

**GROUP INSURANCE COMMISSION MEETING**  
**Thursday, March 24, 2022**  
**8:30 A.M. – 10:30 A.M.**

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

**MINUTES OF THE MEETING**

NUMBER: Six Hundred sixty-seven  
DATE: March 24, 2022  
TIME: 8:30 a.m.  
PLACE: The Meeting was held virtually

**Commissioners Present:**

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

**Commissioners Not Present:**

ELIZABETH CHABOT (NAGE)  
ANNA SINAIKO, Ph.D. (Health Economist)

## **Call to Order**

The Chair called the Meeting to order at 8:30 a.m. The Chair reminded the Commission that it would be entering an Executive Session at the end of the Public Meeting. The adjournment of today's meeting would occur from that session. The Executive Session is not a public meeting. The Chair named the Commissioners that were in attendance.

The Minutes from the March 3, 2022 meeting will be distributed for approval at the May 19, 2022 Commission meeting along with Minutes from this meeting.

The Chair turned the meeting over to Executive Director Veno who provided an overview of the meeting's agenda. While reviewing the projected 2022 calendar the Executive Director reminded Commissioners that there will be no April meeting.

### **I. Engagement Update (INFORM)**

The Executive Director turned the meeting over to Deputy Executive Director Erika Scibelli. She reviewed the objectives of the engagement process and updated the Commission on the meetings that have been held prior to the RFR release on April 1<sup>st</sup>. The Deputy Executive Director thanked all the groups, as well as the Commissioners, that the GIC had had the chance to meet with during this process. She then opened the floor to questions.

Commissioner Choate asked the Deputy Executive Director to provide a snapshot of the themes that were learned from the engagement process. The Deputy Executive Director noted that there were considerable concerns about affordability, behavioral health, and health equity, the three areas of strategic focus for the GIC. She also mentioned the appreciation that all external stakeholders expressed to the GIC for including different voices in the process. She finally noted that the key focus of the majority of the meetings was the affordability challenge.

The Executive Director stated that during the strategy update, specific feedback that informed that strategy would be noted. The Chair pointed out that the definition of affordability can change especially in the context of any changes that the GIC would make in response to the engagement process and that if members and constituents want affordability, there would likely be trade-offs.

Commissioner Edmonds asked whether Democratic leaders were consulted during the engagement period as well, since the slide presented only mentioned Republican leaders.

The Deputy Executive Director clarified that where the slide referenced “House and Senate Leadership”, it meant Democratic leaders as they currently lead both the House and the Senate in the Massachusetts Legislature.

## **II. FY24 Medical Procurement Strategy Update & Discussion**

The Executive Director began the presentation of the health plan procurement strategy for contracts that would begin in FY24, noting that the RFR is scheduled to be released on April 1<sup>st</sup>. He reiterated the three priority areas of strategic focus: affordability, health equity, and behavioral health access. He reviewed the process for developing this cycle’s particular strategy.

Commissioner McAnneny commented that as affordability is a priority for the GIC, care coordination should also be included, particularly for members with chronic conditions and considering the recent cost inflation.

The Vice Chair asked if the GIC would be able to adjust costs down should inflation reduce in the coming 3-5 years, during the life of the contract. The Executive Director replied that that topic would be focused on in more detail in a subsequent slide.

The Chair asked the Executive Director why high-deductible health plans were eliminated as a priority during this procurement season. The Executive Director indicated that the answer to that would be presented in a subsequent slide.

The Executive Director reviewed the current vendor portfolio, noting that it includes six (6) health plan vendors, but also noting that it is possible that not all of the current carriers will choose to bid on the upcoming RFR. He also highlighted that this does not reflect a strategic objective of consolidation for the GIC. It is also possible that new carriers may choose to participate.

Commissioner Clinard asked the Executive Director to speak more about why consolidation was not made part of the strategy for this procurement. The Executive Director replied that while administrative efficiency for the GIC as well as the high quality of all the carriers that are currently in the portfolio could be arguments for consolidation, it was determined that the savings that might be achieved through switching to only a few carriers would not be high enough to justify such a change when weighed against the disruption to members.

