



Commonwealth of Massachusetts
Group Insurance Commission



COMMISSION MEETING

MAY 18, 2023

(Public Notice: G.L. C 30A, Sec. 20, May 16, 2023)



Group Insurance Commission



MassGIC



MA Group Insurance Commission

	Topic	Speaker	Schedule
I	Minutes, March 2, 2023 (VOTE)	Valerie Sullivan, Chair Andrew Stern, General Counsel	8:30-8:40
II	Executive Director's Report (INFORM)	Matthew Veno, Executive Director & Members of Senior Staff	8:40-8:50
III	Out of Pocket Report (INFORM)	Lauren Makishima, Data Analytics Manager	8:50-9:35
IV.	Behavioral Health Update (INFORM)	Margaret Anshutz, Healthy Policy & Analytics Director	9:35-10:05
V.	Trust Funds (VOTE)	James Rust, Chief Financial Officer	10:05-10:15
VI.	CFO Report (INFORM)	James Rust, Chief Financial Officer	10:15-10:25
VII.	Other Business & Adjournment	Valerie Sullivan, Chair Matthew Veno, Executive Director	10:25-10:30

Motion

That the Commission hereby approves the minutes of its meeting held on March 2, 2023 as presented.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Khushbu Webber (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Jane Edmonds
- Joseph Gentile
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnneny
- Melissa Murphy-Rodrigues
- Timothy D. Sullivan
- Anna Sinaiko



II. Executive Director's Report (INFORM)

Matthew Veno,
Executive Director

Members of Senior Staff

Projected 2023 Calendar*

Public Info Sessions		Annual Enrollment Info Sessions									
Stakeholder Engagement			FY24 Annual Enrollment						Fall buy out		
Jan 19	Feb 16	Mar 2	Apr	May 18	Jun 15	Jul	Aug	Sep 21	Oct 19	Nov 16	Dec 21
Presentation: FY24 Plan Design	Vote: FY24 Plan Design	Vote: FY24 Rates	No Meeting	Vote: Trust Funds	Report: Annual Enrollment	No Meeting	No Meeting	Plan Audit	Vote: Plan Audit Procurement	HPC presentation	FY25 Preliminary Rates
Engagement Update	Report: Public Info Sessions	Annual enrollment sessions		Report: Out of Pocket	Modernization Update						
				Behavioral Health Update	Carrier Performance Guarantees Update						

* Topics and meeting dates are subject to change



III. Out of Pocket Report

**Lauren Makishima,
Data Analytics Manager**

Background Definitions

Out-of-Pocket (OOP) Costs: deductibles, copays, and coinsurance (including behavioral health and prescription drug cost-sharing) paid by the member

Out-of-Pocket (OOP) Max: after a member reaches their OOP max, the GIC covers 100% of the cost of that member's covered services

- All non-Medicare GIC plans have a **\$5,000 individual / \$10,000 family** OOP Max.
- Plans with Out-of-Network benefits have a **separate** \$5,000 individual / \$10,000 family OOP Max for Out-of-Network services.

How could a member's OOP costs **exceed** the policy's OOP max?

Out-of-Network provider utilization

- HMO plans – not covered
- PPO/POS plans – covered, but subject to coinsurance and separate OOP max

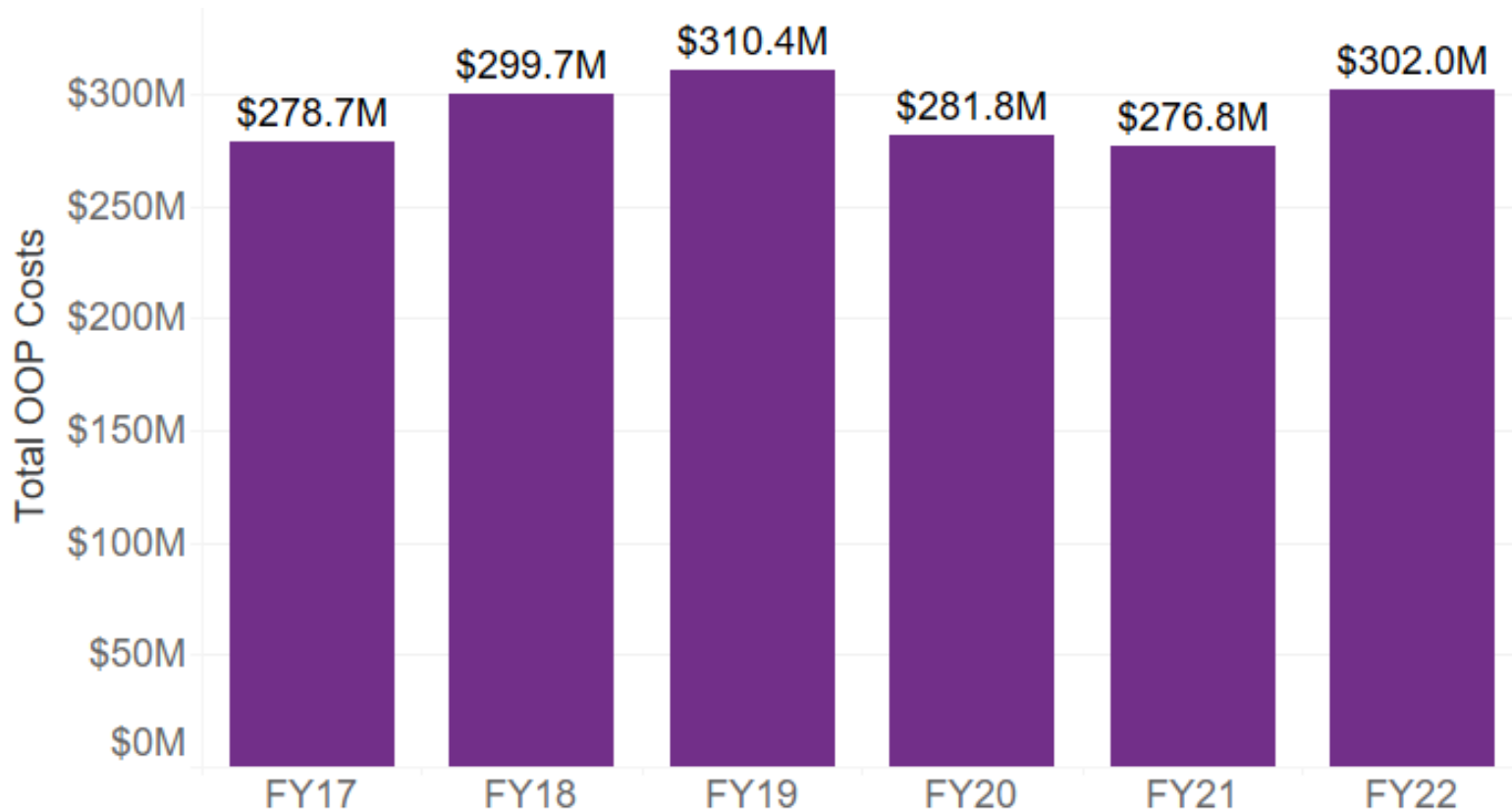
Prescription drug penalties

- Product Selection penalties
- Retail Refill penalties

Non-covered services

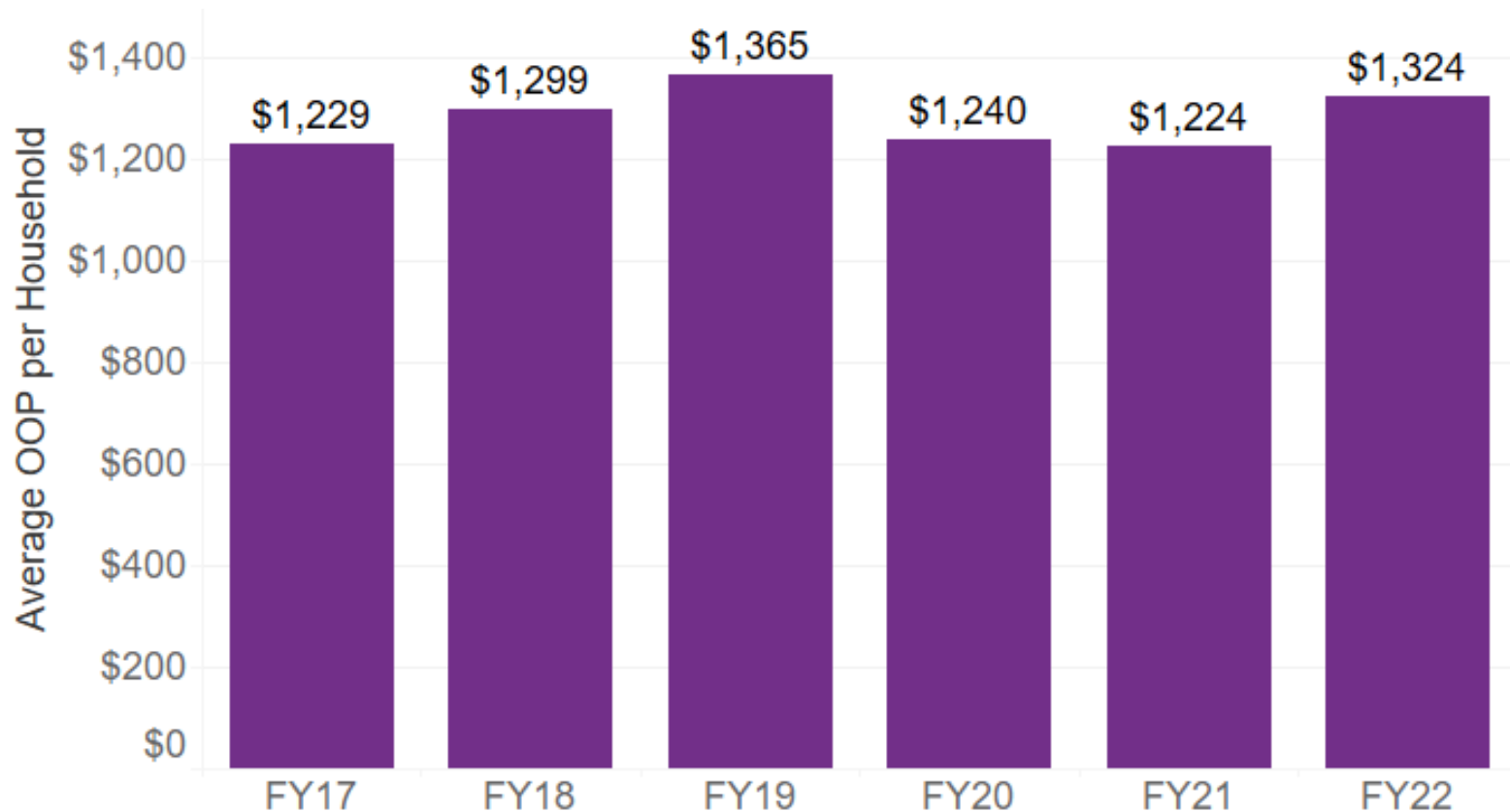
Total OOP Costs (in Millions) FY17 – FY22

Aggregate OOP costs for all members increased 9.1% to \$302M as COVID-19 waived copay policies were sunset. Costs remained below pre-pandemic levels.



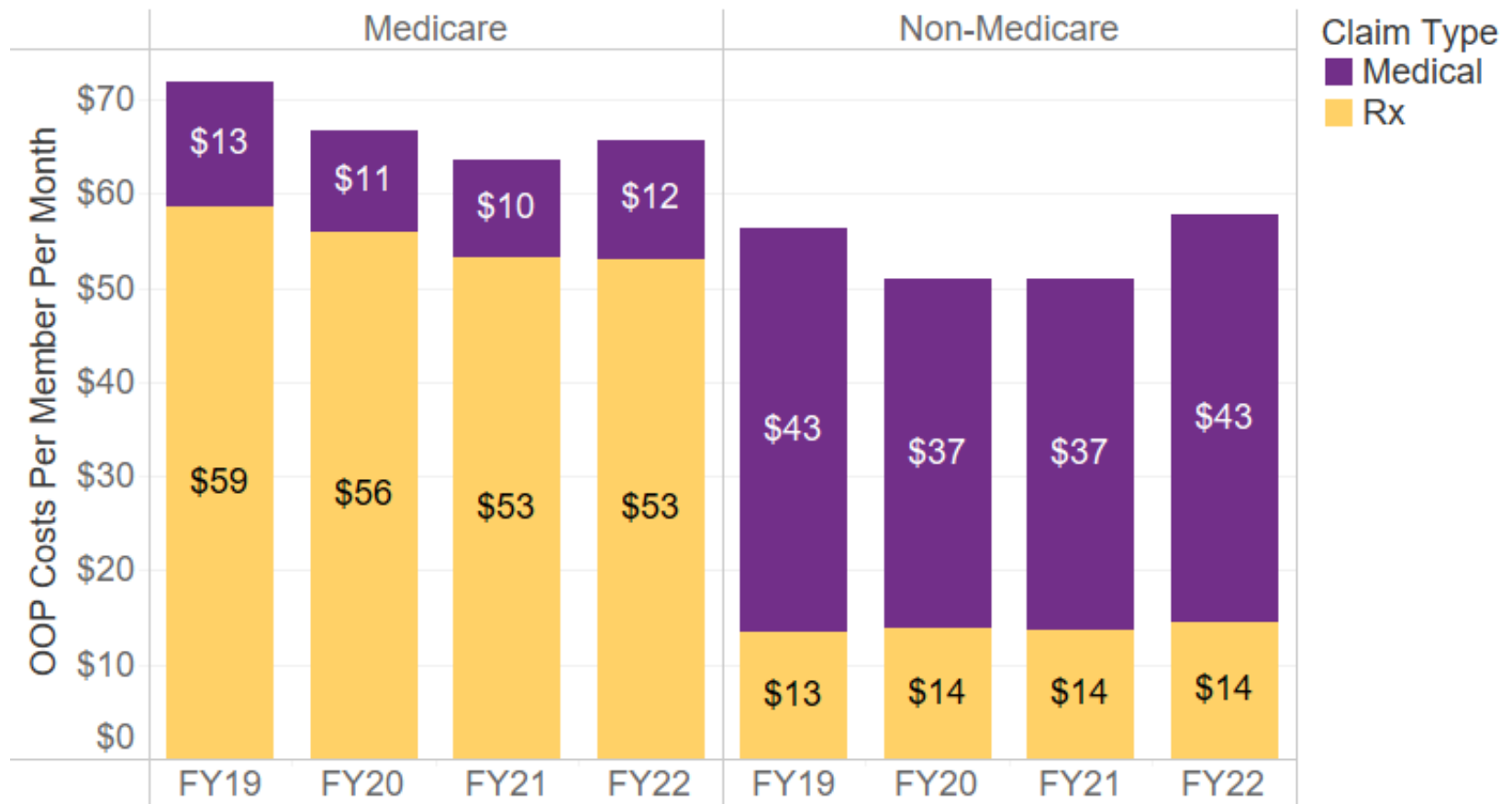
Average OOP Cost per Household FY17 – FY22

Aggregate OOP costs per household increased 8.2% between FY21 and FY22.



