



Commonwealth of Massachusetts Group Insurance Commission

VENDOR QUALITY IMPROVEMENT

A Report to the Legislature

For Fiscal Year 2020

September 30, 2020

INTRODUCTION

This report is submitted pursuant to Massachusetts General Law chapter 32A, § 21, which states:

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.

This report reflects a variety of quality improvement activities undertaken in Fiscal Year (FY) 2020 that comprise the oversight and action necessary for the Group Insurance Commission to fulfill its mandate.

GIC STRATEGIC OBJECTIVES

Since its formation in 1955, the Group Insurance Commission (GIC) has provided the Commonwealth's employees and retirees and their dependents with the highest quality benefits at a sustainable cost. With over 460,000 people currently covered under its plans, the GIC remains focused on that mission, seeking qualitative and quantitative value in each and every vendor relationship.

The GIC's long-term objectives are to serve those who serve by:

- Providing access to high-quality, affordable benefit options to employees, retirees and dependents;
- Managing the financial liability to the Commonwealth's taxpayers by keeping benefit costs to sustainable growth rates;
- Using the GIC's leverage to innovate and favorably influence the Massachusetts health care market; and
- Evolving GIC's existing business and operational environment to meet today's business demands, member expectations and security standards.

To meet these objectives and ensure that vendors are aligned with GIC goals, the GIC takes a comprehensive approach to quality improvement through:

- Competitive procurements;
- Regular reviews of vendor performance using comprehensive performance standards and audits;
- Collaboration with vendors to create quality improvement plans; and
- Supporting vendor-led initiatives in key strategic areas.

With the start of the Covid-19 pandemic in March, the GIC has redefined its approach to business operations and member services. The agency's efforts from March onward were focused on:

- Ensuring that members maintained access to coverage and that coverage complied with the Governor's executive order and aligned with all applicable Division of Insurance (DOI) bulletins for the commercial insurance market;
- Preparing and equipping GIC staff to operate remotely with full telephone and computer access;
- Operating without interruption to process member transactions and assist GIC members with their coverage needs;
- Conducting an extended two-month annual enrollment and launched fully digitized benefit decision guide and other communications for the first time.

In addition to responding to the pandemic and conducting day-to-day operations, the GIC accomplished the following in FY2020:

- Completed procurements for a life and long-term disability (LTD) consultant, and a dental and vision plan consultant;
- Completed a procurement for a conjoint survey consultant;
- Completed a procurement for a data warehouse vendor;
- Designed a pilot diabetes management program for launch on July 1, 2020;
- Analyzed options to provide increased life insurance coverage to retirees and options available to non-Medicare eligible retirees; and
- Identified an ambulatory surgical center that was overcharging GIC members and worked with vendors to curtail this behavior, resulting in savings to the Commonwealth.

PROCUREMENTS

To fulfill its mission of providing members with high-value care at the most reasonable cost, the GIC regularly engages in procurements and rate renewals, providing a systematic opportunity to routinely evaluate and improve plans and services. All GIC procurement initiatives are subject to Massachusetts public bidding laws and regulations and are designed to ensure the fair selection of high quality services at competitive prices. M.G.L. chapter 32A, § 4 further requires that all contracts for GIC benefits are in place for no more than five years.

Additionally, as part of this process, the GIC:

- Sets the plans' rates;
- Implements new plan designs and programs; and
- Reviews and revises its contractual performance guarantees.

As the state's largest health care purchaser, the GIC pays particular attention to industry best practices, monitors all relevant policy developments, and tracks legislative and regulatory mandates that affect its more than 460,000 members.

In FY2020, the GIC conducted three procurements for consultants to assist the GIC in procuring vendors for life and long-term disability (LTD) benefits and dental and vision consultants, and a vendor to manage the agency's strategically important claims data warehouse.

Life and LTD Consultant

It has been GIC standard practice for life and LTD insurance to conduct two separate procurements for two consulting firms. To streamline administration and contracting processes, the GIC decided to solicit bids that combined these consulting services.

