

COMMISSION MEETING

SEPTEMBER 21, 2023

(Public Notice: G.L. C-30A, Sec. 20, September 19, 2023)

	Topic	Speaker	Schedule
I	Minutes, June 15, 2023 (VOTE)	Bobbi Kaplan, Vice Chair & Andrew Stern, General Counsel	8:30-8:40
II	Executive Director's Report (INFORM)	Matthew Veno, Executive Director	8:40-8:50
III	Plan Audit	James Rust, Chief Financial Officer & Deb Danilson, CTI Account Executive	8:50-9:40
IV	Municipal Bulletin	Michael Berry, Director of Legislative Affairs	9:40-10:00
V	CFO Report (INFORM)	James Rust, Chief Financial Officer	10:00-10:25
VI	Other Business/Adjournment	Bobbi Kaplan, Vice Chair Matthew Veno, Executive Director	10:25-10:30

Motion

That the Commission hereby approves the minutes of its meeting held on June 15, 2023 as presented.

- Valerie Sullivan, Chair
- Bobbi Kaplan, Vice-Chair
- Cassandra Roeder (A&F Designee)
- Rebecca Butler (Designee for DOI)
- Elizabeth Chabot
- Adam Chapdelaine
- Edward Tobey Choate
- Christine Clinard
- Tamara Davis
- Jane Edmonds
- Joseph Gentile
- Gerzino Guirand
- Patricia Jennings
- Eileen P. McAnney
- 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	Canceled	Vote: Plan Audit Procurement	FY25 Preliminary Rates
Engagement Update	Report: Public Info Sessions	Annual enrollment sessions		Report: Out of Pocket	Modernization Update			CFO End of FY Report		HPC/CHIA presentation (tentative)	
				Behavioral Health Update	Carrier Performance Guarantees Update			Municipal Memo			

* Topics and meeting dates are subject to change



III. PLAN AUDIT

James Rust,
Chief Financial Officer
&
Deb Danilson,
CTI Account Executive

Claim Administration Audits

Fallon Health, Health New England, and UniCare Life & Health Insurance Company

Audit Objectives

- **The goal of CTI's medical claim audits was to determine whether:**
 - GIC contract terms were followed;
 - Claims were paid according to plan documents and if those provisions were clear and consistent;
 - Members were eligible and covered by a GIC plan at the time a service was incurred and paid; and
 - Any claim administration, eligibility maintenance systems, or processes need improvement.



Audit Components

- Random Sample Audit of 200 claims
- 100% Electronic Screening and Analysis (ESAS®) followed by a targeted sample of 150 claims
- Operational Review - including extensive questionnaire and administrative management interviews
- Plan Documentation Analysis



FY2022 Claims Audit

AUDIT PERIOD: Claims incurred July 1, 2021, through June 30, 2022, and paid through December 31, 2022

Fallon Health (Fallon)

Plans Audited	Select Care and Direct Care
Total Paid Amount	\$78,065,146
Number of Claims Processed	225,711
Median Claim Turnaround Time	21 days

Health New England (HNE)

Plans Audited	HMO and MedPlus
Total Paid Amount	\$104,395,788
Number of Claims Processed	470,079
Median Claim Turnaround Time	7 days

UniCare Life & Health Insurance Company (UniCare)

Plans Audited	Community Choice, PLUS, Basic Indemnity, and Medicare Extension
Total Paid Amount	\$792,194,092
Number of Claims Processed	4,233,486
Median Claim Turnaround Time	2 days



Random Sample Audit - Performance Summary

Administrator Performance by Quartile					
KEY PERFORMANCE INDICATOR	Quartile 1	Quartile 2	MEDIAN	Quartile 3	Quartile 4
	<i>Lowest</i> → <i>Highest</i>				
Financial Accuracy					
ADMINISTRATOR	87.29% - 97.54%	97.55% - 98.80%	98.80%	98.81% - 99.46%	99.47% - 100%
Fallon	97.25%				
HNE					99.76%
UniCare	97.22%				
Accurate Payment Frequency					
ADMINISTRATOR	88.00% - 95.33%	95.34% - 96.97%	96.97%	96.98% - 98.02%	98.03% - 100%
Fallon	90.00%				
HNE					98.00%
UniCare	94.50%				
Accurate Processing Frequency					
ADMINISTRATOR	88.00% - 94.71%	94.72% - 97.00%	97.00%	97.01% - 98.16%	98.17% - 100%
Fallon	89.50%				
HNE					98.00%
UniCare	93.50%				



