

COMMISSION MEETING

May 15, 2025



MassGIC



Group Insurance Commission

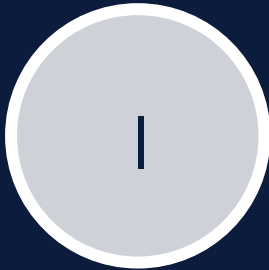


MA Group Insurance Commission

Public Notice: G.L. C-30A, Sec. 20, April, 2025

Agenda

- **I. Minutes, April 17, 2025 (VOTE)** 8:30-8:35
Valerie Sullivan, Chair
Andrew Stern, General Counsel
- **II. Executive Director's Report (INFORM)** 8:35-8:45
Matthew Veno, Executive Director
Members of Senior Staff
- **III. Out of Pocket Report** 8:45 -9:45
Lauren Makishima, Data Analytics Manager
- **IV. Other Business/Adjournment** 9:45-10:15
Valerie Sullivan, Chair
Matthew Veno, Executive Director



APPROVAL OF MINUTES (VOTE)

Valerie Sullivan, Chair

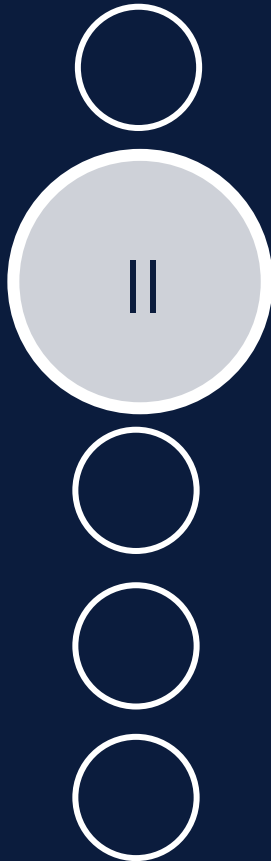
Andrew Stern General Counsel



Motion

That the Commission hereby approves the minutes of its meeting held on April 17, 2025 as presented

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Dana Sullivan (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Edward Tobey Choate
- Tamara Davis
- Jane Edmonds
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnneny
- Melissa Murphy-Rodrigues
- Kristin Pepin
- Jason Silva
- Anna Sinaiko
- Timothy D. Sullivan
- Catherine West



EXECUTIVE DIRECTOR'S REPORT (INFORM)

Matthew Veno Executive Director

Projected Fiscal Year 2025 Calendar

<div> <div>Fall Health Insurance Buy-out</div> <div>Public Information Sessions</div> <div>FY2026 Annual Enrollment</div> </div>											
Jul	Aug	Sep 19	Oct	Nov 21	Dec 19	Jan 16	Feb 6	Feb 27	Apr 17	May 15	Jun 18
No Meeting	No Meeting	Plan Audit	No Meeting	Presentation: HPC	FY2026 Preliminary Cost Increase	Presentation: FY2026 Plan Design	Vote: FY2026 Plan Design	Vote: FY2026 Rates	Vote: Data Warehouse	Report: Out of Pocket	Report: Annual Enrollment
		GIC Strategic Framework Update		Presentation: Affordability Update	Vote: Dental/ Vision Plan	Report: Stewardship Meetings	Report: Public Info Sessions				Vote: Trust Funds
		Pharmacy Update									Vote: Life/LTD Consultant
		CFO End of FY Report									

Note: Topics and meeting dates are subject to change



Out-of-Pocket Report

Lauren Makishima, Data Analytics Manager



Objectives

1

Explore trends in GIC paid and member Out-of-Pocket (OOP) costs

2

Understand context and drivers of trends

3

Compare GIC OOP costs to state benchmarks

Objectives

1

Explore trends in GIC paid and member OOP costs

2

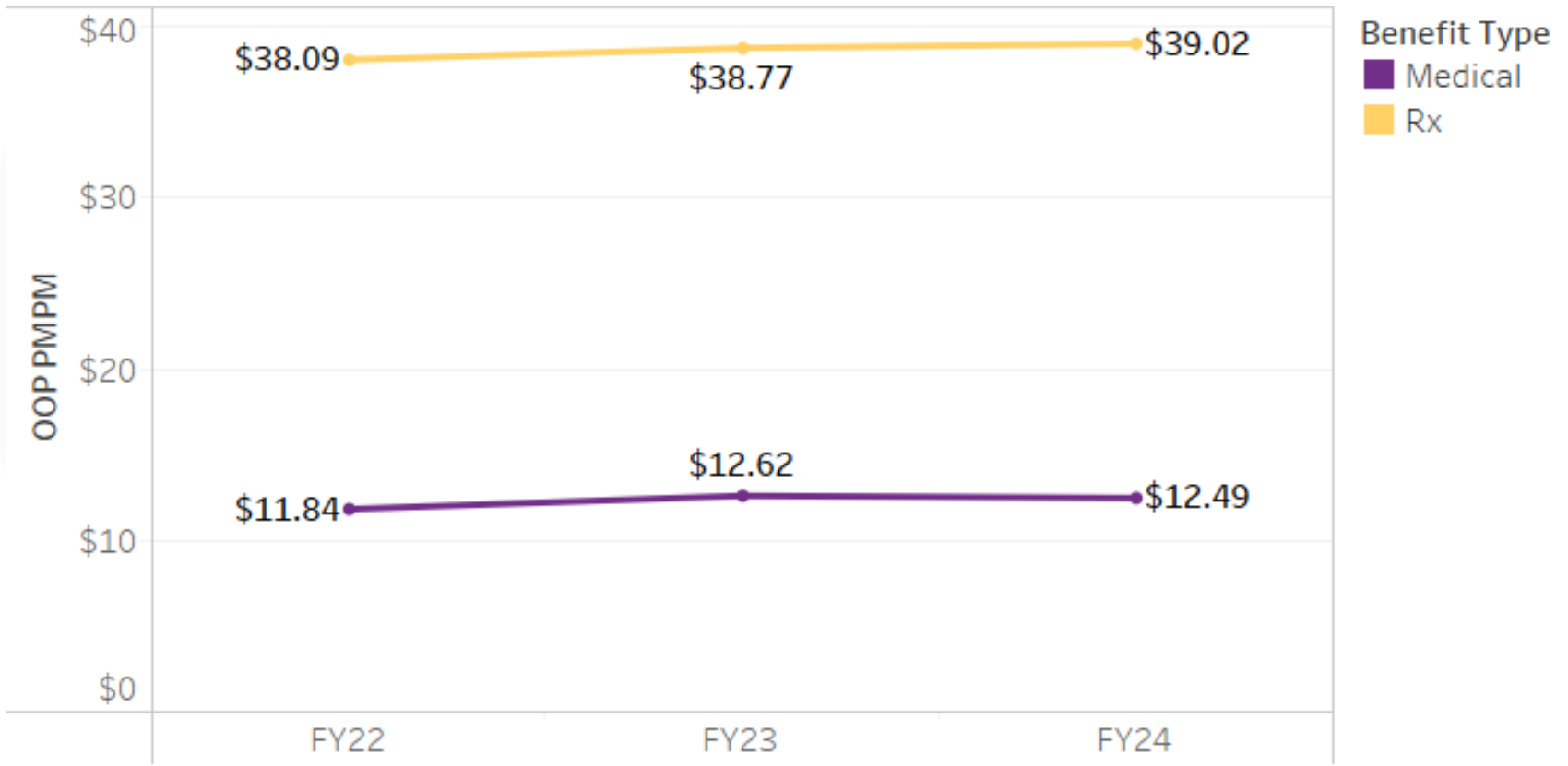
Understand context and drivers of trends

