Georgetown State Employee Health Plan Survey – October 2022

Instructions: To complete this survey, you will need to have access to the following information:

- *Health plan options offered to active state employees (stand-alone dental and vision plans are excluded)*
- *Enrollment numbers*
- *Cost-containment initiatives implemented by your agency in the last two years*

We are only collecting information with respect to active employees. While we recognize that cost containment is a priority with respect to retiree benefits, the scope of this particular project is limited to active employees. If there is another person in your agency or from another state agency who is better suited to answering this survey, please let us know by emailing Megan Houston at mh2019@georgetown.edu.

SECTION I - Overview

1. Your State _____
2. Your Contact Information (this will be kept confidential)
    a. Name: _____
    b. Email address: _____
    c. Your state agency: _____
3. Does your state employee health plan year align with:
    a. Calendar year
    b. State fiscal year
    c. If b), does the plan year run:
        i. July to June
        ii. April to March
        iii. September to August
        iv. October to September
    d. Other___?

4. Which fields of demographic data do you collect on plan enrollees (choose all that apply):
    a. race
    b. ethnicity
    c. preferred language
    d. gender/gender identity
    e. disability status
    f. sexual orientation
    g. other
5. Is this data required or voluntary?
6. Do you collect it during enrollment? *(Yes/No)*
7. Are you using this data to identify and address health disparities among your enrollee population? *(Yes/No)*
    a. If yes, please explain
8. Provide the number of lives covered under the state or public employee plan options administered by your agency. Do not include retirees.
    a. Number of individual employees covered: _____
    b. Number of spouses + dependents covered: _____
9. In addition to active state employees, which workforces are eligible to participate in the plan options administered by your agency? *(select all that apply)*
    a. School district employees – teachers
    b. School district employees – staff
    c. Local, municipal or county employees
    d. State university employees – faculty
    e. State university employees – staff
    f. Legislators
    g. Any others: _____
    h. N/A
10. Does your agency also administer health benefits for retirees? *(Yes/No)*
    a. If No, which state agency is responsible for administering benefits for retirees?_____
11. How many plan options can your employees choose from? (Do not include any dental or vision plan options. If your answer varies by workforce population, please answer for state agency employees).
    a. 1 plan option
    b. 2-4 plan options
    c. 5 or more plan options
12. Does your agency offer eligible employees a High Deductible Health Plan (HDHP) *(deductible is $1,400 or more for a self-only plan; $2,800 or more for a family plan)*? *(Yes/No)*
    a. If Yes, how many active employees are enrolled in the HDHP option with the greatest number of enrollees? Please include dependents_____
    b. If Yes, does your agency offer it in conjunction with a Health Savings Account? *(Health Savings Account (HSA): A type of savings account that lets you set aside*

money on a pre-tax basis to pay for qualified medical expenses if you have a High Deductible Health Plan (HDHP)) (Yes/No)

i. If Yes, does your agency contribute to the HSA? *(Yes/No)*

13. Does your agency contribute to a Health Reimbursement Arrangement or Account *(Health Reimbursement Arrangement or Account (HRA): Employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year)*? *(Yes/No)*
14. What plan options does your agency offer eligible employees? *(select all that apply)*
    a. a closed network plan option (e.g., HMO or EPO) *(a plan design that provides no out-of-network coverage)*
    b. HMO with out-of-network option
    c. an open network plan option (e.g., PPO) *(a plan design that provides lower cost-sharing for in-network coverage and partially covers some out-of-network services)*
    d. an indemnity plan option? (a plan design, sometimes also referred to as a fee-for-service plan, that allows enrollees to see any health care provider and pays providers a set amount per service)
    e. If your agency provides multiple plan options, do all active employees have the ability to choose any of the plans? *(Yes/No)*
        i. If No, explain: _____
15. Is there a collective bargaining agreement in place with one or more state employee unions? *(Yes/No) (If you have multiple collective bargaining agreements in place, please answer the following for the agreement that covers the largest number of active employees)*
    a. If Yes, does the union (or unions) participate in benefit design decisions (e.g., scope of benefits, level of cost-sharing)? *(Yes/No)*
    b. If Yes, does the union (or unions) participate in network design decisions? *(Yes/No)*
    c. If Yes, What is the duration of your collective bargaining agreement?
        i. 1 year
        ii. 2-3 years
        iii. 4+ years
16. If a collective bargaining agreement has a duration of greater than 1 year, are you able to make mid-course changes to the agreement in order to implement cost- containment initiatives?
    a. N/A, because there is no collective bargaining agreement in place
    b. Yes
    c. No
17. Which of the following entities is responsible for network negotiations? *(select all that apply)*
    a. Your agency
    b. Other state agency
    c. Third-party Administrator (TPA) or Administrative Services Only (ASO) organization (an entity that delivers services like claims processing and

