



## SEBC and SEBC Subcommittee Meetings (May 2024 Updates) *Get the Facts on What's Happening*

As the “administrative arm” of the State Employee Benefits Committee (SEBC), the Statewide Benefits Office (SBO), Department of Human Resources (DHR) is providing the following frequently asked questions document as a resource to employees and retirees, which includes facts on what’s being discussed related to the Group Health Insurance Plan (GHIP) at the SEBC and SEBC Subcommittee meetings and actions taken by the SEBC.

Learn more about the SEBC and SEBC Subcommittees, including committee members, meetings schedules, and meeting materials by visiting the [SEBC page](#) of SBO’s website. Each meeting is open to the public and provides an opportunity for public comment. In addition, suggestions, comments, and/or concerns can be sent to the SEBC at [sebc@delaware.gov](mailto:sebc@delaware.gov).

### **Frequently Asked Questions:**

#### ***Q. What change did CVS Caremark Mail Service Pharmacy put into place related to GLP-1 drugs?***

A. Starting May 15, 2024, CVS Caremark Mail Service Pharmacy no longer has inventory to dispense the following GLP-1 medications: Mounjaro, Trulicity, Wegovy, Saxenda. Prior to May 15, CVS initiated proactive communication to impacted members through letters and outbound calls alerting members of the change and to offer alternative options. Members attempting to fill a prescription for these drugs through CVS Mail Service Pharmacy will now be told that their order cannot be processed. As the demand for these medications continues to rise, certain brands are experiencing ongoing, widespread supply issues. Members may continue to fill prescriptions for these medications at participating retail pharmacies where available. Members can locate a [participating pharmacy](#) online or contact CVS Caremark Customer Service at 1-833-458-0835. More information can be found on the SBO’s [CVS Caremark Prescription Plan](#) webpage.

#### ***Q. What is being discussed related to U.S. Digestive Health practices for Highmark non-Medicare health plan members?***

A. In May 2024, the SBO was contacted by Highmark Delaware and informed that Highmark was in negotiations with several U.S. Digestive Health practices in central and western Pennsylvania and Delaware that have asked to terminate from their networks for continued access to care as an in-network provider. The contract between Highmark and these U.S. Digestive Health practices will expire on July 1, 2024. While there is an opportunity for an agreement to be reached prior to July 1, no agreement has been made as of the May 28, 2024 SEBC meeting. If no agreement is reached, letters to affected GHIP members will be mailed on June 1, 2024 to bring enhanced awareness on this change. The SBO is currently researching whether there is any ability, should these providers terminate the Highmark Delaware network, to offer GHIP Highmark non-Medicare members an opportunity to change health plans now that Open Enrollment for active employees and non-Medicare retirees is complete. Updates will be provided at the June 24, 2024 SEBC meeting and to affected members.

#### ***Q. Will recordings of the SEBC and SEBC Subcommittees be made available to the public?***

A. Yes. Video recordings of the public session of the State Employee Benefits Committee (SEBC), Financial Subcommittee, and Health Policy & Planning Subcommittee meetings will be made available to the public under the [Review Meeting Materials](#) section of the [State Employee Benefits Committee \(SEBC\)](#) webpage beginning May 2024. Going forward, these recordings will be posted to the SEBC webpage approximately two business days following the conclusion of a public meeting. Video recordings of the Retiree Healthcare Benefits Advisory Subcommittee (RHBAS) have been made available to the public since March 2023. Members of the public can also view these recordings on the SEBC’s YouTube channel, [Delaware SEBC](#).

#### ***Q. What changes did the SEBC discuss related to Calendar Year 2024 Requests for Proposals (RFPs)?***

A. At the May 28, 2024 SEBC meeting, the SBO provided an update to the [timelines of three RFPs](#) that will be released in Calendar Year 2024. These RFPs are for the following benefits:

- Flexible Spending Account (FSA), Pre-Tax Commuter, COBRA

- Employee Assistance Program (EAP)
- Group Accident and Critical Illness Supplemental Insurance

Due to revisions needed to the RFP template, the SBO will be pushing back the timelines for RFP posting, procurement, and review of received bids. These RFPs will now be released in July 2024 as opposed to May 2024 and will be voted on by the SEBC in December 2024 as opposed to September 2024. Regardless of the change in timeline, these awarded contracts will still have an effective date of July 1, 2025.

The SBO and SEBC will also begin drafting an RFP for healthcare plan audit services. The Health Policy and Planning Subcommittee will begin working on the scope of this RFP in the summer and fall 2024.

***Q. What decision did the SEBC make related to the Disability Insurance Program (DIP) Rules and Regulations?***

A. At the May 28, 2024 meeting, the SEBC voted to approve the proposed revisions to the Disability Insurance Program (DIP) Rules and Regulations that were recommended by the Health Policy and Planning Subcommittee and the SBO in the Registrar of Regulations format. A [breakdown of the revisions](#) was presented to the SEBC at the May 28 meeting and a [full markup of the revisions](#) can be found on the [SEBC meeting materials](#) webpage. By June 15, 2024, the final document will be submitted to the Registrar of Regulations for review and publication. The effective date of the updated DIP Rules and Regulations is July 1, 2024.

