



2024 Massachusetts Employer Survey Instruction Booklet

Why the Massachusetts Employer Survey is Important

The Massachusetts Employer Survey (MES) is a study of employer-sponsored health insurance conducted to understand employer-sponsored health insurance benefits. Your participation is crucial in providing policymakers and businesses with comprehensive insights into employer health insurance offerings, employee participation, and the overall landscape of employer-sponsored insurance in Massachusetts.

The survey collects data on employee demographics, insurance types offered by employers, employee eligibility and enrollment, cost sharing, and employer decision-making on plan offerings. Since most Massachusetts residents receive health insurance from their own employer or from a family member's, evaluating the role of employers in the health insurance marketplace is critical to our understanding of access to health insurance. The data collected will help identify trends in employer-sponsored health insurance, support evidence-based policy making, and offer businesses valuable analyses for strategic planning and benchmarking purposes.

This survey is conducted on behalf of the Center for Health Information and Analysis (CHIA), an agency of the Commonwealth of Massachusetts tasked with providing objective and reliable data on Massachusetts' health insurance landscape to state government policymakers and the health care community more broadly. CHIA aims to promote a transparent health care system where reliable information fosters improvement and enables organizations to make informed decisions. To conduct this year's survey, CHIA is partnering with Market Decisions Research (MDR), an independent research firm located in Portland, Maine with a history of conducting comprehensive studies on health insurance and employer practices. MDR employs a team of professional researchers dedicated to respecting your time and privacy while delivering insightful and actionable data.

Your voice is important in maintaining the stability and affordability of the employer-sponsored health insurance system. Your answers will be confidential, and the information obtained from this study will not be presented or published in any way that would identify you or your business. You can see past results here: <http://www.chiamass.gov/massachusetts-employer-survey>.

Who Should Complete This Survey?

The person in your firm who is most familiar with employee health care benefits should complete the survey. **For all questions in this survey, please provide your best estimate for the numbers requested. Please** do not skip any questions. If there is a question you are unsure about, you can exit the survey and return to it when you collect the appropriate information. If you do not have an answer for a particular question, you can select/choose 'I don't know' or 'I prefer not to answer.'

If you would like additional information, please visit <https://mahealthsurveys.gov/mes-faq> to find answers to frequently asked questions and worksheets that will help you gather the information needed to complete the survey.

You can also call the lead researcher, Dr. Brian Robertson, if you have additional questions or concerns. He can be reached at brianr@marketdecisions.com.

How to Access the Survey

You can access the survey by visiting <https://mahealthsurveys.gov/mes>. You will need to enter the pin provided to you in the invitation letter or email you received. If you cannot find your pin number, please contact MAEmployerSurvey@marketdecisions.com.

Please complete this survey using a desktop or laptop computer. You will not be able to access or complete the survey using a mobile device or tablet. If you prefer to complete a paper version of the survey, please contact Candace Walsh at cwalsh@marketdecisions.com to request a mailed paper copy.

You will be able to save, exit, and re-enter to continue the online survey at any time using your pin number found in the email or letter invitation you received.

Recommended Approach to Completing this Survey

First, we recommend reviewing this instruction book to familiarize yourself with the kinds of information you will need to complete the survey. Second, visit the survey website <https://mahealthsurveys.gov/instructions> and download/print the survey worksheet. Complete the worksheet with your firm's information. Finally, access and complete the survey from your work or home computer. We recommend you complete this survey on a desktop or laptop computer. Given the length and complexity of the survey, it would be difficult to take the survey on a mobile device. Following these steps will reduce the time it takes you to complete the survey and ensure your information is organized and correct before you take the survey online.

Information Needed to Complete Survey

Employee characteristics: Number of employees working for your firm nationally and in Massachusetts, including those working remotely for a Massachusetts location. The survey is focused on full-time and part-time employees working on-site or remotely for your firm in Massachusetts and will exclude contract workers and temporary workers.

Benefits offered to employees: Types of employee benefits your firm offers. We will ask you about the types of benefits offered and how many employees are eligible and enrolled.

Health plans and plan characteristics: Type and number of health plans offered to employees. Plan characteristics including premium amounts, deductibles, out of pocket spending limits, high deductible health plans, and cost-saving features.

Health Plan enrollment in Massachusetts: Break out enrollment numbers by the coverage type – employee only, employee plus spouse, employee plus child, and employee plus spouse and child.

Health Plan Co-pays: Copayments and coinsurance after an employee has met the general annual deductible. We will ask for payment amounts for various services and prescription drug coverage.

