Commonwealth of Massachusetts
Group Insurance Commission

*Your Benefits Connection*

# VENDOR QUALITY IMPROVEMENT

## A Report to the Legislature

## For Fiscal Year 2017

**September 30, 2017**

This report is submitted pursuant to Mass. Gen. Laws ch. 32A, § 21, which states as follows:

> The [group insurance] commission is hereby authorized and directed to establish and implement a vendor quality improvement program for purposes including, but not limited to: the evaluation and improvement of all health care services as applied to those contracts and the promotion of customer-oriented quality management techniques. Such program shall include long- and short-term objectives, quantifiable improvement goals, benchmarks for evaluating vendors and mechanisms to promote collaboration between the commission and health care vendors to improve health care services. The commission shall file an annual report with the clerks of the Senate and House of Representatives and with the governor not later than September 30 concerning such vendor quality improvement program.

Since its formation in 1955, the Group Insurance Commission (GIC) has remained focused on a central purpose: to provide Massachusetts state employees and retirees, and their dependents, with the highest quality health care at the most reasonable cost. With over 436,000 people currently covered under its benefit plans, the GIC has remained focused on that mission, seeking qualitative and quantitative value in each and every vendor relationship.

This report reflects a variety of quality improvement activities undertaken in FY2017 that comprise the oversight and action necessary for the Group Insurance Commission to fulfill its mandate.

## GIC STRATEGIC OBJECTIVES FY2017

The GIC's long-term objectives include providing high-quality, affordable benefit options to employees, retirees and dependents; limiting the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates; using the GIC's leverage to innovate and otherwise favorably influence the Massachusetts health care market, and evolving business and operational environment at the GIC to meet business demands and security standards.

To meet these objectives, and ensure that our vendors are aligned with our goals, the GIC takes a comprehensive approach to quality improvement. First, the GIC ensures vendor quality via competitive procurements. Second, the GIC routinely reviews the performance of its vendors via comprehensive performance standards and audits. Finally, the GIC collaborates with its vendors to create quality improvement plans and supports vendor-led initiatives in key strategic areas. In FY2017, these included improving the integration of behavioral and medical health care; promoting care coordination; addressing the opioid epidemic; helping members access more appropriate and cost-effective care; and improving customer service.

## PROCUREMENTS

The GIC regularly engages in health plan procurements and rate renewals, providing a systematic opportunity to routinely evaluate and improve our plans and their services. The procurement process is shaped both by expert consultants and the GIC's senior staff and is designed to ensure the selection of high quality services at competitive prices. As part of this process, the GIC negotiates the plans' rates; implements new plan designs and programs; and reviews and revises its contractual performance guarantees. We also pay particular attention to best practices, policy developments, legislative or regulatory mandates, and, of course, the needs and concerns of our diverse membership.

The GIC conducted two procurements in FY2017, for a healthcare consultant and a dental benefit:

### 1. Health Care Consultant Procurement – Willis Towers Watson

The GIC sought a world-class strategic partner to serve as a collaborative thought leader to assist the GIC as it planned future iterations of its medical, behavioral health and pharmacy benefit offerings. On November 23, 2016, the GIC issued a Request for Responses (RFR) to procure a consulting organization vendor to (a) complete an assessment of the GIC's major strategic initiatives and programs that will subsequently be part of a 5 year strategic framework; (b) conduct procurements for the GIC's medical and behavioral health benefits, a Pharmacy Benefit Manager (PBM), and an Employee Assistance Program (EAP) (d) manage the GIC's annual rate renewal process; and (e) provide ongoing consultation for the GIC's health benefits.

Willis Towers Watson (WTW) presented the GIC with a proposal distinguished itself from other bidders. The GIC health care consultant procurement team recommended, and the Commission voted to approve, a three-year contract with two one-year options to renew with WTW. The contract with WTW was signed on May 19, 2017, and the WTW engagement is underway. The current focus is providing consultation and support to the GIC as it manages its procurements. The results of these procurements will be shared in the FY2018 quality improvement report.