Fallon Key Findings

- **Random Sample Audit of 200 Claims**
 - 97.25 percent Financial Accuracy Rate (2.75 percent error rate)
 - Twenty claims identified with payment errors totaling \$5,745.11 in underpayments and \$34,202.26 in overpayments
 - Fourteen of the twenty errors adjudicated automatically, six adjudicated manually
- **100% Electronic Screening followed by a Targeted Sample Analysis of 150 Claims**
 - Applied incorrect copays for urgent care, primary care physicians, emergency room, and specialists
 - Applied deductibles and copays to preventive services



HNE Key Findings

- **Random Sample Audit of 200 Claims**
 - 99.76 percent Financial Accuracy Rate (0.24 percent error rate)
 - Four claims identified with payment errors totaling \$2,090.00 in underpayments and \$160.00 in overpayments
 - All four errors adjudicated manually
- **100% Electronic Screening followed by a Targeted Sample Analysis of 150 Claims**
 - Paid duplicate claims
 - Paid for repeat genetic testing and excessive drug screenings
 - Applied deductibles to preventive services



UniCare Key Findings

- **Random Sample Audit of 200 Claims**
 - 97.22 percent Financial Accuracy Rate (2.78 percent error rate)
 - Eleven claims identified with payment errors totaling \$21,026.51 in underpayments and \$4,666.82 in overpayments
 - Four of the eleven errors adjudicated automatically, the remaining seven adjudicated manually
- **100% Electronic Screening followed by a Targeted Sample Analysis of 150 Claims**
 - Paid duplicate claims
 - Paid excluded services for resident under physician direction, investigational/experimental, and cosmetic procedures



UniCare Key Findings (Continued)

- **100% Electronic Screening followed by a Targeted Sample Analysis of 150 Claims (*continued*)**
 - Did not pay for specialty medications in accordance with the provider's contract or plan criteria
 - Made large payment to members without confirmation of medical necessity
 - Did not conduct high dollar claimant reviews as required
 - Did not investigate subrogation/right of recovery from third party
 - Applied member cost share for services considered preventive under the Patient Protection and Affordable Care Act (PPACA)



Recommendations

- 1.** Meet with carriers to discuss findings; focus on improving the carriers' Financial Accuracy, Accurate Payment Frequency, and Accurate Processing Frequency as needed. For systemic errors, carriers should run impact reports to identify and adjust affected claims as directed.
- 2.** Carriers should conduct focused analysis of errors identified through ESAS to determine if overpayment recovery and/or system improvements are possible. CTI will provide administrators with claim detail to use in this analysis.
- 3.** Review results of eligibility screening with HNE and UniCare to determine if claims were paid for ineligible claimants, and if so, perform causal analysis to identify workflow and/or system improvements to help eliminate paying claims for ineligible claimants going forward.



Recommendations (Continued)

- 4.** Require both HNE and UniCare to seek approval before settling subrogation cases where recovery is less than defined amounts - for example, when settlement is less than 50% for any subrogation lien of more than \$100,000.

- 5.** Reach out to Fallon and HNE to ensure the GIC has been credited for missed performance guarantees.

- 6.** The GIC should discuss its limitation of coverage of nutritional counseling with HNE as its administration was inconsistent with Member Handbooks.



Recommendations (UniCare Specific)

- 1.** UniCare should analyze whether its mean and median turnaround time of two days is too fast, contributing to its 2.78% financial accuracy error rate.
- 2.** Request that UniCare perform a focused review of its appeals handling process to determine why some appeals took longer than 30 days to process.
- 3.** The GIC should ensure that manufacturer rebates received for specialty drugs under medical benefits are credited the GIC under the new contract. Per the terms of its FY19-FY23 contract, while UniCare receives rebates it does not pass any of the rebates on to the GIC.



