



Commonwealth of Massachusetts
Group Insurance Commission

COMMISSION MEETING

November 17, 2022



MA Group Insurance Commission



Group Insurance Commission



@MassGIC

	Topic	Speaker	Schedule
I	Minutes, October 20, 2022 (VOTE)	Bobbi Kaplan, Vice 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	2022 Health Care Cost Trends Report	David Seltz, Executive Director of the Health Policy Commission (HPC) David Auerbach, Senior Director of Research and Cost Trends at HPC	8:50-9:50
IV	FY24 Employee Assistance Program (VOTE)	Jannine Dewar, Pharmacy & Ancillary Benefits Manager	9:50-10:10
V	Other Business & Adjournment	Valerie Sullivan, Chair Matthew Veno, Executive Director	10:10-10:30

Motion

That the Commission hereby approves the minutes of its meeting held on October 20, 2022 as presented.

- | | |
|---------------------------------------|-----------------------|
| ■ Bobbi Kaplan, Vice-Chair | ■ Jane Edmonds |
| ■ Cassandra Roeder (Designee for A&F) | ■ Joseph Gentile |
| ■ Rebecca Butler (Designee for DOI) | ■ Patricia Jennings |
| ■ Elizabeth Chabot | ■ Eileen P. McAnneny |
| ■ Adam Chapdelaine | ■ Anna Sinaiko |
| ■ Edward Tobey Choate | ■ Timothy D. Sullivan |
| ■ Christine Clinard | |



II. Executive Director's Report (INFORM)

Matthew Veno,
Executive Director
&
Members of Senior Staff

Projected 2022 Calendar*

Jan 20	Feb	Mar 3	Mar 24	Apr	May 19	Jun 16	Jul	Aug	Sep 15	Oct 20	Nov 17	Dec 15
Presentation: FY23 Plan Design	No Meeting	Votes: FY23 Plan Rates & Design	Strategy Update	No Meeting	Vote: Trust Funds	Report: Annual Enrollment	No Meeting	No Meeting	Plan Audit	Vote: FSA Procurement	HPC presentation	FY24 Preliminary Rates
Engagement Update		Report: Public Listening Sessions	Engagement Update		FSA Procurement Update	Vote: EAP Procurement Consultant			EAP Procurement Update	Vote: Medical Benefit	Vote: EAP Procurement	Vote: Pharmacy Benefit (PBM)
Report: Out of Pocket		EAP Procurement Consultant Update				EAP Procurement Update			Municipal Presentation			Municipal Update
Public Info Sessions					FY23 Annual Enrollment							Annual Stewardship Report
Stakeholder Engagement				Health Benefit Procurement								

* Topics and meeting dates are subject to change

Projected 2023 Calendar*

Public Info Sessions		Stakeholder Engagement		FY24 Annual Enrollment				Fall buy-out			
Jan 19	Feb 16	Mar 2	Apr 20	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	Report: Out of Pocket	Vote: Trust Funds	Report: Annual Enrollment	No Meeting	No Meeting	Plan Audit	TBD	HPC presentation	FY25 Preliminary Rates
Engagement Update	Report: Public Info Sessions							Municipal Presentation		Vote: Municipal Bulletin	

* Topics and meeting dates are subject to change



III. Health Care Cost Trends Report

David Seltz,
Executive Director,
Massachusetts Health Policy Commission (HPC)

David Auerbach,
Senior Director of Research and Cost Trends,
Massachusetts Health Policy Commission (HPC)



GIC November Commission Meeting

November 17, 2022

Outline



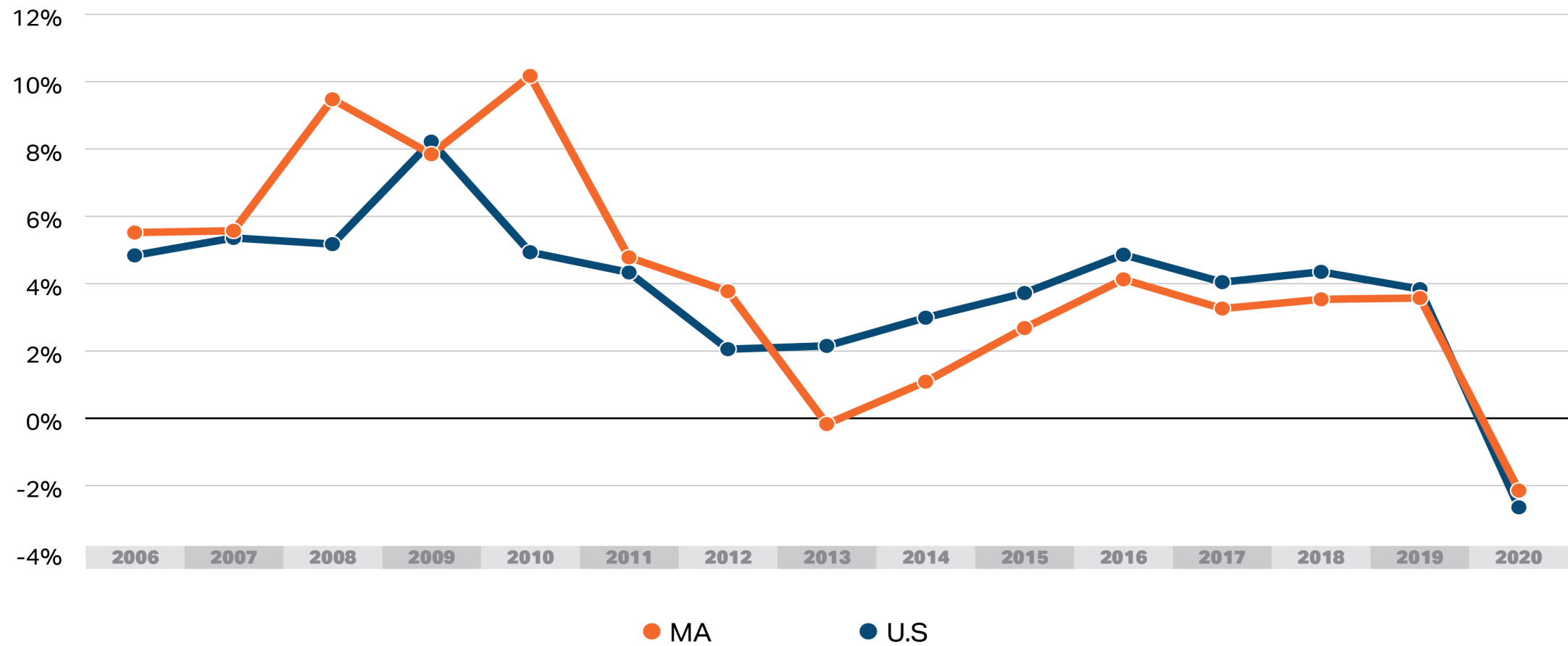
SPENDING AND PRICING TRENDS

Implications for Affordability, Access, and Equity

Massachusetts' commercial spending is no longer growing more slowly than the U.S. rate.



Annual growth in per capita commercial health care spending, Massachusetts and the U.S., 2006-2020

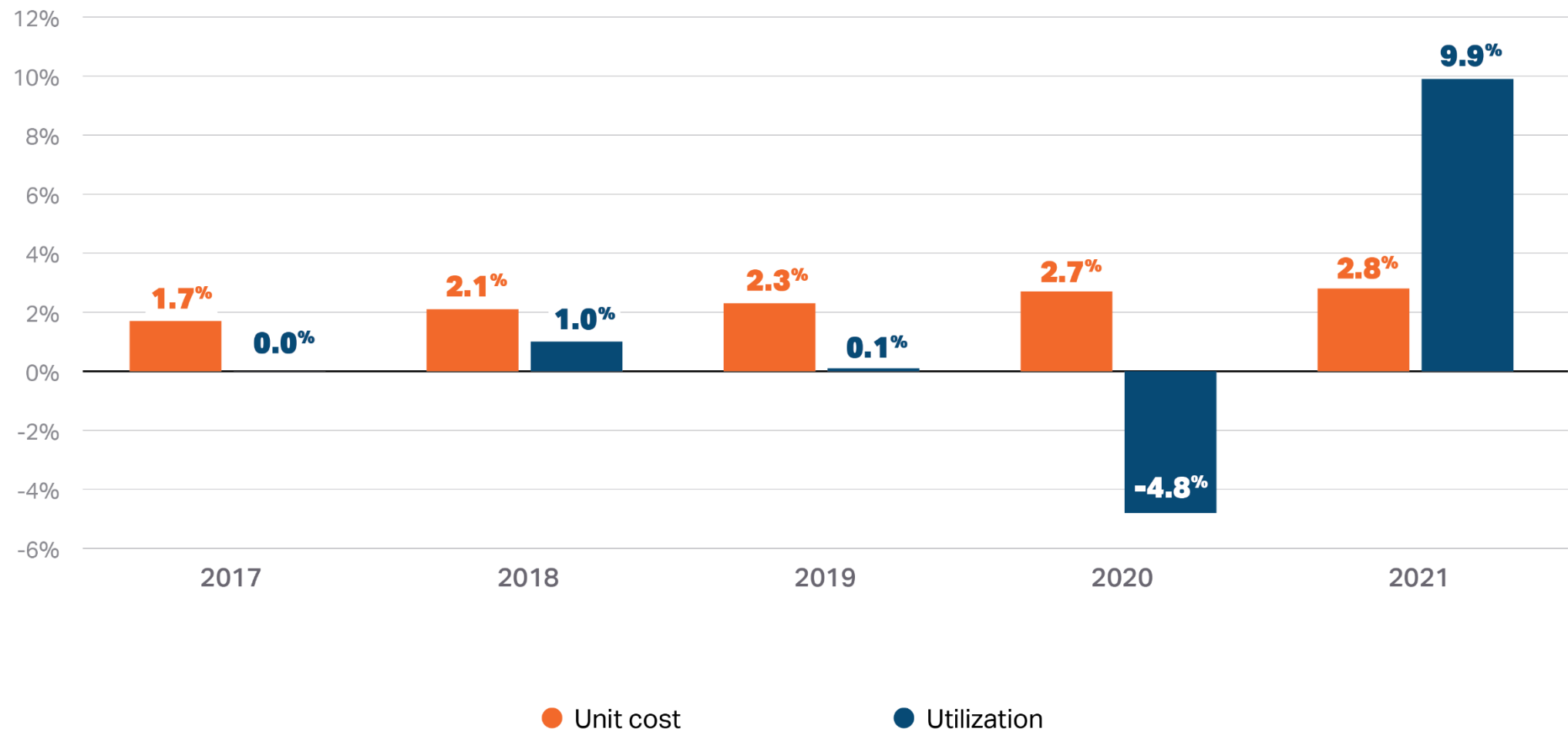


Notes: Massachusetts data include full-claims members only. Commercial spending is net of prescription drug rebates and excludes net cost of private health insurance.
Sources: Centers for Medicare and Medicaid Services, National Healthcare Expenditure Accounts Personal Health Care Expenditures, 2014-2019 and State Healthcare Expenditure Accounts 2005-2014; Center for Health Information and Analysis, Total Health Care Expenditures, 2014-2020

One large Massachusetts health plan reported that commercial prices accelerated further in 2021, coupled with a rebound in utilization.



