

# COMMISSION MEETING

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April 17, 2025

 MassGIC

 Group Insurance Commission

 MA Group Insurance Commission

# Agenda

- **I. Minutes, February 27, 2025 (VOTE)** 8:30-8:35  
Valerie Sullivan, Chair  
Andrew Stern, General Counsel
- **II. Executive Director's Report (INFORM)** 8:35-8:45  
Matthew Veno, Executive Director  
Members of Senior Staff
- **III. Health Equity Strategic Framework** 8:45 -9:45  
Michael Bailit, President, Bailit Health  
Margaret K. Anshutz, Director of Healthy Policy and Analytics
- **IV. Data Warehouse Procurement Recommendation (Vote)** 9:45-10:15  
Lauren Makishima, Data Analytics Manager
- **V. Other Business/Adjournment** 10:15-10:30  
Valerie Sullivan, Chair  
Matthew Veno, Executive Director



## APPROVAL OF MINUTES (VOTE)

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**Valerie Sullivan**, Chair

**Andrew Stern** General Counsel



# Motion

**That the Commission hereby approves the minutes of its meeting held on February 27, 2025 as presented**

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Edward Tobey Choate
- Tamara Davis
- Jane Edmonds
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnneny
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Timothy D. Sullivan
- Catherine West



## EXECUTIVE DIRECTOR'S REPORT (INFORM)

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**Matthew Veno** Executive Director

# Projected Fiscal Year 2025 Calendar

Jul	Aug	Sep 19	Oct	Nov 21	Dec 19	Jan 16	Feb 6	Feb 27	Apr 17	May 15	Jun 18
<b>No Meeting</b>	<b>No Meeting</b>	Plan Audit	<b>No Meeting</b>	<b>Presentation:</b> HPC	FY2026 Preliminary Cost Increase	<b>Presentation:</b> FY2026 Plan Design	<b>Vote:</b> FY2026 Plan Design	<b>Vote:</b> FY2026 Rates	<b>Vote:</b> Data Warehouse	<b>Report:</b> Out of Pocket	<b>Report:</b> Annual Enrollment
		GIC Strategic Framework Update		<b>Presentation:</b> Affordability Update	<b>Vote:</b> Dental/Vision Plan	<b>Report:</b> Stewardship Meetings	<b>Report:</b> Public Info Sessions			<b>Vote:</b> Life/LTD Consultant	<b>Vote:</b> Trust Funds
		Pharmacy Update									
		CFO End of FY Report									

Note: Topics and meeting dates are subject to change



## **GIC STRATEGIC FRAMEWORK: HEALTH EQUITY UPDATE (INFORM)**

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**Michael Bailit**, President, Bailit Health  
**Margaret K. Anshutz**, Director of Health Policy and Analytics

# Origins of the Quality Measure Alignment Taskforce

- In 2017, EOHHS convened the Quality Measure Alignment Taskforce (Taskforce) to define an aligned measure set for use by payers and providers in commercial and Medicaid global budget-based risk contracts.
  - The Taskforce excluded Medicare populations from its scope.
- EOHHS' objectives in so doing were to:
  - 1. reduce the administrative burden** on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting, and
  - 2. focus provider quality improvement efforts** on state health opportunities and priorities.

# Taskforce Goals

- The goals for the Quality Measure Alignment Taskforce are to:
  1. build consensus on an aligned measure set for voluntary adoption by private and public payers and by providers in global budget-based risk contracts;
  2. identify strategic priority areas for measure development where measure gaps exist, and
  3. advise EOHHS on the measurement and reporting of health and health care inequities and accountability for reducing such inequities.