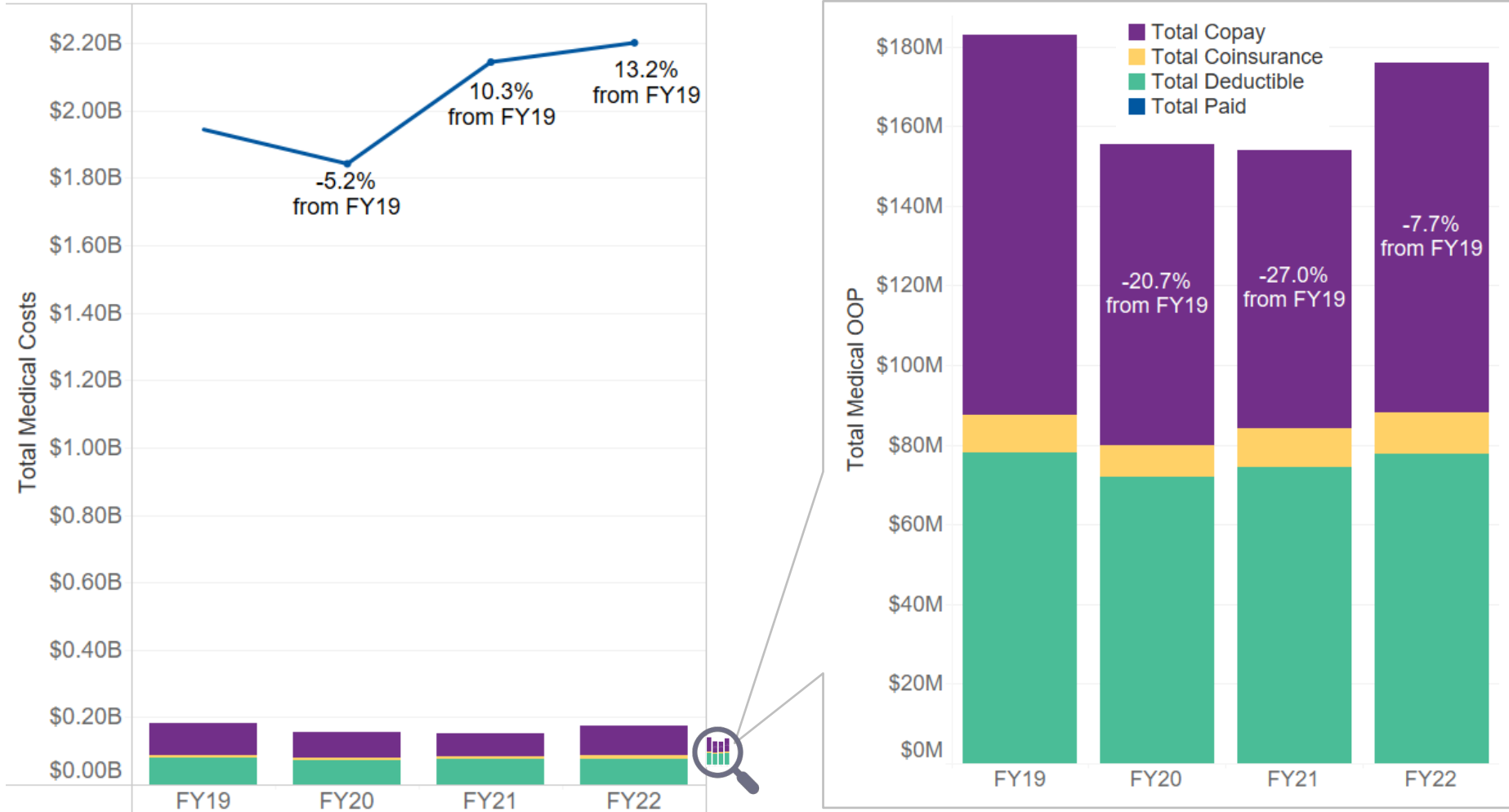
OOP Costs Per Member Per Month FY19 – FY22

Between FY19 and FY22, average OOP costs per member per month decreased \$6.22 for Medicare members and increased \$1.42 for non-Medicare members.



COVID-19 Waived Copay Policy Impact

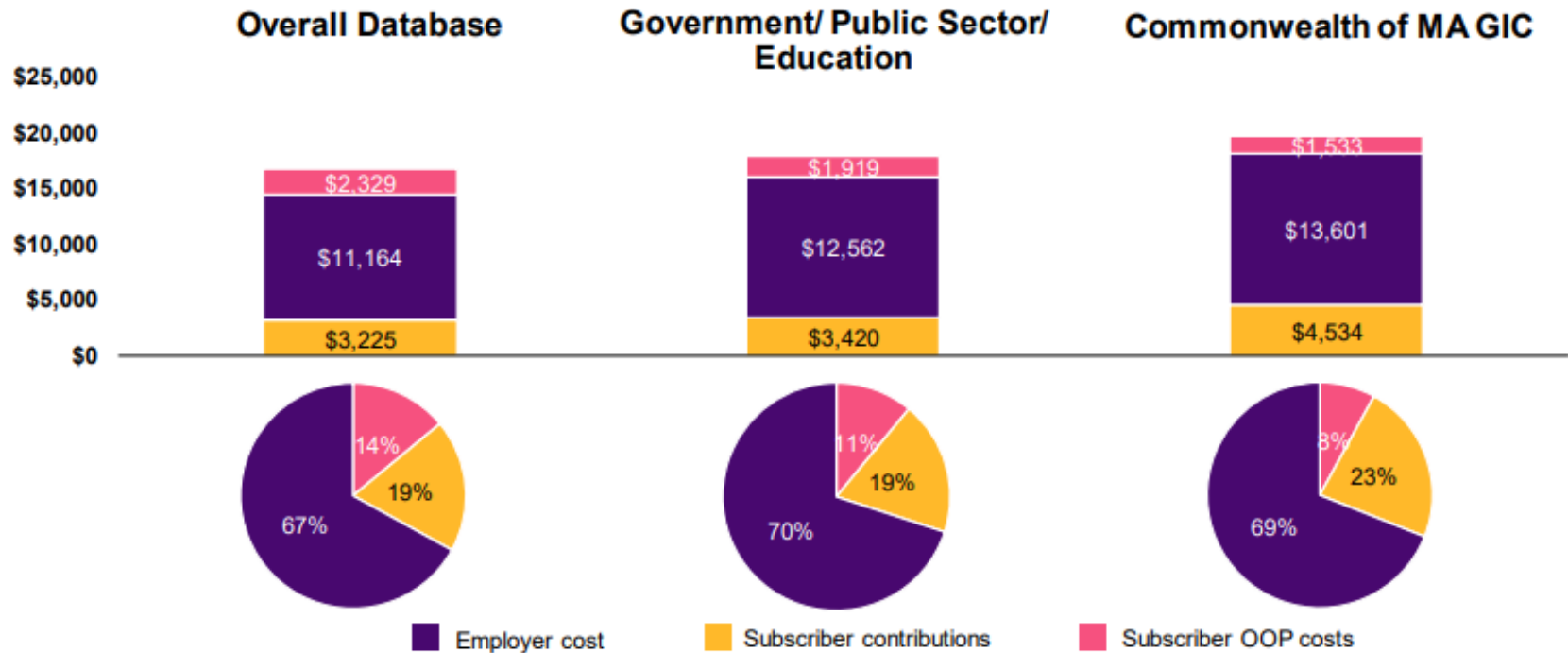
Waived copay policies during the COVID-19 pandemic helped protect members from rising health care costs.



Benchmarking GIC Benefits

GIC members experienced lower OOP costs than benchmark comparators, in both absolute dollars and as a percentage of total costs.

? How does your subscribers' share of total cost, including contributions and out-of-pocket expenses, compare to benchmarks?

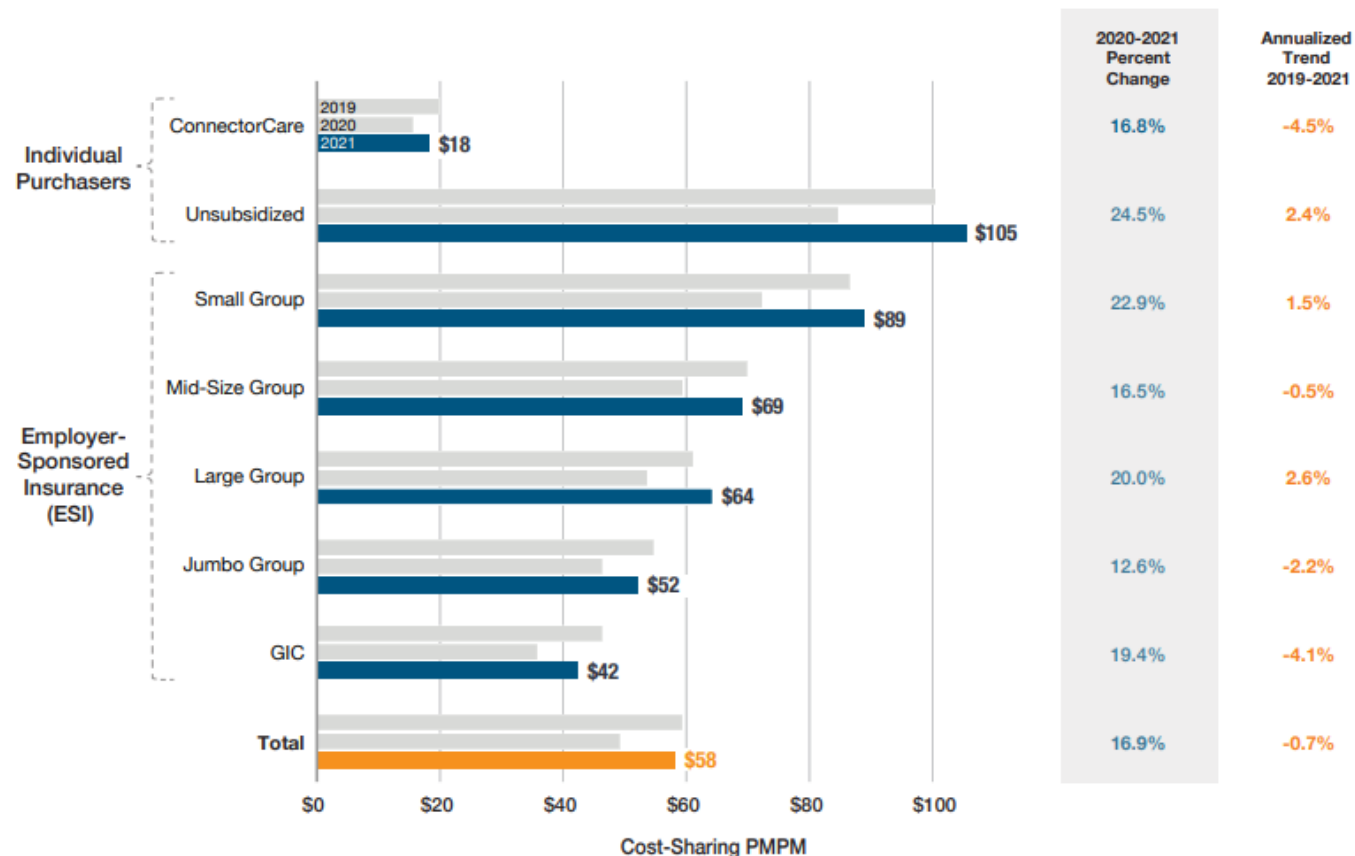


Source: Willis Towers Watson 2022 Financial Benchmarks Survey. Benchmark values are unadjusted. GIC differs from benchmark averages in age/gender, family size, geography, and plan value.

Benchmarking GIC Benefits

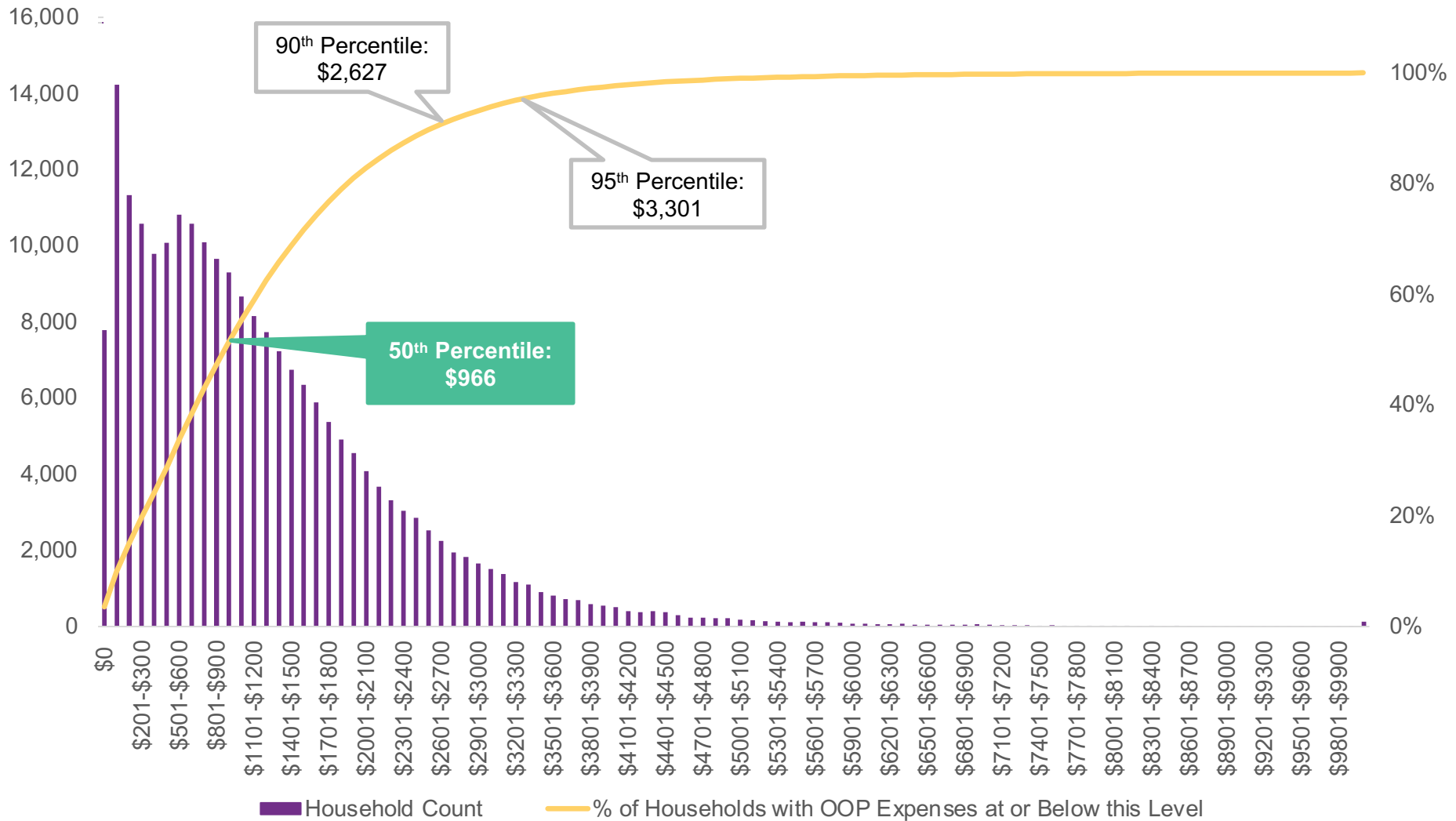
CHIA reported that non-Medicare GIC plans had lower average CY2021 OOP costs than Jumbo employer group plans situated in MA (500+ employees).

Cost-Sharing by Market Sector, 2019-2021

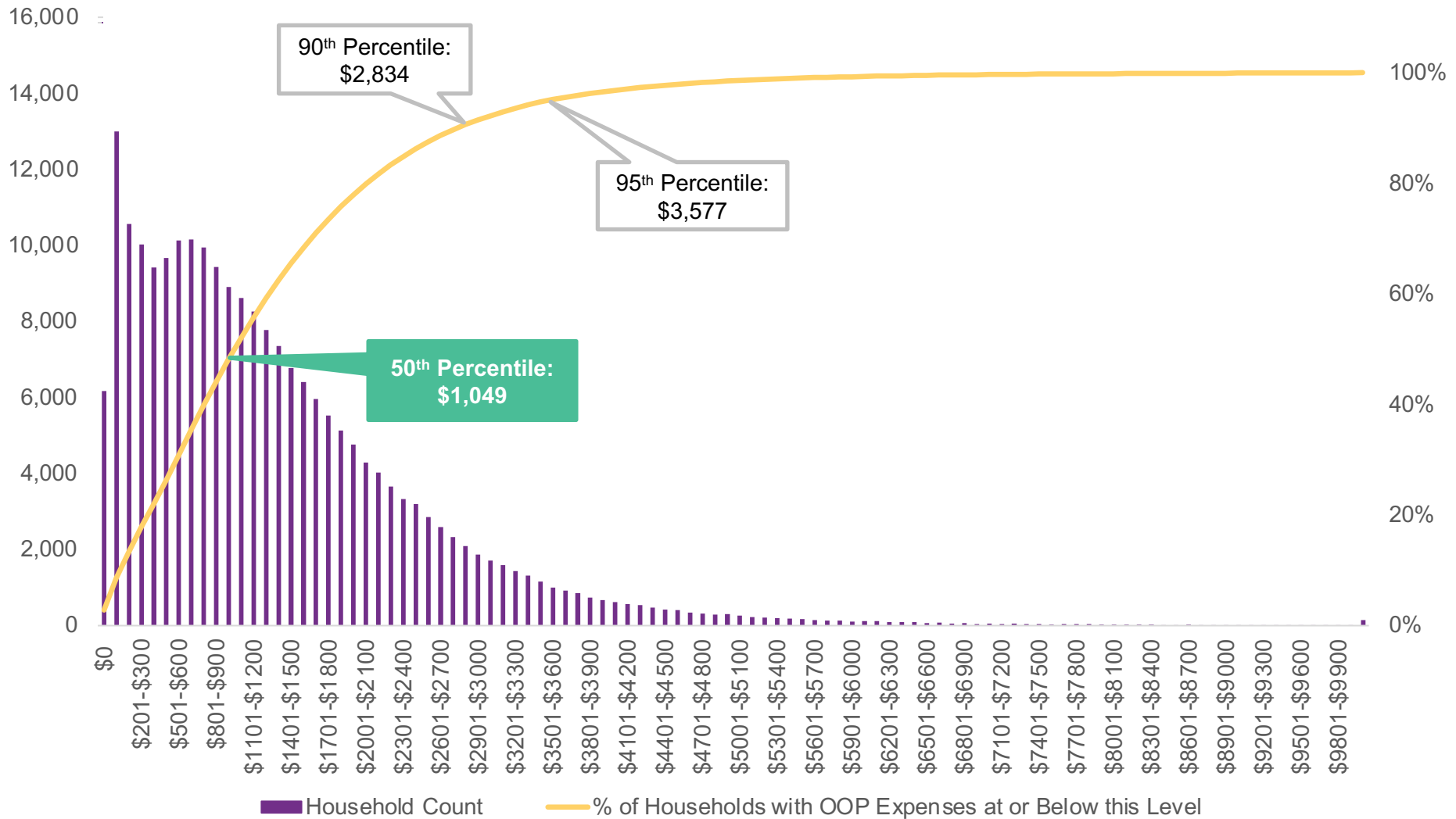


Source: Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2023. Data shown includes Private Commercial enrollment for plans situated in MA (includes non-MA residents) on a calendar year basis. Cost-sharing differs from GIC-produced metrics due to differences in data collection timing and methodology.