### 2. MetLife Dental Procurement

The GIC is authorized to provide dental and vision benefits to a specific subgroup of the active employees eligible for GIC benefits. This group consists primarily of managers, legislators and their staff, and certain executive office employees who are not covered by collective bargaining. The GIC also provides a separate retiree Dental benefit to all Commonwealth retirees as well as certain municipal retirees whose municipality elects to join the plan. The GIC conducted a procurement for a dental vendor in FY2017, resulting in a new three-year contract (with two optional one-year renewals) for MetLife, whose bid represented a 6.50% decrease in

costs in FY18 from FY17 while simultaneously enhancing the benefit on both plans. The details of these enhancements are described as follows:

(i) Reimbursement for members' Type I services (Preventive and Diagnostic) will not accumulate against the members' annual maximum. This change will encourage preventive maintenance and will allow the out of pocket maximum to be applied exclusively to other dental needs.

(ii) Periodontal Maintenance cleanings will be classified as a Type I service instead of a Type II service. This change will allow persons with diagnosed periodontal disease to obtain additional annual cleanings at a lower cost, thus preventing more expensive periodontal procedures.

(iii) The plans' lifetime Orthodontic Maximum will increase from $1,250 to $1,500. This change reflects increases in the cost of orthodontic treatment. In addition, the plans' annual calendar year maximum will increase to $1,500 for In-Network claims and $1,250 for Out of Network claims. This change will increase reimbursement while continuing to encourage the use of In-Network providers.

(iv) Out of Network claims in both the classic and the value plan will be reimbursed at the 90% percentile of Usual & Customary reimbursement. This change would correspond to industry standards and reduce reimbursement for members obtaining care from the most expensive out of network providers

(v) For retirees, the plan increased the Table of Allowance by approximately 5% targeting key procedures used most heavily by plan participants. This change will reduce plan participants' out of pocket costs for highly utilized services including exams and cleanings.

## GIC QUALITY IMPROVEMENT INITIATIVES

### Audit Findings

In FY2017, the GIC, via its vendor Truven Health Analytics (IBM Watson Health), conducted an audit of 100% of claims of Fallon Community Health Plan, Health New England, UniCare, and Beacon Health Strategies (GIC vendors that were not audited in FY2016). The method used tests all claims for modeled attributes, such as eligibility, plan design features, compliance with an administrator's policies and procedures, and industry practices. This 100% approach facilitates identifying hard-to-discover, systemic processing errors and potential overpayment recoveries.

The GIC is pleased to report that for FY2017, while there are areas where each plan can improve upon its performance in claims processing and operations, the audit showed that the GIC plans are well within industry standards and doing a good job paying claims accurately. It

also provides GIC with a more comprehensive view of vendor performance and a greater ability to recover funds and create broad improvements in quality.

**Reducing Medical Errors, Leapfrog's Hospital Survey**

The GIC has long been a supporter and participant in the Leapfrog Group, a nationwide coalition of large employers and payers pushing for improvements in the quality and safety of American health care.

Leapfrog's Hospital Survey, for which the GIC has been coordinating the Massachusetts survey activities, asks hospitals to voluntarily report information about their quality and safety. The results are then shared with purchasers and consumers, providing them both with information to make more informed decisions. Leapfrog's Hospital Safety Grade initiative assigns letter grades to hospitals based on their record of patient safety, helping consumers protect themselves and their families from errors, injuries, accidents, and infections. While data from the Leapfrog Hospital Survey is used in calculating the Hospital Safety Grade if available, response to the Survey is not required for a hospital to receive a Safety Grade.

In spring 2017, no Massachusetts hospital scored lower than C on the Leapfrog Hospital Safety Grade, a marked contrast to the rest of the country. Over 51% of Massachusetts hospitals received an "A" score, making Massachusetts eighth in the nation behind Maine, Hawaii, Oregon, Wisconsin, North Carolina, Idaho, and New Hampshire.

As of July 31, the Massachusetts hospital response rate to the 2017 Leapfrog Hospital Survey was 85.7%, which is an increase from this time last year when the response rate was 83.1%. The national response rate is 46.8%, which was an increase from 43.9% as of June 30 last year.

