



Commonwealth of Massachusetts Group Insurance Commission

VENDOR QUALITY IMPROVEMENT

A Report to the Legislature

For Fiscal Year 2024

INTRODUCTION

This report is submitted pursuant to Massachusetts General Laws ch. 32A, § 21, which states as follows:

The [group insurance] commission is hereby authorized and directed to establish and implement a vendor quality improvement program for purposes including, but not limited to: the evaluation and improvement of all health care services as applied to those contracts and the promotion of customer-oriented quality management techniques. Such program shall include long- and short-term objectives, quantifiable improvement goals, benchmarks for evaluating vendors and mechanisms to promote collaboration between the commission and health care vendors to improve health care services. The commission shall file an annual report with the clerks of the Senate and House of Representatives and with the governor not later than September 30 concerning such vendor quality improvement program.

Since its formation in 1955, the Group Insurance Commission (GIC) has provided the Commonwealth's employees and retirees and their dependents with the highest quality benefits at the most reasonable cost. With over 440,000 people currently covered under its plans, the GIC has remained focused on that mission, seeking qualitative and quantitative value in each and every vendor relationship.

This report reflects a variety of quality improvement activities undertaken in Fiscal Year (FY) 2024 that comprise the oversight and action necessary for the Group Insurance Commission to fulfill its mandate.

GIC STRATEGIC OBJECTIVES FISCAL YEAR 2024

The GIC's long-term objectives are four-fold:

- Provide access to high-quality, affordable benefit options to employees, retirees and dependents;
- Limit the financial liability to the state and others (of fulfilling benefit obligations) to sustainable growth rates
- Use the GIC's leverage to innovate and otherwise favorably influence the Massachusetts health care market, and
- Evolve GIC's existing business and operational environment to meet business demands and security standards.

To meet these objectives and ensure that our vendors are aligned with our goals, the GIC takes a comprehensive approach to quality improvement. First, the GIC ensures vendor quality via competitive procurements. Second, the GIC routinely reviews the performance of its vendors via comprehensive performance standards and audits. Finally, the GIC collaborates with its vendors to create quality improvement plans and supports vendor-led initiatives in key strategic areas.

PROCUREMENTS

To fulfill its mission of providing members with high-value care at the most reasonable cost, the GIC regularly engages in procurements and rate renewals, providing a systematic opportunity to routinely evaluate and improve our plans and their services. All procurement initiatives executed by the Group Insurance Commission are subject to all Massachusetts public bidding laws and regulations and are designed to ensure the fair selection of high-quality services at competitive prices. Section four of Chapter 32A of the Mass General Laws further requires that all contracts for GIC benefits are for no more than five years.

Additionally, as part of this process, the GIC negotiates the plans' rates; implements new plan designs and programs; and reviews and revises its contractual performance guarantees. We also pay particular attention to best practices, policy developments, legislative or regulatory mandates, and, of course, the needs and concerns of our diverse membership.

In FY24, the GIC conducted a procurement for claims auditing services. The contract was awarded to Claims Technologies Incorporated.

GIC QUALITY IMPROVEMENT INITIATIVES

Audit Findings

In FY24, the GIC, through its vendor Claim Technologies Incorporated, conducted an audit of 100 percent of claims of Point32 (Harvard Pilgrim and Tufts) and Mass General Brigham. The audits covered claims administration for Medicare and non-Medicare plans over the period of July 1, 2022 through June 30, 2023 and paid through December 31, 2023.

The method tests all claims, such as for eligibility, plan design features, compliance with an administrator's policies and procedures, and industry practices. This approach facilitates identifying hard-to-discover, systemic processing errors and potential overpayment recoveries. It also provides GIC with a more comprehensive view of vendor performance and a greater ability to recover funds and create broad improvements in quality.

The audit findings for FY23 claims indicate that, while there are areas where each vendor can improve upon its performance in claims processing and operations, the GIC vendors are well within industry standards for claims processing and doing a good job paying claims accurately. The overall results for this audit cycle were consistent with the results from prior years, which were also positive.

Measuring Vendor Quality, Performance Guarantees

The Group Insurance Commission holds its health care and behavioral health vendors to a set of performance guarantees. The performance guarantees measure plans' claims processing; customer

service; implementation; enrollee communication; account management; data, systems and reporting; patient safety; and anti-competitive practices.

Customer service-related measures, with potential penalties of a combined \$100,000 per year, include requiring vendors to answer calls within 30 seconds; have a call abandonment rate of less than three percent; respond to customer complaints within 30 or 60 days; and resolve 80% of complaints during the member's first call. The GIC routinely revises these metrics to incorporate feedback from our members and customer service staff.

Plans are evaluated on a quarterly basis, with financial penalties if vendors fail to meet the stipulated targets. The GIC reviews its performance guarantees annually to evaluate their efficacy and to consider new ones as appropriate.