Health Care Decision-Making: Who in your firm makes decisions and what factors are important in shaping those decisions.

The Health Connector: If and how your firm utilizes the MA Health Connector.

Firms that DO NOT offer health insurance: Why your firm does not offer insurance.

Where to Find the Requested Information

Most of the health plan information that will be asked for in this survey is included in the **Summary of Benefits and Coverage (SBC)** provided by your health insurance carrier(s).

We are looking to collect information about your current health insurance benefits. We recognize you may be in the process of renewing or changing your firm's benefits. Please provide information about the benefits currently in effect.

Survey Worksheet to Help Organize Information

A printable PDF worksheet is available to help you collect and organize the information needed to complete this survey. The worksheet is available at <https://mahealthsurveys.gov/instructions>.

Description of Survey Sections

Section II: Employee Characteristics

This section will help us understand the makeup of your firm's workforce. You will be asked about the number of:

- Total United States employee count (applicable if you have employees outside of Massachusetts)
- Full- and part-time employees currently working on-site or remotely for your Massachusetts firm or establishment.

Section III: Employee Benefits

This section will help us understand how many employees in Massachusetts are currently eligible for and enrolled in employer health insurance plans. You will be asked about counts of:

- Hours part-time employees must work to be eligible for health insurance coverage
 - Applicable if you have part-time employees and offer health insurance to them
- Full-time employees currently *eligible* for health insurance
- Part-time employees currently *eligible* for health insurance (If applicable)
- Full-time employees currently *enrolled* in health plans
- Part-time employees currently *enrolled* in health plans (If applicable)

Section IV: Health Plan Characteristics

(Worksheet: Section IV. Health Plan Characteristics – Numbers and Types of Plans)

Information for this section can be found in the **Summary of Benefits** provided for each plan by your health insurance carrier(s). To minimize the time burden to complete this survey, we will only ask about your 5 largest plans as defined by the number of employees enrolled. If you offer fewer than five plans, you will only provide information for the plans you offer. You will be asked about the:

- Type(s) of plan(s) offered (HMO, POS, PPO, Indemnity)
 - How many plans of each type are offered
- Identify your 5 largest plans by enrollment numbers
 - If you offer five or fewer plans, we will ask about each one.
 - If you have more than five plans we will ask about the five largest based on enrollment.
- Insurance carrier(s) providing the plan(s)
- Deductibles for single coverage (in-network) on each plan
- Out of pocket spending limit for single coverage (in-network) on each plan
- Identify plans that are high deductible health plans (HDHP)
 - Identify which HDHP plans include an HRA, HSA, or Both
 - Provide for each HRA and/or HSA
 - Employer annual contribution amount for employee only
 - Employer annual contribution to family coverage (if you cover spouses and/or children)
- Premiums (monthly plan premium, monthly employer contribution, and monthly employee contribution) for each plan by coverage level offered:
 - Employee only
 - Employee plus spouse
 - Employee plus dependent children
 - Employee plus spouse and dependent children

- Whether your plans include the following features:
 - Fully self-funded, partially self-funded, or not self-funded (i.e. fully insured)
 - Tiered provider network
 - Limited provider network
 - Encourages ACO development
 - Waives co-payment for chronic illness treatment and prescription drugs
 - Offers wellness programs to enrollees
 - Offers telemedicine

Section V: Health Plan Enrollment

This section will ask you to provide the number of employees enrolled in your firm’s health plan(s) by coverage type(s):

- Employee only
- Employee plus spouse
- Employee plus dependent children
- Employee plus spouse and dependent children
- Total plan enrollment (sum above the above coverage level enrollments)

Section VI: Health Plan Co-pays

This section will ask for *co-payment* and/or *co-insurance* rates after an employee meets their general annual deductible in the following areas:

- Primary care office visit
- Outpatient mental health visit
- Emergency department visit
- Inpatient hospitalization visit
- Generic prescription drug (Tier 1) **(30-day supply)**
- Preferred brand prescription drug (Tier 2) **(30-day supply)**
- Non-preferred brand prescription drug (Tier 3) **(30-day supply)**
- Lifestyle or specialty drug (Tier4) **(30-day supply)**

Section VII: Health Care Decision Making

This section will ask you to provide:

- Information on who makes insurance decisions for your firm
- How your firm purchases health insurance
- Factors important to your health insurance decision-making
- Strategies your firm uses to control health insurance costs

Section VIII: The Health Connector

Skip this section if your firm employs more than 50 people in Massachusetts.

