




Commonwealth of Massachusetts  
Group Insurance Commission

# COMMISSION MEETING

December 16, 2021

 MA Group Insurance Commission

 Group Insurance Commission

 @MassGIC

## Motion

**That the Commission hereby approves the minutes of its meeting held on November 18, 2021 as presented.**

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Cassandra Roeder (Designee for A&F)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Tamara P. Davis
- Joseph Gentile
- Eileen P. McAnneny
- Patricia Jennings
- Melissa Murphy-Rodrigues
- Jane Edmonds
- Timothy D. Sullivan
- Gerzino Guirand

	<b>Topic</b>	<b>Speaker</b>	<b>Schedule</b>
I	<b>Approval of 10/21/2021 Minutes (VOTE)</b>	Valerie Sullivan, Chair	8:30-8:35
II	<b>Executive Director's Report (INFORM)</b>	Matthew Veno, Executive Director  Members of Senior Staff	8:35-8:45
III	<b>Preliminary Rates for Fiscal Year 2023 (INFORM)</b>	Vince Kane, Willis Towers Watson	8:45-9:15
IV	<b>Municipal Insurance Program Update (INFORM)</b>	Michael Berry, Director of Government Affairs	9:15-9:45
V	<b>CFO Update (INFORM)</b>	Jim Rust, Chief Financial Officer	9:45-10:00
VI	<b>Other Business/Adjournment</b>	Valerie Sullivan, Chair	10:00-10:05



## II. Executive Director's Report (INFORM)

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**Matthew Veno,**  
Executive Director  
&  
**Members of Senior Staff**

- Calendar
- Human Resources
- Communications/Legislation/Municipalities
- Engagement
- COVID-19

## 2021 Calendar

Jan 21	Feb 11	Mar 4	Apr 15	May 20	Jun 17	Jul	Aug	Sep 23	Oct 21	Nov 18	Dec 16
Presentation: FY22 Plan Design	Vote: FY22 Plan Design	Vote: FY22 Plan Rates	Vote: Health Benefit Consultant	Behavioral Health Challenges	HPC/CHIA Annual Cost Trends	No Meeting	No Meeting	Summary of Learnings	Member Preferences Survey Results	Annual Stewardship Report	FY23 Preliminary Rates
Report: Out of Pocket	Report: Out of Pocket	CVS Presentation Vaccine Hesitancy	Update: Engagement	Dependent Care Assistance Plan (DCAP)	Diversity, Equity, & Inclusion			Engagement Review	COVID Data Report	Procurement Strategy Update	Municipal Update
Vote: Life & LTD	Race & Ethnicity Data				Vote: Trust Funds			Specialty Drugs	Plan Audit		
Public Listening Sessions	Public Listening Sessions				Report: Annual Enrollment						

Stakeholder Engagement

Annual Enrollment

## Projected 2022 Calendar\*

Jan 20	Feb 10	Mar 3	Apr 14	May 19	Jun 16	Jul	Aug	Sep 15	Oct 20	Nov 17	Dec 15
Presentation: FY23 Plan Design	Vote: FY23 Plan Design	Vote: FY23 Plan Rates	Procurement Update	Behavioral health Update	Report: Annual Enrollment	No Meeting	No Meeting	Plan Audit	Annual Stewardship Meeting Report	FY24 Preliminary Rates	FY24 Preliminary Rates
Engagement Update	Strategy Update	EAP Procurement Consultant Update	Engagement Update	Vote: Trust Funds	Vote: EAP Procurement Consultant			Presentation: Medical Benefit	Vote: Medical Benefit	Presentation: Pharmacy Benefit (PBM)	Vote: Pharmacy Benefit (PBM)
Report: Out of Pocket	Report: Public Listening Sessions	Engagement Update			EAP Procurement Update			EAP Procurement Update	Vote: EAP Procurement		
Public Listening Sessions			FY23 Annual Enrollment								
Stakeholder Engagement			Health Benefit Procurement								

\* Topics and meeting dates are subject to change



### III. Preliminary Rates for FY23 (INFORM)

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Vince Kane,  
Willis Towers Watson



## Expected FY 23 Budget Increase Context Setting

### Why are we here today?

- Based on the current medical and pharmacy carriers and plan design offerings, preliminary Fiscal Year 2023 (FY23) full cost premiums were developed for each of the GIC's products (Non-Medicare and Medicare)
- The purpose of this discussion is to present FY23 Medical and Pharmacy preliminary pricing projections prior to incorporating strategic plan design changes. A premium reflects the total sum of money that the product is expected to cost in claims and fees (for medical and pharmacy), including the Commonwealth, municipalities and member portion; typically displayed as a monthly amount

### What are premiums?

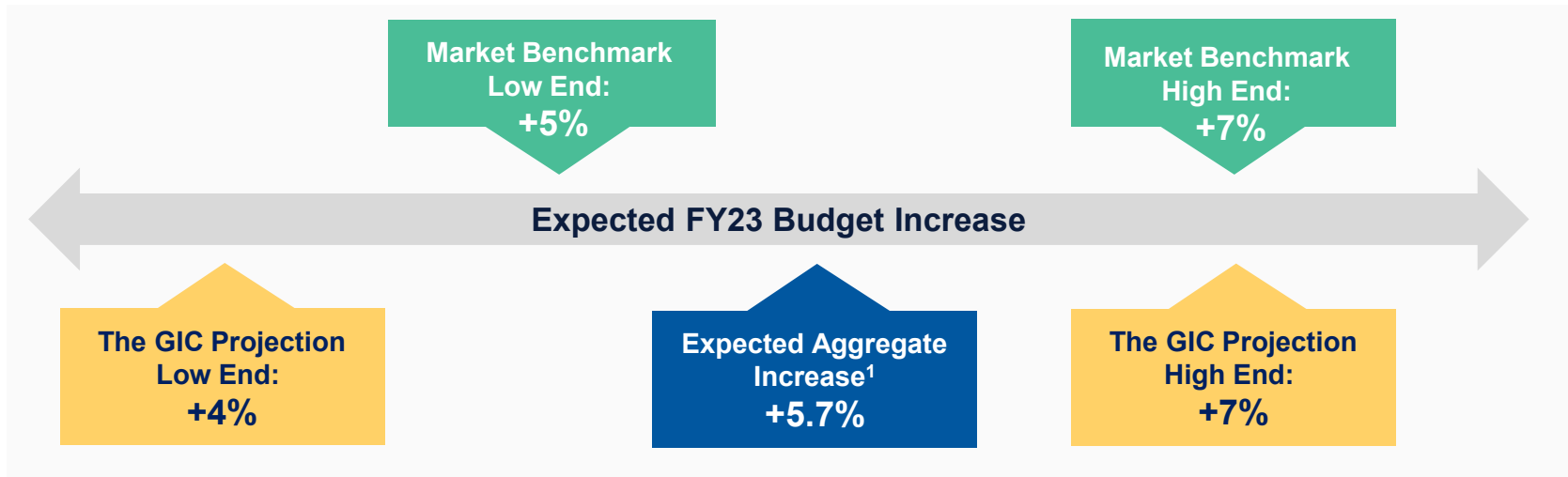
- Out-of-pocket costs at point of service are not included in premiums (e.g., office visit copays)
- The premiums reflected on the following slides reflect the full cost – members only pay a portion of the full cost premium

