New Commissioners Bring Complementary Expertise As GIC Implements Integrated Risk Bearing Organization Initiative

As the GIC begins implementation of its Integrated Risk Bearing Organization (IRBO) Initiative to help members get the right care at the right place while also containing costs, it will have the expertise of two new Commissioners recently appointed by Governor Deval Patrick. Katherine Baicker, Professor of Health Economics at Harvard University’s School of Public Health, and Ray Campbell, a health and governmental data and analytics consultant, recently filled two seats on the Commission. Their expertise will be helpful as the GIC seeks to change the health care marketplace to achieve the triple aim of better health care, better population health, and lower per capita costs.

“Ensuring that members get as much health from the benefits provided as possible, while ensuring financial stability for the years to come, is critical to the program’s long term viability,” said Commissioner Baicker. “More integrated care will help members get the right care from the right provider more quickly.” Commissioner Campbell said, “Data and analytics will be core competencies in the shift to more coordinated care and will help improve that care.”

Commissioner Baicker fills the Commission’s health economist seat. In addition to teaching at Harvard, she is a research associate for the National Bureau of Economic Research and an elected member of the Institute of Medicine. She serves on a number of boards and commissions, including AcademyHealth, where she has been Chair of the Board of Directors for two years, on Health Affairs’ editorial board, on the Journal of Health Economics editorial board, on the Congressional Budget Office’s panel of health advisers, and a Commissioner on the Medicare Payment
Welcome from Beacon Health Strategies

Guest Editorial by Timothy Murphy, Chief Executive Officer

I want to personally welcome you to Beacon Health Strategies (Beacon) and to introduce you to our company. In February 2013, the Group Insurance Commission (GIC) selected Beacon to be the new mental health carrier for the GIC’s UniCare State Indemnity plans, Tufts Health Plan Navigator, and Tufts Health Plan Spirit, covering approximately 255,000 people effective July 1, 2013. In that role, we will be administering behavioral health, substance abuse, and Employee Assistance Program benefits to UniCare and Tufts members. We also administer mental health benefits for GIC members in Neighborhood and Fallon Community Health plans.

Beacon has deep roots in Massachusetts. We were founded in 1996 by Betsy Patullo, a former Massachusetts Associate Commissioner of the Department of Youth Services in the 1980’s. Over the past 17 years, we have grown to serve approximately one million Massachusetts residents, including members of the Neighborhood Health Plan of Massachusetts, Boston Medical Center HealthNet Plan, Fallon Community Health Plan, and Senior Whole Health Plan. That growth is the result of our 750 committed employees, over half of whom are licensed behavioral health clinicians and many of whom live here in the Commonwealth. Our expertise has evolved to managing behavioral health services for those individuals with the highest needs – both behavioral and medical – while also serving the needs of all members in any given plan.

I joined Beacon as its president in 2007 after serving as Secretary of the Executive Office of Health and Human Services for the Commonwealth. During my tenure as Secretary, I helped to pass and implement the Massachusetts healthcare reform law of 2006, which led to more than 400,000 people receiving health insurance coverage, and I am proud of that effort. Our leadership team also hails from Massachusetts, and many served in state government. Brian Wheelan, Beacon’s Executive Vice President, served as Assistant Secretary for the Executive Office of Health and Human Services. Our Chief Information Officer and Vice President of Operations also are both former state employees.

Beacon is committed to applying our behavioral health expertise to assist GIC members in all aspects of their well-being. We know through our 17 years of experience that an individual must be treated respectfully and with consideration of their physical, behavioral and social well-being. Our clinicians work closely with therapists, psychologists, psychiatrists and other mental health professionals, along with primary care physicians, to make sure that you and your family receive excellent care.

To integrate care, Beacon employees are co-located at our health plan partners’ offices to assist in clinical collaboration. Beacon will be coordinating our services with Tufts and UniCare to ensure both teams work collaboratively to problem solve and ultimately provide you outstanding services.

We at Beacon welcome you to our plan. If you have questions or feedback, please call our GIC-dedicated number at 1.855.750.8980 (TDD: 1.866.727.9441).