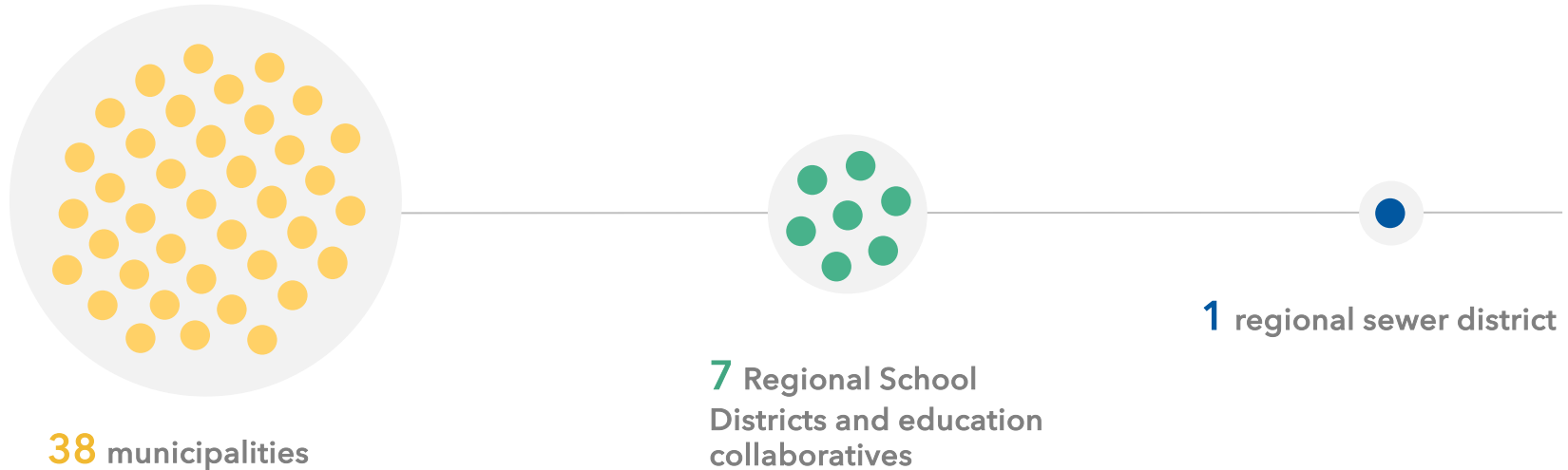


IV. MUNICIPAL BULLETIN

Michael Berry,
Director of Legislative Affairs

Background

GIC has a total of **46 entities** enrolled in coverage through M.G.L. Chapter 32B.



- Entities join the GIC through 70% approval of their Public Employee Committee (PEC) via §19 of Chapter 32B or, through a more management driven negotiation process, outlined in §21-23.
 - **GIC has 28 entities that entered via §19**
- §21-23 were passed into law several years after municipal health reform became law and offer greater flexibility to organizations when it comes to assigning contribution ratio than under §19.
- Over the last several years, the GIC has been urged to reexamine prior interpretations of what is and is not allowed under §19 PEC agreements.

Current State

Section 19 PEC Agreements

GIC insurance products can have the same Employer/Employee contribution ratios. However, if they differ, it can **only** be by plan type.

For example:



M.G.L. c.32B, §19(g) addresses the way premium contributions are applied to the insurance products that are the subject of the PEC agreement (whether provided through the Commission or through other municipal arrangements).

The GIC has provided guidance since 2008 stating that PEC agreements must assign premium contribution ratios **based only on Plan Type**.

What Does The Administrative Bulletin Do?

The GIC has determined that nothing in the statute mandates premium contribution ratios be assigned only by Plan Type. The Commission is seeking to rescind its previous guidance and replace it with an updated administrative bulletin that removes the restriction allowing differentiated ratios only by Plan Type.

So long as it is faithfully negotiated by the PEC, municipal entities will have the ability to differentiate their contribution ratios by plan, allowing the flexibility to tailor contribution ratios to incentivize enrollment in lower cost, higher value plans.

What The Bulletin Does Not Allow:

§ 19 prohibits differentiating contribution ratios by other factors such as date of hire or retirement, bargaining unit, or type of coverage elected (i.e., family coverage paying a higher percentage than individual).

Stakeholder Engagement

Per the direction of the Commission, the GIC socialized this bulletin among independent insurance consultants as well as a working group of select municipalities that would be impacted. The working group included:

- Three HR Directors
 - One Town Administrator
 - One Benefits Coordinator
- This bulletin **does not**, in any way, alter the validity of existing PEC agreements under §19. It simply provides additional flexibility to municipalities regarding contribution ratios than previously existed.
 - Municipal entities and their PECs may continue to assign contribution ratios by plan type.
 - **Stakeholders were uniformly supportive** of the proposed bulletin. The feedback indicated some confusion with some of the technical language and a desire for a more simplified version. As a result of the feedback, we streamlined and simplified the proposed bulletin.



