Policy Snapshot:
Other States' Health Benefit Mandate Review Programs

January 2015

BACKGROUND

In 2014, the California Health Benefits Review Program (CHBRP) contacted every state and the District of Columbia to explore the status of benefit mandate review programs and processes outside of California. Similar surveys were completed in 2004, 2009, 2011, and 2013. The 2013 survey also provided a benchmark about how the programs were providing information to the states on the implementation of the Affordable Care Act (ACA).

The 2014 survey had the following objectives:

- To provide an overview of the scope of other states' programs, specifically whether the programs are focused solely on costs or, like CHBRP, also summarize information on medical effectiveness and project public health impact.
- To catalog changes to other states' programs since 2013 in scope, process by which analyses are completed, or kind of organization that conducts the benefit reviews, for example, state agencies in the executive or legislative branches, private organizations such as independent research groups or private consulting firms, or universities.
- To better understand how programs in other states are responding to changes related to the ACA and to gauge whether there has been an increase in such activity since the 2013 benchmark data on the involvement of state benefit review programs with ACA implementation.
- Maintain contacts at benefit mandate review programs in other states so that CHBRP may call upon such programs to inform CHBRP's work in the upcoming year.

Methodology

The prior 2013 survey was mainly focused on other states' selection of "benchmark plans" related to defining Essential Health Benefits (EHBs), as outlined in the ACA. For the 2014 survey, we followed up on a few ACA related question, but focused more on other states' report content and structure. All contacts were asked about their organization's involvement in determining essential health benefits for their state and any changes to their work. Contacts in 31 states agreed to brief telephone interviews; the 31 include all of the states with the most extensive benefit mandate review programs.

FINDINGS

Changes to states' programs since 2013

In 2013, while many programs expressed uncertainty about the potential impact of the ACA on benefit mandates within the states, several reported that their role with respect to assessing the impact of the ACA had become clearer. Of note, CHBRP found that state insurance departments reported the highest level of involvement with implementation issues. Legislative research services often provided support to their legislatures concerning the interaction between the EHBs and existing mandates. Such services also provided information on the implementation of the ACA. Benefit review programs housed in independent research groups such as in university settings typically provided information about the implementation of the ACA in more limited ways.

In the 2014 survey, state benefit review programs reported that the states were hesitant to pass mandate legislation because states would be responsible for the potential cost of exceeding essential health benefits as defined by their state under the ACA. The benefit review programs indicated that they and the states for which they prepare reports found it difficult to determine whether costs will exceed EHBs and, if so, by how much. States with notable changes are listed in table 1.

Table 1: States with notable changes

State	Benefit Review Work	General Health Care Related
Colorado	The state repealed the mandate review commission.	
Idaho		Plans to establish their own healthcare exchange rather than relying on healthcare.gov for the insured population in Idaho.
Massachusetts		Started using all payer database in benefit review rather than relying on insurance carrier responses to survey requests.
Washington, DC		Received grants to fund health care exchange initiatives that will support improved IT tools, such as better websites to inform consumers, and better analytics to address the following: 1) how rates are generated 2) the reasons consumers are sharing the costs and 3) the reasons rates are increasing from year to year.

New survey questions for 2014

As part of the 2014 survey, CHBRP asked other states several new questions regarding the benefit mandate review programs, most dealt with specific details regarding report content, as well as process.

CHBRP is currently working with its state legislature to reauthorize the program, and fine-tune its mandate. As part of this process, CHBRP is working on new ways better serve the state. CHBRP is developing new report templates that are easier to read and draw findings from to best accommodate the constrained timelines of the legislature. Some of these new approaches have been gleaned from other states.

Summary of 2014 findings:

Readability of Reports: CHBRP asked states if they used infographics to enhance their reports and the vast majority of states did not. Some states used charts or graphs at times to show marginal change, but only two states were able to provide examples of recently used graphics. CHBRP has been exploring the use of infographics in an effort to streamline its reports and make information that is difficult to digest easier to understand.

Length of Reports: One of CHBRP's organizational goals is to shorten the overall length of its reports to enhance readability. Approximately 25% of the respondents' reports were between 1-5 pages, while another 25% reported 15-30 pages, including cost tables. Many states were unable to give us any specific numbers as they have not prepared any benefit mandate reports in recent years.

Best Practices for Dissemination: We asked other states about their methods of dissemination. States almost unanimously said posting the information on their website was the best practice. One state uses town hall meetings to distribute findings, and others use email blasts and social media.

More Specific Questions Regarding Medical Effectiveness and Public Health Procedures: We were curious to know specifically how states conducted a literature search if they provided information on medical effectiveness, as well as how medical topics with very little research were handled. We found that while some states conduct in-depth literature searches similar to CHBRP, most do not, and when that information is provided, it is a quick summary of the disease/test/treatment mainly to acclimate those with little knowledge of the topic. For the analysis, we probed deeper to find out how PH was defined, and whether or not there was a focus on specific populations. For those states who did conduct a public health analysis, most reported on incidence and prevalence only.