

2022 ParetoHealth Member Cost Containment Index Survey (MCCI)



ParetoHealth has created a Member evaluation and scoring system, called the Member Cost Containment Index (MCCI). We are excited to launch a redesigned version of the survey with a reduced number of questions and a larger focus on the areas of risk with the greatest impact to the Captive. We are also using the survey as an information-gathering tool; as such, some of the questions may not contribute to a Members' MCCI score.

The MCCI survey has been organized into the following five sections:



The MCCI is a standardized means of evaluating and reporting on Members' engagement and efforts in cost containment. It will also allow Members to compare their cost containment initiatives to those of fellow Members. The MCCI is not intended to provide a scientifically absolute score; it is the relative measures with which we are most concerned.

While we have attempted to shorten the survey and simplify completion, it may require some preliminary information gathering in order to complete. To this end, we suggest reading the full PDF version of the survey (provided) in preparation for completing the online version. While the survey can, in theory, be completed by anyone at the Member company, we suggest that the CEO/CFO/HR/consultant compare notes and brainstorm before completing.

We respectfully request that consultants not complete the survey on behalf of their clients.

The survey must be completed electronically and answers via PDF will not be accepted.

1. Please fill out some basic information

First Name Last Name

Captive Member's Legal Name Stop Loss Policy Number

City State Email Address

Please provide your consultant's email address if you'd like for them to receive a copy of the results

2. Of which captive are you a Member?

Contrarian Re Legend Re Paradigm Re StructuRe

3. On which date did you join the captive (DD/MM/YYYY)?**General/Eligibility****4. Please provide the name of your TPA/Plan Administrator****5. Are you planning on making a change to your TPA at your next renewal?**

Yes, Who will be your new TPA? No

6. Please provide the name of your Pharmacy Benefit Manager (PBM)

Magellan Rx Smith Rx Other

7. Are you planning on making a change to your PBM at your next renewal?

Yes, What PBM are you planning to choose? No

8. Are you taking any of the following measures to control or reduce spousal claims? (Choose/select all that apply)

Eligibility Restriction Surcharge SIHRA None

Other

9. Do you have a strategy in place to educate and assist COBRA and Medicare eligible plan participants with other available options outside of the group health plan (GHP)?

Yes, Please describe No



Engagement

10. Have you attended at least one Members Meeting (live or virtual) during the past year?

Yes

No

11. Do you intend to attend a meeting within the next 12 months?

Yes

No, Why not?

12. Have you referred a member to the captive or served as a reference for a prospective member within the last year?

Yes, Please list for whom you served as a reference for

No

13. Would you be willing to serve as a reference for prospective captive members?

Yes

No

14. Are you currently participating in the Pareto Champion Program?

Yes

No



ParetoHealth Cost Containment

15. Are you enrolled in Pareto's Integrated Cost Management (ICM) Platform?

Yes

No, Please explain why not

If you are not with an eligible TPA, would you consider a switch to an ICM TPA at next renewal?

Yes

No

16. Please indicate which programs you are currently enrolled in

Springbuk

CancerCARE+

SmartMatch

Analytics

Classic

Passive

Intelligence (only available if on ICM)

Pre-Treatment (Only available on ICM)

Active (Only available on ICM)

None

None

None

Others (Pick all that apply)

Kisx Card

ProgenyHealth

The Phia Group

GlobalFit

Quantum Health

OneMedical

HealthJoy

Healthcare Bluebook

None



Large Dollar Claims

17. Are you utilizing any Centers of Excellence (COE), high performing or DTE networks for high-cost treatments (transplants, musculoskeletal, oncology, etc.)?

Yes, Which ones No

Do you have an incentive for plan participants to utilize this program?

Yes, Please explain your incentive structure No

18. If you are not currently utilizing CancerCare+, do you have another oncology management program in place?

Yes, Please describe No

Do you have an incentive for plan participants to utilize this program?

Yes, Please describe No

19. Do you have a strategy in place to address dialysis spend?

Yes, Please describe No

20. If you are not currently utilizing Progeny, do your benefits include any coverage to treat infertility?

Yes, Please describe No

21. If you are not currently utilizing Progeny, do you have a maternity management and/or NICU management program in place?

Yes, Please describe No

22. Do you have a strategy in place to address mental health?

Yes, Please describe No

Does this strategy also focus on substance abuse?

Yes, Please describe No

23. Are you using any effective cost-containment measures to tackle large dollar claims that we should consider?

Yes, Please describe No

**Prescription Drugs****24. If you are using SmithRx or MagellanRx, please answer the questions below. If not, please skip to question 26 - 27.**

a. If using SmithRx, are you using SmithRx Connect?

Yes

No

b. If using MagellanRx, which of the following are you using?

Magellan Value Max

Magellan Select Savings

c. Are you enrolled in Archimedes?

Yes

No

d. If you are not using Connect, Select Savings, or Archimedes, do you have another program or strategy in place to address specialty drugs?

Yes, Please describe

No

e. Have you enrolled in Pareto's custom exclusions?

Yes

No

25. If you are not using SmithRx or MagellanRx, would you consider switching to PRxC at your next renewal?

Yes

No, Why not?

26. Are you willing to provide a copy of your PBM contract?

Yes

No

27. Do you source any drugs internationally?

Yes, Please describe

No

28. Do you have a strategy in place to address high cost infusions being billed through the medical benefit (J-codes)?

Yes, Please describe

No

29. Do you have a strategy in place to address gene therapy?

Yes, Please describe

No

30. Are there any other strategies or solutions you are using to reduce pharmacy spend?

Yes, Please describe

No



Payment Integrity

31. Have you performed an eligibility audit in the last 24 months?

Yes

No

32. Do you have a claims audit solution in place?

Yes, Please describe

No

33. Do you have an integrated solution in place to re-price out-of-network claims?

Yes, Please describe

No



Feedback

34. How likely are you to recommend ParetoHealth to a friend or colleague?

1 2 3 4 5 6 7 8 9 10

35. How likely are you to recommend your current TPA to a friend of colleague?

1 2 3 4 5 6 7 8 9 10

36. How likely are you to recommend your current PBM to a friend of colleague?

1 2 3 4 5 6 7 8 9 10

Thank you very much for taking the time to complete this survey. Collecting this information is critical to the future success of the program.

Never submit passwords! - Report abuse