



COMMISSION MEETING

SEPTEMBER 19, 2019

 *Group Insurance Commission*

 *@MassGIC*

I. Approval of Minutes (VOTE)

Commission Meeting Minutes
June 6, 2019

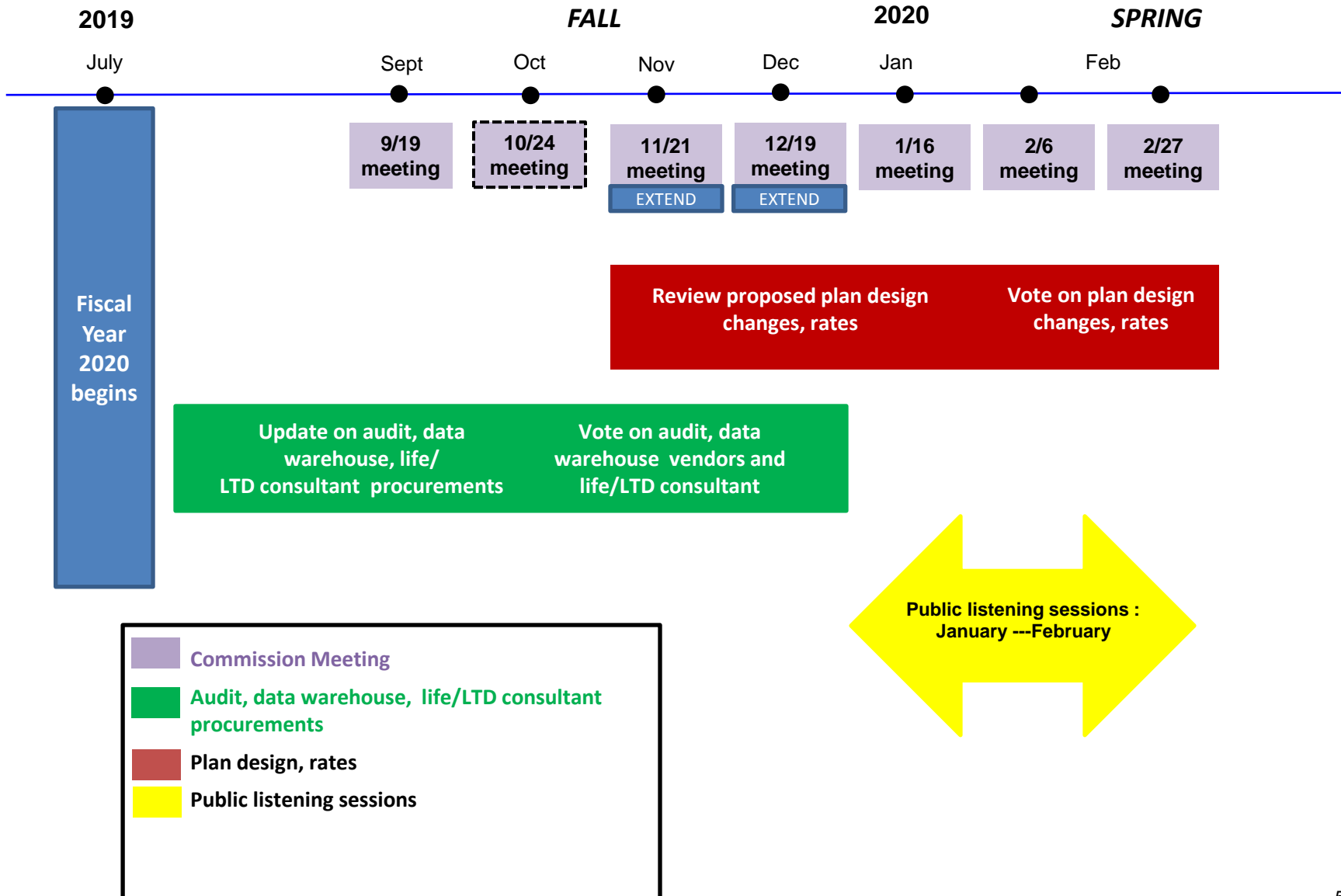
Agenda

	Topic	Speaker	Time
I.	Approval of Minutes (VOTE) 6/6/19	Commission	8:30-8:35
II.	Directors Report (INFORM) <ul style="list-style-type: none"> • FSA (BenStrat)/LTD • Stakeholder Meetings • Staff Updates • Health Plan Updates • Legislative Update / HCOG • Calendar 	Roberta Herman, M.D.	8:35-8:45
III.	Pharmacy (INFORM) <ul style="list-style-type: none"> • Pharmacy Landscape • How Does PBM Pricing Work? • GIC's PBM Relationships • FY19 in review • FY19 key performance metrics 	Roberta Herman, M.D. & WTW	8:45-9:50
IV.	CFO Update (INFORM) <ul style="list-style-type: none"> • FY19 Year End Budget Summary 	Jim Rust	9:50-10:00
V.	Procurement Update (INFORM) <ul style="list-style-type: none"> • Audit • Data Warehouse • LTD/ Life Consultant • Other 	Andrew Stern	10:00-10:10
VI.	GIC Modernization (INFORM) <ul style="list-style-type: none"> • Customer Relationship Management (CRM) • Document Management • Call Center Operations 	Roberta Herman, M.D., Paul Murphy & John Harney	10:10-10:25
VII.	Other Business	Roberta Herman, M.D. & Valerie Sullivan	10:25-10:30

II. Director's Report (INFORM)

- FSA (BenStrat)/LTD
- Stakeholder Meetings
- Health Plan Updates
- Staff Updates
- Legislative Update/ HCOG
- Calendar


Calendar of Commission meetings, public listening sessions, vendor procurement milestones, and FY20 rate development



Pharmacy Update to the Group Insurance Commission

Deven Shah, RPh, MBA

September 19, 2019

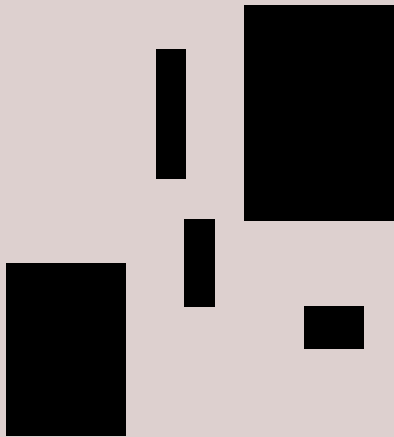


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Agenda

Topic
Pharmacy Landscape
How Does PBM Pricing Work?
GIC's PBM Relationships
FY19 in review
FY19 key performance metrics