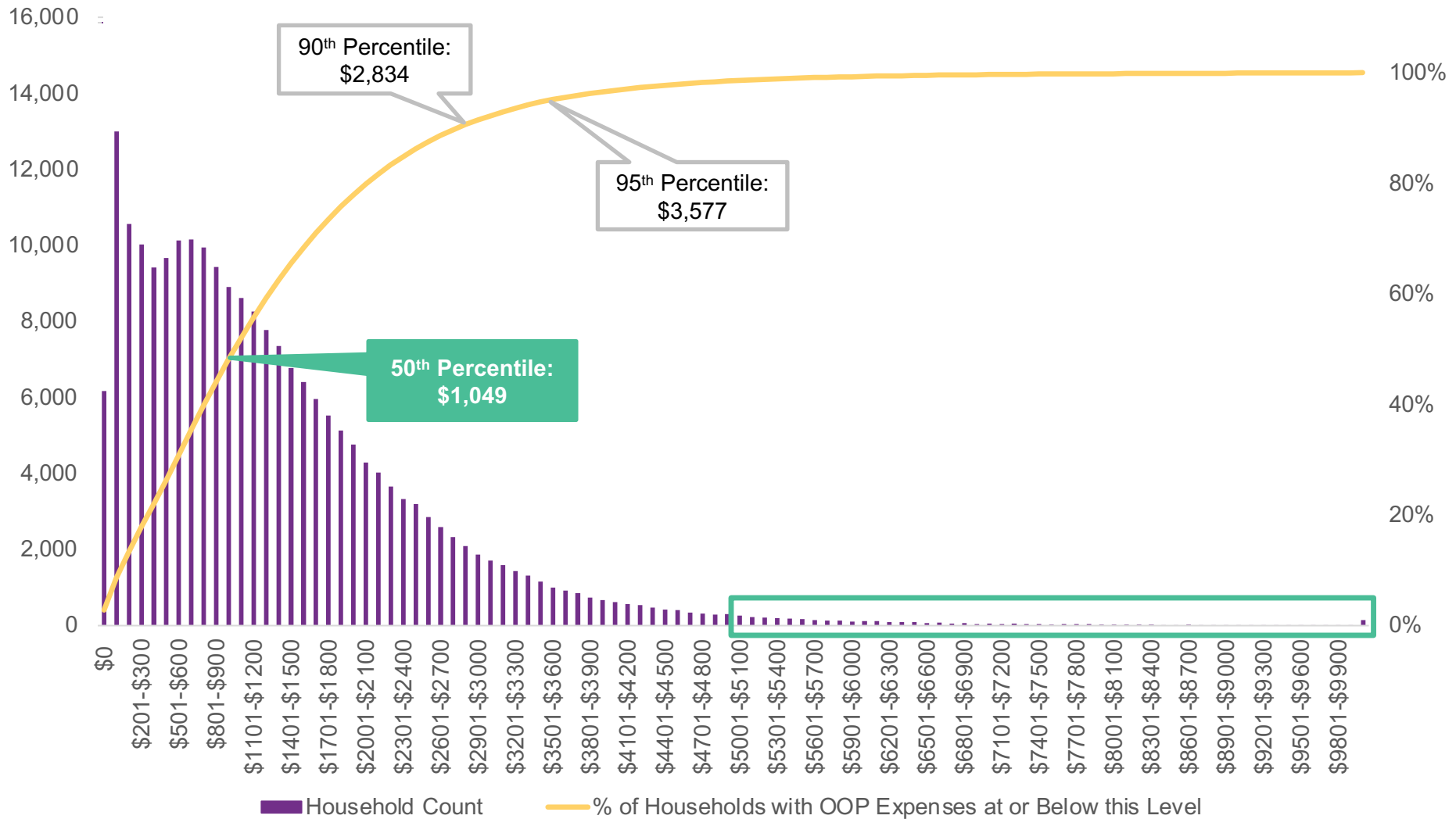
OOP Cost by Household FY21



OOP Cost by Household FY22

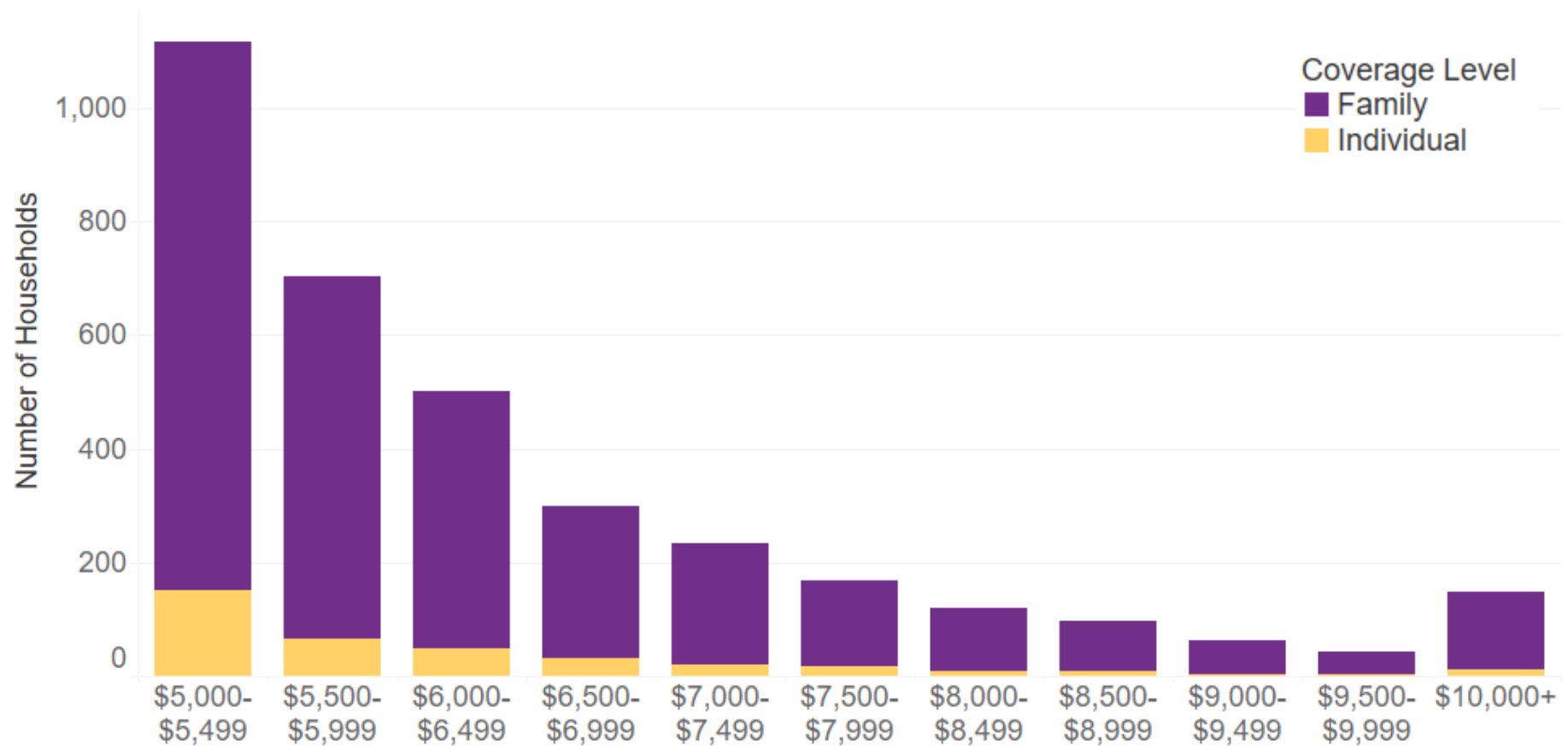


OOP Cost by Household FY22



FY22 High OOP Households by Coverage Level

In FY22, 363 Individual households and 3,130 Family households exceeded \$5,000 in OOP costs.



Households with High OOP Costs

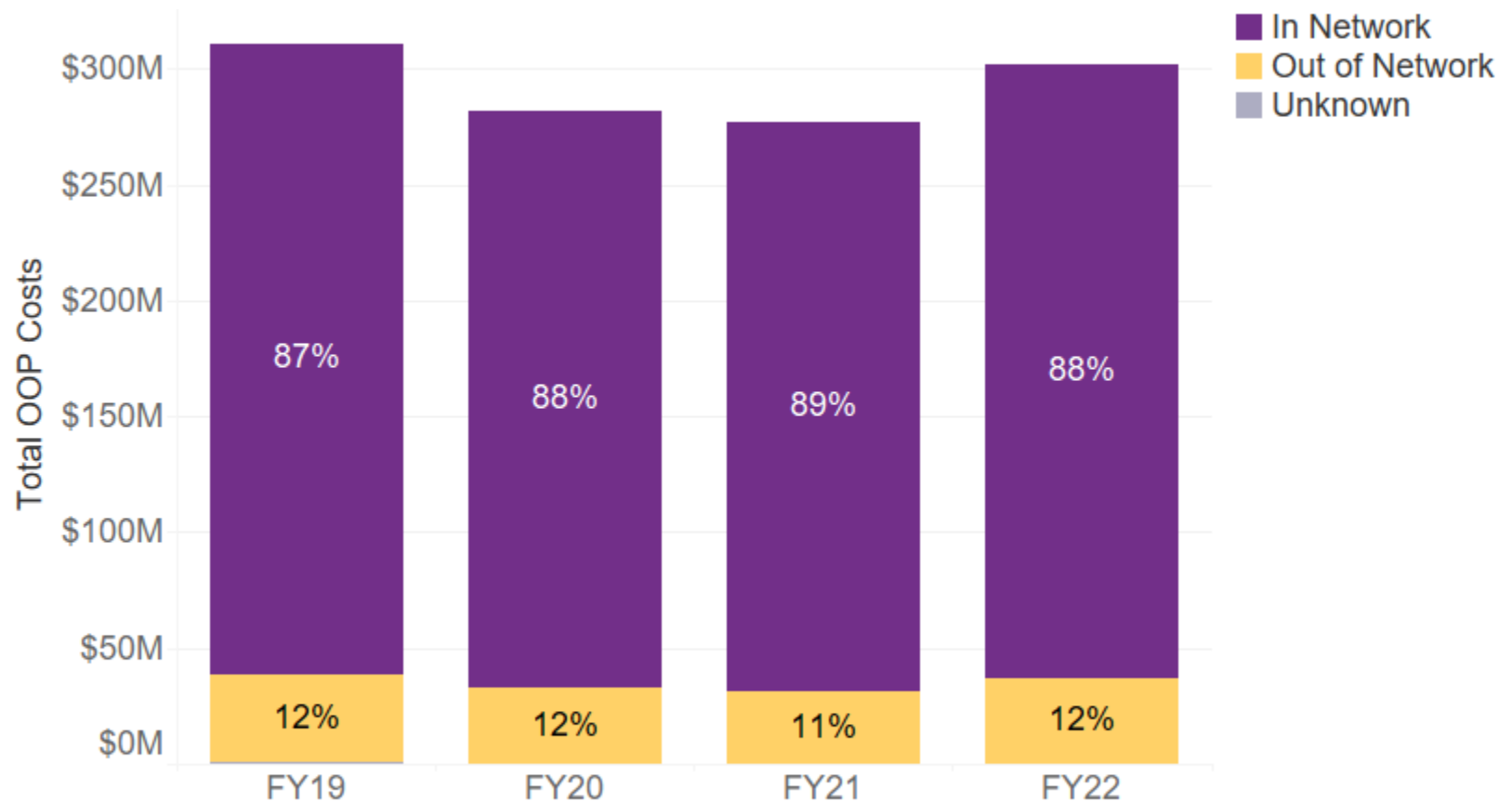
- The number of households with \$5,000-\$9,999 in OOP costs **increased** from 2,345 households in FY21 to **3,344 households** in FY22.
- The number of households with \$10,000 or greater in OOP costs **increased** from 122 households in FY21 to **149 households** in FY22.
- On average, the GIC covers **90%** of the total medical and pharmacy costs for households with \$5,000+ in OOP costs.
 - For households with \$5,000-\$9,999 in OOP costs, the GIC paid an average of **\$113,633 per household** in claims.
 - For households with \$10,000 or greater in OOP costs, the GIC paid an average of **\$187,267 per household** in claims.
- Utilization outside plan parameters, including Out-of-Network utilization and pharmacy penalties, can cause members to incur high OOP costs.

Out-of-Network Utilization

Out-of-Network OOP Cost Trend

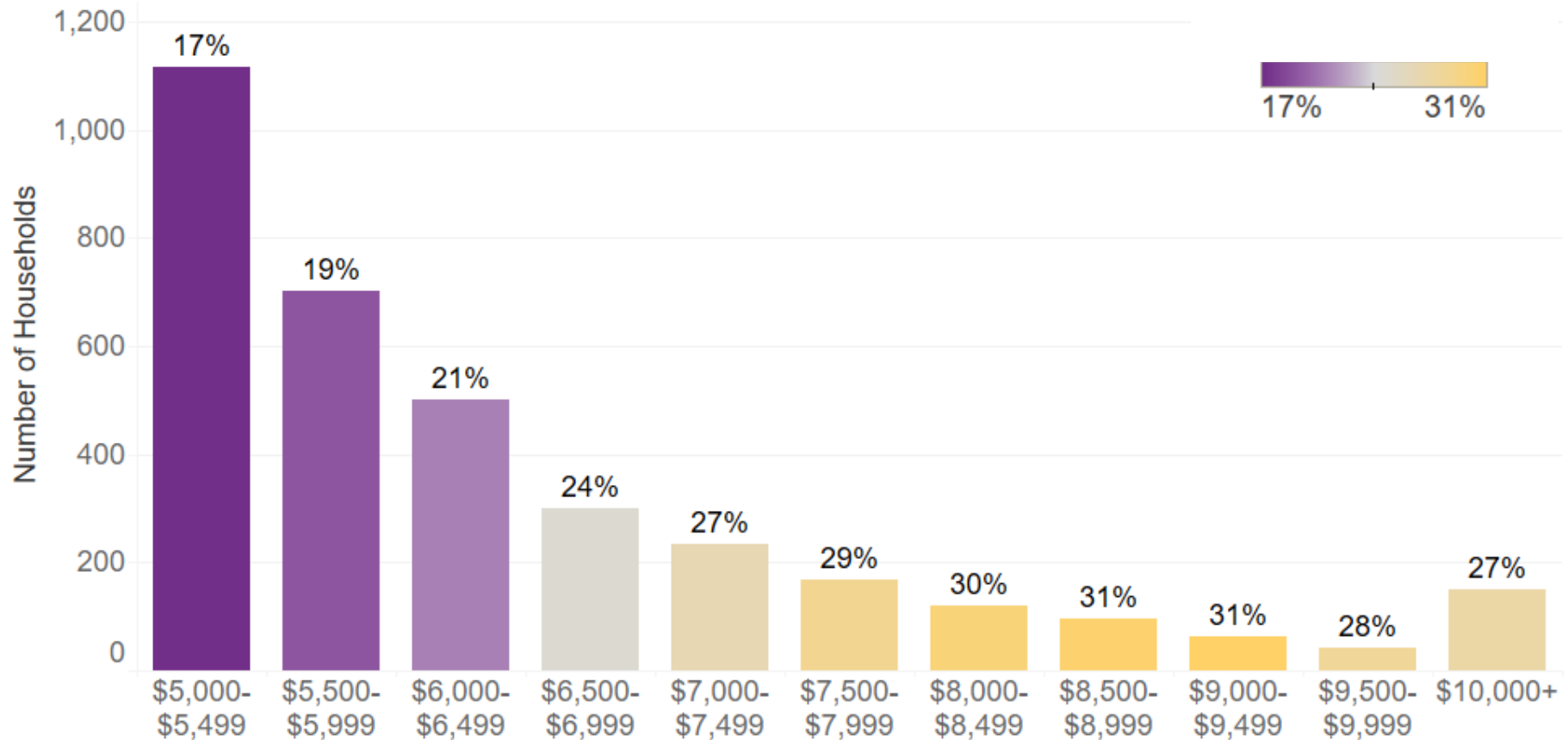
Full Membership

GIC members incurred an average of 12% of total medical OOP costs out-of-network. This proportion has been stable over the last four plan years.



