Primary Care Provider Identification
To Begin for All GIC Plans

As a major part of the GIC’s initiative to provide more coordinated care for our members in today’s complex medical world, all of the GIC’s Employee/Non-Medicare health plans are making a concentrated effort to identify which provider is serving as a member’s primary care provider (PCP). In addition to a general practitioner primary care physician, a PCP can also be a nurse practitioner, physician assistant, internist, family practice physician or pediatrician. PCPs are critical to the success of the GIC’s Integrated Risk Bearing Organization (IRBO) model that is rolling out over the next five years. IRBOs emphasize team-based systems that accept full or partial risk for the quality and cost of patient care. Central to the IRBO approach is that a PCP will be responsible for coordinating the care of each patient by providing reminders about needed tests, helping patients find appropriate specialists, keeping track of prescriptions and lab tests and results, and helping patients navigate the medical world.

The GIC’s HMOs have always required their members to select a PCP and this practice will continue, although Fallon Health Plan Direct Care and Select Care, Harvard Pilgrim Primary Choice Plan, Health New England, and Neighborhood Health Plan use slightly different methods for determining a member’s PCP. Health New England assigns a PCP based on the first claim received for a member from a PCP. Members can also call the plan or use the HNE Direct Member Portal to list their PCP. Neighborhood Health Plan assigns a PCP for new members. NHP’s customer service team also verifies PCP information with every member call. Fallon uses both new member letters and welcome calls to let members know that PCP identification is required. The Harvard Primary Choice Plan asks members to call them with their PCP the month before their coverage begins; if a member does not call, a PCP is assigned and the member can subsequently change this designation by calling the plan.

In a new initiative, the GIC’s EPO, PPOs and Indemnity Plan/Basic will now begin to ascertain members’ PCPs. Tufts Health Plan has actively been encouraging members of Navigator and Spirit to identify a PCP, and their Annual Enrollment communications included messages encouraging members to call Tufts or to use the secure member portal, mytuftshealthplan.com, to list PCP information. The Tufts Health Plan customer service center is also actively encouraging members to identify
Any state employees were directly or indirectly affected by the marathon bombings while working the front lines as the tragedy unfolded. The Committee for Public Council (Public Defender), Massachusetts Emergency Management Agency (MEMA), the Office of the Chief Medical Examiner, the Executive Office of Human Services, UMass Dartmouth, Attorney General’s Office, District Attorney, Department of Children and Families, and Department of Developmental Services were all helped by critical incident debriefings that were provided under the steady hand of the GIC’s EAP Coordinator, Susan Cooper. For twenty years, Susan Cooper has provided help to employees affected by traumatic events. Her advice and counsel have assisted employees in coping with their feelings after such events.

For the last fifteen years, Ms. Cooper has worked for United Behavioral Health, the mental health carrier for UniCare, Tufts Navigator, and Tufts Spirit members. Prior to that, she worked for Options Mental Health, the previous vendor. She will be working for Beacon Health Strategies, the GIC’s new mental health carve-out vendor effective July 1, helping to make for an easy transition of EAP benefits for supervisors and managers, including critical incident debriefings for employees affected by traumatic incidents. “After the tragic events of the bombings, we reached out to Sue to determine what crisis counseling services could be provided to our MEMA employees who responded to the explosions,” said Debra Tata, Human Resource Director for MEMA. “Sue and her team were very helpful to our staff during this crisis and she has also been a great resource to us in the past. We look forward to continuing our relationship with her.”

In addition to providing critical incident debriefings, Susan also provides managers and supervisors with the following resources:

- Management consultations, including how to deal with challenging behaviors and situations in the workplace
- Wellness trainings
- Grief support
- Stress management seminars
- Low morale support
- Intervention strategies for substance abuse, hygiene issues, threats of violence and suicidal concerns

“Sue has been a great resource for us at DCR both in moments of crisis and in the times of routine strain that is part of daily life for all of us in government and society in general,” said Gary Briere, Assistant Director for Recreation, MassParks. In a note to Dolores L. Mitchell, the GIC’s Executive Director, he stated, “Thank you for your support of our staff by ensuring that we have access to such excellent, professional services.”

GIC EAP Services for Managers, Supervisors and critical incident debriefings are free to all state agencies and participating municipalities. Susan Cooper, a Licensed Independent Clinical Social Worker, will continue to be the GIC’s EAP Coordinator with the transition to the GIC’s new mental health carrier, Beacon Health Strategies.