### How were the premiums developed?

- Self-insured (i.e., ASO): Wills Towers Watson actuaries calculate FY23 premiums utilizing claims data, member data, and actuarial assumptions; the individual and family premiums reflect the claims experience and demographics for each product offered (applies to Non-Medicare and Medicare Supplement plans for the GIC)
- Fully-insured: The carriers develop and determine the fully insured FY23 premiums for the GIC (applies to Medicare Advantage medical portion only)



## Rates Before Plan Design Changes



### Note:

Preliminary = Current vendor partners, plan options, programs, plan design, funding mechanism; no anticipated migration or material changes in member behavior.

### Next Steps:

- Complete pharmacy market check and rebate projections
- Evaluate and vote on plan design changes
- Evaluate cost impacts of design changes
- Adjust the budget rate increase accordingly

<sup>1</sup> Expected aggregate increase reflects the average across non-Medicare and Medicare plans. Specific plan increases may be outside the stated range.

*It is evident that the COVID-19 pandemic will continue to have an impact on both short- and long-term health care costs. There is significant uncertainty around subsequent surges of infection, the capacity of the health care delivery system to service pent-up demand, as well as the long-term cost and availability of effective tests, vaccines and treatments. Due to the high degree of uncertainty associated with this pandemic, results may vary from the estimates provided.*



## **IV. Municipal Insurance Program Update (INFORM)**

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**Michael Berry,**  
Director of Government Affairs

# 45 GIC Municipalities and Regional School Districts (RSD)

## M.G.L. 32B entities

- Town of Arlington
- Town of Ashland\*
- Town of Bedford\*
- Town of Brookline\*
- Town of East Bridgewater
- Town of Easton
- Town of Framingham
- City of Gloucester
- Town of Groveland
- City of Haverhill
- Town of Hingham
- Town of Holbrook\*
- City of Lawrence
- Town of Lexington
- City of Lowell
- Town of Lynnfield
- Town of Marblehead\*
- City of Medford
- City of Melrose\*
- Town of Middleborough\*
- Town of Millis\*
- Town of Monson
- Town of North Andover\*
- City of Northampton
- Town of Norwood
- Town of Randolph\*
- City of Salem
- City of Somerville
- City of Springfield
- Town of Stoneham
- Town of Sudbury
- Town of Swampscott\*
- Town of Wakefield
- Town of Watertown
- Town of Weston\*
- Town of Westwood\*
- Town of Weymouth
- Town of Winthrop
- Mohawk Trail RSD
- Hawlemont RSD
- Gill Montague RSD
- Athol-Royalston RSD\*
- Blue Hills Regional High School
- Northeast Regional Vocational\*
- Pentucket RSD

\* Offers GIC retiree dental plan

## IV. Municipal Insurance Program Update (INFORM)

### **GIC's municipal portfolio has been stable for the last three fiscal years**

- No new municipal enrollments since FY 2016 (Westwood)
- No municipal departures since FY 2019

No municipalities are newly joining or departing GIC membership.

### **Municipalities have many avenues for health insurance**

- Other purchasing groups (West Suburban Health Group, Mayflower Health Group)
- Massachusetts Interlocal Insurance Agency (MIIA)
- Directly with insurance carrier(s)

### **Municipalities can achieve savings without joining the GIC by replicating GIC's plan design**

- This preserves ability to collectively bargain insurance matters beyond premium contribution percentage

### **Current law allows the GIC to offer only health insurance**

- Joining GIC means having to procure ancillary benefits (Dental, Vision, LTD) separately (creating additional administrative burdens)

### Program Outlook: Fiscal Year 2023

The health plan procurement process will be complete by the 12/1/22 renewal deadline

#### Entities up for Renewal in FY23 (17.5k total members)

- Town of East Bridgewater
- Town of Holbrook
- City of Lowell
- Town of Lynnfield
- Town of Middleboro
- Town of Millis
- City of Northampton
- City of Salem
- City of Somerville
- Town of Sudbury
- Town of Wakefield
- Town of Watertown
- Pentucket Regional School District
- City of Gloucester
- Town of Winthrop