# Taskforce Composition

- Representatives from **provider organizations** with experience in and responsibility for quality improvement and/or quality reporting and with clinical experience;
- Representatives from **community health centers** serving the Medicaid population;
- Advocacy members: **consumers or consumer representatives**, including at least one representative for people with complex health conditions;
- **Employer representatives** with experience in quality measurement;
- Representatives from **commercial and Medicaid managed care health plans** with experience in and responsibility for performance measurement activities related to alternative payment models;
- Representatives from **academia and/or the research community** with expertise in quality measurement methods and best practices, &
- **State agency and other state body representatives**, *including the GIC.*

# Taskforce Core Set

- The **Core Set** includes measures that payers and providers are expected to use in every global budget-based risk contract.
- The 2025 Core Set includes the following six measures:
  1. ***CG-CAHPS*** (MHQP version)
  2. ***Childhood Immunization Status*** (Combo 10)
  3. ***Controlling High Blood Pressure***
  4. ***Glycemic Status Assessment for Patients with Diabetes: Poor Control (>9.0%)***
  5. ***Screening for Clinical Depression and Follow-Up Plan***
  6. ***Substance Use Assessment in Primary Care***

# Taskforce Menu Set

- The **Menu Set** includes all other measures from which payers and providers may choose to supplement the Core Measures in their global budget-based risk contracts.
- The 2025 Menu Set includes the following 19 measures:

## 1. **Asthma Medication Ratio**

2. Behavioral Risk Assessment (for Pregnant Women)
3. Blood Pressure Control for Patients with Diabetes

## 4. **Breast Cancer Screening**

## 5. **Cervical Cancer Screening**

## 6. **Child and Adolescent Well-Care Visits**

## 7. **Chlamydia Screening - Ages 16-24**

## 8. **Colorectal Cancer Screening**

9. Developmental Screening in the First Three Years of Life

## 10. **Eye Exam for Patients with Diabetes**

11. *Health-Related Social Needs Screening (adapted from CMS' Screening for Social Drivers of Health)*

## 12. **Immunizations for Adolescents (Combo 2)**

## 13. **Initiation and Engagement of Substance Use Treatment (either the Initiation or Engagement Phase)**

14. Kidney Health Evaluation for Patients with Diabetes

## 15. **Pharmacotherapy for Opioid Use Disorder**

## 16. **Prenatal and Postpartum Care**

## 17. **Race, Ethnicity and Language Data Collection**

## 18. **Race, Ethnicity, and Language Stratification**

## 19. **Well-Child Visits in the First 30 Months of Life**

Key: **Indicates a GIC Clinical PG**

# Aligned Measure Set Fidelity

- CHIA annually assesses payer adherence to the Aligned Measure Set through a survey called the **Quality Measure Catalog**.
- The table below shows how fidelity to the Aligned Measure Set has improved over time.

Year	Overall (All-Payer)	Commercial	MassHealth	BCBSMA	HPHC <sup>1</sup>	MGBHP <sup>2</sup>	HNE	WellSense <sup>3</sup>	UHC
2020	72%		100%	62%	53%	N/A	42%	57%	N/A
2021	83%		100%	81%	85%	N/A	38%	67%	N/A
2022	85%	80%	100%	84%	81%	78%	70%	57%	39%
2023	92%	88%	100%	99%	86%	83%	76%	57%	40%
2024	96%	94%	100%	99%	99%	83%	84%	73%	63%
<b>2025</b>	<b>94%</b>	<b>92%</b>	<b>100%</b>	<b>94%</b>	<b>99%</b>	<b>84%</b>	<b>100%</b>	<b>80%</b>	<b>53%</b>

Source: <https://www.chiamass.gov/quality-measure-catalog-survey-results#dashboard>, retrieved, 4/14/25

# The Taskforce and Health Equity (1 of 2)



- In 2022, EOHHS created three **Technical Advisory Groups (TAGs)** to the Taskforce, including a Healthy Equity Measurement TAG, and Health Equity Accountability TAG, and a Health Equity Data Standards TAG.
  - The Health Equity Measurement TAG focused on recommending approaches to measuring and reporting on health and health care disparities, leading to modifications to the Aligned Measure Set.
  - The Health Equity Accountability TAG recommended a [framework](#) for introducing accountability for reducing disparities while ensuring providers serving vulnerable populations are not unfairly disadvantaged by the introduction of accountability.
  - The Health Equity Data Standards TAG recommended [standard approaches](#) for the collection of race, ethnicity, language, disability, sexual orientation, gender identity, and sex data.
    - EOHHS recently procured a new Data Standards TAG, which started to meet this month, to update the Taskforce data standards.