In December 2019, the Commission approved the selection of Boston Benefit Partners (BBP) as the GIC's life and LTD consultant to support procurement of these benefits in FY2021.

Dental and Vision Consultant

GIC's enabling legislation specifically calls on the GIC to offer a combined dental and vision benefit, and for this reason, the GIC has conducted a single procurement for these consulting services.

After a competitive bidding process, in January 2020 the Commission approved the selection of Boston Benefit Partners (BBP) to support procurement of these benefits in FY2021.

Data Warehouse Vendor

The GIC's data warehouse holds 10 years of de-identified health claims data for its members. GIC's decision-making process relating to benefit design, strategic initiatives, population health, cost monitoring, and rate setting are all supported by reports and extracts from the data warehouse. After reviewing multiple proposals and completing several rounds of negotiations, Milliman's proposal emerged as the strongest and offered the Commonwealth the greatest value. At its June 2020 meeting, the Commission approved the selection of Milliman to provide GIC with data warehouse services and analytic support.

GIC QUALITY IMPROVEMENT INITIATIVES

Audit Findings

In FY2020, Claim Technologies Incorporated (CTI), a firm specializing in health plan audits, conducted claims audits of three of the six GIC health plan vendors on our behalf. These audits covered claims incurred from July 1, 2018 through June 30, 2019, paid through December of 2019 (FY2019 claims) for GIC members of AllWays Health Partners, Harvard Pilgrim Health Care and Tufts Health Plan. Note that each year the GIC alternates which health plans are audited, allowing the plans a year to work on improving in the areas identified by the auditor. The result is that all medical plans are audited over a two-year period.

The purpose of these audits is to determine whether:

- The plans followed the terms of their contracts with the GIC;
- The plans paid claims according to the provisions of the plan documents and those provisions were clear and consistent;
- Members were eligible and covered by the GIC's plans at the time they incurred services paid by the plans; and
- Any claim administration or eligibility maintenance systems or processes need improvement.

With the advent of the COVID-19 pandemic, CTI worked with the plans to complete almost all of the audit work remotely. However, there are a few audit components that can only be performed by having an auditor on-site including reviewing health plans' business practices. CTI plans to conduct the onsite review for all six GIC health plan vendors this coming spring (March/April 2021).

The GIC can report that, for FY2019, a number of areas exist where each vendor can improve performance in claims processing and operations. However, the audit showed that the performance for AllWays Health Partners, Harvard Pilgrim Health Care, and Tufts Health Plan was roughly average for financial accuracy (the percentage of claims dollars paid correctly) and for accurate claims processing and payment (the percentage of claims processed and paid correctly), and there were no significant negative findings.

Measuring Vendor Quality, Performance Guarantees

The GIC holds its health care and prescription drug vendors to a set of rigorous performance guarantees, which came into effect for new vendor contracts effective July 1, 2018. The performance guarantees measure plans' contract compliance, operational excellence, clinical performance and overall cost control.

The GIC reviews its performance guarantees annually to evaluate their efficacy and to consider new ones as appropriate.

As with most other operational practices, the pandemic disrupted vendor performance when measured against the guarantees. For example, with respect to clinical performance guarantees, benchmark data will deviate significantly from past years due to the substantial changes in health care utilization. For this reason, the GIC is working with its vendors to find a balance between holding them accountable for performance against guarantees and the reality of health care delivery, claims processing and member support during this unprecedented time.

VENDORS IMPROVING QUALITY, CUSTOMER SERVICE, AND ADMINISTRATION

PHARMACY BENEFIT MANAGERS (PBMs)

Express Scripts

Express Scripts Member Engagement

As the Pharmacy Benefit Manager for more than 100 million Americans, Express Scripts (ESI) has a unique vantage point on the current drug landscape, in Massachusetts and across the country, and was able to show that COVID-19 has had a significant impact across its book of business. Governor Charlie Baker, like many Governors, issued executive orders requiring health insurers and PBMs to ensure patients have access to care during the shutdown. In coordination with Express Scripts, GIC ensured that members had continued access to early refills of prescription drugs, in addition to increased flexibility for at-home delivery.