V. CFO REPORT (INFORM)

James Rust,
Chief Financial Officer

FY2023 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	May 2023	June 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	\$9,031,909	\$4,987,713	\$84,659,248
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	\$54,119,733	\$71,318,725	\$566,090,862
Davis Vision Claims	\$31,769	\$37,602	\$37,105	\$36,305	\$28,230	\$36,890	\$33,461	\$30,534	\$34,772	\$30,577	\$36,352	\$38,310	\$411,906
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	-\$29,690	\$177,603	\$9,533,759
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	\$22,655,673	\$0	\$38,628,773	\$340,011,552
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	\$9,828,139	\$6,858,073	\$90,099,644
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	\$35,939,292	\$35,690,331	\$398,272,336
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	\$3,739,222	\$4,015,366	\$49,322,172
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	\$79,807,907	\$62,483,602	\$783,666,343
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>	\$337,725	<u>\$1,337,269</u>	<u>\$4,726,475</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>\$215,623,978</u>	<u>\$230,310,588</u>	<u>\$225,535,764</u>	<u>\$2,371,794,297</u>
Basic Life	\$799,628	\$799,594	\$797,591	\$797,175	\$798,113	\$798,493	\$798,587	\$798,474	\$797,656	\$799,278	\$799,695	\$773,735	\$9,558,017
Optional Life	\$0	\$0	\$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	\$46,205	\$45,534	\$554,289
Long-Term Disability	\$0	\$0	\$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	\$828,258	\$798,626	\$9,848,398
Tufts Medicare Preferred	\$683,660	\$684,488	\$697,965	\$698,273	\$699,389	\$699,198	\$697,968	\$698,706	\$701,268	\$702,417	\$716,189	\$760,397	\$8,439,918
UBH Optum	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$93,744	\$1,124,928
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>\$6,845,982</u>	<u>\$6,641,938</u>	<u>\$81,923,835</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>\$9,330,073</u>	<u>\$9,113,974</u>	<u>\$111,449,385</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	\$224,933,788	\$239,640,661	\$234,649,738	\$2,483,243,682

Final Fiscal Year 2023 monthly spending for all vendors. (Note: Pharmacy rebates are reflected in October, November and June pharmacy spending.)

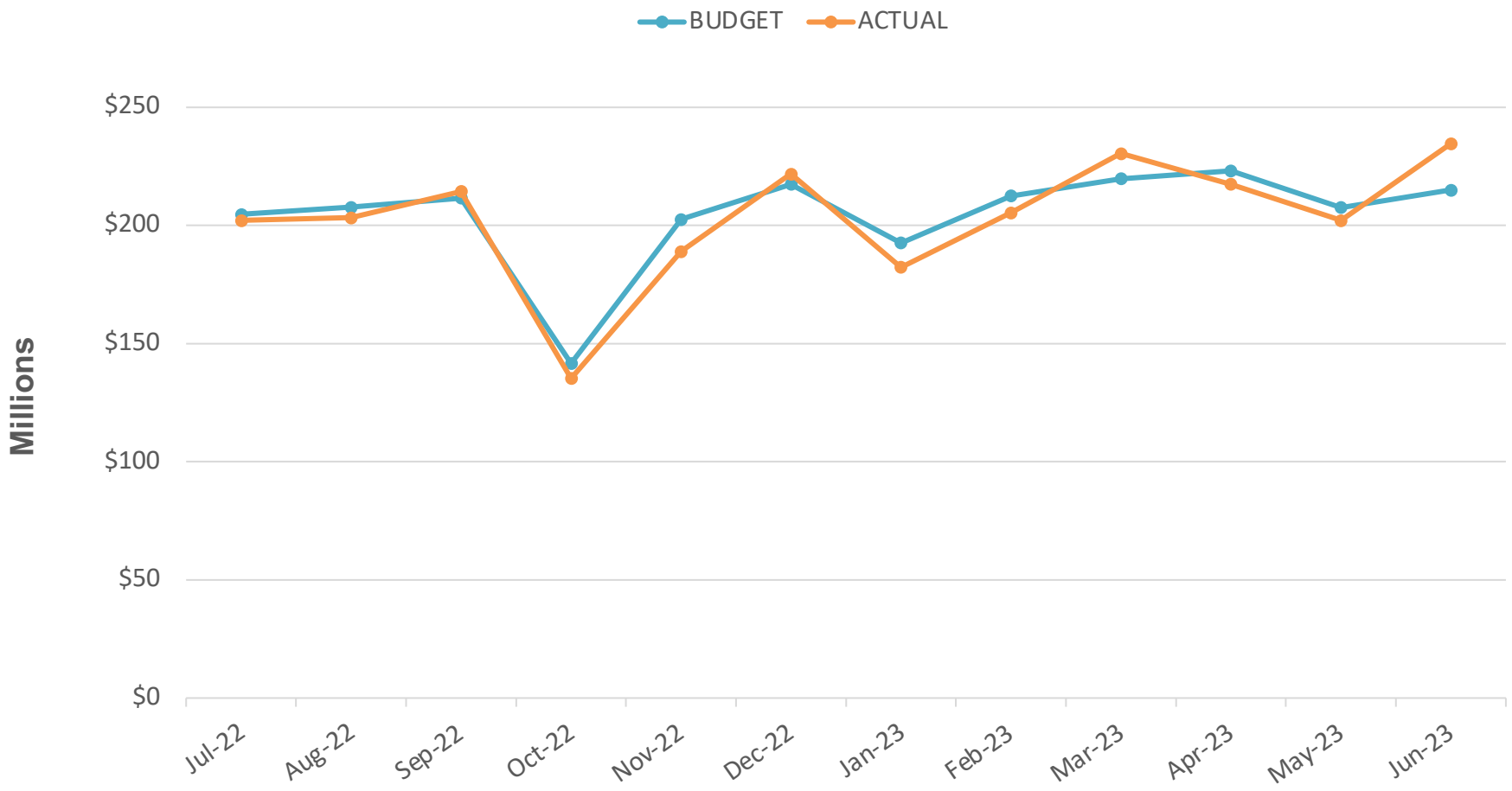
Harvard Pilgrim invoices reflect actual dates of payment as impacted by their system outage