## V. CFO Update (INFORM)

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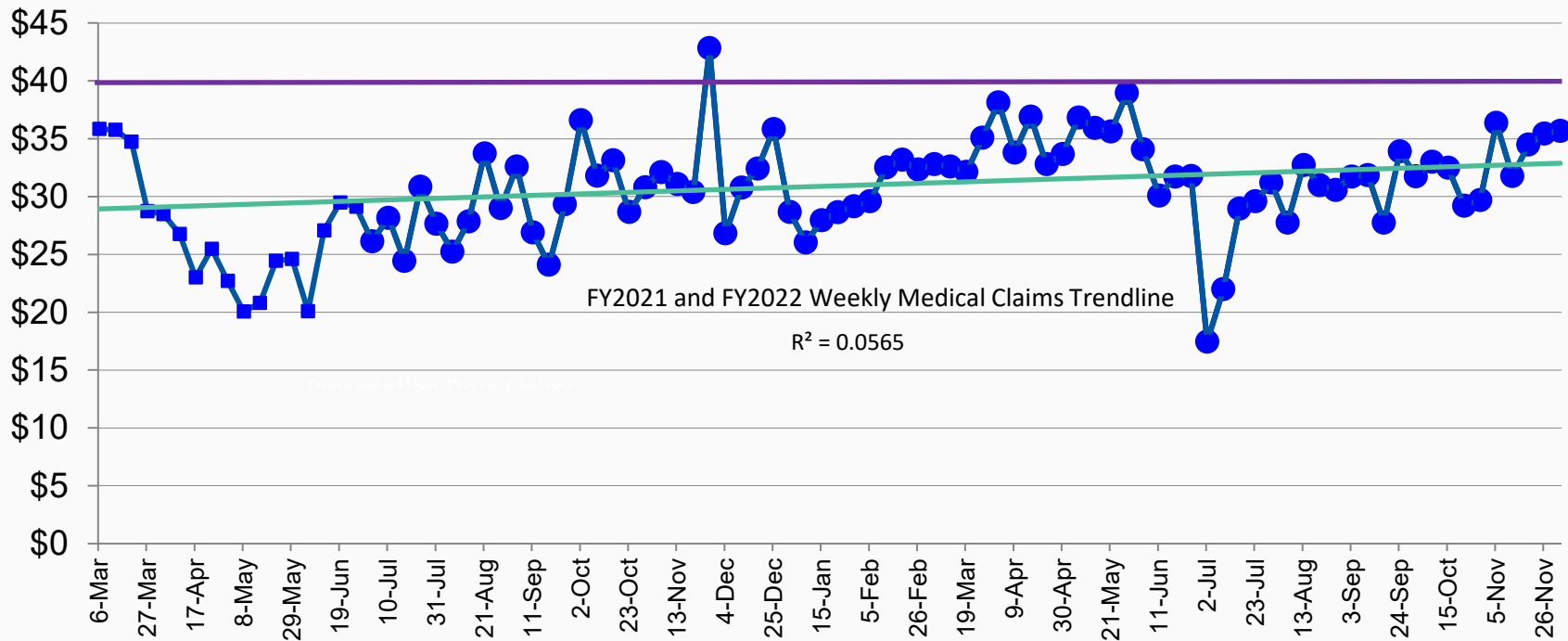
**Jim Rust,**  
Chief Financial Officer

- 2020 Resolved Audit Update
- COVID Claims Payments Update
- FY22 First Quarter Budget Results

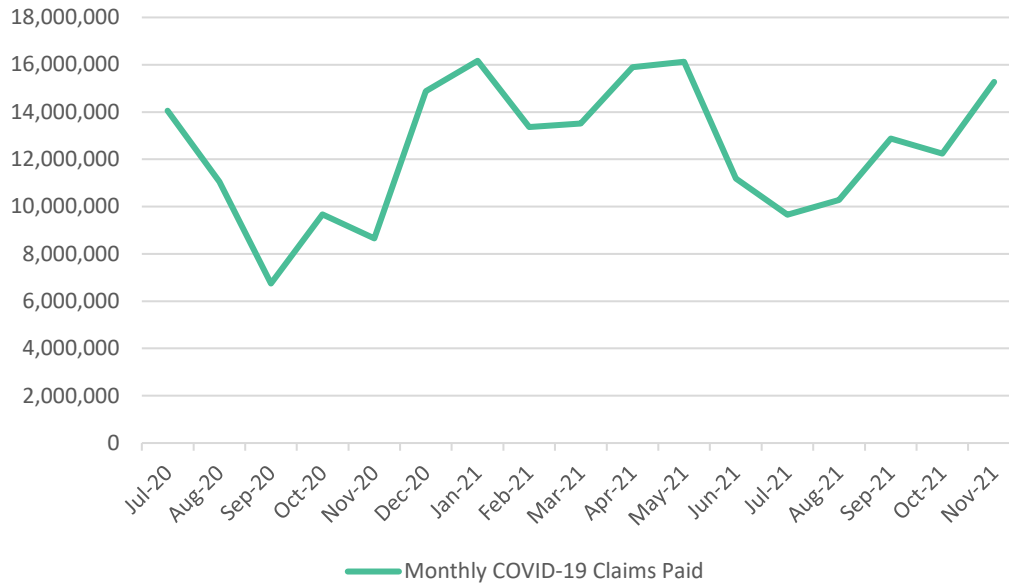
## GIC Medical Claims for the weeks ending 3/6/2020 - 12/1/2021

In Millions

Approximate Average pre-COVID-19 Weekly Medical Claims Level



## COVID-19 Claims By Month



Month	Monthly COVID-19 Claims Paid	Running Total FY21 and FY22
Jul-20	14,059,116	14,059,116
Aug-20	11,050,708	25,109,825
Sep-20	6,748,804	31,858,629
Oct-20	9,671,752	41,530,381
Nov-20	8,650,943	50,181,325
Dec-20	14,874,875	65,056,200
Jan-21	16,159,981	81,216,181
Feb-21	13,367,247	94,583,428
Mar-21	13,509,366	108,092,794
Apr-21	15,892,384	123,985,178
May-21	16,131,155	140,116,333
Jun-21	11,189,607	151,305,940
Jul-21	9,652,793	160,958,733
Aug-21	10,274,656	171,233,389
Sep-21	12,873,807	184,107,196
Oct-21	12,239,026	196,346,222
Nov-21	15,266,023	211,612,245

<b>FY22 COVID-19 Claims to Date</b>	<b>60,306,305</b>
<b>Total FY21 COVID-19 Claims</b>	<b>151,305,940</b>
<b>Total FY20 COVID-19 Claims</b>	<b>43,361,207</b>
<b>Total COVID-19 Claims to Date FY19 thru FY22</b>	<b>254,973,452</b>

- COVID-19 claims decreased over the Spring and early Summer
- Given the 4-6 week lag in reporting as expected we are experiencing a steady increase in COVID-19 spending due to the recent surge in cases related to new variants



## FY22 State Share Expense for GIC Premium Accounts

The first five months of spending reflects, on average, a continued and gradual return to pre COVID-19 levels and beyond.