Express Scripts monitored the marketplace to ensure medications remained available to all of their customers, including GIC members. ESI supported GIC's Annual Enrollment activities with a Digital Health Fair, which provided members with an overview of the prescription drug plan through the GIC website following the cancelation of GIC in-person Benefit Fair events.

Other ESI member engagement activities include:

- Producing a flu vaccination awareness postcard mailer
- Conducting a Member Satisfaction survey, where member satisfaction scores improved from previous plan year (93% from 91%)

Express Scripts Technology Enhancements

Recent enhancements to the mobile app and web include:

- Innovative dashboard- Access to helpful tools without scrolling; responsive to any screen size
- Modernized Pricing Tool- Access to important drug pricing details, formulary status, and coverage details
- Enhanced Mobile App- Member feedback used to build more options such as bill payment choices, days' supply indicators and expanded profile details.

- Accredo Customer Service- 45% decrease in calls/per prescription from GIC patients since January 2020
- A 13 point improvement in Patient Net Promoter score since January 2020
- Accredo agent satisfaction scores are at an all-time high at 85% positive

Accredo Electronic Medical Record (EMR) Technology and Connectivity

Technology to streamline prescribing experience, reduce processing time and improve clinical care

Myaccredopatients.com:

- ✓ Prior authorization (PA) status and end dates on web
- ✓ Links to pharmacy-initiated electronic prior authorizations in the prescriber portal.
- ✓ Indication of which specific plan the PA falls under, medical vs prescription drug

These efficiencies resulted in 40% of doctor calls being avoided related to missing clinical and a two-day turnaround time savings and operational efficiency when EMR documents are obtained.

CVS SilverScript

For FY2020, CVS SilverScript made the following enhancements:

GIC Customer Care

SilverScript Customer Care reduced the interactive voice response prompts for members calling the dedicated GIC phone number to provide a more efficient experience for GIC Retiree members.

GIC Digital Initiative

- SilverScript initiated a paperless adoption campaign for GIC retirees to increase digital engagement and document adoption for GIC retirees, which has already resulted in a 7% increase in digital adoption
- Enhanced reporting capabilities

COVID-19 Initiatives

- Free delivery for GIC members from March until at least December 31, 2020
- Implemented disaster overrides for retirees, in place for the duration of the pandemic
- COVID-19 drive through testing for the public
- Implemented "COVID delivery" signature-less options

HEALTH INSURANCE VENDORS

The GIC provides and administers health insurance and other benefits to the Commonwealth's employees, retirees, their dependents and survivors. The GIC also provides coverage to participating municipalities, housing and redevelopment authorities' personnel as well as to retired municipal employees and teachers in certain governmental units.

GIC health insurance vendors have engaged in the following activities in FY2020 to support member health and wellness:

UniCare

UniCare has:

- Implemented its primary nurse care program, which assigns a primary nurse for members involved in complex case management to act as the first point of contact in coordinating care, answering questions, and providing other support services;
- Enhanced its health guide, an enhanced concierge member services program that is an integral part of UniCare's member engagement model. Through a combination of technology and analytics used to optimize member experience for those using web or phone-based customer service resources the health guides connect members to tools and resources to enhance their experience, delivers targeted education and refers members to their primary nurse and other clinical resources (e.g., social worker, dietician, physician, pharmacist) as needed.
- Introduced a new mobile health application called Mobile Health Consumer to provide a platform that addresses all aspects of a member's health – physical, emotional, and financial; and
- Launched a new digital welcome package for new members (DigiMag).