The 10 hospitals that declined to respond to the Leapfrog Hospital Survey as of July 31, 2017 are:

North Shore Medical Center - Salem Hospital
Boston Medical Center
North Shore Medical Center - Union Hospital
†Clinton Hospital
Massachusetts General Hospital
New England Baptist Hospital
Dana-Farber Cancer Institute
†Nantucket Cottage Hospital*
Martha's Vineyard Hospital
Athol Memorial Hospital

*Critical Access Hospitals are excluded from the Leapfrog Hospital Safety Grade program.
†Clinton Hospital and Nantucket Cottage Hospital are too small to receive a Leapfrog Safety Grade.

**Measuring Vendor Quality, Performance Guarantees**

The Group Insurance Commission holds its healthcare and behavioral health vendors to a set of performance guarantees. The performance guarantees measure plans' claims processing; customer service; implementation; enrollee communication; account management; data, systems and reporting; patient safety; and anti-competitive practices.

Customer service-related measures, with potential penalties of a combined $100,000 per year, include requiring vendors to answer calls within 30 seconds; have a call abandonment rate of less than three percent; respond to customer complaints within 30 or 60 days; and resolve 80% of complaints during the member's first call. The GIC routinely revises these metrics to incorporate feedback from our members and customer service staff.

Plans are evaluated on a quarterly basis, with financial penalties if vendors fail to meet the stipulated targets. The GIC reviews its performance guarantees annually to evaluate their efficacy and to consider new ones as appropriate.

## VENDORS IMPROVING QUALITY, CUSTOMER SERVICE AND ADMINISTRATION

**Unicare – Innovative Cost and Quality Initiatives and Pilot Programs**

- We have implemented a pilot program with Iora Health. Iora Health is a primary care based model that offers an alternative to the hospital-based ACOs. The program is primarily for non-Medicare members ages 55 and over who live in or around the Medford and Hyde Park areas. Iora has demonstrated the ability to manage cost and quality for high-risk segments of the population through improved clinical outcomes, decreasing unnecessary utilization, lowering costs and increasing member satisfaction and engagement. We have collaborated with some of our ACOs in a co-branded educational campaign to attributed members to reduce avoidable emergency room utilization and provide diabetic members with information and customized resources that are available to them from both the ACO and UniCare to ensure a consistent message. For example on the ER communication piece, it is customized for the particular ACO and lists the locations of their urgent care centers.

- In collaboration with Beacon, the deployment of the Psychotropic Drug Intervention Program (PDIP). PDIP is a quality management program that identifies medication related issues through claims review, analytics and clinical review. The program identifies members who are not adhering to the medication, taking too low of a dose or are receiving multiple drugs that may have an adverse effect when taken together. When an issue is identified, the member and provider receive notification and, if

appropriate, Beacon's clinical team reaches out to the member or provider to review the member's case and to discuss an action plan.

- Unicare claims auditing was enhanced to improve provider billing practices by implementing Orthonet, a targeted medical record review program for validating claim codes resulting in more claims being adjudicated consistent with actual services rendered. We also enhanced our DRG auditing program. All claims related to admissions paid on a DRG basis are screened and an audit of medical records is completed to re-code the DRG as appropriate. Both of these programs result in savings to the GIC and its members.

Unicare's Behavioral Health Integration Program Pilots

Unicare is committed to the maintenance and expansion of two pilots claims data sharing pilot with Beacon described further in this report:

1. Assessing the Needs of Members with Comorbid Medical and Behavioral Health Conditions and
2. Addressing the Opioid Crisis

Both Programs will be assessed on a quarterly basis and evaluated for expansion to incorporate additional chronic conditions or a larger number of members.

**Tufts – Integrated Care and Enhancing the Member Experience**

Tufts Integrated Care and Care Management

- In support of efforts introduced in FY16, Tufts Health Plan (HP) has worked in conjunction with Beacon to improve the integration of behavioral and physical health care. As a first step, Tufts HP began sharing full medical claims files with Beacon in February 2017 to enable Beacon's Quality Team to report to the GIC on a number of quality metrics.

