

Date: September 17, 2021
To: Group Insurance Commission
From: Matthew Veno, Executive Director
Subject: Executive Director's Report

Purpose: The purpose of this memo is to provide Commissioners with the monthly Executive Director's report in writing. Questions and comments from Commissioners on the content of this memo are welcome during this portion of the agenda.

HUMAN RESOURCES

Staffing Activity:

- Leslie de Leon has accepted an offer to join the GIC as **Communications Manager** and will start her new role on October 12. Leslie is joining the GIC from Boston University where she has developed both traditional and digital communication programs. Leslie will report to Erika Scibelli and she will lead communication initiatives across the agency.
- Janine Hynds has left the GIC in her role as Executive Assistant to become Executive Assistant for the Secretary at the MA Department of Transportation. We will miss Janine's many outstanding contributions at the GIC. Tansey Helmke has joined the GIC as a Temporary Executive Assistant to support the agency's activities in the short term while we determine the longer-term support required for the GIC.
- Lori Montefusco has accepted an offer to join the GIC as an **Office Support Specialist** on the Medicare Enrollment unit in our Operations team. Lori joins us from Anthem where she had Medicare experience and also interacted with GIC staff.
- Nicholas Vogler, Digital Engagement Manager, will be departing the Commission later this month for a new opportunity. While we will miss his exceptional talent, expertise and collegiality, we are prepared to transition job functions while we determine next steps.

Commonwealth Employee Vaccination Mandate:

- We are working closely with the Human Resources Division to ensure that GIC employees are in compliance with Governor Baker's Executive Order requiring Commonwealth employees to provide evidence that they are fully vaccinated, or receive an approved exemption, by October 17, 2021.

COMMUNICATIONS

Since the last meeting of the Commission, we have sent three EAP emails to GIC Coordinators in conjunction with our vendor. The July email focused on diversity and inclusion and shared tips on inclusive language as it relates to mindful communication within a diverse workplace. In August, we provided an email regarding transition back to the workplace, as many folks are feeling especially nervous about the topic. The communication focused on tips to reduce anxiety and ease transitions to in-person work and also made clear the importance of vaccination and continued use of personal protective measures. The most recent email, sent out earlier this month, also centered on returning to the workplace, but with a specific focus on caregiving resources available through the EAP, including

childcare, eldercare, and pet care resources.

LEGISLATIVE & MUNICIPAL UPDATE

The GIC Executive Team had a productive summer holding engagement meetings with legislative leadership and municipal partners on the upcoming procurement. The purpose of these meetings was to provide a broad overview of the GIC's insurance carrier procurement, identify key dates and milestones, and to elicit feedback as well as answer any questions. Our proactive outreach is receiving a warm reception from legislators and staff alike, including the following:

- Senate President Karen Spilka
- Speaker of the House Ron Mariano
- Senator Cindy Friedman and Representative John Lawn, Co-Chairs of the Joint Committee on Health Care Financing
- Senator Brendan Crighton, Senate Chair of the Joint Committee on Financial Services
- Staff to staff briefing with House and Senate Minority Leadership
- Senator Mike Brady and Representative Ken Gordon, Co-Chairs of the Joint Committee on Public Service

Upcoming meetings will include the following leaders and legislative groups:

- Senator Mike Rodrigues, Chairman of the Senate Committee on Ways & Means
- Representative Aaron Michelwitz, Chairman of the House Committee on Ways & Means
- Black & Latino Legislative Caucus
- Women's Legislative Caucus
- Legislative member & staff briefing

Another important part of our municipal constituency is a small group of independent insurance consultants and brokers. These professionals are retained by municipalities to advise them of their insurance options, evaluate their risk and market appeal, and facilitate the transition to a new carrier, or to or from the GIC. While nearly all GIC municipal members have consultants, these same consultants also have an abundance of non-GIC municipal clients so our engagement with this group has an added benefit of ensuring the men and women who work side by side municipal leaders on health insurance matters have a clear idea on the GIC's strategic direction. The GIC held a meeting this summer with a group of consultants that, combined, represent 50+ municipalities in July.

In addition to the July meeting, we have worked with our municipal partners on a data quality issue that arose at the end of the summer. The issue prevented some municipalities from receiving their claims data in a timely manner. This data is used by the municipalities to explore their options and to help decide whether to maintain GIC coverage or to seek coverage elsewhere. In working with the municipalities and the consultants, we have made an accommodation for those municipalities that were impacted and provided an additional opportunity to explore their options and make that decision again next year.

COVID-19 VACCINE:

TIME FRAME 12/22/2020 - 08/28/2021

	1st DOSE:	FINAL DOSE:	ALL DOSES:
Brand			
Moderna	21,841	21,758	43,775
Pfizer	36,503	36,176	72,896
J&J	-	-	5,471
Plan			
Fallon	1,728	1,697	3,590
Harvard	9,329	9,282	19,569
HNE	4,934	4,866	10,291
AllWays	2,761	2,788	5,834
Tufts	17,529	17,398	36,746
Unicare	22,063	21,903	46,112
TOTAL COVID VACCINE CLAIMS	58,344	57,934	122,142

COVID-19 VACCINE UTILIZATION

LINE OF BUSINESS: All CLIENT NAME: COMMONWEALTH OF MA GROUP CARRIER: All DRUG NAME: All STATE: All RELATIONSHIP: All

KEY METRICS

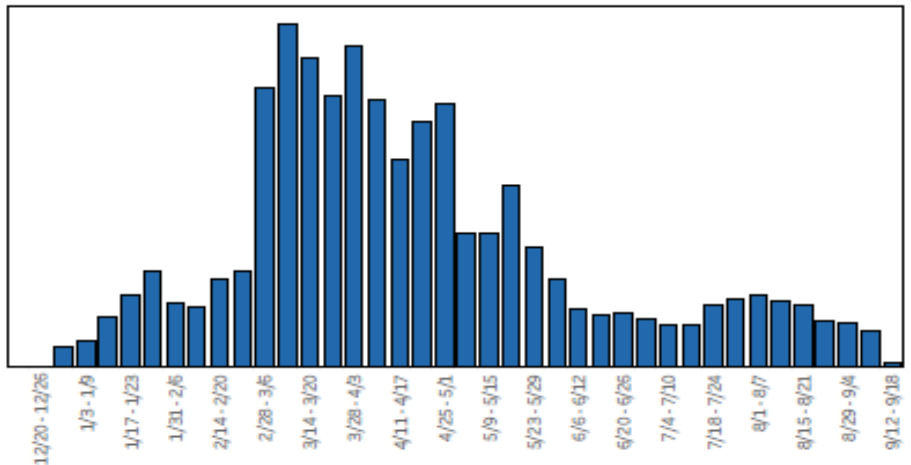
PATIENTS WITH 1 ≥ DOSES
70,479

DOSAGE STAGE BREAKOUT

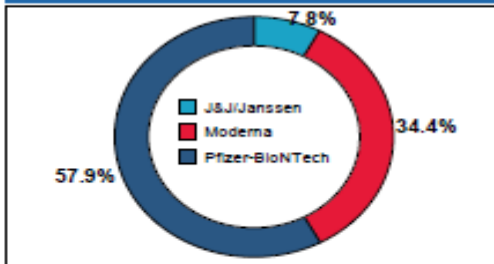
RECEIVED FIRST DOSE: 5,733
FULLY VACCINATED: 63,613
RECEIVED THIRD DOSE: 1,133

PATIENTS WITH ≥ 1 HIGHER RISK FACTOR
3,354 (4.8%)

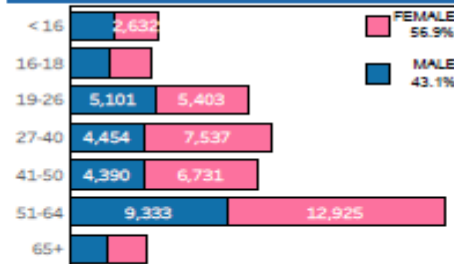
VACCINATIONS BY DAY



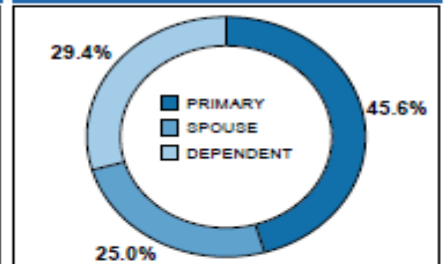
MANUFACTURER BREAKOUT



AGE/GENDER DISTRIBUTION



RELATIONSHIP BREAKOUT



Intelligence+ From Evernorth *Values excluding the Bar Graph are reflective of the entire time period since vaccine rollout (12/14/2020 to present).

ENGAGEMENT

Parallel with our legislative and municipal outreach efforts, we have also identified many other stakeholder groups and organizations to include as part of our ongoing engagement process.

- In July, the GIC hosted an in-person meeting with Steven Tolman, President of the Massachusetts AFL-CIO and representatives from the following unions: American Federation of Teachers, Mass. Teachers Association, NAGE, Mass. Retirees Association and AFSCME. This meeting not only featured a presentation regarding the upcoming carrier procurement but also a discussion of the AFL-CIO's legislative priorities.
- The GIC has many "sister organizations" that we work closely with on matters of policy, data exchanges, and market analysis. Another component to our external engagement strategy is bring these partners up to date on our strategic goals relative to the upcoming procurement. Earlier this month, we met with Louis Gutierrez, Executive Director of the Massachusetts Health Connector and staff to discuss our procurement strategy and hear his thoughts and suggestions. We continue to have ongoing dialogue regarding the procurement with our colleagues at the Health Policy Commission, the Center for Health Information and Analysis, the Massachusetts Health Connector Authority, and other intergovernmental partners.
- Upcoming engagement sessions will include Commissioners from the Massachusetts Health Connector Authority, the Health Policy Commission, and other experts within the health care industry.



**Commonwealth of Massachusetts
Group Insurance Commission**

*Your
Benefits
Connection*

Commission Meeting *September 23, 2021*



Agenda

	Topic	Speaker	Time
I.	Approval of 06/17/2021 Minutes (VOTE)	Valerie Sullivan, Chair	8:30-8:35
II.	Executive Director's Report (INFORM) <ul style="list-style-type: none">• Calendar• Human Resources• Communications/Legislation/Municipalities• COVID-19• Engagement / Conjoint Survey	Matthew Veno, Executive Director & Members of Senior Staff	8:35-8:45
III.	Engagement Review (INFORM)	Erika Scibelli, Deputy Executive Director	8:45-9:15
IV.	Specialty Drugs (INFORM)	Deven Shah, Willis Towers Watson	9:15-9:45
V.	Summary of Learnings (INFORM)	Margaret Anshutz, Manager, Healthcare Analytics, GIC	9:45-10:15
VII.	CFO UPDATE (INFORM) <ul style="list-style-type: none">• COVID claims update (INFORM)• Final FY21 Budget Results (INFORM)	Jim Rust, Chief Financial Officer	10:15-10:25
VIII.	Other Business/Adjournment	Valerie Sullivan, Chair	10:25-10:30

I. Approval of Minutes (VOTE)

Motion:

That the Commission hereby approves the minutes of its meeting held on June 17, 2021 as presented.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Cassandra Roeder
- Rebecca Butler
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Tamara P. Davis
- Gerzino Guirand
- Jane Edmonds
- Joseph Gentile
- Eileen P. McAnney
- Patricia Jennings
- Melissa Murphy-Rodrigues
- Anna Sinaiko
- Timothy D. Sullivan

II. Executive Director's Report (INFORM)

- Calendar
- Human Resources
- Communications/Legislation/Municipalities
- Office Move Update
- COVID-19
- Engagement / Conjoint Survey