COVID-19 Response

UniCare responded to the COVID-19 public health emergency to ensure all members had access to real-time information and services, implementing these programs:

- Daily member engagement and addressing food insecurity during the pandemic: Care management nurses and health professionals performed daily member outreach calls for wellness, safety checks, COVID-19 education, and to discuss available resources – including Beacon, UniCare's behavioral health care partner, telehealth, 24/7 NurseLine, LiveHealth Online, Firefly Health, etc. – to help stay healthy during the pandemic.
- In addition, UniCare partnered with food pantries in several Gateway communities, including Lawrence, Haverhill and Lowell, to bolster food distribution efforts.
- UniCare also partnered with Aunt Bertha, a social care network connecting individuals and families to free and reduced-cost social services in their communities, to launch a site that makes it easy for members to find and access social services in their local community.
- In collaboration with Firefly Health, UniCare members were provided with unlimited use of Firefly's primary care and behavioral health services with no copays. Firefly's services include same-day virtual access to behavioral health assessment, care and support, integrated with primary care, proactive, personalized support for managing chronic conditions and achieving goals for weight loss, exercise and sleep as well as online COVID-19 tools and services
- UniCare also launched a COVID-19 micro-website to make resources and information easily available to members and providers.

Tufts Health Plan

With the insourcing of behavioral health care into the individual medical plans, Tufts Health Plan introduced its integrated behavioral health approach for GIC members. This consists of dedicated resources to focus on early intervention and alternatives to inpatient care, as well as a dedicated behavioral health phone line. Licensed clinicians develop individualized treatment plans, coaching strategies, and one-on-one outreach for high risk members.

Tufts Health Plan also:

- Entered into a Center of Excellence arrangement with Boston Medical Center's Grayken Center for addiction treatment;
- Designated New England Baptist Hospital as a Center of Excellence for hip and knee replacement surgeries, in recognition of the hospital's outstanding reputation and evidence-based results in those procedures. As an incentive for GIC members, those who meet the clinical criteria and elect to have their knee or hip replacements performed at New England Baptist pay no inpatient copayment;
- Instituted an optional text messaging service, called MyWire, for all its participants, which can offer reminders for preventive services, links to its mobile application, and promotional discounts; and
- In partnership with Shatterproof, a national non-profit focused on addiction treatment and its impact on the family, Tufts Health Plan implemented the eight "National Principles of Care" for addiction treatment, derived from the Surgeon General's Report on Alcohol, Drugs and Health, and backed by decades of research.

AllWays Health Partners

COVID-19 Response

AllWays Health Partners focused on ensuring GIC members were updated on news about benefits, coverage, and health as the COVID-19 pandemic struck. This included a communication mailed to all GIC subscriber homes with critical information about the resources and initiatives to support enrollees that included:

- A COVID-19 resource hub, which includes information on behavioral health and COVID-19 related scams;
- A dedicated phone line for COVID-19 related coverage questions; and
- COVID-19 assessment/screener tool, created by Mass General Brigham, added the member portal to help members to better understand symptoms and know when they should be evaluated for COVID-19.

Initiatives to support GIC's virtual Annual Enrollment

As the GIC moved to a virtual enrollment model, AllWays Health Partners quickly adapted to a full digital approach to ensure that GIC Coordinators and employees had the information they needed.

- AllWays sought to simplify the process for GIC coordinators to access key information during Annual Enrollment including the creation of an online GIC Coordinator Resource Center, and email communications
- AllWays made improvements to its member welcome kit, rewriting the guide's information to be more personalized, meaningful, and succinct based on insights and preference gathered through member research.
- The launch of the AllWays member app provides enrolled members with an easy-to-use tool to help members manage their health care coverage
- Expanded its provider network across Massachusetts and neighboring states.

Diabetes Prevention

In 2020, AllWays developed a new algorithm based on Centers for Disease Control (CDC) criteria to identify members who likely have prediabetes. Additionally, their health coaches became certified to run the CDC Prevent T2 curriculum with members. They are now conducting member outreach to those identified as being at high risk of developing diabetes and encouraging them to attend diabetes prevention programs in their area and/or engaging them in health coaching to improve health and reduce risk.

