



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

March 10, 2022

The Financial Subcommittee and the Health Policy & Planning (“HP&P”) Subcommittee to the State Employee Benefits Committee (the “Committee”) met Thursday, March 10, 2022 in a combined meeting. In the interests of protecting the citizens of this State from the public health threat caused by COVID-19, this meeting was presented via Webex and participants were encouraged to attend virtually.

Subcommittee Members Represented or in Attendance:

Director Faith Rentz, Statewide Benefits Office (“SBO”), Department of Human Resources (“DHR”) (Appointee of Secretary Claire DeMatteis), Chair
Ms. Judy Anderson, Delaware State Education Association (Appointee of Mr. Taschner, Executive Director, DSEA)
Mr. Steven Costantino, Director Health Care Reform, Dept. of Health and Social Services (“DHSS”) (Appointee of Secretary Molly Magarik)
Ms. Jeanette Hammon, Sr. Fiscal and Policy Analyst, Office of Management & Budget (“OMB”) (Appointee of OMB Director Cerron Cade)
Ms. Judi Schock, Deputy Principal Assistant, Office of Management & Budget (“OMB”) (Appointee of OMB Director Cerron Cade)
Mr. Robert Scoglietti, Deputy Controller General, Office of the Controller General (“OCG”) (Appointee of Controller General Ruth Ann Jones)
Mr. William Oberle, Delaware State Trooper’s Association (Appointee of Mr. Taschner, Executive Director, DSEA)
Mr. Stuart Snyder, Chief of Staff, Department of Insurance (Appointee of Commissioner Trinidad Navarro)
Ms. Ashley Tucker, Deputy State Court Administrator, Administrative Office of the Courts, (Appointee of The Hon. Collins Seitz, Chief Justice, Delaware Supreme Court)

Subcommittee Members Not Represented or in Attendance:

Mr. Keith Warren, Chief of Staff, Office of the Lt. Governor (Appointee of Lt. Governor Bethany Hall-Long)
The Honorable Colleen Davis, State Treasurer, Office of the State Treasurer

Others in Attendance:

Ms. Leighann Hinkle, Deputy Director, SBO, DHR	Ms. Sandy Hart, IBM Watson Health
Ms. Nina Figueroa, Health Policy Advisor, SBO, DHR	Ms. Charlene Hrivnak, CVS Health
Mr. Chris Giovannello, Willis Towers Watson (“WTW”)	Ms. Katherine Impellizzeri, Aetna
Ms. Jaclyn Iglesias, WTW	Ms. Heather Johnson, Controller, DHR
Ms. Wendy Beck, Highmark Delaware	Mr. Adam Knox, Highmark Delaware
Ms. Christina Bryan, Delaware Healthcare Association	Ms. Lisa Mantegna, Highmark Delaware
Ms. Julie Caynor, Aetna	Mr. Walter Mateja, IBM Watson Health
Ms. Cherie Dodge Biron, Deputy Principal Asst., DHR	Ms. Paula Roy, Roy & Associates
Ms. Sara Dunlevy, CVS Health	Ms. Carole Mick, SBO, DHR - Recorder, State
Ms. Rishika Gupta, CVS Health	Employee Benefits Committee and Subcommittees

CALLED TO ORDER – DIRECTOR FAITH RENTZ, CHAIR

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

STATE OF DELAWARE STATEWIDE BENEFITS OFFICE

97 Commerce Way, Suite 201, Dover DE 19904 (D620E)

Phone: 1-800-489-8933 • Fax: (302) 739-8339 • Email: benefits@delaware.gov • Website: de.gov/statewidebenefits

APPROVAL OF MINUTES – DIRECTOR RENTZ, CHAIR

A MOTION was made by Mr. Costantino and seconded by Ms. Anderson to approve the minutes from the Combined Subcommittee meeting on February 24, 2022.

MOTION ADOPTED UNANIMOUSLY.