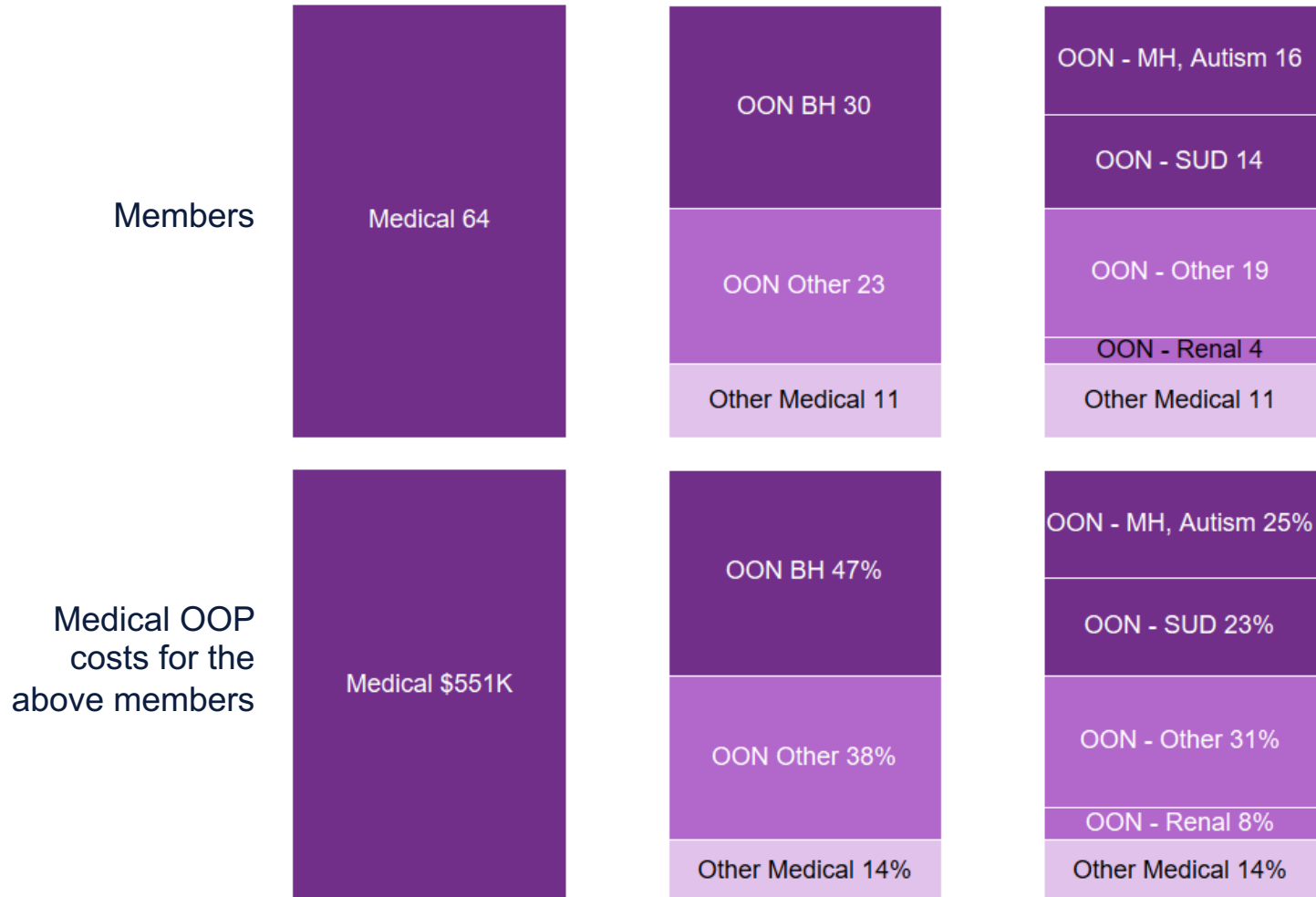
High OOP Households by Out-of-Network Utilization

High OOP households incurred higher proportions of out-of-network costs than the average GIC household.



Findings from Carrier Surveys on Highest Medical OOP Members

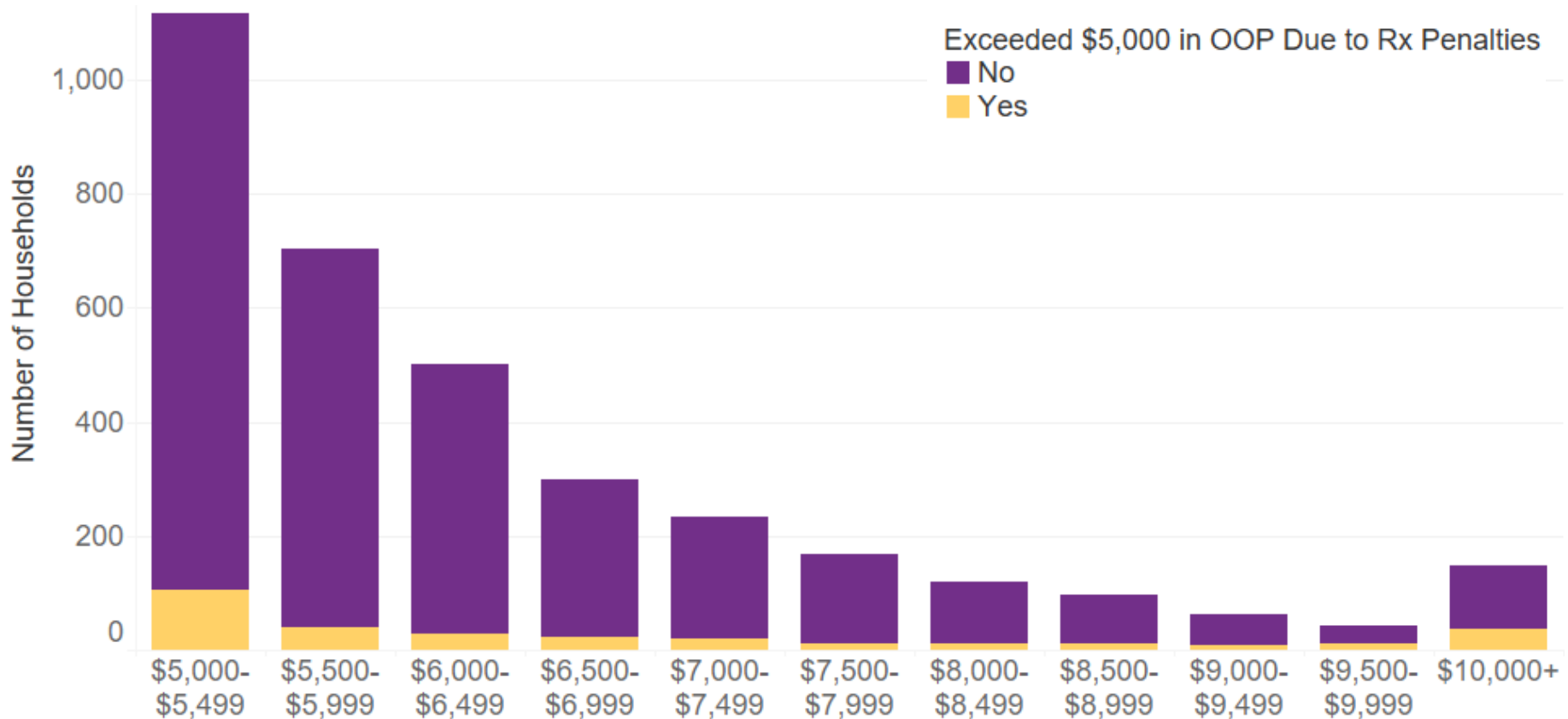
Breakdown of members and medical OOP by cost drivers



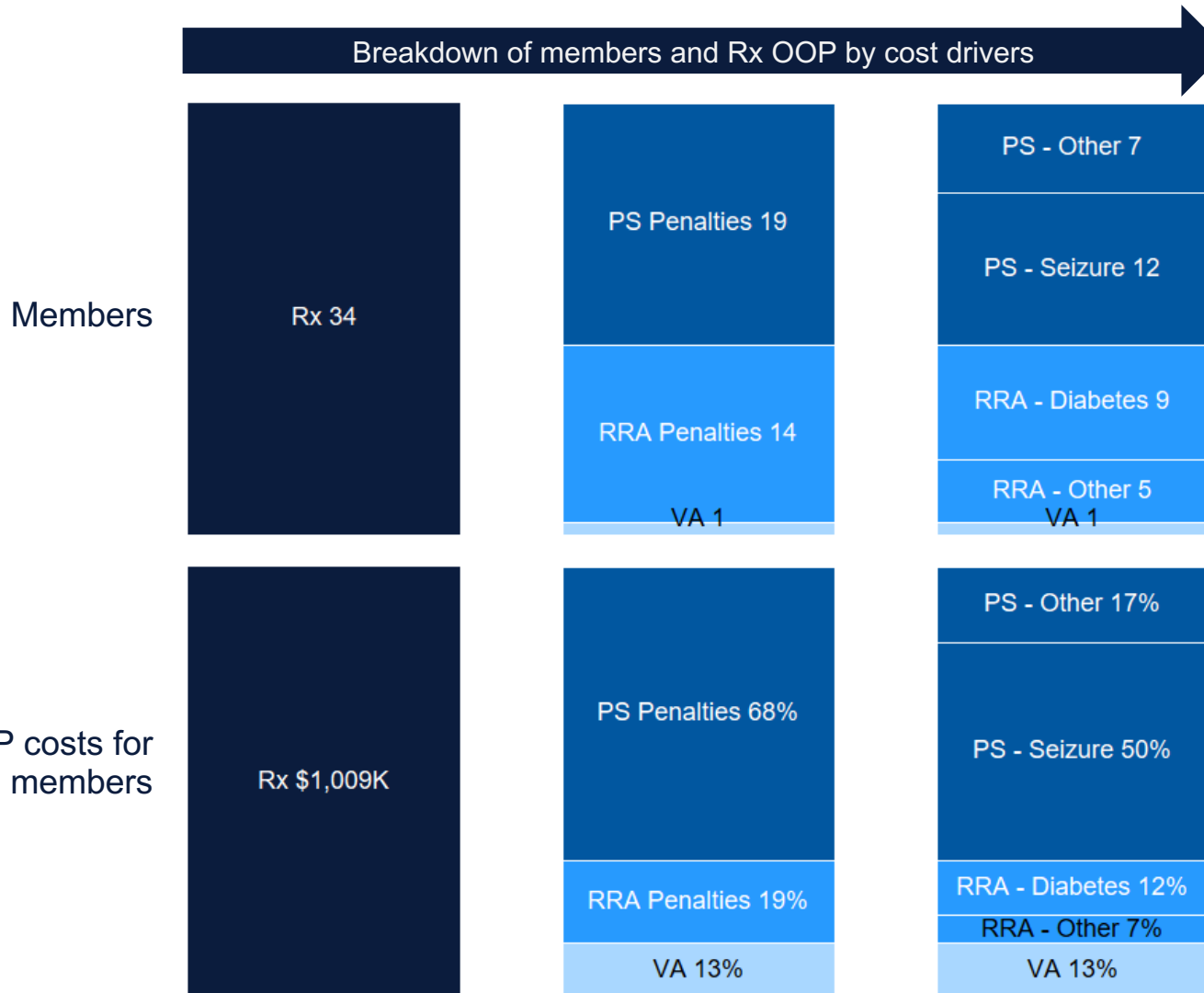
Pharmacy Penalties and Prescription Drug OOP Costs

High OOP Households Exceeding \$5,000 Due to Rx Penalties

9% of high OOP households would've fallen below the \$5,000 threshold if no Rx penalties had been incurred.