3

Compare GIC OOP costs to state benchmarks

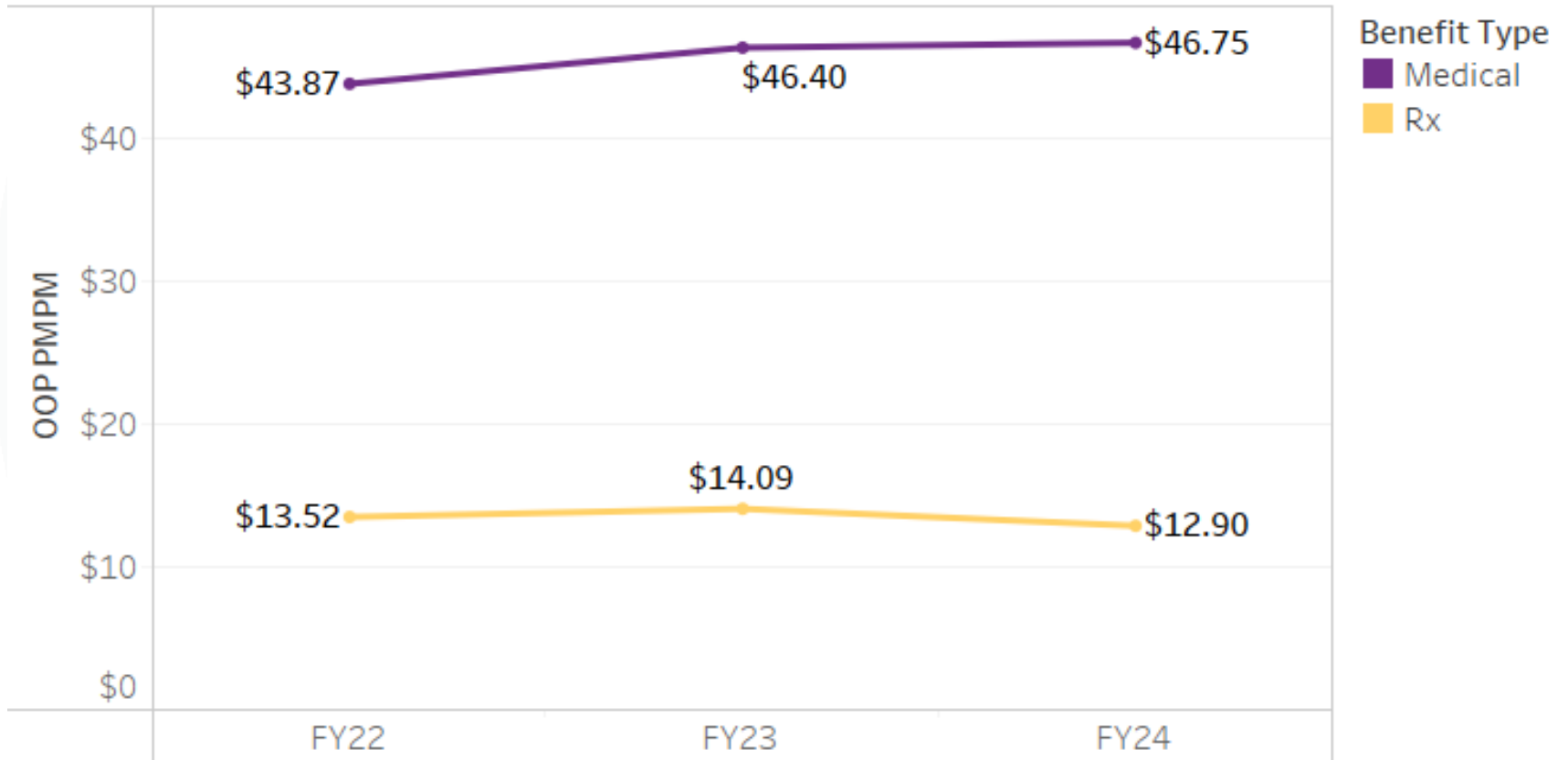
Medicare OOP costs were stable with a \$0.12 PMPM overall increase in FY24.

Medicare OOP PMPM Trends, FY22-24



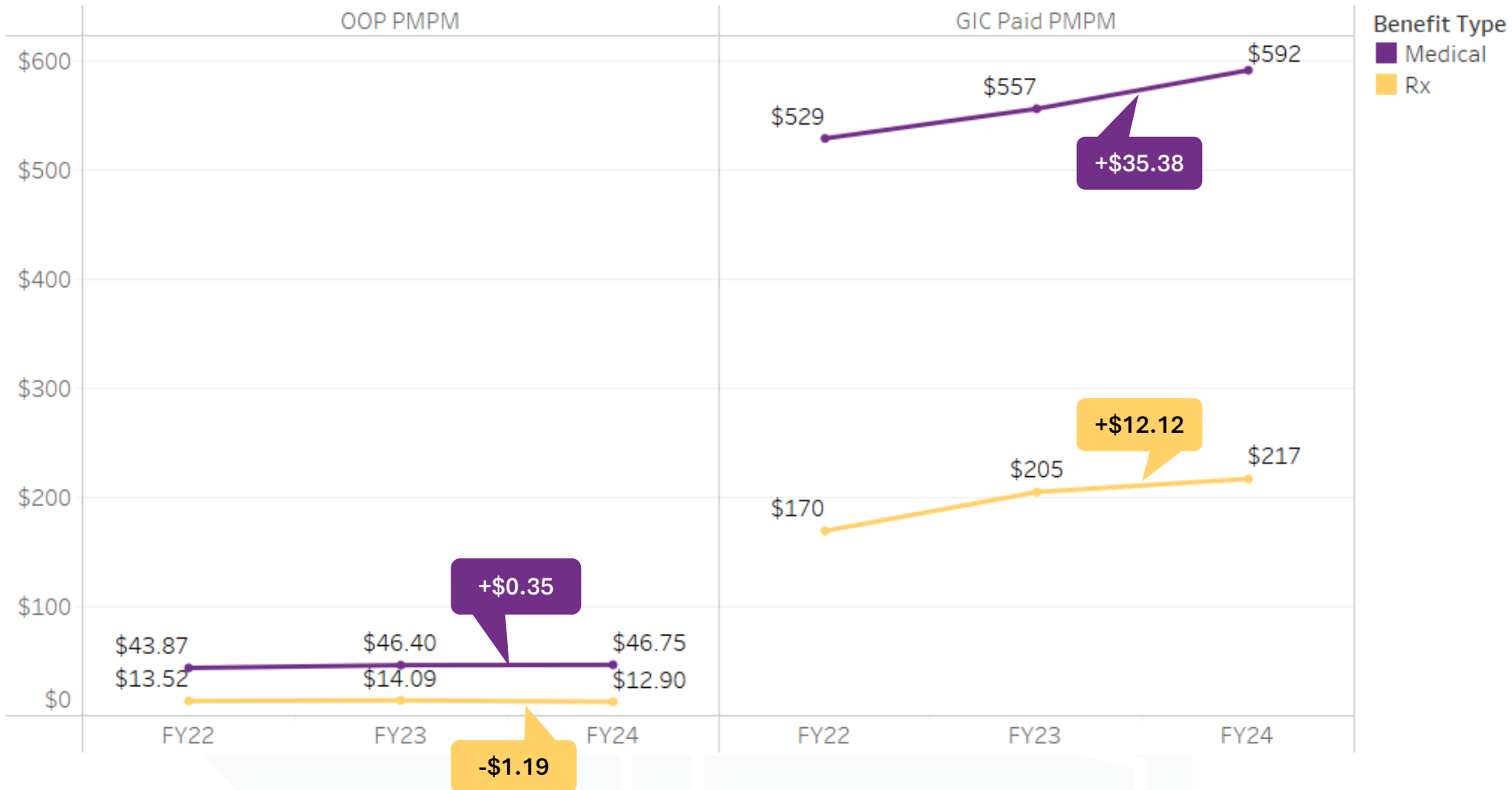
Non-Medicare OOP costs decreased \$0.85 PMPM in FY24.

Non-Medicare OOP PMPM Trends, FY22-24



GIC paid costs increased as member OOP costs decreased slightly in FY24.

Non-Medicare OOP PMPM vs GIC Paid PMPM, FY22-24



Data note: Prescription drug rebates are not reflected in GIC Paid amounts for Rx.

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Compare GIC OOP costs to state benchmarks

Plan offerings changed in FY24 due to market consolidation and the results of the medical procurement.

IV. FY24 Medical Benefit



Recommendation - Active/Non-Medicare

The GIC proposes maintaining its current vendor partners while making the following targeted changes to product types and geography:

