

News for this year's Annual Enrollment

February 14, 2014

Our Commission met today to review our progress on Centered Care and vote on benefits effective July 1, 2014. Progress on the GIC's Centered Care Initiative continues. This initiative seeks to improve health care coordination and quality while reducing costs. Primary Care Providers play a critical role in helping their patients get the right care at the right place with the right provider. The central idea is to focus attention and coordination of health care services on patients. Because health care costs are consuming so much money, Centered Care also seeks to engage providers and health plans on managing these dollars more efficiently so that everyone can benefit.

In addition to helping to keep premiums in check, how does this affect members?

There are 10 key elements of Centered Care and we've outlined three of them in our [recent newsletter](#) :

1. **Primary Care Provider (PCP) designation** – your health plan keeps track of who your PCP is and lets the provider know that you are their patient and you have selected him or her to coordinate your care.
2. **PCP engagement** – your PCP helps coordinate your care.
3. **Data sharing** – electronic health records provide secure access to your health history, prescriptions, lab results and appointments to help your PCP and other providers keep track of your medical needs and make sure they are met.

Other key attributes that are already implemented or we are working to implement:

1. **Low cost providers are encouraged.** Patients will continue to have incentives for choosing low cost, high quality specialists and hospitals.
2. **Expanded hours and urgent care access** – the GIC and our health plans are working to expand providers' hours to include some evenings and weekend appointments making it more convenient for members for urgent care needs off hours.
3. **High level of care for chronically ill** - If members have a chronic condition, their PCP will monitor and advise them all year long.
4. **Disease management:** A members' health plan will identify patients at risk for complications and will help those members and their provider navigate the care and find out about best practices.
5. **Group visits:** Patients with similar conditions may sometimes meet together with their providers. An organized, typically multi-disciplinary, office visit for a small group of patients that includes education, promotion of self-management, group interaction and support as well as direct patient-practitioner encounter. Examples of these types of visits can include wellness programs for patients with weight-related issues and support sessions for those suffering from lower back pain.

6. **Transitional care management:** When a patient is released from the hospital to rehab or home, care will be provided to make sure the patient's treatment plan and medications go with them.
7. **Essential reporting package:** Our health plans will help providers to help our members by giving them timely reports on patients, their fellow physicians, and best practices.

How Will Centered Care Affect Benefits for July 1? **Benefit changes will help support this initiative:**

- All GIC health plans will be reaching out to members to acquire PCP information.
- Neighborhood Health Plan will no longer tier PCPs: PCP and Outpatient Mental Health/Substance Abuse Copay: \$20 per visit
- Tufts Health Plan Navigator will no longer tier hospitals by different types of services. Hospitals will be tiered for all services combined based on quality and/or cost.
- UniCare Indemnity Plan PLUS will give an incentive through a lower copay when members visit Centered Care PCPs: \$15 per visit

There will be *benefit changes related to federal health care reform and mental health parity:*

- Increased coverage for:
- Wigs
- Low protein food
- Medically necessary infant to age 3 early intervention services
- In-home dialysis
- Speech therapy
- \$5,000 per person and \$10,000 per family out-of-pocket maximum for mental and mental health services. Most of the GIC's HMOs will also include prescription drug benefits in the limit.
- New ACA-related fees will be incorporated into the final premiums that are voted in March: health insurer, transitional reinsurance, and patient-centered outcome research

Other benefit changes include the implementation of moving management and dispensing of certain specialty drugs used to treat arthritis, multiple sclerosis and immune diseases from UniCare Basic, Community Choice and PLUS to CVS Caremark. Details of benefit changes will be in the *Benefit Decision Guides*.