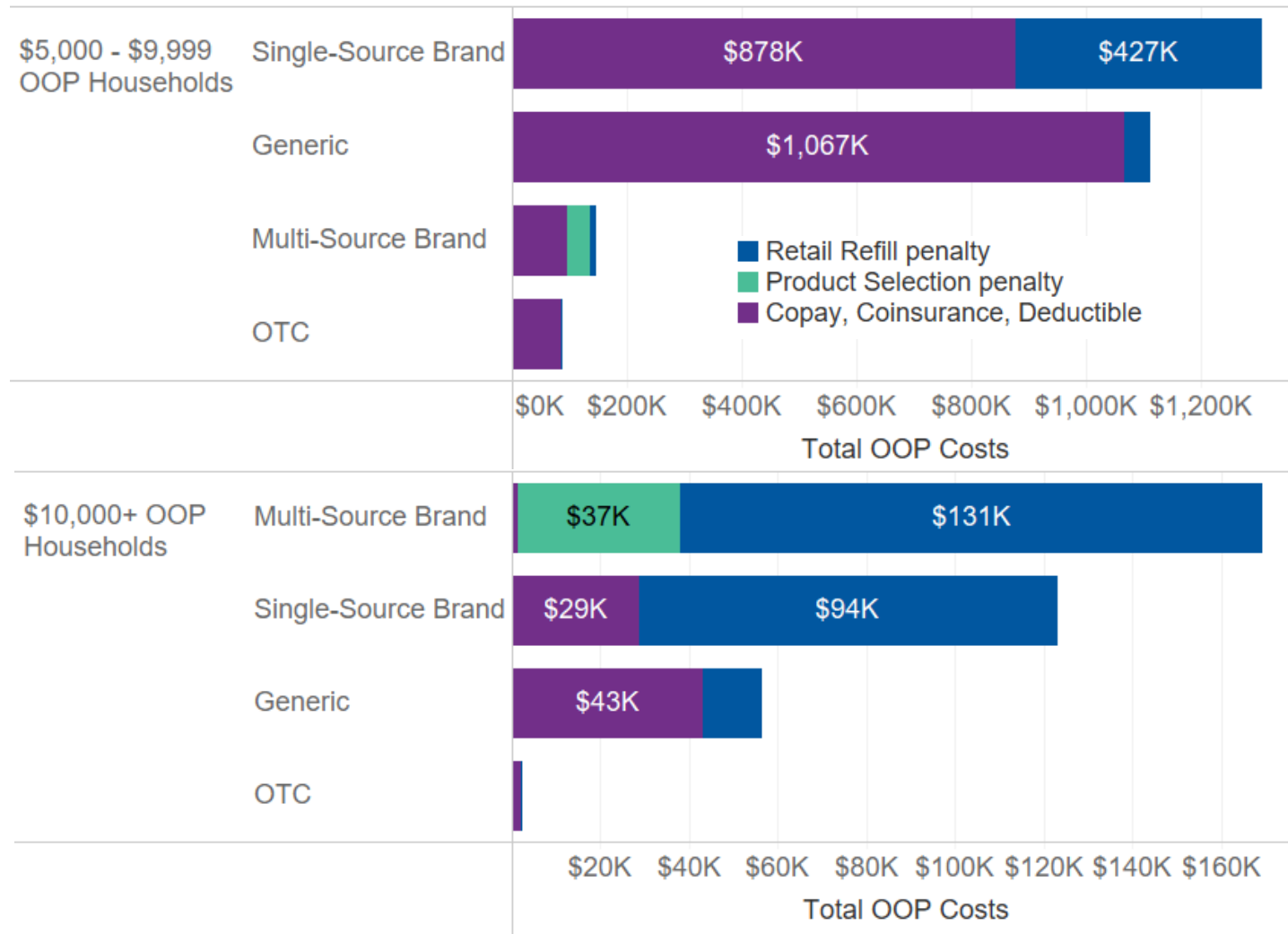


Findings from Carrier Survey on Highest Rx OOP Members



Prescription Drug OOP Costs by Brand Status

Households with \$5,000+ in OOP Costs



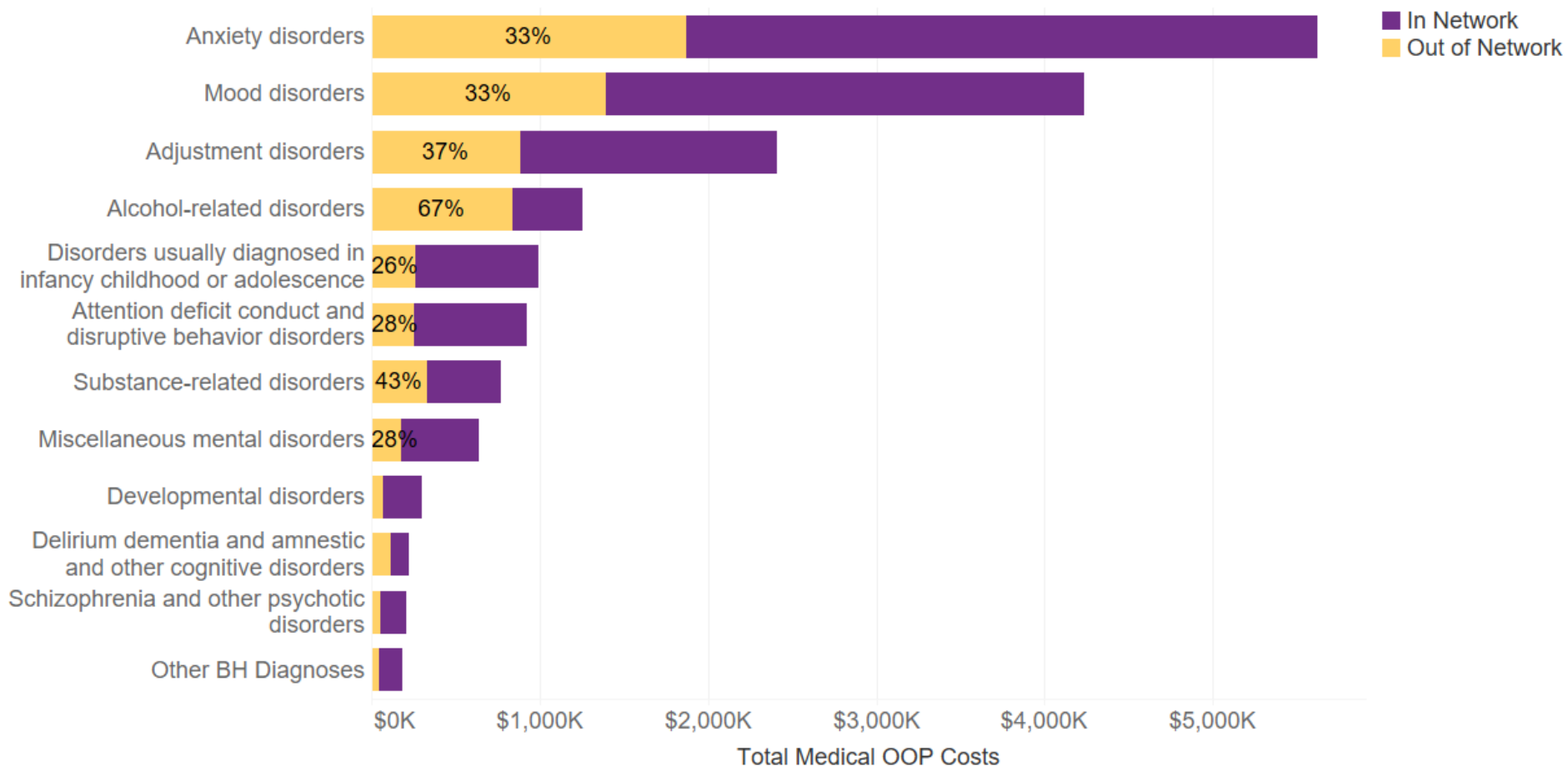
Behavioral Health

OOP Costs and Out-of-Network Utilization

FY22 OOP Costs for Medical Claims with a Primary BH Diagnosis

Full Membership

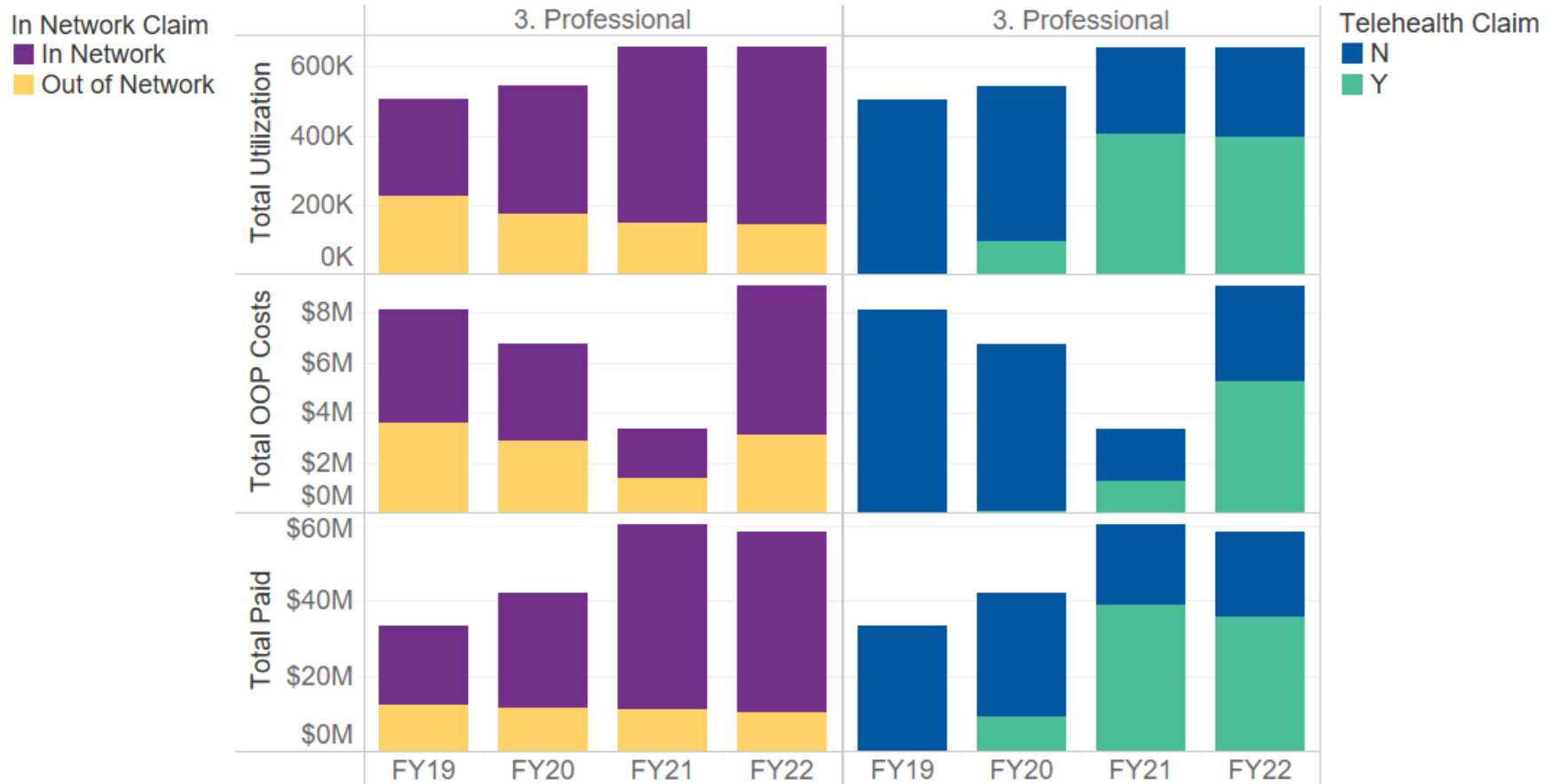
While consistent with local and national market trends, out-of-network utilization for Behavioral Health conditions, especially for alcohol- and substance-related disorders, remains concerningly high.



Mental Health OON and Telehealth Trends

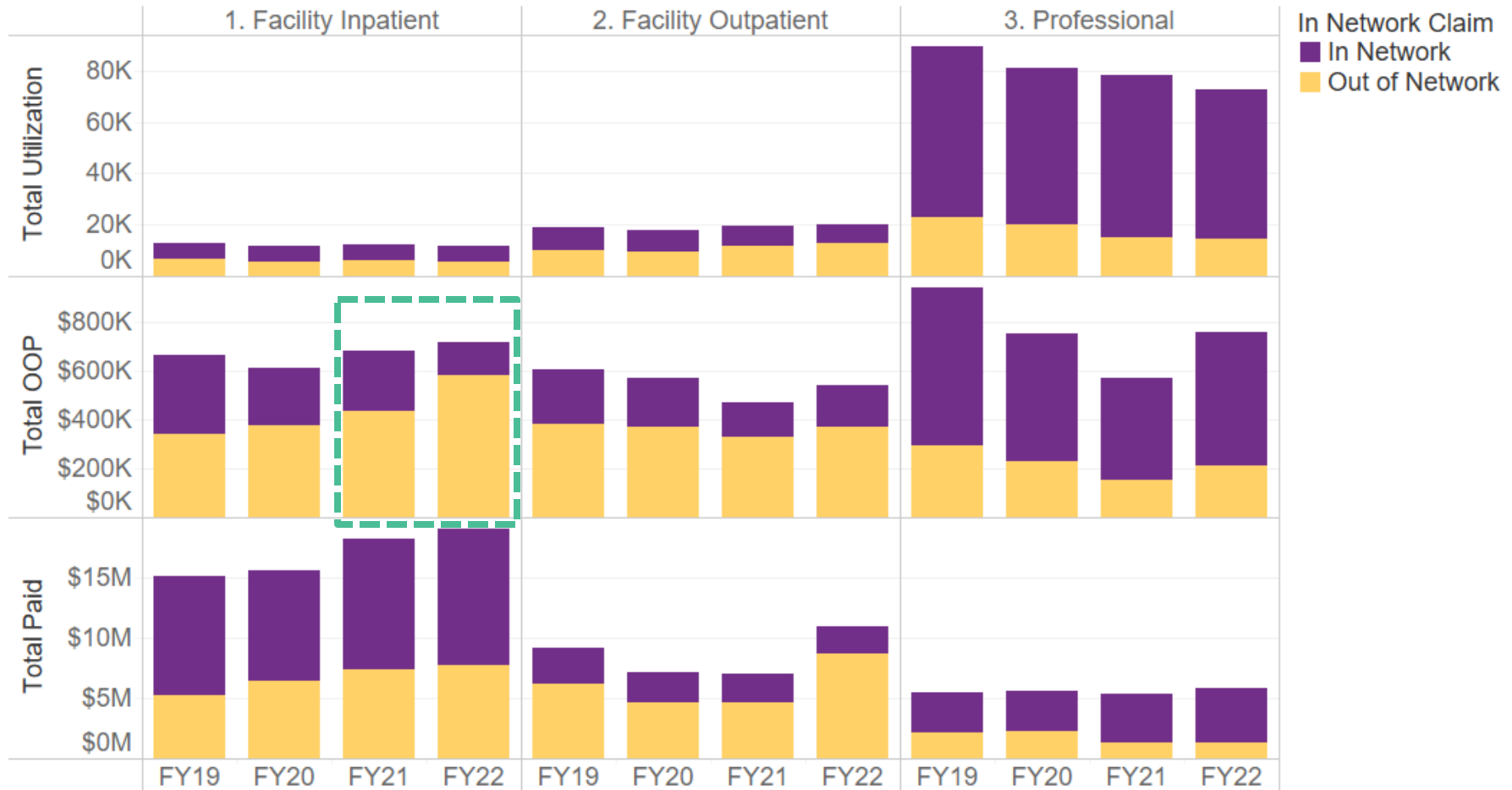
Medical claims with a primary diagnosis of anxiety or mood disorder (Full Membership)

60% of mental health professional visits for anxiety and mood disorders were delivered via telehealth in FY22, and utilization remained stable even as visit copays were re-introduced.



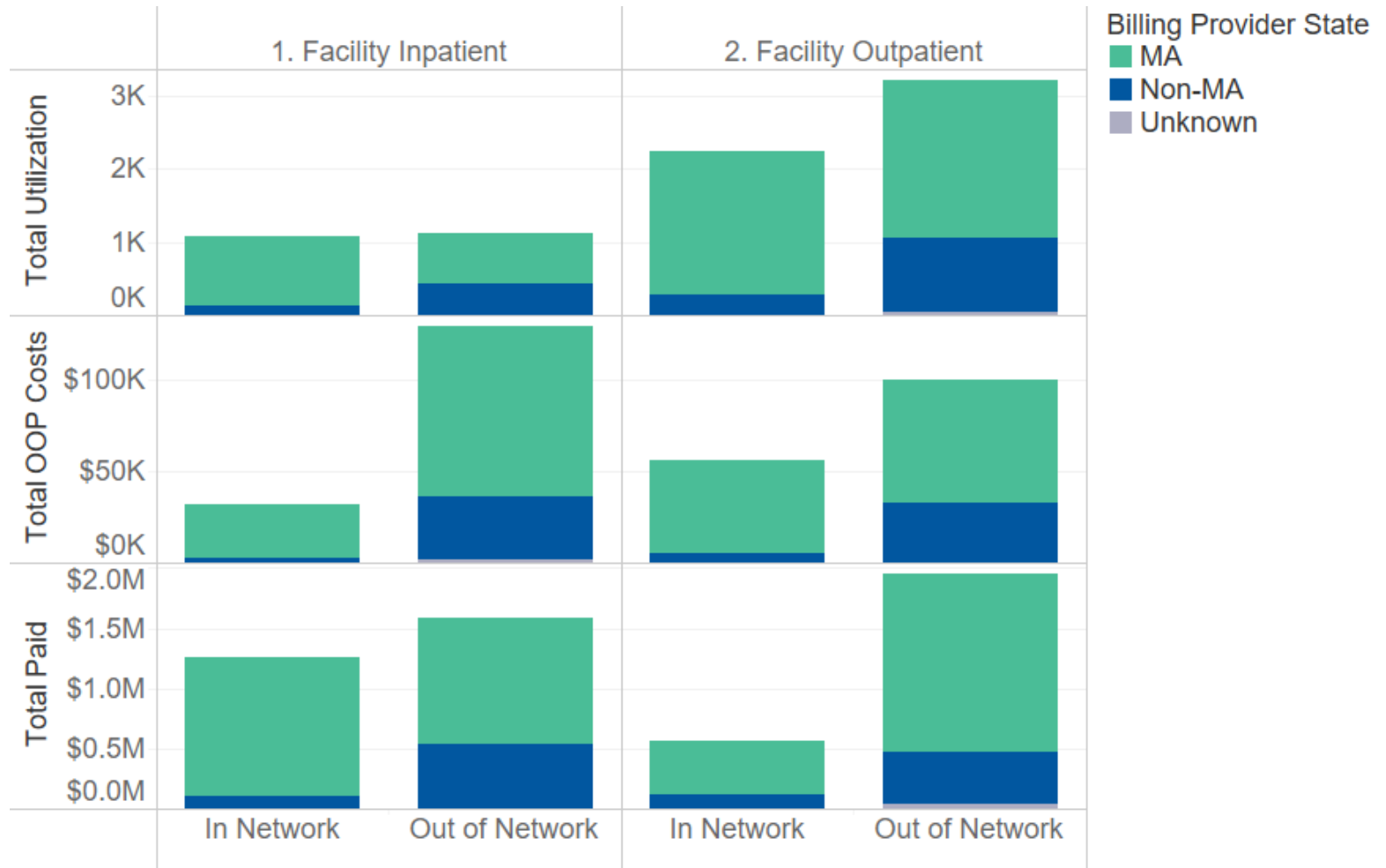
Substance Use Disorder OON Trends

Medical claims with a primary diagnosis of alcohol- or substance-related disorder (Full Membership)



FY22 Substance Use Disorder Out-of-State Facility Utilization

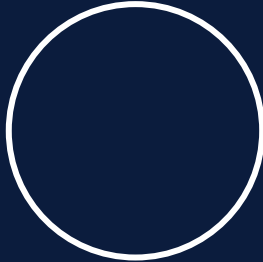
Medical claims with a primary diagnosis of substance-related disorder (Full Membership)



Appendix: Data Specifications

Unless otherwise specified, all data follows the attached specifications:

- Data is collected from the Milliman MedInsight data warehouse
- Data is based on Fiscal Year 2022 (July 1, 2021 through June 30, 2022) incurred date with seven months of runout
- Data is reflective of all GIC members (active, Non-Medicare, & Medicare Retirees) unless otherwise noted
- Data reflective of all Medical and Pharmacy claims unless otherwise noted