Harvard Pilgrim Health Care

COVID-19

Efforts undertaken by Harvard Pilgrim include the following:

- Enhanced access to care and provide relief to members, customers, independent primary care physicians and community health centers—including a commitment of more than \$7 million in COVID-19 relief grants and donations
- Established a COVID-19 Member Resource Center to help members easily find answers to questions
- Provided access to critical COVID-19 testing in communities, with the Harvard Pilgrim Health Care Foundation and ConvenientMD partnering together to open a drive-through, outdoor testing site at Harvard Pilgrim's Quincy corporate office location
- Launched a series of complimentary virtual offerings—called Living Well at Home—to support members' well-being, including webinars sharing useful, relevant tips and offering live mindfulness sessions led by their team of expert instructors.

Preserving the Member Experience

In the first quarter of 2020, as the organization made the switch to remote operations, Harvard Pilgrim's Member Services team successfully modified operational processes in order to maintain business continuity and preserve the member experience.

Introduction of the Collective Medical Technology Dashboard

As of late 2019, Harvard Pilgrim's Care Coordinators can use the Collective Medical Technology (CMT) dashboard for real-time identification of members with emergency department and inpatient utilization. CMT notifications help their Care Management team hone and improve the outreach timeliness. When appropriate, Nurse Care Managers redirect members to care settings that better suit their needs. CMT dashboard data has also been instrumental in their response to the current pandemic, notifying them of members admitted to emergency departments due to COVID-19.

Care Management App Enhancements

Wellframe connects members with a team of Harvard Pilgrim nurses, social workers and health coaches who can help answer questions and support member health through two-way messaging. In the third quarter of 2019, enhancements were introduced enabling members to now interact with Harvard Pilgrim Member Services representatives.

New Behavioral Health Hub

In May 2020, a new Behavioral Health Care resource hub was launched on Harvard Pilgrim's website. There, members can find information on behavioral health treatment options, common conditions, guidance on when to seek help, and assistance in finding a provider. Among the latest additions to this page is Sanvello—a self-help app that uses clinically validated techniques such as Cognitive-Behavioral Therapy (CBT) that work together to help individuals learn how to feel happier while building resiliency skills. The Sanvello offering supports members confronting issues such as anxiety, depression and grief, particularly timely during the pandemic.

Fallon Community Health Plan

Fallon Health made several improvements within its clinical operations area to better serve members in FY2020 including:

- Streamlined Member Appeals Units to provide expertise based on the member's specific program;
- Enhanced Prior Authorization process to allow for faster processing;
- Partnered with high tech imaging vendor to review and improve Prior Authorization outcomes; and
- Partnered with Magellan Health for Medical Benefit Drug Prior Authorization, claims edits and site of service.

New clinical programs launched in FY2020 include:

- A new opioid naïve day supply limit for 19 year and under to combat opioid overuse. This program limits the length of the first fill (when appropriate) to three days for members 19 and under or seven days for members over 19 years of age for immediate release, new, and acute prescriptions for plan members who do not have a history of prior opioid use, based on their prescription claims. A physician can submit a prior authorization request if it is important to exceed the seven-day limit
- A Health Promotions group that uses Text 180, a text messaging platform that offers targeted tobacco cessation outreach to members enrolled on the Quit to Win program
- A Partnership with Collective Medical, a health technology company that provides early notification of Emergency Department visits and Inpatient admissions and discharges supporting care coordination and comprehensive discharge planning for members in hospitals and post-acute facilities
- Enhanced the Fallon Health Grand Rounds Series by entering into a Joint Providership Agreement which enables them to offer continuing education credits for physicians, pharmacists, pharmacy technicians, nurses, nurse case managers and social workers. Fallon identified a practice gap in care delivered to highly vulnerable populations, classified as those plan members with complex medical problems and/or social needs. Each monthly session discusses health disparities in vulnerable populations and strategies to reduce these disparities.

Health New England

Health New England made several provider network additions, claims operations, member services, health services and reporting changes during FY2020.