Pharmacy Landscape



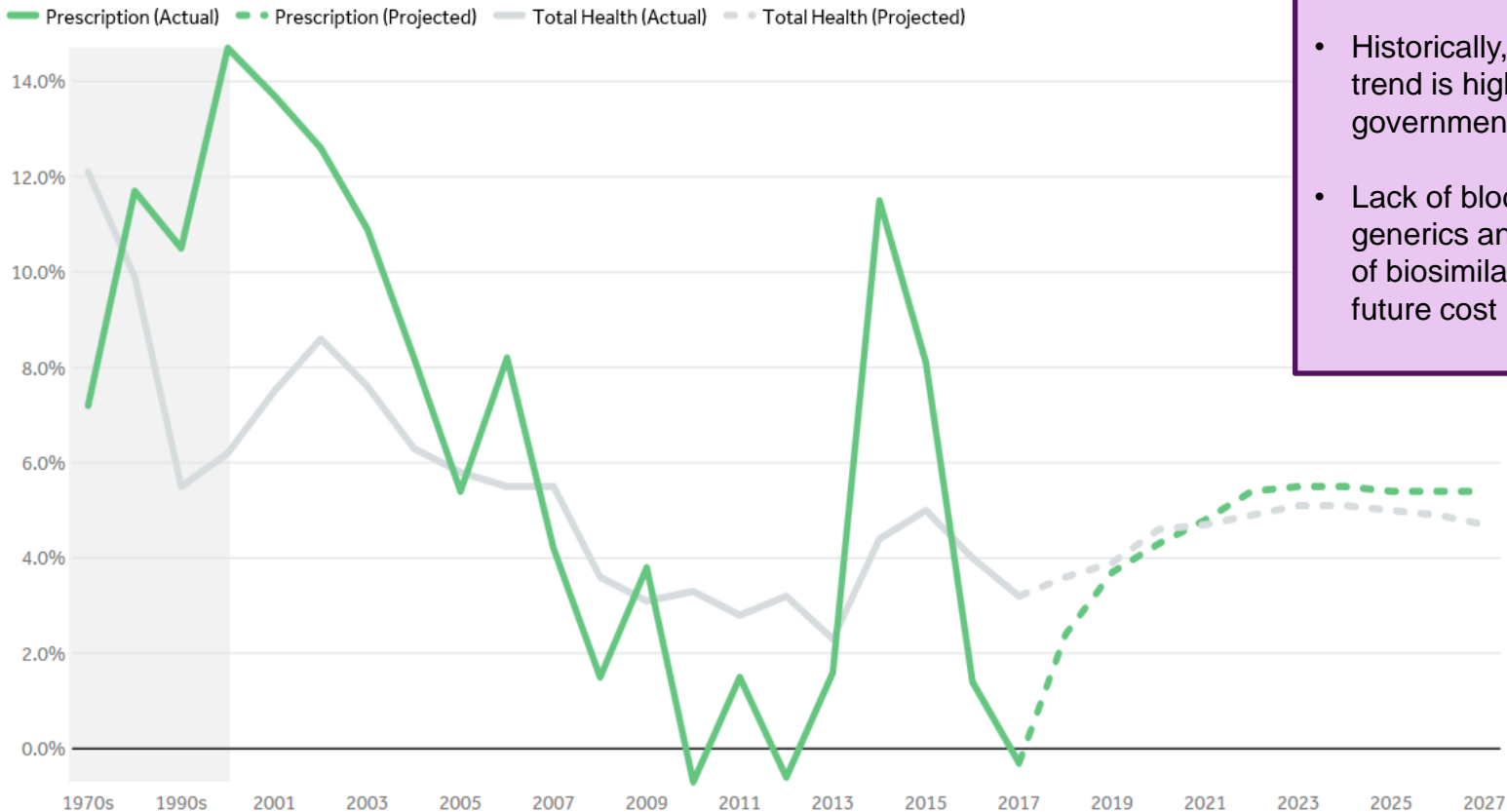
U.S. Drug Spending Continues to Rise



Key Insights

- Pharmacy trend expected to exceed CPI for years to come
- Historically, commercial trend is higher than for government programs
- Lack of blockbuster generics and uncertainty of biosimilar impact on future cost

Annual change in per capita prescription drug spending, 1970 - 2017; projected 2018 - 2027



Grey region represents average growth within decade.

Source: Kaiser Family Foundation Analysis of National Health Expenditures

Pharmacy in the News

CVSH/Aetna and
Cigna/ESI
mergers close



Vendor consolidation may lead to reduced competition in the marketplace

Industry
scrutiny
continues



Focus on pharmaceutical manufacturer pricing and PBM practices

PBM's offer
new pricing
models



PMPY Guaranteed Net Cost Models could lower client risk
United Healthcare requires rebates to be passed to members at the pharmacy

National and
state legislative
changes



“Reinvestment” of rebates and removal of anti-kickback protections for PBMs

Regulatory Update



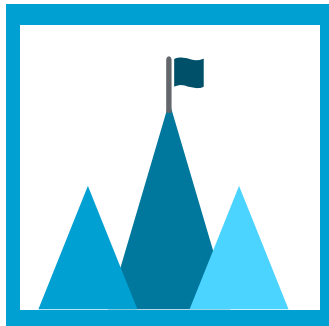
National Debate on Drug Costs

- Healthcare and prescription drug prices will continue to be a major area of focus at federal, state and local levels
- The federal and state government are back from recess; continued effort is expected this fall on several active bills focused on
 - Pricing based on international drug pricing
 - Transparency of drug pricing
 - Reforming rebates
 - Managing costs for federal/state funded benefits

**Pharma/
Healthcare Lobby
spend billions in
an effort to
protect their
interests**

Key Areas for Intervention	GIC	Members
Lowering prescription drug prices	+	+
Reforming contracts between pharmacy benefit managers (PBMs) and employers	+	
Requiring price transparency for consumers		+

Pharmacy | The Most Controversial Topic in Health Care



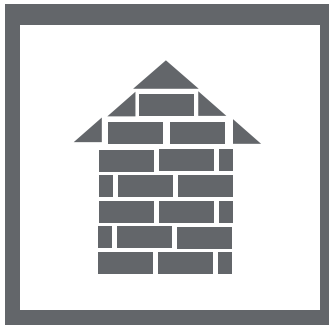
Peaking

- Spotlight on PBMs and pharmaceutical manufacturers
- PBM value?
- Value of integrated health plan/PBM model



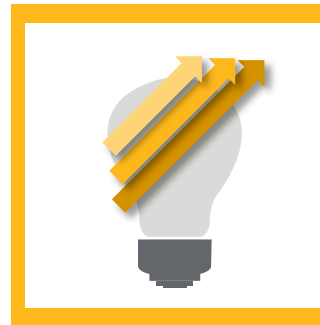
Moving Fast

- Disruptive innovators
- Emerging coalitions
- PBM scrutiny
- Specialty drug pipeline



Persistent Challenges

- Specialty pharmacy trend and escalating costs
- Consumer affordability
- Rising drug prices
- Pathway for biosimilars
- PBM/client/member alignment



Emerging Trends

- Bundled PBM offerings targeting chronic conditions (e.g., oncology, diabetes)
- PBM disintermediation



Incremental Momentum

- Value-based and outcomes-based pricing (i.e., rebates)
- New PBM pricing models
- PBM risk models
- HHS RFI and American Patients First Blue print



Trends to Watch

- Future of rebates
- Impact of health care market disruptors
- PBM disintermediation
- Uptake of pricing models

Comprehensive Management Plan

A multi-pronged approach is essential to optimizing cost and care



Increasing Specialty Costs

- 1% of patients require specialty drugs which account for between 30% and 40% of total drug spend
- Annual costs per patient can exceed \$500k per year
- 100% price increase for some drugs over 5 years

Growing Pipeline of Specialty Medications

- 700 specialty meds under development
- ~ 30% of meds sold in US are specialty products; this is expected to increase
- Gene therapy = \$1M per patient per year



Spend through pharmacy and medical benefits

- Historic lack of transparency and price disclosure for drugs covered through medical benefit
- Limited reporting and *upon request*
- Rebates rarely “passed through”
- Traditional ‘spread’ pricing through the pharmacy benefit

Site of Care matters

- Costs can vary significantly from hospital outpatient facilities to home-based infusion
- Need to inform patients of lowest cost sites of care to steer utilization
- Case management involvement limits disruption

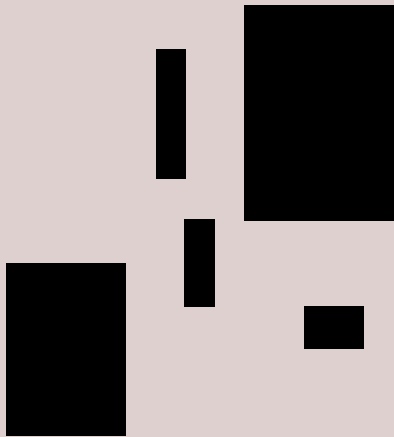


Driving Health Care Innovation | Focus on Pharmacy

Disruptive Innovation continues to be a key driver of change and evolution within the Pharmacy Benefits Management industry.