Ms. Cooper’s contact information changes July 1.
Managers and supervisors, if you can use help with EAP services for your employees, contact Sue at her new email address and phone number: sue.cooper@beaconhs.com; 781-994-7424. Employees and retirees who need individual mental health benefits should contact your health plan (see page 7 for contact information, including Beacon Health Strategies for UniCare and Tufts Health Plan Navigator and Spirit members).
To screen or not to screen – that is the question. No, this is not a misquote of Shakespeare. It refers to decisions doctors have to make every day when carrying out routine examinations of their patients. Screening tests are procedures, carried out on people without signs or symptoms, to try to identify health conditions early – to get a head start on treatment or maybe even prevent disease. Fortunately, doctors have help in deciding whether to screen or not. The United States Preventive Services Task Force (USPSTF), authorized by Congress, is an independent group of national experts who make recommendations about the value of various types of screening, after doing extensive evaluation of medical literature and expert opinion. Under the national health care reform act, all health plans must completely cover the cost of services recommended by the USPSTF. Those screening recommendations services are paid by all the GIC plans with no out-of-pocket costs for the members.

But that is not the whole story. Much investigation is going on to try to find more things to screen for and better screening tests. Often, you will read in the newspaper or on the web about one study or another that supports the use of a particular test. Doctors read about those studies as well and have to figure out whether to start using the test. Some doctors may decide to use a screening test even before it becomes widely accepted into standard practice. They may have become convinced of its worth by reading the medical articles.

Health plans, on the other hand, generally look to the recommendations of the USPSTF as the “gold standard” for what should be covered. So when a new screening test becomes available, if it is not on the USPSTF list, it is not covered. For example, screening for Vitamin D deficiency is currently a hot topic. Some doctors have adopted this screening in their routine care. The Endocrine Society, a national professional society with experts on Vitamin D, recommends such screening only for people already at risk, not for everyone. The USPSTF does not include Vitamin D screening in its recommendations and has just begun an evaluation of its value. As a result, even though a doctor orders Vitamin D screening for a healthy person not at risk of deficiency, most health plans are going to deny coverage. The members will have to pay for this blood test – which could cost around $200.

How can a member protect himself or herself from getting an unexpected bill? As Dolores Mitchell, the Executive Director of the GIC, has said, don’t hesitate to become a “pushy patient.” Ask questions. Look at your member handbook. It will provide a listing of the screening and other preventive measures covered by your health plan. Make sure you are getting these procedures done as recommended. Sometimes people give routine screening tests a low priority. Breast cancer screening and colon cancer screening are prime examples of tests that are often put off. Secondly, when a doctor orders a screening test you are not familiar with, ask her about what it is for and whether it is recommended for someone like you. You are at the center of your health care and you may decide you want a test and will pay for it out of your own pocket. Or you may decide you will stick with the USPSTF recommended tests out of concern about out-of-pocket costs. Your doctor should help you think these issues through to come to the decision that is right for you.

Robert W. Sorrenti, MD, MHA, is the Regional Vice President for UniCare, a subsidiary of WellPoint, Inc., one of the largest health benefits companies in the U.S. His responsibilities include oversight for UniCare’s medical management program and its various components. Dr. Sorrenti has an MD from Harvard Medical School and an MHA from Clark University.

GIC Program Manager, Dana Bushell, and GIC Executive Director, Dolores L. Mitchell, discussed health plan options with members at the health fair held at One Ashburton Place in Boston.
Members of the UniCare State Indemnity Plans (Basic, Community Choice, Medicare Extension (OME) and PLUS) and Tufts Health Plans (Navigator and Spirit) have a new mental health and substance abuse vendor effective July 1, 2013 – Beacon Health Strategies. Beacon, a Boston-based company, covers 8.2 million people, including members of two of the GIC’s other health plans, Fallon Community Health Plan and Neighborhood Health Plan. As outlined during Annual Enrollment, there are no benefit changes as part of this transition. Members will continue to enjoy comprehensive mental health, substance abuse, and Enrollee Assistance Program (EAP) benefits.

Begin contacting Beacon for your mental health needs effective July 1, at either:
❖ www.beaconhs.com/gic
❖ 1-855-750-8980

Eighty eight percent of the mental health providers currently used by GIC UniCare and Tufts members are in Beacon’s provider network. Beacon is conducting extensive outreach to providers used by GIC members who do not presently participate in their network and have added over 560 clinicians since March with additional negotiations in process.

Be sure to maximize your benefits by using Beacon network providers. Contact Beacon before you seek care to find out which providers are in their network, and to pre-certify non-routine outpatient services, EAP and inpatient care benefits.

If you are currently seeing a provider who is not in Beacon’s network, you may continue to see him or her under the transition benefits. Under Beacon’s transition benefits, outpatient mental health and substance abuse services will be covered at the in-network copay benefit level up to 90 days or 12 visits, whichever comes first. Beacon will work with out-of-network providers to encourage them not to balance bill members.