DIRECTOR'S REPORT – DIRECTOR RENTZ, CHAIR

SEBC Approved Decision Updates from February 28th, 2022

The SEBC met and voted on several recommendations that came from the Financial and Health Policy & Planning Subcommittees on February 28th. The care management programs that will be administered by Aetna and Highmark Delaware have been approved and will be effective July 1, 2022. Approval was given for the Aetna HMO plan to keep the existing structure of the “gatekeeper” within the HMO plan. The implementation of a Medicare Advantage plan has also been approved and will be administered by Highmark Delaware. The effective date of the Medicare Advantage plan is January 1, 2023. Approval was given for the 8.67% rate action that was recommended by the Financial Subcommittee. The SEBC will be meeting Monday, March 14th, 2022 and will be voting on the actual rates for the non-Medicare (effective July 1, 2022) and Medicare (effective January 1, 2023) populations.

The open enrollment strategy for 2022 and other SBO initiatives will be presented to the SEBC on Monday, March 14, 2022.

Lifting of State of Emergency Protocols

With the recent lifting of state of emergency protocols, the next combined meeting of the Financial and Health Policy & Planning Subcommittees and SEBC will be in person beginning with the April meetings. As per the FOIA statute, the meetings will be offered in person and virtually.

REVIEW AND DISCUSSION OF DIABETES MANAGEMENT, BEHAVIORAL HEALTH AND MUSCULOSKELETAL PROGRAM OPTIONS – MS. JACLYN IGLESIAS, WTW

Diabetes care and prevention resources

Ms. Iglesias began the discussion with a review of what is currently offered to the GHIP. Many of the resources today are offered within the medical plan in conjunction with other complementary programs from other vendor partners. The current diabetes care management program that is available to all non-Medicare plan participants is Livongo (implemented in July 2019). The Livongo program provides all enrolled participants with a “connected meter” that uses wireless technology to transmit blood glucose test results to Livongo coaches, who will contact members with abnormally high or low glucose levels. Cross-training on the program is provided through the medical plan to assist with member referrals to the Livongo program. Outcomes from the Livongo program were reported to the combined Subcommittees most recently in October 2021. These results showed lower enrollment than expected (15%), however those members once enrolled have seen a decrease in A1c of >1% at the 6-month milestone. Overall, the member experience has been favorable, and the program is effective for those who engage and activate their connected meter.

Mr. Oberle questioned the 15% participation rate, specifically what are we currently doing to encourage members to participate and what are additional opportunities that we could take to engage members. Ms. Iglesias responded that participation is actively encouraged among plan participants, however a great method of getting members engaged is the cross-training previously referenced, which has involved working with the medical vendors and vendor partners to ensure appropriate training is taking place. This will help engage members that are possible candidates for the Livongo program. Another opportunity to explore would be to incentivize members to engage with the Livongo program.

Ms. Iglesias explained that beginning June 30th, 2022 Aetna will be sunsetting its relationship with Livongo and the program will no longer be offered to those plan participants. Aetna’s proposed diabetes care management program, Transform Diabetes Care (TDC) program, would be available (should the State choose to implement it)

beginning July 1, 2022. This program was recently rolled out to the State’s EGWP plan participants effective January 1, 2022. The Subcommittees recently reviewed the opportunity to roll out TDC across all non-Medicare plans effective for July 1, 2022, but ultimately the SEBC opted to forego voting on this program in December 2021. Highmark will continue to offer the Livongo diabetes care management program with new enhancements for the State’s consideration, including an option for continuous glucose monitors through Onduo and a “virtual first” primary care program providing diabetes care management through ChristianaCare. These will be further discussed at the April Subcommittee meeting.

The Subcommittees will continue to review options for diabetes care management programs and should determine a recommendation to bring forth to the SEBC on either maintaining Livongo for Highmark members and implementing TDC program for Aetna members or discontinuing Livongo and implementing TDC for all non-Medicare plan participants. Considerations associated with each option were briefly discussed.

