### The State of Delaware

#### State Employee Benefits Committee (SEBC) Strategic Framework – Final Approved

**GHIP mission statement**
Approved by SEBC

**Offer 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.

**GHIP goals – approved by SEBC**
Tied to the GHIP mission statement

**Mission Statement:**
Offer 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.

**Goals:**
- **Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018**
- **Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020**
- **GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020**

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### Calendar of GHIP tactics – CY2017

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<th>Tactics to support</th>
<th>GHIP Goal</th>
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<td>Activity period</td>
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- **Fiscal Year Changes**
  - Evaluate changes in state’s revenue towards VBCD model(s).
  - Evaluate clinical data to support plan design changes and value-based chronic disease programs.
  - Evaluate feasibility of reducing plan options and/or replacing copays with coinsurance.
  - Evaluate incentive opportunities.
  - Change certain plan features (available state share, Medallion subsidy).
  - State-sponsored Health Clinic RFI

- **FY2015 Program Changes**
  - Continue to evaluate opportunities with the DCHI and model health plan providers to drive local participation in value-based models.
  - Develop provider scorecards to measure health plan performance.
  - Continue to participate in the CMS Medicare Advantage Star ratings process.
  - Continue to participate in the Department of Labor plan integrity program (DOL). Substantial changes to the provider agreement as of FY2016.

**Framework for the health care marketplace**

**GHIP strategies – Linked to GHIP goals**

**Markets**
- Provider Care Delivery
  - Evaluate availability of VBCD models where GHIP participants reside
  - Continue managing medical TPAs
- Provider-led Health and Wellness Initiatives
  - Launch healthcare consumerism website
  - Offer a medical plan selection decision support tool (e.g., Truven’s My Benefits Mentor tool)
  - Develop transparency tools available through medical TPAs
  - Evaluate feasibility of offering incentives for engaging in wellness activities
- Provider-led Health and Wellness Initiatives
  - Offer and promote resources that will support member efforts to improve health and wellness.

**Goal**
- **Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018**
- **Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020**

**Group Health Insurance Program**

**Multi-year framework**

**GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020**

**Healthcare Services**
- **To prepare for 2018 and beyond**
  - Evaluate provider capabilities to deliver VBCD models via medical third party administrators (TPAs) (RFP)
  - State-sponsored Health Clinic Request for Information (RFI)
  - Implementation of VBCD models from RFP (including CODs)
  - Evaluation of clinical data to implement more value-based chronic disease programs
  - Promote medical plan TPAs’ provider cost quality transparency tools

**Goal**
- **Negotiate strong financial performance guarantees**
  - Select vendor(s) with most favorable provider contracting arrangements.
  - Educate GHIP members on the importance of preventive care and the State’s preventive care benefits (covered at 100% in-network).
  - Continue vendor cost and quality transparency via medical TPA RFP
  - Encourage participation in VBCD models using outside vendors, TPAs, and DelaWELL.

**Health Status of the Population**
- **To prepare for 2019 and beyond**
  - Implement changes to GHIP medical plan options and price tags.
  - Encourage members to understand and use medical and Rx UM programs, where necessary.
  - Evaluate other and promote resources that will support member efforts to improve health and wellness.
- **To prepare for 2020 and beyond**
  - Evaluate recommendations for creative ways to drive engagement.

**Supply**
- **Demand**

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1. Gross trend is inclusive of total increase to GHIP medical plan costs (both "employer" and "employee") and will be measured from a baseline average trend of 6% (based on several years of SEBC historical experience and Willis Towers Watson market data).
2. Note: To drive enrollment at this level, the State will need to make plan design and employee contribution changes that may require changes to the Delaware Code.

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*May require changes to the Delaware Code

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**GHIP**

- **Group Health Insurance Program**
- **Healthcare Services**
- **Health Status of the Population**
- **Group Health Insurance Program**