 <p>Digital Therapeutics</p>	 <p>Specialty Pricing and Distribution</p>	 <p>Disease-Specific Medication Services</p>
  	  	  
 <p>Medication Delivery Marketplace</p>	 <p>Cost Savings</p>	 <p>Rx Optimization Providers</p>
   	    	  

How Does PBM Pricing Work?



Why Are Drugs so Expensive?

- Drugs are often covered by patents – which allow pharmaceutical companies to set prices without competition.
 - Multiple patents are taken out on each drug – and litigation often delays generics
- Even drugs that are off patent frequently have few producers, and are therefore subject to huge price increases
- Biologic drugs are more difficult to manufacture and cost more
 - Biosimilars will offer much smaller discounts than generics of “small molecule” medications
- The FDA is prohibited from considering price upon drug approval
- Medicare, the largest drug purchaser, is prohibited from negotiating drug prices
- The US, unlike most other developed countries, does not control drug prices in any way



Key Insights

How does the GIC combat high drug costs and insure the best value for the state and its members?

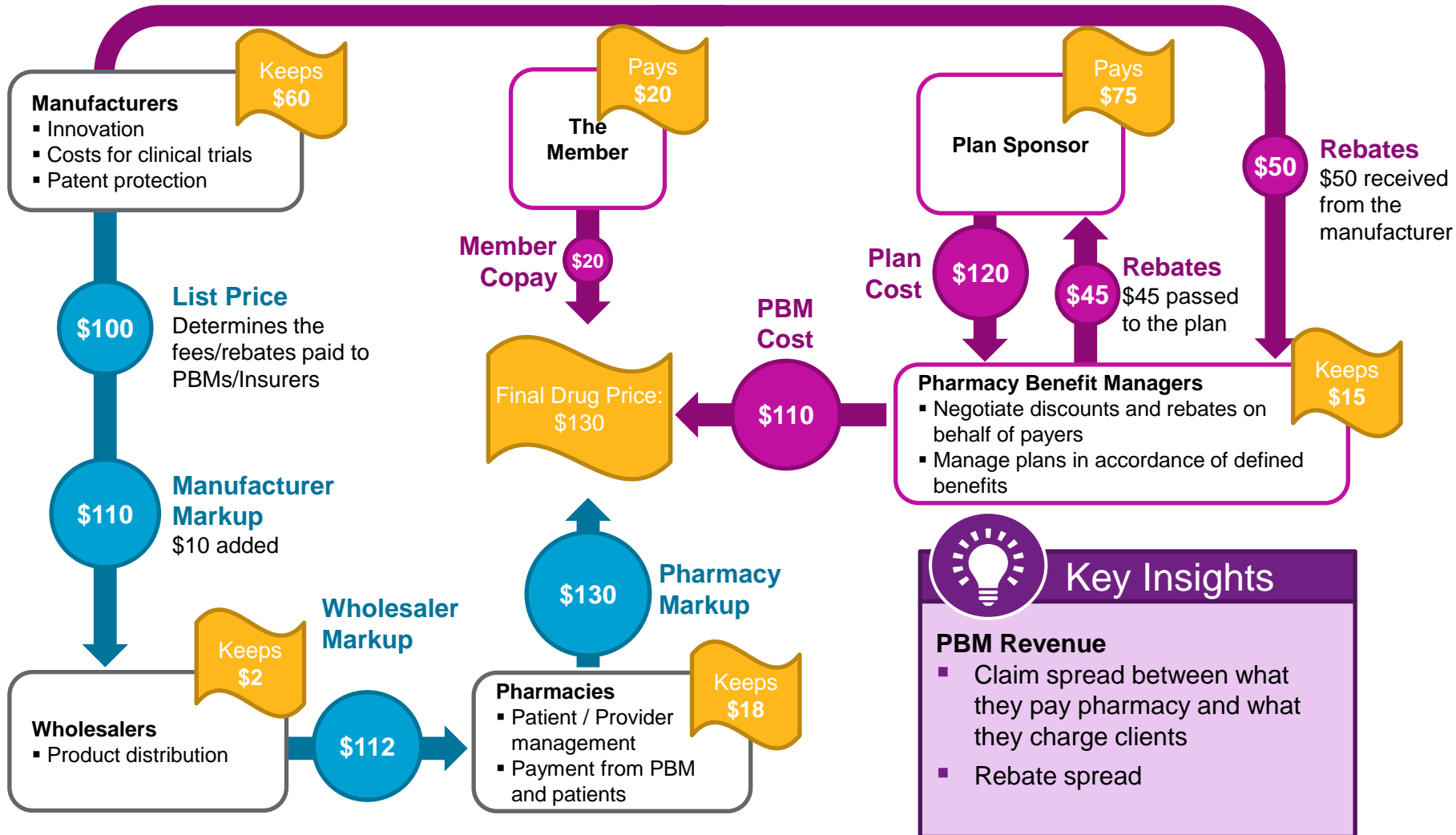
- The GIC plan is designed to encourage use of generics and lower cost pharmacies for chronic medications
- Current formularies (preferred drug lists) steer members towards highest value drugs
- Strong vendor contracts and oversight assures best available pricing
- The contracts also assure that members pay the lowest cost between the discounted price, pharmacy’s U&C costs and plan copays
- Price transparency tools allow members to price shop for individual drugs and dosages

Journal of the American Medical Association, The High Cost of Prescription Drugs in the United States, Aaron S. Kesselheim, MD, JD, MPH, et. al. – Origins and Prospects for Reform, August 23 2016.

Kaiser Health News, Government-Protected ‘Monopolies’ Drive Drug Prices Higher, Study Says, August 23 2016.

Flow of Money in the PBM Industry

Who pays for your medication?