# The Taskforce and Health Equity (2 of 2)

- The **REL Stratification** measure currently calls for all six Core Measures and six Menu Measures (chosen at the discretion of a payer and provider) to be stratified by race, ethnicity, and language.
- The Taskforce has twice asked ACOs to voluntarily share stratified performance data with CHIA for four Aligned Measure Set measures, most recently for measurement year 2022:
  1. *Child and Adolescent Well-Care Visits*
  2. *Controlling High Blood Pressure*
  3. *HbA1c Poor Control (>9.0%)*
  4. *Screening for Depression and Follow-Up Plan*
- This exercise has unsurprisingly **revealed some level of disparity in performance** across race, ethnicity, and language for each measure.

# The Taskforce and the Statewide Quality Advisory Committee (1 of 2)

- On January 7, 2025, Governor Healey signed [Chapter 343](#) into law. The new statute, among other things, mandates use of a State-adopted **Standard Quality Measure Set (SQMS)** in contracts between payers and providers which incorporate quality measures into payment terms.
- CHIA will convene the **Statewide Quality Advisory Committee (SQAC)** as soon as possible; likely no sooner than July 2025.
- The state will procure a **Technical Advisory Group (TAG)** to support the SQAC in its charge to establish the SQMS.
  - Individuals and/or organizations can sit on both groups.
  - The current Taskforce will serve as the SQAC TAG through the duration of members' current term (November 2025).

# The Taskforce and the Statewide Quality Advisory Committee (2 of 2)

- Anticipated timeline:
  - By May 2025, the Taskforce will complete its annual review and recommendation of the Aligned Measure Set for *voluntary* adoption in global budget-based risk contracts for 2026.
  - In May 2026, the SQAC, with support from its TAG, will recommend a SQMS for *mandatory* use in 2027-2028 global budget-based risk contracts.
  - Expansion to other contract types and tiered network health plan design, as required in statute, will be included in a future SQMS.

# GIC's Strategic Approach

The GIC developed its three strategic pillars and guiding principles to govern its prioritization and decision-making process for all strategic opportunities, in alignment with its goals

**Affordability**

**Behavioral  
Health**

**Health  
Equity**

## Guiding Principles

- Utilize buying power to make healthcare affordable by addressing underlying problems
- Use buying power to improve quality and outcomes for GIC members and others
- Carefully consider and manage member disruption
- Present low implementation risk
- Improve access to mental health and substance use disorder services
- Address diversity, equity and inclusion and social determinants of health
- Improve member experience, including navigation
- Play to the strengths of health plan partners and tap into specialized solutions to supplement weaknesses
- Align with other Massachusetts government agency initiatives

# GIC Health Equity Initiatives

The GIC is committed to investing in health equity to improve health outcomes for all peoples. The GIC is focusing specifically on areas with the largest disparities

## *Active Initiatives*

Clinical Performance Guarantees

Health Equity Performance Guarantees

Maternal Health Strategy

## *Monitoring*

Environmental Stewardship Performance Guarantees

Pact Act – Rx value-based insurance design

# Clinical and Health Equity PGs

The goal of the GIC's clinical and health equity performance guarantees (PGs) are:

1. To hold health plan partners accountable for collecting and reporting data on health care quality and health disparities
2. To utilize that data to encourage adoption of best-practice clinical processes and foster infrastructure development that will improve population health outcomes and reduce health care disparities