New Notice of Exchange Options for Employees Effective This Fall

Under the federal Affordable Care Act, this fall all employees must be notified of their health coverage options, including the availability of coverage through the Health Insurance Marketplace (in Massachusetts, the Massachusetts Health Connector). This notice will provide some basic information concerning your current coverage and the availability of other coverage to assist you in comparing your options. Note that most GIC-eligible employees are not eligible for Marketplace or Connector coverage. Those who are low income and face high premium costs (e.g., because they are low income and live out of state) might be eligible for Marketplace or Connector coverage; the Notice will have contact information. Please be on the lookout for this “Notice of Exchange Options” in the near future from your payroll or GIC Benefits Coordinator.

Tim Murphy, Chief Executive Officer, Beacon Health Strategies
The Importance of Having a Primary Care Provider
Guest Editorial by Dr. Paul Mendis, Chief Medical Officer of Neighborhood Health Plan

I don’t think I should see a primary care doctor if I’m not sick. Only children need check-ups, not adults. Besides, I don’t want to bother making an appointment if it will take weeks or even months to be seen.

These sentiments represent a few common misconceptions about primary care medicine. The truth is, regularly visiting a Primary Care Provider (PCP) is beneficial for adult health and wellness. Researchers at the Journal of Health Affairs found that patients with a PCP have better management of chronic diseases, lower overall health care costs, and a higher level of satisfaction with their care.

PCPs help to coordinate patient care all in one place. Within a PCP’s practice, you have the ability to access a wide spectrum of health services, including preventive care, such as cancer screenings; chronic care for conditions like asthma, hypertension, and diabetes; and acute care for symptoms like cough, stomach pain, or high fever.

By developing a relationship with a PCP, you are ensuring that other physicians and medical staff within the practice also know your medical history. This “health care team” can more easily detect patterns in your health and recommend lifestyle changes to prevent future complications requiring expensive specialty care. For example, simple testing during a visit with your PCP can reveal health problems, such as high blood pressure, that may go unnoticed leading to more serious issues later in life.

Hesitation to schedule an appointment with a PCP is understandable because of the potential wait to see a physician for non-urgent issues. Recent data from the Massachusetts Medical Society shows that patients wait an average of 50 days for an appointment with a PCP in the state. Luckily, there are alternatives if you need to make an appointment outside of your scheduled, routine check-up. These days, Physician Assistants and Nurse Practitioners often act as PCPs to meet growing patient demand for primary care services. You may be able to see a Physician Assistant or Nurse Practitioner in your PCP’s office more quickly, reducing the time it takes to obtain an appointment.

The time is now to access primary care services. Regularly visiting a PCP helps you to look out for your health and well-being—not just for today—but also for the future.

Paul Mendis, MD is the Chief Medical Officer for Neighborhood Health Plan. A graduate of Princeton University and Harvard Medical School, Dr. Mendis is board-certified in internal medicine and has practiced primary care for more than 20 years in urban health center environments.
Flexible Spending Account Open Enrollment
October 14 – December 6

Enroll to Save Money on Out-of-Pocket Medical and/or Dependent Care Costs

Through the GIC’s Flexible Spending Account (FSA) Programs, administered by Benefit Strategies, state employees save an average of $250 in federal and state taxes for every $1,000 contributed. Enroll in one or both pre-tax programs during the October 14 – December 6, 2013 open enrollment period to save money during the 2014 calendar year.

Health Care Spending Account (HCSA)
The most popular option allows you to set aside $500-$2,500 for the calendar year to pay for out-of-pocket health care expenses including:
❖ Physician office and prescription drug copayments
❖ Medical and dental deductibles and coinsurance
❖ Eyeglasses, prescription sunglasses and contact lenses
❖ Orthodontia, hearing aids, and durable medical equipment
❖ Chiropractor and acupuncture visits

Dependent Care Assistance Program (DCAP)
With DCAP, you can pay on a pre-tax basis for qualified dependent care expenses up to $5,000 per household for the year for a child under the age of 13 and/or an adult dependent. This includes day care, after-school programs, elder day care and day camp.