- Negotiated three-year contract (2019-2021 inclusive) with the Baystate Health system and Cooley Dickinson PHO. This allows providers to focus on long term management of GIC members' health needs and GIC members do not have to be concerned with any major provider disruption
- Negotiated a major provider network expansion with Quest Labs to provide GIC employees with greater access to Quest services in all New England states
- Added multiple community based Ambulatory Surgery centers and Urgent Care Centers within the greater Springfield area to allow GIC members to receive care in settings that are lower cost alternatives to a hospital Emergency Department
- Joined with other health plans in the state to pilot a new web-based solution for processing all provider demographic changes so that both web-based provider directories and print based provider directories are accurate and up-to-date
- Improved and enhanced HNE's EDI capabilities with a third-party vendor to edit, price, and resolve Out of Network member claims. This new capability, accomplished with their business partner, MultiPlan, allows HNE to resolve out-of-network claims much more rapidly and eliminates any balance billing/surprise billing to the GIC member in the majority of cases

- Designed and implemented an improved, more efficient system for adjusting and reporting on appealed claims. When necessary, inappropriately priced or denied claims can be reprocessed quickly and accurately, which reduces balance billing issues for GIC members
- Enhanced reporting process for better automation and accuracy on the performance guarantees in 2019
- Added additional Member Service Representatives dedicated to GIC Line of Business workgroups
- Enhanced the GIC Pathway Home – on-site Care Transition Program to include additional acute and sub-acute facilities
- Implemented HNE Interdisciplinary Team Rounds with representation from Care Management, Utilization Management, Behavioral Health and Pharmacy to identify and address social determinants of health needs and facilitate coordination from one level of care to the next
- Implemented a COVID-19 assessment to educate at risk members on CDC/state recommendations, facilitate access to need medications, food delivery, care giver support, and evaluated for depression/anxiety and referred to behavioral health care management for support
- Enhanced risk stratification modeling to integrate claims, clinical, and social determinants of health (when available) data for improved identification of highest risk membership
- Further enhanced HNE's data warehouse so that it allows for self-service reporting, dashboard, and other visualization solutions.

ANCILLARY INSURANCE VENDORS

Dental and Vision

The GIC is authorized in state law to provide dental and vision benefits to a specific subgroup of 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. Employees of authorities, municipalities, higher education, and the judicial trial court system are not eligible for GIC vision or dental coverage.

MetLife

MetLife is the vendor for dental benefits, and continues to enhance online capabilities to deliver an outstanding member experience.

Members accessing the MetLife self-service portal, MyBenefits, via their smart phone can now use the procedure fee estimate tool, which allows them to understand their costs before receiving treatment. MetLife's online network provider lookup tools have been enhanced so that in addition to locating network providers members can access provider reviews.

MetLife provided a 25% premium credit to retirees for the months of April and May 2020 to support its customers and their members during the ongoing COVID-19 pandemic.

Davis Vision

Davis Vision is the vendor for vision benefits. During Fiscal Year 2020, Davis Vision upgraded its member website with enhancements to accessibility and ease of navigation. It also added an online billing feature, which provides real-time billing and claim data, export capability, and payment options, as well as offering a paperless alternative.

Flexible Spending Account

Active state employees who are GIC benefits eligible can save money by paying for qualifying health care expenses on a pre-tax basis. Enrollment in one of the GIC's benefit plans is not required.

Benefit Strategies

Benefit Strategies administers the GIC's Flexible Spending Account (FSA) programs. For FY2020, Benefit Strategies again offered fully electronic enrollment, for Open Enrollment, New Hire Enrollments, and Status Changes. Benefit Strategies also launched multiple online training sessions and presentations for both participants and coordinators alike. In response to the IRS' COVID-19 updates to regulations, Benefit Strategies worked with the GIC closely to accommodate these changes and create additional custom electronic forms to capture requested changes on behalf of the GIC FSA participants. Even with the current pandemic, participation has only decreased by 6.65% since the previous plan year.

Life Insurance

The GIC is responsible for negotiating, contracting for and administering group term life insurance benefits for active and retired state employees and certain retired municipal teachers. GIC offers a \$5,000 basic life insurance benefit for approximately 161,000 state employees and retirees with 75-90% of the premium contributed by the Commonwealth. This basic life insurance is coupled with basic accidental death and dismemberment insurance.