**To advance these goals in alignment with other state stakeholders, the GIC actively participates in the Executive Office of Health and Human Services' Quality Measure Alignment Taskforce (QMAT)**

QMAT's Aligned Measure Set is a bundle of quality metrics endorsed at the state level to establish a coordinated approach to measurement and in turn, reduce administrative burden on providers and payers

**Core Measures**

**Menu Measures**

**Other Measures**  
*(Monitoring, On Deck,  
Developmental, Innovation)*

# Clinical and Health Equity PGs

## Other Recent Updates:

- Health plans provided first PG reporting under the new contracts that took effect in FY24 in late 2024
- GIC working to review data, provide feedback to plans, and establish baseline reporting for newly incorporated metrics (notably, clinical measures stratified by race, ethnicity, and language)
- NCQA Health Equity Accreditation Progress Update (as of December 2024 reporting)
  - Not yet accredited: MA General Brigham Health Plan
  - Newly accredited: Health New England, Wellpoint
  - Remains accredited: Harvard Pilgrim (Point32 Health)

# NCQA Core Health Equity Accreditation Activities:

## Organizational Readiness

Recruit and train diverse staff and develop organizational culture to support external health equity work

## Race/Ethnicity, Language, Gender Identity, and Sexual Orientation Data

Collect data on race/ethnicity, preferred language, gender identity and sexual orientation

## Access and Availability of Language Services

Use data to inform written and oral communications made to individuals in a way that meets their cultural and linguistic needs

## Provider Network Cultural Responsiveness

Maintain a network capable of serving diverse membership and responsive to individual needs and preferences

## Culturally and Linguistically Appropriate Services Programs

Measurable goals for continuous improvement of cultural and linguistic appropriateness of plan services

## Reducing Health Care Disparities

Collect and act on identified disparities with interventions that are supported by evidence

Source: National Committee on Quality Assurance [LINK](#)

# Maternal Health Strategy

**Goal: Improve maternal health outcomes and reduce maternal health disparities**

**Support Birthing People**

**Promote Quality & Safety**

**Foster Provider Accountability**

## Indicators of Success:

- Improved member outcomes, including reduced c-sections, fewer NICU days, and resulting complications that worsen maternal & infant health outcomes
- Increased member access to resources that improve maternal health outcomes

## Recent Updates:

- Harmonized and improved fertility benefits across plans for FY26, including:
  - Coverage of IUI services without need to demonstrate infertility
  - IVF and Reciprocal IVF
  - Donor egg/sperm/embryo coverage, and cryopreservation/storage/thawing
  - Removed Assisted Reproductive Technology (ART) lifetime limits

## Maternal Health "Hot Topics":

**Doulas**

**Midwifery**

**Behavioral Health Support**

**Provider Payment Models**

**Quality & Safety Data Reporting**

IV

## **DATA WAREHOUSE PROCUREMENT RECOMMENDATION (VOTE)**

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**Lauren Makishima**, Data Analytics Manager

