, Health Policy Advisor, SBO, DHR	
Ms. Lizzie Lewis, Hamilton Goodman Partners	

**CALLED TO ORDER**

Director Rentz called the meeting to order at 10:00 a.m.

**APPROVAL OF MINUTES –DIRECTOR FAITH RENTZ, CHAIR**

A MOTION was made by Ms. Schock and seconded by Ms. Tucker to approve the Minutes from the Combined Subcommittee meeting on February 18, 2021.

MOTION ADOPTED (2 Abstentions: Mr. Madrid and Ms. Brennan)

**STATE OF DELAWARE STATEWIDE BENEFITS OFFICE**

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**DIRECTOR'S REPORT – DIRECTOR FAITH RENTZ, CHAIR**

Legislative Updates

The Primary Care Reform Collaborative is expected to submit draft legislation in advance of the next meeting scheduled for March 8, 2021.

*Mr. Scoglietti joined the meeting.*

**GHIP FY20 NEW PROGRAM OUTCOMES & FY22 PLANNING – MS. JACYLN IGLESIAS**

The Mental Health Parity and Addiction Equity Act requires that health plans providing mental health and substance use disorder benefits provide those benefits in parity with medical/surgical benefits.

An audit revealed two areas where the plans require the following changes: a reduction in behavioral health copays from \$25 to \$15 per visit is required for the Aetna HMO plan estimated at \$370K annually, and a reduction in the behavioral health telemedicine copays to \$0 per visit for Teladoc (Aetna) and Amwell (Highmark) estimated at \$150K annually.

The State opted to provide several key benefit enhancements to support members during the COVID-19 pandemic. The health plan changes included no member cost share for in-network, inpatient services related to treatment of COVID-19 or associated complications, no member cost share for telehealth visits, and no member cost share for office visits that result in either testing or treatment for COVID-19 or associated complications. The other key change extended coverage for the Employee Assistance Program to all State employees, not exclusive to GHIP members.

It was recommended to extend all benefits through the duration of the pandemic and not more than 30 days following the end of the national public health emergency.

The current declaration expires April 21, 2021 but the Biden Administration has signaled the expectation that the declaration will be extended through the calendar year; it is expected the Administration would provide advanced notice of 30 to 60 days.

Currently the Federal government is funding the ingredient cost of the vaccine, but employer-sponsored health insurance is responsible for the cost of the vaccine administration.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act requires full coverage of vaccines without cost share regardless of when or where the vaccine is administered, as well as first dollar coverage for qualifying Coronavirus preventive services provided in or out of network, and also prevents providers participating in the CDC COVID-19 vaccination program from seeking reimbursement through balance billing.

SBO authorized GHIP medical and prescription vendors to cover the cost of the vaccine administration, including Pfizer, Moderna, and Johnson and Johnson.

Under IRS Notice 2020-29 some of the rules governing Flexible Spending Accounts (“FSA”) were relaxed to help people receive the full value of their elections: however, the IRS clearly states that changes are up to the discretion of the plan sponsor.

The 2020 “short” plan year ran from January 1, 2020 to June 30, 2020 and was intended to help align the FSA plan with the State’s health plans which operate on a fiscal year, not a calendar year. The deadline to submit claims for reimbursement was extended from September 15, 2020 to December 31, 2020.

SBO recommends allowing participants to submit claims for reimbursement through June 30, 2021 and allows the 2020 plan year to be “closed out” prior to the beginning of the 2022 plan year.

*Mr. Steven Costantino joined the meeting.*

The 2021 FSA plan year runs from July 1, 2020 to June 30, 2021 with a grace period that extends through September 15, 2021 to incur claims, and a deadline of October 15, 2021 to submit claims. SBO does not recommend extending 2021 plan year deadlines as participants have been given ample notice to plan and it is administratively burdensome to maintain multiple plan years with extended deadlines for both claim and grace periods.

Pre-tax Commuter (“PTC”) deadlines have been removed due to the pandemic as most employees are no longer traveling to and from their work locations and are not incurring commuter expenses. It is recommended to allow all plan participants to access unused PTC funds to pay for services incurred prior to restarting their contributions until at least 30 days following the end of the national public health emergency and will continue to be further evaluated to consider the impact of the I-95 corridor project.

Mr. Scoglietti queried the utilization rates of the PTC benefit prior to the pandemic. Dir. Rentz noted a decline in participation but will provide a follow up. She clarified that the recommendation provides flexibility to participants who have remaining balances and have not incurred claims to submit against.

Securian Financial offered to add a COVID-19 rider to the State’s Critical Illness Insurance with no impact to the premium rates for the fixed 5-year rate guarantee currently in place through June 30, 2025. The benefit rider pays 10% of full benefit (\$15K or \$30K for employees; \$7,500 or \$15K for spouses; and 50% of employee amount for children) if there is a 5-day hospital stay due to COVID-19 diagnosis for the policy holder or any covered participants.

The rider is currently approved in Delaware, but not yet approved in all states, including New Jersey; therefore, State employees who live in those states and who have purchased the State’s Critical Illness Insurance coverage won’t be eligible for this benefit until their state of residence approves this benefit. SBO recommends the adoption of the COVID-19 rider.