FY2023 Enrollee Share Expense for GIC Premium Accounts

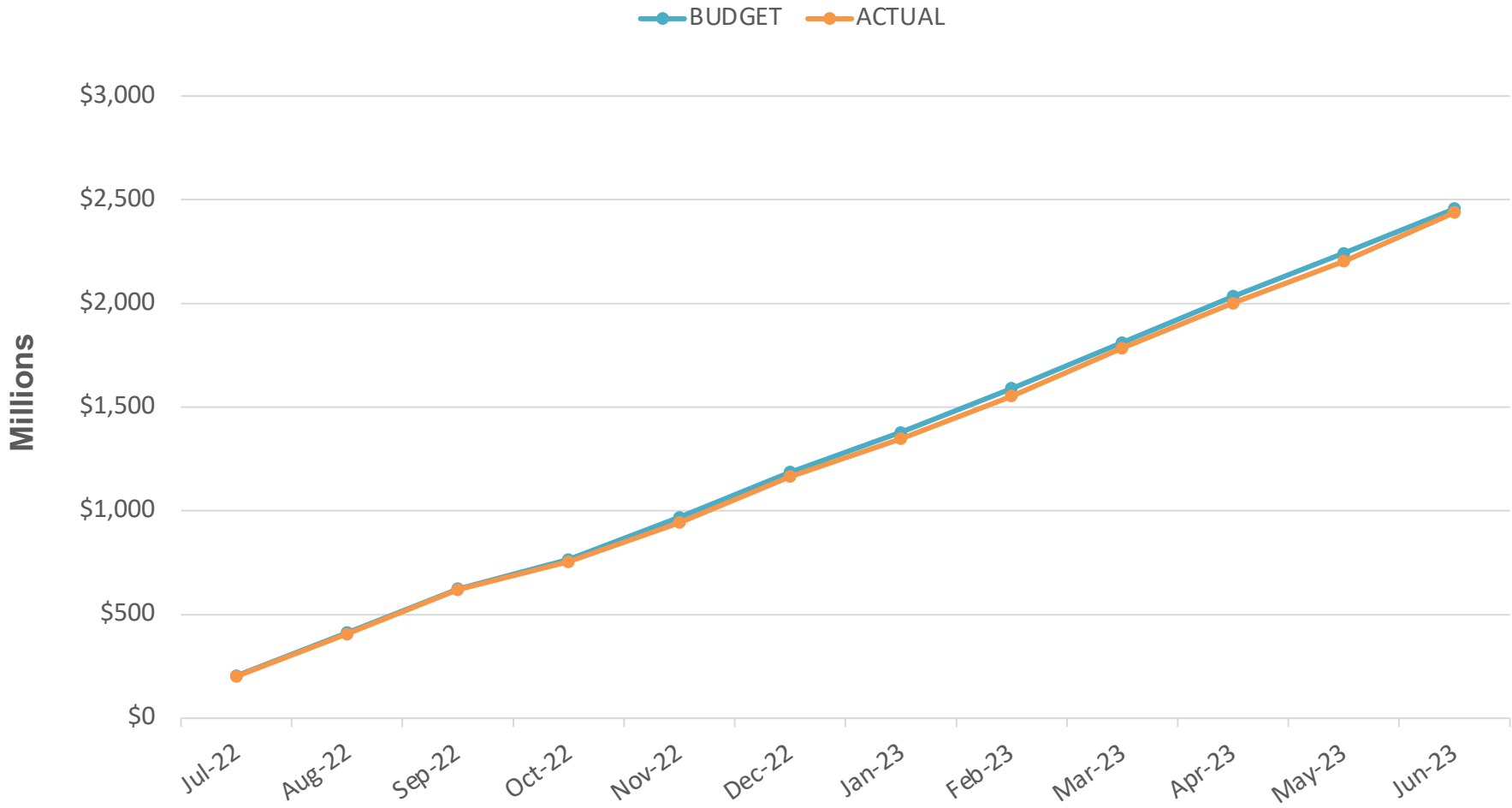
	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	TOTAL
Allways Health Claims	\$2,093,517	\$2,119,143	\$1,514,782	\$1,868,851	\$2,296,310	\$2,114,164	\$1,669,082	\$2,015,625	\$2,907,931	\$2,129,036	\$2,650,979	\$1,461,474	\$24,840,894
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	\$15,101,106	\$19,000,133	\$150,133,872
Davis Vision Claims	\$5,606	\$6,636	\$6,548	\$6,407	\$4,982	\$6,510	\$5,905	\$5,388	\$6,136	\$5,396	\$6,415	\$6,761	\$72,689
Fallon Health Claims	\$1,491,936	\$665,790	\$303,586	\$130,166	\$65,057	\$60,042	\$13,464	\$16,652	-\$25,933	-\$10,551	-\$8,624	\$51,486	\$2,753,070
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	\$3,542,483	\$10,507,823	\$92,539,304
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	\$2,831,291	\$1,980,501	\$25,994,248
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	\$10,074,854	\$9,999,218	\$111,465,608
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	\$1,021,079	\$1,082,208	\$13,350,231
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	\$21,221,231	\$17,672,811	\$219,488,060
Other costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Claims sub-total	\$54,305,473	\$56,289,893	\$54,665,368	\$33,795,005	\$50,119,504	\$58,924,218	\$47,868,034	\$54,470,538	\$60,881,621	\$51,115,093	\$56,440,815	\$61,762,415	\$640,637,976
