



# **Commonwealth of Massachusetts Group Insurance Commission**

## **VENDOR QUALITY IMPROVEMENT**

**A Report to the Legislature**

**For Fiscal Year 2022**

**INTRODUCTION**

This report is submitted pursuant to Massachusetts General 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 provided the Commonwealth's employees and retirees and their dependents with the highest quality benefits at the most reasonable cost. With over 440,000 people currently covered under its 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 Fiscal Year (FY) 2022 that comprise the oversight and action necessary for the Group Insurance Commission to fulfill its mandate.

## **GIC STRATEGIC OBJECTIVES FISCAL YEAR 2022**

The GIC's long-term objectives are four-fold:

- Provide access to high-quality, affordable benefit options to employees, retirees and dependents;
- Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates
- Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts health care market, and
- Evolve GIC's existing business and operational environment 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.

## **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 our plans and their services. All procurement initiatives executed by the Group Insurance Commission are subject to all Massachusetts public bidding laws and regulations and are designed to ensure the fair selection of high quality services at competitive prices. Section four of Chapter 32A of the Mass General Laws further requires that all contracts for GIC benefits are for no more than five years.

Additionally, 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.

## **GIC QUALITY IMPROVEMENT INITIATIVES**

### **Audit Findings**

In FY2022, the GIC, through its vendor Claim Technologies Incorporated, conducted an audit of 100 percent of claims of Point32 (Harvard Pilgrim and Tufts) and Mass General Brigham and the Medicare EGWP pharmacy benefits offered through CVS Silverscript. The audits covered FY2021 and FY2020 for the Medicare prescription drug plan offered to members enrolled in Tufts Health Plan's Medicare Complement, UniCare's Medicare Extension, and Health New England's MedPlus products.

The method tests all claims, such as for eligibility, plan design features, compliance with an administrator's policies and procedures, and industry practices. This approach facilitates identifying hard-to-discover, systemic processing errors and potential overpayment recoveries. 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.

The GIC is pleased to report that for FY2022, while there are areas where each vendor can improve upon its performance in claims processing and operations, the audit showed that the GIC vendors are well within industry standards for claims processing and doing a good job paying claims accurately. The overall results for this audit cycle were consistent with the results from prior years, which were also positive.

### **Measuring Vendor Quality, Performance Guarantees**

The Group Insurance Commission holds its health care 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**

### **PHARMACY BENEFIT MANAGER**

#### **Express Scripts**

Express Scripts continued to work with the GIC throughout the COVID pandemic, adjusting benefits as needed in response to mandates around vaccinations or other benefits. As vaccines became available, the decision was made to simplify their administration and make them billable to the plan (GIC) under the pharmacy benefit. This eased communications, as there was one phone number/website to disseminate, rather than work through each of the GIC's six medical carriers.

### **HEALTH INSURANCE CARRIERS**

In response to the COVID pandemic, changes to the GIC's medical plan design were made frequently, either at the behest of the GIC, to better serve its members, or in response to state or federal mandates. The GIC's medical carrier partners worked diligently with GIC staff to evaluate and implement each such initiative, as well as expanding behavioral health covered services for families with children or adolescents struggling with behavioral health issues. Access to telemedicine was also greatly expanded in response to the pandemic.

#### **UniCare**

UniCare introduced its Whole Health/Whole You initiative in FY22, aimed at offering increased support and guidance to members at various stages in life, from childhood wellness, prenatal and maternal care, to conditions affecting the elderly.

UniCare also introduced a new personal health app, Sydney Health, that allows members to see a virtual provider, as well as review their claims and payment histories.

#### **Tufts Health Plan & Harvard Pilgrim HealthCare (Point32 Health)**

With the merger of Tufts and Harvard Pilgrim into one corporate entity, they will be reported as such in this document. The Tufts and Harvard Pilgrim account management teams began working in coordination during FY22, which allowed for some streamlining of administrative processes between their respective organizations and the GIC.