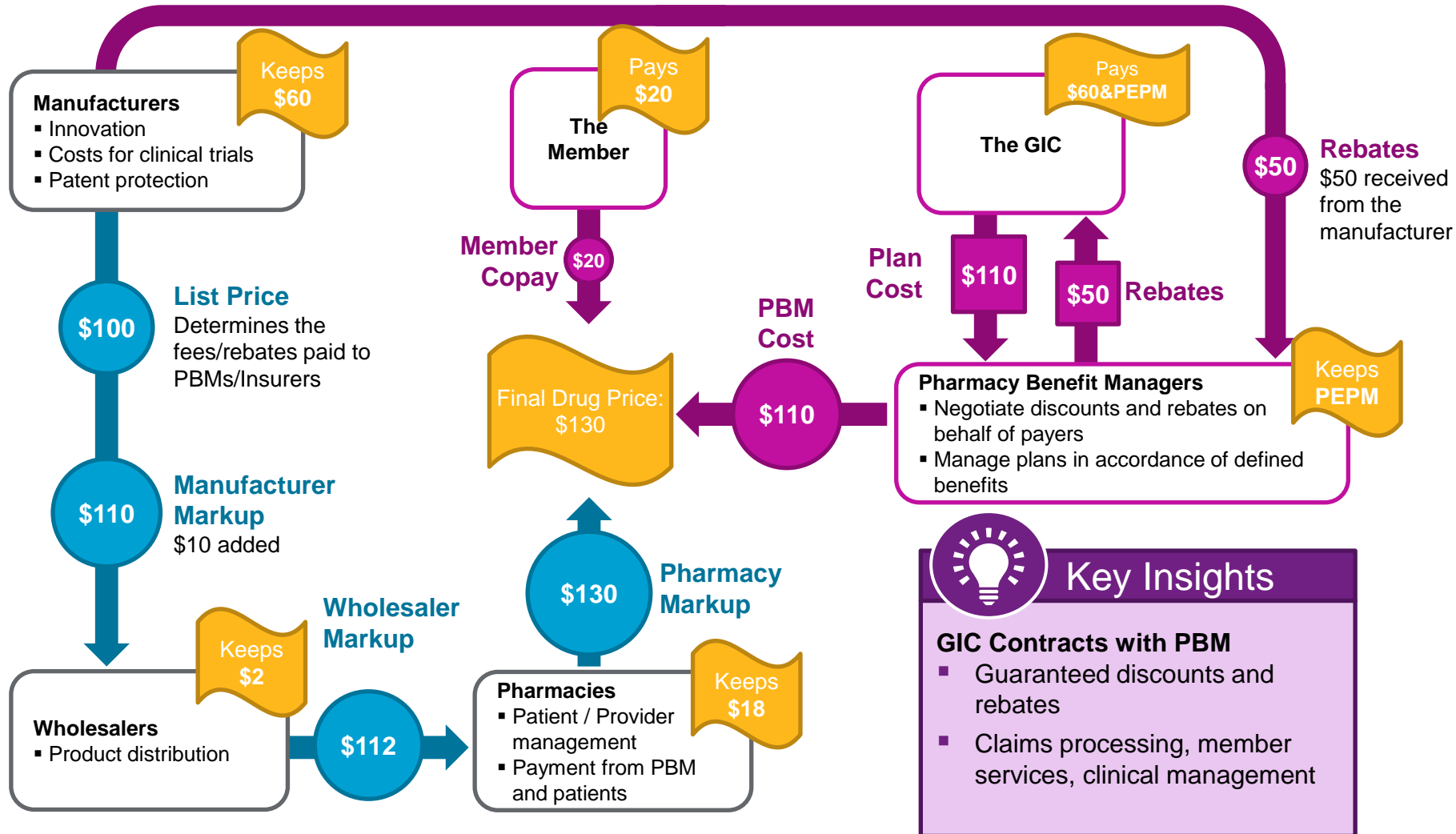
Key Insights

PBM Revenue

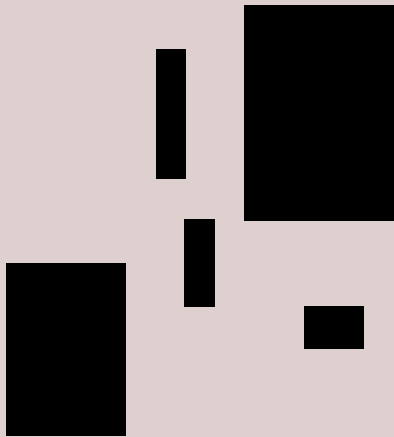
- Claim spread between what they pay pharmacy and what they charge clients
- Rebate spread

Flow of Money in the PBM Industry

Who pays for your medication?



GIC's PBM Relationships



FY19 Vendor Strategy

Pharmacy Benefits Administration

	Active & Non-Medicare	EGWP
FY18 State	<ul style="list-style-type: none"> ▪ Six vendors ▪ Carve-in and carve-out arrangements 	<ul style="list-style-type: none"> ▪ Three vendors ▪ Carve-in and carve-out arrangements
FY19 State	<ul style="list-style-type: none"> ▪ ESI administers a single consolidated program for all members 	<ul style="list-style-type: none"> ▪ CVS administers a single consolidated program for all members
Key Advantages	<ul style="list-style-type: none"> ▪ Best in class financial guarantees ▪ Market leading suite of clinical and member engagement programs to match needs of The GIC ▪ Ability to communicate any changes to network or formularies to members being impacted by this change ▪ Strong implementation team and process supported by market leading implementation guarantees ▪ Strong references from current and past clients 	<ul style="list-style-type: none"> ▪ Best in class financial terms ▪ Minimize disruption to the Medicare population (including formulary and clinical programs) ▪ The Medicare population had significant changes over the past few years, most recently (July 1, 2017) the prescription drug coverage for most members was carved-out to CVS ▪ The GIC is pleased with the current CVS team and support

FY19 PBM Implementation

Focus on implementation and member transition

The Challenge

- Transition 322,000 active/non-Medicare members to ESI. Approximately 40% of these members would have a carve-out vendor for the first time
- Transitioning 105,000 Medicare members to CVS

The Approach

- Focused review of data and analytics
- Customized communications to all impacted members
- Specialty white glove engagement including telephonic outreach
- Transfer of open refills from incumbents
- Transfer of existing prior authorization
- Grandfathering members impacted by higher costs or exclusions for 6 months to allow for a smooth transition

The Results

- Smooth member transition
- High member satisfaction scores

The GIC's Pharmacy Landscape

	RFR Gross Costs Projections (\$M) <i>without rebates</i>	FY19 Actual Gross Cost (\$M) <i>without rebates or subsidies</i>
Commercial: ESI	\$553	\$520
Medicare: CVS	\$392	\$422
Total Pharmacy	\$945	\$942

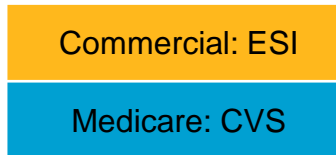
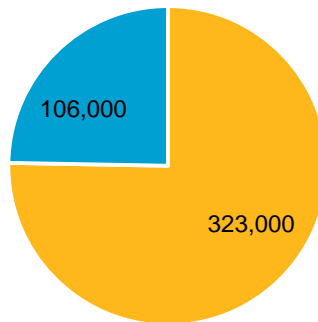
Pharmacy benefit is projected to account for 21.5% of total cost in FY19



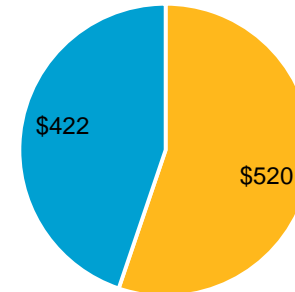
Key Insights

- Based on the data so far, the GIC is on track or ahead of plan compared to projected costs, in line with procurement savings estimates
- Discount savings accounted for approximately 33% of the RFR savings projections, while rebate savings accounted for the remaining 67%
- Rebate data will be available in January 2020 due to the lag in the collection process