VENDORS IMPROVING QUALITY, CUSTOMER SERVICE AND ADMINISTRATION

PHARMACY BENEFIT MANAGER

CVS Health (CVS Caremark and SilverScript)

Effective July 1, 2023, CVS Caremark administers prescription drug benefits for GIC members enrolled in non-Medicare health plans, while SilverScript continued to administer pharmacy benefits for Medicare members. In FY24, CVS and the GIC worked together to successfully transition non-Medicare GIC members from Express Scripts to CVS Caremark.

CVS Caremark and SilverScript focused its efforts on prioritizing plan member access and safety, quality improvement, and client support in FY24. The organization highlighted health equity and social determinants of health initiatives in its goals and objectives.

Key accomplishments:

- Transitioned to an enhanced video conferencing platform to improve the telehealth experience for members and clinicians
- Enhanced disease state assessment flowsheets for diabetes, weight management, and maternal health
- Embedded a Community Resource Directory link within the member's chart to identify local resources to address Social Determinants of Health (SDOH) disparities
- Developed new tools for identifying high-risk SDOH members and members with low adherence
- Completed its 2023 Annual Evaluation of CVS Caremark Utilization Management Program
- Implemented Medicare Star Rating improvement initiatives geared towards elevating the member experience and improving clinical outcomes

HEALTH INSURANCE CARRIERS

July 1, 2023 marked the beginning of a new health insurance contract cycle and presented an opportunity to implement plan design changes aimed to align plan design by product type, reduce portfolio complexity, utilize tiering strategy to encourage use of higher value providers, and create meaningful choice for members. In FY24 the GIC offered 1 national plan (available to members residing outside of New England), 4 broad-network plans, 2 limited network plans, and 1 regional plan.

Enhancements to benefits across all medical plans in FY24 include:

- Increasing the hearing aid benefit for age 22 and older changed from \$1,700 every two years to \$1,700 per ear (\$3,400 total)
- Removing the speech therapy limit of 20 visits/year
- Expanding coverage of retrieval and storage of reproductive tissue to all (coverage was previously limited to gender affirmation)
- Aligned Physical Therapy/Occupational therapy benefits across plans to eliminate time-based benefit limits

Point32 (Harvard Pilgrim Health Care & Tufts Health Plan)

Membership services enhancements:

- Point32Health's GIC membership was migrated to one commercial platform effective 7/1/2023, paving the way for a more cohesive and consistent member experience
- Continuous assessments of and updates to the GIC Microsite to enhance its content with the goal of making it a more user-friendly platform, with forms, provider directories, and plan information easily accessible with minimal scrolling
- Multi-factor authentication was implemented on the Member Portal, adding another layer of security to personal member accounts
- A new process was implemented for Point32's secure online portal email routing, carving out GIC membership to a dedicated email box so that responses can be prioritized with the intent to reply to emails from GIC members within one business day or less
- Enhanced partnership with United Healthcare Shared Services to streamline support for out-of-area members seeking care

Harvard Pilgrim Health Care-

In FY24, Harvard Pilgrim launched the Good Measured Healthy Weight Program and Behavioral Services Navigation Programs.

The Good Measures Programs delivers personalized one-on-one telephonic and virtual coaching with a registered dietitian and helps participants prevent and manage health conditions like type 2 diabetes, high blood pressure, and heart disease.

The Behavioral Services Navigation Program focused on increasing access to behavioral health care, enhancing personalized interactions, and utilizing innovative programs and services.

Wellpoint (formerly UniCare)

In FY24, Wellpoint made several quality, behavioral health, benefit, and process improvements.

- Quality improvements include enhancements to Wellpoint Health Aids (concierge service), Sydney Health (dynamic health app), and Building Healthy Families (maternal health program); and new offerings (musculoskeletal program and a new oncology support model).
- Guided by the MA Roadmap for Behavioral Health Reform, Wellpoint expanded BH services to their members by including community-based health centers (CBHCs), some of which include rapid access to crisis support. Wellpoint also established a dedicated CBHC/ED liaison to provide regular outreach to hospitals and EDs to health member placement or transition.
- Wellpoint expanded their BH network to include access to a national network of unique platforms to address specific needs such as opiate use, suicide prevention, and youth-intensive outpatient services.
- Process improvements include increasing number of emails retained to bolster a digital-first communications strategy, adding a tool to compare Wellpoint to other plans on their website, and automated claims processing to improve turnaround time and accuracy.

Mass General Brigham Health Plan (MGB)

In FY24 MGB initiated several direct and plan-wide programmatic and plan changes:

MGB initiated the GICHEDIS Gap Closure Pilot Program for GIC members to close prioritized HEDIS gaps and ensure members follow up as recommended on a routine basis, both for preventive screenings and management of chronic conditions.

