

GROUP INSURANCE COMMISSION MEETING
Thursday, February 11, 2021
8:30 A.M. – 10:30 A.M.

Meeting held remotely through online audio-video platform (ZOOM), accessible
through YouTube

MINUTES OF THE MEETING

NUMBER: Six Hundred Fifty-eight
DATE: February 11, 2021
TIME: 8:30 a.m.
PLACE: The Meeting was held telephonically

Members Present:

VALERIE SULLIVAN (Chair, Public Member)
BOBBI KAPLAN (Vice Chair, NAGE)
MICHAEL HEFFERNAN (Secretary of ANF) Designee Cassandra Roeder
GARY ANDERSON (Commissioner of Insurance) Designee Rebecca Butler
ELIZABETH CHABOT (NAGE)
ADAM CHAPDELAINE (Massachusetts Municipal Association)
EDWARD T. CHOATE (Public Member)
CHRISTINE HAYES CLINARD, ESQ. (Public Member)
TAMARA P. DAVIS (Public Member)
GERZINO GUIRAND (Council 93, AFSCME, AFL-CIO)
JANE EDMONDS (Retiree)
JOSEPH GENTILE (AFL-CIO, Public Safety Member)
PATRICIA JENNINGS (Public Member)
MELISSA MURPHY-RODRIGUES (Massachusetts Municipal Association)
TIMOTHY D. SULLIVAN (Massachusetts Teachers Association)
ANNA SINAIKO, Ph.D. (Health Economist)

Members Absent:

EILEEN P. MCANNENY (Public Member)

Call to Order

The Chair called the Meeting to order at 8:30 a.m. The Chair explained that the meeting was being held via audio and video conferencing, described the video capabilities being used, and noted that the meeting was being made public via simultaneous broadcast through YouTube. The Chair welcomed Gerzino Guirand and explained that Mr. Guirand was replacing Kevin Drake as the Commissioner representing the Massachusetts Public Employees Council, #93, AFSCME, Massachusetts State Labor Council, AFL-CIO.

I. Approval of Minutes

The first item on the agenda was approval of the minutes from the January 21, 2021 meeting. The Vice Chair made a motion to approve the January 21, 2021 meeting minutes, as presented, seconded by Commissioner Clinard. The vote was taken by roll call and passed unanimously.

II. Executive Director's Report

The Executive Director welcomed Commissioner Guirand and stated how his experience as a direct provider of care will provide a unique and valuable perspective to the Commission.

The Executive director explained that a written Executive Director's Report was provided to the Commissioners in advance of the meeting and that, as a time saving device, he will not review each item in the Report, but will highlight a few items and take questions from the Commissioners. He then reviewed the Meeting agenda.

- Calendar

The Executive Director reviewed the FY2021 calendar, reviewed the March items and discussed the plan rates vote and a one-year retrospective report. He stated that he will continue to work with GIC leadership to populate the agendas with useful reports for the Commissioners. The Executive Director discussed the possibility of providing reports on vaccine hesitancy and cost-drivers. He also discussed other report items including diversity, equity and inclusion, among others.

The Executive Director explained how the pandemic was impacting the GIC's move to One Ashburton Place. He noted the GIC was mindful of how the move was going to impact annual enrollment and how to keep employees safe during the pandemic. The Executive Director stated that move has been extended to June.

- YTD Budget and COVID Claims

The CFO stated that, as in past years, the usual CFO Report slides were not included due to the timing of the meeting and the availability of the data. He reported that, as of December, the GIC was \$97M favorable to budget, described January claims volatility, noted that the volatility was within expected tolerance levels, and that through January the GIC is \$91M favorable to budget.

The CFO discussed the post-holiday surge in COVID-19 cases. He compared COVID-19-related claims which were \$60M in January compared to \$14M in December and noted that summer and fall monthly claims were around \$8M to \$9M on average. The CFO stated that the total COVID-19-related claims were \$81M in FY21 and \$43M in FY20.