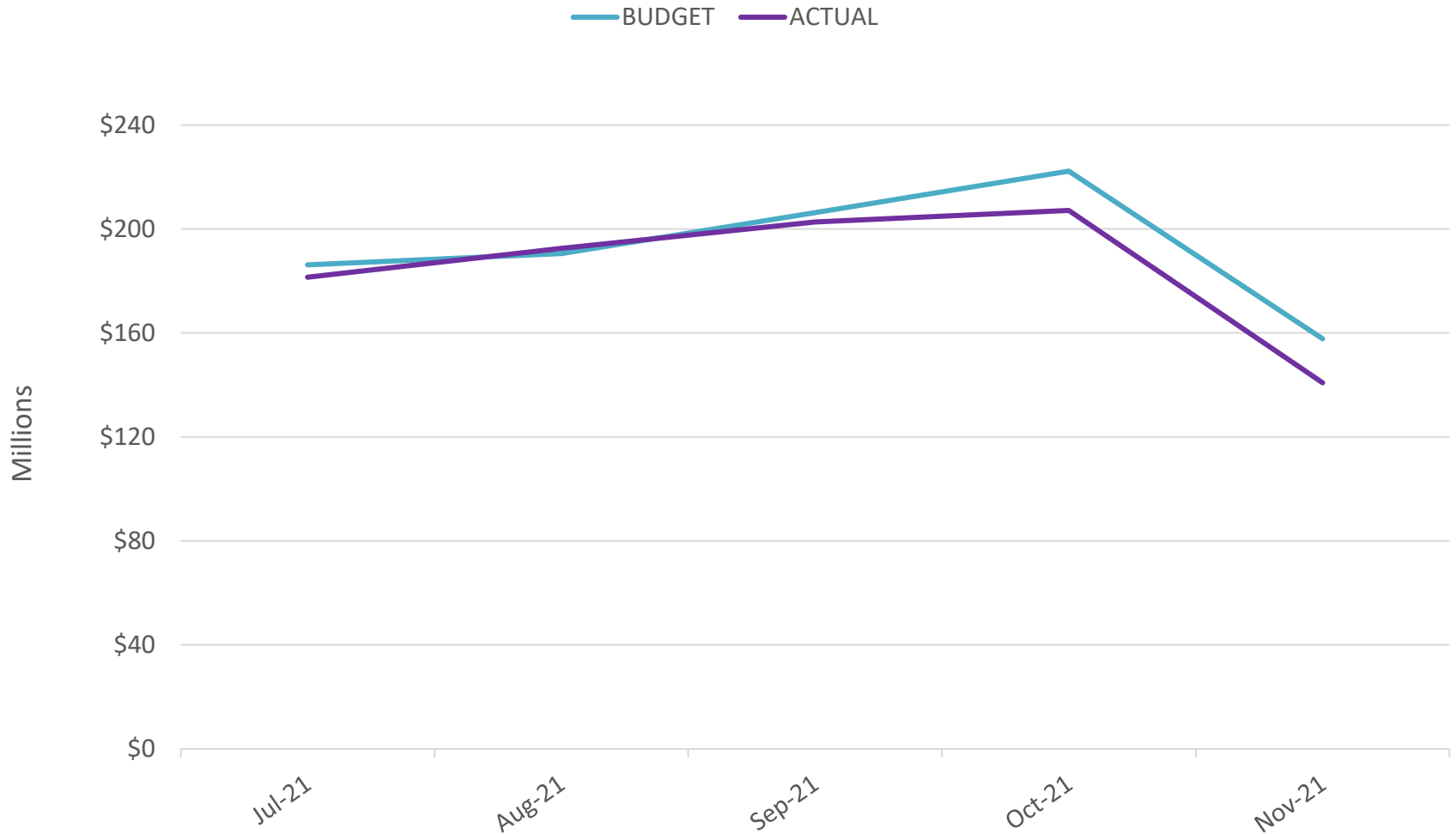
	July 2021	August 2021	September 2021	October 2021	November 2021	TOTAL
<b>Allways Health Claims</b>	\$6,799,082	\$5,211,481	\$7,002,293	\$5,186,939	\$5,832,471	\$30,032,266
<b>Caremark/Express Scripts/SilverScript Claims</b>	\$35,183,140	\$38,436,649	\$66,591,618	\$64,679,337	-\$33,387,737	\$171,503,007
<b>Davis Vision Claims</b>	\$34,908	\$38,730	\$32,960	\$29,373	\$32,861	\$168,832
<b>Fallon Health Claims</b>	\$5,689,347	\$6,576,620	\$5,399,044	\$5,673,305	\$6,612,866	\$29,951,182
<b>Harvard Pilgrim Claims</b>	\$35,231,278	\$35,016,938	\$27,114,575	\$26,796,287	\$33,964,526	\$158,123,603
<b>Health New England Claims</b>	\$7,511,202	\$8,638,456	\$6,916,134	\$6,536,353	\$8,935,701	\$38,537,847
<b>Tufts Navigator Claims</b>	\$33,813,646	\$27,126,192	\$28,142,993	\$35,078,660	\$28,695,759	\$152,857,250
<b>Tufts Spirit and Medicare Complement Claims</b>	\$4,605,855	\$3,519,080	\$3,194,985	\$3,931,745	\$2,592,262	\$17,843,927
<b>Unicare Claims</b>	\$43,400,899	\$58,171,403	\$49,021,377	\$49,028,668	\$78,143,513	\$277,765,860
<b>Other costs</b>	<u>\$37,560</u>	<u>\$710,981</u>	<u>\$244,843</u>	<u>\$1,195,308</u>	<u>\$341,010</u>	<u>\$2,529,703</u>
<b>Claims sub-total</b>	<u>\$172,306,918</u>	<u>\$183,446,530</u>	<u>\$193,660,823</u>	<u>\$198,135,975</u>	<u>\$131,763,232</u>	<u>\$879,313,478</u>
<b>Basic Life</b>	\$804,276	\$804,087	\$803,255	\$802,050	\$801,751	\$4,015,419
<b>Optional Life</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>RMT Life</b>	\$45,627	\$45,570	\$45,930	\$46,181	\$46,252	\$229,559
<b>Long-Term Disability</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Dental</b>	\$722,812	\$648,372	\$684,299	\$682,850	\$683,597	\$3,421,931
<b>Tufts Medicare Preferred</b>	\$674,902	\$676,817	\$680,111	\$681,927	\$680,146	\$3,393,903
<b>UBH Optum</b>	\$104,040	\$104,040	\$104,040	\$104,040	\$104,040	\$520,200
<b>ASO Administrative Fee</b>	<u>\$6,799,934</u>	<u>\$6,792,852</u>	<u>\$6,771,442</u>	<u>\$6,740,590</u>	<u>\$6,770,584</u>	<u>\$33,875,402</u>
<b>Premiums sub-total</b>	<u>\$9,151,590</u>	<u>\$9,071,738</u>	<u>\$9,089,077</u>	<u>\$9,057,638</u>	<u>\$9,086,370</u>	<u>\$45,456,414</u>
<b>TOTAL</b>	<b>\$181,458,508</b>	<b>\$192,518,268</b>	<b>\$202,749,900</b>	<b>\$207,193,613</b>	<b>\$140,849,602</b>	<b>\$924,769,892</b>