***Q. What decision is the SEBC considering related to Group Universal Life (GUL) Insurance?***

A. The State of Delaware currently offers a [Group Universal Life Insurance benefit](#) through Securian Financial to benefit-eligible active State of Delaware and Delaware Solid Waste Authority (DSWA) employees; this contract is set to expire on June 30, 2025. The SEBC and the Health Policy and Planning Subcommittee are currently discussing a possible extension of the existing contract with Securian Financial through June 30, 2026, to allow additional time to initiate and complete a Request for Proposals (RFP) for life insurance benefits. The Subcommittee and the SEBC will continue these discussions at the June meetings.

***Q. What are the results and implications of the SurgeryPlus Savings Analysis?***

A. SEBC healthcare consultants, Willis Towers Watson (WTW) recently completed a GHIP [savings analysis](#) on the SurgeryPlus benefit program. [SurgeryPlus](#) is a comprehensive surgical program that provides a personalized concierge experience from dedicated Care Advocates and access to excellent healthcare through a network of credentialed Surgeons of Excellence for planned, non-emergent surgeries. Enrollment in the SurgeryPlus benefit is automatic for individuals enrolled in a State of Delaware Aetna or Highmark Delaware non-Medicare health plan.

This analysis determined that overall, the SurgeryPlus program did generate substantial savings before accounting for fees; however, the program fees and incentives eroded savings to the plan. The program accomplished several of the SEBC’s original goals, including reducing the total cost of care for members without sacrificing the quality of care delivered, facilitating choice of providers while minimizing disruption, and providing incentives to encourage utilization, such as sharing savings with GHIP participants.

The SBO and SEBC will complete this analysis on an annual basis and use the results to drive discussions on ways to enhance the SurgeryPlus program and the overall health and wellbeing of GHIP members.

***Q. What are the results of the Statewide Benefits Office (SBO)’s Strategic Plan for Fiscal Year 2023?***

A. The SBO’s Fiscal Year (FY) 2023 strategic plan reflects the desire of the SBO and the SEBC to continue enhancing the mission of offering State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers. The table below describes the four goals the SBO undertook in FY2023 and the corresponding results of those goals:

Goal	Result
<p>Using the Alternative Payment Model (APM) Framework and FY2021 medical spend as a baseline, increase GHIP spend through advanced APMs to be at least the following by the end of FY2023 (as % of total spend):</p> <ul style="list-style-type: none"> <li>• Category 3: 40%</li> <li>• Category 4: 10%</li> </ul>	<p>FY2023 total medical spend (i.e., allowed amount, including both member cost share and plan payments), is \$1.06B which includes \$274M (26%) in Category 3 and \$13M (1%) in Category 4 payment models, meaning the goal was not met.</p>
<p>In light of the GHIP’s changing demographic profile, strive for an incremental increase in unique users utilizing a specific point-of-enrollment and/or point-of-care engagement platform/consumerism tool by at least 5% annually.</p>	<p>While there was an increase in utilization of the myBenefitsMentor® tool in 2023 over the prior year, we did not meet this goal as utilization only increased by 1.3%.</p>
<p>Reduction of Group Health Insurance Plan (GHIP) diabetic cost per-member-per-month (PMPM) by 8% by the end of FY2023 using FY2021 spend as a baseline.</p>	<p>The projected PMPM target of \$1,741 for FY2023 resulted in an effective average annual trend of 5% for diabetics. For FY2023, there was a slight increase from FY2022 in PMPM spending for diabetics, from \$1,559 in FY2022 to \$1,568 in FY2023. As this increase is significantly below the 8% targeted trend and the PMPM target of \$1,741, this goal was met.</p>
<p>Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark by the end of FY2023 by focusing on specific components, which are inclusive of, but not limited to:</p> <ul style="list-style-type: none"> <li>• Outpatient facility costs</li> <li>• Inpatient facility costs</li> <li>• Pharmaceutical costs</li> </ul>	<p>Against an established national baseline trend of 6%, the GHIP has successfully fielded a lower trend (5.1%) over the past seven years from FY16 to FY23. However, against the Department of Health and Social Services (DHSS) established Health Care Spending Benchmark of 3.1% for Calendar Year 2023, the GHIP fell short*.</p>

View the full [Statewide Benefits Office Strategic Plan FY2023 Results Report](#) which contains detail on the tactics, strategies and actions taken by the SBO towards these goals and a further breakdown of each result.

*\*The data collected and interpreted by the SBO and their vendors for this report is measured on a fiscal year basis and cannot be adequately compared against a calendar year benchmark.*