employee benefit management for employers who self-fund health benefits instead of purchasing them from an insurer)
    d. Employee union
    e. Benefit advisory firm, consultant or broker
    f. Other: _____
18. Beyond enrollee premiums, how is the state employee health benefits program— both benefit and administrative costs—funded? *(select all that apply)*
    a. State appropriation
    b. State general fund
    c. Agency assessment
    d. Other: _____
19. Are the plan options administered by your agency:
    a. All self-funded *(a type of plan where the employer itself collects premiums from enrollees and takes on the responsibility of paying employees' and dependents' medical claims. These employers can contract for insurance services such as enrollment, claims processing, and provider networks with a third-party administrator, or they can be self-administered)*
    b. All fully insured *(a health plan purchased by an employer from an insurance company or managed care organization)*
    c. Both self-funded and fully insured
20. Do you purchase any stop loss coverage? *(Yes/No)*
21. If available, what is the weighted average or range of actuarial values across all offered plan options? *(Actuarial Value: the percentage of the total average costs for covered benefits that a plan will cover. For example, if a plan has an actuarial value of 70%, on average, the average enrollee would be responsible for 30% of the costs of all covered benefits)* _____
22. What percentage of the total premium does the state contribute for *(NOTE: If you contribute different amount for different types of employees, please respond for full-time, salaried employees):*
    a. Employee only? _____
    b. Employee + spouse, partner, or one dependent? _____
    c. Employee + children? _____
    d. Family coverage? _____
23. Over the last two years, has the weighted average or range of actuarial values shifted:
    a. Higher
    b. Lower
    c. Stayed the same
    d. Not available
24. Over the last 2 years, has the share of the state contribution to premiums increased, decreased, or stayed the same?
    a. Increased
    b. Decreased
    c. Stayed the same
    d. Not Available

25. Do you have more than one TPA/issuer offering plans to your enrollees? *(Yes/No)*
    a. If yes, how many? _____
    b. If yes, is there a TPA/issuer that has a majority or plurality of SEHP enrollees? *(Yes/No)*

SECTION II – Cost-Containment

1. If you offer more than one plan option, which plan type has the greatest number of active enrollees?
    a. Closed network plan (e.g., HMO or EPO that does not provide out-of-network coverage)
    b. HMO with out-of-network option
    c. Open network plan (e.g., PPO that provides partial coverage for out-of-network services)
    d. Indemnity plan (e.g., a fee-for-service plan that allows enrollees to see any provider and pays providers an established amount per service)
    e. Other: _____
    f. N/A (we offer only one plan option)
2. Is the plan option with the highest number of active employees enrolled a high deductible health plan?
    a. Yes
    b. No
3. If you answered yes, above, is this plan eligible for an HSA?
    a. Yes
    b. No
4. In the last two years has your agency implemented any of the following initiatives to help contain costs (select all that apply)?
    a. Not applicable (state employee plans are all fully insured) (skip questions 1-4)
    b. Benefit design initiatives
        i. Value-Based Insurance Design
        ii. Reference-based pricing (i.e., providing first-dollar coverage (to a defined limit) for nonemergent care)
        iii. Right to Shop, (i.e., reducing enrollee cost-sharing when patients choose more cost-effective providers)
        iv. Wellness incentives that result in an increase or decrease in premiums or cost-sharing based on enrollee's achievement of a target health metric (e.g., BMI, cholesterol level).
        v. Increased cost-sharing for enrollees (i.e., deductibles, copayments, coinsurance)
        vi. Other (please describe _____)
        vii. N/A
    c. Provider payment and network design initiatives:
        i. Narrow provider networks

ii. Tiered provider networks
iii. Centers of excellence
iv. Pegging provider reimbursement to a reference price, such as a percentile of the Medicare rate (sometimes referred to as “reference pricing”)
v. Risk-based contracts with health care providers
vi. Direct negotiation or contracting with providers
vii. Primary care-based initiatives (e.g., worksite clinics, near worksite clinics, DPCs, patient-centered medical home)
viii. Other (please describe _____)
ix. N/A

d. Utilization management initiatives
    i. Case management for high-cost enrollees
    ii. Disease management for enrollees with one or more chronic conditions (e.g., diabetes, heart disease)
    iii. Prior authorization and other methods of utilization management (e.g., primary care physician referral for specialty care)
    iv. Other (please describe _____)
    v. N/A
e. Other initiatives
    i. Annual spending growth target or cap
    ii. Price transparency initiatives (e.g., Member shopping tools - plans/providers)
    iii. Requiring removal of anti competitive clauses from provider/payer contracts
    iv. Behavioral health management strategies or benefit carve out
    v. Auditing of claims (e.g.., utilization auditing, payment accuracy, fraud identification)
    vi. Procurement strategies (e.g., reverse auction)
    vii. Other (please describe _____)
    viii. N/A
f. Our agency has not implemented any cost-containment initiatives in the last two years.