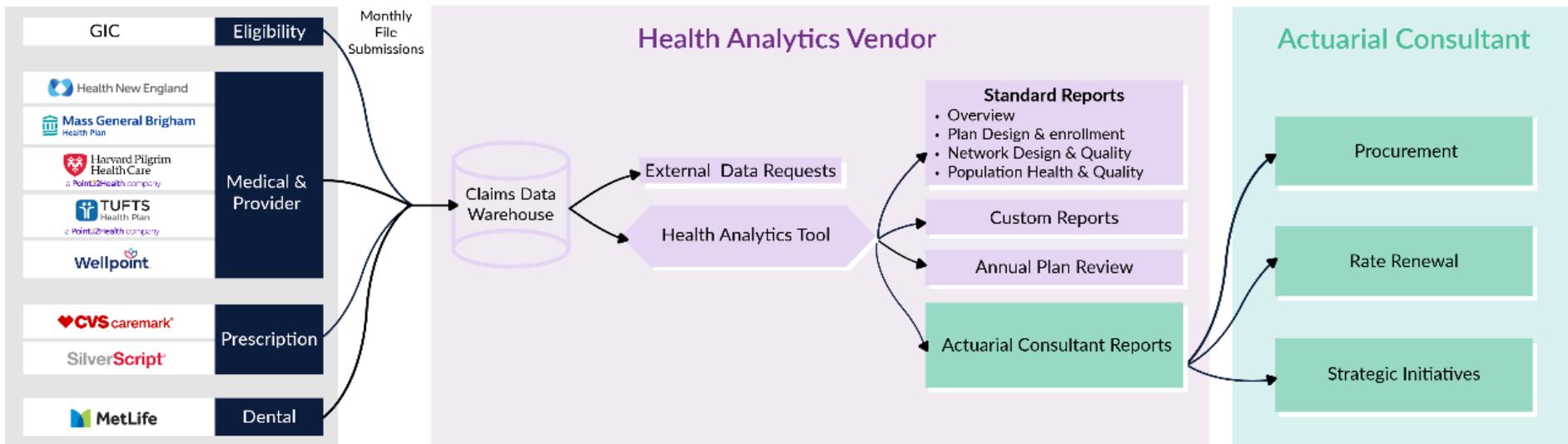
# What is the Data Warehouse?

## The Data Warehouse vendor:

- Stores and enhances claims and enrollment data
- Provides a reporting tool

## So that the GIC Analytics team can:

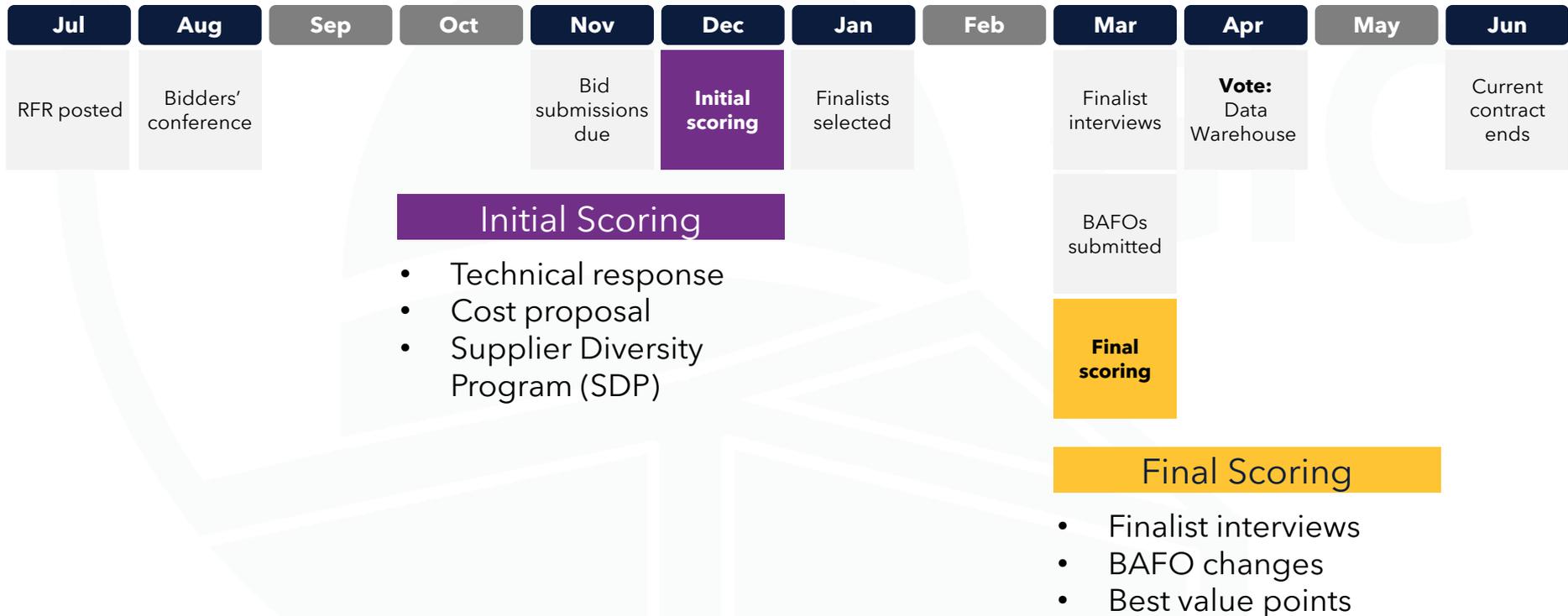
- Produce analyses to inform strategic decisions
- Deliver reports and data extracts