- Tufts HP participated in a discussion with MASBIRT, an organization that trains providers on Screening, Brief Intervention, and Referral Treatment (SBIRT) and how to integrate the technique in their daily practice. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders (SUDs), as well as those that are at risk for developing these disorders. The discussion group, which included other health plans, identified potential ways to encourage the use of SBIRT and current barriers. A drafted 3 phase approach targeted the health plans' ACOs as an initial focus point for education and implementation of SBIRT. For Tufts HP, this was achieved through our IRBO (Integrated Risk Bearing Organization) Council Meeting during which MASBIRT presented,

encouraging our provider groups to incorporate SBIRT into their practices. Additionally, we included an article on SBIRT in our May 2017 quarterly provider newsletter to increase the scope of messaging to our provider network.

- On the clinical side, joint trainings take place quarterly between Tufts HP and case managers on various topics, including depression and diabetes, to ensure a high quality, integrated approach is practiced. Tufts HP and Beacon developed a monthly steering committee comprised of clinical and account management stakeholders, focused on key quality metrics to the meet the GIC's goal and determine plans to reach these goals. As a result of this increased collaboration, members' care management has improved in multiple ways:
  - Frequent calls between case managers for co-managed members (after every member call)

  - Increased referrals between the two organizations through a referral program:
    - Members managed by Tufts HP who have presented to the emergency department with a behavioral health diagnoses are referred to Beacon
    - Members managed by Beacon who have been identified as potential candidates for Tufts HP internal Disease Management program are referred to Tufts HP

<u>Tufts – Enhancing Member Experience for Diverse Communities</u>

The demographics of our region are changing at a rapid pace. As a health plan, we must respond appropriately to fulfill our mission, which is to improve the health and wellness of the diverse communities we serve. In Suffolk County, Mass., for example, more than half of the residents (52%) now identify themselves as ethnically diverse. Similarly, Worcester County, Mass., and Providence County, R.I., are both growing at a "majority minority" communities. Across the region, businesses large and small are employing an increasingly diverse workforce. Research also demonstrates that health disparities exist within these communities.

In response, we have established a company-wide Business Diversity program to strengthen and enhance the member experience for our diverse populations. Key areas of focus include the following:

- Supporting diverse communities through corporate giving and volunteerism, such as the Road to Wellness 5K and the Tufts Health Plan 10K for Women
- Recruiting and developing a diverse workforce through mentoring programs and cultural-competence training
- Providing opportunities for certified diverse suppliers to help us deliver innovative solutions
- Establishing culturally oriented clinical programs to address health disparities, such as diabetes

- Collaborating with providers who have expertise in serving diverse patients, such as Fenway Health for LGBT health
- Improving the member experience with multilingual offerings

Here's a closer look at how Tufts Business Diversity program is helping to improve the service we deliver:

- Over the past year, we've conducted training to advance our workforce's understanding of cultural competency. The training includes concepts in cross-cultural interaction as well as specialized topics, such as transgender health and mental health. In fact, more than 300 of our clinical and behavioral health care managers have been trained by the Fenway Health Center on transgender health.
- Over the past three years, we've invested more than $15 million in diverse suppliers, and the figure is growing. Our new online registration process helps engage diverse suppliers from a variety of fields, including consulting, professional services, IT, hardware and software, printing, promotional materials, temporary staffing, building services, and translation services.
- Tufts was named "Corporate Partner of the Year" by El Mundo Boston, recognizing our impact on the Latino community in 2016.
- Tufts received the 2016 "Excellence in Diversity Award" from the Providence Business News for our efforts to promote diversity, and, in particular, to support diverse communities in Rhode Island.

**Neighborhood Health Plan (NHP) – Clinical Management Transformation Initiative**

In FY2017, in an effort to provide a higher level of service to our members, NHP implemented a holistic, team-based approach to care. A fully integrated, multidisciplinary team enables patients and their providers to work together in the most effective manner. Through this new approach, Regional Care Management Teams have been formed and organized around provider groups. Each Team is led by a medical director and includes medical, behavioral health, and social care managers, and pharmacy and provider relations staff, with the provider/patient relationship as a focus. A maternal and child health team was also put in place.

