



Centers of Excellence (COE) Request for Proposal (RFP) Considerations

SEBC Health Policy & Planning Subcommittee

March 13, 2023

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Overview:

Centers of Excellence (COEs) improve outcomes and lower cost



COEs provide employers and members with **better outcomes** at a **lower cost** than in community/health plan networks



Savings are achieved via **discounted or bundled pricing** and **improved quality** (e.g., fewer preventable readmissions, adverse events, and deaths)



One well-recognized COE had **mortality rates** for cardiac bypass that were **3 – 5 times better** than the statewide hospital averages and those deaths are only the tip of the iceberg in poor care

Then

Originally used for high-cost, specialized transplants (heart/lung/liver)

Now

Broadly available today and used for a variety of care including heart and bariatric surgery, joint replacement, and expanding to include infertility, general surgery, designated ambulatory centers and non-surgical cancer treatment. Carriers are now moving towards pairing a panel of designated surgeons with their COE facilities.

Background on the upcoming COE Request for Proposals

- The GHIP offers plan participants access to high quality providers (doctors and facilities) of elective surgical procedures that have agreed to discounted pricing for these services in exchange for the opportunity to achieve a higher volume of patients
- Access to these providers is offered through the SurgeryPlus benefit, which is administered by Employer Direct Healthcare (EDH), a third-party provider of COEs
 - EDH carries out many processes of a typical third-party administrator (TPA), including maintaining its own provider network, adjudicating and paying claims, managing a member services function, etc.
 - In addition, other services are also provided to enhance the member experience such as concierge support for finding providers, scheduling appointments, transferring medical records and making travel arrangements (when necessary)
 - SurgeryPlus network includes providers in Delaware though breadth of provider choice and depth of provider specialties is not as expansive as the medical carrier networks, by design: intentionally targeting the highest quality providers that meet rigorous quality standards
 - The scope of services covered through EDH's provider network are for elective surgical procedures only, which includes pre/post surgical consultations, the professional and facility costs associated with the surgeries, and anesthesiology
 - Members who use the SurgeryPlus benefit pay nothing out-of-pocket to access services through this benefit; other financial incentives and travel benefits are also available
- The State's contract with Employer Direct Healthcare will terminate on June 30, 2024, which has prompted the need for the SBO to issue a Request for Proposals (RFP) for this service

SurgeryPlus provider network and elective procedure categories

Source: <https://dhr.delaware.gov/benefits/surgery-plus/documents/provider-network.pdf?ver=0217>

SurgeryPlus Provider Network

Procedure Category	New Jersey	Philadelphia	Greater D.C. / Delaware
Orthopedic	✓	✓	✓
Spine	–	✓	✓
General Surgery	✓	✓	✓
Bariatric*	–	✓	✓
OB/GYN	–	✓	✓
ENT	✓	–	–
Pain Management	✓	✓	✓
Gastroenterology	✓	✓	✓
Cardiac	–	–	✓

Note: This summary of the SurgeryPlus Provider Network has been tailored for GHIP plan participants. The network also includes participating providers in other states outside of the greater Delaware region.

*Effective July 1, 2023, all bariatric surgeries will be required to be completed through the SurgeryPlus benefit and performed by a surgeon in the SurgeryPlus network. Bariatric surgery will no longer be covered under your Aetna or Highmark Delaware non-Medicare health plan.



COE strategic considerations for further discussion and input from Subcommittee members

- Interest in maintaining status quo, or evolving COE strategy?
 - Considerations:
 - Capabilities for carving out additional conditions beyond bariatric surgery
 - Appetite for evaluating proposals from niche COE vendors for specific conditions only (ex: fertility) vs. exploring opportunities to add-on these vendors through partnerships that may exist with other GHIP vendor partners such as Highmark and Aetna/CVS

- Network depth and breadth within the geographic boundaries of the state of Delaware
 - Considerations:
 - Willingness to require members to travel out of state to access the highest quality providers
 - Scope of procedures offered by COE vendor (breadth of expertise across multiple clinical areas/procedures vs. excellence/"depth" in a smaller subset)

Next steps

- WTW will work with SBO to finalize the RFP questionnaire, which is targeted for release in early May 2023
- Bidder proposals will be due in early June 2023
- Proposal Review Committee will convene to evaluate proposals and generate recommendations to the SEBC in late summer/fall 2023
- SEBC will vote on contract award in late 2023, for a July 1, 2024 effective date