Matthew Veno, Executive Director
&
Members of Senior Staff

II. Executive Director's Report: Calendar

Feb 11	Mar 4	Apr 15	May 20	Jun 17	Jul	Aug	Sep 23	Oct 21	Nov 18	Dec 16
Vote: FY22 Plan Design	Vote: FY22 Plan Rates	Vote: Health Benefit Consultant	Behavioral Health Challenges	HPC/CHIA Annual Cost Trends	No Meetings		Engagement Review	Conjoint Survey Review	Annual Stewardship Meeting Report	FY23 Preliminary Rate
Report: Out of Pocket	CVS Presentation Vaccine Hesitancy	Update: Engagement	Dependent Care Assistance Plan (DCAP)	Diversity, Equity, & Inclusion			Specialty Rx	COVID Report	Strategy Update	
Race & Ethnicity Data			Cost Drivers	Vote: Trust Funds			Summary of Learnings	Plan Audit		
Public Listening Sessions				Report: Annual Enrollment						
Annual Enrollment				Stakeholder Engagement						

III. Engagement Review (INFORM)

- Refresh: Engagement Objectives
- Meetings Held to Date
- Forthcoming Meetings
- Other Feedback Mechanisms
- Key Themes
- Next Steps

Erika Scibelli, Deputy Executive Director

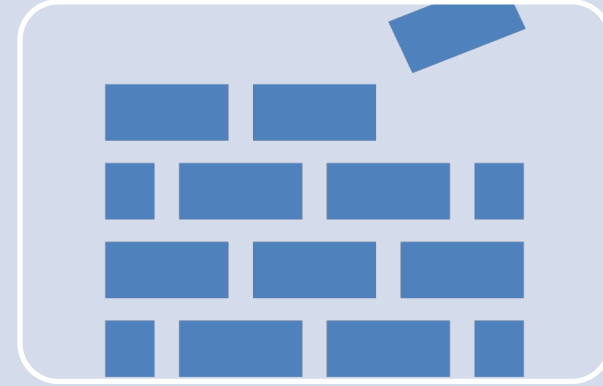
Refresh: Engagement Objectives



Clearly
communicate
GIC priorities
and timelines



Learn and
collect
feedback to
inform
strategy



Build
confidence in
an inclusive,
responsive
process

Engagement Meetings to Date

Legislature

House and Senate Leadership

House Committee on Ways & Means

Joint Committee on Health Care
Financing

Joint Committee on Financial Services

Joint Committee on Public Service

Republican Leaders' Offices

Intergovernmental Partners

Center for Health Information and
Analysis

Health Policy Commission

Health Connector

EOHHS

Other External Stakeholders

Labor Partners

Unicare

MassRetirees

Municipal Consultants

Intergovernmental & Legislative Partners

Health Policy Commission
Commissioners

Health Connector Board Members

Senate Committee on Ways & Means

Open Invitation Legislative Briefing

Other External Stakeholders

Additional Labor Partners

Carriers

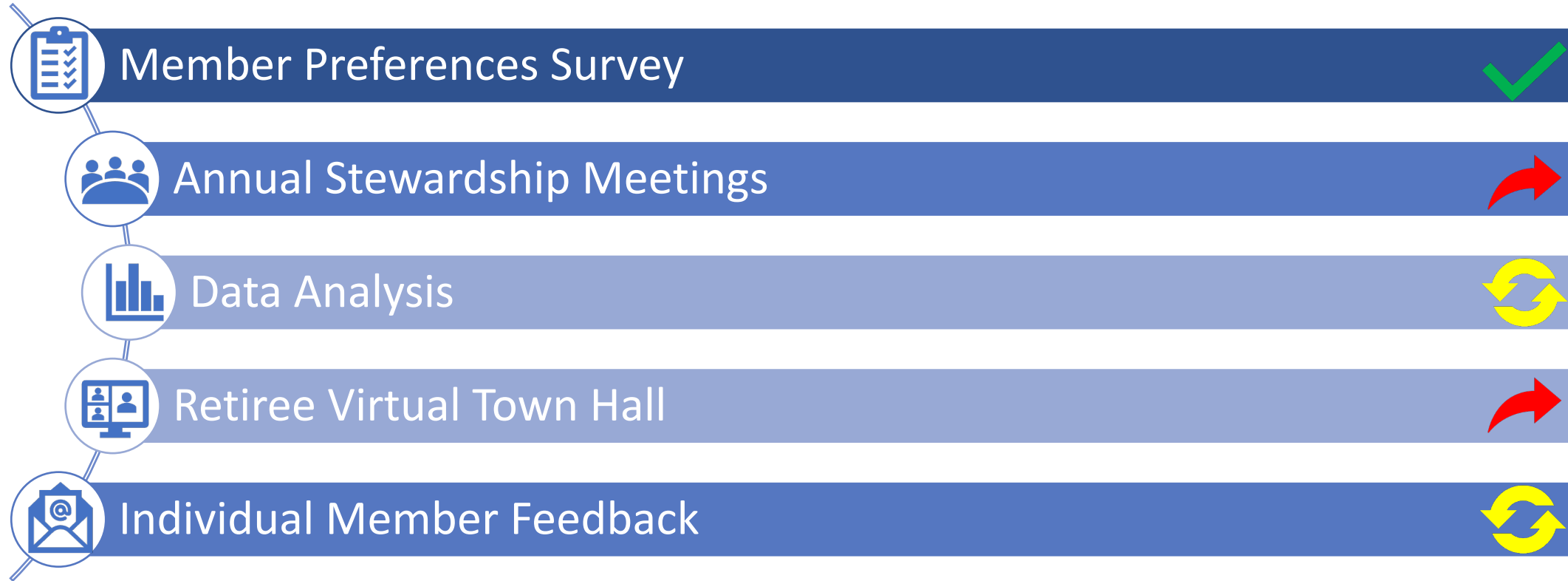
Providers

MassRetirees via Tele-Townhall

Municipalities

Health Care/Industry Experts

Other Feedback Mechanisms



Key:  Complete  Ongoing  Forthcoming

Key Themes from Feedback to Date

Alignment

- Broad alignment with GIC's areas of focus: Affordability, Behavioral Health, & Eliminating Health Disparities
- Positive reception to GIC's engagement strategy and objectives

Affordability

- Agreement on the unsustainable and rising burden of the overall cost of care
- Understanding that provider prices are the primary driver, and growing interest in new, more robust measures
- Specialty drug prices widely seen as a challenge that must be addressed
- Sensitivity to the member cost sharing burden

PBM

- Skepticism about the value provided, and intense interest in increased transparency

Behavioral Health Access

- Strong interest in maintaining and expanding the role of telehealth
- Agreement on the importance of continuing to expand provider networks
- Affirmation of the value of aligning with EOHHS Roadmap

Next Steps: Engagement

1

- Ongoing engagement meetings, both follow up and initial

2

- Distillation of feedback from ongoing engagement and other mechanisms

3

- Drafting Request for Responses (RFR), inclusive of feedback received

4

- Release of RFR along with ongoing communications and engagement

IV. Specialty Drug Overview (INFORM)

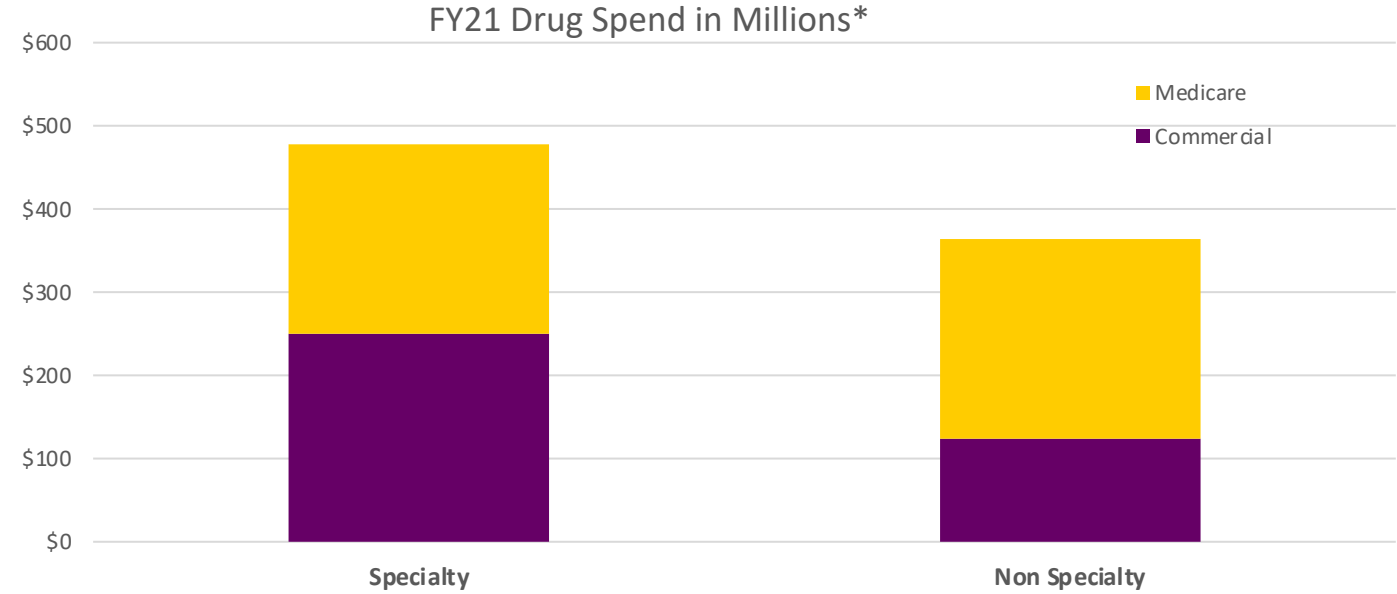
- Overview: what are specialty drugs?
- Outlook in specialty landscape
- Tools to control costs and improve outcomes
- What's next?

Deven Shah, Willis Towers Watson

Willis Towers Watson has developed this report for the GIC under the terms of Willis Towers Watson's engagement with the GIC. The report was prepared for the GIC's sole and exclusive use and on the basis agreed with the GIC. It was not prepared for use by any other party and may not address their needs, concerns or objectives. The report should not be disclosed or distributed to any third party unless agreed to by Willis Towers Watson in writing. Willis Towers Watson assumes no responsibility or accepts any duty of care or liability to any third party who may obtain a copy of this report and any reliance placed by such party on it is entirely at their own risk.

What are Specialty Drugs?