- Health Benefit Consultant Procurement

Denise Donnelly, Director of Benefit Procurement and Vendor Management, provided a status of the health benefit consultant procurement and informed the Commissioners that the procurement team anticipates providing their recommendation for a vote at the May meeting.

The Executive Director stated that he would take any questions on the Executive Director's Report. In response to a question from Commissioner Choate concerning the spike in the reported opened emails surrounding the financial wellness EAP, the Deputy Executive Director noted that there was no hard data available and that she would follow up with the Director of Marketing and Communications, Linnea Walsh.

The Executive Director asked the Commissioners if they preferred the new format for providing the Executive Director's report. The Chair stated that she liked the new format but would appreciate some oral review at the meetings and that doing so would help the Commissioners and the public. A discussion ensued where the Commissioners provided feedback on the new format, the timing of recommendations and votes, and other matters concerning the Executive Director's report.

III. Diversity, Equity and Inclusion

- Development of a GIC Diversity, Equity and Inclusion Agenda

The Executive Director stated that diversity is an important topic that he was unfortunately unable to address at prior meetings due to the meetings running over time. He explained that he would like to widen the lens of inequity in health care and look at data in a broader

context. He described how inequity in health care exists in Massachusetts, as in all states, and how it disproportionately impacts race. The Executive Director stated that the GIC can help dismantle the pernicious and persistent institutional racism that exists in health care. He stated that the critical first step is to determine how these inequities impact our members. The Executive Director emphasized the importance of data and explained the efforts that multiple state agencies were taking to obtain data to understand institutional racism in health care, in order to then take remedial action to combat such racism.

- Race and Ethnicity Data

Margaret Anshutz, Manager of Healthcare Analytics, noted that the data provided was part of a broader goal of identifying and then eliminating healthcare disparities, with a focus on race and ethnicity. She explained that the presentation was designed to show the healthcare industry's present status concerning data collection, the history of healthcare data, and the path forward. She noted the difficulty in obtaining data due to multiple stakeholder, multiple data systems, and the lack of standardization in data collection and reporting across stakeholders and systems.

Ms. Anshutz described how aggregate data can have inherent biases, provided examples, and noted the inherent unreliability of such data. She described the need for standardization in data collection and reporting across all stakeholders. In response to a question from the Chair, Ms. Anshutz described how one can analyze the data and solve certain problems, and described how missing data has led to current efforts at the local, state and federal level to improve data collection and reporting practices. Commissioner Edmonds commented on the report, stated that it was important to understand the backstory, the present status of race/ethnicity data collection in the healthcare industry, and how the industry is working to improve this reporting in order to enable efforts to identify and eliminate health disparities. She expressed her gratitude that this matter was being explored by the GIC under the Executive Director's leadership, that Ms. Anshutz continues to conduct a very detailed review of this data, and encouraged Commissioners to be patient and remain engaged as the GIC's leadership formalizes their approach to collecting the data necessary to address this complex situation.

Ms. Anshutz described how the GIC will collect race and ethnicity data, that initially we can impute membership race/ethnicity data, and then replace imputed data with self-reported race/ethnicity data gathered through myGICLink portal. She discussed the possibility of collecting race/ethnicity data from employers, but highlighted the associated ethical dilemma concerning the use of race and ethnicity data that was self-reported for separate and distinct

purposes. In response to questions from the Vice Chair, Ms. Anshutz described the ethics surrounding using pre-existing data for purposes other than the original, voluntary purpose and described the GIC's plans to engage members directly in order to obtain the required data. She also highlighted the need for a robust public affairs campaign to educate members on why the GIC will be asking them to self-identify their race and ethnicity and what the GIC and its health system partners will do with this data.

Ms. Anshutz provided an overview of the health disparities and provided examples. She described the need for additional data and noted that existing outcome metrics related to racial/ethnic disparities illuminates disturbing and unjust trends endemic in health care. A discussion ensued where the Commissioners provided their insight and concern over how the existing metrics reveal systemic racism, how the GIC can hold itself and others accountable for dismantling institutional racism, and noted that the GIC can address these issues in the procurement process or otherwise make improvements on behalf of their members. The Executive Director noted that the GIC has been working with carriers to understand their programs that specifically address social determinants of health care. He also discussed the GIC's recent conversations with diversity, equity, and inclusion experts at certain carriers and how such conversations were highly educational for all involved.

