<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Topic(s)</th>
<th>New Topic(s)</th>
<th>Planned discussion topics for this date's meeting</th>
<th>Topics brought up during the meeting for further consideration</th>
<th>Follow-up to be sent to subcommittee after discussion</th>
<th>Topic determined for continued subcommittee dialogue</th>
<th>Topic tabled for longer term consideration</th>
<th>Agreed upon to cease discussion of topic</th>
<th>Move to/Receive direction from SEBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/25/2018</td>
<td>Committee Business Rules - Overview of GHIP Planning Discussions with SEBC - FY20 Planning - Short Term Opportunities</td>
<td>Details on demographic shifts - Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks) - How &quot;access&quot; is defined in a strategic framework - How tactics align to each strategy within the strategic framework - Revisit new proposed goals within the strategic framework - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose &amp; timing) - PCP attribution / value of annual physicals / on-site clinics and other primary care options (&quot;direct primary care&quot;, mobile units, TPA ability to support) - Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured) - Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support) - Plan mix/options (choice, traditional vs. consumer-directed, network &amp; TPA options) - Program incentives (types, alignment with goals / population or cohort needs, delivery methods) - Education/programs targeted at specific population need - Management of cost based on behavior/lifestyle (i.e., tobacco usage)</td>
<td>Details on demographic shifts - Refresher on Health Plan Task Force report and current state analysis conducted in FY17 (health risk/utilization vs. benchmarks) - How &quot;access&quot; is defined in strategic framework - How tactics align to each strategy within the strategic framework - Summary of subcommittee feedback on / prioritization of GHIP influencing levers</td>
<td>Site-of-Care Steerage (including opportunities, total and member-paid cost differentials for services) - Centers of Excellence Specifics (plan design, incentives, scope of COE-eligible procedures)</td>
<td>Revise new proposed goals within the strategic framework - Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose &amp; timing) - PCP attribution / value of annual physicals / on-site clinics and other primary care options (&quot;direct primary care&quot;, mobile units, TPA ability to support) - Engagement planning (definition, opportunities to improve, cohort/pilot studies, how measured) - Value-based care (definition, options for consideration, early outcomes, State-level initiatives, TPA ability to support) - Plan mix/options (choice, traditional vs. consumer-directed, network &amp; TPA options) - Program incentives (types, alignment with goals / population or cohort needs, delivery methods) - Education/programs targeted at specific population need - Management of cost based on behavior/lifestyle (i.e., tobacco usage)</td>
<td></td>
<td>Local Hospital cost (in executive session) - Reference-based pricing (opportunities, balance billing, and comparison to Medicare costs, other state models - NC, MT, health care claims database - purpose &amp; timing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/7/2018</td>
<td>Updates from the October 25th Centers of Excellence (COE) Plan Design</td>
<td>None</td>
<td>Analysis of potential claim savings/cost avoided for use of non-COEs vs. COEs presented previously to the SEBC.</td>
<td>COE travel allowance, communications and considerations for requiring member contact with SurgeryPlus prior to surgery</td>
<td></td>
<td></td>
<td></td>
<td>Reference-based pricing (continued dialogue including the points noted for this topic above)</td>
<td>Reference-based pricing (continued dialogue including the points noted for this topic above)</td>
</tr>
<tr>
<td>12/4/2018</td>
<td>Updates from November 7th FY20 Planning - Open Enrollment Employee Engagement - FY20 Planning - Site of CareSteerage</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Date</td>
<td>Agenda Topic(s)</td>
<td>New Topic(s)</td>
<td>Quick Hits</td>
<td>Short Term FY20 Focus Topics</td>
<td>Long Term Focus Topics</td>
<td>No Longer Consider</td>
<td>Move to/Receive direction from SEBC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>--------------</td>
<td>------------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
<td>---------------------</td>
<td>-----------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 10/25/2018   | - Committee Business Rules  
- Overview and History of Group Health Financials  
- Quarterly Financial Reporting Format  
- Trend Methodology | - Look at demographic/geographic cuts of claim costs  
- Provide regional breakdown of trend (include Rx net of rebates)  
- Research other states financial reporting - what data/metrics do other states find valuable?  
- Reference-based pricing  
- Should the subcommittee establish a level of funding for future legislative actions?  
- Provide total cost share pie chart (shown in 10/25 P&P subcommittee meeting)  
- Medical administrative fees - amount and % of total cost? | Follow-up to be sent to subcommittee after discussion | - Review demographic/geographic cuts of claim costs  
- Provide regional breakdown of claim cost/trend  
- Provide GHIP quarterly claims exhibit net of Rx rebates  
- Review components of national health care trend (price, utilization)  
- Provide total cost share pie chart (shown in 10/25 P&P subcommittee meeting)  
- Medical administrative fees - amount and % of total cost? | - Premium Increases  
- Measuring savings for adopted programs (e.g., site-of-care steerage)  
- Walk-through quarterly reporting (what does the data suggest are the GHP's problems and opportunities for short/long-term focus?)  
- Research other states financial reporting - what data/metrics do other states find valuable? | - Reference-based pricing  
- Pricing equity  
- Should the subcommittee establish a level of funding for future legislative actions? | Should the subcommittee establish a level of funding for future legislative actions? |
| 11/7/2018    | - Updates from October 25th  
- FY18 Q4 Dashboard and Incurred Reporting Overview  
- Reserve, Claim Liability & Surplus Methodology Discussion | - Estimated participating group fees in aggregate  
- Provide commentary on how specialty drug costs vary by place of care and what other employer's are doing to address these costs  
- IBM Watson Health to determine if prior quarter net paid amounts can be added to top clinical conditions in incurred reporting  
- IBM Watson Health to determine if HCC exhibit in quarterly dashboard can be broken down by claimant status (e.g., termed vs ongoing) | Topic determined for continued subcommittee dialogue | - Develop reporting baseline for initiatives that may be adopted for FY20 (and beyond)  
- Establish reporting metrics to track recent GHP initiatives (i.e., site of care steerage)  
- Continued discussion of minimum reserve methodology; model and evaluate alternative methodologies  
- Continued discussion of use of surplus; consider spreading over 2-3 years | - Review detailed incurred utilization report once per year | Approved change to summary at the bottom of Fund Equity exhibit; will be reflected in October Fund report |