## FY21 Enrollee Share Expense for GIC Premium Accounts

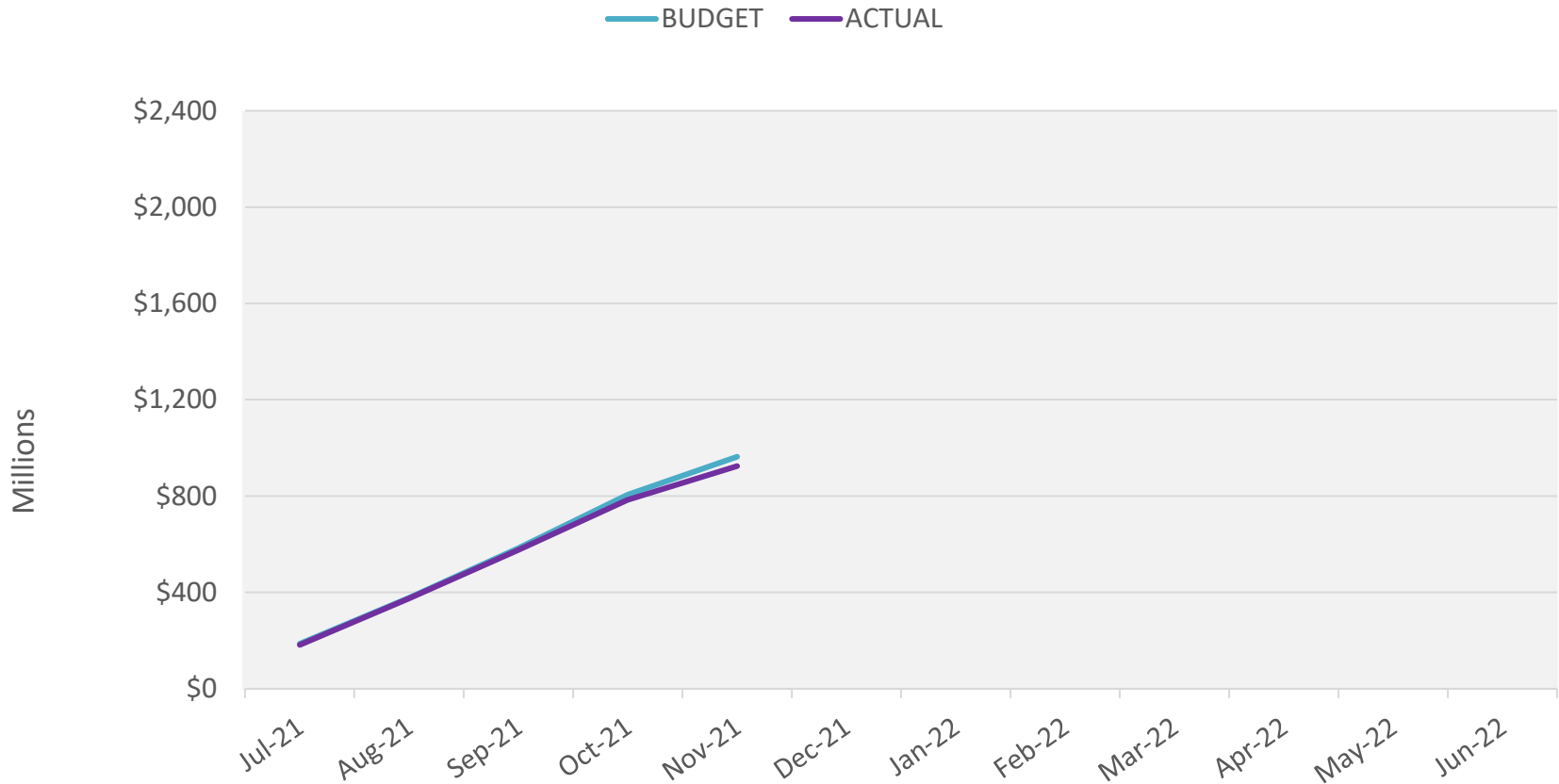
	July 2021	August 2021	September 2021	October 2021	November 2021	TOTAL
Allways Health Claims	\$2,008,098	\$1,540,255	\$2,072,808	\$1,534,786	\$1,715,588	\$8,871,535
Caremark/Express Scripts/SilverScript Claims	\$8,528,243	\$10,688,689	\$17,013,392	\$17,242,706	-\$9,792,663	\$43,680,367
Davis Vision Claims	\$6,160	\$6,835	\$5,816	\$5,184	\$5,799	\$29,794
Fallon Health Claims	\$1,631,579	\$1,898,720	\$1,558,378	\$1,638,853	\$1,921,981	\$8,649,511
Harvard Pilgrim Claims	\$9,561,245	\$9,474,611	\$7,362,637	\$7,290,362	\$9,218,420	\$42,907,275
Health New England Claims	\$2,158,467	\$2,484,394	\$2,001,785	\$1,884,623	\$2,582,789	\$11,112,057
Tufts Navigator Claims	\$9,368,030	\$7,527,759	\$7,825,241	\$9,761,157	\$7,981,667	\$42,463,854
Tufts Spirit and Medicare Complement Claims	\$1,270,371	\$959,669	\$875,647	\$1,088,481	\$702,840	\$4,897,008
Unicare Claims	\$12,017,842	\$16,089,479	\$13,673,480	\$13,610,635	\$21,852,721	\$77,244,157
Other costs	\$0	\$0	\$0	\$0	\$0	\$0
<b>Claims sub-total</b>	<u>\$46,550,036</u>	<u>\$50,670,411</u>	<u>\$52,389,185</u>	<u>\$54,056,786</u>	<u>\$36,189,141</u>	<u>\$239,855,559</u>
Basic Life	\$217,940	\$217,907	\$217,819	\$217,513	\$217,589	\$1,088,768
Optional Life	\$3,854,002	\$3,860,835	\$3,867,538	\$3,891,847	\$3,902,432	\$19,376,655
RMT Life	\$11,155	\$11,141	\$11,227	\$11,289	\$11,305	\$56,118
Long-Term Disability	\$1,054,431	\$1,048,632	\$1,047,746	\$1,050,234	\$1,051,303	\$5,252,346
Dental	\$1,993,257	\$1,990,149	\$2,005,562	\$2,012,768	\$2,017,438	\$10,019,175
Tufts Medicare Preferred	\$143,307	\$143,898	\$144,901	\$145,411	\$145,044	\$722,560
UBH Optum	\$18,360	\$18,360	\$18,360	\$18,360	\$18,360	\$91,800
ASO Administrative Fee	\$1,854,697	\$1,854,276	\$1,850,346	\$1,842,675	\$1,851,597	\$9,253,592
<b>Premiums sub-total</b>	<u>\$9,147,151</u>	<u>\$9,145,198</u>	<u>\$9,163,498</u>	<u>\$9,190,097</u>	<u>\$9,215,068</u>	<u>\$45,861,013</u>
<b>TOTAL</b>	<b>\$55,697,187</b>	<b>\$59,815,609</b>	<b>\$61,552,683</b>	<b>\$63,246,883</b>	<b>\$45,404,210</b>	<b>\$285,716,571</b>