Payer-reported percent change in commercial unit costs (prices) and utilization for a large Massachusetts insurer from previous year to the year shown

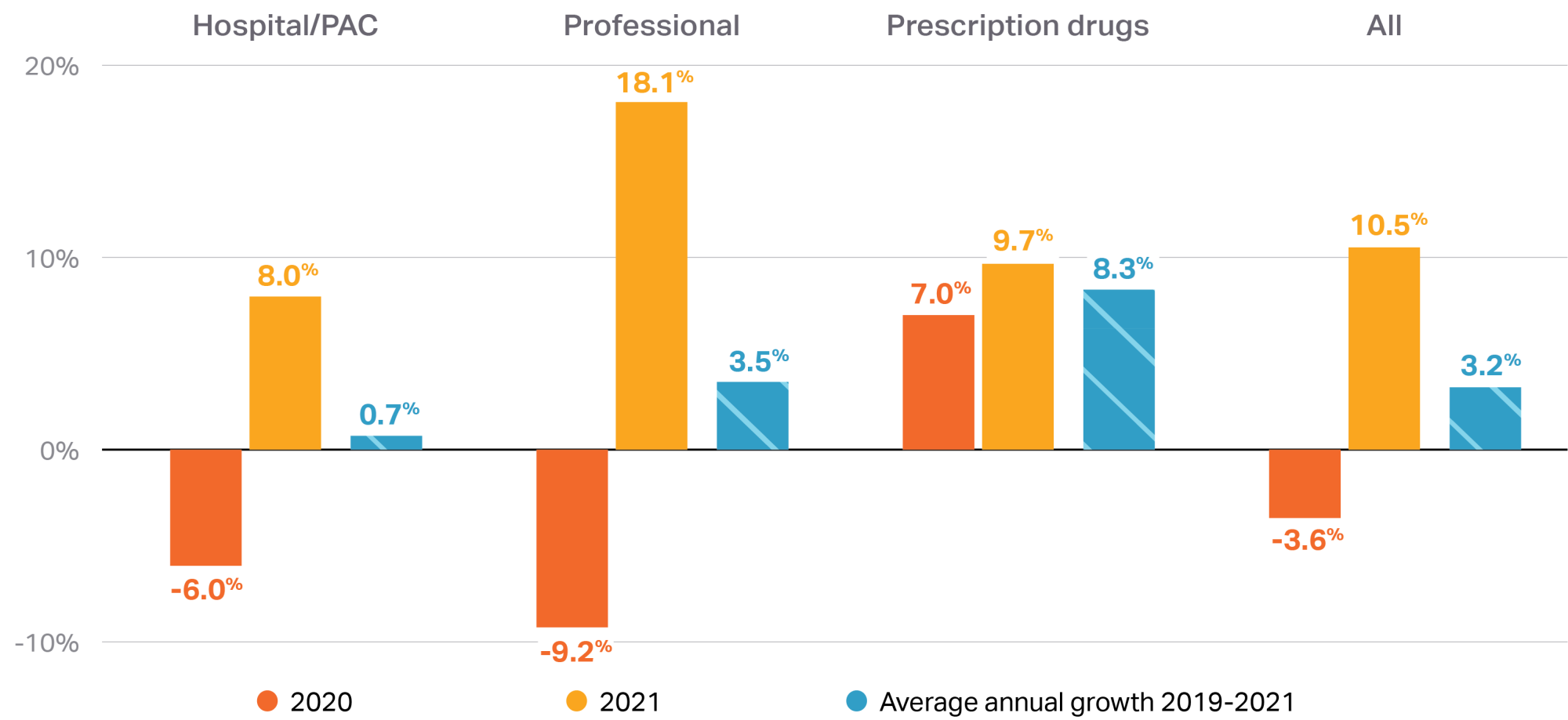


Source: Pre-Filed Testimony submitted to the HPC in advance of the 2021 and 2022 Annual Cost Trends Hearings.

Medicare spending increased 10.5% in 2021 driven by prescription drug spending and a rebound in professional spending. Average annual spending growth was 3.2% from 2019 to 2021.



Spending growth from previous year per Massachusetts Medicare FFS enrollee



Notes: Spending in each category is divided by enrollment separately by program (Part A, Part B, Part D, respectively). Only FFS members included.
Source: Data provided to the HPC by the Center for Medicare and Medicaid Services.

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GROWING SPENDING ON PRESCRIPTION DRUGS

Retail prescription drug spending net of rebates grew from **14.5% to 18.6%** of per-capita commercial health care spending in Massachusetts between 2013 and 2020.¹ Growth in retail prescription drug spending has remained above the benchmark in most years.



SPENDING DRIVEN BY A SMALL NUMBER OF HIGH-COST PRODUCTS

Between 2016 and 2021, the number of specialty prescriptions filled in the U.S. increased 0.5% but gross spending on these medications in retail and non-retail settings increased **42.5%** and accounted for **50%** of total drug spending in 2021.²



LAUNCH PRICES CONTINUE TO RISE

The median prescription drug launch price grew from **\$2,000 to \$180,000** between 2008 and 2021.³



PRICE INCREASES ALSO DRIVE SPENDING GROWTH

CBO found that net prices for branded drugs increased by an average of **6.3% per year** from 2010 to 2017 in the Medicare Part D program, after removing the effects of general inflation.⁴

Sources: 1. HPC analysis of Center for Health Information and Analysis Total Medical Expenditure (TME) Data, which include commercial full claims only.

2. The Assistant Secretary for Planning and Evaluation. Sep 2022. "Trends in Prescription Drug Spending, 2016-2021."

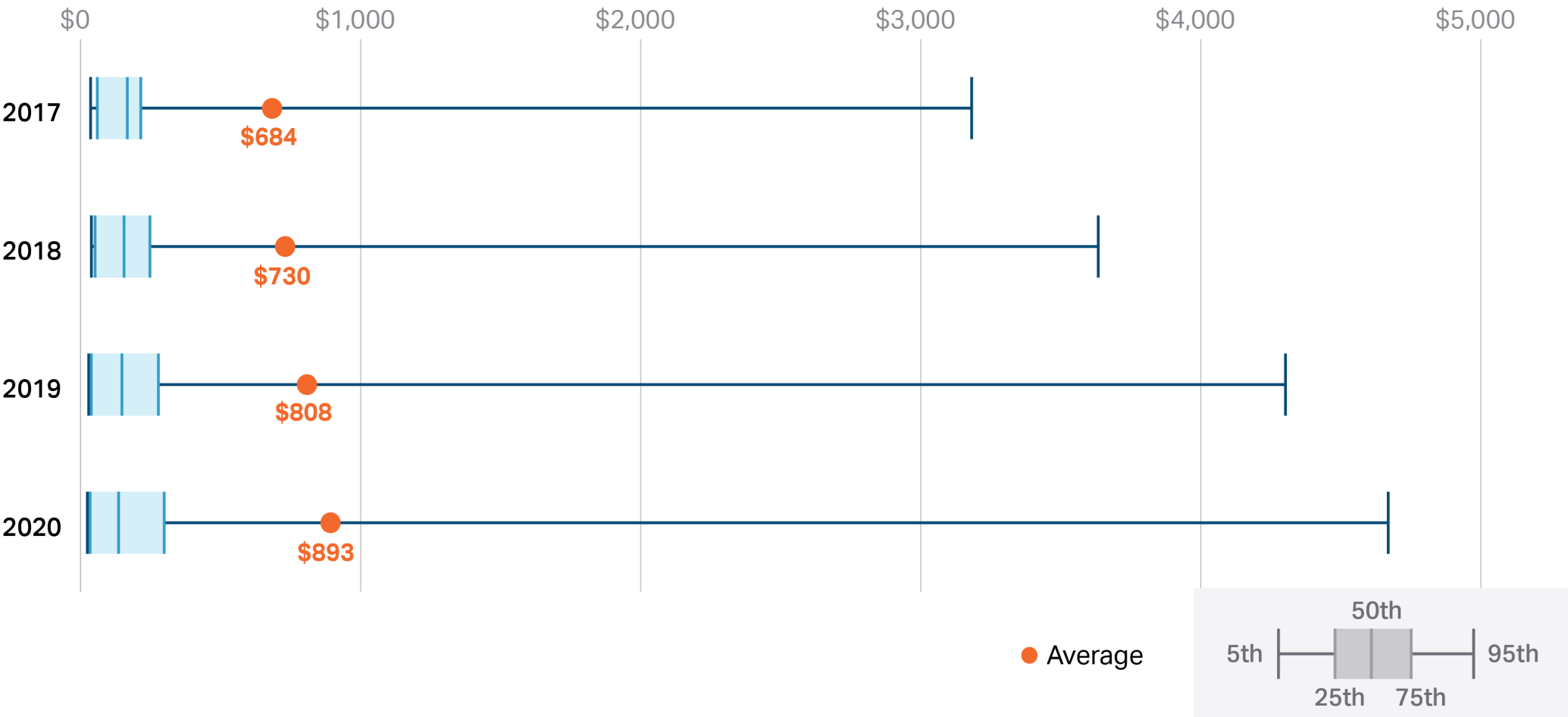
3. Rome, Benjamin N., Alexander C. Egilman, and Aaron S. Kesselheim. "Trends in Prescription Drug Launch Prices, 2008-2021." JAMA 327.21 (2022): 2145-2147.

4. Congressional Budget Office. Jan 19, 2022. "Prescription Drugs: Spending, Use, and Prices."

Average gross commercial spending per branded prescription increased 11% in 2020, faster than in prior years.