IV. Behavioral Health Roadmap For Reform

**Margaret Anshutz,
Health Policy & Analytics Director**

Introduction/Background

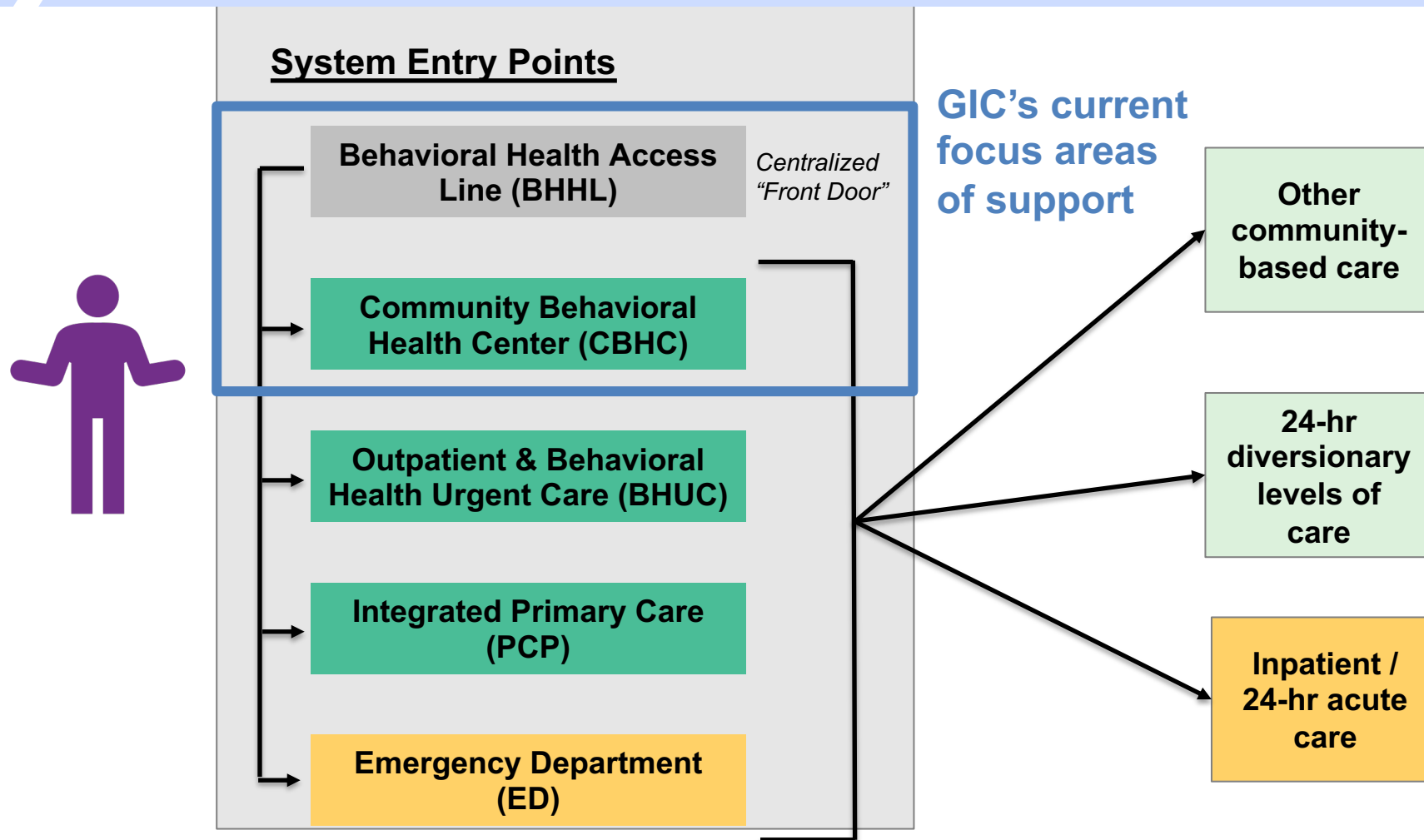
- The Executive Office of Health and Human Services (EOHHS) has been working on the Behavioral Health Roadmap for Reform to better support people across the Commonwealth with behavioral health needs regardless of their insurance coverage type or status
- The GIC is excited to partner with EOHHS to promote this state-wide initiative

Historical and Structural Challenges in Behavioral Health in Mass:

- Too many people struggle to find **the right type of behavioral health treatment** and a **clinical provider that accepts their insurance**
- **Hospital emergency rooms** are too often the entry point into seeking behavioral health treatment
- Individuals with mental health conditions and substance use disorder often **can't get mental health and addiction treatment at the same location**
- **Culturally competent behavioral health care** for racially, ethnically and linguistically diverse communities can be difficult to find
- These longstanding challenges were **exacerbated by the pandemic**

Components of the Roadmap

The Roadmap for Behavioral Health Reform will improve access to care across the treatment system



IV. Behavioral Health Roadmap for Reform



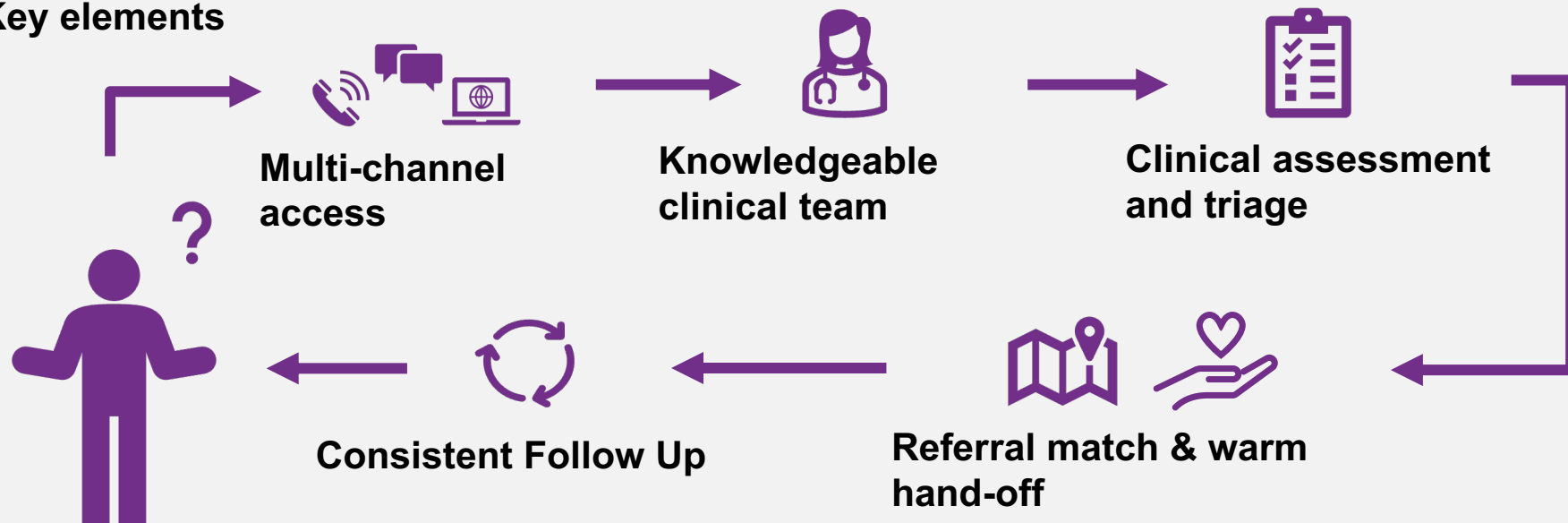
24/7 Behavioral Health Help Line

NOW LIVE!

(833) 773-BHHL

Insurance-blind, multi-channel entry point for Commonwealth residents seeking mental health and substance use treatment.

Key elements



Enabling technology:



Multi-channel cloud
contact center
system



Clinical
assessment
& triage tools



Directory of
providers &
resources



Integrations
with key
partners &
providers



Client
Management
System

Closely coordinated with key existing resources including:

Crisis Dispatch

988/NSPL

Substance Use Helpline

Mass Options

Mass 211

IV. Behavioral Health Roadmap for Reform



Community Behavioral Health Centers **NOW LIVE!** mass.gov/CBHCs

CBHCs **integrate crisis and community-based treatment** by combining mobile teams, crisis stabilization, and outpatient and urgent care for mental health and addictions.

**Urgent and
crisis response capacity**



- Same day access
- Crisis triage and evaluation



**Mental health and
addiction treatment**



- Same day access
- Individualized outpatient treatment



**Care coordination and
relationships with
community providers**



- Care coordination
- Referrals

**Difference between need for crisis vs. urgent is based on diagnostic presentation of patient*

*** Certified Peer Specialists, Certified Young Adult Peer Specialists, Recovery Support Navigators, Recovery Coaches, Community Support Program services, and family support services*

Supporting and promoting these resources are a priority for the GIC

- The GIC is working with its health plans to understand how each is prepared to align with the roadmap and integrate with the BHHL and CBHC
- The GIC's goal is to encourage its health plan partners to make progress in these areas to assist GIC members and to have a positive impact on the broader market

Key Integration/Alignment Points for GIC (Commercial) Health Plans

Behavioral Health Help Line

- Sharing provider directories; providing updates on a frequent and regular basis
- Working with the BHHL to ensure members who call the help line can be routed to in-network care and resources

Community Behavioral Health Centers

- Executing commercial contracts with all CBHCs
- Reimbursing CBHCs with methodologies and fee schedules that promote sustainability

Other Roadmap Initiatives

- Providing coverage for all services mandated by ML§177 including mobile crisis intervention, adult crisis stabilization, youth community crisis stabilization
- Reimbursing clinicians-in-training to promote an expanded mental health provider workforce

Work in Progress/Next Steps

- The GIC's health plans have been contacted and exploration is underway to assess readiness to support/prepare for integration. Initial findings are detailed below:



In place today



Work in progress



Not in place yet, willing to engage

Initiative	Health New England	Mass General Brigham HP	Point32 Health	UniCare
Behavioral Health Help Line				
Sharing provider directories	!	!	!	!
Connecting members back to care within the health plan	!	!	!	!
Community Behavioral Health Centers				
Executing commercial contracts with all CBHCs	🕒	★	🕒	🕒
Reimbursing CBHCs with methodologies and fee schedules that promote sustainability	★	★	🕒	!
Other Roadmap Initiatives				
Providing coverage for all services mandated by ML§177	★	🕒	★	🕒
Reimbursing clinicians-in-training to promote an expanded mental health provider workforce	★	★	★	★



V. FY24 Trust Funds Report (INFORM & VOTE)

**James Rust,
Chief Financial Officer**

GIC staff annually requests authorization to use funds from the Commission's Employee Trust Fund to potentially supplement the information technology, administrative services and communications budgets, if needed.

- The funds, if spent, are used for projects that are reviewed by senior staff and approved by the Executive Director
- These projects must benefit employees, who are the contributors to the fund
- Funds are only used when the agency's needs exceed the applicable budget appropriation
- The Commission has historically supported these requests
- In FY23 and FY22, the existing budget has been sufficient (to date) to cover all expenses and the GIC has not spent any funds from the Employee Trust Fund
- The following slides detail the Trust Fund authorization requests for FY24, which are materially similar in amounts to prior year requests.

V. FY24 Trust Fund Request (INFORM & VOTE)



Information Technology Request	FY2023	FY2024
Infrastructure Support Support For Mission Critical Equipment : Rapid response support for servers, switches, power backups and printers	\$7,800	\$8,000
Software/Hardware/Supplies <ul style="list-style-type: none"> • <u>Hardware</u>: leased desktop computers, leased laptop computers, printers, cables, keyboards etc. • <u>Software</u>: Microsoft and other software licensing for all GIC users • <u>Supplies</u>: printer toner and cartridges, scanner cleaning kits, barcode supplies 	\$100,000	\$100,000
Business Continuity Hardware, software, IT equipment needed for business continuity due to disaster, new EOTSS / Administration/ Legislative mandates or other unforeseen circumstances	\$80,000	\$100,000
Communication Services Virtual Private Network Services (VPN) and wireless data contracts	\$80,000	\$80,000
MAGIC SYSTEM SUPPORT Additional support for the MAGIC eligibility system and peripheral systems if needed	\$100,000	\$120,000
Total	\$367,800	\$408,000

Administrative Services Request	FY23	FY24
Staff Training and Conferences	\$20,000	\$20,000
Publications, Memberships, Subscriptions	\$40,000	\$40,000
Total	\$60,000	\$60,000

Member Engagement Request	FY23	FY24
Video Production	\$25,000	\$25,000
Website Form Development (ADA Compliance)	\$700	\$700
GIC Transparency – Annual Report	\$7,500	\$7,500
Benefits Administration (ADA Compliance, digital)	\$7,300	\$7,300
Central Reprographics (Coordinator Training Sessions)	\$3,775	\$3,775
Total	\$44,275	\$44,275

FY2024 Temporary Help Authorization Request

The GIC requests the continued authorization for the use of up to 10 temporary employees in FY2024. We currently employ no temporary staff while our Agency employees are largely working from home.

Motion

The Commission hereby authorizes the Chief Financial Officer to pay certain GIC expenses from the applicable Trust Funds, as recommended and requested.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Khushbu Webber (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Jane Edmonds
- Joseph Gentile
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnneny
- Melissa Murphy-Rodrigues
- Timothy D. Sullivan
- Anna Sinaiko



VI. CFO Report (INFORM)

**James Rust,
Chief Financial Officer**

FY2023 State Share Expense for GIC Premium Accounts

FY23 STATE SHARE EXPENSE FOR GIC PREMIUM ACCOUNTS											
	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	TOTAL
Allways Health Claims	\$6,836,814	\$6,838,101	\$5,827,806	\$6,360,384	\$7,811,544	\$7,193,335	\$5,698,376	\$6,884,496	\$9,924,652	\$7,264,118	\$70,639,626
Caremark/Express Scripts/SilverScript Claims	\$46,831,129	\$41,366,861	\$69,277,601	-\$23,430,455	\$42,729,862	\$67,599,721	\$19,395,602	\$46,958,339	\$66,429,402	\$63,494,343	\$440,652,404
Davis Vision Claims	\$31,769	\$37,602	\$37,105	\$36,305	\$28,230	\$36,890	\$33,461	\$30,534	\$34,772	\$30,577	\$337,244
Fallon Health Claims	\$5,175,531	\$2,285,532	\$1,065,930	\$447,641	\$223,851	\$206,311	\$48,918	\$57,929	-\$89,721	-\$36,074	\$9,385,846
Harvard Pilgrim Claims	\$34,599,772	\$31,866,611	\$26,673,987	\$27,405,431	\$33,628,973	\$28,595,372	\$33,961,963	\$31,332,704	\$30,662,294	\$6,820,692	\$285,547,798
Estimated Harvard Pilgrim Claims*	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,500,000	\$22,500,000
Health New England Claims	\$6,007,317	\$7,571,440	\$6,351,814	\$7,174,590	\$6,993,360	\$6,590,546	\$8,212,195	\$7,608,165	\$8,086,107	\$8,817,899	\$73,413,432
Tufts Navigator Claims	\$33,691,822	\$27,974,428	\$38,499,636	\$28,998,982	\$28,099,240	\$34,806,559	\$27,065,335	\$30,268,120	\$43,960,217	\$33,278,374	\$326,642,714
Tufts Spirit and Medicare Complement Claims	\$4,623,818	\$3,385,476	\$4,653,496	\$3,196,478	\$3,539,936	\$4,511,268	\$3,517,941	\$4,316,637	\$5,303,112	\$4,519,422	\$41,567,584
Unicare Claims	\$54,382,656	\$72,476,689	\$52,503,984	\$75,588,172	\$56,234,705	\$62,694,392	\$74,730,048	\$68,353,320	\$56,559,399	\$67,851,466	\$641,374,833
Other costs	<u>\$651,882</u>	<u>\$240,004</u>	<u>\$238,045</u>	<u>\$231,339</u>	<u>\$353,360</u>	<u>\$232,786</u>	<u>\$324,855</u>	<u>\$274,437</u>	<u>\$256,592</u>	<u>\$248,180</u>	<u>\$3,051,481</u>
Claims sub-total	<u>\$192,832,509</u>	<u>\$194,042,744</u>	<u>\$205,129,404</u>	<u>\$126,008,867</u>	<u>\$179,643,061</u>	<u>\$212,467,180</u>	<u>\$172,988,694</u>	<u>\$196,084,681</u>	<u>\$221,126,826</u>	<u>\$214,788,997</u>	<u>\$1,915,112,963</u>
Basic Life	\$799,628	\$799,594	\$797,591	\$797,175	\$798,113	\$798,493	\$798,587	\$798,474	\$797,656	\$799,278	\$7,984,587
Optional Life	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
RMT Life	\$45,797	\$45,734	\$46,299	\$46,452	\$46,442	\$46,398	\$46,448	\$46,399	\$46,332	\$46,249	\$462,550
Long-Term Disability	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dental	\$822,459	\$823,149	\$819,128	\$819,977	\$820,037	\$823,483	\$825,517	\$826,029	\$820,179	\$821,554	\$8,221,513
Tufts Medicare Preferred	\$683,660	\$684,488	\$697,965	\$698,273	\$699,389	\$699,198	\$697,968	\$698,706	\$701,268	\$702,417	\$6,963,332
UBH Optum	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$937,440
ASO Administrative Fee	<u>\$6,835,706</u>	<u>\$6,824,891</u>	<u>\$6,849,917</u>	<u>\$6,816,952</u>	<u>\$6,858,117</u>	<u>\$6,859,043</u>	<u>\$6,856,648</u>	<u>\$6,849,936</u>	<u>\$6,838,139</u>	<u>\$6,846,568</u>	<u>\$68,435,915</u>
Premiums sub-total	<u>\$9,280,994</u>	<u>\$9,271,599</u>	<u>\$9,304,644</u>	<u>\$9,272,573</u>	<u>\$9,315,843</u>	<u>\$9,320,358</u>	<u>\$9,318,912</u>	<u>\$9,313,288</u>	<u>\$9,297,319</u>	<u>\$9,309,810</u>	<u>\$93,005,338</u>
TOTAL	\$202,113,502	\$203,314,343	\$214,434,048	\$135,281,439	\$188,958,903	\$221,787,538	\$182,307,606	\$205,397,970	\$230,424,145	\$224,098,807	\$2,008,118,302

Through April, Commonwealth spending reflects a consistent pattern of post covid medical claims. Pharmacy rebates are reflected in October and November total spending.