Beginning in FY21, an experimental pilot program with Tufts was begun with OnDuo, a primarily web-based diabetes treatment company, that utilizes continuous glucose monitors and app-based software to help diabetics manage their condition in real time. During FY22, Tufts continued to report on participation and any measurable improvement in the cohort of members who participated in the OnDuo program.

### **Allways Health Partners**

For the GIC, Allways Health Partners continued its participation in member health fairs, with particular focus on members considering changing to the Allways Complete HMO medical plan. Allways Health Partners has also implemented a Transform Diabetes Care Program, which includes dedicated glucose monitoring and free counseling at CVS MinuteClinic locations. HealthCrowd is a text messaging platform that offers targeted reminders for necessary services, PCP contact information, and access to health coaching.

Other programs in place with Allways Health Partners are a partnership with PatientPing, a health technology company that tracks real-time claim events when patients receive care, including hospital admissions and emergency room visits. This allows for greater outreach and intervention for complex case management, redirection for high-frequency emergency room users, and creation of comprehensive discharge plans. Allways Health Partners also utilizes Clinical Navigators, who are certified case managers that are available to provide one-on-one support for nurse care management and facilitation of transition of care.

### **Fallon Health**

Effective at the end of FY22, Fallon Health made the independent business decision to exit the commercial (non-Medicare/Medicaid/Connector) medical insurance market. This action was not taken at the request of the GIC, thereby removing them from the GIC's portfolio of medical plans as of July 1, 2022.

### **Health New England**

Health New England worked swiftly to implement all COVID-related requests from the GIC, as well as modifying plan designs to harmonize benefits with other GIC carriers, and increase access to behavioral health resources for families.

## **ANCILLARY INSURANCE VENDORS**

### **Dental**

**MetLife**

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's dental vendor is Met Life.

MetLife continues to grow its network of contracted dental providers with a 10% increase nationally in its PPO network.

For the Active Dental programs, MetLife increases its allowed cleanings per year from two to three.

For the Retiree program, MetLife increased the reimbursement/allowable amount for ten of the most common procedures that participants receive, increasing the value of the plan for its membership.

**Vision****Davis Vision**

During Fiscal Year 2022, Davis Vision's parent company, Versant Health, was acquired by MetLife, thereby bringing both plans (dental and vision, which are always bundled for GIC members) under the same corporate umbrella.

**Flexible Spending Account****Benefit Strategies**

During Fiscal Year 2022, Benefit Strategies, LLC was purchased by Voya Financial, a large financial services firm with greater resources to support GIC members. This resulted in some small improvements in terms of communications.

**Life Insurance & Long Term Disability****MetLife**

As a result of the procurement conducted in FY21, the GIC's Life and Long Term Disability (LTD) products were awarded to MetLife, which resulted in reduced rates for many of our members. The integration of the two insurance products also allows for a smoother transition for members who receive LTD benefits and are therefore eligible for premium relief for their life insurance premiums.

**CONCLUSION**

FY2022 presented numerous challenges to the GIC, including a second virtual annual enrollment period, that was greatly aided and facilitated by the introduction of myGICLink and the member portal. The GIC was able to maintain its high service standards for its members, and adapt to rapidly changing conditions as needed, thanks to the dedication of its staff and carrier partners. Amid a rapidly changing health care market, GIC is committed to supporting health care innovation to benefit our members across the Commonwealth. This effort is driven through our ongoing collaboration with our vendors to continue to provide high-quality, affordable care to our members. Going forward, GIC will be focusing efforts to modernize its communication channels, shifting toward the use of digital communications as a way to better respond to and engage with our diverse membership and key stakeholders. Additionally, we are strengthening our collaboration with our carrier partners to align messaging and support member education and engagement. This includes working with our partners to promote greater use of digital tools, i.e. new mobile applications to enroll in and access health and other insurance benefits.