Gross spending distribution per branded prescription, 2017-2020

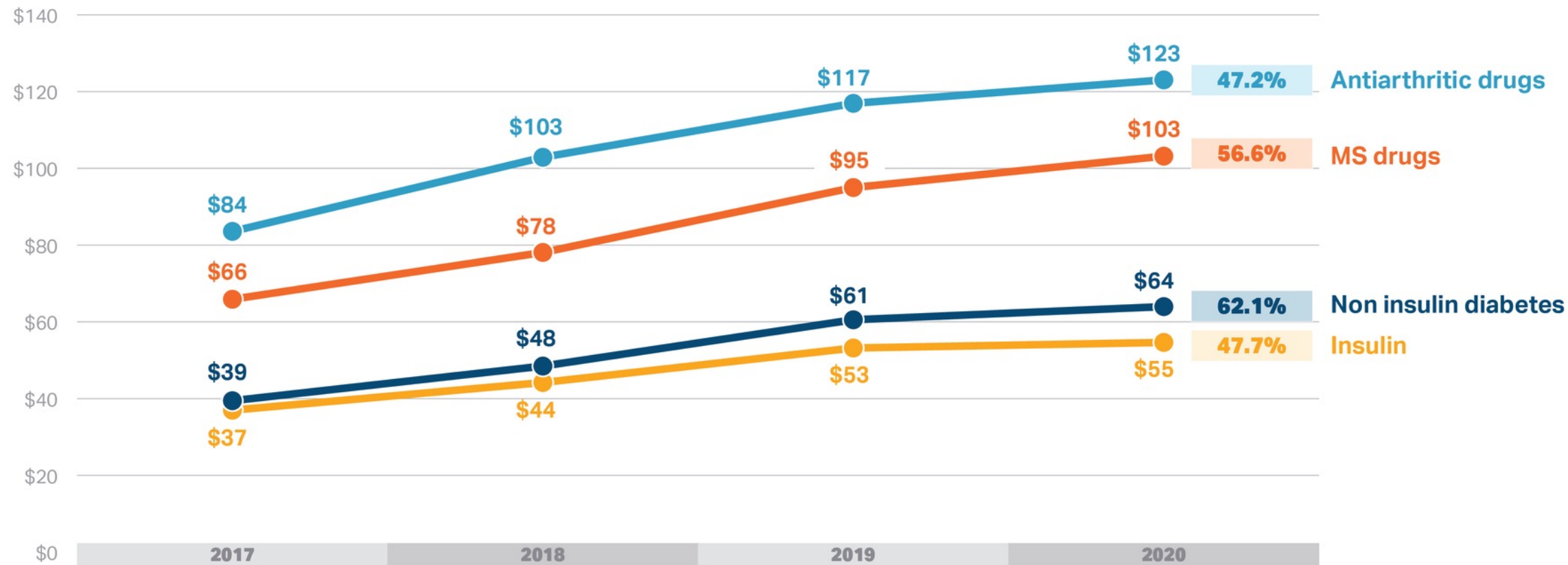


Source: HPC analysis of the Center for Health Information and Analysis (CHIA) All-Payer Claims database, 2017-2020, V 10.0.

Average out of pocket spending for a 30-day supply of prescription drugs for common chronic conditions grew approximately 50% from 2017 to 2020.



Average cost sharing per prescription (30-day supply) for selected classes of drugs, 2017-2020

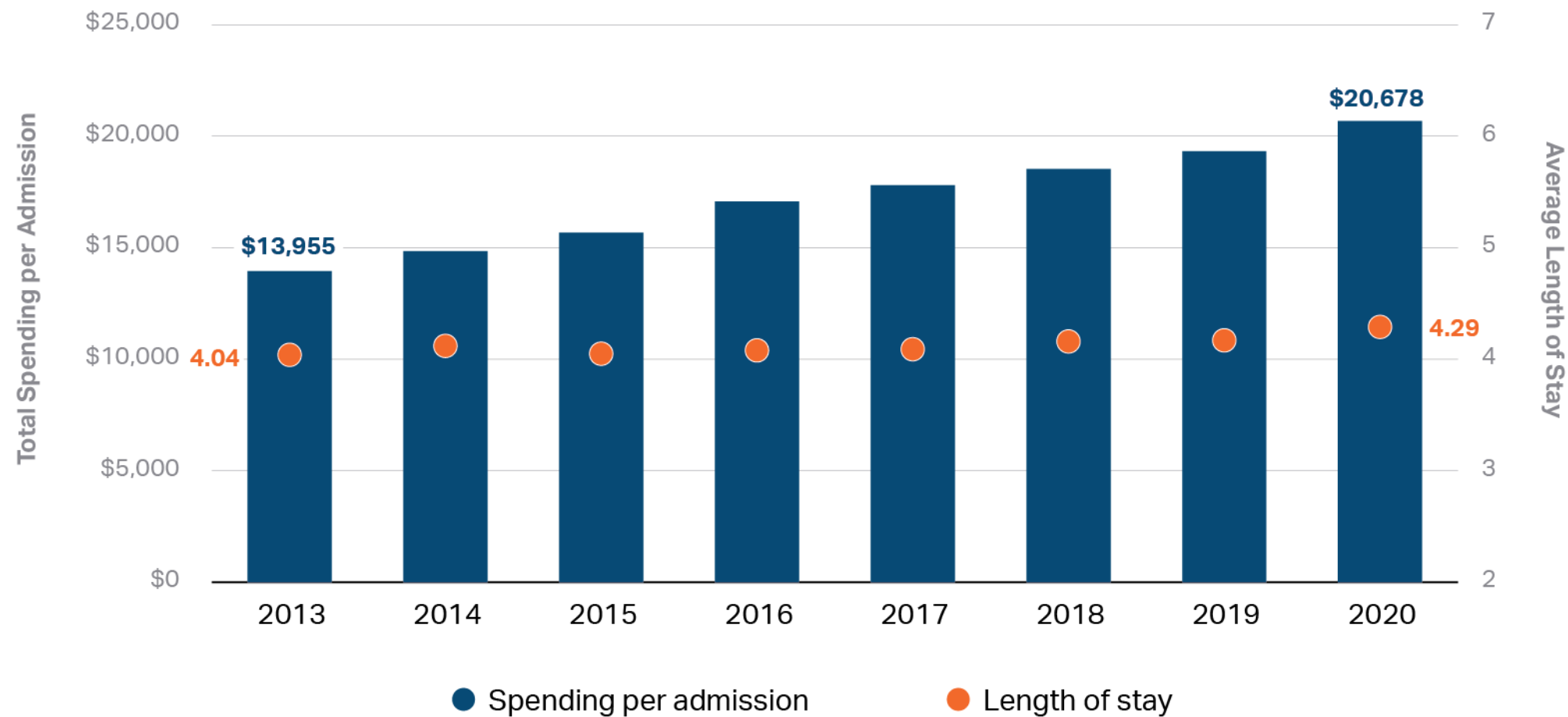


Notes: Drugs were identified based on lists or clinical guidelines published by the Arthritis Foundation, American College of Rheumatology, American Diabetes Association, and National MS society. Clinician-administered drugs, which are typically covered under a plan’s medical benefits, are excluded.
Sources: HPC analysis of Center for Health Information and Analysis (CHIA) All-Payer Claims database, 2017-2020, V 10.0

Total commercial spending per hospital discharge increased 48% from 2013 to 2020.



Total inpatient spending per commercial discharge and average length of stay for commercial hospital stays, 2013-2020

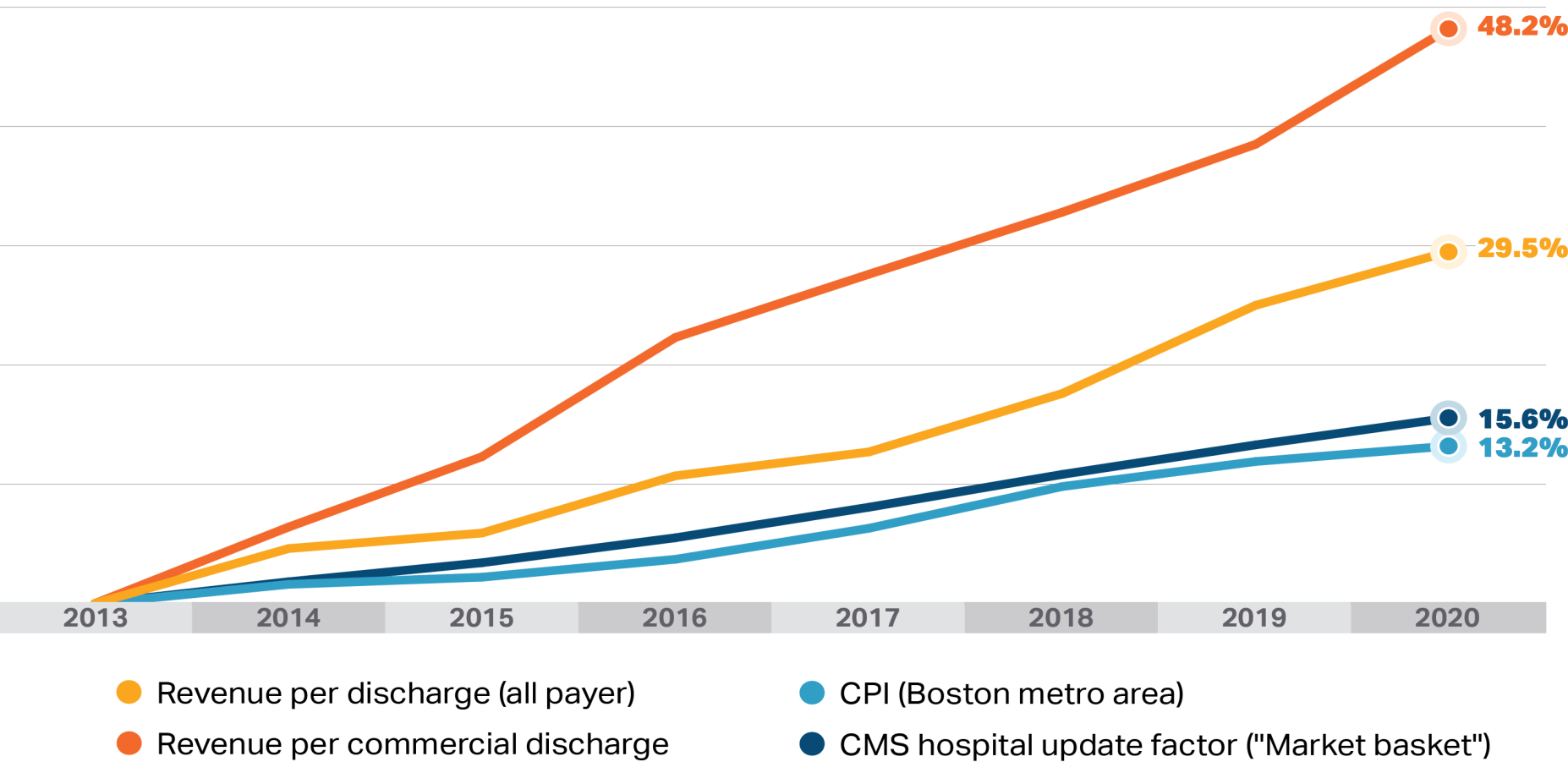


Notes: Certain discharges were excluded from the analysis including transfers, rehabilitation stays, those from Shriners’ Hospital, and those with LOS more than 180 days.
Sources: Center for Health Information and Analysis (CHIA) Hospital Inpatient Discharge Data, 2013-2020 (volume and LOS). Spending data are derived from full and partial-claims commercial spending by category for 2016-9, full claims only from 2013-6 (based on data availability) and from CHIA’s Annual reports from 2013-2022.