Ms. Iglesias added that CVS Health had provided an updated savings analysis for the option of implementing the TDC program for all non-Medicare plan participants. Follow up information will be provided on the comparison of expected costs and potential savings associated with keeping Livongo for Highmark members and implementing TDC for Aetna members during the April Subcommittee meeting.

Mr. Oberle asked if there has been an analysis on the efficiency of the two programs’ outcomes for plan participants. Ms. Iglesias responded that further discussion on the current outcomes that the State of Delaware population has seen with the Livongo program will take place in April. For the TDC program, outcomes data isn’t available for the EGWP population given the program was implemented so recently; however, follow up will be provided to discuss the broader findings that the program has seen with other plan participants.

Ms. Anderson questioned whether it would be possible to see the return on investment (ROI) and savings that the State of Delaware could expect by selecting either program. Additionally, referencing the 2:1 ROI statistic that was previously presented for the TDC program, is there a similar guarantee for Livongo. Ms. Iglesias stated that there is not currently an ROI guarantee in place with Livongo. Ms. Anderson asked what is the current cost for Livongo for the State of Delaware. Ms. Iglesias indicated this would be provided as a follow up to the meeting.

Mr. Costantino asked if the uptake on Livongo is 15%. Ms. Iglesias responded that it is about 15% of members who are targeted for participation. Mr. Costantino also asked about the role of the plan participant’s PCP in suggesting Livongo for those participants. Ms. Iglesias responded that primary care doctors will not be the ones that are suggesting the program to members; however, the medical vendor and State’s other vendor partners primarily would recommend the program to members using the referral mechanisms that are practiced today. Mr. Costantino in summary was questioning if Livongo ultimately would be able to work with primary care physicians to suggest participation in the program. Ms. Hinkle added there are 1,170 members enrolled in both the Aetna (375 Aetna members) and Highmark (795 Highmark members) plans with approximately 7,500 recruitable members.

Behavioral health resources

Ms. Iglesias noted that mental/behavioral health episodes of care represent a material portion of GHIP spend, with \$36.7 million incurred in claims within a twelve-month period from November 2020 to October 2021. Today, plan participants have an extensive list of resources and support for their mental wellbeing and behavioral health care needs.

Ms. Iglesias continued that the Rethink program is available through Highmark starting July 1, 2022. Rethink is a digital behavioral health platform providing training, individualized assessments/trackers and other educational resources for parents and children. All content is based on Applied Behavior Analysis (“ABA”) and developed by Board Certified Behavior Analysts (“BCBAs”). The program includes remote consultation with a BCBA, limited to a fixed number of hours per employee per year, but the employee is given the option to purchase additional

time. This program was previously offered as a free trial to all active State and participating group employees from August 2020 to mid-2021. During that time, 163 employees had utilized Rethink, which was about 7% of the targeted population and tracks with Rethink's book-of-business participation rates in the first year of the program.

This program is available at no additional cost to the GHIP for the State to offer to Highmark plan participants in non-Medicare plans. The Subcommittees will need to determine whether there is consensus on recommending to the SEBC that the Rethink program is offered to Highmark plan participants starting July 1, 2022.

Mr. Costantino asked how many remote consultation hours per employee per year is currently available. Ms. Iglesias indicated that WTW is following up on what the number would be for the potential offering for FY23; however, during the trial basis in 2020-2021, it was three hours per employee.

Musculoskeletal resources

Ms. Iglesias reviewed that musculoskeletal conditions are a top driver of GHIP spend and are among the top ten conditions across all GHIP members for claims paid in calendar year 2021. For participants of the State, there are multiple resources offered by the State's health care vendor partners.