Membership



FY19 Actual Gross Cost (\$M) *without rebates and subsidies*

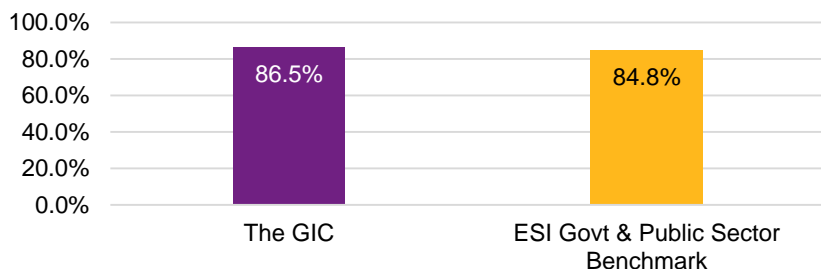


*Data based on Optum Warehouse July 1, 2018 through June 31, 2019 for all paid claims data exclusive of rebates and CMS rebates. Rebate information will be available in Jan 2020

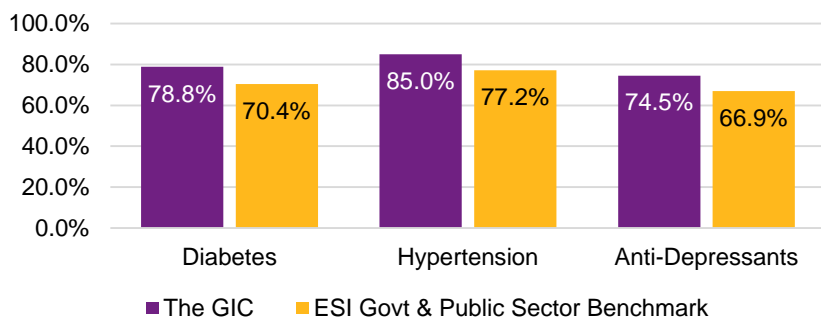
Key Performance Metrics – Commercial (ESI)

ESI connected with GIC members approximately 20,000 times per month

Generic Dispensing Rate



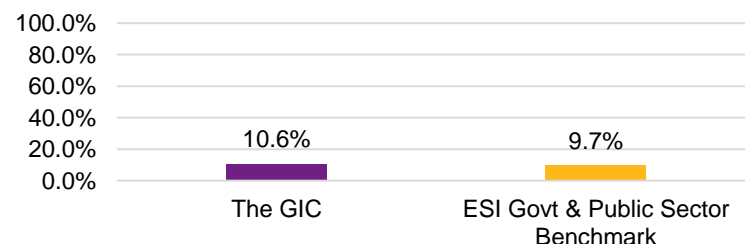
Members adherent based on optimal PDC*



Key Insights

- Member share consistent with other large Government peers and much lower than private employers (typically in the 15-20% range)
- Expected to drop year after year due to flat copay structure
- Higher generic dispensing rate validates efficiency of the plan design and PBMs ability to steer towards lower cost alternatives
- An increase of 1% in GDR roughly translated to 0.8 – 1% plan cost savings
- We continue to see better than average compliance rates for some of the key chronic condition medications
- Several initiatives currently in place to help drive higher compliance rates

Member Cost Share

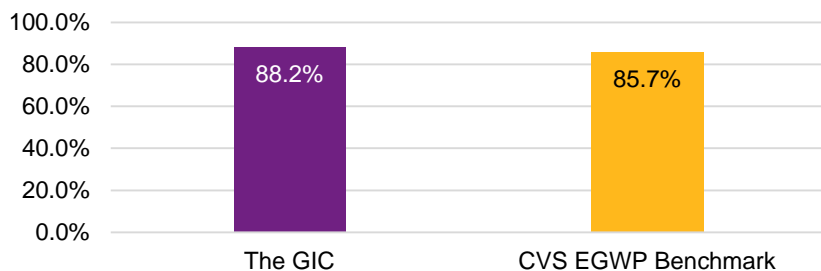


* PDC: Proportion of days covered calculates the ratio of number of days the patients is covered by the medication in a period to the total number of days in the period

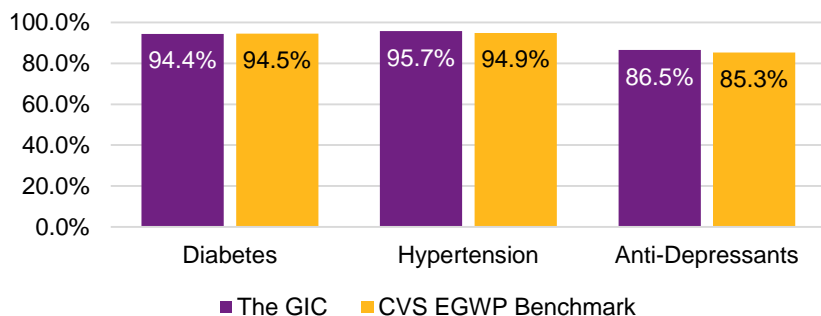
Key Performance Metrics – Medicare (CVS)

CVS connected with GIC members approximately 4,000 times per month

Generic Dispensing Rate



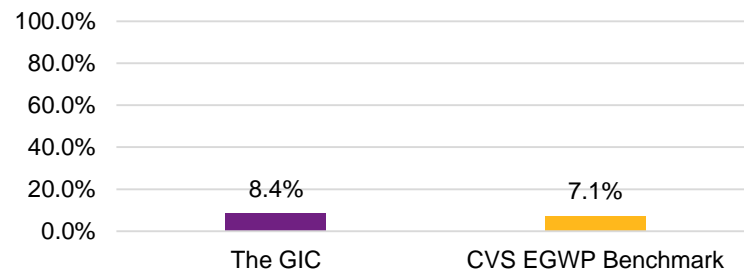
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- Higher generic dispensing rate validates efficiency of the plan design and PBMs ability to steer towards lower cost alternatives
- An increase of 1% in GDR roughly translated to 0.8 – 1% plan cost savings
- We continue to see adherence rates for some of the key chronic condition medications to be similar compared to other Medicare populations

Member Cost Share



* PDC: Proportion of days covered calculates the ratio of number of days the patients is covered by the medication in a period to the total number of days in the period

IV. CFO Update (INFORM)

- FY19 Year End Budget Summary

IV. CFO Update (INFORM)

Key Takeaway

- Claim payments were volatile over the last quarter. The timing of pharmacy rebates, year end billing, and seasonal utilization were contributing factors.