As expected, enrollee share paid claims have an identical pattern

# GIC Appropriation for Premium Accounts FY22 Budgeted vs. Actual



# GIC Appropriation for Premium Accounts FY22 Budgeted vs. Actual



## FY22 State Share Premium Budget for GIC Premium Accounts as of November 30, 2021

	Budget*	Expenses	Under Budget / Over Budget	% VAR
<b>Basic Life &amp; Health Account #1108-5200 &amp; #1599-6152</b>	\$958,716,966	\$921,179,129	\$37,537,837	3.9%
<b>Active Dental &amp; Vision Benefits* Account #1108-5500</b>	\$4,483,320	\$3,590,763	\$892,556	19.9%
<b>Total State Share YTD</b>	<b>\$963,200,286</b>	<b>\$924,769,892</b>	<b>\$38,430,394</b>	<b>4.0%</b>



## VI. Other Business/Adjournment

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Valerie Sullivan,  
Chair



# FY21 GIC Commission Meeting Schedule

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 [www.mass.gov/gic](http://www.mass.gov/gic) under Upcoming Events prior to the meeting and under Recent Events after the meeting.

### **Please note these exceptions**

- February's meeting is scheduled on the 2<sup>nd</sup> Thursday and March's meeting is scheduled on the 1<sup>st</sup> Thursday to make decisions regarding the next Benefit Year in a timely manner prior to Annual Enrollment in May.
- April's meeting is rescheduled for the 2<sup>nd</sup> Thursday of the month in order to avoid conflicting with Passover.

### **Please note these changes**

- 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.

## Upcoming Group Insurance Commission Meetings

<b>January 2022</b> <b>20</b>	<b>February 2022</b> <b>10</b>	<b>March 2022</b> <b>3</b>	<b>April 2022</b> <b>14</b>
<b>May 2022</b> <b>19</b>	<b>June 2022</b> <b>16</b>	<b>July 2022</b> <b>No Meeting</b>	<b>August 2022</b> <b>No Meeting</b>
<b>September 2022</b> <b>15</b>	<b>October 2022</b> <b>20</b>	<b>November 2022</b> <b>17</b>	



## **Appendix**

**Commission Members**

**GIC Leadership Team**

**GIC Goals**

**GIC Contact Channels**

### Commission Members

**Valerie Sullivan**, Public Member, Chair

**Gary Anderson**, Commissioner of Insurance

**Elizabeth Chabot**, NAGE

**Adam Chapdelaine**, Mass Municipal Association

**Edward Tobey Choate**, Public Member

**Christine Clinard**, Public Member

**Tamara P. Davis**, Public Member

**Jane Edmonds**, Retiree Member

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

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

**Michael Heffernan**, Secretary of Administration & Finance

**Joseph Gentile**, Public Safety Member

**Patricia Jennings**, Public Member

**Anna Sinaiko**, Health Economist

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

**Eileen P. McAnneny**, Public Member

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

### GIC Leadership Team

**Matthew A. Veno**, Executive Director

**Erika Scibelli**, Deputy Executive Director

**Emily Williams**, Chief of Staff

**John Harney**, Chief Information Officer

**Paul Murphy**, Director of Operations

**James Rust**, Chief Fiscal Officer

**Andrew Stern**, General Counsel

**Brock Veidenheimer**, Director of Human Resources

**Mike Berry**, Director of Legislative Affairs

### 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 Qualifying Events Information Changes	Retirement Life Insurance Marriage Status Changes	Premium Payments Long-Term Disability Other Questions
<b>Online Contact</b>	mass.gov/forms/contact-the-gic		Any time. Specify your preferred method of response (phone, email, mail) from GIC
<b>Email</b>	gicpublicinfo@mass.gov		
<b>Telephone</b>	(617) 727-2310		M-F from 8:45 AM to 5:00 PM
<b>Office location</b>	1 Ashuburton Place, Suite 1619 Boston, MA		<b>Not open for walk-in service</b>
<b>Correspondence</b>	P.O. Box 8747 Boston 02114		Allow for processing time. Priority given to requests to retain or access benefits, and to reduce optional coverage during COVID-19.
<b>Paper Forms</b>	P.O. Box 556 Randolph, MA 02368		

# 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
AllWays Health Partners	(866)-567-9175	<a href="https://allwayshealthpartners.org/gic-members">allwayshealthpartners.org/gic-members</a>
Fallon Health	(866) 344-4442	<a href="https://fallonhealth.org/gic">fallonhealth.org/gic</a>
Harvard Pilgrim Health Care	(800) 542-1499	<a href="https://harvardpilgrim.org/gic">harvardpilgrim.org/gic</a>
Health New England	(800) 842-4464	<a href="https://hne.com/gic">hne.com/gic</a>
Tufts Health Plan (THP)	(800) 870-9488	<a href="https://tuftshealthplan.com/gic">tuftshealthplan.com/gic</a>
THP Medicare Products	(888) 333-0880	
UniCare State Indemnity Plans	(800) 442-9300	<a href="https://unicarestateplan.com">unicarestateplan.com</a>

Date: December 10, 2021  
To: Group Insurance Commission  
From: Matthew Veno, Executive Director  
Subject: Executive Director's Report

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Purpose: The purpose of this memo is to provide Commissioners with the monthly Executive Director's report in writing. Questions and comments from Commissioners on the content of this memo are welcome during this portion of the agenda.

### **HUMAN RESOURCES**

#### Staffing Activity:

Emily Williams returned to her role as Chief of Staff at the GIC on December 6 following her maternity leave when she was home with her new daughter, Zara. We are delighted to have her back. Tansey Helmke, who has held a contract role as Executive Assistant since September, will be transitioning to a full-time position as a paralegal with Andrew Stern's General Counsel team beginning December 20<sup>th</sup>. The GIC leadership team is discussing ways to adjust and expand the role traditionally defined as Executive Assistant.