Ms. Anshutz discussed additional dimensions of healthcare disparities and the next steps in the process. Several Commissioners expressed their support for Ms. Anshutz's work. Designee Roeder discussed the initiatives other agencies are taking to gather data and how interagency cooperation will result in a better understanding of health disparities.

IV. Engagement Update

- Public Information Sessions Report

The Deputy Executive Director reviewed the statistics surrounding the four public information sessions and thanked the nine Commissioners who attended. She stated that there was an excellent response by members that was attributed to the GIC's communication efforts as well as the Commissioners efforts to inform their constituencies. The Deputy Executive Director reviewed the number of questions asked and discussed how the GIC was compiling all the questions to create a frequently-asked-questions document for dissemination. She then answered questions from the Commissioners concerning the increased participation and attendance, greater utilization of technology, and whether virtual sessions were the path forward. Several Commissioners expressed their views about the timing of these sessions in light of the occupational demands of certain member populations and thanked the GIC for creating a diverse set of days and times for these sessions. The Executive Director explained

how the public information sessions required a commitment from many of the GIC staff and he thanked them for making these sessions a success.

V. Out of Pocket Report, Part 2

The Executive Director reminded the Commissioners that the Out of Pocket (“OOP”) Report at the prior meeting was cut short due to time constraints and that Ms. Anshutz would provide additional information with a focus on highest OOP demographic and the drivers of those costs.

Ms. Anshutz discussed key characteristics of member households with OOP greater than \$10,000, noting that pharmacy and out-of-plan medical facilities are the common driver of these OOP costs. She explained that, of the 79 households with OOP greater than \$10,000, only one household responded to attempts at care management. She explained further that for households where pharmacy was the basis for these high OOP costs, obtaining medications outside the plan parameters was driving these high OOP costs. Ms. Anshutz described how the GIC believes that these members incurring such pharmacy costs were receiving assistance from other sources. A discussion ensued where Ms. Anshutz, Ms. Donnelly and the Executive Director responded to questions from the commissioners concerning how the GIC can mitigate costs for members experiencing high OOP expenses.

Ms. Anshutz reviewed cost drivers by category breakdown and described the challenges members have accessing behavioral health care in-network and the steps the GIC is taking to mitigate these challenges on behalf of members. She reviewed behavioral health OOP expenses for the entire GIC membership and discussed how alcohol-related and substance-related OOP expenses have high out-of-network costs. She then reviewed pharmacy OOP costs by therapeutic class of drugs. The Executive Director explained that the plan design change that the Commissioners will be voting on was designed to address the problem of member access and utilization of behavioral health services. He provided recent Health Policy Commission statistics that show encouraging utilization of behavioral health through telehealth services and some troubling statistics such as one quarter of pediatric behavioral health patients discontinued their treatment during the pandemic.

VI. Benefit Procurement & Vendor Management

- FY22 Plan Design

Ms. Donnelly described the recommended plan design change and how this change benefits members. She stated that the GIC did not recommended any changes that would increase member costs.

There being no questions, or further discussion the Chair asked for a motion to accept the recommendation to modify the non-Medicare plans' benefits to provide three no-cost, in-network, behavioral health telehealth visits per member per year. The Vice Chair made the motion, seconded by Commissioner Clinard. The vote was taken by roll call and the motion passed unanimously.

VII. Other Business/Adjournment

The Chair asked if there was any additional business before the Commissioners, there being none, the Meeting adjourned at 10:27 a.m.

Respectfully submitted,

A handwritten signature in blue ink that reads "Matthew A. Veno". The signature is written in a cursive style with a large, sweeping initial "M".

Matthew A. Veno
Executive Director

APPENDIX A

Additional materials distributed at or prior to the February 11, 2021 Commission meeting.

1. Executive Director's Report
2. Listening Session Report