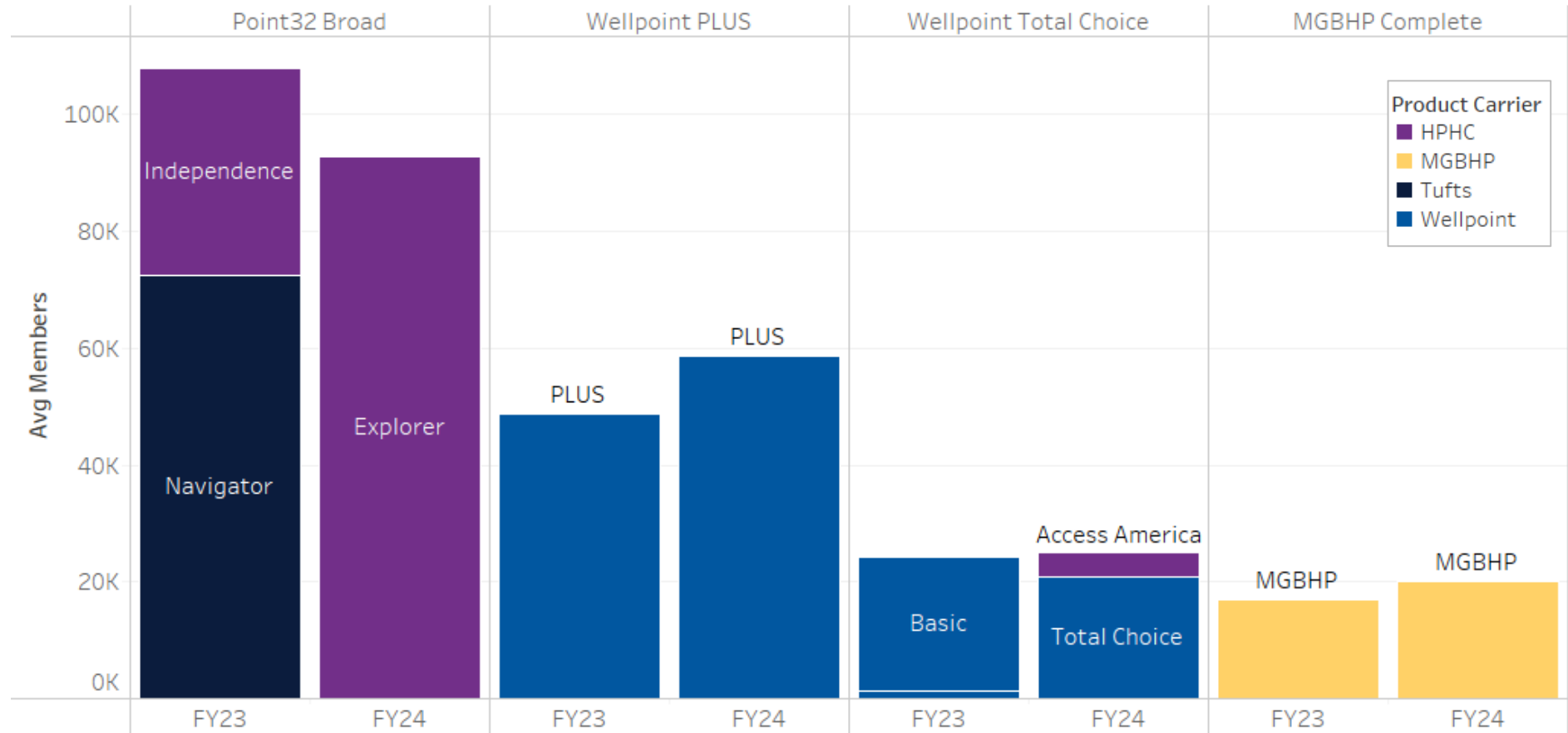
1. Establish Harvard Pilgrim as the new National product offering for members
2. Restrict membership in UniCare Basic to those living in New England and overseas
3. Re-classify AllWays (soon to be Mass General Brigham Health Plan) as a Broad Network plan, aligning it with the GIC's tiering approach for similarly-positioned vendors

Recommended Vendor/Product Configuration*:

National	Broad	Regional	Limited
 Harvard Pilgrim Health Care (Point 32)	 Mass General Brigham  Harvard Pilgrim Health Care (Point 32)  Wellpoint	 Health New England	 Harvard Pilgrim Health Care (Point 32)  Wellpoint

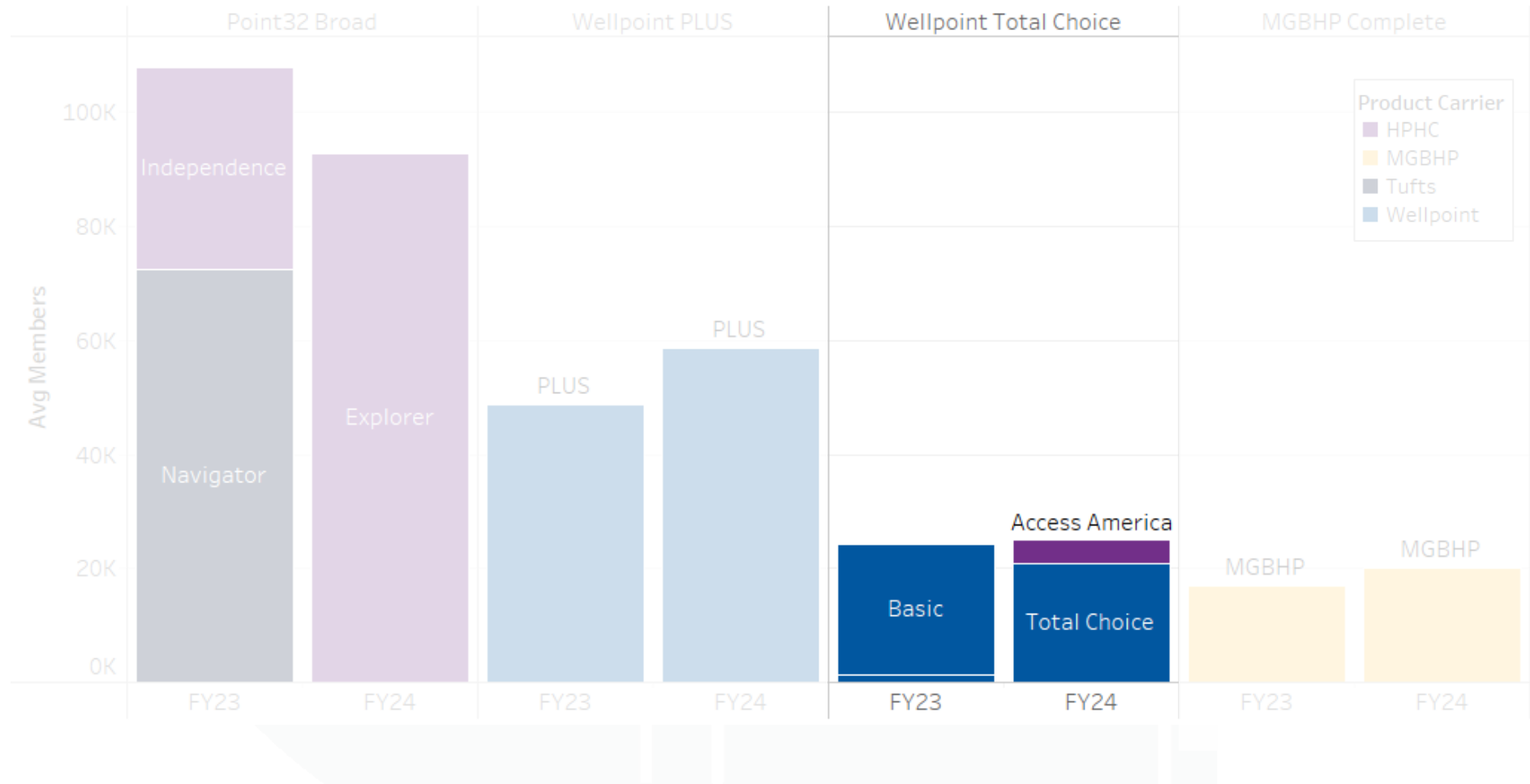
Broad network plan enrollment shifted as members shopped or were defaulted into new plans.

Enrollment in Broad Network Plans, FY23-24



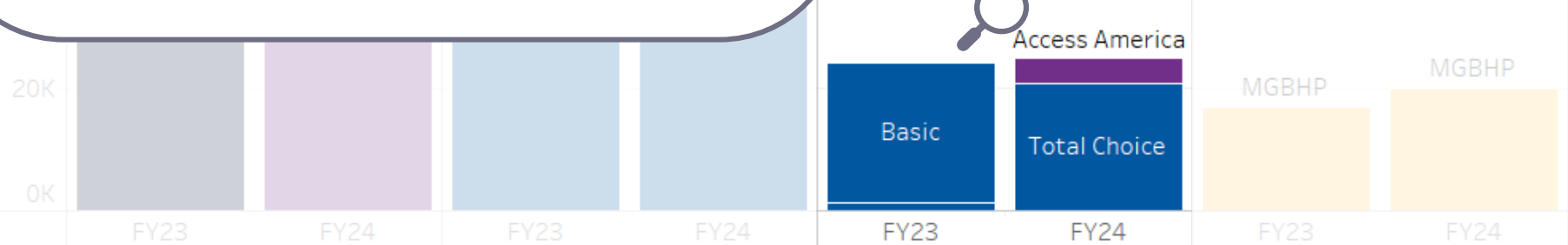
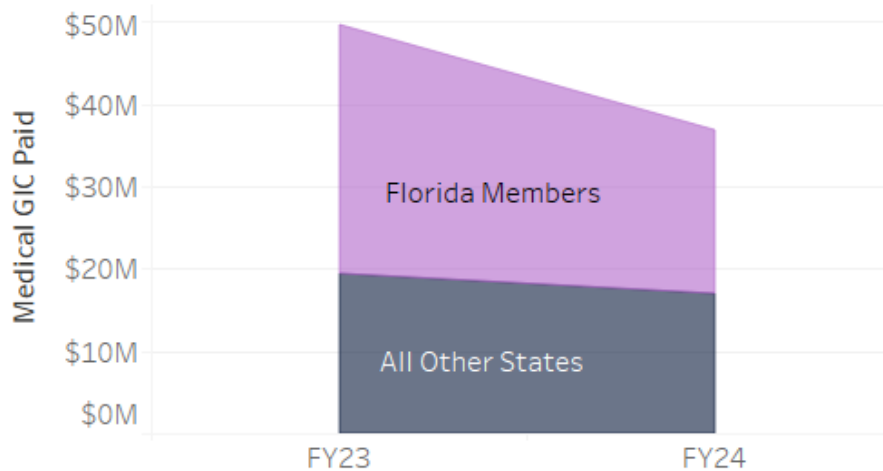
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Enrollment in Broad Network Plans, FY23-24