- Specialty Drugs may have some or all the following key characteristics:
 - Require special handling, storage, administration and monitoring
 - High cost (Medicare defines as those that cost more than \$670 / month)
 - Used to treat complex, chronic, and/or rare conditions. Examples include cancer, hemophilia, and rheumatoid arthritis
 - Often require prior authorization
 - Often dispensed through a specialty pharmacy (mail order) due to exclusive, restricted, or limited distribution
 - Often require ongoing monitoring for safety and efficacy (Risk Evaluation Mitigation Strategy or REMS)

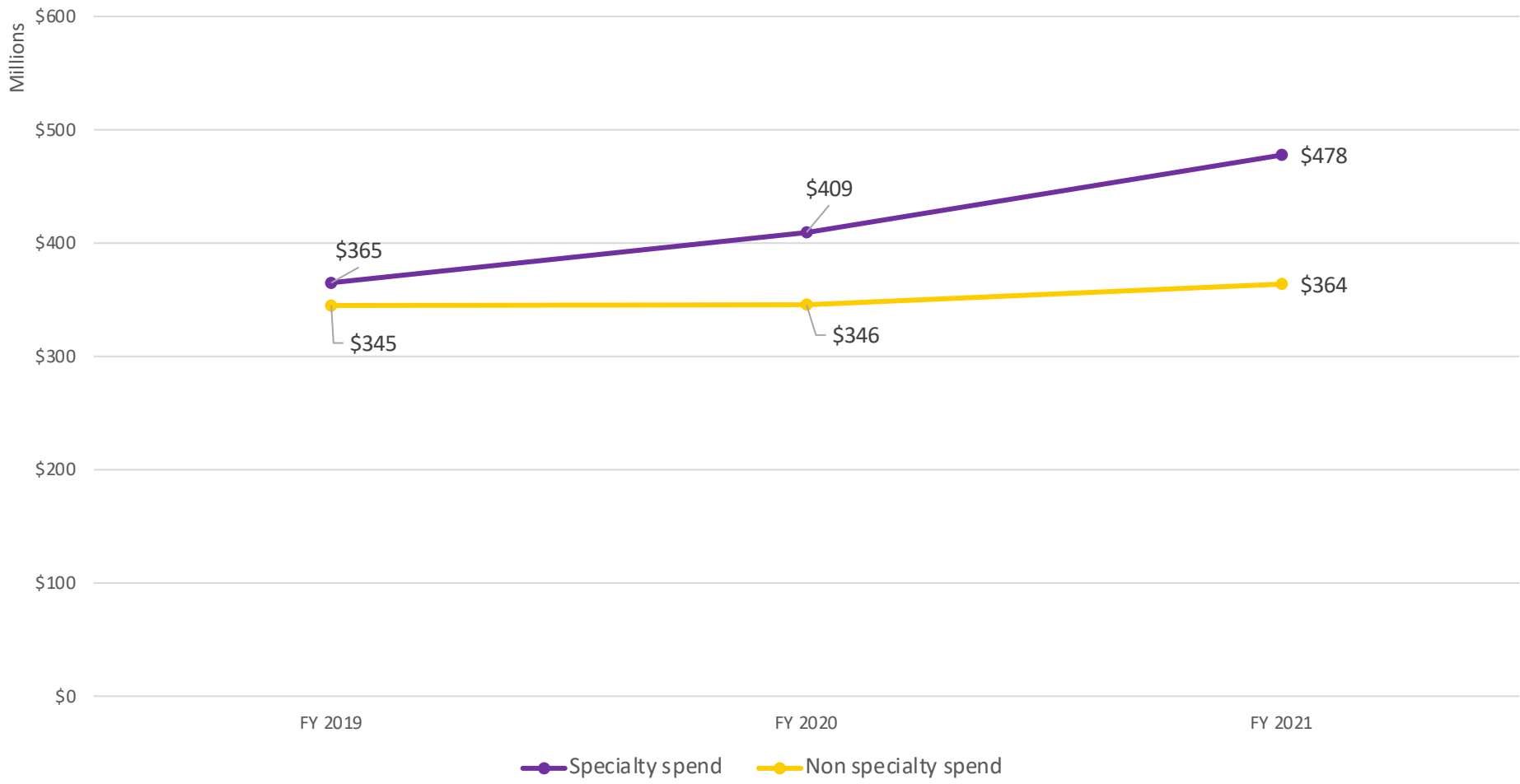


Specialty Drugs account for 57% of total drug spend in FY21

* Data from ESI and CVS only. Does not include rebates

Why is drug cost rising?

- Specialty Drugs account for most of the drug trend

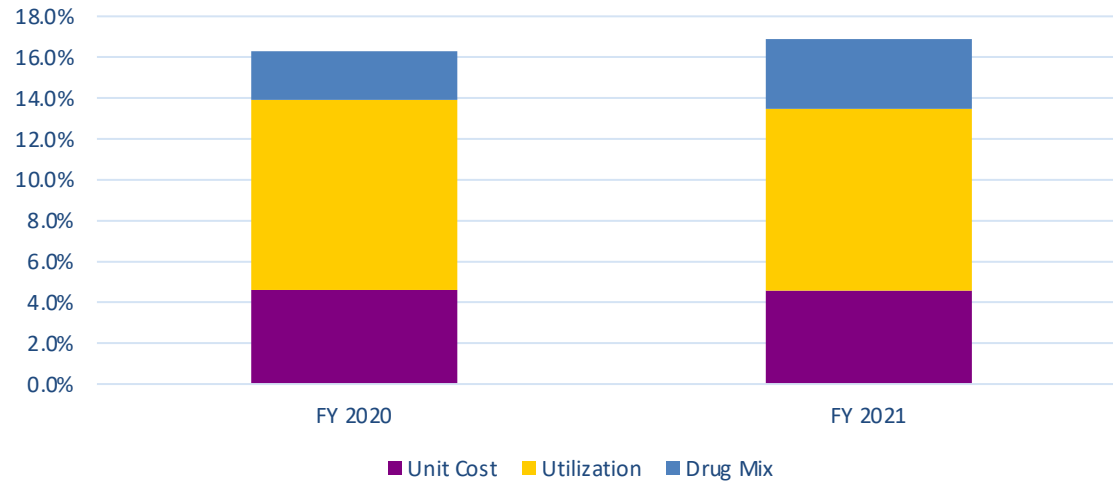


*Data from ESI and CVS only. Does not include rebates

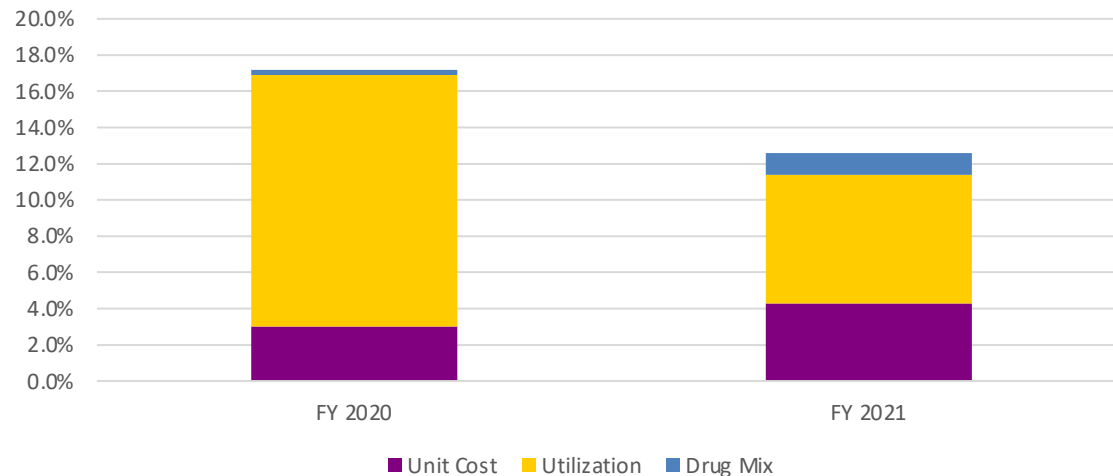
Components of Specialty Trend

- Impact of increased utilization

Commercial Specialty Trend



Medicare Specialty Trend



Unit costs

- In the 4-6% range every year
- Trend for newer drugs higher than for older drugs

Utilization

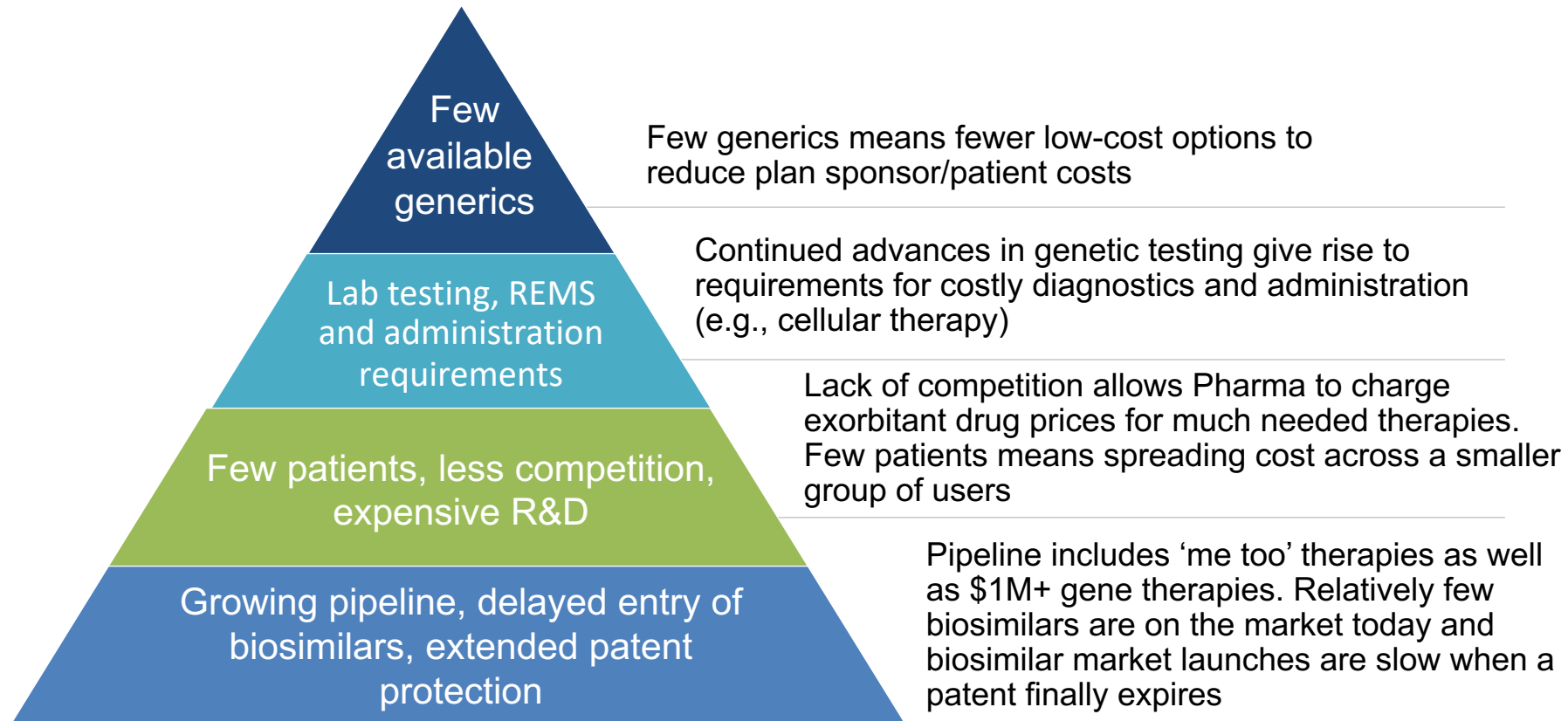
- Approvals for rare and difficult to treat conditions
- Disease awareness campaigns
- Improvement in diagnosis tools

Drug mix

- Improved formulations
- Better safety and efficacy
- Often leads to increase in spend

Key Drivers of Rising Specialty Drug Costs

Specialty Drug utilization and cost continue to increase, accounting for nearly half of total drug spend. Specialty spend could reach **\$310 Billion** across the pharmacy and medical benefit **by 2030***