All Commonwealth of Massachusetts employees who have basic life insurance coverage may elect optional life insurance coverage with a matching amount of accidental death and dismemberment insurance. Retirees may continue or decrease their coverage but may not increase their optional life above the coverage they had at retirement. Employees and retirees pay 100% of the premium for this coverage. Approximately 59,941 employees and retirees are currently enrolled in the optional life insurance plan.

Retired Municipal Teachers (RMT) life insurance and RMT Life/Accidental Death & Dismemberment coverage varies from \$1,000-\$15,000, depending on the governmental unit from which the teacher retired. The retiree pays a small portion of the premium. Retired municipal teachers are not eligible for optional life insurance coverage through the GIC.

Life Insurance

The Hartford is GICs vendor for life insurance benefits. The Hartford removed some of the burden of the life claims process initiation from the GIC during the COVID-19 pandemic by automating the entire life claims process. In January, 2020, The Hartford began accepting electronic signatures from

beneficiaries on cases with the safe haven provision, expediting the claim process, enhancing the overall experience for beneficiaries by making it more seamless and direct. Also, The Hartford now recognizes electronic signature capabilities through DocuSign.

Long-Term Disability (LTD)

Unum administers GIC's LTD benefits. The GIC is responsible for negotiating, contracting, and administering a group LTD program for the active employees of the Commonwealth (employees of the municipal entities covered by the Commission are not eligible for this benefit). Approximately 40,494 employees are currently enrolled in the Commonwealth's LTD benefit.

For FY2020, Unum streamlined agency coordinator contacts, adding the direct link to the GIC website enabling GIC coordinators throughout the Commonwealth to access information to support member questions and inquiries as well as took steps to prevent errors during the member intake process.

CONCLUSION

There is no question that FY2020 presented unique challenges to the GIC. At the same time, the pandemic provided opportunities for the GIC to reimagine and enhance health care delivery, administration, measurement and engagement with its members. GIC also sought to deliver value for the Commonwealth's taxpayers through the integration of new efficiencies and harnessing of new technologies.

Among the most significant of its accomplishments is GIC's launch of its "myGICLink" initiative, which includes new Customer Relationship Management (CRM) and electronic signature (eSign) tools through Salesforce and DocuSign in December 2019. These new capabilities are already helping GIC staff and GIC Coordinators interact when it comes to our members' benefit changes and enrollments, streamlining the benefit enrollment and benefit change processes. GIC's new digital capabilities have proved essential in providing members with a faster, easier and nearly seamless benefit enrollment process.

In response to the pandemic, GIC extended its Annual Enrollment period to June 1, 2020, enabling GIC to fortify its online operations in the wake of the pandemic, and give members time needed to make changes to their health care and other benefits. GIC vendors responded to the challenge by moving to provide members with information through virtual channels.

This year, the GIC streamlined its procurement for life and long-term disability insurance consultants, moving to one procurement process for one consultant with expertise to manage GIC procurement for both of these coverage areas. GIC procured a new data warehouse provider that will improve our decision-making process relating to benefit design, strategic initiatives, population health, cost monitoring, and rate setting--all of which are all supported by reports and extracts from the data warehouse.

Additionally, GIC partnered with our health plans to support the piloting of several innovative programs to improve member care. These include one plan's development of a new algorithm based on Centers for Disease Control (CDC) criteria to identify members who likely have pre-diabetes supplemented with member outreach and education; the introduction of a Behavioral Health Care resource hub with information on behavioral health treatment options for members, and another plan's collaboration with Firefly Health, enabling its GIC enrollees unlimited use of its primary care and behavioral health services with no copays.

Looking ahead, the GIC will continue to monitor the rapidly changing health care landscape that, as a result of COVID-19, has seen seismic shifts, such as widespread acknowledgement of deep health care inequities, an uptick in telehealth utilization, attention to the importance of mental and behavioral health and connectivity to these resources while managing rising health care costs.