The growth in hospital revenue per discharge exceeded measures of inflation from 2013 to 2020.



Growth in aggregate acute hospital revenue per discharge (commercial and all-payer) and in two measures of price inflation, 2013-2020

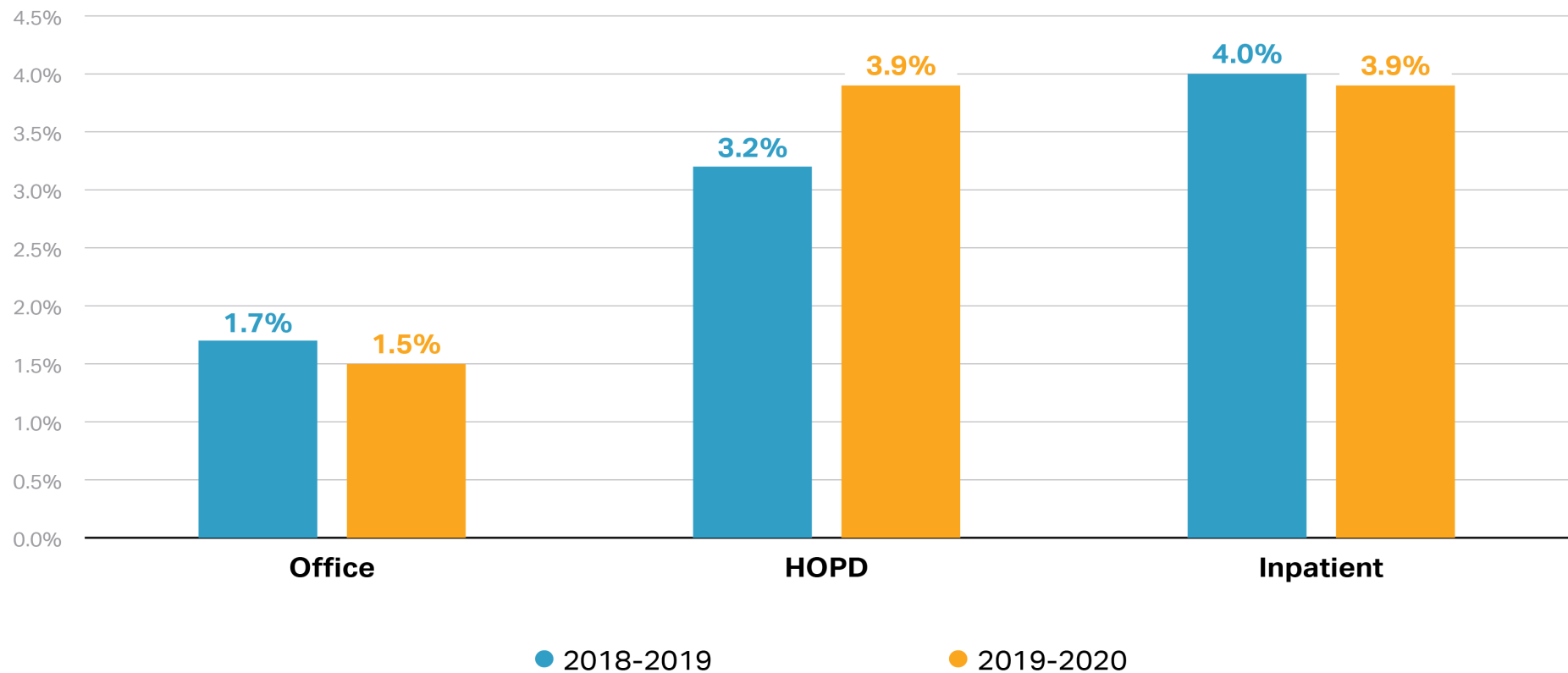


Notes: Estimate of revenue per commercial discharge described in HPC Annual Cost Trends Report, 2022 (Technical Appendix) and on previous slide.
Sources: Revenue per discharge: Total Medical Expenditures, Hospital Discharge Data and Acute hospital profiles from Center for Health Information and Analysis. CMS hospital update factor: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData>. CPI-U Boston/Cambridge/Newton from the BLS.

Commercial spending per encounter (prices) increased nearly 4% in both hospital inpatient and outpatient settings in 2020.



Increase in spending per encounter by setting, 2018-2019 and 2019-2020

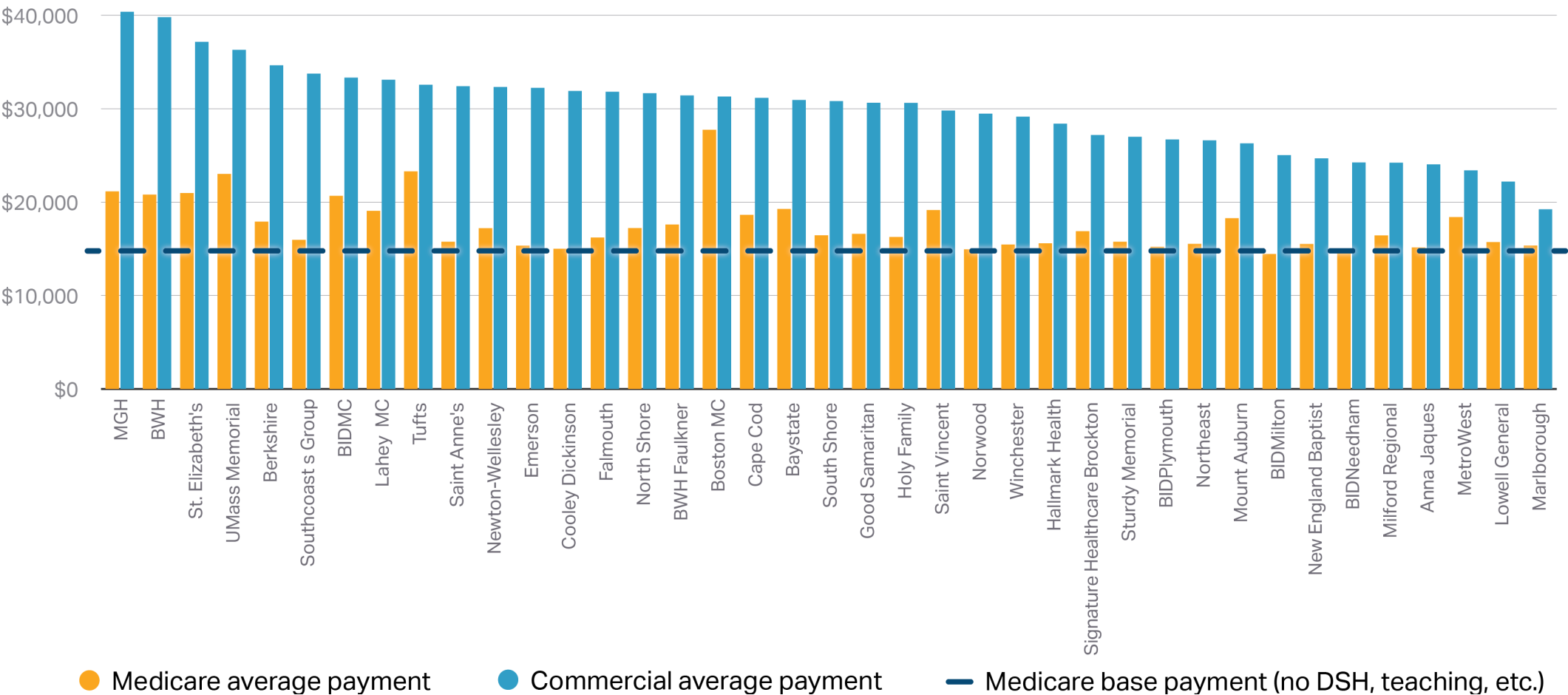


Notes: Price growth includes both facility and professional spending. Price growth is computed at the level of a procedure code encounter. Procedure code encounters are defined as the same person, same date of service, same procedure code to capture the potential for both facility and professional claims billed on the same day for the same service based on the setting. Payment growth for inpatient stays include all services provided during the hospital stay. Only procedure codes that were billed in both 2018 and 2020 were included. Procedures codes with < 20 services or < \$1,000 in aggregate spending in 2018 and 2020 were excluded.
Sources: HPC analysis of the Center for Health Information and Analysis (CHIA) All-Payer Claims Database, 2018-2020, V 10.0

Commercial payments to hospitals for joint replacement surgeries vary 2:1 across hospitals and are often twice what Medicare would pay.



Commercial and Medicare facility payments for inpatient major joint replace surgery without complications (DRG 470), 2019