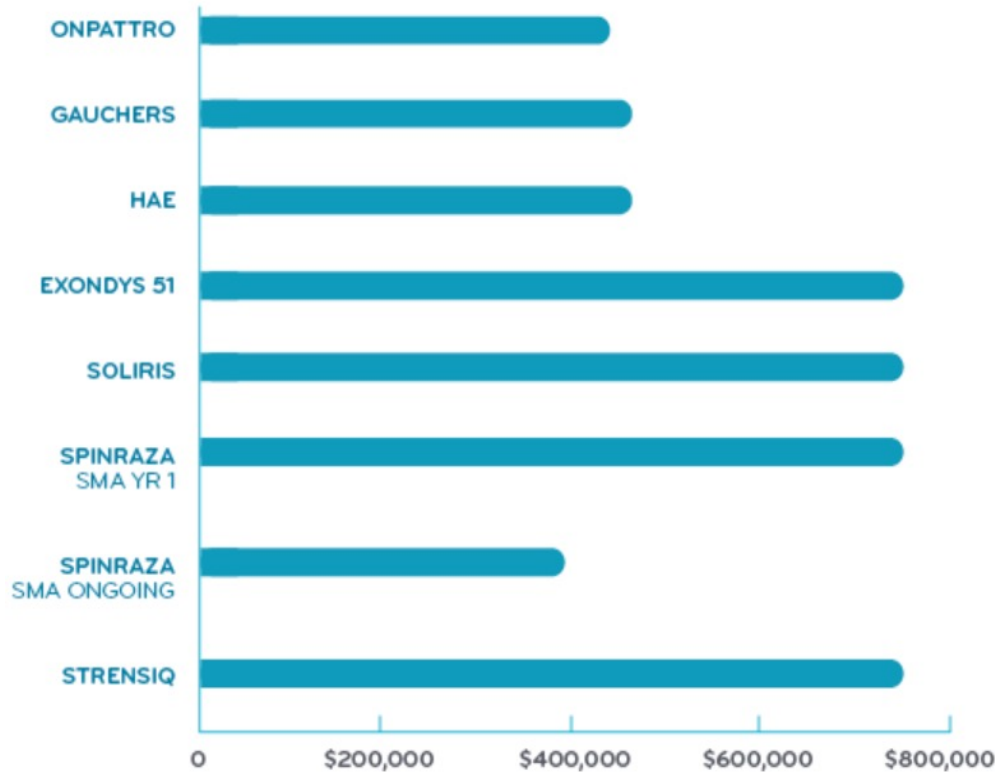


* CVS Health 2019 Drug Trend Report

The Growing Specialty Drug Pipeline

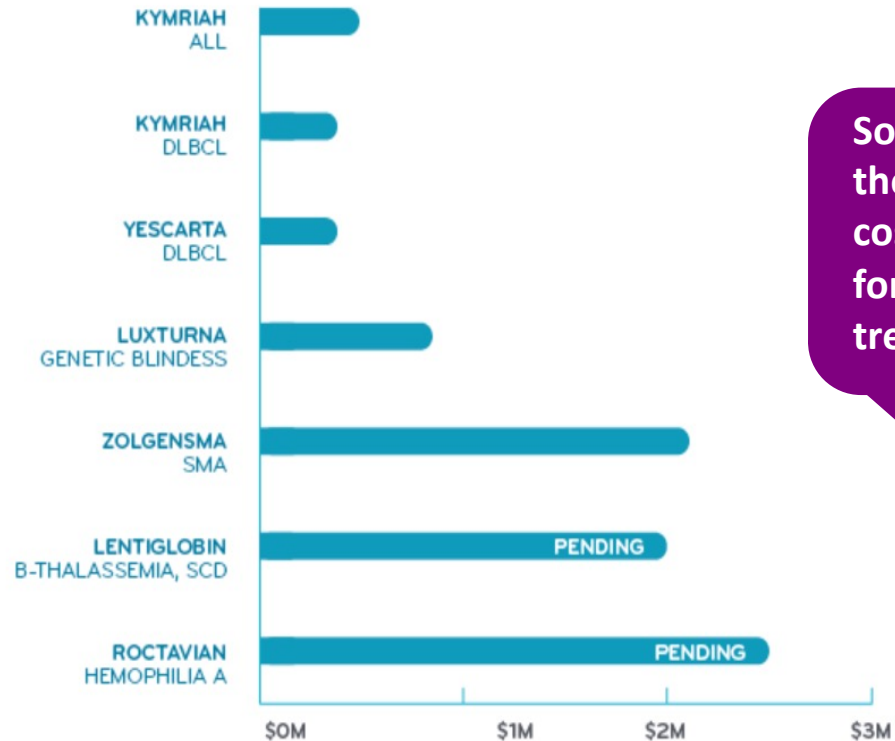
The pipeline is growing for ultra-rare diseases and gene/cell one-time therapies

ULTRA RARE DISEASES – CHRONIC THERAPIES
ANNUAL COST APPROXIMATE



ALL – acute lymphocytic leukemia; DLBCL – diffuse large b-cell lymphoma; SCD – sickle cell disease; HAE – heredit: angioedema; SMA – spinal muscular atrophy. Drug names belong to their respective owners.

GENE/CELL – ONE-TIME THERAPIES
ONE-TIME COST, APPROX. WAC



ALL – acute lymphocytic leukemia; DLBCL – diffuse large b-cell lymphoma; SCD – sickle cell disease; HAE – hereditary angioedema; SMA – spinal muscular atrophy. Drug names belong to their respective owners.

Some gene therapies can cost over \$2M for a one-time treatment

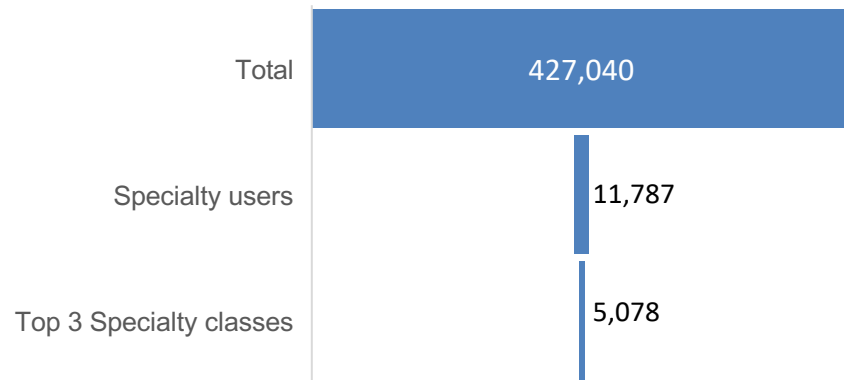
<https://www.primetherapeutics.com/en/news/prime-insights/2021-insights/Part1-drug-SS-Wait-and-see-is-not-a-care-management-strategy.html>

What conditions drive the GIC's specialty spend?

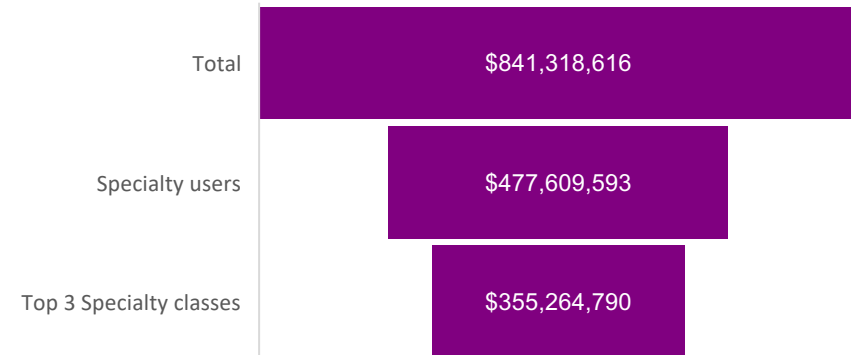
- Top 3 Conditions FY21

Rank	Condition	Top Drugs	Plan Cost Net	Members
1	Inflammatory Conditions	Humira Stelara Enbrel	\$170M	3,432
2	Cancer	Revlimid Imbruvica Ibrance	\$152M	1,071
3	Multiple Sclerosis	Copaxone Gilenya Tecfidera	\$34M	575

Membership



FY21 Spend in ESI and CVS



What specific drugs drive the GIC's specialty spend?

- Top 10 Drugs FY21 (Commercial Population)

Top Specialty Drugs by Plan Cost Net					
Rank	Brand Name	Indication	Plan Cost Net	Plan Cost / claim	Members
1	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	\$26,682,757	\$4,705	686
2	STELARA	INFLAMMATORY CONDITIONS	\$15,462,117	\$6,424	252
3	TRIKAFTA	CYSTIC FIBROSIS	\$8,674,372	\$24,435	33
4	REVLIMID	CANCER	\$8,537,308	\$16,386	71
5	HUMIRA PEN	INFLAMMATORY CONDITIONS	\$7,918,235	\$4,639	219
6	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	\$7,064,430	\$3,393	270
7	DUPIXENT SYRINGE	SKIN CONDITIONS	\$6,735,830	\$2,532	290
8	IBRANCE	CANCER	\$5,762,909	\$12,921	46
9	BIKTARVY	HIV	\$4,746,030	\$3,106	166
10	COSENTYX PEN (2 PENS)	INFLAMMATORY CONDITIONS	\$4,409,673	\$6,074	129

Inflammatory Conditions

- There are more than 100 inflammatory conditions, often with overlapping symptoms, making them difficult to diagnose¹
- Rheumatoid arthritis, psoriasis, and other inflammatory conditions, accounted for nearly half of spending among different drug classes for commercial drug plans in 2019²
- 23.5M Americans have an inflammatory condition, more than cancer (9M) or heart disease (22M)³
- This has been the top specialty condition for the GIC for the past 3 years and accounts for almost 36% of total specialty spend
- GIC management of costs
 - Strong unit cost contracts through PBMs
 - Formulary that drives members to the highest value products
 - Requirements for ongoing medical necessity review
 - Mandatory use of specialty pharmacy, with close monitoring of members

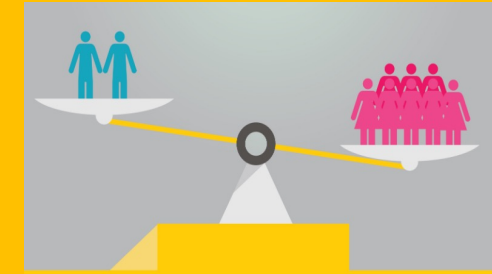
¹ American Autoimmune Related Diseases Association. 2020. <https://www.aarda.org/diseaselist/>

² Express Scripts. 2019 Drug Trend Report. <https://www.express-scripts.com/corporate/drug-trend-report#2019-in-review>

³ American Autoimmune Related Diseases Association, Inc. <https://www.aarda.org/news-information/statistics/#1488234386508-a9560084-9b69>

⁴ John Hopkins. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/autoimmune-disease-why-is-my-immune-system-attacking-itself>; University of MI. <https://labblog.uofmhealth.org/lab-report/master-regulator-genes-may-make-women-more-susceptible-to-autoimmune-diseases>

Women represent nearly **8 out of every 10** people with autoimmune diseases⁴

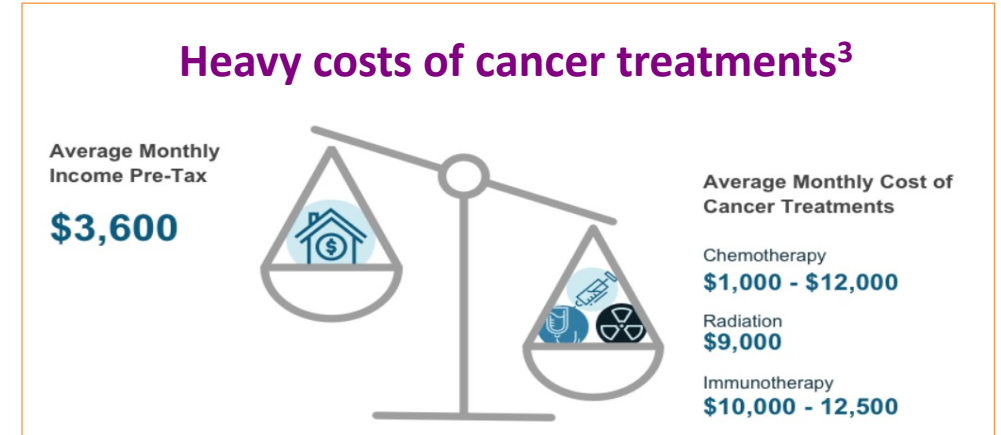


Highlight on Humira

1. Top selling drug since 2012. US sales of \$16.1B in 2020
2. Originally approved to treat rheumatoid arthritis in 2002
3. Approved to treat rheumatoid arthritis, plaque psoriasis, Chron's disease, ulcerative colitis, psoriatic arthritis, ankylosing spondylitis, Hidradenitis Suppurativa, juvenile idiopathic arthritis, non infectious uveitis
4. Multiple biosimilars expected in 2023