#### Recruiting Activity:

We are currently recruiting for two open positions:

- A new Office Support Specialist to fill an open position on the Medicare Enrollment team
- A new Office Support Specialist to fill an open position on the Retirement team

### **COMMUNICATIONS:**

GIC staff worked with ESI to send 135,911 postcards to members to remind them to get their flu shots. The postcards were mailed in November.

Annual public information sessions regarding annual enrollment are tentatively scheduled and will all be held Virtually via Zoom. We had tremendous success and attendance in hosting these sessions virtually last year and are looking forward to building on that success this year. The tentative schedule is as follows:

Tuesday, January 25<sup>th</sup> at 6pm

Wednesday, January 26<sup>th</sup> at 12pm

Friday, January 28<sup>th</sup> at 8:30am

As we did last year, each session will be recorded and placed on our website for those who are unable to attend a live session. Commissioners, as always, are welcome to attend.

### **LEGISLATIVE UPDATE:**

#### Policy

As part of the conference report regarding the disbursement of ARPA funds, the House and Senate agreed to authorize the Secretary of Health and Human Services to appropriate \$50M to community hospitals.

The bill also establishes a "Behavioral Health Trust Fund" administered by the Department of Public Health (DPH) address barriers to the delivery of equitable, culturally-competent, affordable and clinically-appropriate

behavioral health services. There will be an advisory commission to make recommendations on disbursements from the fund and annual reports to the legislature are required. The legislation specifically directs that not less than \$198M be appropriated for these purposes.

The legislature is adjourned for the calendar year. When they return there will be two major pieces of healthcare legislation to reconcile:

- Senate-led mental health bill (*S584 An Act addressing barriers to care for mental health*)
- House-led market reform bill (*H4262 An Act enhancing the market review process*)

Like the prior legislative sessions, each branch is focusing their efforts on distinctly different areas of the healthcare universe. The House and Senate were unable to reach consensus on any major healthcare related legislation over the last several years. As is often the case, there are a variety of external factors that create a long and winding road to consensus being achieved, in addition to the standard, yet complicated, political maneuverings that exist within the State House. The Governor also recently indicated that he expects to file a health care bill with the Legislature early in 2022.

### Meetings

Executive Director Veno, Deputy Director Scibelli, Director of Legislative Affairs and Mike Berry, recently completed the legislative engagement portion of our procurement outreach. On November 18, GIC held its first ever “GIC 101 Legislative Briefing” that was graciously hosted by Senator Cindy Friedman and Representative John Lawn, Chairs of the Joint Committee on Health Care Financing. We had over 50 participants join the briefing, including 10 legislators. In addition to providing an overview of the GIC and how we are funded, we were also reviewed the upcoming procurement process and opened the floor to hear feedback, suggestions and about their priorities. This session was very well received by those who participated.

On November 30, we held the last of our legislative leadership meetings with Senator Michael Rodrigues, Chair of the Senate Committee on Ways & Means. The Chair was joined by several committee staff members and was highly engaged in, and appreciated of, the discussion.

### **MUNICIPAL UPDATE:**

As noted in the Commission deck, our municipal portfolio remains stable with no municipalities joining or departing this year. Thirteen municipalities were impacted by a medical claims data lag, as discussed with the Commission earlier this year. Those impacted municipalities were afforded the opportunity to opt into a one-year extension that will allow them to make a claims data request next year to bring market. Four municipalities chose to accept the one-year extension while all others’ enrollment in the GIC will roll over for an additional two years.

### **ENGAGEMENT UPDATE:**

On November 19, Director Veno participated in his second “Retiree Tele-Town Hall,” hosted by the Mass. Retirees Association. While several minutes were spent updating participants on what the GIC is working on, much of the time was spent fielding questions directly from GIC retirees. GIC leadership also held engagements with a variety of academic and policy experts, as well as those representing health care clinicians and hospitals. Our engagement efforts will continue throughout December, including more in the health care provider community, as well as incumbent carriers and other who are interested in the procurement.



**COVID-19 VACCINE:**

**ESI VACCINE CLAIMS BREAKOUT BY HEALTH PLAN (TIME FRAME: 12/22/2020-12/08/2021)**

	1 <sup>st</sup> DOSE:	2 <sup>nd</sup> DOSE:	3 <sup>rd</sup> DOSE (BOOSTER)	ALL DOSES:
<b>Brand</b>				
Moderna	23,682	24,351	30,868	78,901
Pfizer	43,930	44,453	26,923	115,306
J&J	-	-	-	7,043
<b>Plan</b>				
Fallon	2,065	2,067	1,421	5,757
Harvard	10,697	10,885	9,366	32,042
HNE	5,738	5,899	4,515	16,742
AllWays	3,332	3,463	2,463	9,596
Tufts	20,432	20,684	16,336	59,604
UniCare	25,348	25,806	23,690	77,509
<b>TOTAL COVID VACCINE CLAIMS</b>	67,612	68,804	57,791	201,250