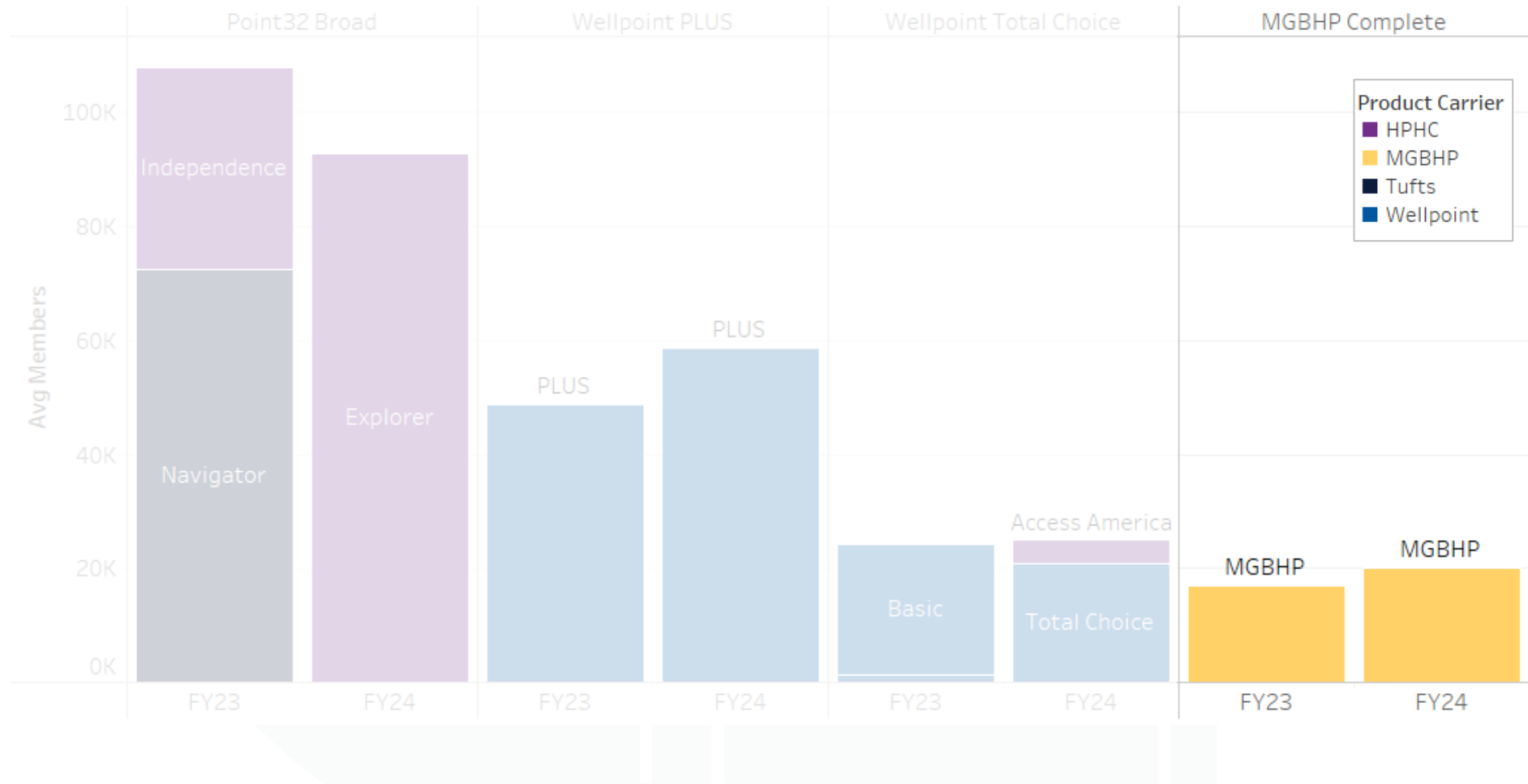
Broad network plan enrollment shifted as members shopped or were defaulted into new plans.

GIC **saved over \$12M** in medical costs for the 3,400 members that switched from Basic to Access America, with most of the savings coming from members in Florida.



Broad network plan enrollment shifted as members shopped or were defaulted into new plans.

Enrollment in Broad Network Plans, FY23-24



Copay tiers were added as MGB Health Plan Complete transitioned from a Regional to a Broad plan design.

	ALLWAYS HEALTH PARTNERS COMPLETE HMO	MASS GENERAL BRIGHAM HEALTH PLAN COMPLETE
PLAN TYPE	HMO	All of Mass
PCP Designation Required?	Yes	Yes
PCP Referral to Specialist Required?	Yes	Yes
Out-of-pocket Maximum		
Individual coverage	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000
Fiscal Year Deductible		
Individual / Family	\$500 / \$1,000	\$500 / \$1,000
Primary Care Provider Office Visit	\$20 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
Preventive Services	Most covered at 100% - no copay	Most covered at 100% - no copay
Specialist Physician Office Visit	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit
Retail Clinic and Urgent Care Center	\$20 / visit	\$20 / visit
Outpatient Behavioral Health/ Substance Use Disorder Care	\$20 / visit	\$10 / visit
Emergency Room Care	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Inpatient Hospital Care - Medical		
Tier 1 / Tier 2 / Tier 3	\$275 / admission no tiering	\$275 / \$500 / \$1,500 / admission

MGBHP Complete

Product Carrier

- HPHC
- MGBHP
- Tufts
- Wellpoint

MGBHP

MGBHP

FY23

FY24

FY23

FY24

FY23

FY24

FY23

FY24

CVS was selected as the new PBM for non-Medicare prescription drug benefits.

III. FY24 Pharmacy Benefit



Recommendation

The GIC recommends selecting CVS as the PBM for both the Commercial and EGWP population. This selection will achieve the following:

1. Financial savings over the next three years
2. Operational and communications efficiencies from working with one PBM for the entire GIC population

Recommended PBM:

Active/Non-Medicare

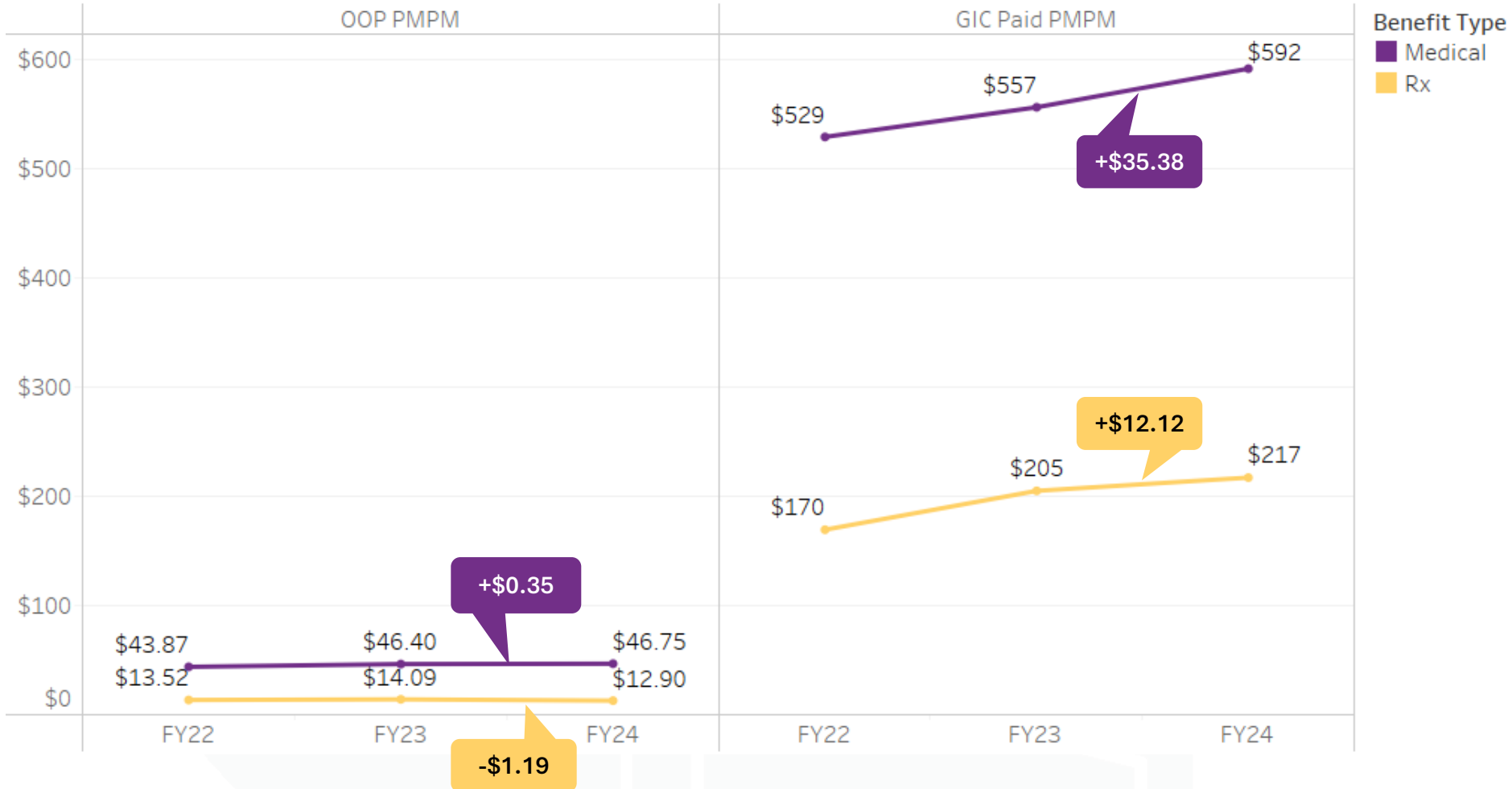


Medicare/EGWP



GIC paid costs increased as member OOP costs remained stable in FY24.

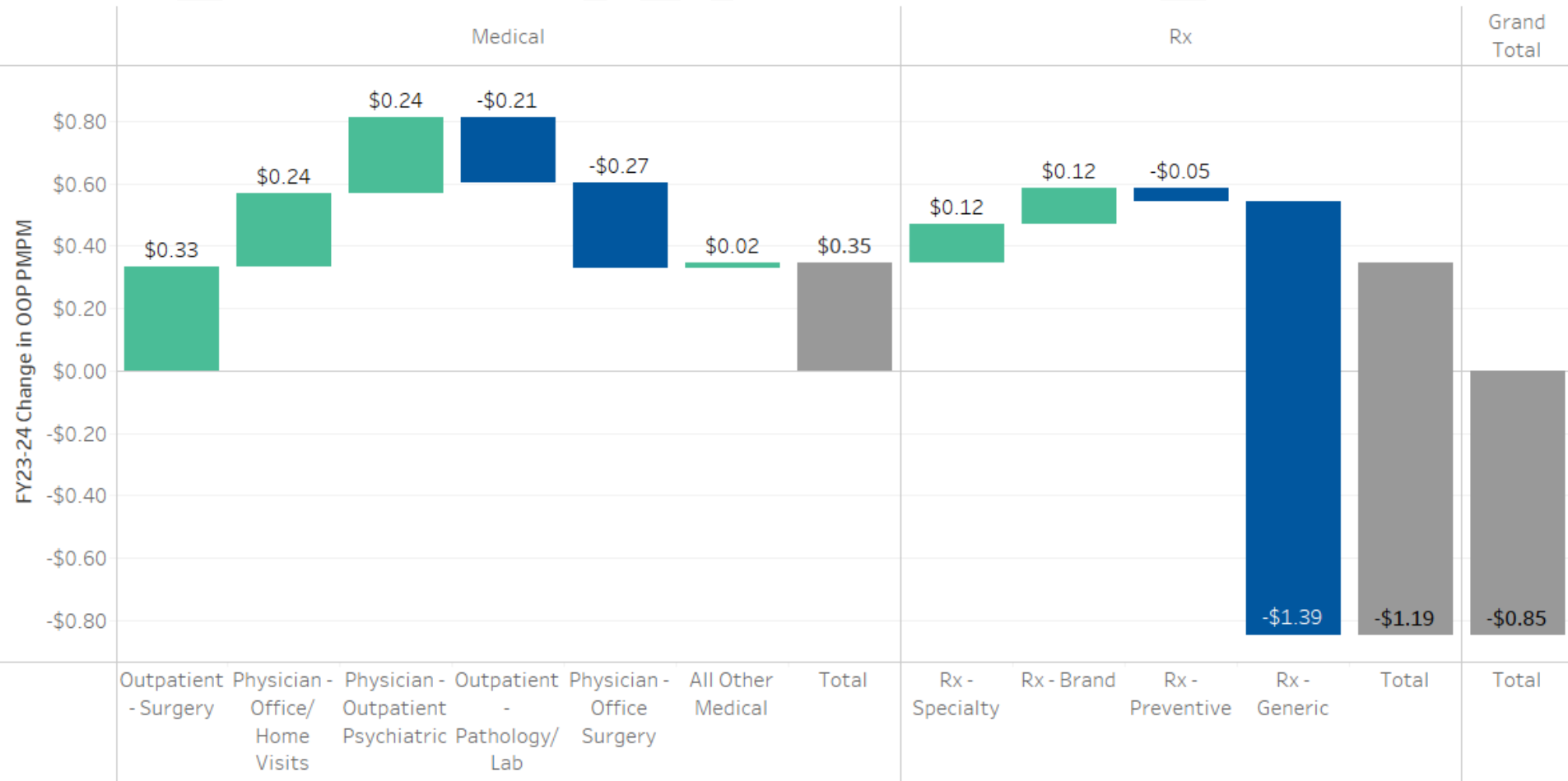
Non-Medicare OOP PMPM vs GIC Paid PMPM, FY22-24



Data note: Prescription drug rebates are not reflected in GIC Paid amounts for Rx.

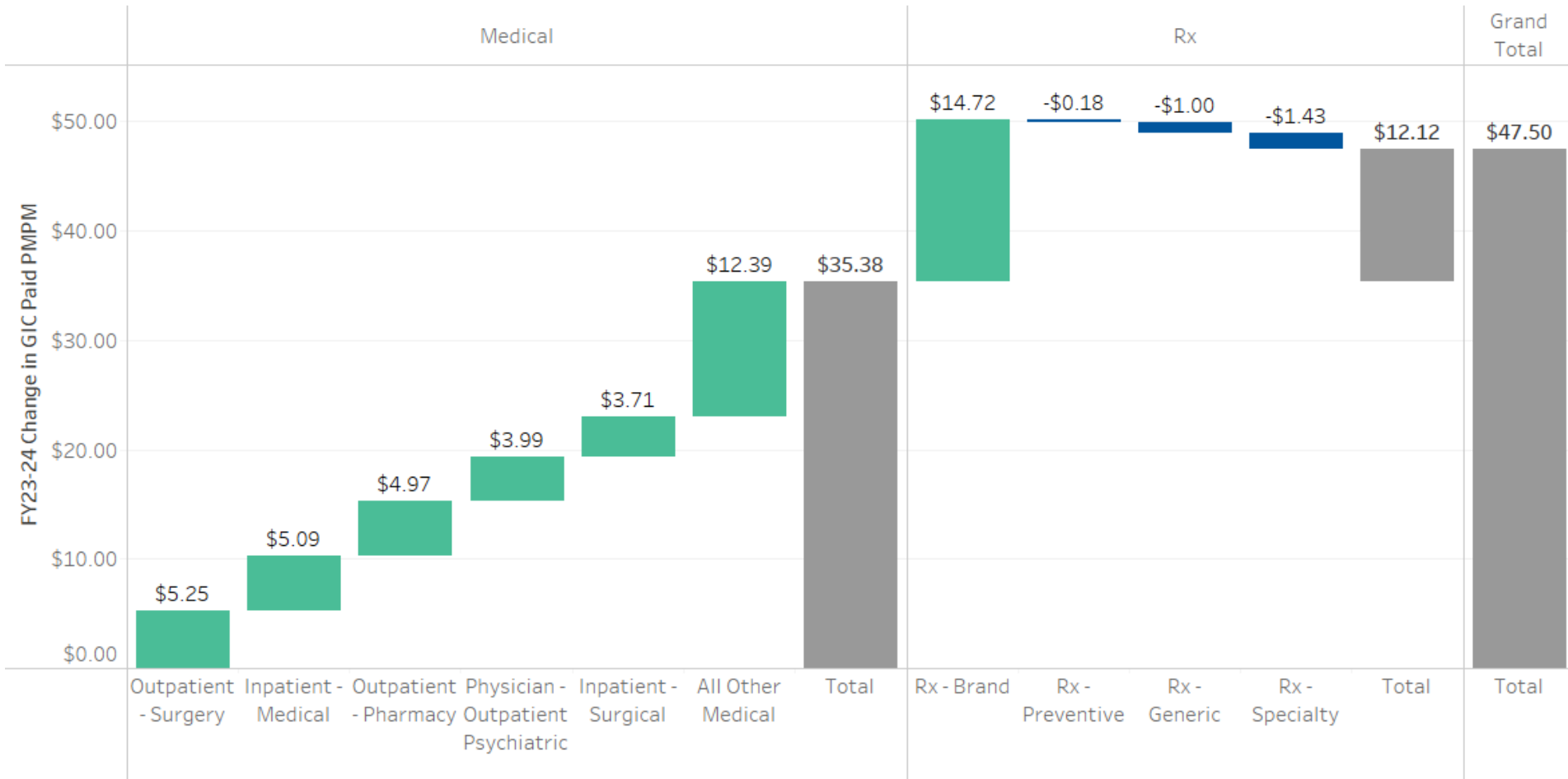
Decreasing costs for generic prescription drugs drove the OOP trend.