Commissioner McAnneny asked how the GIC is encouraging different benefit/plan designs from carriers in lieu of consolidation. The Executive Director addressed this in the next slide as he reviewed the current product portfolio and compared it to what the GIC is looking into as possibilities for the FY24 procurement. He also referred back to the Chair's question about high deductible plans, indicating that based on responses to the member survey and other feedback obtained during the engagement process, this product was not one that was well supported by members. Additionally, combining a high deductible product with a Health Savings Account (HSA) would be a significant undertaking for the GIC. The Executive Director invited input from Dr. Jeff Levin-Scherz of WTW who spoke to research that suggests that high deductible plans discourage members from receiving necessary and preventative care, leading to increased costs and decreased member health. Instead of offering this type of plan, the GIC is going to explore the possibility of diversifying with other plan types that offer affordable options to members. Commissioner McAnneny commented that offering more tiered plans would be an essential part of addressing affordability.

Commissioner Clinard then asked whether the GIC was considering offering a reduction in premiums through things like yearly health/biometric screenings, as are sometimes offered through private employers. The Executive Director replied that it is something that can be explored by connecting with the carriers to see what they offer to other employers but that a deduction in premiums can be complicated due to the percentage of cost born by the member and by the Commonwealth, both of which are set by legislative statute. There being no other questions, the Executive Director completed his discussion of the affordability framework.

The Executive Director then discussed the carrier domains that would be a priority throughout the procurement process such as provider discounts, management of total cost of care, and network innovations, among others. He then paused for questions from the commission.

Commissioner Choate asked what level of innovation is currently being seen from the carriers with respect to cost saving. The Executive Director said that he is optimistic that the GIC will see creative responses from most bidders and that the RFR will be the chance for the GIC to achieve commitments from carriers linked to those proposed strategies. The Vice Chair asked how the GIC is going to monitor accountability and performance of carriers, specifically between years 2 and 3, so as to not automatically renew for year 4 but to hold the carriers accountable. The Executive Director responded that monitoring carrier performance goes on today and will be ongoing through the Vendor Management Team and other members of the Senior Team, utilizing a set of specific performance metrics that will be tracked from day one

of the new contracts, including a better view into provider pricing. The Chair recommended perhaps creating a scorecard that is presented to the Commission on a quarterly basis.

Commissioner McAnney expressed her appreciation of the current approach to affordability. Commissioner Clinard noted that while she agrees with the increased standards on carriers, she was concerned that this may also translate into increased pressure on members to change the way they have been approaching their health care. The Executive Director agreed and noted that, while the procurement strategy takes member feedback regarding choice very seriously, members should expect there to be some changes to plan design that require them to adapt.

The Executive Director then noted that the GIC is exploring the possibility of additional products for members who live out-of-state, both for Medicare and non-Medicare retirees. He then moved on to the standards for expanding and strengthening access to behavioral health treatment. The Vice Chair asked if this approach would include obtaining data from carriers regarding their outreach to new providers to join their networks. The Executive Director agreed that this is needed, but that there is also a shortage of mental health providers in general. He further noted that the GIC plans to approach this issue in a data-driven way and to work with both carriers and providers to expand access and coverage.

The Executive Director discussed the ways the GIC will be advancing progress toward greater health equity. The Chair noted that high-quality data is needed from the health carriers and providers to make sure that they are also doing whatever they can to achieve greater health equity. The Vice Chair asked what the standards are for health equity accreditation and asked if the Commission could get more detailed information on that front. The Executive Director replied that the staff would be happy to provide that to the Commissioners as a follow-up to this meeting. Commissioner Edmonds asked how the GIC would be measuring and reporting on carriers' efforts to fulfill commitments on this issue. The Analytics Director responded with the example of maternal health. She said while the GIC does not have complete data around maternal health in Massachusetts, it can push forward with the data it does have to request that carriers diversify their data to include identifying markers as well as using specific codes on claims to indicate social determinates of health. She also noted that the GIC can push carriers to standardize their data to allow it to verify significant steps towards addressing disparities.

The Executive Director concluded with a review of the aspects of a successful procurement, as well as the next steps of the procurement process.

### **III. Executive Session**

The Chair explained that the meeting would be shifting to an Executive Session. The General Counsel called the roll to confirm that each Commissioner would be in a private area during the session. Each Commissioner confirmed this. The Chair called for a motion to move into Executive Session. The motion was made and seconded. The roll was called on the motion and it passed unanimously.

### **IV. Adjournment from Executive Session**

The Chair then concluded the public portion of the meeting and expressed her eagerness to return to in-person meetings. The Chair closed the Public Meeting at 10:09 A.M.

Respectfully submitted,

Matthew A. Veno  
Executive Director