Oncology

- More than 1.6M people are diagnosed with cancer, the second leading cause of death in the U.S., behind heart disease (CDC)
- For every 100 employees in the workforce, 5% will have a history of cancer and 27.1% of employees will be in treatment for cancer¹
- Cancer treatment alone accounts for 12% of employers' total medical costs in the U.S.; \$125B spent on direct medical costs²
- GIC management of costs
 - Strong unit cost contracts through PBMs
 - Formulary drives members to the highest value products
 - Requirements for ongoing medical necessity review
 - Mandatory use of specialty pharmacy, with close monitoring of members



Treatment evolution

1. Recent innovations have led to significant improvement in mortality and morbidity rates for several types of cancers
2. Treatment sites are shifting from clinic-based chemotherapies to ambulatory oral treatments
3. Newer therapies often associated with biomarkers that help with better patient targeting

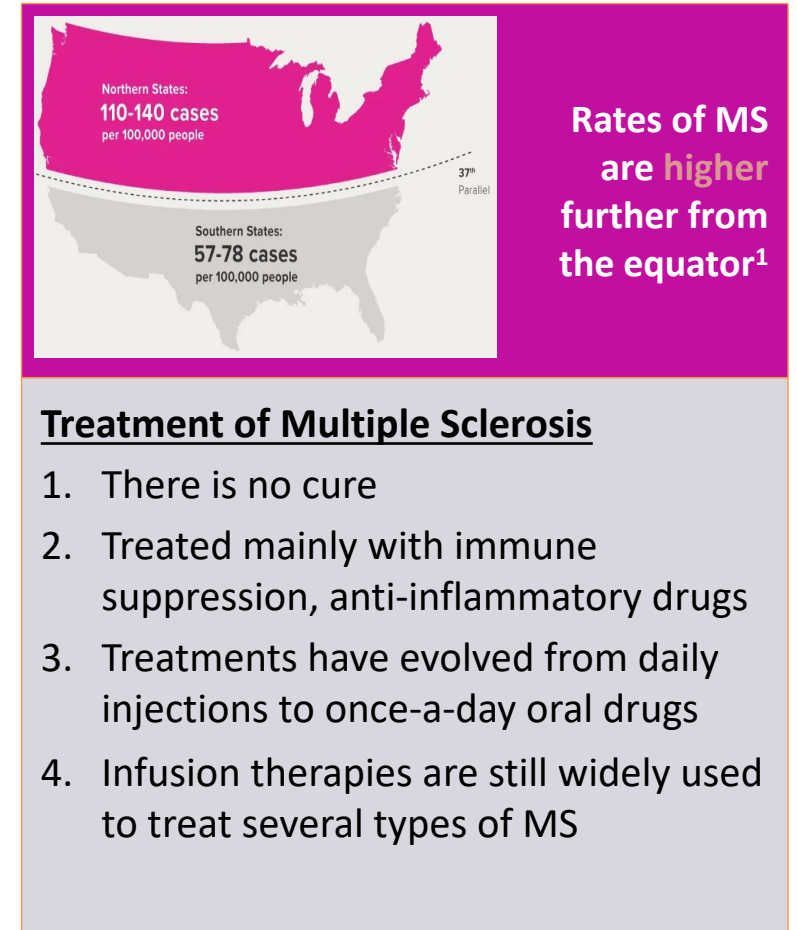
¹John Hopkins. 2017. <https://www.johnshopkinssolutions.com/paying-attention-cancer-pays-off-employees/>

²John Hopkins. 2019. https://www.healthyworks/wp-content/uploads/2019/07/Johns_Hopkins_Work_Stride-MCaW-Case-Study-updated-2019.pdf; NEBGH 2015: nebgh.org/wp-content/uploads/2015/10/CancerWorkplace_FINAL.pdf

³U.S. Bureau of Labor Statistics, 2018; DrugPricingLab, 2019; JAMA Oncology, 2019: <https://www.asbestos.com/featured-stories/high-cost-of-cancer-treatment>

Multiple Sclerosis

- An estimated 1M people in the U.S. are living with MS, with up to 200 new cases diagnosed each week¹
- Lifetime costs of care for an individual with MS can top \$4M²
- Up to 40% of MS patients changed, delayed, skipped or temporarily stopped treatment due to high out-of-pocket costs³
- GIC management of costs
 - Strong unit cost contracts through PBMs
 - Formulary that drives members to the highest value products
 - Requirements for ongoing medical necessity review
 - Mandatory use of specialty pharmacy, with close monitoring or members



¹ Healthline. Multiple Sclerosis by the Numbers: Facts, Statistics, and You. 2020. <https://www.healthline.com/health/multiple-sclerosis/facts-statistics-infographic#12>

² AJMC. Patients With MS Want to Discuss Costs of Care, but Often Do Not. 2020. <https://www.ajmc.com/view/patients-with-ms-want-to-discuss-costs-of-care-but-often-do-not>

³ Multiple Sclerosis News Today. Almost Half of MS Patients Change or Stop DMT Due to High Financial Burden, Survey Shows. 2020. <https://multiplesclerosisnewstoday.com/>

Near-term Specialty Pipeline 2H 2021







Drug Name	Condition	Expected Approval	Medical/Pharmacy	Breakthrough/Orphan	Est Annual Cost
Abrocitinib	Atopic Dermatitis	July	Pharmacy	Breakthrough	\$55k/yr
Odevixibat	Cholestasis	July	Pharmacy	Orphan	\$300- \$500k
Belumosudil	Chronic Graft-versus-Host Disease	August	Pharmacy	Breakthrough/Orphan	\$180k/yr
Avalglucosidase	Pompe Disease	August	Medical	Orphan	\$600k
Maralixibat	Alagille Syndrome	September	Pharmacy	Breakthrough	\$300- \$500k
Bimekizumab	Plaque Psoriasis	October	Pharmacy	N/A	\$65k/yr
Ciltacabtagene Autoleucel	Multiple Myeloma	November	Medical	Breakthrough/Orphan	\$475k one-time
Vosoritide	Achondroplasia	November	Pharmacy	Orphan	\$350/yr
Efgartigimod	Myasthenia Gravis	December	Medical	Orphan	\$475k/yr
Roxadustat	CKD	2H 2021	Pharmacy	N/A	\$18k

Action steps taken to address specialty costs

Financial

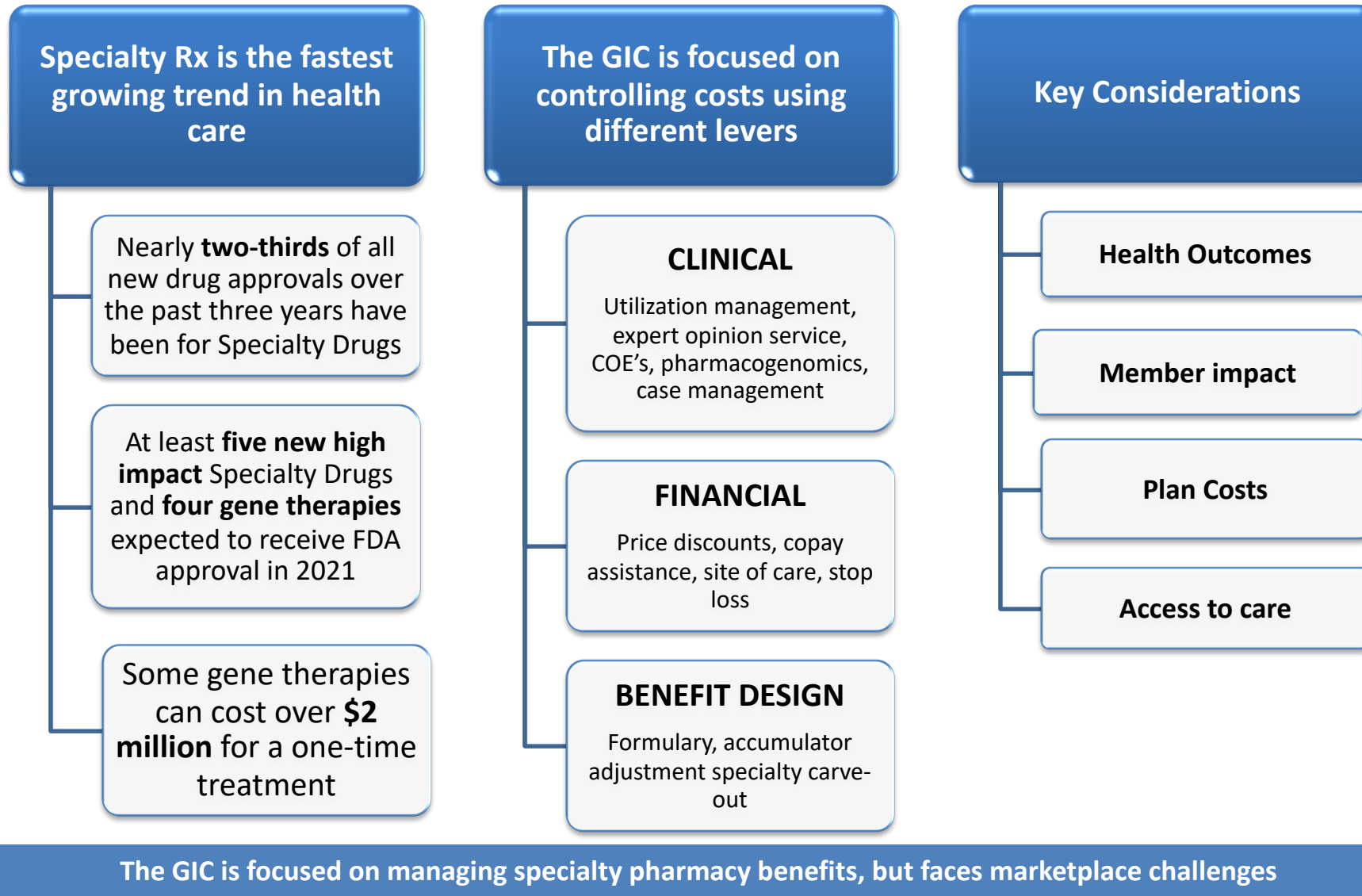
Clinical

Benefit Design

<p>PRICE DISCOUNTS rebates, contract negotiation</p> <p>✓</p> <p>\$</p>	<p>UTILIZATION MANAGEMENT Prior Authorizations, Step Therapy, Quantity Limits</p> <p>✓</p> <p></p>	<p>FORMULARY preferred drug lists</p> <p>✓</p> <p></p>
<p>Maximize manufacturer COPAY ASSISTANCE</p> <p>✓</p> <p></p>	<p>SITE OF CARE redirection</p> <p>✓</p> <p></p>	<p>ACCUMULATOR ADJUSTMENT programs</p> <p>✓</p> <p></p>
<p>STOP LOSS financial protection</p> <p>✓</p> <p></p>		

Green checks indicates they have implemented
 Red indicates that it was reviewed but not implemented