The teams utilize high-tech predictive modeling that is monitored by clinical experts. The model facilitates timely decisions with flexible workflows and real-time data, and targets our most-at-risk and members of impact. The model also integrates disease, care, and utilization management (UM) activities to ensure a fully coordinated experience for members. UM staff focuses on the member and provider experience and aligns with the Teams for warm handoffs of high risk members. New transparency tools, including a daily aging list and a UM clinical Dashboard, support the model. Disease Management is included as a team within Care Management to increase collaboration between both teams and contact with members. To further ensure a high level of coordination, regional team members have been relocated within NHP offices so that they are in close proximity to each other.

NHP's Facts for Coordinators and Members

In March 2017, NHP created a "Fact-Sheet" for GIC Agency Coordinators. The Fact-Sheet includes key information on NHP coverage and network, as well as contact information that enable the Coordinators to contact GIC-trained Customer Services Representatives. The piece was designed to facilitate consultations and conversations between Coordinators and members on NHP offerings and to help Coordinators prepare for the GIC's open enrollment.

NHP created a similar direct mail piece that was sent to current and potential GIC members, as well as new members from the municipalities that joined the GIC from Hingham and Haverhill. The direct mail piece complements the Fact-Sheet and also includes information on coverage and NHP's network, as well as contact information.

Together, the GIC-specific pieces make it easier for members and those assisting them, to better understand their NHP plan.

Neighborhood Green – Improving the Member Experience, the Online Member Community

NHP is committed to obtaining feedback from our members that we use to guide us in improving our products and services. In FY2017, NHP launched an online member community, Neighborhood Green, to further this effort. Through this community, members are invited to provide ongoing feedback via surveys and discussions on a variety of health-care related topics, including NHP products, programs, services, and communications. NHP uses the information gathered from the community to respond to member feedback and to drive our strategy and direction as we move forward.

**Fallon – Making Communities Healthy**

From the very beginning, Fallon Health has remained true to one mission: *Making our communities healthy.* Fallon Health anticipates evolving health care needs and market trends to develop innovative, practical, common-sense solutions to improve health care quality and access for GIC members. These quality improvements include:

Reducing unnecessary ED and Urgent Care visits with telehealth

Inappropriate, avoidable use of the emergency department (ED) is an expensive indication of the opportunity to deliver better-coordinated, more comprehensive care. This program which was implemented in January of 2017 targets lack of access to timely primary care services as specific driver of preventable use by providing 24/7, on demand access to board certified providers via video, phone or mobile app. Teladoc provides medical services for ambulatory sensitive conditions such as allergies, bronchitis and other upper respiratory infections, ear infections, sore throats, rashes, etc. Teladoc doctors are US Board certified in Internal Medicine, Family Practice or Pediatrics and can prescribe short term medications but will not prescribe

controlled substances, psychiatric or lifestyle drugs. Members are required to pay a PCP co-pay and any cost sharing. Utilization of the services is slowly growing and satisfaction is high.

Reducing SNF utilization through use of dedicated case managers embedded in selected PHOs and the selection of preferred skilled nursing facilities

This program was initiated in 2016 with Harrington Hospital PHO and expanded to Heywood hospital in April of 2017 and to UMASS in June of 2017. Results show decreases in average length of stay at Harrington and Heywood. For example the average length of stay for Heywood decreased from its baseline of 14.98 in 2016 to 11.2 in the first 4 months following implementation. It is too soon to evaluate results at UMASS.

Development of an Intensive Care management program for Fallon members with substance use disorder.

Members with substance use disorders (SUDs) and a primary mental health diagnosis drive a disproportionate share of costs. Their most frequent diagnosis and corresponding costs are related to a physical health condition. In late 2016, Fallon partnered with our Behavioral Health vendor to develop an Intensive Care Management program for members SUDs. Using a traditional TME approach along with additional predictive analytics to identify and stratify members most at risk of behavioral health admissions this program will address chronicity and severity using best practice intervention individualized by the Substance Use Severity Continuum. This continuum looks at the categories of Social Use, Hazardous Use, Functional Dependence and Severe Dependency. The level of severity informs the interventions. We are working to get the program implemented in 2017. We believe that Medication Assisted Therapy (MAT) coupled with therapy and high touch models is linked to better long-term outcomes and improved recovery rate.