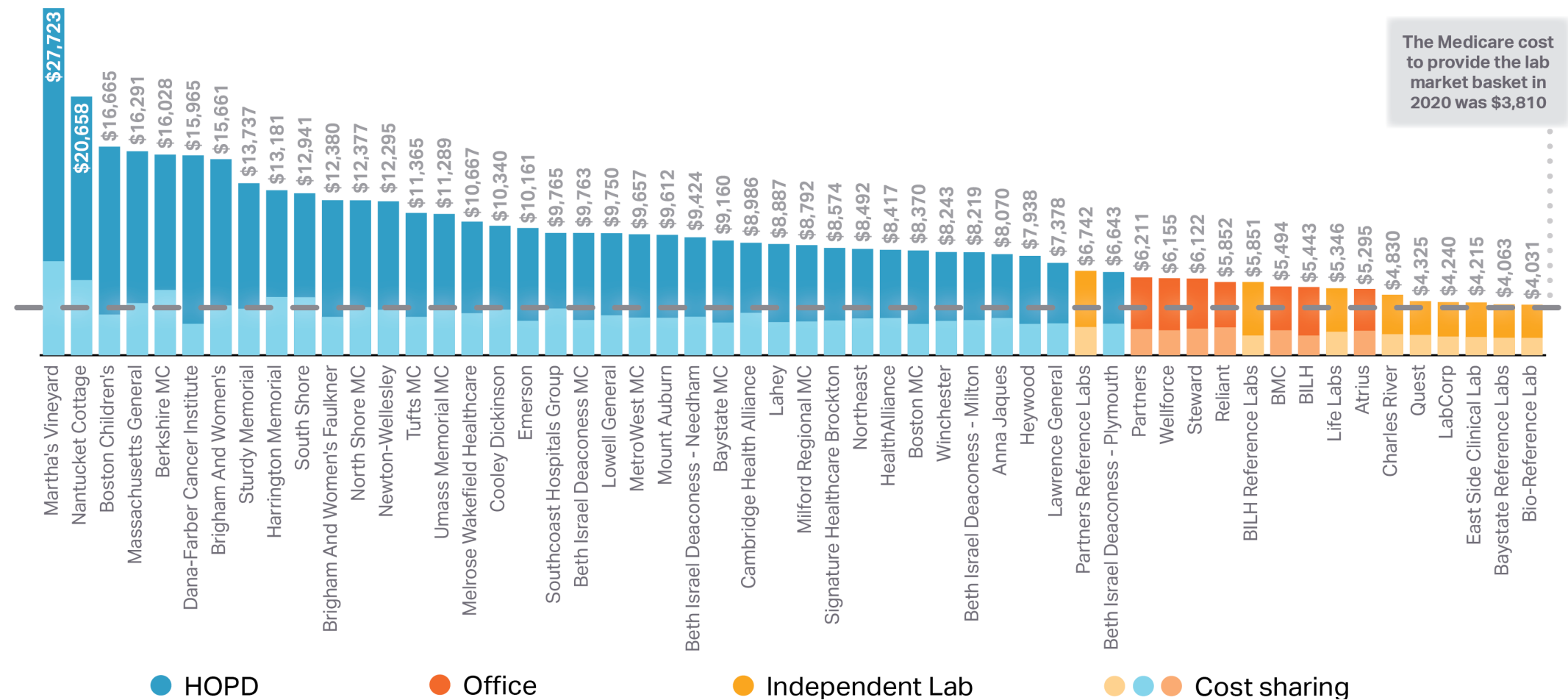


Notes: Includes hospitals with >10 commercial discharges for DRG 470 in 2019 APCD. Only facility payment is shown.
Sources: HPC analysis of the Center for Health Information and Analysis (CHIA) All-Payer Claims Database, 2019, V 10.0

The prices of the same common laboratory tests varied more than 5:1, with the highest prices in hospital outpatient departments. Higher prices translated to higher consumer cost-sharing.



Total cost of a fixed laboratory services market basket, including cost-sharing, among Massachusetts providers in 2020



Notes: The index represents the cost of the same 50 labs in each hospital or provider shown, weighted by total statewide spending on each lab in 2018 and using the average price of each lab for each provider in 2020. Providers with fewer than 20 service encounters for any individual procedure code have imputed values (statewide mean price) for that procedure code and are not included if more than 20 procedure codes would need to be imputed.

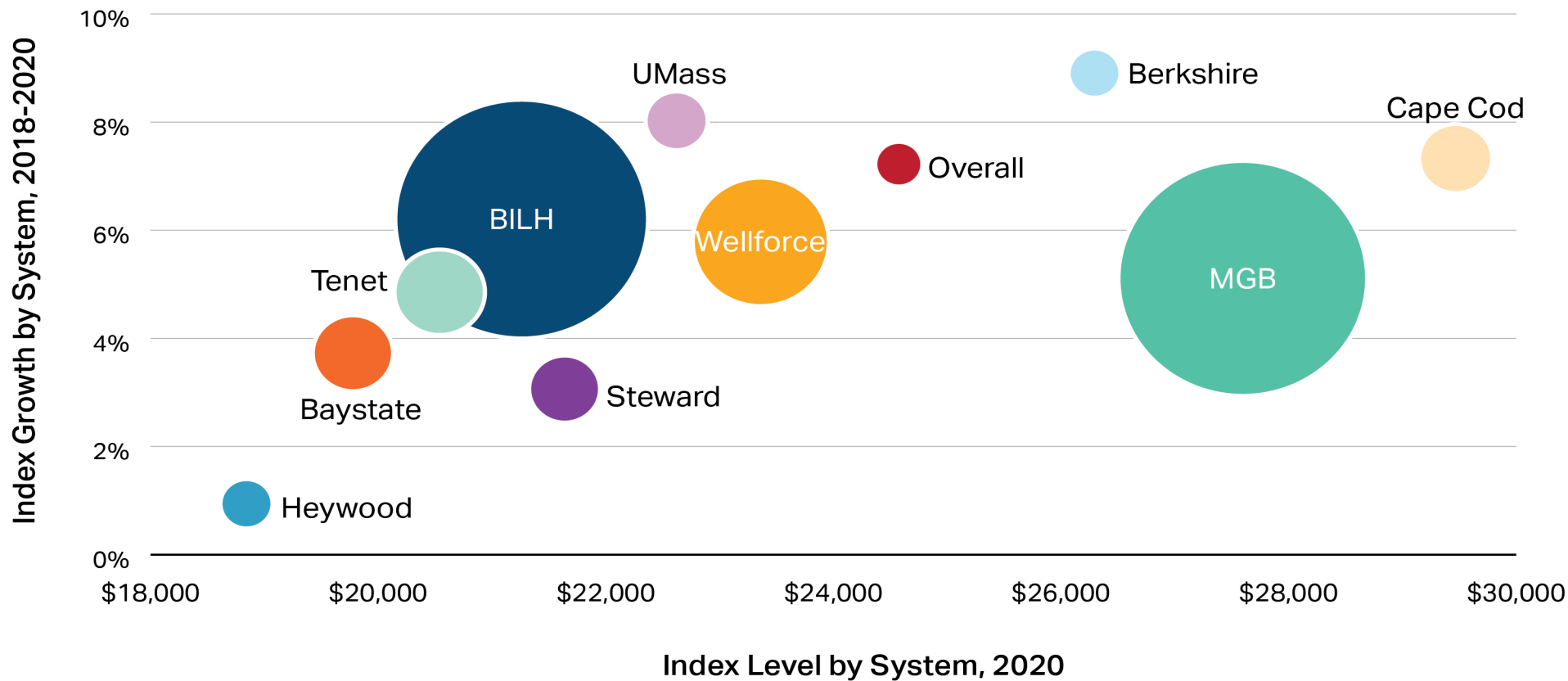
Sources: HPC analysis of the Center for Health Information and Analysis (CHIA) All-Payer Claims Database, 2018-2020, V 10.0; HPC analysis of information from the Centers for Medicare and Medicaid Services, Clinical Laboratory Fee Schedule (2020)

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Hospital systems with higher outpatient prices in 2018 also tended to have higher price growth from 2018-2020.



Total price of a 50-item HOPD market basket in 2020 and price growth from 2018-2020 by hospital system



Notes: Data are based on the cost at each hospital of an identical market basket of the 50 highest-spending hospital outpatient services in Massachusetts in 2018. See HPC Annual Cost Trends report and technical appendix for details. Hospital systems are defined based on data from the Center for Health Information and Analysis: Hospital Profiles. Bubble size corresponds to percent of statewide index service volume attributed to each system. “Overall” index growth and index level is based on a weighted average. The ‘Overall’ data point bubble size is stylistic only.

Source: HPC analysis of the Center for Health Information and Analysis (CHIA) All-Payer Claims Database, 2018-2020, V 10.0

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Summary of Spending and Pricing Trends

- Hospital inpatient and emergency department stays remain below pre-pandemic levels, particularly scheduled inpatient admissions and avoidable ED visits.
 - However, staffing shortages in discharge settings, among other factors, are likely contributing to longer stays in the hospital and the ED.
- The routine use of telehealth expanded significantly during the pandemic, particularly for mental health visits.
- Continued price increases and rebounds in utilization have led to a likely double-digit increase in health care spending in 2021.
- Commercial prices for common services such as lab tests vary more than two-fold across hospitals, are higher than when provided in office settings, and are typically more than double what Medicare would pay. These high prices result in higher patient out of pocket spending and higher premiums.

Outline



Spending and Pricing Trends

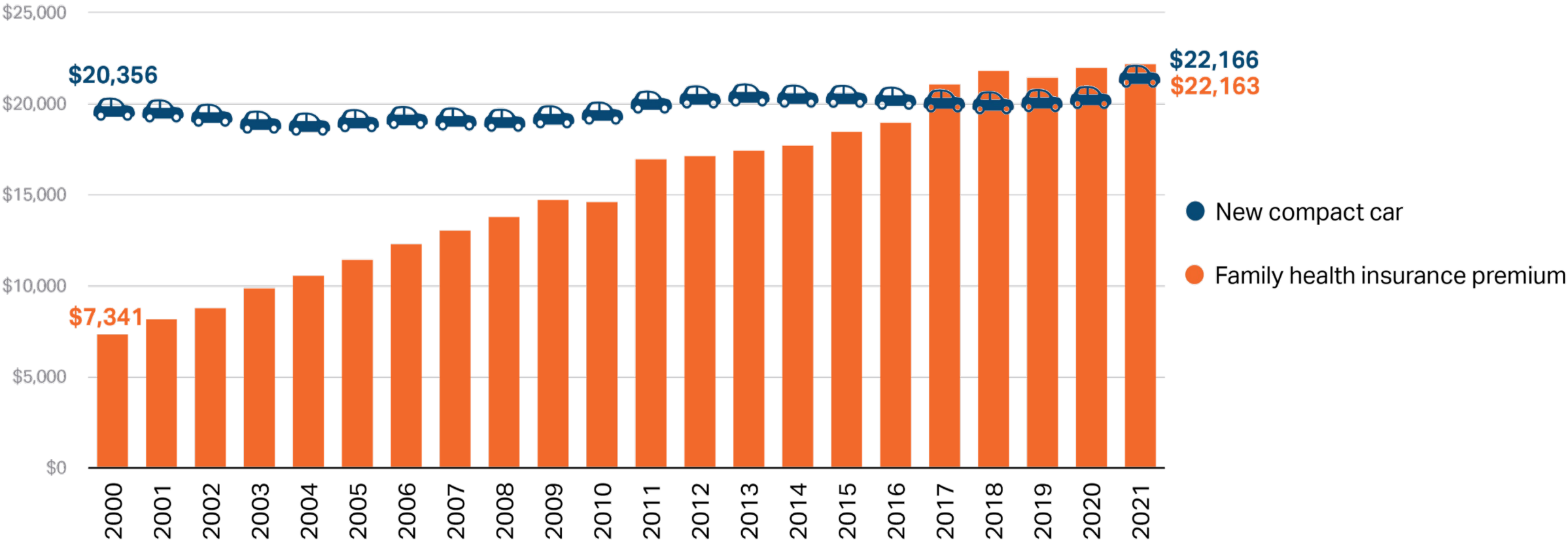


IMPLICATIONS FOR AFFORDABILITY, ACCESS, AND EQUITY

Family health insurance premiums in Massachusetts have increased 202% since 2000 while the price of a new compact car increased 9%.