Key Takeaways



Specialty Drug Appendix

High Profile Drugs Expected in 2022

Drug Name	Condition	Admin Route	Breakthrough/Orphan	Specialty
Bardoxolone Methyl	Alport Syndrome CKD	Oral	Orphan	Y
Beta Beglogene Darolentivec	Beta Thalassemia	IV	Breakthrough/ Orphan	Y
Deucravacitinib	Plaque Psoriasis	Oral		Y
Ruxolitinib	Plaque Psoriasis	Topical		Y
Levoketoconazole	Cushing's Syndrome	Oral	Orphan	Y
Daridorexant	Insomnia	Oral		N
Mavacamten	Ohcm	Oral	Orphan	Y
Vadadustat	Anemia of CKD	Oral		Y
Filsuvez (AP101)	Epidermolysis bullosa	Topical	Orphan	Y
Leronlimab	HIV	SubQ		Y
Linzagolix	Uterine fibroids	Oral		N
Oteseconazole	RVVC	Oral		N
Surufatinib	Neuroendocrine tumors	Oral	Orphan	Y
Tezepelumab	Asthma	SubQ		Y
Vutrisiran	hATTR polyneuropathy	SubQ		Y
Tapinarof	Plaque Psoriasis	Topical		N
Lenacapavir	HIV	SubQ	Breakthrough	Y

Gene and Cell Therapy Pipeline: 2021 - 2022

Condition	Treatment	Estimated cost (AWP)*	Expected approval	Estimated incidence
Cancer				
Bladder Cancer	Nadofaragene Firadenovec	\$300K per year	2021	Rate of new cases of bladder cancer was 19.7 per 100,000 men and women per year.
Multiple Myeloma	Ciltacabtagene Autoleucel	\$475K – one time infusion	2021 – 2022	Annual incidence of approximately seven per 100,000 men and women per year
Prostate Cancer	Aglatimagene Besadenovec	\$300K per year	2021 – 2022	Rate of new cases of prostate cancer was 111.3 per 100,000 men per year.
Blood Disorders				
Hemophilia B	AMT-061 / Etra deza.	\$2M+ one-time infusion	2022	Prevalence is 1 in 25,000 to 30,000 males (~0.005%)
Sickle Cell Anemia and Beta Thalassemia	Zynteglo (Lentiglobin)	\$2M	2022	Prevalence is 100,000 in the U.S. (SCA) and incidence is 1 in 100,000 in the U.S. (BT)
Hemophilia A	Roctavian (formerly Valrox)	\$2M – \$3M	2022	Prevalence is 1 in 5000 to 10,000 males (~0.02% – 0.04%)
Rare Disease				
Aromatic I-Amino Decarboxylase Deficiency (AADC)	Eladocagene Exuparvovec	\$4M one-time infusion	2021	59 newly diagnosed cases per year in the U.S.
Duchenne Muscular Dystrophy	SRP-9001	\$2M+ one-time infusion	2021	Prevalence of DMD ranges from 1.3 to 2.1 per 10,000 live male births (~0.01% – 0.02%)
Adrenoleukodystrophy (ALD)	Lenti-D (Elivaldogene Tavalentivec)	\$2M+ one-time infusion	2022	Prevalence estimated to be between 1 in 10,000 and 1 in 17,000 (~0.01%)

*Estimated cost (AWP) is for the cost of the drug only

Prevalence is the total number of individuals in a population who have a disease or health condition today, and incidence is the number of individuals who might be diagnosed with a disease or health condition per year.

Note, prevalence and incidence may not be indicative of the actual “total addressable market” as they do not always consider a specific populations’ makeup, including demographics such as age/gender or which prior treatments have been taken (i.e., many new cancer drugs will be used after first-line treatments fail).

V. Summary of Learnings (INFORM)

- Recap of learnings from previous meetings

Margaret Anshutz,
Manager, Health Care Analytics

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The GIC's Priorities

A recap of key takeaways from 2020 and 2021 meetings



Affordability

- Prices paid to health care providers **vary widely** and are related to market leverage and not quality
- Rising **unit cost is the primary driver** of increasing health care premiums
- Higher overall costs are an especially large threat to lower wage workers, where premium and out-of-pocket costs represent a larger portion of total income
 - Healthcare costs have risen above CPI and wage increases for several years
- A variety of strategies have been implemented to address unit cost, by the GIC and others, with mixed success



Health Equity

- Racism, among many structural inequities, **negatively impacts health outcomes**
- The GIC is working to incorporate reporting that will help address **social determinants of health**
- Data will help the GIC better **understand the disparities in their population** and assess strategies to improve outcomes



Behavioral Health

- Behavioral health needs **continue to grow**, exacerbated by COVID-19
- **Timely access** to providers continues to be a challenge
- Virtual solutions have gained significant traction
 - The GIC's benefit design supports members with three free BH virtual visits annually
- Members need support in navigating the healthcare system to access the right resources
 - GIC is identifying solutions in line with the EOHHS BH roadmap

The GIC's Priorities (cont.)

A recap of key takeaways from 2020 and 2021 meetings to date



Specialty Drugs

- The GIC spends \$478M annually on specialty drugs, with the following conditions driving the majority of the costs: inflammatory conditions, cancer, multiple sclerosis, cystic fibrosis, growth deficiency
- Specialty Rx is the fastest growing trend in health care:
 - **Nearly two-thirds** of new drug approvals over the past three years have been for specialty drugs, and we expect that to continue in 2022 and beyond
 - Some gene therapies can cost over **\$2 million** for a one-time treatment
- The GIC is focused on controlling costs using three key levers:
 - **Clinical**
 - **Financial**
 - **Benefit design**



VII. CFO UPDATE (INFORM)

- COVID Claims Payments Update
- FY21 Final Budget Results

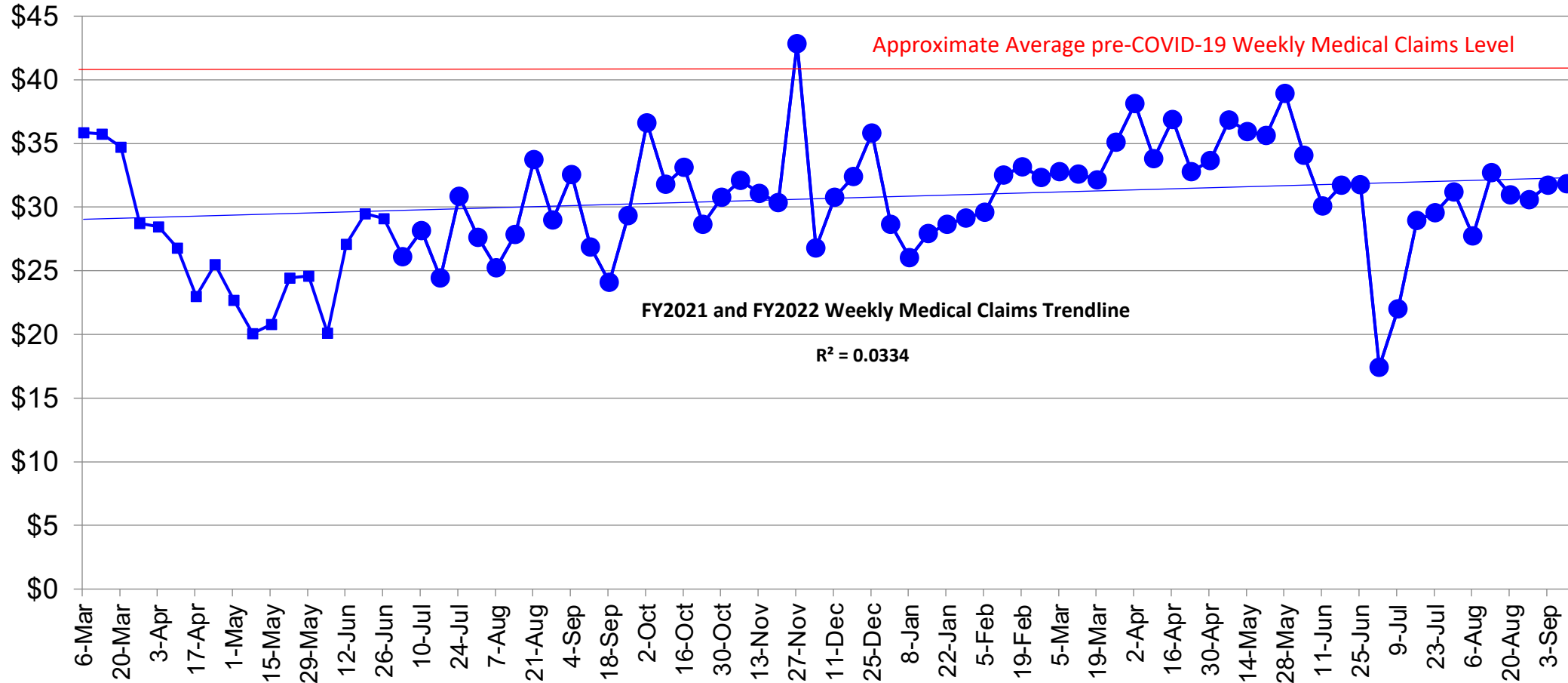
Jim Rust, Chief Financial Officer

VII. CFO UPDATE (INFORM)

GIC Medical Claims for the Weeks Ending March 6, 2020 through September 10, 2021

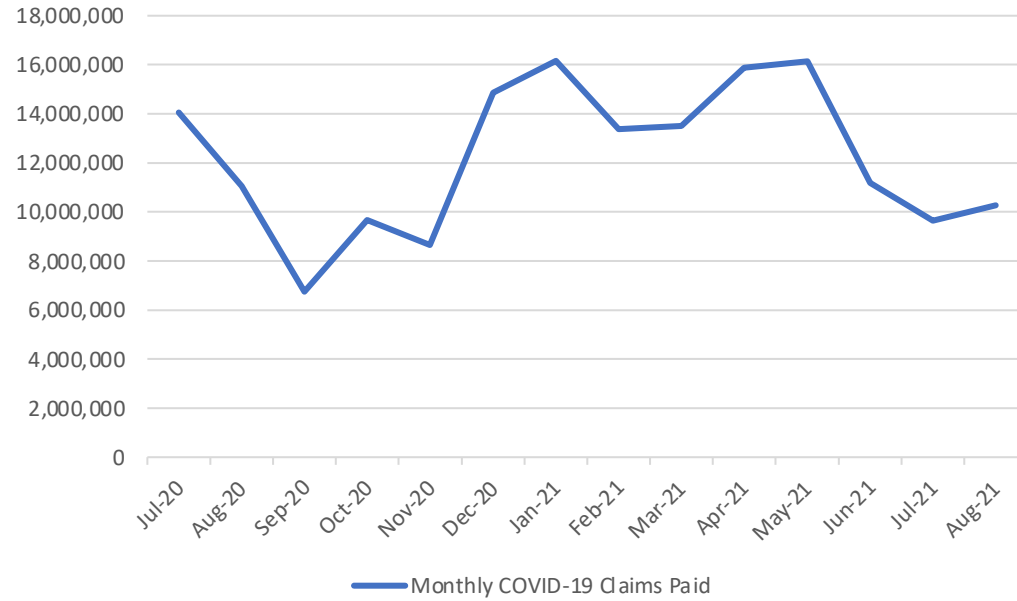
In Millions

with Trendline



VII. CFO UPDATE (INFORM)

COVID-19 Claims by Month



- COVID-19 claims decreased over the Spring and early Summer
 - Given the 4-6 week lag in reporting we expect over the coming weeks to see increased COVID-19 spending due to the surge in cases related to the Delta variant