Opioid use prevention and treatment: Addressing barriers to treatment for substance use disorders

Fallon implemented the removal of any member cost share for generic prescription opioid antagonists for GIC members. This was a plan design change that the GIC made across all of their health insurance plans.

**Health New England – Medication Reconciliation and Transition of Care Programs**

HNE launched an opioid overuse and prevention and treatment quality program to improve opioid medication prescribing and dispensing practices and improve benefits coverage, delivery systems, payment mechanisms and provider networks for substance use disorder services to

ensure that effective treatments are available to members; and, increase engagement and retention in treatment. Interventions include:

- Medication Management: HNE uses a combination of quantity-level limits, prior authorizations and step-therapies for opiate management. In addition, there are drug utilization review (DUR) edits at point-of-sale to alert dispensing pharmacists of utilization alerts and include abuse deterrent opiates in our formulary.
- Case Management: HNE created a Substance Use Disorder (SUD) Case Management (CM) Program with social worker care managers. The CMs use condition-specific tools which provide guidance in assessment, care plan development, intervention and documentation of key actions needed and/or taken. SUD care managers are alerted of members admitted with a SUD. Medically-managed or monitored intensive inpatient detoxification services: HNE expanded the network of providers to include Licensed Alcohol and Drug Addiction Counselors (LADC) removed prior authorization requirements, and changed utilization management policies and procedures to be in line with Chapter 258.

HNE also launched a transitions of care program called "Pathway Home" and placed a care manager (CM) in its largest tertiary care hospital. The CM identifies and meets members with the highest risk of readmissions while they are still inpatient. The CM follows patience closely upon discharge and works with members and their families to assist in managing difficult transitions, which included medication reconciliations, helping establish care with providers, and assistance with durable medical equipment (DME) needs. The CM also provided motivational interviewing to encourage the member to follow their discharge plan. Member feedback has been very positive.

**Harvard Pilgrim Health Care (HPHC) – Reporting and Website Enhancements**

Reporting Enhancements

Our Medical Informatics/Health Services teams continue to improve upon the reporting suite developed to help IRBOs more effectively manage GIC members' care. Two recently enhanced reports include:

- The Quality management report -This report identifies gaps in care by producing a list of members who have not had the recommended preventive care for certain chronic conditions (e.g., diabetic members who have not an eye exam). This information enables IRBOs to conduct proactive outreach to schedule these preventive care visits. Enhancements this year included addition of the most recent service date and provider, to better ascertain the member's need for preventive care interventions.
- The Inpatient Census/Discharge Notification reports-These reports identify IRBO members who have recently been admitted to or discharged from a hospital. IRBOs can use this information to proactively outreach to patients regarding required follow-up care. For select groups, these reports have been formatted and posted to the secure server so that this information can be included in the group's master

inpatient/discharge list to identify members for prompt transitions of care interventions.

These reports provide an excellent complement to our existing provider reporting suite and are enabling IRBOs to reduce costs and improve the quality of care for the GICs' members.

HPHC Web-Site Enhancements

Harvard Pilgrim has significantly upgraded our member Web site (www.harvardpilgrim.org) to improve the online experience. The Web site offers user-friendly, task-driven features and a fully responsive web design that scales to any device, from a mobile phone to a full desktop. Upon log-in, personalized content such as status of claims and deductibles and required copayments, are provided based on the member's specific benefit plan. We are also proud to be in compliance with accessibility standards to ensure content can be accessed via screen readers and to the sight impaired.

Our website is built around a research-based strategy to deliver on five primary experience goals:

1. **Gain My Trust:** Provide information to members that is correct, valuable, pertinent and timely.
2. **Fix My Frustration:** Managing health care can be a complicated and frustrating process. Harvard Pilgrim is a partner that helps members find understanding, guidance and solutions as they manage their health.
3. **Save My Time:** Efficiency, convenience and ease of use are highly valued. Provide the tools and functionality that allow members to perform tasks successfully and effortlessly.
4. **Save My Money:** Educate and encourage members to make the right decisions for their well-being and their wallets.
5. **Understand My Situation:** Provide members with an efficient and intuitive online experience by giving them the data and functionality they need and want, fitting their specific situation.