Basic Life	\$217,960	\$218,051	\$217,495	\$217,542	\$217,976	\$218,110	\$218,251	\$218,371	\$218,306	\$218,958	\$219,277	\$211,976	\$2,612,272
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	\$4,195,220	\$3,855,361	\$48,864,523
RMT Life	\$11,196	\$11,181	\$11,319	\$11,356	\$11,354	\$11,344	\$11,356	\$11,345	\$11,329	\$11,309	\$11,297	\$10,848	\$135,235
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	\$1,131,279	\$1,097,769	\$13,308,762
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	\$2,185,321	\$2,185,070	\$25,976,795
Tufts Medicare Preferred	\$155,542	\$155,806	\$150,520	\$150,757	\$151,097	\$151,288	\$151,062	\$151,416	\$152,130	\$152,437	\$138,665	\$106,287	\$1,767,006
UBH Optum	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$27,216	\$326,592
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>\$1,878,829</u>	<u>\$1,799,797</u>	<u>\$22,579,621</u>
Premiums sub-total	\$9,544,661	\$9,566,200	\$9,515,805	\$9,591,732	\$9,636,191	\$9,660,928	\$9,702,243	\$9,739,816	\$9,762,210	\$9,769,595	\$9,787,104	\$9,294,323	\$115,570,807
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	\$66,227,919	\$71,056,738	\$756,208,783

Enrollee share paid claims have an identical pattern.