# Procurement Process

## What's changed from the prior procurement (FY21-25)?

- Dedicated analyst on vendor team
- Performance guarantees
- Stronger data quality and analytic grouper requirements



# Procurement Results & Recommendation

## Recommendation

The GIC procurement team recommends awarding the Data Warehouse and Analytic Services contract (FY26-30) to **Onpoint Health Data** due to Onpoint’s comprehensive data quality approach, the account team’s expertise, and the solution’s robust and flexible analytic and reporting capabilities.

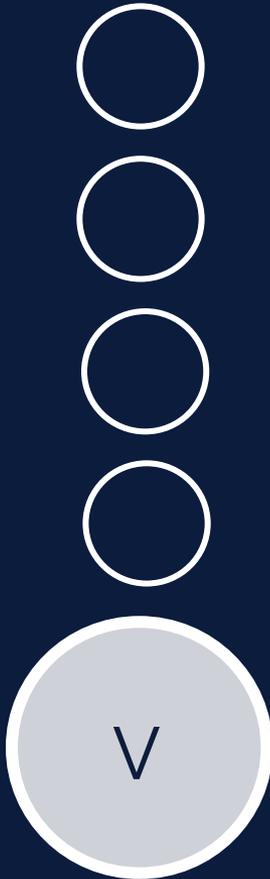
- GIC received bid submissions from Cedar Gate, Merative, Milliman (current vendor), Onpoint, Optum, Presidio, and Workpartners.
- The procurement team selected Merative, Milliman (current vendor), and Onpoint as finalists for in-person interviews based on initial scoring.

Vendor	Technical Response Max = 51	Cost Proposal Max = 12	SDP Max = 25	Interview Max = 12	Best Value Max = 5	Total Max = 105	Rank
Merative	36.2	5	20	6	0	67.2	3
Milliman	38.8	5	22	8	0	73.8	2
Onpoint	38.9	7	22	10	5	82.9	1

# Motion

The Commission hereby authorizes the GIC to enter contract negotiations with Onpoint Health Data as the apparent successful bidder for data warehouse and analytic services, as recommended by the procurement team.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Edward Tobey Choate
- Tamara Davis
- Jane Edmonds
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnney
- Melissa Murphy-Rodrigues
- Jason Silva
- Anna Sinaiko
- Timothy D. Sullivan
- Catherine West



## **OTHER BUSINESS / ADJOURNMENT**

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**Valerie Sullivan**, Chair

**Matthew Veno**, Executive Director

# 2025 Group Insurance Commission Meetings & Schedule

January <b>16</b>	February <b>6</b>	February <b>27</b>	April <b>17</b>	May <b>15</b>
June <b>18</b>	September <b>18</b>	October <b>16</b>	November <b>20</b>	December <b>18</b>

Unless otherwise announced in the public notice, all meetings take place from 8:30 am - 10:30 am on the 3<sup>rd</sup> Thursday of the month. Meeting notices and materials including the agenda and presentation are available at [mass.gov/gic](https://mass.gov/gic) under Upcoming Events prior to the meeting and under Recent Events after the meeting.