The new Harvard Pilgrim Web site delivers a much improved, personalized experience for our members, enabling them to get quick access to easy-to-understand information they need to effectively manage health care for themselves and their families, and to take advantage of the myriad of benefits, programs and services they receive as Harvard Pilgrim members.

**Health New England – Enhanced Customer Service**

HNE began surveying members in order to capture our Net Promoter Score (NPS). NPS is a standard measure used across several industries, including health care that measures the likelihood that a customer will recommend your company's product or service to a friend or colleague. Capturing and understanding the level of satisfaction our members experience when

interacting with HNE is an important component of our overall Service Excellence and Customer Experience strategy to deliver a high-quality, efficient, member-centered experience.

In 2017, HNE will:

- Develop a NPS tracking and trending reporting package
- Conduct an NPS benchmarking study to other health plans
- Design and deploy NPS basics training to management and all associates

In addition, HNE launched a new member portal in 2016 and continues to enhance its functions. Improvements include:

a. Simplified user interface and navigation.
b. Link to Teladoc for telehealth services.
c. Provided direct access to information based on customer concerns through dashboard.
    i. Deductible amounts
    ii. Recent claims
    iii. Benefit details

**Beacon Health Options – Behavioral Health and Employee Assistance Program Service Enhancements**

<u>Integrated Care and Quality Enhancements</u>

- This year, Beacon implemented a Psychotropic Drug Intervention Program (PDIP). The PDIP program is a quality pharmacy management program that identifies medication-related problems though claims review, analytics, clinical analysis and health informatics. Our analysis reveals potential problems such as medication non-adherence, sub-therapeutic dosing of certain medications, as well as signs of uncoordinated care. By sharing our findings with both members and prescribers we help to alert them of possible issues, and therefore, increase the quality of care that our members receive.
- Also established in FY2016 were three clinical quality metric programs: An Experience of Care and Health Outcomes member survey process for both Inpatient and Outpatient treatment, a member survey that evaluates members' experience with treatment, and a process to ensure that medication reconciliation is completed when a member discharges from the hospital.
- We have enhanced our data sharing and information exchange by collaborating with UniCare to implement a data sharing pilot that identifies members through medical claims that UniCare receives with a behavioral health diagnosis. Beacon has also managed a Steering Committee, having meetings with both Health Plans to ensure that all parties are collaborating to ensure coordinated care for our members, that will in turn, improve the quality of care that our members receive.

- Beacon has recently expanded our network in a couple of ways that could result in improved service for our members. First, we implemented a Telehealth program using the vendor American Well. Telehealth is online video-based counseling between members and providers and offers psychiatry visits, counseling sessions, and medication management. We are excited about this program and the options that it gives members to have behavioral services directly in their home, office, or anywhere they have internet access.
- We have also just completed an expansion project where we brought approximately 70 high quality specialty facilities all across the United States into the Beacon network.

Addressing the Opioid Epidemic – A collaboration among UniCare State Indemnity Plan, CVS/Caremark and Beacon Health Options

Beacon Health Options (Beacon), CVS/Caremark and UniCare State Indemnity Plan (UniCare) have begun collaborating to address opiate abuse. In their work as the pharmacy benefit manager, CVS/Caremark currently monitors prescription data for signs of overuse, including members receiving opiate prescriptions from multiple physicians, members on high doses of opiates, or prescribed multiple kinds of opiates. CVS/Caremark then intervenes and educates prescribers to ensure that these prescriptions are appropriate.

Through our collaboration, CVS/Caremark is now sharing these reports with UniCare and Beacon. UniCare has added medical claims data to this report, including medical cost, diagnoses, risk scores, number of medical admissions, number of emergency room visits, and the presence or absence of a pain syndrome, cancer or behavioral health diagnosis. Beacon is also adding to the report the following data: behavioral health claims cost, history of inpatient, diversionary, and outpatient visits (including cost breakdown for each type of treatment), behavioral health diagnoses, and history of (or current) Beacon case management.