COVID-19 Claims by Month		
Month	Monthly COVID-19 Claims Paid	Running Total FY21 and FY22
Jul-20	14,059,116	14,059,116
Aug-20	11,050,708	25,109,825
Sep-20	6,748,804	31,858,629
Oct-20	9,671,752	41,530,381
Nov-20	8,650,943	50,181,325
Dec-20	14,874,875	65,056,200
Jan-21	16,159,981	81,216,181
Feb-21	13,367,247	94,583,428
Mar-21	13,509,366	108,092,794
Apr-21	15,892,384	123,985,178
May-21	16,131,155	140,116,333
Jun-21	11,189,607	151,305,940
Jul-21	9,652,793	160,958,733
Aug-21	10,274,656	171,233,389
FY22 COVID-19 Claims to Date		19,927,449
Total FY21 COVID-19 Claims		151,305,940
Total FY20 COVID-19 Claims		43,361,207
Total COVID-19 Claims to Date FY19 thru FY22		214,594,596

VII. CFO UPDATE (INFORM)

FY21 STATE SHARE EXPENSE FOR GIC PREMIUM ACCOUNTS													
	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	TOTAL
Allways Health Claims	\$5,812,204	\$5,523,873	\$6,084,869	\$5,304,091	\$5,684,934	\$7,002,558	\$4,369,196	\$5,209,681	\$8,200,054	\$5,689,454	\$6,133,097	\$6,277,349	\$71,291,359
Caremark/Express Scripts/SilverScript Claims	\$31,063,815	\$37,919,658	\$60,020,907	-\$12,943,392	\$2,625,647	\$48,866,285	\$48,258,477	\$39,468,901	\$52,137,724	\$41,067,071	\$53,098,466	\$60,026,876	\$461,610,436
Davis Vision Claims	\$25,904	\$29,880	\$29,661	\$20,931	\$35,496	\$46,593	\$28,040	\$29,219	\$34,008	\$36,570	\$35,516	\$30,390	\$382,208
Fallon Health Claims	\$4,873,114	\$5,211,090	\$4,437,874	\$4,404,298	\$6,343,601	\$4,434,257	\$5,282,535	\$5,287,038	\$6,553,132	\$5,786,893	\$7,446,034	\$5,204,279	\$65,264,147
Harvard Pilgrim Claims	\$30,742,851	\$23,793,092	\$34,261,639	\$25,105,831	\$26,918,727	\$31,559,498	\$24,844,069	\$27,999,954	\$35,118,838	\$28,364,284	\$31,059,019	\$26,275,923	\$346,043,725
Health New England Claims	\$7,052,990	\$7,347,837	\$6,081,038	\$5,249,524	\$6,797,791	\$6,946,821	\$6,181,896	\$6,924,533	\$8,354,258	\$7,239,241	\$9,430,459	\$4,439,302	\$82,045,690
Tufts Navigator Claims	\$31,584,329	\$24,102,500	\$27,224,857	\$32,874,775	\$27,314,647	\$29,905,648	\$31,147,804	\$29,565,828	\$32,800,481	\$39,305,597	\$29,042,064	\$30,526,492	\$365,395,022
Tufts Spirit and Medicare Complement Claims	\$3,400,288	\$2,396,931	\$2,830,703	\$3,561,139	\$2,869,780	\$2,884,534	\$4,582,266	\$3,541,821	\$4,256,063	\$4,980,326	\$6,196,740	\$1,285,327	\$42,785,920
Unicare Claims	\$43,178,822	\$62,769,083	\$47,441,478	\$55,415,628	\$65,927,599	\$51,741,290	\$43,556,764	\$49,287,975	\$67,056,106	\$54,309,585	\$75,007,957	\$50,053,242	\$665,745,528
Other costs	<u>\$32,116</u>	<u>\$1,342,358</u>	<u>\$740,820</u>	<u>\$144,433</u>	<u>\$789,999</u>	<u>\$258,467</u>	<u>\$49,532</u>	<u>\$436,301</u>	<u>\$191,938</u>	<u>\$529,223</u>	<u>\$303,033</u>	<u>\$358,946</u>	<u>\$5,177,166</u>
Claims sub-total	<u>\$157,766,432</u>	<u>\$170,436,302</u>	<u>\$189,153,847</u>	<u>\$119,137,259</u>	<u>\$145,308,220</u>	<u>\$183,645,951</u>	<u>\$168,300,580</u>	<u>\$167,751,252</u>	<u>\$214,702,602</u>	<u>\$187,308,244</u>	<u>\$217,752,386</u>	<u>\$184,478,127</u>	<u>\$2,105,741,201</u>
Basic Life	\$830,652	\$831,801	\$828,111	\$828,290	\$827,544	\$826,290	\$825,235	\$824,571	\$822,437	\$804,050	\$821,121	\$820,353	\$9,890,455
Optional Life	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RMT Life	\$46,353	\$46,288	\$46,182	\$47,037	\$47,243	\$47,236	\$47,169	\$47,107	\$47,016	\$48,150	\$46,849	\$46,809	\$563,437
Long-Term Disability	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental	\$718,399	\$717,807	\$712,364	\$712,922	\$711,047	\$711,108	\$715,286	\$714,214	\$710,997	\$712,917	\$712,337	\$712,713	\$8,562,110
Tufts Medicare Preferred	\$669,376	\$669,824	\$672,766	\$678,415	\$681,629	\$680,491	\$904,025	\$679,698	\$680,687	\$679,203	\$678,919	\$678,574	\$8,353,605
UBH Optum	\$111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$111,384	\$94,384	\$102,884	\$102,884	\$102,884	\$1,294,108
ASO Administrative Fee	<u>\$6,778,249</u>	<u>\$6,780,846</u>	<u>\$6,740,184</u>	<u>\$6,721,725</u>	<u>\$6,729,457</u>	<u>\$6,721,475</u>	<u>\$6,709,792</u>	<u>\$6,699,122</u>	<u>\$6,681,007</u>	<u>\$6,680,975</u>	<u>\$6,673,007</u>	<u>\$6,662,043</u>	<u>\$80,577,883</u>
Premiums sub-total	<u>\$9,154,413</u>	<u>\$9,157,950</u>	<u>\$9,110,991</u>	<u>\$9,099,773</u>	<u>\$9,108,303</u>	<u>\$9,097,982</u>	<u>\$9,312,891</u>	<u>\$9,076,095</u>	<u>\$9,036,530</u>	<u>\$9,028,179</u>	<u>\$9,035,117</u>	<u>\$9,023,376</u>	<u>\$109,241,598</u>
TOTAL	\$166,920,844	\$179,594,252	\$198,264,838	\$128,237,031	\$154,416,523	\$192,743,933	\$177,613,470	\$176,827,347	\$223,739,132	\$196,336,423.70	\$226,787,503	\$193,501,502	\$2,214,982,800

- The 4th quarter of FY21 medical claims reflect, on average, a return to pre COVID-19 levels

VII. CFO UPDATE (INFORM)



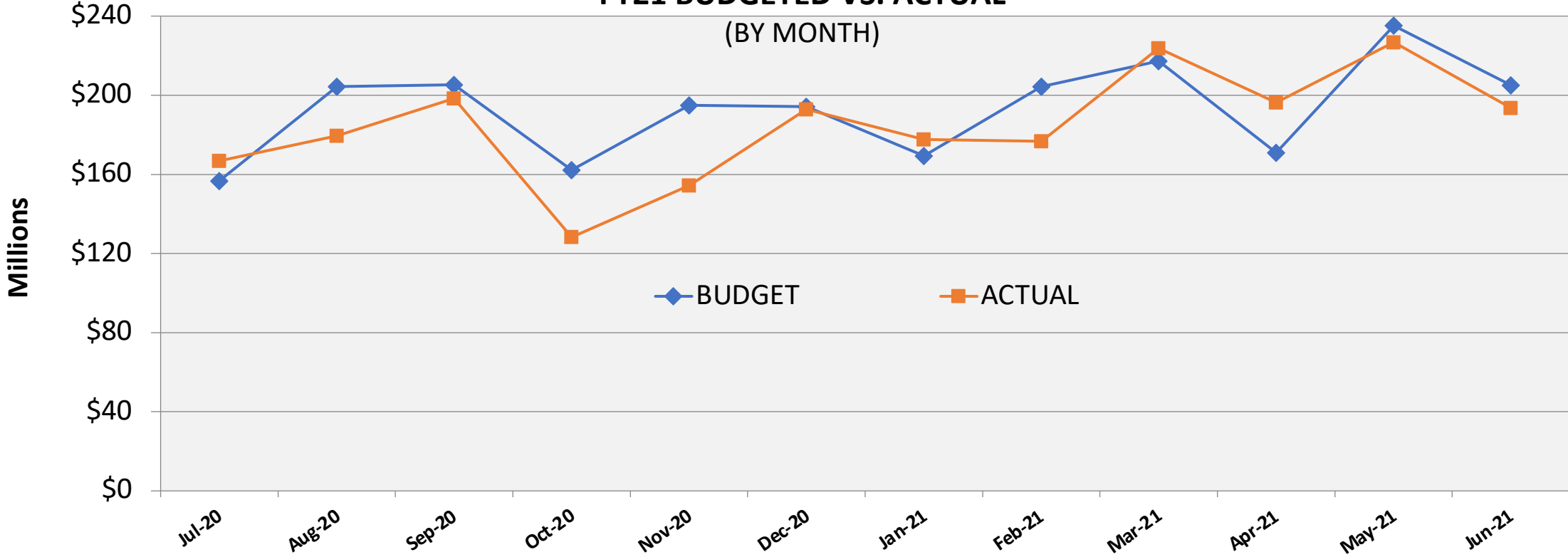
FY21 ENROLLEE SHARE EXPENSE FOR GIC PREMIUM ACCOUNTS												
	July 2020	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	TOTAL	
Allways Health Claims	\$1,717,115	\$1,627,880	\$1,790,465	\$1,564,286	\$1,676,275	\$2,064,195	\$1,285,921	\$1,530,555	\$2,408,997	\$1,671,829	\$17,337,519	
Caremark/Express Scripts/SilverScript Claims	\$8,683,641	\$9,037,360	\$15,183,128	-\$3,322,304	\$2,372,081	\$12,850,448	\$11,931,720	\$11,009,213	\$13,865,281	\$9,783,548	\$91,394,115	
Davis Vision Claims	\$4,571	\$5,273	\$5,234	\$3,694	\$6,264	\$7,747	\$4,948	\$5,156	\$6,002	\$6,453	\$55,343	
Fallon Health Claims	\$1,405,709	\$1,495,825	\$1,270,102	\$1,263,811	\$1,818,678	\$1,274,024	\$1,520,606	\$1,512,020	\$1,883,808	\$1,663,026	\$15,107,611	
Harvard Pilgrim Claims	\$8,316,735	\$6,416,445	\$9,241,658	\$6,783,791	\$7,282,417	\$8,530,620	\$6,722,870	\$7,534,530	\$9,461,179	\$7,666,093	\$77,956,338	
Health New England Claims	\$2,018,128	\$2,108,219	\$1,737,178	\$1,505,632	\$1,946,876	\$1,999,124	\$1,770,679	\$1,975,106	\$2,395,685	\$2,076,952	\$19,533,579	
Tufts Navigator Claims	\$8,713,332	\$6,645,911	\$7,502,479	\$9,065,923	\$7,546,087	\$8,270,295	\$8,608,297	\$8,168,931	\$9,067,615	\$10,869,481	\$84,458,351	
Tufts Spirit and Medicare Complement Claims	\$940,775	\$654,583	\$763,999	\$977,073	\$784,251	\$800,608	\$1,258,119	\$940,438	\$1,169,239	\$1,362,354	\$9,651,439	
Unicare Claims	\$11,914,772	\$17,362,123	\$13,077,091	\$15,305,568	\$18,267,787	\$14,339,794	\$12,082,648	\$13,389,364	\$18,495,985	\$15,051,489	\$149,286,620	
Other costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Claims sub-total	<u>\$43,714,779</u>	<u>\$45,353,620</u>	<u>\$50,571,334</u>	<u>\$33,147,473</u>	<u>\$41,700,717</u>	<u>\$50,136,855</u>	<u>\$45,185,808</u>	<u>\$46,065,312</u>	<u>\$58,753,791</u>	<u>\$50,151,226</u>	<u>\$464,780,915</u>	
Basic Life	\$224,883	\$225,060	\$223,751	\$223,923	\$223,961	\$223,603	\$223,358	\$223,229	\$222,750	\$217,061	\$2,231,580	
Optional Life	\$3,923,235	\$3,923,170	\$3,925,204	\$3,953,910	\$3,960,605	\$3,969,662	\$3,984,265	\$3,999,698	\$3,989,860	\$3,746,275	\$39,375,884	
RMT Life	\$11,636	\$11,620	\$11,593	\$11,808	\$11,859	\$11,858	\$11,842	\$11,825	\$11,802	\$11,398	\$117,241	
Long-Term Disability	\$1,251,801	\$1,249,859	\$1,246,794	\$1,247,604	\$1,248,771	\$1,247,192	\$1,247,090	\$1,245,816	\$1,242,043	\$1,242,768	\$12,469,738	
Dental	\$2,040,398	\$2,048,286	\$2,051,202	\$2,067,762	\$2,073,721	\$2,078,821	\$2,081,950	\$2,086,245	\$2,091,958	\$2,095,797	\$20,716,140	
Tufts Medicare Preferred	\$137,007	\$137,268	\$138,055	\$139,328	\$140,196	\$139,914	\$186,758	\$139,997	\$140,428	\$140,315	\$1,439,265	
UBH Optum	\$19,656	\$19,656	\$19,656	\$19,656	\$19,656	\$19,656	\$19,656	\$19,656	\$16,656	\$18,156	\$192,060	
ASO Administrative Fee	<u>\$1,840,273</u>	<u>\$1,840,081</u>	<u>\$1,827,160</u>	<u>\$1,823,898</u>	<u>\$1,828,865</u>	<u>\$1,827,236</u>	<u>\$1,823,328</u>	<u>\$1,820,504</u>	<u>\$1,816,395</u>	<u>\$1,816,917</u>	<u>\$18,264,657</u>	
Premiums sub-total	<u>\$9,448,890</u>	<u>\$9,455,000</u>	<u>\$9,443,415</u>	<u>\$9,487,889</u>	<u>\$9,507,634</u>	<u>\$9,517,943</u>	<u>\$9,578,247</u>	<u>\$9,546,971</u>	<u>\$9,531,892</u>	<u>\$9,288,686</u>	<u>\$94,806,564</u>	
TOTAL	\$53,163,668	\$54,808,620	\$60,014,748	\$42,635,362	\$51,208,350	\$59,654,799	\$54,764,055	\$55,612,283	\$68,285,683	\$59,439,912	\$559,587,479	