Non-Medicare OOP cost drivers by service category, FY23-24



Broad-based medical inflation and increasing brand prescription drug costs drove the GIC Paid trend.

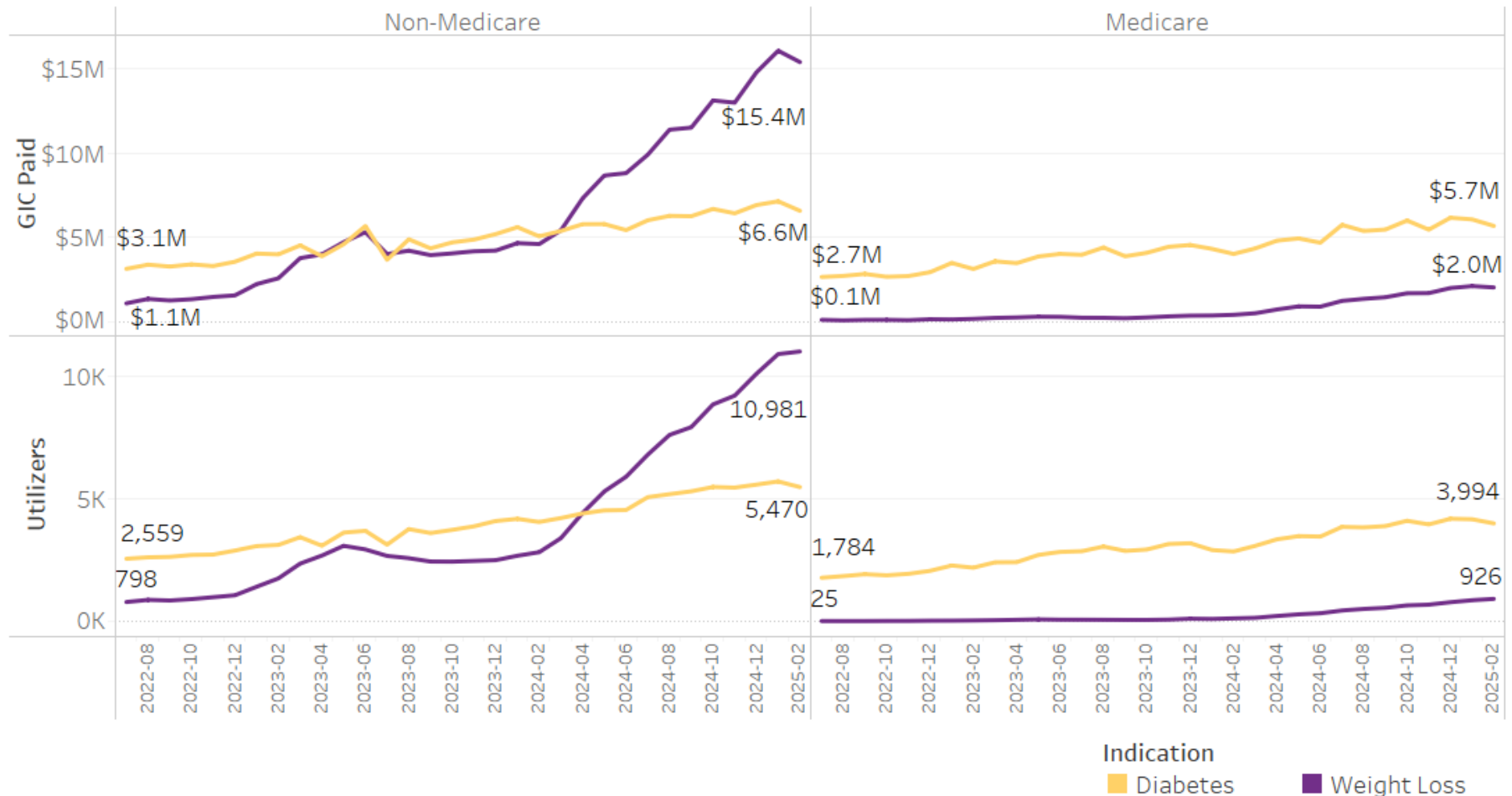
Non-Medicare GIC Paid cost drivers by service category, FY23-24



Data note: Prescription drug rebates are not reflected in GIC Paid amounts for Rx.

GLP-1 agonist utilization has increased steadily since the beginning of 2024.

Monthly GLP-1 Agonist GIC Paid and Utilizers by Drug Indication, FY23-25



Data note: Prescription drug rebates are not reflected in GIC Paid amounts for Rx.

Objectives

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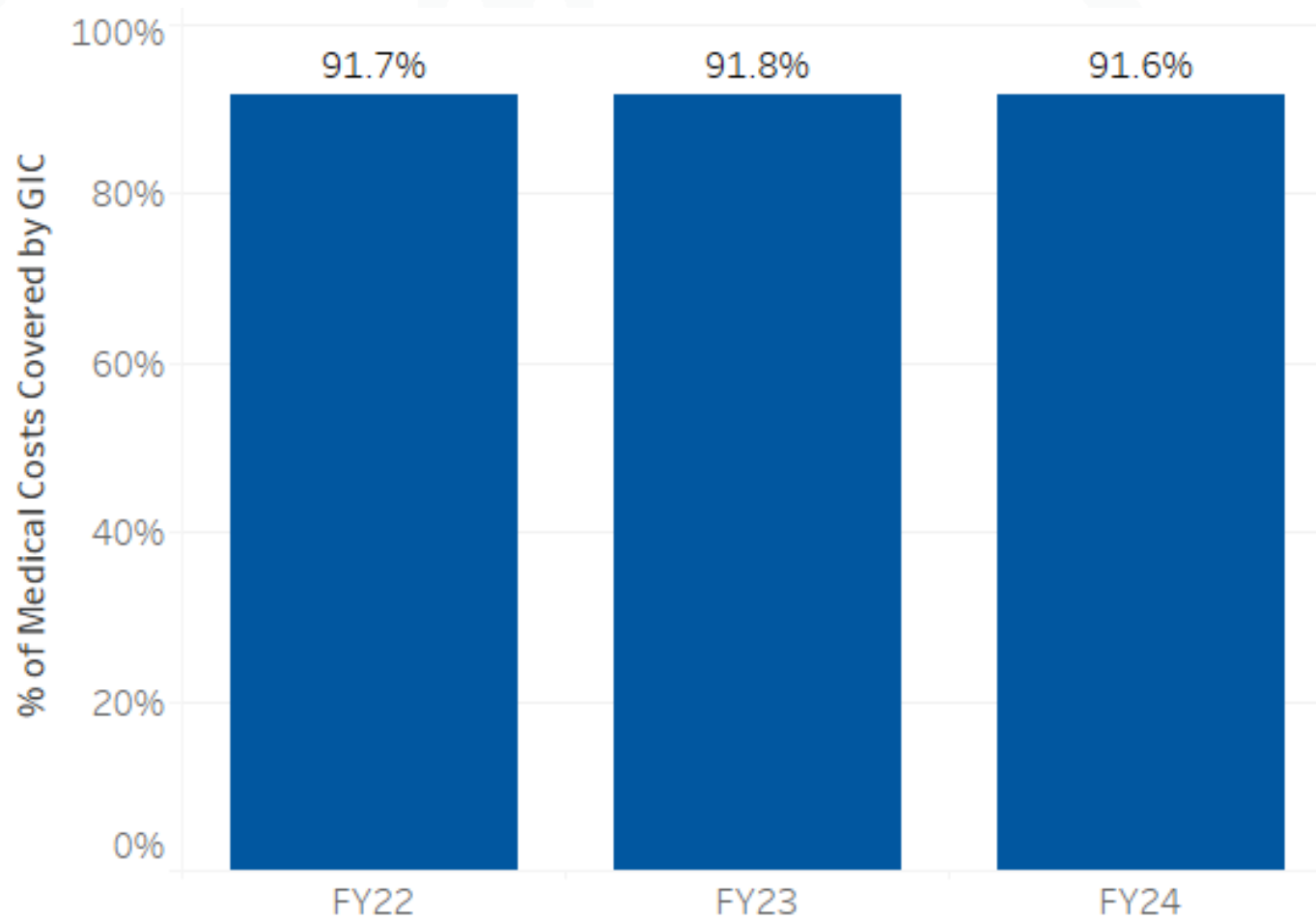
Understand context and drivers of trends