Reimbursement, Eligibility, Administrative Fee and Annual Election

HCSA: Conveniently pay for health care expenses out of your HCSA account with a free debit card, issued to the participant and his/her eligible dependent. Additional cards for other dependents are $5.00 per set of two cards. Or, you may submit a claim form with receipt and receive reimbursement by check or direct deposit, depending on which option you have elected. All active state employees who are eligible for GIC health benefits are eligible to enroll.

DCAP: Reimbursements for DCAP are easy with the signature of the dependent care provider included on the claim form. Benefit Strategies will direct deposit the reimbursement to your bank account or send you a check, depending upon your enrollment election. Active state employees, including contractors, who work half-time or more and have employment-related expenses for a dependent child under the age of 13 and/or a disabled adult dependent are eligible for DCAP.

Administrative Fee: The monthly administrative fee for HCSA only, DCAP only, or HCSA and DCAP combined is $3.60 on a pre-tax basis.

Estimate Your Annual Election Carefully: Be sure to estimate your election amounts carefully as the Internal Revenue Service requires that any unused funds be forfeited. There is a 2 ½ month grace period which means you will have until March 15, 2015, to incur claims, and until April 15, 2015, to submit claims, for your 2014 election.

Enroll No Later Than Friday, December 6
Mark the date – all 2014 enrollments must be completed by Friday, December 6. Current participants must re-enroll each year; follow the online enrollment instructions on the forms section of our website. New participants, complete and return to your Payroll Coordinator the enrollment form, also on the forms section of the GIC’s website: www.mass.gov/gic/forms. For additional details, contact Benefit Strategies at 1-877-FLEXGIC (1-877-353-9442).

Flexible Spending Account FAQs

Q) I am going on an unpaid leave of absence. How does this affect my Flexible Spending Account benefits?
A) When you go on an unpaid leave of absence, you have three options for your Health Care Spending Account (HCSA) benefits:
❖ You may have the deductions for the unpaid leave taken on a pre-tax basis from the last paycheck prior to your leave providing there are sufficient funds for the deduction. When you elect this option, you may continue to submit HCSA claims for reimbursement and to use your HCSA debit card for eligible expenses during the unpaid leave of absence.
❖ You may decide not to contribute while on an unpaid leave of absence. When you choose this option, any claims submitted for reimbursement and any payments made with the HCSA debit card will be denied.
❖ You may choose to contribute to the HCSA account on an after tax basis. Be sure to notify your payroll coordinator and Benefit Strategies to set up this option. When you elect this option, you may continue to submit HCSA claims for reimbursement and use your HCSA debit card for eligible expenses during the unpaid leave of absence. However, there are no tax benefits with this option.
❖ Expenses incurred while on the unpaid leave of absence are not eligible for Dependent Care Assistance Program (DCAP) reimbursement unless you are disabled and unable to care for a child.

See the FAQ section of our website for answers to other FSA questions: www.mass.gov/gic/faq.
New Commissioners Bring Complementary Expertise
As GIC Implements Integrated Risk Bearing Organization Initiative
continued from page 1

Advisory Commission. She has published extensively on a variety of health economics issues, including expanding insurance coverage and improving the value of care delivered. Prior to joining the faculty at Harvard School of Public Health, she was a member of the Council of Economic Advisers in the Executive Office of President Bush and on the faculty at Dartmouth College. She earned her PhD in Economics from Harvard University and her BA in Economics from Yale University.

Commissioner Campbell is a lawyer and consultant and has held a number of senior positions in the public and non-profit sectors. For seven years, he was the Chief Executive Officer of the Massachusetts Health Data Consortium, the non-profit organization that uses data to inform health policy decisions. Prior to this he was the Executive Director and CEO of the Massachusetts Corporation for Educational Telecommunications. He also worked in state government as the General Counsel for the Information Technology Division and as the Director of Special Projects for the Executive Office for Administration and Finance. He has a Master in Public Administration from Harvard University’s Kennedy School of Government, a law degree from Suffolk University, and his B.A. from Bates College.

“The GIC has a long history of driving innovations in health care finance and delivery and I am particularly pleased to join the GIC at such an exciting time,” said Commissioner Campbell. Commissioner Baicker said, “I am looking forward to serving on the Commission and working to provide members and the Commonwealth with high value and high quality care.” We extend a warm welcome and appreciation to our newest members for their time and commitment.