5. For the cost-containment initiatives selected in the previous questions, were any of them implemented as part of a:
    a. cross-agency purchasing strategy, i.e., with your state Medicaid agency, state-based marketplace, or other state purchasing agencies? *(Yes/No)*
        i. If Y, which initiative(s)?
    b. purchasing collaboration with other states? *(Yes/No)*
        i. If Y, which initiative(s)?
    c. employer purchasing coalition with private employers? *(Yes/No)*
        i. If Y, which initiative(s)?

d. The Center for Medicare and Medicaid Innovation's (CMMI) Learning and Action Network (LAN) or State Innovation Model (SIM) initiative? *(Yes/No)*
    i. If Y, which initiative(s)?

6. Of the cost containment initiatives you have implemented in the last 5 years:
    a. Which, if any, have resulted in demonstrated cost savings?
        i. (a) None
        ii. (b) _____(open answer/fill in)
    b. Which, if any, have you expanded because of cost savings and/or improved health outcomes?
        i. (a) None
        ii. (b) _____(open answer/fill in)
    c. Have you discontinued or scaled any back due to lack of return on investment?
        i. (a) None
        ii. (b) _____ (open answer/fill in)

7. Who initiates and/or develops new cost-containment approaches (select all that apply)?
    a. Agency leadership
    b. Governor's office
    c. Legislators
    d. Insurance plans/TPAs
    e. A different state agency
    f. External consultants
    g. Other (please explain _____)

8. Does the state employee plan contribute claims data to an All-Payer Claims Database (All-Payer Claims Database or APCD: Statewide databases that include all medical, pharmacy and dental claims collected from all private and public payers)? *(Yes/No)*

9. Does your agency use data from the APCD to assess cost trends or cost drivers affecting the state employee plan program? *(Yes/No)*

10. Does your agency have access to claims data and/or data on provider negotiated rates and/or allowed amounts from its Third-Party Administrator (TPA) or issuer? *(Yes/No)*
    a. If Yes, have you analyzed the data?*(Yes/No)*
        i. If No, why?
            1. Lack of data analysis capacity
            2. TPA or issuer imposes limits on use of the data
            3. Other____
        ii. If Yes, does your agency use those data to assess cost trends/drivers? *(Yes/No)*
        iii. If Yes, is data analysis performed *(select all that apply):*
            1. In-house at the agency
            2. By the issuer/TPA

3. By a consultant
4. Other: _____

8. Have you included new cost-containment targets for your TPA vendors to commit to or attain in your RFP process? *(Yes/No)*

9. If yes, do your TPA contracts include accountability mechanisms for failure to meet specified cost containment goals? *(Yes/No)*

10. Is your agency using any tools to assess the finances of hospitals in your state? (For example, NASHP's hospital cost tool or Sage Transparency's pricing tool) *(Yes/No)*
    a. If yes, what data source are you using?____

Your responses to the remaining questions will be aggregated with other state responses and will not be attributed to your agency or your state.

11. Beginning January 2021, hospitals are required to publicly post data on their negotiated rates for in-network providers and allowed amounts for out-of-network providers. Have you attempted to access or analyze this data? *(Yes/No)*
    a. If Yes, have you used this data to inform cost containment initiatives or contract negotiations? *(Yes/No)*
        i. If Yes, please explain _____
    b. If No, is it because *(check all that apply):*
        i. Lack of compliance among hospitals in your state
        ii. Data is not in a usable format
        iii. Lack of staffing/capacity to conduct data analysis
        iv. Unclear benefit
        v. Other___

12. Beginning July 1, 2022, health plans are required to post data on their negotiated rates for in-network providers and allowed amounts for out-of-network providers. Have you attempted to access or analyze this data? *(Yes/No)*
    a. If yes, and you were successful, do you anticipate using this data to inform cost containment initiatives or contract negotiations with TPAs? *(Yes/No)*
        i. If Yes, please explain _____
    b. If No, is it because (check all that apply)
        i. Our TPA/issuer has not posted this data yet
        Ii. Our TPA/issuer has posted the data but the file is too large to access
        ii. We were able to access the data file but the data is not in a format conducive to analysis
        iii. Lack of staffing/capacity to conduct data analysis
        iv. Unclear benefit
        v. Other ____

13. Have you had any conversations with your TPA/issuers about making their price data more accessible to you? *(Yes/No/Don't Know)*

14. Federal law prohibits gag clauses in payer-provider contracts. Have you been able to confirm that your TPA(s) no longer includes these clauses in their contracts with providers? *(Yes/No)*
    a. If Yes, have you been able to obtain access to claims or other data that was previously denied to you? *(Yes/No)*
        i. If yes, has your issuer/TPA attempted to place restrictions or limits on your use of claims or other data?