An emerging trend is virtual physical therapy services. There is an opportunity for the State to offer virtual physical therapy through Hinge Health, which has partnered separately with SurgeryPlus and with Aetna. Hinge Health looks to avoid common musculoskeletal injuries and unnecessary surgical procedures and provides pain management support for members who are not candidates for surgery. They offer personalized care by a licensed Doctor of Physical Therapy, along with board certified health coaches for ongoing check-ins and counseling, and includes wearable technology to help health coaches monitor whether the physical therapy exercises are being done correctly and effectively. Member enrollment in this program will rely on established referral processes to engage plan participants who have other options besides surgery (referrals from SurgeryPlus or from Aetna's care management program) or are potential candidates for surgery (to SurgeryPlus). Included in the cost of the program are electronic and printed communications (development and fulfillment) to plan participants. Data is publicly available on Hinge Health's current outcomes, some of which was reviewed during this meeting. Mr. Oberle asked how Hinge Health's data related to improvements in outcomes (particularly mental health outcomes) is quantified, and Ms. Iglesias responded that further details would be provided on this.

Ms. Iglesias added that additional discussion about the Hinge Health program, including costs and health outcomes, would be discussed at the April Subcommittee meeting. Additionally, Highmark has a partnership with Sword Health to provide virtual physical therapy, which will be discussed in more detail at next month's Subcommittee meeting. Based on this additional information and corresponding discussion at subsequent meetings, the Subcommittees will determine whether to recommend to the SEBC, a virtual physical therapy solution(s) to be implemented for GHIP participants. Mr. Scoglietti asked whether there is an option for a member to be referred to an in-person physical therapy option if the virtual option is not working out for the member. Ms. Iglesias responded affirmatively that the expectation is that the health coach assigned to the member would refer the member to an in-person physical therapist if the virtual option isn't working out for the member, and it is the health coach's role to monitor the member's progress with virtual physical therapy and to facilitate connecting the member to additional in-person physical therapy as needed. Ms. Anderson questioned whether the virtual physical therapy session an assigned amount of physical therapy that the member should do on their own or is it facilitated virtually with the physical therapist. Ms. Iglesias responded that it is a combination of both methods. The physical therapist will customize a physical therapy routine for the member and the health coach will be able to provide support and monitoring (via the wearable technology) to assist the member with completing their exercises correctly. Ms. Rentz stated that the SBO participated in a demo for the physical therapy wearable technology and that a demo could be provided to the Subcommittee to see how this technology works.

OTHER BUSINESS

Ms. Anderson questioned when the Financial and Health Policy & Planning Subcommittees will discuss the cost savings opportunities and initiatives for the GHIP that were previously mentioned at the February Subcommittee meeting. Director Rentz commented that the topic would most likely be on the agenda for the May meeting. Ms. Hinkle responded that May would be the earliest that topic would fit into the agenda and Ms. Iglesias confirmed that as well.

Mr. Oberle raised a question regarding the transition credit that Highmark Delaware offered to support the State’s move from a Medicare Supplement plan to a Medicare Advantage plan and asked whether there would be a discussion around how the funds will be allocated going forward. Echoing previous commentary shared at the SEBC meeting regarding assisting plan participants, Director Rentz indicated that she will be providing an update at the upcoming SEBC meeting, which will also include details related to the implementation calls that will be taking place weekly with the Highmark Delaware team and topics that will be covered in the future including a communication strategy and a transition plan. Mr. Oberle asked a follow up question on whether there is any latitude to advance some of these opportunities for communication to work closer with the plan participants. Director Rentz commented that they are currently in conversations with Highmark about that and will present more information during the April meeting. She added that they will look into how they can customize the outreach to plan participants.

PUBLIC COMMENT

No public comment was provided.

ADJOURNMENT

A MOTION was made by Mr. Scoglietti and seconded by Ms. Anderson to adjourn the public session at 11:19 a.m. MOTION ADOPTED UNANIMOUSLY.

Respectfully submitted,

Carole Mick, Statewide Benefits Office, Department of Human Resources
Recorder, State Employee Benefits Committee, and Subcommittees