Lyra Health was made available to GIC members. Lyra is a virtual first behavioral health vendor that expands access to outpatient behavioral health care. Lyra provides our members with care options including Lyra Essentials with self-guided exercises and videos, guided self-care with a coach, mental health coaching, therapy, and medication management. An email campaign for GIC members promoted the availability and usage of Lyra.

In the summer of 2023, MGB launched the Depression Disease Management Program, which screens members for signs and symptoms of depression, provides education and resources to connect members to care, and comprehensively assesses members with depression who are in care management for the development of a member-centered individual care plan.

MGB also leveraged educational texting campaigns to spread awareness to members of any health care gaps, and the impact to their health of not closing those gaps. These campaigns are also used to redirect care to clinically appropriate settings and promote clinically appropriate preventative care to benefit the overall health of members and reduce the cost of care.

MGB continued to use a digital approach to offer resources to GIC coordinators and employees and provide information needed for enrollment.

Health New England

In FY24, HNE renewed multi-year contracts with key providers and expanded their behavioral provider and urgent care networks. Member support enhancements included an upgrade to HNE's phone systems to improve the routing of calls and the implementation of a Member Experience Committee to collect, analyze and act on feedback to continually improve the overall member experience.

HNE demonstrated their focus on improving access to behavioral health resources in FY24 by implementing a Dual Diagnosis Care Management program, which focuses on member with Serious Persistent Mental Illness (SPMI) or Substance Use Disorder (SUD) and a chronic medical condition (diabetes, CHF, COPD). HNE also continued their ongoing relationship with FindHelp, formerly Aunt Bertha, a comprehensive resource directory to help our members find and connect with community and social services in their area.

ANCILLARY INSURANCE VENDORS

Dental

MetLife

The GIC is authorized to provide dental and vision benefits to a specific subgroup of the active employees eligible for GIC benefits. This group consists primarily of managers, legislators and their staff, and certain executive office employees who are not covered by collective bargaining. The GIC also provides a separate retiree dental benefit to all Commonwealth retirees as well as certain municipal retirees whose municipality elects to join the plan. The GIC's dental vendor is Met Life.

In FY24, MetLife made enhancements to data security. They implemented alternate member IDs, ensuring that social security numbers are no longer used as the primary identifier, and PGP encryption for active and retiree eligibility files. MetLife also expanded its existing member communications to include outreach to enrollees who are overdue for a dental exam and a welcome email to all new active employees to confirm their enrollment.

Vision

Davis Vision

During Fiscal Year 2024, Davis Vision's parent company, Versant Health continued to make improvements to the member and provider on-line portals as well as adding key retailers and providers to their networks. Davis Vision continues to focus its quality improvement efforts on easier, faster, and accurate access for all of its partners and members.

Flexible Spending Account

TASC

In FY24, TASC promoted account security by distributing communications to participants that included security tips and best practices for online safety, highlighting common scams. Additionally, TASC introduced Saturday customer care phone coverage for Commonwealth of MA employees during the FY25 Annual Enrollment period in April 2024 to improve support accessibility.

Life Insurance & Long Term Disability (LTD)

MetLife

In FY24, MetLife revamped their GIC microsite and updated plan materials. MetLife also made improvements to facilitate the accurate reporting and payment of claims. For LTD, MetLife made necessary adjustments to align with updated GIC eligibility rules.

Mass4YOU: Employee Assistance Program (EAP)

Optum

Mass4YOU, administered by Optum, is available to employees and their dependents who are eligible for GIC benefits. It offers a range of services and resources to promote work-life balance in addition to workplace trainings.

In FY24 Optum migrated from Sanvello to Self-care by Able To, to improve access to Cognitive Behavioral Therapy tools and enhances member experience. Optum continues to update its training course offerings and improve the Mass4YOU website to make navigation simpler for members.

CONCLUSION

In FY24, the GIC continued to make progress toward advancing strategic objectives as highlighted in our vendors' efforts to align with our expectations for quality of care and support provided to our members. Our vendors have made improvements in access to medical and behavioral health services, which encourage a more inclusive health care environment and help to address the needs of our diverse membership. The focus on enhancing the member experience and advancements in privacy and claims processing efficiencies demonstrate our commitment to high services standards. Innovative use of digital communications has proven instrumental in educating our members and equipping them with the necessary tools to navigate their health care options effectively. This not only facilitates improved engagement, but also ensures that our members are well-informed in their health care decision-making processes.

Moving forward, the GIC is dedicated to continued collaboration with our vendors to identify opportunities to reduce costs and maximize value for our members. This includes pursuing

opportunities for innovative plan design and implementing targeted programs that aim to enhance health outcomes and promote equity among our members. With a continued commitment to improvement, we can ensure that our membership increasingly experiences a health care framework that is accessible, responsive, and equitable.