GIC Appropriation for Premium Accounts FY23 Budgeted vs. Actual



GIC Appropriation for Premium Accounts FY23 Budgeted vs. Actual Cumulative



FY23 STATE SHARE PREMIUM BUDGET FOR GIC PREMIUM ACCOUNTS as of June 30, 2023

	BUDGET	EXPENSES	Under Budget / (Over Budget)	% VAR
Basic Life & Health* Account #1108-5200 & #1599-6152	\$2,446,206,747	\$2,427,983,378	\$18,223,369	0.7%
Active Dental & Vision Benefits Account #1108-5500	\$10,260,304	\$10,287,868	(\$27,564)	-0.3%
Total State Share YTD	\$2,456,467,051	\$2,438,271,246	\$18,195,805	0.7%



OTHER BUSINESS/ADJOURNMENT

Bobbi Kaplan,
Vice Chair

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

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

Appendix

Commission Members

GIC Leadership Team

GIC Goals

GIC Contact Channels

Commission Members

Valerie Sullivan, Public Member, Chair

Gary Anderson, Commissioner of Insurance

Elizabeth Chabot, NAGE

Adam Chapdelaine, Mass Municipal Association

Edward Tobey Choate, Public Member

Christine Clinard, 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

Joseph Gentile, Public Safety Member

Patricia Jennings, Public Member

Anna Sinaiko, Health Economist

Timothy D. Sullivan, Massachusetts Teachers Association

Eileen P. McAnneny, Public Member

Melissa Murphy-Rodrigues, Mass Municipal Association

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 556 Randolph, MA 02368		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
Harvard Pilgrim Health Care	(844) 442-7324	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	(833) 663-4176	unicaremass.com
Medicare Products	(800) 442-9300	
Mass General Brigham Health Plan	(866) 567-9175	massgeneralbrighamhealthplan.com/gic-members

Date: September 18, 2023
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.

HUMAN RESOURCES

Organizational update: We are pleased to report that Cameron McBean has been promoted to the position of Director of Procurement and Vendor Management. Cameron has been a key member of the Procurement and Vendor Management team for over four years and this promotion is a reflection of both the great work that Cameron has done, and also of the significant expansion in the scope and complexity of the GIC's initiatives in the Procurement and Vendor Management areas. Cameron will continue to report to CFO, Jim Rust, in this new role and our Manager of Pharmacy and Ancillary Benefits, Jannine Dewar, will report to Cameron.

Staffing updates: Two individuals joined the Operations Department's Audit Unit in July.

- **Michele Alger** joins us following 10 years of experience at Blue Cross Blue Shield of Massachusetts where she demonstrated strong customer service and claims processing skills. She was recognized for her ability to resolve customer issues and complaints, and to build customer satisfaction.
- **Susan Brumelow** brings a strong background in employee benefit programs and also has experience with Commonwealth programs as she most recently worked on a contract basis as a Senior Benefits Coordinator at the MBTA. She has prior benefit program experience at various organizations, including Foundation Health, MIIA, MTRS, and Keolis. Susan earned her BA degree at Rudolf Steiner College in Fair Oaks, CA, and has two post-graduate certifications in Human Resources Management, most recently from Bryant University. Michele and Susan are currently receiving training to support them as they join the organization – we are very happy to have them on the GIC team and we look forward to their contributions.

HR Programs: Our Summer Compressed Workweek program recently wrapped up and was very popular again with over 60 percent of the GIC employees participating. The program provides employees with the option of working their full number of weekly hours over less than five full weekdays between the July 4 and Labor Day holidays, and allows them to have more time for personal activities during the summer months.

Employee Recognition: We are pleased to announce that a number of GIC employees were nominated and selected to be awarded 2023 Commonwealth Citations for Outstanding Performance in FY'23 through the Commonwealth's Performance Recognition Program (PRP). Two GIC teams received the Citation awards, and also two individual employees.

- **The GIC Systems (Data Entry) Team:**

- Stacie Hickey (Supervisor)
- Maria Yance-Ransom
- James Chow
- Maria Flores

The nomination for the Systems Team recognized that, during an extraordinarily busy year, they played an integral part of GIC's day-to-day Operations and process approximately 1,500 – 2,000 enrollment and change applications weekly for GIC members. The Systems Team's knowledge of the GIC's customer relationship management system (CRM) and eligibility system (MAGIC) has been key to our modernization efforts. The GIC Systems Team has always been one that collaborates well with other units within Operations. They offer suggestions on ways to improve and expedite processing and clearly take pride in their work.