Average Massachusetts family health insurance premium (employer and employee contribution combined) and national cost of a new compact car, 2000-2021

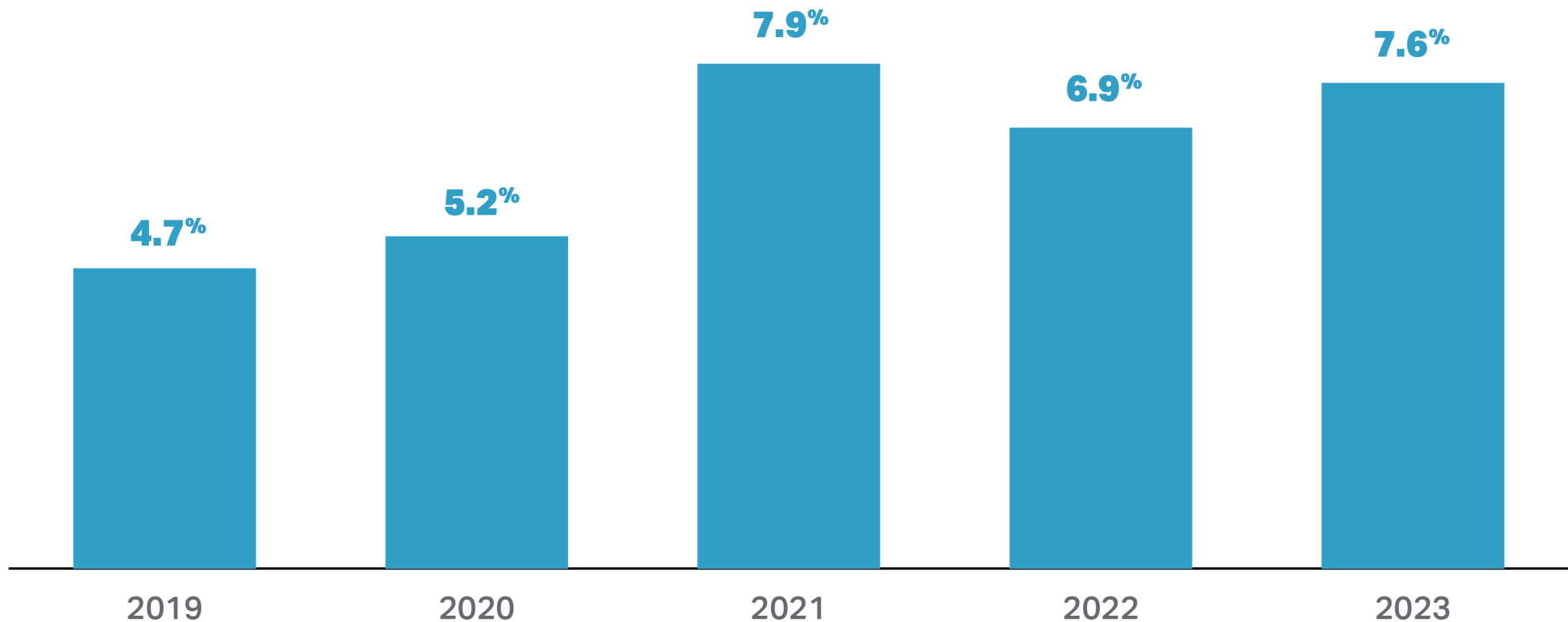


Notes. Data are in nominal dollars of the year shown.
Sources: Family Health Insurance premiums are for Massachusetts from the Agency for Health Care Quality – Medical Expenditure Panel Survey, Insurance Component. Car cost information is based on car-specific inflation from the BLS and the compact car price index from Kelly Blue Book. <https://www.prnewswire.com/news-releases/average-new-car-prices-up-nearly-4-percent-year-over-year-for-may-2019-according-to-kelley-blue-book-300860710.html>

Premiums in the Massachusetts merged market grew in 2020, despite lower overall spending, and are continuing to grow faster in recent years.



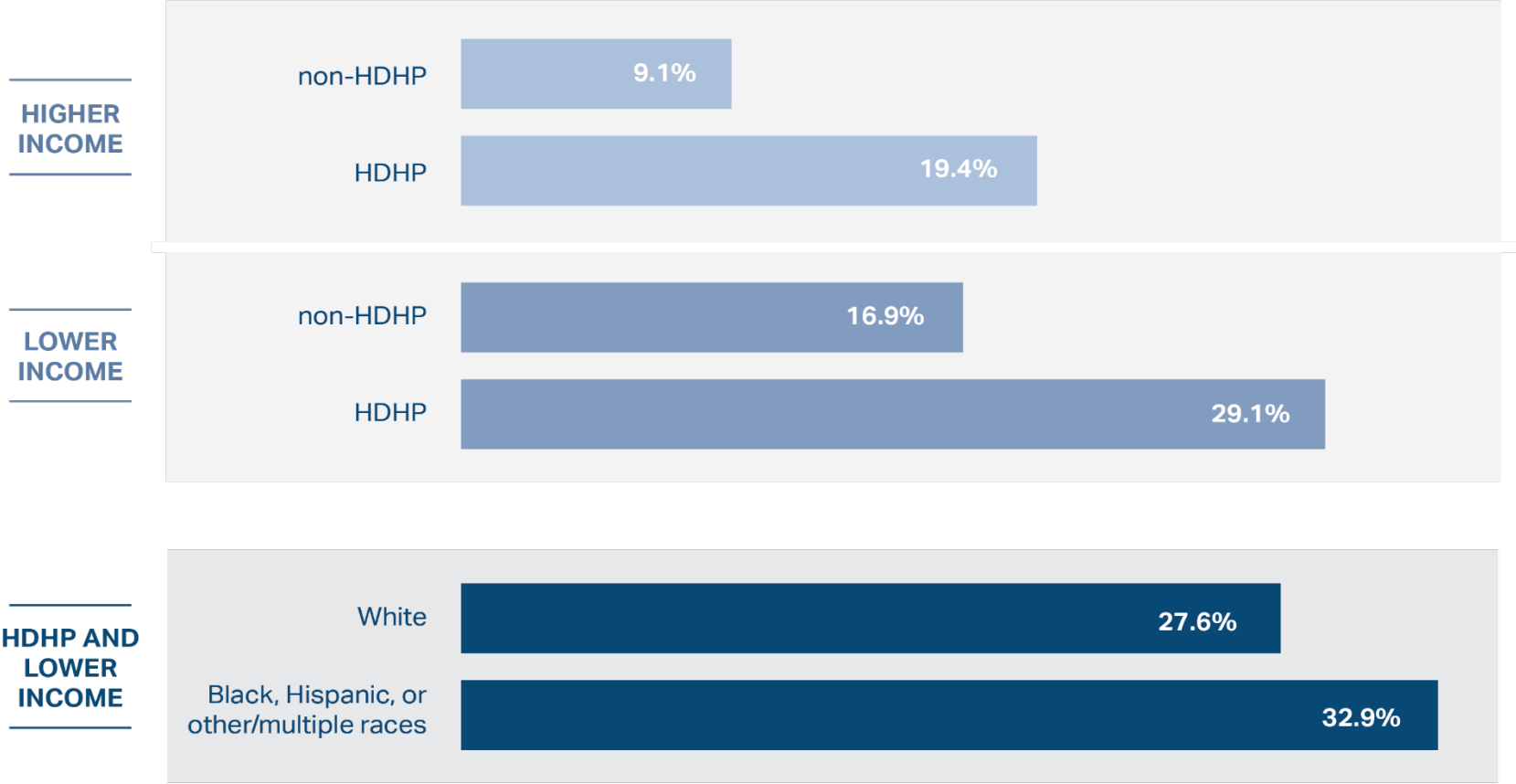
Approved final average rate increases among plans in the Massachusetts merged market for the rate year shown



Employers and employees turn to HDHPs to avoid premium increases, which result in many residents going without needed care. People of color are disproportionately impacted.

HPC

Percent of privately-insured Massachusetts residents who said they went without needed doctor care, specialist care, mental health care or prescription drugs, 2019



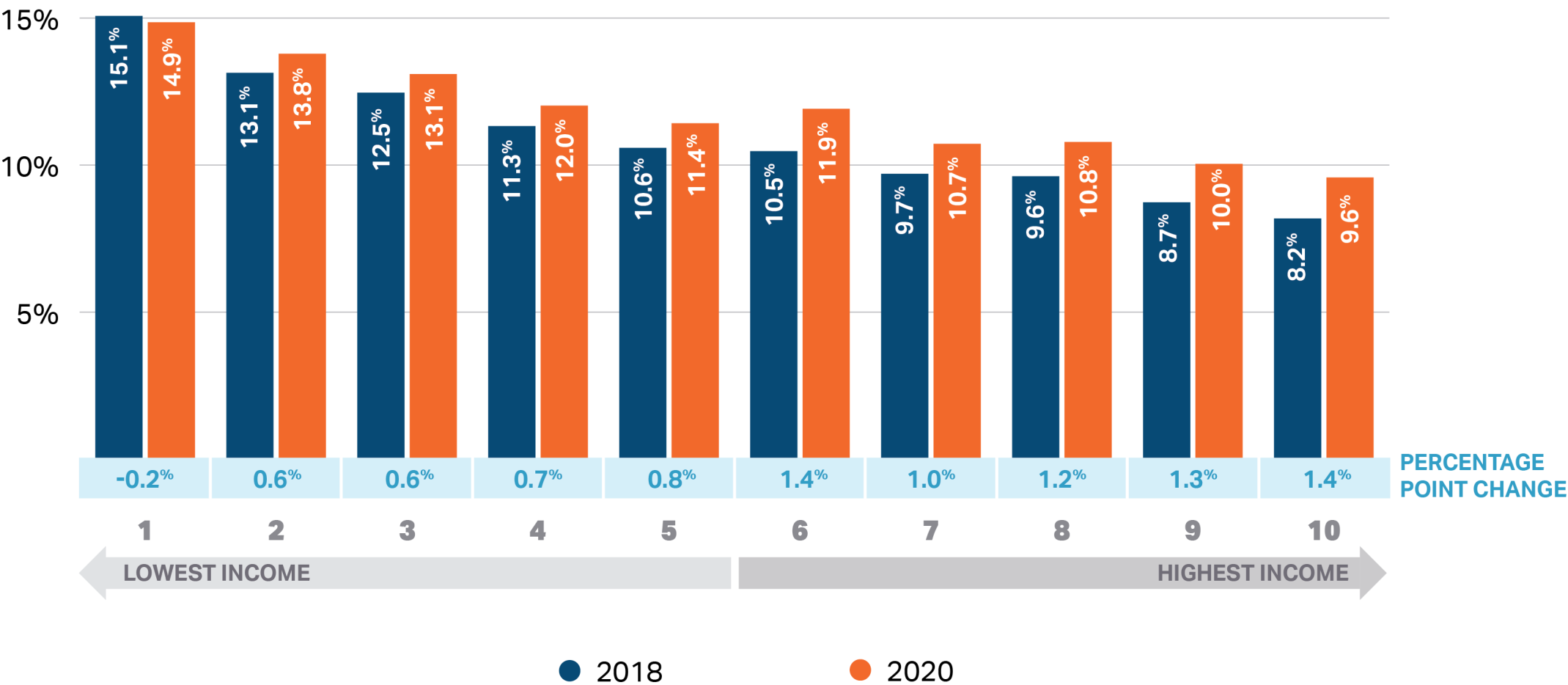
Notes: Low-income is defined as family income below 400% of the US Federal Poverty Level. People of color include those who identify as Black, Hispanic, or other/multiple races. The question asked, “Because of cost, did you go without needed ___ care” where the categories for types of care included those noted above as well as vision care, dental care, medical equipment, or care from an NP, PA or CNM. Population includes commercially-insured adults ages 18-64 with continuous coverage for the 12 months of 2019.

