

Impact on Employers & Employees

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Employer-sponsored plans cover half of Americans

20 % of GDP vs. <10% in E.U. nations

160 million people

\$1.2 trillion

health care costs in 2018



hospital costs in 2018



Employer-Provided Coverage Is Critical for Texans

- 50% of all Texas residents covered by employer-provided health coverage
- 75% of employees consider health benefits in <u>decision to accept a</u> job
- Largest tax break for employers, valued at over <u>\$329 billion</u> <u>nationally, lowers cost of premiums by 32% for employers</u>
- Small businesses are dropping health coverage over time
- Small businesses rank cost of healthcare biggest problem since 1986
- Texas employers are forced to make tough choices



20 Years of Price Changes in The United States Selected Consumer Goods & Services, Wages (January 1998 to December 2018)

Impacts

- **Business Growth**
- Quality of Life •
- **Community Resources**







Hospitals in Texas on average are charging employeponsored insurers more than <u>triple</u> the amount that Medicare would pay, raising health care costs for companies and their workers, according to a new analysis.

Houston Methodist, Memorial Hermann, and HCA Houston Healthcare Clear Lake —are billing insurers far more than what they need to break even —in fact double.



Premiums and deductibles have outpaced wages





Spending on Healthcare Crowds Out Other Priorities

"Twenty years of wage stagnation on the middle class has been 95% caused by <u>exploding healthcare costs</u>."

Percent change in middle-income households' spending on basic needs (2007 to 2014)



Sources: Brookings Institution analysis of Consumer Expenditure Survey, Labor Department THE WALL STREET JOURNAL.

Source: Anna Louie Sussman, "Burden of Health-Care Costs Moves to the Middle Class," *Wall Street Journal,* August 25, 2016. Available at: https://www.wsj.com/articles/burden-of-health-care-costs-moves-to-the-middle-class-1472166246 and Dave Chase, "Economic Development 30: Playing the Health Car," January 2017. Available at: https://www.linkedin.com/pulse/economic-development-30-playing-health-care-dave-chase/.



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Real Impact on Family Quality of Life



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business>HEALTH CARE The Dallas Morning News A COVID-19 test that costs more than a Tesla? It happened in Lewisville

Travis Warner's insurance company was billed more than \$50,000 for a PCR diagnostic test.



KHN

Betting on 'Golden Age' of Colonoscopies, Private Equity Invests in Gastro Docs

Abusive facility fees are increasing prices for Texas employers and patients Mariel booked an appointment and learned she would be on the hook

appointment and learned she would be on the hook for a \$1,100 colonoscopy — about three times what she had paid for the same test in a different state. Almost three-quarters of the bill would be a "facility fee" for the in-office procedure at a colonoscopy clinic.

Houston Flagship Hospitals Payer Mix and Operating Profit Margin





The Employer is the Fiduciary

ERISA: Duty of Loyalty (Exclusive Benefit Rule)

The obligation to discharge fiduciary duties solely in the interest of plan participants and beneficiaries. A fiduciary must:

- Act for the exclusive purpose of providing benefits to participants and beneficiaries; and
- Pay plan expenses that are reasonable and relate only to plan activities

BUT, what do your contracts say.....

- Insurance carriers and TPAs are often reticent to disclose information they consider proprietary
- TPA contracts often include "gag" clauses
- TPA holds third party contracts that Plan cannot access to determine costs and services
- Can you be sure plan expenses are "reasonable and relate only to plan activities"?



Employers Need Data & a Seat at the Table

"We have determined that we will not participate in the discussion you request in your email of December 22." *Health System CFO*

XXXX "official" position is that we will be concentrating on fulfilling our obligation to the Texas and Federal data sets that are currently under construction. Health Plan Market President

"We queried several of our large health system **partners** who have confirmed that they will under no circumstance participate in any such venture and will concentrate on meeting their obligations under the state and federal programs. This issue seem to be dead on arrival." Health Plan Market President



Compliance with CAA Reporting

Source: Turquoise Health

Last updated April 30, 2022

- Percent of Records with Cash Rates: 0%
- Percent of Records with Negotiated Rates: 0%
- Percent of records with Big 5 National Payer rates: 0%
- Inpatient Rates: 0 listed
- Outpatient Rates: 0 listed



Contract Examples

- "The amount TPA pays to a healthcare provider through the TPA contract with the provider may be different than
 the amount paid pursuant to the plan, because the allowed amount under the plan will be the Plan's contracted
 rate with the TPA, and not the contracted amount between the TPA and the healthcare provider."
- "TPA retains rebates it receives for Prescription Drugs covered under the medical portion of the Plan for its own use and as reasonable compensation for its services"
- "TPA has exclusive discretion to decide whether to pursue potential recoveries and determine reasonable methods for pursuing recoveries. TPA will retain 25% of all monies recovered."
- "TPA may receive remuneration for selling employer's data to other parties for use in research, monitoring, benchmarking, and industry analysis."
- "Employer or a contractor acting on behalf of Employer may not contact any healthcare provider concerning information in reports or data, unless the contact is coordinated by TPA."
- "Employer shall, under no circumstances, seek recovery of overpayment from network providers."
- "PBM shall determine, in its sole discretion, which pharmacies shall be Network Pharmacies, and the composition of Network Pharmacies may change from time to time"
- "Compensation XXXXX may receive commissions or supplemental compensation from carriers, TPAs, PBMs, and other vendors contracted by client. These programs are common in the insurance industry and designed to recognize the value of the broker/consultant"



Prohibit Anti-competitive Contracts

- Policymakers can restore healthy competition
- NASHP Model Act
 - Gag Clause (prohibits disclosure of price or quality information)
 - All-or-Nothing Clause (prohibits inclusion of all providers and facilities)
 - Most favored Nation Clause (prohibits contracting at a lower price)
 - Anti-Steering Clause (prohibits navigation to a competitor on price or quality)
 - Anti-Tiering Clause (prohibits tiering based on price or quality)
 - Any Other Clause (Exclusive Contracting, Non-compete Clause)
- Growing state activity
- <u>Significant financial impacts</u>
- <u>Report on Preventing Anti-competitive Contracting</u>



Prohibit Anti-competitive Billing Site Neutral Payments

- Consolidation results in <u>unsupportable facility fees</u>
- Abuse by health systems of original intent of facility fees
- <u>NASHP Model Act</u>
- Prohibits site-specific facility fees for services close to a hospital campus
- Curbs the impact of consolidation
- <u>Significant financial impacts</u>



Conclusions

- Rising health care costs place pressure on employers and worker wages
- Employers need transparent information and a direct seat at the table (cannot place burden on employees)
- Where markets have failed because of anti-competitive behavior, policymakers have a responsibility to prohibit anti competitive contracts and billing, and restore healthy competition