3

Compare GIC OOP costs to state benchmarks

Benchmarking GIC Benefits

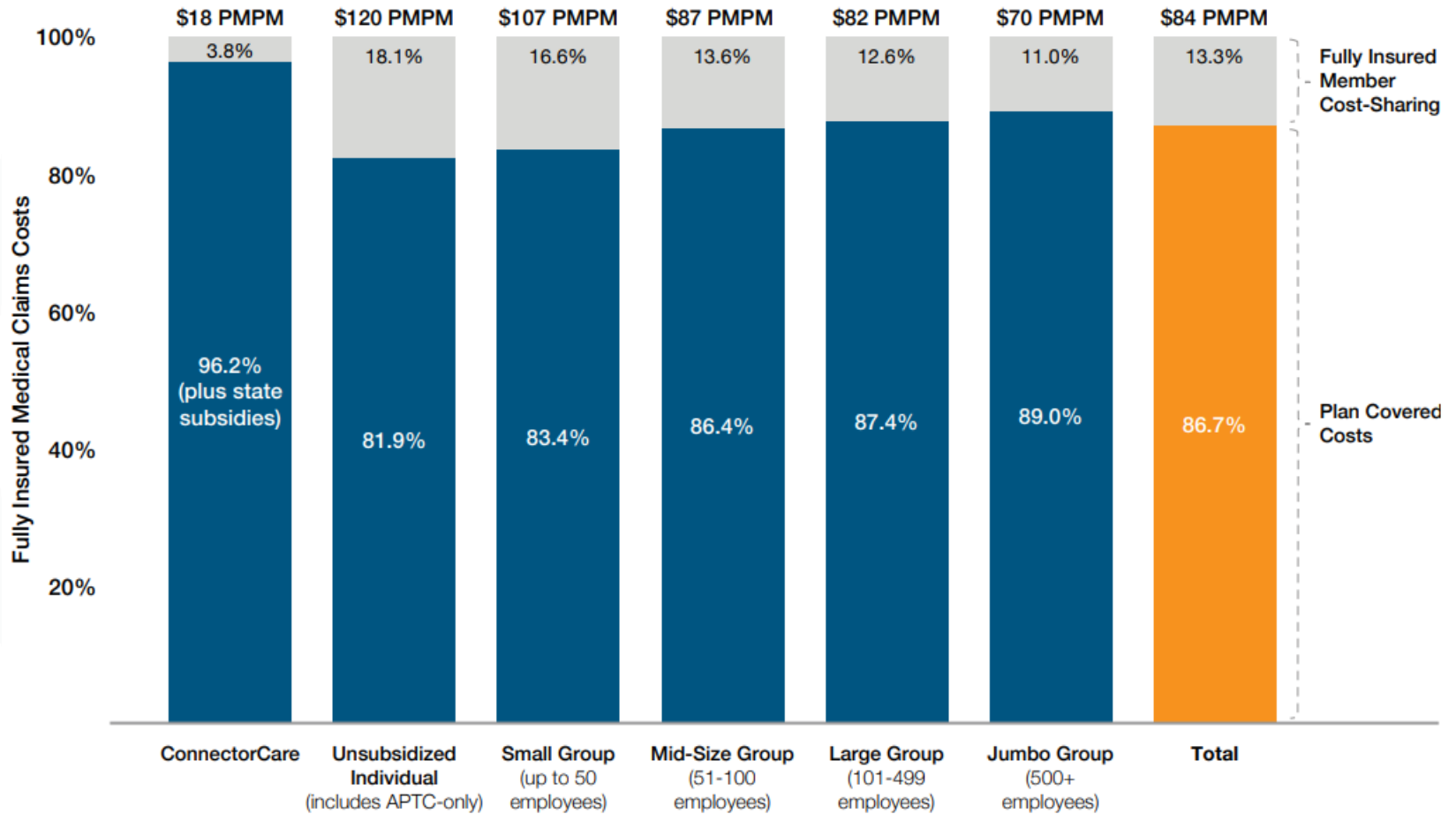
Non-Medicare Benefit Levels, FY22-24



Data note: the impact of prescription drug rebates is not reflected.

Benchmarking GIC Benefits

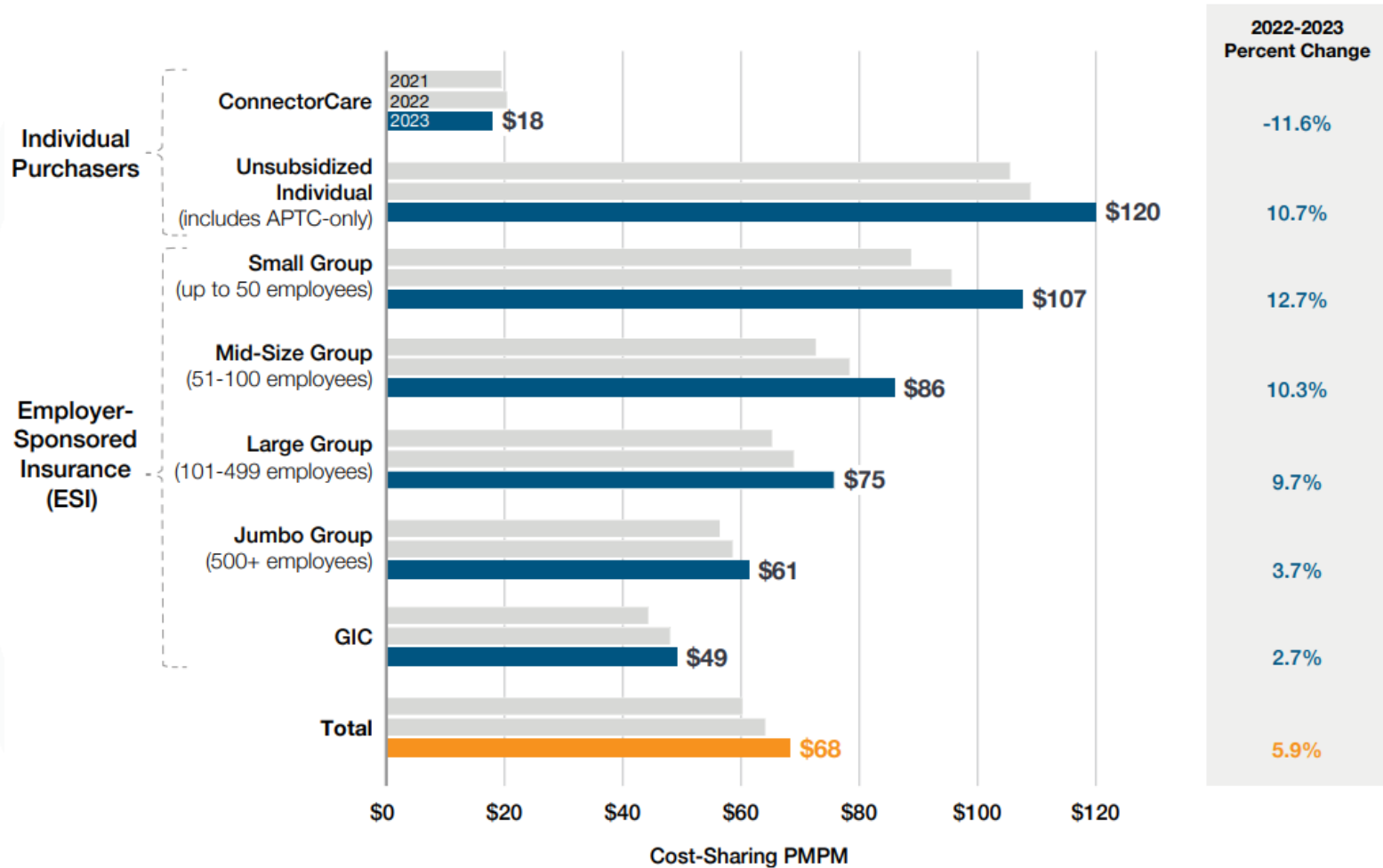
Fully-Insured Benefit Levels by Market Sector (2023)



Source: Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2025. Data shown includes fully-insured Private Commercial enrollment for plans situated in MA (includes non-MA residents) on a calendar year basis.