This section will ask you about your experience using the Health Connector, awareness of the Health Connector, and potential benefits.

Section IX: Firms that do not offer health insurance

This section does not need to be completed if your firm offers health insurance. If your firm does not offer health insurance, you will be asked:

- If your firm has ever offered insurance
- If your firm experienced financial implications for not offering health insurance
- Why your firm does not currently offer insurance benefits
- If your firm would consider offering health insurance in the future
- How much your firm could afford to pay for premiums if you were to offer health insurance

Section IX:

This section will help us understand the makeup of your firm's workforce. You will be asked about the number of:

- Number of Massachusetts employees in each age category:
 - Under age 26
 - Ages 26 – 64
 - Ages 65 and older
- Number of Massachusetts employees in each income category:
 - Less than \$17/hour (\$34,820 per year)
 - Between \$17 and \$42/hour (\$34,821 to \$86,510 per year)
 - \$42/hour (\$86,511 per year) or more
- Race and ethnicity of Massachusetts employees in each category (if collected):
 - Hispanic or Latino
 - White (not Hispanic or Latino)
 - Black (not Hispanic or Latino)
 - Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
 - Asian (not Hispanic or Latino)
 - American Indian (not Hispanic or Latino)
 - Two or more races (not Hispanic or Latino) Information unknown or unavailable

Glossary of Terms

Full-Time Employee: Someone who works, on average, more than 30 hours per week

Part-Time Employee: Someone who works, on average, less than 30 hours per week

Remote/Hybrid Employee: Someone who works exclusively at home or someone who divides their work hours between home and an office.

Volunteer: Someone who freely offers their time, skills, or efforts.

HMO: A person must receive their care from an HMO physician; otherwise, the expense is not covered. When they use HMO physicians, cost sharing is often very low.

POS: Employees are reimbursed at a lower rate for services they receive outside the network, but they also have a primary care gatekeeper or physician who must approve visits to specialists and hospitals.

PPO: Employees have lower deductibles and co-payments if they use physicians or hospitals in the preferred provider network, but out-of-network care is also covered. A preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.

Indemnity: Under conventional or indemnity health insurance, there are no preferred provider networks, and a person faces the same cost-sharing regardless of which physician or hospital they choose. The person typically faces a deductible and coinsurance above the deductible. Also referred to as "fee-for-service" plans.

High Deductible Health Plans (HDHPs): Health plans with an annual single deductible of at least \$1,600 and a family deductible of at least \$3,200 for in-network or preferred providers.

Health Reimbursement Arrangement (HRA): An HRA is funded on a pre-tax basis only by an employer, not the employee, and the funds are not portable from job to job. Employees use the funds for medical care or services.

Health Savings Account (HSA): A medical savings account available to employees enrolled in a High Deductible Health Plan. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), unspent funds roll over year to year and job to job.

Self-Funding: A plan is self-funded (also known as self-insured) if the firm takes the financial risk and is either billed directly for claims, or claims are handled through a third-party administrator. A plan can be partially self-funded up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage. Coverage is underwritten by the insurer (also known as fully insured or not self-funded) if the firm pays a fixed amount to the insurance company or health plan each month, and the plan pays employee's claims.

Health Connector: A state-established marketplace (or "exchange") designed to make shopping for health insurance more understandable and affordable while providing benefits and tax credits to some businesses and individuals.

The Health Connector's program for employers is called Health Connector for Business.

Small Business Tax Credit through the Health Connector: A small business health care tax credit is available to eligible small employers that pay at least half of the cost of individual credit when they buy health insurance through the Health Connector, if they: have 25 or fewer full-time employees, pay average annual wages below \$50,000, and pay at least half of the premiums for employee health insurance.

ConnectWell Rebate through the Health Connector: ConnectWell is a free program offered to eligible employers enrolled in a small business group health plan through the Health Connector. ConnectWell's online website provides participating small employers and their employees with a suite of tools to promote a healthier work environment. Eligible employers who participate may qualify for a ConnectWell rebate of up to 15% on their group's health insurance premium contribution for coverage purchased through the Connector.

Public Exchange: The state-established marketplace known as the Health Connector for Business, formerly "SHOP" or Business Express.

Private Exchange: Created by a private organization such as a consulting firm or insurance company that allows employees from multiple companies to choose from a larger number of health plans or insurance company options than one firm would generally be able to provide on its own.