- As expected, enrollee share paid claims have an identical pattern

VII. CFO UPDATE (INFORM)

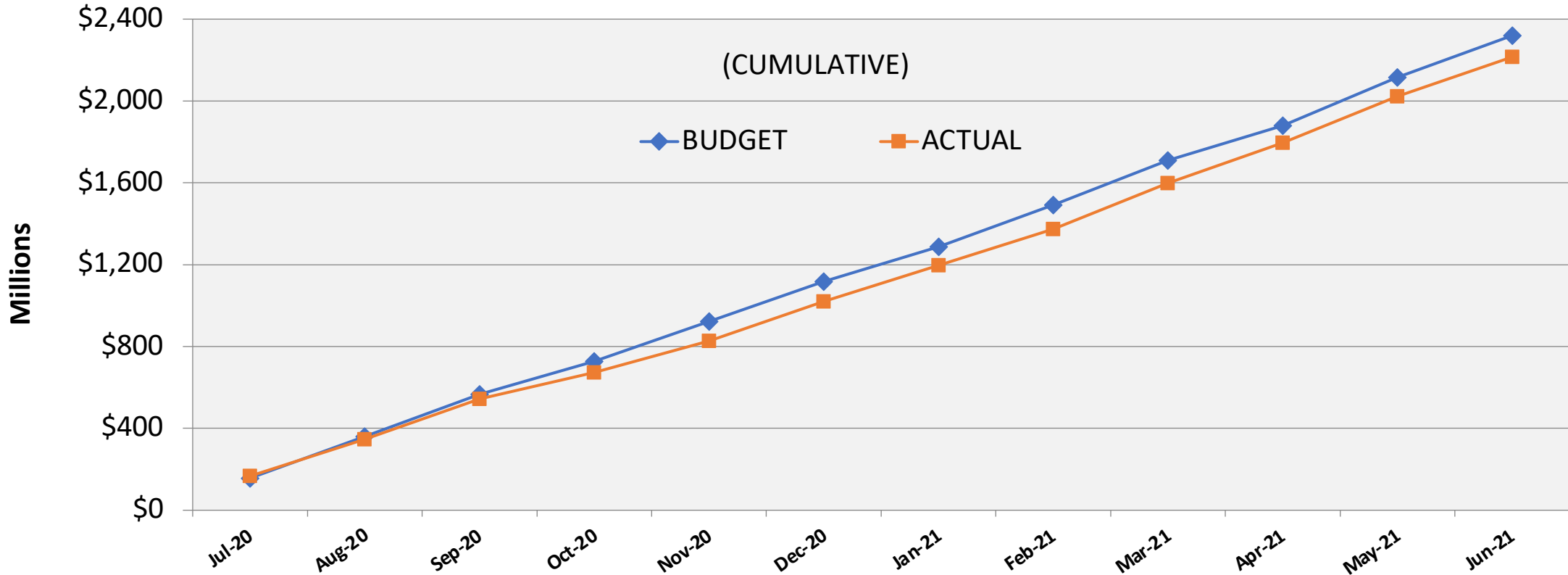
GROUP INSURANCE COMMISSION APPROPRIATION FOR PREMIUM ACCOUNTS FY21 BUDGETED VS. ACTUAL

(BY MONTH)



VII. CFO UPDATE (INFORM)

GROUP INSURANCE COMMISSION APPROPRIATION FOR PREMIUM ACCOUNTS FY21 BUDGETED VS. ACTUAL



VII. CFO UPDATE (INFORM)

FY21 STATE SHARE PREMIUM BUDGET FOR GIC PREMIUM ACCOUNTS as of June 30, 2021				
	Budget	Expenses	Under / (over) Budget	% VAR
Basic Life & Health Account #1108-5200 & #1599-6152	\$2,310,000,000	\$2,206,038,482	\$103,961,518	4.5%
Active Dental & Vision Benefits * Account #1108-5500	\$9,662,385	\$8,944,318	\$718,067	7.4%
Total State Share YTD	\$2,319,662,385	\$2,214,982,800	\$104,679,585	4.5%

- Budget results reflect lower utilization over the fiscal year
 - Overall budget performance reflects the increase in Covid-19 cases at the end of CY 20 and related restrictions
 - April through March 2021 saw a return to more normal levels
- The majority of GIC spending is in the accounts that provide health insurance and basic life
- Approximately \$60M of FY21 funds have been reallocated (PAC) to FY22 to pay for member expenses related to deferred care
 - A similar amount also was allocated via PAC from FY20 to FY21
 - Budget performance data includes all PAC allocations

VIII. Other Business/Adjournment

FY21 GIC Commission Meeting Schedule

- Unless otherwise announced in the public notice, all meetings take place from 8:30 am - 10:30 am on the 3rd Thursday of the month.
- Meeting notices and materials including the agenda and presentation are available at www.mass.gov/gic under Upcoming Events prior to the meeting and under Recent Events after the meeting.

Please note these exceptions:

- February's meeting is scheduled on the 2nd Thursday and March's meeting is scheduled on the 1st Thursday to make decisions regarding the next Benefit Year in a timely manner prior to Annual Enrollment in May.
- April's meeting is rescheduled for the 2nd Thursday of the month in order to avoid conflicting with Passover.

Please note these changes:

- Until the ban on public gatherings is lifted, Commissioners will attend meetings remotely via a video-conferencing platform provided by GIC.
- Anyone with Internet access can view the livestream via the MA Group Insurance Commission channel on YouTube. The meeting is recorded, so it can be replayed at any time.

FY2022 Group Insurance Commission Meetings

July 2021

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

October 2021

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2022

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2022

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

August 2021

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2021

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

February 2022

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

May 2022

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September 2021

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2021

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

March 2022

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2022

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
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19	20	21	22	23	24	25
26	27	28	29	30		

APPENDIX

- Commission Members
- GIC Leadership Team
- GIC Goals
- GIC Contact Channels

Commission Members

- **Valerie Sullivan (Public Member), Chair**
- **Michael Heffernan, Secretary of Administration & Finance**
- **Elizabeth Chabot (NAGE)**
- **Edward Tobey Choate (Public Member)**
- **Tamara P. Davis (Public Member)**
- **Jane Edmonds (Retiree Member)**
- **Eileen P. McAnneny (Public Member)**
- **Melissa Murphy-Rodrigues (Mass Municipal Association)**
- **Bobbi Kaplan (NAGE), Vice-Chair**
- **Gary Anderson, Commissioner of Insurance**
- **Adam Chapdelaine (Mass Municipal Association)**
- **Christine Clinard (Public Member)**
- **Gerzino Guirand (Council 93, AFSCME, AFL-CIO)**
- **Joseph Gentile (Public Safety Member)**
- **Patricia Jennings (Public Member)**
- **Anna Sinaiko (Health Economist)**
- **Timothy D. Sullivan (Massachusetts Teachers Association)**

GIC Leadership Team

Matthew A. Veno, Executive Director

Erika Scibelli, Deputy Executive Director

Emily Williams, Chief of Staff

John Harney, Chief Information Officer

Paul Murphy, Director of Operations

James Rust, Chief Fiscal Officer

Andrew Stern, General Counsel

Brock Veidenheimer, Director of Human Resources

Mike Berry, Director of Legislative Affairs

GIC Goals

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

Contact GIC for Enrollment and Eligibility		
Enrollment	Retirement	Premium Payments
Qualifying Events	Life Insurance	Long-Term Disability
Information Changes	Marriage Status Changes	Other Questions
Online Contact	mass.gov/forms/contact-the-gic	Any time. Specify your preferred method of response (phone, email, mail) from GIC
Email	gicpublicinfo@mass.gov	
Telephone	(617) 727-2310	M-F from 8:45 AM to 5:00 PM
Office location	1 Ashuburton Place, Suite 1619 Boston, MA	Not open for walk-in service
Correspondence	P.O. Box 8747 Boston 02114	Allow for processing time. Priority given to requests to retain or access benefits, and to reduce optional coverage during COVID-19.
Paper Forms	P.O. Box 556 Randolph, MA 02368	

Contact Your Health Carrier for Product and Coverage Questions

Finding a Provider

Accessing tiered doctor and hospital lists

Determining which programs are available, like telehealth or fitness

Understanding coverage

Health Insurance Carrier	Telephone	Website
AllWays Health Partners	(866)-567-9175	allwayshealthpartners.org/gic-members
Fallon Health	(866) 344-4442	fallonhealth.org/gic
Harvard Pilgrim Health Care	(800) 542-1499	harvardpilgrim.org/gic
Health New England	(800) 842-4464	hne.com/gic
Tufts Health Plan (THP)	(800) 870-9488	tuftshealthplan.com/gic
THP Medicare Products	(888) 333-0880	
UniCare State Indemnity Plans	(800) 442-9300	unicarestatplan.com