Benchmarking GIC Benefits

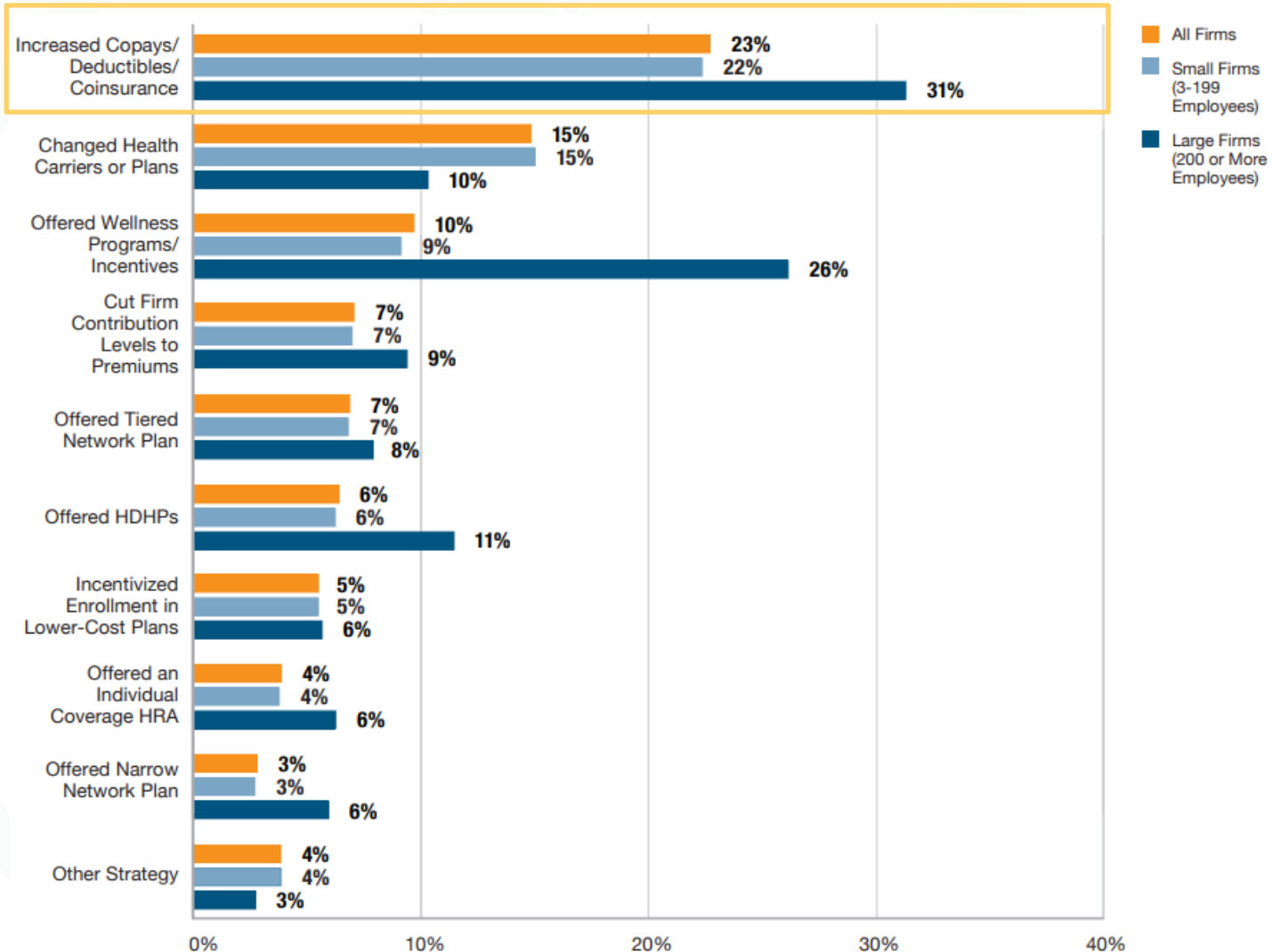
Private Commercial Member Cost-Sharing by Market Sector (2021-2023)



Source: Center for Health Information and Analysis (CHIA) Annual Report on the Performance of the Massachusetts Health Care System, March 2025. 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.

Benchmarking GIC Benefits

Cost-Control Strategies Enacted by Employers, 2024



Source: Center for Health Information and Analysis (CHIA) 2024 Massachusetts Employer Survey, December 2024.

Key Takeaways

1

Explore trends in GIC paid and member OOP costs

- Despite rising health care costs, member OOP costs have been relatively stable due to the GIC's copay-based benefit designs.
- GIC paid costs increased as the GIC absorbed the effects of rising health care costs.

GIC

Key Takeaways

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2

Understand context and drivers of trends

- Interpretation of FY23-24 trends is complicated by member migration and vendor changes. However, procurement changes did result in some clear examples of savings.
- Broad-based medical inflation and increasing utilization of GLP-1 agonist drugs drove increases in GIC paid amounts.

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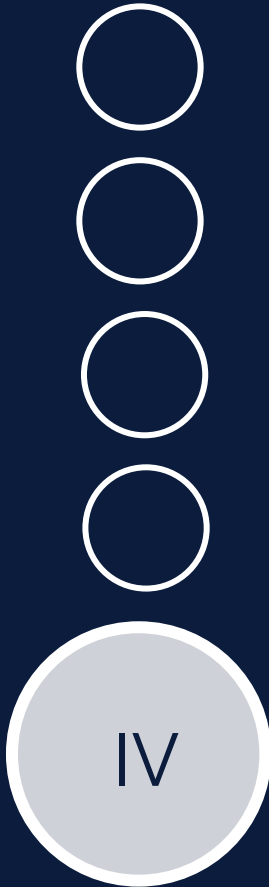
3

Compare GIC OOP costs to state benchmarks

- Compared to the rest of the market, GIC members have relatively low OOP costs, and recent increases have been relatively small.

Appendix: Data Specifications

- Data is sourced from the GIC's Milliman MedInsight data warehouse.
- Claims incurred Fiscal Year 2022 through Fiscal Year 2024 (July 1, 2021 - June 30, 2024) and paid through the following February of each respective year.
- Rx GIC paid amounts do not reflect the impact of prescription drug rebates.



OTHER BUSINESS / ADJOURNMENT

Valerie Sullivan, Chair

Matthew Veno, Executive Director

2025 Group Insurance Commission Meetings & Schedule

January 16	February 6	February 27	April 17	May 15
June 18	September 18	October 16	November 20	December 18

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.

Note: Topics and meeting dates are subject to change

Appendix

Commission Members

GIC Leadership Team

GIC Goals

GIC Contact Channels

Commission Members



Valerie Sullivan, Public Member, Chair



Michael Caljouw, Commissioner of Insurance



Edward Tobey Choate, Public Member



Tamara P. Davis, Public Member



Jane Edmonds, Retiree Member



Gerzino Guirand, Council 93, AFSCME, AFL-CIO



Bobbi Kaplan, NAGE, Vice-Chair



Matthew Gorzkowicz, Secretary of Administration & Finance



Patricia Jennings, Public Member



Eileen P. McAnneny, Public Member



Melissa Murphy-Rodrigues, Mass Municipal Association



Jason Silva, Mass Municipal Association



Anna Sinaiko, Health Economist



Timothy D. Sullivan, Massachusetts Teachers Association



Catherine West, Public Member

GIC Leadership Team

Matthew A. Veno, Executive Director

Erika Scibelli, Deputy Executive Director

Emily Williams, Chief of Staff

James Rust, Chief Financial Officer

Paul Murphy, Director of Operations

Andrew Stern, General Counsel

Stephanie Sutliff, Chief Information Officer

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 from GIC (email, phone, mail)
Email	gicpublicinfo@mass.gov	
Telephone	(617) 727-2310, M-F from 8:45 AM to 5:00 PM	
Office location	1 Ashburton Place, Suite 1413, Boston, MA, Not open for walk-in service	
Correspondence & Paper Forms	P.O. Box 556 Randolph, MA 02368	Allow for processing time. Priority given to requests to retain or access benefits

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
Mass General Brigham Health Plan	(866) 567-9175	massgeneralbrighamhealthplan.com/gic-members
Harvard Pilgrim Health Care	(844) 442-7324	point32health.org/gic
Health New England	(800) 842-4464	hne.com/gic
Tufts Health Plan (Medicare Only)	(855) 852-1016	Tuftshealthplan.com/gic
Wellpoint		
Non-Medicare Plans	(833) 663-4176	wellpoint.com/mass
Medicare Plans	(800) 442-9300	