FY19 Q4 and FY19 Year End Healthcare Claims

Provider	April 2019	May 2019	June 2019	FY19 TOTAL
Beacon Claims	\$53,910	\$46,678	\$92,284	\$6,756,849
Caremark/ExpressScripts/SilverScript Claims	\$53,608,610	\$10,192,691	\$48,802,240	\$598,973,802
Davis Vision Claims	\$35,792	\$39,794	\$41,041	\$483,215
Fallon Health Claims	\$7,917,936	\$6,073,525	\$6,230,326	\$69,425,757
Harvard Pilgrim Claims	\$40,438,562	\$33,569,689	\$23,673,862	\$401,099,828
Harvard Pilgrim Medicare Enhance Claims	\$2,827,538	\$2,026,200	\$1,486,727	\$22,468,535
Health New England Claims	\$8,887,358	\$8,227,200	\$7,570,701	\$84,214,364
Neighborhood Health Claims	\$7,789,855	\$7,552,975	\$7,963,672	\$70,973,054
Tufts Navigator & Spirit Claims	\$38,585,620	\$48,967,069	\$30,968,078	\$469,427,477
Tufts Medicare Complement Claims	\$1,088,523	\$1,361,174	\$765,094	\$11,910,041
Unicare Claims	\$98,363,529	\$73,126,274	\$58,242,588	\$760,634,836
Other Costs	\$189,797	\$106,014	\$2,129,880	\$5,172,389
Monthly Total	\$259,787,029	\$191,289,284	\$187,966,492	2,501,540,148

IV. CFO Update (INFORM)

FY19 STATE SHARE EXPENSE FOR ALL ACCOUNTS Q4 and FY19 Year End				
	April 2019	May 2019	June 2019	TOTAL
Beacon Claims	\$42,300	\$36,708	\$67,686	\$5,269,311
Caremark/Express Scripts/SilverScript Claims	\$42,582,886	\$8,998,005	\$38,553,109	\$475,357,773
Davis Vision Claims	\$30,423	\$33,825	\$34,885	\$409,781
Fallon Health Claims	\$6,212,308	\$4,764,038	\$4,884,833	\$54,381,571
Harvard Pilgrim Claims	\$31,947,491	\$26,511,674	\$18,698,848	\$318,197,790
Harvard Pilgrim Medicare Enhance Claims	\$2,309,885	\$1,655,267	\$1,214,201	\$18,387,802
Health New England Claims	\$6,985,798	\$6,469,207	\$5,950,094	\$66,118,187
Neighborhood Health Claims	\$6,068,565	\$5,882,588	\$6,201,173	\$55,190,435
Tufts Navigator & Spirit Claims	\$30,474,127	\$38,656,223	\$24,447,858	\$368,455,373
Tufts Medicare Complement Claims	\$887,162	\$1,109,216	\$623,372	\$9,725,845
Unicare Claims	\$77,261,608	\$57,321,523	\$45,440,932	\$595,069,185
Other costs	\$189,797	\$106,014	\$2,129,880	\$5,172,389
Claims sub-total	<u>\$204,992,351</u>	<u>\$151,544,290</u>	<u>\$148,246,872</u>	<u>1,971,735,440</u>
Basic Life	\$821,475	\$820,030	\$822,223	\$9,851,564
Optional Life	\$0	\$0	\$0	\$0
HMO Premiums	\$112,608	\$112,608	\$112,770	\$11,530,415
Long-Term Disability	\$0	\$0	\$0	\$0
Dental	\$662,756	\$662,717	\$654,473	\$7,924,568
RMT Life	\$46,292	\$46,225	\$46,110	\$554,009
ASO Administrative Fee	\$6,472,527	\$6,679,056	\$7,001,601	\$79,851,256
Premiums sub-total	<u>\$8,115,658</u>	<u>\$8,320,636</u>	<u>\$8,637,177</u>	<u>\$109,711,812</u>
TOTAL	\$213,108,009	\$159,864,926	\$156,884,049	\$2,081,447,253

Monthly state (government) share of the claims reimbursements, premiums, and administrative fees for the 4th quarter of FY19 and year end.

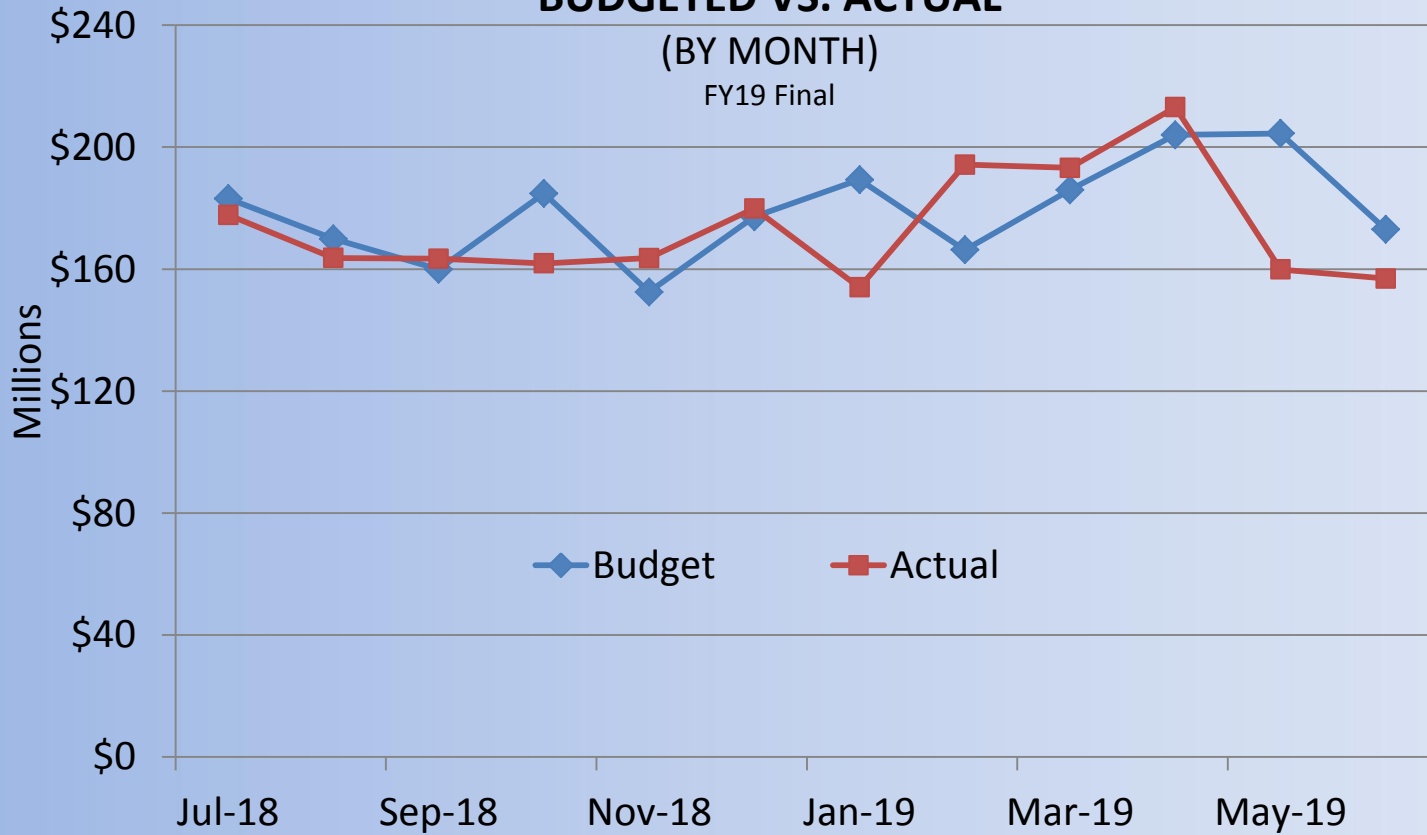
IV. CFO Update (INFORM)