Once the data is compiled onto a report, an evaluation will be conducted to determine the most appropriate intervention. This project is still under development; however, initial discussions have included utilizing this report to identify members for Beacon's behavioral health case management program and/or for UniCare's medical case management program. The team has also discussed sending educational mailings, as a possible intervention for some members, on topics including warning signs of opiate abuse, and how to seek substance use treatment.

**Davis Vision –Value Added Features and Security and Website Enhancements**

Value-added Features

- Effective 7-1-16, Davis Vision implemented an increased eyeglass frame enhancement with a retail value of $149.95 to all GIC active members and dependents when receiving services at a Visionworks location. Members who select an eyeglass frame above

$149.95 will simply be responsible for the difference, in which a 20% discount will be applied. This enhancement provides GIC members and their dependents access to 2/3 of the total store inventory!

- Davis Vision recent partnerships with Qualsight (LASIK surgeon locations) and EPIC Hearing, provides all Davis Vision members significant discounts on Lasik surgery and Hearing services and hardware. Any GIC/Davis Vision member may obtain more information on Qualsight's discounted Lasik services at any of the 900+ Qualsight locations in the country by calling 855-502-2020 or by visiting the Davis Vision web site.
- All Davis Vision members also have free access to over 5000 hearing provider locations in the country (over 100 in MA) and receiving significant savings on the top tier manufacturer brand devices and professional services through the EPIC Hearing Plan. Members may go to the Davis Vision web site to obtain more information or by calling 844-246-0544.

Improving Security

We have completed the 'big 3' audits – HIPAA, HITRUST, and SOC 1 & 2. The SOC 2, HITRUST, and HIPAA were all first time audits with successful, unqualified results. There have been several changes on the security front as well: de-identification of data in development and test environments, endpoint detection and response, and risk reduction in our user, administrator, and service account environments. We have also increased our monitoring and reporting capabilities to parse 'Dig Data', looking for threats and trends in the logging and monitoring of our IT ecosystems. We have gone past traditional logging to proactive hunting of threats as they occur. There also have been several reviews of the information system's infrastructure and data with the express intent of finding advanced persistent threats or items that may have been missed with our previous security technologies.

Website Enhancements Website navigation updates enable our members with improved functionality and more information readily available. The improved areas include:

- Reduced the number of clicks to reach the online tool the member is searching for.
- Added more robust, friendlier, and SIMPLE content (i.e. products and services page, Exclusive Collection page, etc.)
- New Calculators
    - Personal risk calculator – helps a member asses what health and vision conditions they may be at elevated risk for and what they should talk to their PCP about
    - ROI Calculator – as an employer, see what return you could yield on investing in a premium vision benefit for your employees
- Member Portal
    - Fully-supported .net code
    - Now mobile-friendly
- Updated colors and fonts to brand

- Vision Reference Library – Vision health and wellness content in a blog format, allowing users to subscribe and receive weekly health/vision content to their email inboxes.
- Video content on our YouTube page
- Facebook/twitter content with daily Facebook posts and tweets focused on vision

**Unum – Long Term Disability**

For fiscal year 2017, Unum in partnership with the GIC implemented a fully telephonic claims filing process for the Long Term Disability plan. By removing the paper claim form and allowing employees to initiate their claim telephonically, the claim filing process was simplified for employees, their care providers and Agency Coordinators. Employees simply call Unum to report their absence and Unum reaches out directly to care providers and Agency Coordinators for any necessary medical and employment information specific to that claim situation. This eliminates the need for Agency Coordinators and employees to gather and provide information that may not be relevant to the particular absence. Although we are still in the early stages of this change, we feel it will minimize late filed claims as employees gather information before contacting Unum and will ultimately reduce decision times as we facilitate the gathering of the appropriate claim materials.

## CONCLUSION

The GIC looks forward to our ongoing collaboration with our vendors to provide high-quality, affordable care to our members. Additionally, GIC actively seeks opportunities to engage and collaborate with other State Agencies and entities in the Commonwealth, a state rich with thought leadership in transformative health care. We hope that this report serves to inform and complement the work of our elected leaders and other health care stakeholders in Massachusetts.