Source: HPC’s analysis of the Center for Health Information and Analysis (CHIA) Massachusetts Health Insurance Survey, 2019

15 percent of commercially-insured residents living in the lowest income zip codes went without medical care entirely.



Commercially-insured adult residents with zero medical spending by community income decile, 2018 - 2020



Notes: Adults aged 18 – 64 with full year insurance coverage. COVID utilization is included. Income deciles were assigned based on average income of zip code. Values in boxes represent percentage point change from 2018 to 2020.
Source: HPC analysis of the Center for Health Information and Analysis (CHIA) All-Payer Claims Database, 2018-2020, V 10.0

In a 2021 survey, more than half of Massachusetts adults experienced a health care affordability burden in the past year.



Percent of Massachusetts adults who reported the following outcomes based on survey of 1,158 Massachusetts adults, May 2021

46% of Massachusetts adults delayed or skipped care due to cost, including:



Skipped needed dental care (27%)



Delayed going to the doctor or having a procedure done (25%)



Cut pills in half, skipped doses of medicine, or did not fill a prescription (22%)

Almost **10%** of adults reported that due to the cost of medical bills, they:



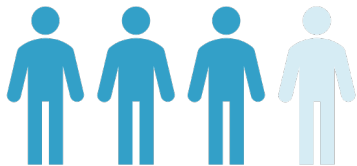
Were unable to pay for basic necessities like food, heat, or housing



Used up all or most of their savings



Were contacted by a collection agency

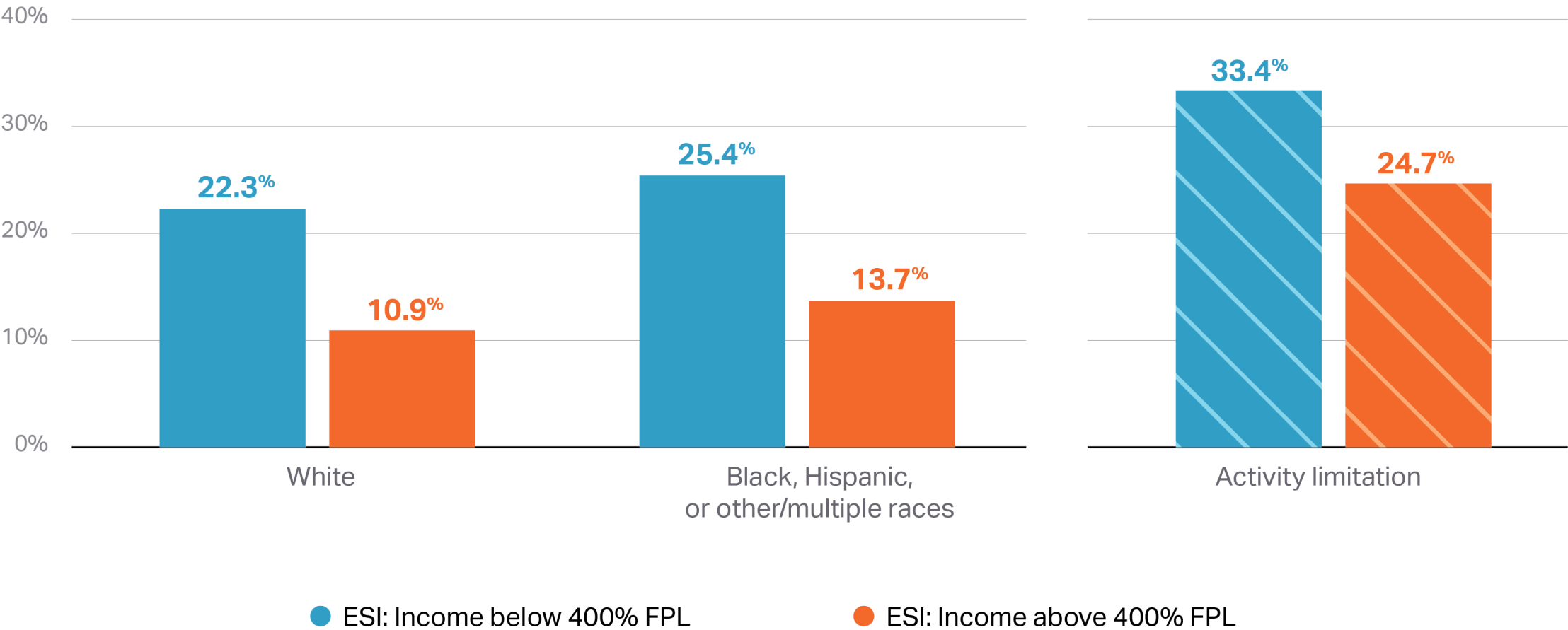


3 in 4 Massachusetts residents are worried about affording health care in the future.

People with lower incomes, people of color, and people with activity limitations were more likely to report forgoing medical care due to cost.



Share of population going without medical care due to cost by indicated characteristic and income, 2021

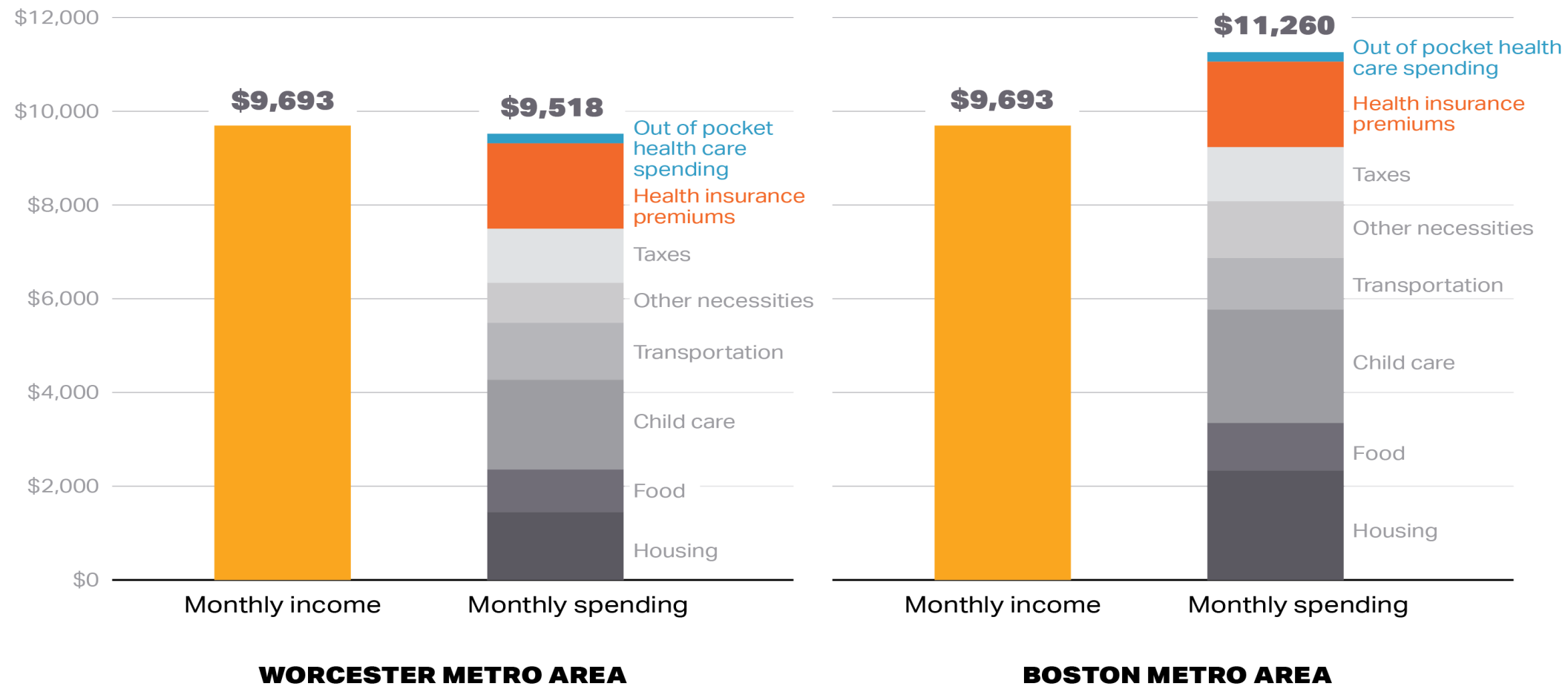


Note: Respondents were considered to have an unmet health need if they went without needed care because of cost, including forgoing prescription drugs, medical equipment, mental health or counseling, substance use care, or care from a doctor, specialist, NP, PA and/or midwife.
Sources: HPC’s analysis of the Center for Health Information and Analysis (CHIA) Massachusetts Health Insurance Survey, 2021

The cost of health care (including premiums and out of pocket costs), combined with the average cost of other household necessities, exceeds the income of middle-class families in the Boston metro area.



Average income and typical spending for a middle-class family of 4 with income between 3 and 5 times the FPL, 2020



Notes: Spending for non-health care categories are estimated based on typical local area expenditures by the Economic Policy Institute. Health care spending for over-the counter medicines or for providers not covered by health insurance is not included. Employer contributions to health insurance premiums are included in both health care spending and income.
Sources: Economic Policy Institute (<https://www.epi.org/resources/budget/>), Medical Expenditure Panel Survey – Insurance Component, Current Population Survey, Annual Social and Economic Supplement

Summary of Implications for Affordability, Access, and Equity

- Total family health insurance premiums, not counting out of pocket spending, averaged \$22,163 in Massachusetts in 2021.
- Average rate increases for plans in the individual and small group market averaged more than 7 percent from 2021 to 2023.
- People with lower incomes, people of color, those covered by high deductible plans, and people with activity limitations were more likely to report forgoing medical care due to cost.
- Avoiding care due to cost and other affordability issues are associated with using the emergency department for non-emergencies.
- Including the high cost of health care, middle class families in the Boston Metro area would be unable to meet basic expenses with their income.