FY19 EMPLOYEE SHARE EXPENSE Q4 and FY19 Year End				
	April 2019	May 2019	June 2019	TOTAL
Beacon Claims	\$11,610	\$9,970	\$24,598	\$1,487,538
Caremark/Express Scripts/SilverScript Claims	11,025,724	1,194,686	10,249,130	\$123,616,030
Davis Vision Claims	5,369	5,969	6,156	\$73,434
Fallon Health Claims	1,705,627	1,309,487	1,345,493	\$15,044,185
Harvard Pilgrim Claims	8,491,072	7,058,015	4,975,014	\$82,902,039
Harvard Pilgrim Medicare Enhance Claims	517,653	370,933	272,526	\$4,080,733
Health New England Claims	1,901,560	1,757,993	1,620,607	\$18,096,177
Neighborhood Health Claims	1,721,289	1,670,386	1,762,500	\$15,782,620
Tufts Navigator & Spirit Claims	8,111,493	10,310,846	6,520,220	\$100,972,104
Tufts Medicare Complement Claims	201,360	251,958	141,722	\$2,184,196
Unicare Claims	21,101,921	15,804,751	12,801,655	\$165,565,651
Other costs	0	0	0	\$0
Claims sub-total	\$54,794,678	\$39,744,994	\$39,719,621	\$529,804,707
Basic Life	219,006	218,793	219,652	2,623,809
Optional Life	3,747,074	3,741,010	3,742,918	44,004,117
HMO Premiums	19,872	19,872	19,942	2,324,056
Long-Term Disability	1,178,397	1,177,233	1,181,003	13,921,409
Dental	1,945,649	1,951,273	1,953,658	22,965,816
RMT Life	11,618	11,602	11,573	139,045
ASO Administrative Fee	1,761,816	1,760,290	1,776,238	21,415,191
Premiums sub-total	\$8,883,432	\$8,880,072	\$8,904,985	\$107,393,443
TOTAL	\$63,678,110	\$48,625,066	\$48,624,606	\$637,198,150

Monthly employee share of the claims reimbursements, premiums, and administrative fees for the 4th quarter of FY19 and year end.

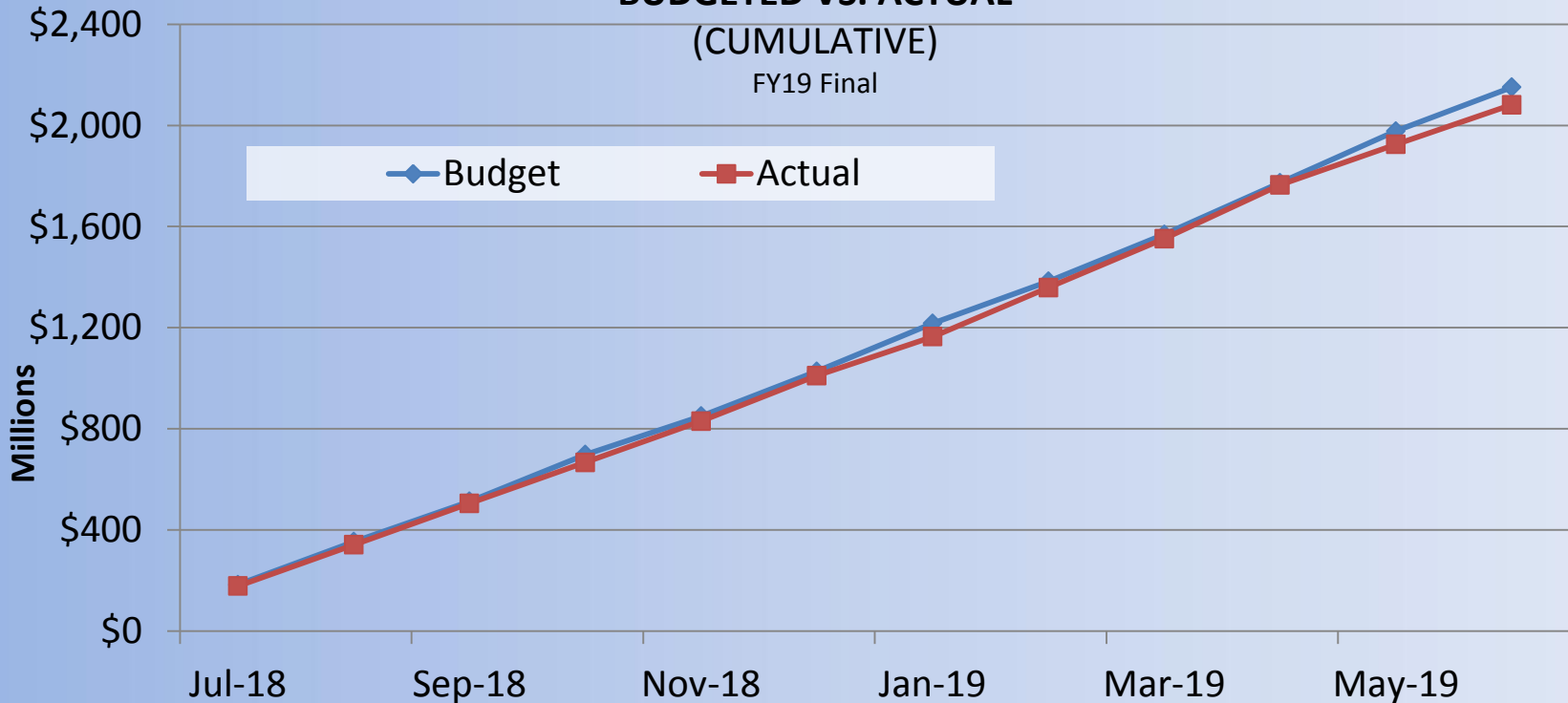
IV. CFO Update (INFORM)

GROUP INSURANCE COMMISSION CLAIMS BUDGET FOR ALL ACCOUNTS BUDGETED VS. ACTUAL



IV. CFO Update (INFORM)

**GROUP INSURANCE COMMISSION
CLAIMS BUDGET FOR ALL ACCOUNTS
BUDGETED VS. ACTUAL
(CUMULATIVE)
FY19 Final**



IV. CFO Update (INFORM)

FY19 STATE SHARE PREMIUM BUDGET FOR ALL ACCOUNTS As OF June 30, 2019				
	BUDGET	EXPENSES	Under/(Over) Budget	% VAR
Basic Life & Health Account #1108-5200 & #1599-6152	\$2,142,233,167	\$2,073,112,566	\$69,120,600	3.2%
Active Dental & Vision Benefits Account #1108-5500	\$8,334,349	\$8,349,665	(\$15,316)	0.2%
Total State Share YTD	\$2,150,567,516	\$2,081,462,231	\$69,105,284	3.2%

- The majority of the spending is in the accounts that provide basic life and health insurance for state and municipal enrollees
- The drivers of the 3.2% favorable variance to budget include lower June utilization, timing of June billing, and application of an additional pharmacy rebate.