Take a Look at Your Spouse’s Health Insurance
Buyout Open Enrollment October 7 – November 8

If your spouse’s employer has a fall health insurance open enrollment period, be sure to compare that coverage with your GIC health plan. It may make sense to enroll in that coverage and buy out your GIC health insurance. From October 7 through November 8, eligible state employees and retirees may apply for the buyout effective January 1, 2014. With the buyout, you receive 25% of the full-cost monthly premium in lieu of your GIC health insurance benefits for one 12-month period of time. The amount of payment depends on your health plan and coverage.

For example, a state employee with Tufts Health Plan Navigator family coverage:

Full-cost premium for this plan: $1,513.61
Monthly 12-month benefit = 25% of this premium
After federal, Medicare, and state tax deductions, employee receives $258.44 per month

Employees in HR/CMS and UMASS agencies will receive the remittance monthly in their paycheck. Retirees and employees in housing and other authorities will receive a monthly check.

To be eligible for the buyout effective January 1, 2014, you must:

❖ Be a state employee or retiree insured with the GIC on July 1, 2013, and continue your coverage through December 31, 2013; and
❖ Have other non-GIC health insurance coverage effective January 1, 2014, that is comparable to the health insurance you now receive through the GIC.

Visit the GIC’s website for the buyout application: www.mass.gov/gic/forms. For additional details, call the GIC at 617-727-2310 ext. 1.
I’m Going to Do It; I Just Haven’t Done It…
Starting the Conversation About End of Life Wishes

Your loved ones probably know a lot about your hopes and dreams, your likes and dislikes. But have you let them know how you want to be treated at the end of your life? This hardest of conversations is easy to put off, but having this conversation will give your family or friends the gift of relieving them of the burden of deciding your end of life wishes. Most of us hope death will be quick and painless, but often it isn’t. Do you want to be cared for at home? In the hospital? Seventy percent of people would like to die at home, but in fact 70% die in the hospital, according to the Centers for Disease Control. Have you put your wishes about end of life care in writing? Although 82% of people say this is important to do, most of us have procrastinated on this, and only 23% have actually done so, according to a 2012 survey by the California HealthCare Foundation.

If you are a UniCare State Indemnity Plan member, over the winter UniCare mailed you information on a helpful Caring Conversations workbook that guides you through the process of creating an Advance Directive so your loved ones and doctors are aware of your wishes for end of life care. It’s not too late to download and complete this helpful guide if you didn’t do so when you got the mailing. If you’re a member of another GIC health plan, you can also access this helpful tool at the Center for Practical Bioethics’ website: www.practicalbioethics.org.

Whom do you want to speak for you when you cannot speak for yourself? Where do you want to receive care? Who should be notified if you become ill? If you are unlikely to get well, do you want aggressive medical intervention or, do you want artificial life support under certain circumstances? Have you laid out what measures you want taken for help with breathing and eating? This is the type of information you’ll include in your Advance Directive.

You will want to identify your Health Care Proxy, the person you trust to act on your behalf if you are unable to make health care decisions or communicate your wishes. You can legally designate this person with a Durable Power of Attorney for HealthCare Decisions.

Don’t delay. Starting the end of life care conversation is very difficult, but there are helpful resources to assist:

The Conversation Project: Founded by renowned columnist and author, Ellen Goodman, in collaboration with other media members, clergy, medical professionals and the Institute of Healthcare Improvement, this website provides a free starter kit to start the end of life conversation with your loved ones: www.theconversationproject.org.

PREPARE: this website takes you step by step through the medical decision making process: www.prepareforyourcare.org.

The Center for Practical Bioethics: A nonprofit organization that raises awareness and responds to ethical issues in health and healthcare. Their Caring Conversations® workbook includes a health care directive form to outline your wishes and a Durable Power of Attorney for Healthcare Decision form, to designate your health care proxy. This is available on UniCare’s website (unicarestateplan.com) and on the Center’s website: www.practicalbioethics.org.