- **Vendor Management Team:**

- Jannine Dewar
- Cameron McBean

The nomination for Cameron and Jannine recognized that, as a team, they managed multiple procurements and implementations during FY23, most notably for the health insurance plans and pharmacy benefits for over 460,000 members. The leadership Cameron and Jannine provided by proactively managing this critically important work assured a smooth transition for GIC members, despite significant changes in the GIC portfolio. This success will result in savings of millions of dollars to the Commonwealth and its members, while maintaining high-quality benefits. This success required a tremendous amount of work above and beyond their usual responsibilities, and is worthy of recognition by the Commonwealth.

- **Taylor Harlow (Office Support Specialist II, Medicare Enrollment team)**

The nomination for Taylor noted that she is always expanding her knowledge of GIC Operations and is ready to do whatever it takes to get the work done. Knowing that one of our internal teams was short staffed, she requested additional training so she would be able to assist during annual enrollment. Taylor was an important asset during open enrollment, assisting with the processing of applications for active employees as well as retirees, and

contributed to its overall success. Taylor is always available to her co-workers to answer questions and offer assistance in any way she is able.

- **Emily Williams (Chief of Staff)**

The nomination for Emily recognized that she took on significant additional workload during the Deputy Executive Director's 6-month leave, which included oversight of two critical work streams: communications and government affairs. Emily assumed these responsibilities seamlessly and graciously, which enabled a smooth transition for staff as well as a smooth return for the Deputy Executive Director following her leave. This was critical for the GIC during this time as the GIC was in the midst of the critically important health benefit procurement. Emily has always gone above and beyond, even before she so competently covered for her colleague's leave.

LEGISLATIVE AND MUNICIPAL AFFAIRS

Budget Provision Regarding Benefits for New Hires: On August 9, Governor Healey signed into law the [Fiscal Year 2024 budget](#), which includes a provision that will reduce the waiting period for GIC benefits for all eligible new hires. Specifically, the provision states that "... such health insurance coverage shall be effective as of the employee's start date if the employment start date falls on the first day of the month or as of the first day of the month following the employee's start date if the employment start date falls on any day other than the first day of the month." The provision takes effect on July 1, 2024. Well before this provision was enacted, GIC staff had been working closely with colleagues at the Executive Office of Administration & Finance to reduce the waiting period, ensuring that the agency is well positioned to meet the July 1, 2024 deadline. Staff are currently working with our vendor MTX on a deep and intensive discovery phase for this project and will have more details to share over the coming months.

Municipalities: The Fall season is when most GIC municipal entities evaluate their renewals for the coming fiscal year. Communities will spend September and October evaluating any proposals they received before making their final decision ahead of the December 1 deadline to inform the GIC of their intentions to either remain in the GIC or seek coverage elsewhere.

COMMUNICATIONS

- Over the summer, GIC reminded members of annual enrollment benefit selections and default enrollment changes that took effect on July 1 through news alerts on the GIC's website and social media posts.
- GIC collaborated with the Commonwealth's Human Resources Division (HRD) on several monthly e-newsletters to remind employees of the new FSA vendor effective dates, including grace periods, and to promote the Mass4YOU EAP.

- The Communications staff continues to collaborate with GIC Human Resources by creating news web alerts, social posts, and internal staff e-newsletter pieces encouraging staff to share whenever new positions are open, such as the new Medicare Benefits Specialist position on the Operations team.
- The Mass4YOU monthly email campaign strategy has shifted, reducing the number of emails to coordinators, resulting in a higher open rate for coordinators who are asked to forward the email to the employees in their agency.
- The *Did You Know: GIC Benefits* campaign continues with a news post on the GIC's website and social media posts for the month of September. This message encourages members to get their free flu vaccines, available through all GIC health insurance plans, and to learn more about how to schedule their free vaccine.
- Current Social Media Campaigns are highlighted below:
 - MyGICLink: Communications continues to create monthly social media posts to encourage members to register for the portal, while highlighting the many things members can do there – from checking their application status from Annual Enrollment to chatting with a benefits expert through the chat feature.
 - Mass4YOU EAP: Communications continues to create monthly social media posts to encourage members and non-GIC members who are eligible to explore the free Mass4YOU resources available to them, with some post themes gathering inspiration from the monthly Mass4YOU emails.