V. Procurement Updates (INFORM)

- Audit
- Data Warehouse
- LTD/Life Consultant
- Other

VI. GIC Modernization (INFORM)

- Customer Relationship Manager (CRM)
- Document Management
- Call Center Operations

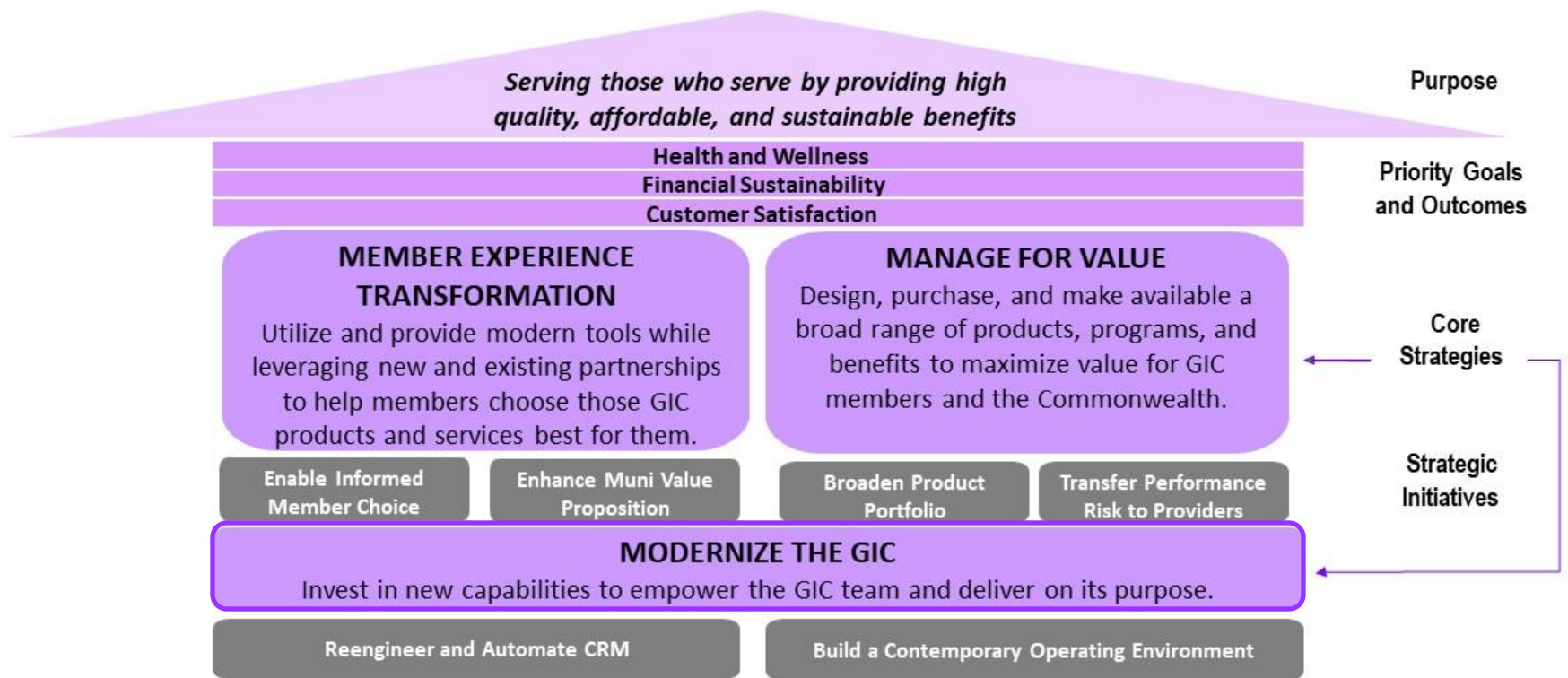
Commonwealth of Massachusetts



A&F/GIC Modernization: Commission Meeting Project Update September 19, 2019

EVOLVING THE MISSION

To position itself for future success, the GIC will follow three core strategies, enabled by a modern operational infrastructure.



SHORT-TERM: LAYING THE GROUNDWORK WITH ESSENTIAL MODERNIZATION

A Customer Relationship Management (CRM) tool incorporates 3 key elements that will enable transformation of the GIC front and back office, transitioning business functions from labor-intensive, paper-based processes to digitized, streamlined workflows.



Case Management (Salesforce)

Automatically manages case workloads and optimizes processing, allowing for real time case reporting and omni customer channel engagement.



Upfront Document Imaging (Databank)

Paper forms are scanned and uploaded upon receipt, allowing staff to use screen scrape (rather than manual input) to put customer information into MAGIC.



E-Form (DocuSign)

Enables benefit enrollment coordinators to submit member forms online and sign with digital signature.

Re-engineering and automating CRM will increase staff productivity and improve the customer experience, creating a more contemporary and effective operating environment and laying the groundwork for continued modernization and strategic initiatives.

SHORT-TERM: LAYING THE GROUNDWORK WITH ESSENTIAL MODERNIZATION

GIC's Customer Relationship Management (CRM) tool set incorporates **4 key elements** that will enable transformation of operations (call center and processing teams), transitioning business functions from labor-intensive, paper-based processes to digitized, streamlined workflows.



Case Management (Salesforce)

Automatically manages case workloads and optimizes processing, allowing for real time case reporting and omni customer channel engagement.



Upfront Document Imaging (Databank)

Paper forms are scanned and uploaded upon receipt into Salesforce providing staff electronic form processing capability (rather than manual input) of customer information into MAGIC.



E-Form (DocuSign)

Enables benefit enrollment coordinators to submit member forms online and sign with digital signature. Improved form submission accuracy, rules driven fields.



Call Recording (Mitel)

Calls recorded for improved understanding of the members service experience and agents quality assurance

Re-engineering and automating CRM will increase staff productivity and improve the customer experience, creating a more contemporary and effective operating environment and laying the groundwork for continued modernization and strategic initiatives.

A&F/GIC Systems Implementation - CRM Eform Project

Milestone Status



DONE	IN PROGRESS	TO DO
7. Project Kick-off Tuesday, September 10	8. Discovery and Design End of September	9. System Integration October to Early November
6. Project Team SME's: GIC, A&F IT Implementation: CarahSoft/MTX		10. User Acceptance Testing (UAT) Mid-November
5. Contracts Renewed Databank (Doc scanning) Mitel (Call recording)		11. Training End of November
4. Licenses Procured Salesforce (CRM) DocuSign (Eforms)		12. Go Live December 2019
3. Executive Sponsorship A&F/A&F IT/GIC		13. Warranty/Support Through February 2020
2. Capital Funding (\$750K) Secretary for A&F		
1. Project Approval Secretary for A&F		

VII. In Closing

Other Business

- Governance Sub-Committee Meeting immediately following the Commission Meeting

VII. In Closing Out & About



VII. In Closing

Wrap Up & Discussion

APPENDIX

- Commission Members
- GIC Leadership Team
- GIC Goals

Members

Valerie Sullivan (Public Member), Chair

Bobbi Kaplan (NAGE), Co-Chair

Gary Anderson, Commissioner of Insurance

Elizabeth Chabot (NAGE)

Adam Chapdelaine (Massachusetts Municipal Association)

Edward Tobey Choate (Public Member)

Christine Clinard (Public Member)

Tamara P. Davis (Public Member)

Kevin Drake (Council 93, AFSCME, AFL-CIO)

Jane Edmonds (Retiree Member)

Joseph Gentile (Public Safety Member)

Michael Heffernan, Secretary of Administration and Finance

Eileen P. McAnneny (Public Member)

Melissa Murphy-Rodrigues (Massachusetts Municipal Association)

Anna Sinaiko (Health Economist)

Timothy D. Sullivan (Massachusetts Teachers Association)

Vacant (Public Member)

GIC Leadership Team

Roberta Herman, M.D., Executive Director

Joan Matsumoto, Chief of Staff

Joseph Healy, Deputy Director

Andrew Stern, General Counsel

James Rust, Chief Fiscal Officer

Brock Veidenheimer, Senior Human Resource Business Partner

John Harney, Chief Information Officer

Paul Murphy, Director of Operations

Linnea Walsh, Director of Marketing and Communications

Mike Berry, Director of Legislative Affairs

GIC Goals

- Provide access to high quality, affordable benefit options for employees, retirees and dependents
- Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates
- Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts healthcare market
- Evolve business and operational environment of the GIC to better meet business demands and security standards