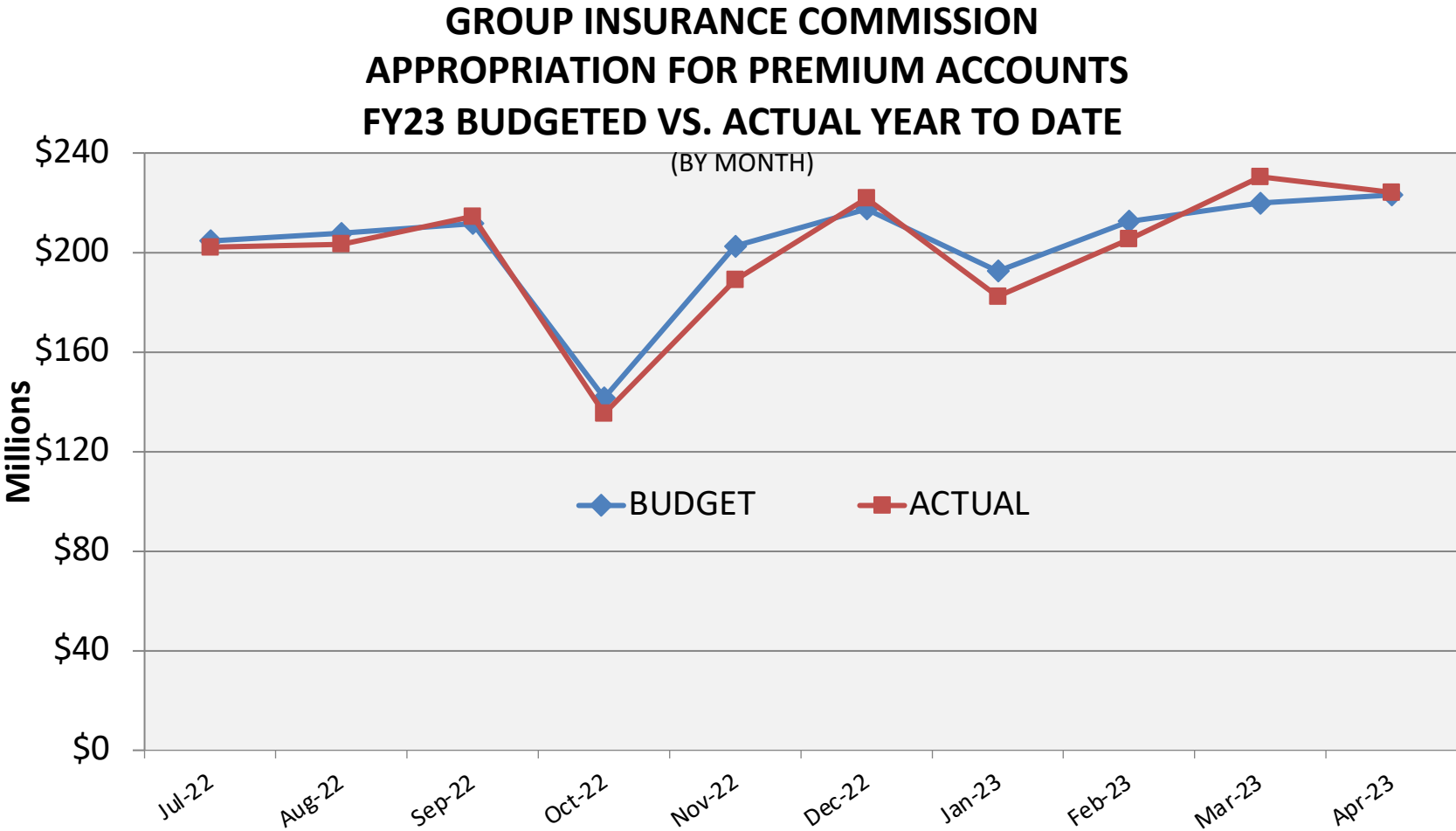
There have been no Harvard Pilgrim invoices since mid April. For those three pay periods we have estimated spending based on prior experience

FY2023 Enrollee Share Expense for GIC Premium Accounts

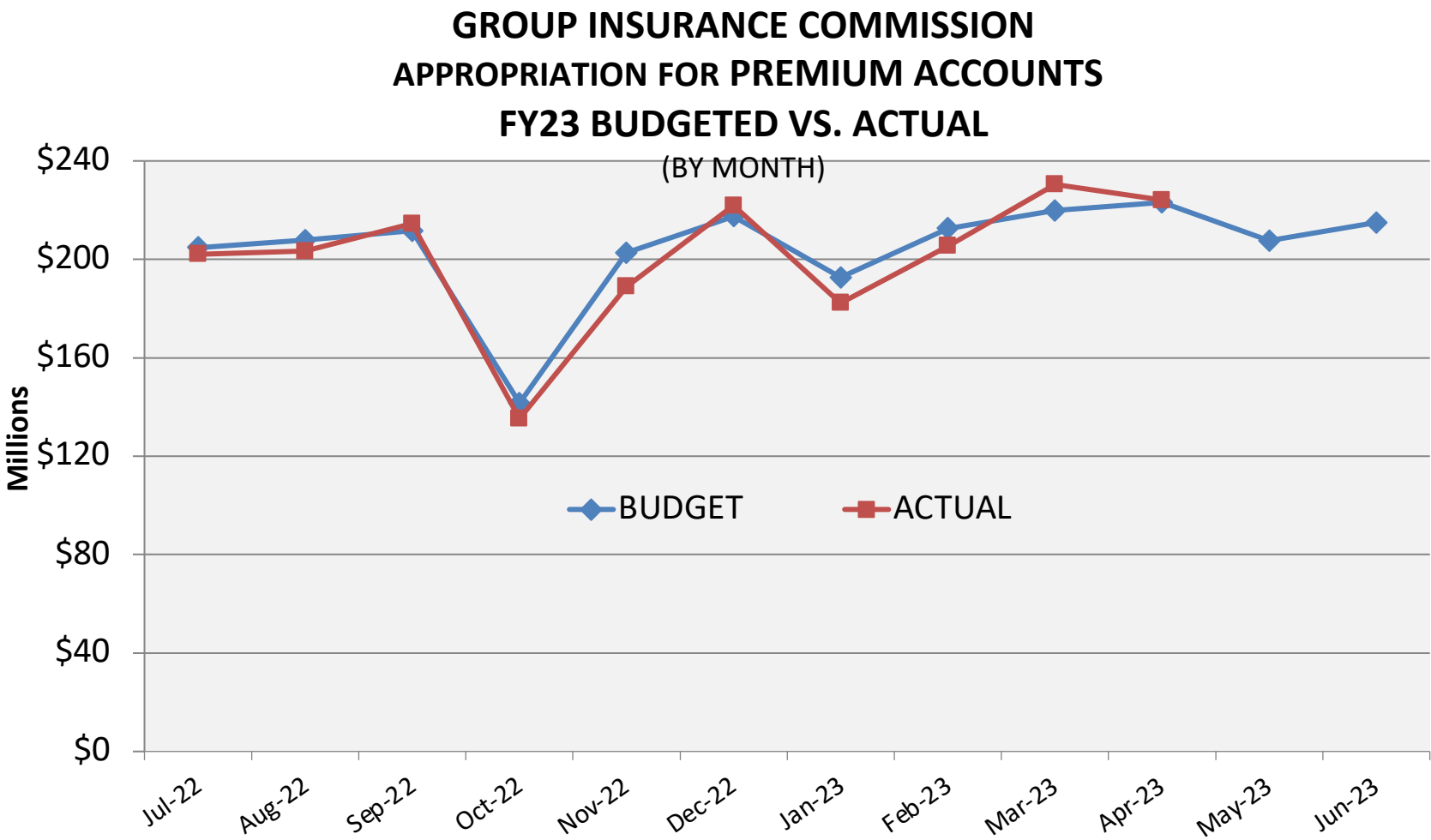
FY23 ENROLLEE SHARE EXPENSE FOR GIC PREMIUM ACCOUNTS											
	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	TOTAL
Allways Health Claims	\$2,093,517	\$2,119,143	\$1,514,782	\$1,868,851	\$2,296,310	\$2,114,164	\$1,669,082	\$2,015,625	\$2,907,931	\$2,129,036	\$20,728,441
Caremark/Express Scripts/SilverScript Claims	\$12,304,792	\$12,124,663	\$18,004,772	-\$7,915,686	\$11,975,446	\$18,417,320	\$5,051,154	\$13,340,212	\$17,830,034	\$14,899,926	\$116,032,633
Davis Vision Claims	\$5,606	\$6,636	\$6,548	\$6,407	\$4,982	\$6,510	\$5,905	\$5,388	\$6,136	\$5,396	\$59,514
Fallon Health Claims	\$1,491,936	\$665,790	\$303,586	\$130,166	\$65,057	\$60,042	\$13,464	\$16,652	-\$25,933	-\$10,551	\$2,710,208
Harvard Pilgrim Claims	\$9,781,177	\$9,088,732	\$7,269,182	\$7,474,042	\$9,173,251	\$7,788,587	\$9,248,308	\$8,469,973	\$8,341,935	\$1,853,809	\$78,488,997
Health New England Claims	\$1,804,737	\$2,273,426	\$1,669,372	\$2,073,045	\$2,024,847	\$1,905,892	\$2,371,778	\$2,179,861	\$2,331,858	\$2,547,640	\$21,182,455
Tufts Navigator Claims	\$9,782,152	\$8,125,473	\$10,088,025	\$8,112,431	\$7,866,812	\$9,745,607	\$7,572,189	\$8,468,445	\$12,307,401	\$9,323,000	\$91,391,536
Tufts Spirit and Medicare Complement Claims	\$1,316,260	\$964,958	\$1,156,727	\$859,768	\$975,120	\$1,232,403	\$957,100	\$1,137,901	\$1,419,113	\$1,227,594	\$11,246,944
Unicare Claims	\$15,725,295	\$20,921,071	\$14,652,375	\$21,185,981	\$15,737,679	\$17,653,693	\$20,979,054	\$18,836,481	\$15,763,146	\$19,139,244	\$180,594,017
Other costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Claims sub-total	<u>\$54,305,473</u>	<u>\$56,289,893</u>	<u>\$54,665,368</u>	<u>\$33,795,005</u>	<u>\$50,119,504</u>	<u>\$58,924,218</u>	<u>\$47,868,034</u>	<u>\$54,470,538</u>	<u>\$60,881,621</u>	<u>\$51,115,093</u>	<u>\$522,434,746</u>
Basic Life	\$217,960	\$218,051	\$217,495	\$217,542	\$217,976	\$218,110	\$218,251	\$218,371	\$218,306	\$218,958	\$2,181,020
Optional Life	\$3,974,305	\$3,990,388	\$3,986,202	\$4,055,838	\$4,077,008	\$4,095,597	\$4,127,942	\$4,157,656	\$4,176,148	\$4,172,858	\$40,813,943
RMT Life	\$11,196	\$11,181	\$11,319	\$11,356	\$11,354	\$11,344	\$11,356	\$11,345	\$11,329	\$11,309	\$113,089
Long-Term Disability	\$1,077,747	\$1,078,678	\$1,098,900	\$1,103,450	\$1,109,084	\$1,112,770	\$1,119,115	\$1,124,961	\$1,125,429	\$1,129,580	\$11,079,715
Dental	\$2,134,223	\$2,140,911	\$2,149,660	\$2,158,049	\$2,162,471	\$2,164,074	\$2,168,599	\$2,172,077	\$2,177,202	\$2,179,139	\$21,606,404
Tufts Medicare Preferred	\$155,542	\$155,806	\$150,520	\$150,757	\$151,097	\$151,288	\$151,062	\$151,416	\$152,130	\$152,437	\$1,522,054
UBH Optum	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$272,160
ASO Administrative Fee	<u>\$1,946,472</u>	<u>\$1,943,969</u>	<u>\$1,874,493</u>	<u>\$1,867,524</u>	<u>\$1,879,985</u>	<u>\$1,880,527</u>	<u>\$1,878,703</u>	<u>\$1,876,774</u>	<u>\$1,874,450</u>	<u>\$1,878,098</u>	<u>\$18,900,995</u>
Premiums sub-total	<u>\$9,544,661</u>	<u>\$9,566,200</u>	<u>\$9,515,805</u>	<u>\$9,591,732</u>	<u>\$9,636,191</u>	<u>\$9,660,928</u>	<u>\$9,702,243</u>	<u>\$9,739,816</u>	<u>\$9,762,210</u>	<u>\$9,769,595</u>	<u>\$96,489,379</u>
TOTAL	\$63,850,133	\$65,856,093	\$64,181,173	\$43,386,737	\$59,755,694	\$68,585,146	\$57,570,277	\$64,210,354	\$70,643,831	\$60,884,687	\$618,924,125

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

GIC Appropriation for Premium Accounts FY23 Budgeted vs. Actual to date

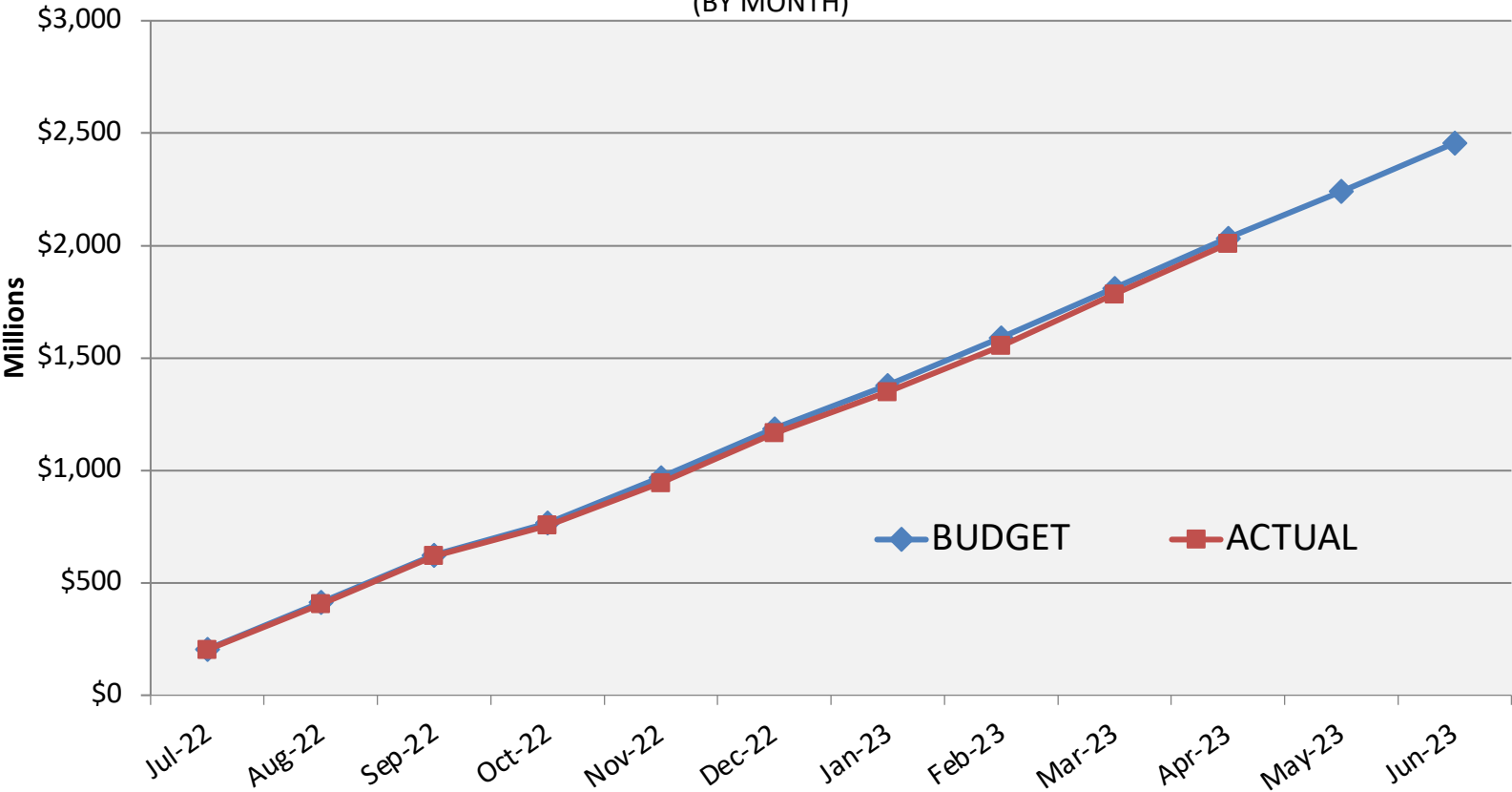


GIC Appropriation for Premium Accounts FY23 Budgeted vs. Actual (By Month)



GIC Appropriation for Premium Accounts FY23 Budgeted vs. Actual to Date
Cumulative

GROUP INSURANCE COMMISSION
APPROPRIATION FOR PREMIUM ACCOUNTS
FY23 BUDGETED VS. ACTUAL
(BY MONTH)



FY23 STATE SHARE PREMIUM BUDGET FOR GIC PREMIUM ACCOUNTS AS OF April 30, 2023

	BUDGET	EXPENSES	Surplus / (Deficit)	% VAR
Basic Life & Health* Account #1108-5200 & #1599-6152	\$2,025,388,824	\$1,999,559,544	\$25,829,280	1.3%
Active Dental & Vision Benefits Account #1108-5500	\$8,550,253	\$8,558,758	(\$8,504)	-0.1%
Total State Share YTD	\$2,033,939,077	\$2,008,118,302	\$25,820,776	1.3%



VII. Other Business & Adjournment

Valerie Sullivan,
Chair

Matthew Veno,
Executive Director



FY2023 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 mass.gov/gic under Upcoming Events prior to the meeting and under Recent Events after the meeting.