After the transition period, if you wish to continue with a non-network provider, members of UniCare and Tufts Navigator may use their out-of-network benefits. If you live in a state where Beacon has a limited network, or are a Tufts Health Plan Spirit member, contact Beacon who will work with you to get the provider credentialed or to refer you to another provider.

Be aware that copays are higher out-of-network. Members of UniCare Medicare Extension (OME), PLUS and Tufts Navigator incur an out-of-network deductible that’s shared with the medical out-of-network benefits, and members of these plans are also subject to out-of-network coinsurance. This means that benefits are covered on a percentage of allowed charges. For additional details on your plan’s out-of-network benefits, contact Beacon or refer to the benefit grid included in your member handbook and on Beacon’s and the GIC’s website.

Beacon will also offer Enrollee Assistance Program (EAP) benefits to its covered members. These include counseling benefits for concerns including:
❖ Personal and emotional
❖ Marital and relationship
❖ Family
❖ Workplace
❖ Financial
❖ Legal
❖ Stress management

Online videos and articles provide a wealth of resources to help you navigate life’s ups and downs. Additionally, you have legal benefits including a 30-minute consultation with a local, independent attorney per legal issue with discounted rates beyond the initial consultation. There are also financial counseling benefits to help you with credit repair, debt management and consolidation and budgeting.

For additional information about your mental health and substance abuse benefits, including transition and EAP benefits, contact Beacon any time of day, seven days a week.
Tufts Health Plan Scholarships Are Back! Encourage Your Student Dependent Pursuing Nursing or Allied Health Degree to Apply

Tufts Health Plan is again offering two scholarships as part of its new health plan contract with the GIC. Two $2,500 scholarships are available to student dependents who are pursuing a degree in the health care field, particularly one in nursing or allied health, such as physical therapy and occupational therapy.

Key dates:
Application deadline: Friday, July 26
Notification of award date: no later than Friday, August 23

In addition to demonstrating an interest in the nursing or allied health field, the dependent:
❖ Must be currently enrolled in an accredited two- or four-year college or university
❖ Have completed a minimum of one semester;
❖ Have a minimum college GPA of 3.0; and
❖ Be a dependent of a GIC insured enrolled in any of the GIC’s health plans (the student him/herself does not need to be enrolled in GIC health coverage).

For additional eligibility details and the application, see the GIC’s website: www.mass.gov/gic.

Social Security Website Offers Online Access to Benefit Verification Letter

The federal government’s my Social Security online account offers some terrific features that help U.S. residents with their Social Security and Medicare eligibility. When you create an account, you can view and print a Social Security Benefit Verification Letter, which serves as proof for:
❖ income when you apply for a loan or mortgage;
❖ income for assisted housing or other state or local benefits;
❖ current Medicare health insurance coverage;
❖ retirement status;
❖ disability; and
❖ age.

If you receive Social Security benefits or have Medicare, you can:
❖ Check your benefit and payment information and your earnings record; and
❖ Start or change direct deposit of your benefit payment.

If you do not receive Social Security benefits, you can receive:
❖ Estimates of your retirement, disability, and survivors benefits;
❖ Your earnings record; and
❖ The estimated Social Security and Medicare taxes you’ve paid.

For more information and to establish an account, visit www.socialsecurity.gov/myaccount.
For Your Benefit
Summer 2013

Last summer we let you know about tests and procedures that a group of medical specialty groups had identified as unnecessary and often harmful. Choosing Wisely®, an initiative of the American Board of Internal Medicine (ABIM) Foundation, together with more than 20 professional medical societies, has added 18 more tests and procedures to this list in an effort to spark conversations between patients and physicians about what care is really necessary. Some of the new recommendations include:

❖ Non-medically indicated inductions of labor or cesarean deliveries before 39 weeks of pregnancy should not be scheduled. Delivery prior to this time is associated with increased risk of learning disabilities and respiratory problems for the baby and postpartum depression for the mother.

❖ Feeding tubes in patients with advanced dementia should not be used. Assistance with oral feeding is a better, evidence-based approach.

❖ Routine annual pap tests are not necessary in women ages 30-65. Screening at three-year intervals is just as advantageous.

❖ Children with minor head injuries shouldn’t automatically have a CT scan. Clinical observation prior to making a decision about needing a CT will help reduce exposure to unnecessary radiation that may escalate future cancer risk.

❖ Stress tests on persons with no symptoms and a low risk of having coronary disease should be avoided. There is little information on the benefit of these tests in asymptomatic individuals.

❖ People with recurrent headaches should not have an EEG (electroencephalography). EEG has no advantage over clinical evaluation in headache diagnostics, does not improve outcomes, and increases costs.