12/14/20-12/07/21

CLAIMS REFRESH MEDICAL 10/27/2021 PHARMACY 12/7/2021	<b>COVID-19 VACCINE UTILIZATION</b>	DATA DISTRIBUTION MEDICAL 70,190 PATIENTS PHARMACY 115,812 PATIENTS
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LINE OF BUSINESS All	CLIENT NAME COMMONWEALTH OF MA GROUP	CARRIER All	DRUG NAME All	STATE All	RELATIONSHIP All	DATA TYPE INTEGRATED	EXTERNAL CLAIMS All
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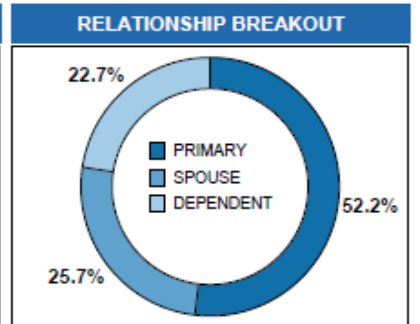
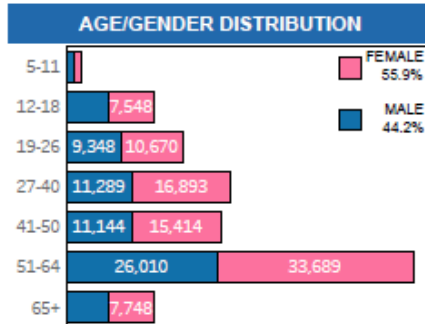
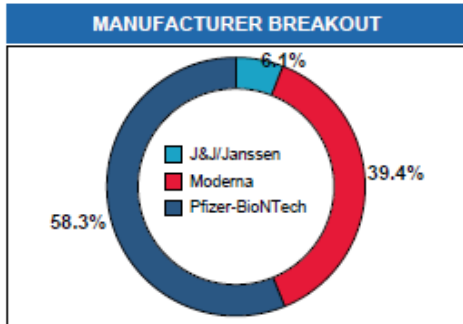
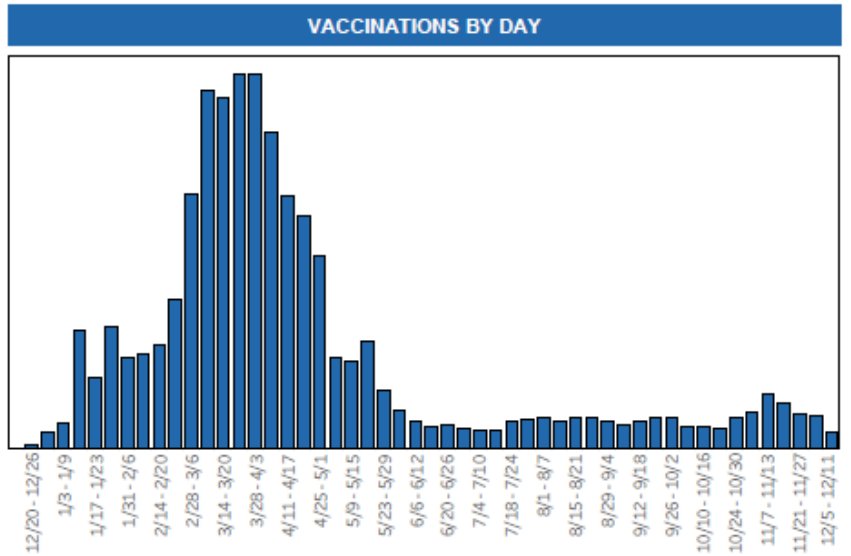
### KEY METRICS

**PATIENTS WITH ≥ 1 DOSES**  
**166,869**  
(59.7% of members)

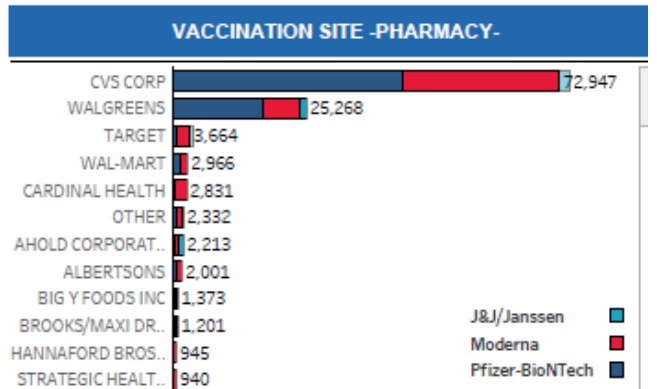
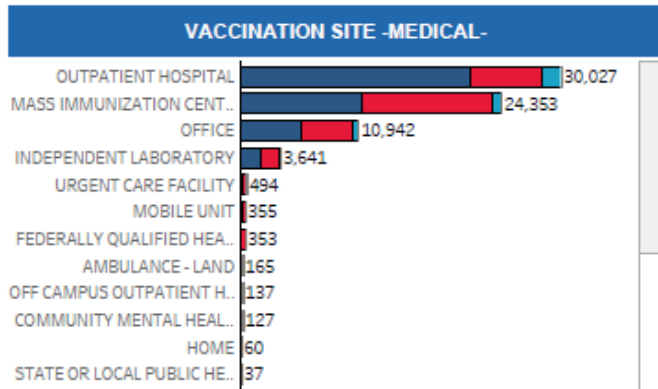
**DOSAGE STAGE BREAKOUT**

RECEIVED FIRST DOSE	11,926
FULLY VACCINATED	154,943
RECEIVED THIRD DOSE/BOOSTER	47,466

**PATIENTS WITH ≥ 1 HIGH RISK FACTOR**  
**11,032 (6.6%)**



12/17/20-12/07/21



**COVID-19 VACCINE UTILIZATION**

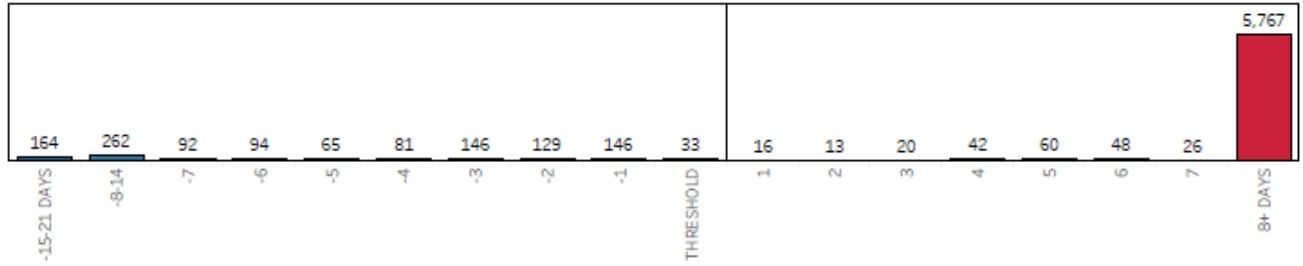
LINE OF BUSINESS	CLIENT NAME	CARRIER	PATIENT RISK LEVEL	AGE BAND	GENDER	RELATIONSHIP
All	COMMONWEALTH OF MA GROUP	All	All	All	All	All

**PATIENT VACCINATION STATUS -MEDICAL & PHARMACY-**

PATIENT VACCINATION STATUS	Count	Pfizer-BioNTech	Moderna
AWAITING SECOND DOSE	1,400		
EXCEEDING RECOMMENDED INTERVAL	10,526	21 DAYS	28 DAYS
FULLY VACCINATED	154,943		
RECEIVED THIRD DOSE/BOOSTER	47,466		

**VACCINATION THRESHOLD -MEDICAL & PHARMACY-**

Pfizer-BioNTech



Moderna