Please note:

- Until further notice, 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.

Upcoming 2023 Group Insurance Commission Meetings

<div>January</div> <div>19</div>	<div>February</div> <div>16</div>	<div>March</div> <div>2</div>	<div>April</div> <div>NO MEETING</div>
<div>May</div> <div>18</div>	<div>June</div> <div>15</div>	<div>July</div> <div>NO MEETING</div>	<div>August</div> <div>NO MEETING</div>
<div>September</div> <div>21</div>	<div>October</div> <div>19</div>	<div>November</div> <div>16</div>	<div>December</div> <div>21</div>

Appendix

Commission Members

GIC Leadership Team

GIC Goals

GIC Contact Channels

Commission Members

Valerie Sullivan, Public Member, Chair

Bobbi Kaplan, NAGE, Vice-Chair

Gary Anderson, Commissioner of Insurance

Matthew Gorzkowicz, Secretary of Administration & Finance

Elizabeth Chabot, NAGE

Joseph Gentile, Public Safety Member

Adam Chapdelaine, Mass Municipal Association

Patricia Jennings, Public Member

Edward Tobey Choate, Public Member

Anna Sinaiko, Health Economist

Christine Clinard, Public Member

Timothy D. Sullivan, Massachusetts Teachers Association

Tamara P. Davis, Public Member

Eileen P. McAnneny, Public Member

Jane Edmonds, Retiree Member

Melissa Murphy-Rodrigues, Mass Municipal Association

Gerzino Guirand, Council 93, AFSCME, AFL-CIO

GIC Leadership Team

Matthew A. Veno, Executive Director

Erika Scibelli, Deputy Executive Director

Emily Williams, Chief of Staff

Stephanie Sutliff , Chief Information Officer

Paul Murphy, Director of Operations

James Rust, Chief Financial Officer

Andrew Stern, General Counsel

Brock Veidenheimer, Director of Human Resources

GIC Goals

1

Provide access to high quality, affordable benefit options for employees, retirees and dependents

2

Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates

3

Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts healthcare market

4

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 Ashburton 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
Harvard Pilgrim Health Care	(800) 542-1499	point32health.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	unicarestatementplan.com

Date: May 15, 2022
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 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.

ANNUAL ENROLLMENT

The GIC's annual enrollment period for FY24 coverage concluded on May 3rd. Since that date, the GIC staff has continued working to execute the substantial back-end administrative tasks to effectuate enrollment for new coverage on July 1, 2023. While GIC staff will provide a full report during the June Commission meeting, we can report that the level of engagement from GIC members this year was extremely high, and it was an extraordinarily busy time for our staff.

As will be no surprise to Commissioners, the high rate of member engagement this year was driven by three primary factors:

- The scope of changes to our plans, mostly driven by the merger of Tufts and Harvard Pilgrim
- MyGICLink, the GIC's online member portal, which was featuring prominently for the first time this year, and
- The GIC's robust efforts to communicate to members over the last year, and encourage them to evaluate their options.

We are very encouraged by the high level of use of MyGICLink during this annual enrollment. Again, data on this and many other elements of the annual enrollment will be provided at the June Commission meeting.

When this work is concluded, the staff will convene to debrief on what worked well and what we can do differently during future annual enrollments. We have done a lot of new things this year, which will provide rich material for lessons learned and areas in which we can improve.

I would like to express my deep appreciation for the entire GIC staff, as this was an enterprise-wide effort for their hard work and dedication to our members during this unusually busy time. I would like to especially acknowledge the efforts of the Operations team who directly serve and support our members.

CONTRACTS

The GIC legal team has been working diligently to negotiate and finalize all contracts with the approved vendors for our health, pharmacy benefit manager (PBM), flexible spending account (FSA) and employee assistance (EAP) plans. We anticipate completing this work between the May and June Commission meetings. We spent significant time updating our agreements to include measures to hold vendors accountable for their performance on key metrics related to affordability, health equity and behavioral health, to reflect changes in both state and federal law over the last five years, and to push our plans to provide better shopping tools to members. Commissioners should expect to receive signature pages for these contracts through DocuSign in the coming weeks. Please send Andrew the best email address to use when sending the contracts for signature. If Commissioners have any questions or are interested in reviewing any of the contracts in their entirety, contact Andrew directly.

HARVARD PILGRIM HEALTH CARE RANSOMWARE ATTACK

On April 17th Point32Health informed the GIC of a cyber-attack which caused the company to lose access to its, and by extension, the GIC members' information for Harvard Pilgrim Health Care (HPHC) participants. Tufts Health Plan was not affected. Point32Health notified law enforcement and hired a third-party cybersecurity firm to investigate the incident.

HPHC took immediate steps to maintain continuity for members, including the following:

- Enabling a customer service phone line for HPHC members who have urgent medical needs.
- Waiving utilization management, including prior authorizations, for most medical and behavioral health services for affected members
- Restoring a limited version of the HPHC public-facing website and provider directory.

The attack briefly disrupted GIC members' ability to compare HPHC coverage to other medical coverage options due to limited ability to contact HPHC or view certain details about HPHC's plans. During this time, GIC members were still able to view the GIC's Benefit Guides and other decision support information on our website which gives an overview and comparison of coverage and costs for all GIC offered benefits and health plans, including HPHC's plans.

By April 19th, the GIC had worked with Harvard Pilgrim to find alternative methods for sharing benefit information, posting provider directories on the GIC website and transferring information GIC members need to evaluate the HPHC health plans to a new HPHC microsite on the Point32Health parent website. The GIC also communicated this information to members on its website, direct email, and social media channels so that

they could continue to compare the HPHC plan offerings to the other health plan options. Members also could reach the GIC through the MyGICLink Member Benefits Portal and by telephone to receive guidance on where to access information on HPHC plans.

During this time, GIC members continued to have the ability to enroll in or update their benefits through the MyGICLink Member Benefits Portal, which is managed by the GIC and has remained unaffected by the cyber-attack.

Point32Health and the GIC have also implemented temporary procedures to facilitate the common enrollment transactions that continue outside of annual enrollment, such as new hires, births, marriages, etc.

The GIC remains in regular contact with Point32Health as they restore all systems and capabilities, and maintain continuity of services.

HUMAN RESOURCES:

Deputy Executive Director Erika Scibelli has returned from her maternity leave and reports that her daughter Mari is adorable and thriving. The GIC team is very happy to have Erika back and are working to support her as she re-engages in the many initiatives underway at the GIC. Erika would like to thank Emily Williams in particular for taking on many of her projects and supporting her team while she was on her leave.

We are pleased to report that Leslie Monteiro has been promoted from her position of Communications Manager to the new position of Director of Communications. Leslie has done a tremendous job enhancing and expanding the GIC's communication capabilities and this promotion was made to reflect the significant growth in the scope of her position since she joined the GIC. Her role has expanded beyond traditional communication programs to include a much greater focus on digital communications, social media, and oversight of the GIC website. Leslie has also taken on major roles in preparing for the GIC Commission meetings, supporting the Annual Enrollment process, and overseeing internal as well as membership communications. Please join me in congratulating Leslie on this well-deserved promotion.

Candidates have accepted job offers for two positions in the Operations Department Data Entry unit, and both candidates are scheduled to join the GIC next week. These two positions will replace employees who retired from the GIC and we look forward to having them join the team. We will be providing the new employees with on-site onboarding, as well as training and support as they join the organization. We look forward to having them fully engaged in their new roles soon. We continue to recruit and interview candidates for remaining open positions in the Operations Department Audit and Medicare Enrollment units.

LEGISLATIVE AND MUNICIPAL AFFAIRS

The House of Representatives passed their version of the FY24 budget in April. One item of note is a provision that codifies in state law certain requirements of the Affordable Care Act (ACA) related to cost sharing for preventive services in certain private health insurance plans. For 13 years, the ACA has required zero-dollar cost sharing for a variety of preventive services including cancer screenings, immunizations, behavioral counseling, and medications to prevent the development or worsening of disease and health conditions. These provisions of the ACA are the subject of federal court cases and state policy makers have taken this action to ensure these cost sharing features are preserved in fully-insured commercial plans Massachusetts, including the GIC.

The Senate Ways & Means Committee (SWM) released their budget on Tuesday, May 9th, and will begin debate and consider amendments during the week of May 23rd. GIC staff will monitor that process closely

On the municipal front, as of this writing 13 out of a possible 18 municipal organizations whose GIC membership is up for renewal have requested their medical claims data. Per the usual unfolding of this process, organizations will work with their insurance consultants over the summer and evaluate the feasibility of taking their business out to market. This is not an unusually higher or low number of entities requesting their data.

COMMUNICATIONS:

Implementation of the GIC's comprehensive Annual Enrollment communications strategy is complete, with methods and audiences, as well as additional communications highlighted below. Much of this detail has been included in prior Executive Director reports and discussed at length at prior Commission meetings, but we wanted to ensure that Commissioners are aware of the depth and breadth of this effort.

- **GIC Member Benefit Statements**

GIC sent an email to members registered for the MyGICLink member benefits portal, reminding them to log in to review their benefits and make corrections/updates. Members not yet registered for MyGICLink received a printed benefit statement that also encouraged them to review their benefits and ensure their information is accurate before Annual Enrollment. The mailing also provides a reminder to register for the MyGICLink member benefits portal.

- **Annual Public Information Sessions**

Following the January Annual Public Information Sessions, GIC sent an email to members sharing resources from the sessions, including links to the YouTube recordings, slide presentation and FAQs. GIC staff presented a more detailed report on the sessions during the March Commission meeting.

- **GIC Member Annual Enrollment Information Sessions**

For the first time this year, GIC offered members an additional opportunity to engage with members of GIC senior staff ahead of Annual Enrollment. In a format similar to the Public Information Sessions, members were able to join a Zoom Webinar to hear a presentation from the GIC about Annual Enrollment and learn what is changing and how best to evaluate their options. Members also asked questions via the webinar's Q&A chat function and received real-time answers through this feature with FAQs being answered live during each meeting. A collection of FAQs were compiled and published on the GIC website's new Frequently Asked Questions page. Members were notified of the sessions through the following methods:

- Social media – LinkedIn, Twitter (*General Public*)
- GIC website (*General Public*)
- Email marketing (*GIC Coordinators, Members on MyGICLink, and emails to registrants for each session*)
- MyGICLink Portal (*Members on MyGICLink*)
- Collaborations (*GIC Members*)
 - Human Resources Division (HRD)
 - Mass Retirees
 - Massachusetts State Retirement Board (MSRB)
 - GIC Municipal leaders and HR Directors
 - Labor, AFL-CIO and others
 - Legislators and staff

- **Annual Enrollment Mailings**

In addition to communicating through the MyGICLink member benefits portal, the GIC sent a printed mailing to all members to remind them about Annual Enrollment and inform them of where to find resources. The GIC also worked with carriers to send targeted mailings to segmented populations. More details are below:

- GIC Benefit Guides (*GIC Members*)
 - Print mailing before Annual Enrollment starting date (*GIC Retirees*)
 - Mass.gov/GIC website (*General Public, GIC Members*)
- Printed Letter (*GIC Members*)
 - A printed letter was sent to all GIC members urging them to review their options and shop during Annual Enrollment. The letter will include information about how to review the Benefit guides, where

to find health plan information on the GIC website, and how to register for MyGICLink.

- Printed Letter (*GIC Members affected by FY24 updates*)
 - We collaborated with our health and pharmacy vendors to send targeted members letters explaining the changes from their FY23 benefits and providing a clear explanation of options and resources for FY24.

- **GIC Website Updates**

We made updates to our website ahead of Annual Enrollment to enhance member experience and to ensure members are provided with all of the information necessary to make informed choices during Annual Enrollment. Website updates were also made during Annual Enrollment based on ongoing member feedback. Some of those updates include:

- Enroll In or Update Your GIC Benefits Page
 - MyGICLink Resources & Tutorials (*GIC Members registered for MyGICLink*)
 - GIC Online Forms
 - GIC Print Forms
 - Annual Enrollment ADA-friendly forms
- Alert Banner about Annual Enrollment
- Alert Banner about Harvard Pilgrim Experiencing Technical Issues
- News & Announcements Page
 - Annual Enrollment sample letter sent out by GIC news post
 - Annual Enrollment updates & what members need to do news post
 - Default enrollments if no member action is taken during Annual Enrollment news post
 - How to compare health insurance plans news post
 - Harvard Pilgrim Experiencing Technical Issues news post
- Annual Enrollment Page
 - Benefit Guides
 - Annual Enrollment Information presentations & recordings
 - Benefit rates
 - MyGICLink
- Carriers & Vendors Pages
 - New FY24 non-Medicare & Medicare health plan pages
 - Carrier & vendor benefit presentations available on each health plan page
- GIC Coordinators Page
 - Coordinators resources & manual
 - 2023-2024 Coordinator training

- Updated Glossary Page
 - New Frequently Asked Questions Page
 - New Resources Page
 - New GIC Benefits Page
 - New print and digital Annual Enrollment posters
 - Reorganization of GIC homepage, GIC state employees & retirees pages, GIC municipal employees & retirees page, and the GIC Coordinator page
- **Social Media Campaign (*General Public, GIC Members*)**

We leveraged GIC social media channels to share information about MyGICLink registration; making Annual Enrollment changes; Annual Enrollment dates & deadlines, tips for how to compare health insurance plans, and about Harvard Pilgrim Experiencing Technical Issues. The GIC partnered with MSRB and HRD to create and publish social media posts.
- **MyGICLink Member Benefits Portal (*GIC Members registered for MyGICLink*)**
 - Notification banner highlighting Annual Enrollment dates and deadlines on login page for members
- **GIC Coordinator Annual Enrollment Information Email (*GIC Coordinators*)**
 - This email provided annual enrollment information to help coordinators guide GIC members and answer questions they might have in preparation for Annual Enrollment
- **GIC Coordinator Annual Enrollment Email for GIC Members (*GIC Coordinators and Members*)**
 - We relied on our relationship with our agency GIC Coordinators to reach employees in their agencies through e-mails
- **Annual Enrollment Reminder Email for GIC Members (*GIC Coordinators and Members*)**
 - We relied on our relationship with our agency GIC Coordinators to reach employees in their agencies through e-mails
- **Annual Enrollment Email 1 & Email 2 for GIC Members on behalf of GIC (*Executive Employees*)**
 - The GIC partnered with the Human Resources Division (HRD) to reach employees in the executive branch, encouraging them to review their benefits to actively shop and evaluate health coverage options during Annual Enrollment.

- **Rate Sheets and Default Enrollment Sheets were shared with Municipalities**