❖ Infants with acid reflux should not routinely be treated with acid suppression therapy. Anti-reflux therapy has no demonstrated effect in reducing symptoms of gastro esophageal reflux in infants and may be harmful in certain circumstances.

Each specialty society involved in the Choosing Wisely® campaign, including the American Academy of Family Physicians, American Geriatrics Society, American Academy of Neurology, and American College of Rheumatology, identified at least five tests or treatments common to their profession, but not always beneficial. These recommendations encompass the most current evidence-based research within their specialty, and help make a positive impact on patient care, safety and quality. In addition to sharing these recommendations with their member physicians, the society aims to educate patients through member organizations, including the GIC.

Consumer Reports has published this research in easy-to-understand brochures and videos; see the February 2013, April and June 2012 issues of their magazine and their website (www.consumerreports.org) for more information. Consumer Reports recommends that patients ask their doctors the following questions if their doctor recommends one of the Choosing Wisely® tests and procedures:

❖ Do I really need this test or procedure?
❖ What are the downsides?
❖ Are there simpler and safer options?
❖ What happens if I do nothing?
❖ How much does it cost?

For a complete list of unnecessary tests and procedures visit the Choosing Wisely website: www.ChoosingWisely.org.

MyGIC Self Service Rolled Out
Beginning This Summer

State and municipal employees will soon be able to view their GIC benefits online! Beginning this summer and extending into the fall, the new MyGIC Self Service website will be rolled out. Employees will receive instructions and a password in the mail for logging into the site.

You will be able to view your:
❖ GIC benefits;
❖ Life insurance beneficiary (state employees);
❖ Covered dependents; and
❖ Access your benefit statement online any time.

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Keep in Mind…

Q) I am a surviving spouse of a state or municipal employee. I work for the state or a participating municipality and I am eligible for GIC health insurance benefits. Am I eligible for survivor coverage?

A) Surviving spouses who are also a state or participating municipal employee or retiree are not eligible for coverage as survivors. If you, as a surviving spouse, leave your state or municipal job, you may become eligible for survivor coverage at that time. Contact the GIC for details.

Q) I’m turning age 65 and still working for the state or a GIC participating municipality; what do I need to do?

A) If you are age 65 or over, call or visit your local Social Security Office for confirmation of your Social Security and Medicare benefit eligibility. If you are eligible for Medicare Part A for free and you continue working after age 65, you and your covered spouse should NOT enroll in Medicare Part B until you (the insured) retire. For Medicare Part A, you and your covered spouse may enroll at age 65 or may wait until the insured retires.

If you are a same-sex married couple, be aware that separate Massachusetts and federal tax laws govern the health insurance benefits available to same sex couples; see the GIC’s website for details.

See the GIC’s website for details about Answers to Other Frequently Asked Questions: www.mass.gov/gic.

MyGIC Self Service Rolled Out
Beginning This Summer

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Be sure to take advantage of this great resource. Online viewing of your GIC benefits is just the first feature of this new website. Additional enhancements, such as online plan change capabilities during Annual Enrollment, will be available in the future. (Retirees and survivors will not be included in the initial roll out.) The MyGIC Self Service offers a new way to access your GIC benefits at your convenience! Stay tuned for additional details.
Looking to Lose Some Flab for Beach Season?
A Coach Can Help

It's the time of year when it's harder to hide extra pounds you're carrying around. If you want to get serious about losing weight, a coach can help. According to a June 2012 Miriam Hospital Weight Control and Diabetes Research Center pilot study, obese individuals participating in a weight loss program supported by a professional health coach or peer lost clinically significant amounts of weight -- an average of nine percent of their body weight over 24 weeks.

Health coaching can take many forms:
- Weight loss group, such as Weight Watchers®;
- Telephonic health coaching and online programs, offered by the WellMASS pilot program to eligible participants and some of the GIC’s health plans;
- Worksite teams and competitions; and
- Other ongoing support forums, such as a group of friends committed to losing weight.

Losing weight is hard work. It's easy to be tempted by unhealthy food choices, to skip exercising, and to become disheartened. Health coaches offer support and information to motivate behavioral change. Most of all, they hold you accountable to real lifestyle changes. Make a commitment to lose extra body fat -- get a coach and see results!

Contact your GIC health plan (see page 7) to find out about weight loss programs and discounts available to you. If you are eligible for the WellMASS pilot program (GIC health plan enrollees who are active state employees working in the Executive Branch, Constitutional Offices, and the Legislature, and state retirees ages 55-64 and their GIC-covered spouses) be sure to take your Health Assessment (www.mass.gov/gic/wellmass), which gives you access to health coaching based on your risk profile.

Contact Information:
Group Insurance Commission
Commonwealth of Massachusetts
P.O. Box 8747 • Boston, MA 02114-8747

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