The Rethink family support benefit provides family support resources for learning, social, behavioral, and developmental disabilities. A trial offer was provided to employees at no cost on a temporary basis so the program could be evaluated to determine if services should continue. Originally scheduled to expire December 31, 2020, the free trial was extended by Rethink without a determined end date.

The timing of the program offered additional support tools for parents learning to navigate remote learning in a virtual environment during a pandemic. Supports include written lesson plans, printable materials, as well as webinars and how-to videos. There are no age restrictions, participation requires no evidence of a diagnosis, and is confidential.

A key offering provided by Rethink includes a personalized remote consultation for up to three hours with a licensed and board-certified behavioral analyst to provide support specific to the needs of each child and caregiver, including Individualized Education Plan preparation, communication skills, or behavioral challenges. Upon exhaustion of the consultation hours, Rethink is referring employees to the State’s Employee Assistance Program or their health plan providers.

Using prevalence statistics per the Center for Disease Control, of the 39,088 employees, it is estimated that 17% or 2,326 are caring for a child with a disability; of those there has been a 7% participation rate, or 163 participants utilizing Rethink benefits. This aligns with the Rethink book of business; with complete adoption Rethink projects member participation to reach a 1-year benchmark of 12% and a 3-year benchmark of 25%.

A review of the three responses received from a January 12, 2021 Request for Information for family support programs included: Floreo who specializes in assistive technology utilizing direct teletherapy, Populations and

Interventions Team Company who offers behavioral consultant and specialist training in partnership with public health, and Rethink Benefits.

The Rethink Benefits per-member per-month pricing model is estimated at \$275K annually with services available to support adults in the workplace with developmental disabilities available for an additional cost.

SBO reviewed existing services available to GHIP members through Aetna and Highmark including Applied Behavioral Analysis for the treatment of Autism Spectrum Disorder. Delaware currently has 44 Aetna and 68 Highmark in-network board-certified behavioral analysts.

Additionally, Aetna also offers an Autism Spectrum Disorder Program that pairs members with an Autism Advocate to answer questions, connect caregivers with resources, and to coordinate support with autism care providers.

The Delaware public school system offers counselors and group sessions for regular education students, as well as ABA therapy for special education students. Therapy with a school psychologist is also provided for special education students requiring emotional supports. Additional supplemental support for Delaware students and caregivers is provided by Delaware Guidance Services and the Parent Information Center of Delaware.

Other considerations regarding the approach and timing of the benefit offering include the projected FY22 budget deficit, responses to the healthcare stakeholder RFI, the upcoming medical Third Party Administrator Request for Proposal that will encourage collaboration from organizations to partner to support the goals and objectives of the GHIP Strategic Framework, the best way to communicate available resources, and the potential to partner with DHR efforts to centralize family support resources.

The Subcommittee members discussed how to evaluate if the services offered by Rethink are filling a gap in services available through the public school system and/or health plans, how to obtain qualitative feedback regarding the service quality of GHIP, EAP and Rethink, how to determine whether current GHIP and EAP services offer sufficient access, and the need to consider the State's procurement requirements to competitively bid benefit offerings.

If the program is discontinued, Rethink will communicate a strategy to members allowing time for a complete transition of outstanding referrals that members will then access through their health plans.

Rethink has shared member feedback and, in all cases, has been positive. SBO regularly solicits member testimonials and has received at least one on Rethink Benefits. SBO will bring back available member feedback and continue conversations with Rethink.

The Subcommittees requested available member satisfaction results on SurgeryPlus to further consider the opportunity to carve-out bariatric surgery. Every participant who completes a surgery through this program is prompted to complete a satisfaction survey when their surgical episode has concluded. The program and its providers consistently achieve high satisfaction ratings from members ranging from 4.8 to 4.9, with 5 being the most satisfied.

A follow up regarding FY20 actual versus expected cost avoidance presented at the January 21, 2021 Combined Subcommittee meeting was added to the Appendix but in the interest of time was not publicly reviewed.

The Subcommittee members expressed concerns regarding the bariatric provider network under a carve-out approach; they considered whether there could be unintended consequences of reducing the size of the provider network. Ms. Iglesias responded that there was no data reflecting that a smaller subset of providers would reduce the number of surgeries that members need or require.

There was a discussion regarding emerging trends for carve-out and direct contracting within the industry.

The next Committee meeting is scheduled for March 8, 2021 where the members will be asked to consider: adopting the recommendations for extending expanded coverage related to COVID-19 benefits not more than 30 days following the end of the national public health emergency, allowing plan participants to access unused PTC funds before restarting contributions, and adoption of the COVID-19 rider for Securian Critical Illness Insurance coverage.

**OTHER BUSINESS**

No new business was presented.

**PUBLIC COMMENT**

No public comment was provided.

**EXECUTIVE SESSION**

A MOTION was made by Ms. Anderson and seconded by Mr. Costantino to enter Executive Session at 11:44 a.m.  
MOTION ADOPTED UNANIMOUSLY.

**ADJOURNMENT**

A MOTION was made by Mr. Oberle and seconded by Mr. Costantino to adjourn the meeting at 12:45 p.m.  
MOTION ADOPTED UNANIMOUSLY.

Respectfully submitted,

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Martha Sturtevant, Statewide Benefits Office, Department of Human Resources  
Recorder, State Employee Benefits Committee and Subcommittees