15. Federal law requires employer health plans to provide enrollees with an "Advanced Explanation of Benefits (EOB)" prior to a scheduled service. Does your TPA(s) have an existing process, or a plan for implementing a new process, for receiving good faith cost estimates from providers and incorporating them into Advanced EOBs? *(Yes/No/Don't Know)*

16. Federal law requires employer health plans to provide enrollees with a price comparison tool enabling them to compare cost-sharing across providers for 500 specified services by January 1, 2023. Do your plans have existing price comparison tools that comply with the federal requirements? *(Yes/No/Don't know)*
    a. If no, have you been working with your TPA(s) to implement the new price comparison tools by January 1, 2023? *(Yes/No)*

17. Will you be communicating with your enrollees about the new price comparison tools during your open enrollment period, or during plan year 2023? *(Yes/No)*

18. Federal law requires that employer plans provide enrollees with Plan ID cards that include their annual deductible and maximum out-of-pocket limit, effective January 1, 2022. Have your TPA/insurer(s) created new ID cards that comply with this requirement? *(Yes/No/Don't Know)*

19. The federal No Surprises Act (NSA) and some state laws protect plan enrollees from balance billing in certain situations. The NSA also creates an independent dispute resolution process (federal IDR) for resolving payment disputes between plans and out-of-network providers. For those situations covered by NSA, is your plan subject to the dispute resolution process or other standard prescribed by:

    a. Your state law?
    b. Federal law (federal IDR)?
    c. Varies, depending on the situation, such as the setting or provider?
    d. Don't know

20. Are you or your TPA/health plan(s) educating enrollees about their rights under either your state balance billing law or the federal No Surprises Act? If so, are you or they *(choose all that apply?)*
    a. Mailing information to enrollees about their rights under NSA/state law?
    b. Providing information on an enrollee-facing website?
    c. Sharing information with employees through Department/Agency leaders?
    d. Other? (Please explain).

21. Have there been any (and if so, how many) disputes between your TPA/health plans and out-of-network providers filed through the state or federal independent dispute resolution process since January 1, 2022?
    a. No disputes filed
    b. 1-10
    c. 10-20
    d. 20-30
    e. Greater than 30
    f. Don't know
        i. Of the disputes filed do you know how many have been resolved?
            1. ____
            2. I don't know
        ii. Of disputes that have been resolved, have the majority been decided in favor of:
            1. The provider
            2. The plan
            3. I don't know

22. Federal law requires employer health plans to improve the accuracy of provider directories, beginning January 1, 2022. How are you monitoring your TPA(s) compliance with new requirements for updating their provider directories?
    a. Relying on TPA attestation of compliance
    b. Reviewing TPA's policies and procedures for updating provider directories and processing member requests for out-of-network services
    c. Including penalties for non-compliance in TPA contracts
    d. Conducting secret shopper, member surveys, or other checks to assess accuracy of provider directories
    e. Other (please specify) _____

23. Is the state considering the implementation of any new cost-containment initiatives in the next 1-2 years? Y/N
    b. If Y, please describe: _____

24. What are the primary barriers to your agency implementing cost-containment initiatives (select all that apply)?

a. Governance structure
c. Terms of the collective bargaining agreement
d. Procurement policies and requirements
e. Resistance from stakeholders (e.g., providers or enrollees)
f. Resistance from TPAs/issuers
g. Market consolidation among providers
h. Limited or no evidence of return on investment
i. Legislative mandates or requirements
j. Lack of access to data or capacity to analyze data on cost drivers
k. Other: _____

25. Please identify the single highest cost driver for your plans:
    a. Prices of hospital services
    b. Prices of physician and other ambulatory services
    c. Prices of prescription drugs
    d. Excessive or inappropriate utilization
    e. Other: _____

26. Which of the following benefit categories does your agency primarily target when considering cost-containment initiatives (select all that apply)?
    a. Prices of hospital services
    b. Prices of physician and other ambulatory services
    c. Prices of prescription drugs
    d. Excessive or inappropriate utilization
    e. Other _____

If available, please share any relevant public reports or agency documents evaluating the cost-containment initiatives above and about any cost savings produced. If you would rather send us publicly accessible links, please email them to Megan Houston at mh2019@georgetown.edu.

If you would like to add to or clarify any response on this form, or if you have any follow-up questions, please reach out to Megan Houston at mh2019@georgetown.edu.