Congratulations to Tufts Scholarship Winners

Congratulations to Emily Karas and Nicholas Medeiros who were each awarded $2,500 Tufts Health Plan scholarships. Emily Karas, a nursing student at UMass Dartmouth, is the daughter of Nancy Karas from the Department of Education. Nicholas Medeiros is majoring in Behavior and Health, Boston University’s undergraduate program for Occupational Therapy. He is the son of Phyllis Medeiros who works for the Town of Stoneham. Their winning applications demonstrated their interest in the allied health field and addressed employers’ role in managing health insurance options for employees.
Keep in Mind…

Q) I am getting married; how do I add my new spouse to my GIC coverage?

A) Complete the Insurance Data Form (IDF) and include a copy of your marriage certificate. If you did not have family coverage prior to your marriage, you must also complete a GIC Insurance Enrollment and Change Form (Form-1 for state members or Form-1MUN for municipal members) to change to family coverage. Active employees return these forms to their GIC Benefits Coordinator; retirees return them to the GIC.

Note that prior to the Supreme Court’s June 26, 2013, overturn of the Defense of Marriage Act (DOMA), an insured who was covering a same-sex spouse was subject to federal income tax on the value of the same-sex spouse’s health benefit. The Supreme Court’s decision means that the value of a same-sex spouse’s insurance is no longer subject to this additional cost.

Q) I am getting legally separated or divorced. What do I need to do?

A) You must notify the GIC when you are legally separated or divorced by sending the GIC a letter with your name, GIC identification number (usually it is your Social Security Number), address, signature, and your divorced or legally separated spouse’s name and last known home address. You must also send a copy of the following sections of your legal separation agreement or divorce agreement as the case may be: page with the “absolute” date (the date your divorce or legal separation became final), the health insurance provisions, and signature pages. The GIC will send you and your former spouse information about continuing coverage. If you fail to report a legal separation, divorce or remarriage, your health plan and the GIC have the right to seek recovery of health claims paid or premiums owed for your former spouse.

See the GIC’s website for details about Answers to Other Frequently Asked Questions: www.mass.gov/gic/faq.
WellMASS Health Assessment Re-Launched
Take Advantage of Incentive and New Features

Looking to get healthy? If you are one of the over 60,000 state employees and retirees eligible for the WellMASS pilot program, be sure to take advantage of the program’s new features. Beginning September 3, log onto the WellMASS website (https://wellmass.staywell.com) and take your health assessment. Even if you completed it last year, be sure to take it again and you will see how far you’ve progressed. The first 10,000 people who complete their assessment will receive a $15 gift card redeemable at one of over 300 popular retailers, so don’t delay. Completing your health assessment may also qualify you for free telephonic coaching – a terrific resource for helping you to become healthier.

Whether you want to lose weight, reduce stress, stop smoking, or eat healthier, the WellMASS program can help. The program, now in its second year, is available to active state employees of the executive and legislative branches and constitutional offices, and state retirees between the ages of 55-64 and their spouses. To be eligible, you must be enrolled in GIC health insurance coverage.

The popular in-person component of WellMASS, including Lunch ‘N Learn seminars, will be expanded this year to more locations and will occur more frequently. Most of these onsite programs are available to all state employees. There will also be monthly wellness webinars on the second Tuesday of each month. September’s webinar features an introductory tutorial to the WellMASS program and the online Health Assessment. WellMASS will also be holding quarterly state-wide wellness challenges similar to last winter’s Weight Loss Competition. This fall’s challenge, which will be rolled out in October, will focus on reducing stress – just in time for the holiday season. For additional details on webinars, quarterly challenges, and a Lunch ‘N Learn session near you, visit the GIC’s website: http://mass.gov/gic/wellmass.

Starting The Conversation About End of Life Wishes
Flexible Spending Account Open Enrollment October 14 – December 6
The Importance of Having a Primary Care Provider

Thoughtful, Respectful Care
Retirees, and Their Dependents, with Access to Quality Care at
Providing Massachusetts Safe and Durable Caregiving Community Employees,

Group Insurance Commission
Commonwealth of Massachusetts

P.O. BOX 8747 • BOSTON, MA 02114-8747

Providing Massachusetts Safe and Durable Caregiving Community Employees,

Group Insurance Commission
Commonwealth of Massachusetts

GIC1324201-167.6M.39

Printed on recycled paper