IV. Employee Assistance Program Vendor Procurement (INFORM & VOTE)

Jannine Dewar

Pharmacy & Ancillary Benefits Manager

Employee Assistance Program Procurement Team

Scoring members

- Jannine Dewar, Pharmacy and Ancillary Benefits Manager
- Cameron McBean, Health and Ancillary Benefits Manager
- Karen Ryan, Public Information Supervisor
- Mark Tuttle, Counsel
- Nancy Kelly, Manager of Talent & Culture (HRD)
- Erika Scibelli, Deputy Executive Director

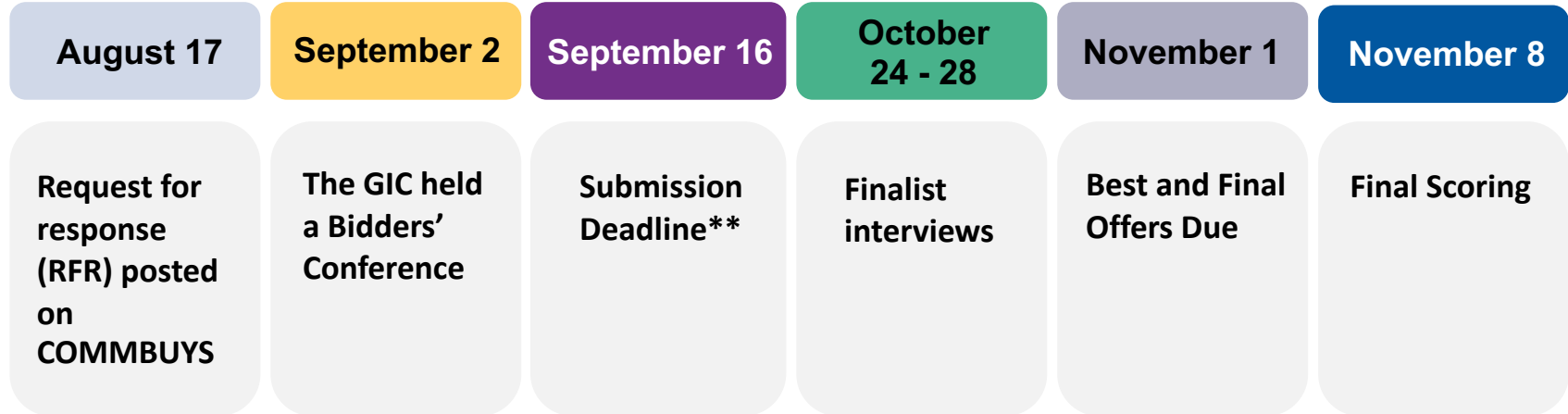
Advisory (non-scoring) members

- Tansey Helmke, Paralegal Specialist
- Jim Rust, Chief Financial Officer
- Andrew Stern, General Counsel
- Brock Veidenheimer, Director of Human Resource

Mass4YOU EAP

- Mass4YOU EAP benefits are available to all active employees who are eligible for GIC benefits and their dependents.
 - The GIC currently pays an aggregate fixed fee based on the PEPM and 144,000 estimated employee households.
- The current Mass4YOU EAP five-year contract with Optum ends on June 30, 2023.
 - Optum has administrated the Mass4YOU program since the EAPs inception on 7/1/2018.
 - Benefits include, but are not limited to: Three Behavioral Health (BH) visits, financial and legal services, assistance with work/life needs (e.g., childcare and elderly care), and work -place benefits (virtual or on-site trainings and critical incident response).
- In anticipation of the end of the EAP contract with Optum, the GIC contracted with Segal to provide EAP consultant services to assist with the FY2024 EAP vendor procurement process.

FY2024 EAP Procurement Timeline: 2022



* The GIC received 3 bids in response to the RFR (all passed the threshold review)

- AllOne Health
- Deer Oaks
- Optum (incumbent)

* Based on initial scoring, all 3 bidders were invited to interview

- Initial scoring:
 - Technical proposals
 - Essays
 - Cost proposals
 - Supplier Diversity Program

FY24 EAP Procurement Results

- The scores were close among the three bidders
- After reviewing the strengths of each bidder, the Strategic Sourcing Team decided to award five best value points to the incumbent, Optum
- **Strengths of Optum's proposal include:**
 - Improvements to most-utilized services at lower fees
 - Demonstrated ability to offer resources to large employee populations
 - Potential for enhanced benefits (e.g., increasing the BH offering from 3 to 5 visits per member)
 - Understanding of the Commonwealth's unique organizational structure
 - Experience working with HRD, Coordinators, and eligible employees/dependents
 - Commitment to work with GIC to improve engagement, outreach, and utilization

The GIC SST recommends that the Commission enter into contract negotiations with Optum for a three-year contract, with two one-year renewal options, to provide EAP benefits and associated administrative services to eligible active employees of the Commonwealth of Massachusetts and their eligible dependents.

Motion

That the Commission approve the GIC procurement team's recommendation of Optum as the apparent successful bidder to provide EAP benefits beginning in FY2024

- | | |
|---------------------------------------|-----------------------|
| ■ Valerie Sullivan, Chair | ■ Jane Edmonds |
| ■ Bobbi Kaplan, Vice-Chair | ■ Joseph Gentile |
| ■ Cassandra Roeder (Designee for A&F) | ■ Patricia Jennings |
| ■ Rebecca Butler (Designee for DOI) | ■ Eileen P. McAnneny |
| ■ Elizabeth Chabot | ■ Anna Sinaiko |
| ■ Adam Chapdelaine | ■ Timothy D. Sullivan |
| ■ Edward Tobey Choate | |
| ■ Christine Clinard | |



V. 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 Group Insurance Commission Meetings

November 2022

17

December 2022

15

January 2023

19

February 2023

16

March 2023

2

April 2023

20

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

Michael Heffernan, 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 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
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	unicarestatementplan.com

October 20, 2022

Date: November 11, 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 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:

Congratulations to **Erika Scibelli**, our Deputy Executive Director, and her partner Shamonn who welcomed their daughter Mariana Alivia Scibelli Long on October 24. Plans are in place to provide coverage for Erika's responsibilities while she enjoys time off with Mariana during her maternity leave.

Staffing updates:

Jessica Molina joined the GIC on November 7 as an Office Support Specialist on the Life Insurance unit. Jessica has a strong background in customer service and operations and has most recently been working as a shift manager at Starbucks in Cambridge. Prior to her work at Starbucks, Jessica held positions at Whole Foods and T.J. Maxx. Jessica holds an Associate of Science degree from Bunker Hill Community College and a Bachelor of Science degree from Arizona State University and she is bilingual in English and Spanish.

Employee Recognition:

We are pleased to announce that two GIC employees, **Melissa George** (Program Coordinator II) and **Minh Dang** (Mail Clerk III), have been awarded the Commonwealth of Massachusetts 2022 Citation for Outstanding Performance in recognition of their contributions to public service. Melissa and Minh were both nominated for these awards by colleagues at the GIC.

The nomination for Melissa included the following:

Melissa George joined the GIC as a Paralegal Specialist in the Operations Division assisting divorced members and former spouses with eligibility for GIC benefits. She is continually expanding her knowledge of GIC Operations and, therefore, was able to take on additional responsibilities to include helping members with coverage and benefits due to adoption, guardianship, and child support orders. Most recently, we determined that Melissa's expertise would be key to the GIC Audit team and asked her to additionally help answer calls and inquiries through email or live chat from our active employee population and GIC benefit coordinators across all state agencies. Melissa always demonstrates a willingness to learn more and assist other departments within Operations. Because of her willingness to learn other areas in the Operations Division, Melissa continues to be an asset to both her co-workers and members. We often receive emails from our members who have worked with Melissa regarding complex and sometimes sensitive benefit issues, and she is commended for her knowledge, assistance, and patience. She provides excellent customer service and the GIC is fortunate to have her on the Operations team.

The nomination for Minh included the following:

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Minh is the go-to person when critical mailings need to be sent. He pays attention to the details to be sure that mailings are sent accurately and without printing flaws. He always follows up with an email to let you know that everything was sent successfully. If there is a problem with a photocopier, he jumps in to assist and change a cartridge if need be. Keeps the mailing area very neat and organized. Minh doesn't say much but his actions speak volumes! He is always volunteering to assist in any way that he can. If he sees you working on a mailing he is so quick to come over and offer assistance. You never have to ask! He pays attention to the mailings and speaks up if he notices something is off. He is very dependable and a team player! Minh is easy to work with and takes pride in his work.

COMMUNICATIONS UPDATE:

- GIC is beginning the internal planning process for the next annual enrollment. As usual, we are also preparing to host public information sessions in the new year for all members.
- The MyGICLink email and social media 3-month marketing campaigns are ongoing and will conclude next week; the focus of the campaign has shifted to communicating with GIC members that have received a MyGICLink registration email as of August 1, 2022, are not yet registered for the portal, and did not open the first email they received from the campaign. This campaign began in September of 2022 to increase the number of registrations for the portal by the end of 2022.
- GIC communications continues to collaborate with Mass4YOU's benefit manager to develop ongoing email, social media, and newsletter communications to increase usage and awareness of the program.

LEGISLATIVE UPDATE:

GIC is actively meeting with legislative leadership to brief them and their staff on the outcome of the insurance carrier procurement. Thus far, GIC has met with:

- Speaker of the House
- House Ways & Means Committee Chairman
- House and Senate Co-Chairs of the Joint Committee on Health Care Financing
- House and Senate Co-Chairs of the Joint Committee on Public Service

Additional meetings with the Senate President, the Joint Committee on Financial Services, Senate Ways & Means Committee, and House and Senate Republican Leadership are in the process of being scheduled.

On October 31 we held a virtual briefing with AFL-CIO President Steve Tolman, his staff, and over 22 officers and staff members from nearly every union representing state and municipal employees in the GIC.

Also occurring last week was a meeting with leadership and staff from the Mass. Retirees Association. We will be exploring ways to partner with the Association in the coming weeks and months to publicize our public information sessions and deepen our reach in to the retiree community to help communicate our procurement outcomes and the coming annual enrollment.

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MUNICIPAL UPDATE:

GIC held a virtual briefing on October 24 with a group of independent insurance consultants working with the GIC municipal members in renewal. There is no information to share, at this time, regarding renewal status. However, our briefing was important to ensuring that our municipal partners have a full and clear understanding of the procurement results.