**Please note:**

- Until further notice, Commissioners will attend meetings remotely via a video-conferencing platform provided by GIC.
- Anyone with Internet access can view the livestream via the MA Group Insurance Commission channel on YouTube. The meeting is recorded, so it can be replayed at any time.

Note: Topics and meeting dates are subject to change

# Appendix

**Commission Members**

**GIC Leadership Team**

**GIC Goals**

**GIC Contact Channels**

# Commission Members



**Valerie Sullivan**, Public Member, Chair



**Bobbi Kaplan**, NAGE, Vice-Chair



**Michael Caljouw**, Commissioner of Insurance



**Matthew Gorzkowicz**, Secretary of Administration & Finance



**Elizabeth Chabot**, NAGE



**Patricia Jennings**, Public Member



**Edward Tobey Choate**, Public Member



**Eileen P. McAnneny**, Public Member



**Tamara P. Davis**, Public Member



**Melissa Murphy-Rodrigues**, Mass Municipal Association



**Jane Edmonds**, Retiree Member



**Jason Silva**, Mass Municipal Association



**Gerzino Guirand**, Council 93, AFSCME, AFL-CIO



**Anna Sinaiko**, Health Economist



**Timothy D. Sullivan**, Massachusetts Teachers Association



**Catherine West**, Public Member

## GIC Leadership Team

**Matthew A. Veno**, Executive Director

**Erika Scibelli**, Deputy Executive Director

**Emily Williams**, Chief of Staff

**James Rust**, Chief Financial Officer

**Paul Murphy**, Director of Operations

**Andrew Stern**, General Counsel

**Stephanie Sutliff**, Chief Information Officer

**Brock Veidenheimer**, Director of Human Resources

## GIC Goals

1

Provide access to high quality, affordable benefit options for employees, retirees and dependents

2

Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates

3

Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts healthcare market

4

Evolve business and operational environment of the GIC to better meet business demands and security standards

# Contact GIC for Enrollment and Eligibility

- Enrollment**
- Retirement**
- Premium Payments**
- Qualifying Events**
- Life Insurance**
- Long-Term Disability**
- Information Changes**
- Marriage Status Changes**
- Other Questions**

<b>Online Contact</b>	<a href="https://mass.gov/forms/contact-the-gic">mass.gov/forms/contact-the-gic</a>	Any time. Specify your preferred method of response from GIC (email, phone, mail)
<b>Email</b>	<a href="mailto:gicpublicinfo@mass.gov">gicpublicinfo@mass.gov</a>	
<b>Telephone</b>	(617) 727-2310, M-F from 8:45 AM to 5:00 PM	
<b>Office location</b>	1 Ashburton Place, Suite 1413, Boston, MA, Not open for walk-in service	
<b>Correspondence &amp; Paper Forms</b>	P.O. Box 556 Randolph, MA 02368	Allow for processing time. Priority given to requests to retain or access benefits

# Contact Your Health Carrier for Product and Coverage Questions

- Finding a Provider
- Accessing tiered doctor and hospital lists
- Determining which programs are available, like telehealth or fitness
- Understanding coverage

Health Insurance Carrier	Telephone	Website
Mass General Brigham Health Plan	(866) 567-9175	<a href="https://massgeneralbrighamhealthplan.com/gic-members">massgeneralbrighamhealthplan.com/gic-members</a>
Harvard Pilgrim Health Care	(844) 442-7324	<a href="https://point32health.org/gic">point32health.org/gic</a>
Health New England	(800) 842-4464	<a href="https://hne.com/gic">hne.com/gic</a>
Tufts Health Plan (Medicare Only)	(855) 852-1016	<a href="https://Tuftshealthplan.com/gic">Tuftshealthplan.com/gic</a>
Wellpoint		
Non-Medicare Plans	(833) 663-4176	<a href="https://wellpoint.com/mass">wellpoint.com/mass</a>
Medicare Plans	(800) 442-9300	