



December 11, 2025

**To: Fortune 500 Companies**

**From: State Financial Officers**

**Subject: Companies Should Analyze Healthcare Spend to Protect Shareholder Value**

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We, the undersigned state financial officers, act as fiduciaries for public investment funds that hold shares in your company. We write to request that you undertake a detailed payment-integrity analysis of your healthcare spending in order to control costs, mitigate risk, and protect shareholder value.

President Trump is advancing reforms to finally bring the free market to the healthcare industry. Thanks to President Trump’s push for “radical price transparency” in healthcare,<sup>i</sup> employers will have access to actual healthcare prices and the underlying claims data for insurers. This empowers your company to negotiate better rates, ensure appropriate costs are paid, and capture material savings, helping to avoid what the President has identified as “inflated healthcare costs.”<sup>ii</sup>

Healthcare spending in the U.S. is clearly material, as it reached nearly \$5 *trillion* in 2023, constituting 17.6% of GDP,<sup>iii</sup> with employer spending comprising approximately \$1.3 trillion in 2024.<sup>iv</sup> President Trump has cited a 2024 report that “suggested healthcare price transparency could help employers reduce healthcare costs by 27 percent across 500 common healthcare services.”<sup>v</sup> President Trump’s orders on these topics were some of the first he issued in his second term, and built on orders he issued in his first term,<sup>vi</sup> underscoring the issue’s importance to the President and the American people.

Using this newly available data aligns with your fiduciary duties. Healthcare overcharging in the United States erodes shareholder value by driving up costs for employers (and employees/patients).<sup>vii</sup> As shareholders, we write to encourage you to take advantage of these initiatives by comparing pricing data with your claims data to identify potential savings. Such a payment integrity analysis<sup>viii</sup> could include categories of information about healthcare vendors that the Department of Labor (DOL) directs employers to consider and monitor as fiduciaries.<sup>ix</sup>

To reduce costs and increase shareholder value, a payment integrity analysis could:

- a. Compare prices by using actual price data provided by insurers, hospitals, and other providers, to ensure that healthcare fees and expenses are reasonable and necessary; and
- b. Evaluate contracts, policies, and practices that have been the subject of litigation or enforcement actions against other vendors, such as programs giving vendors a financial incentive to drive up costs and/or make overpayments with plan funds.

### **I. Department of Labor Guidance On Monitoring Prices and Policies**

A payment integrity analysis can include analyzing prices and policies, which the DOL lists among the information employers should review to “make a meaningful comparison” across healthcare vendors.<sup>x</sup> The DOL directs companies to “monitor” the provider’s fees and expenses and “ensure that those fees and expenses are reasonable, necessary for the plan’s operation, and not excessive for the services provided.”<sup>xi</sup> Fiduciaries should carefully select and monitor service providers, document these processes, “check for actual fees charged,” and verify fees at “reasonable intervals.”<sup>xii</sup> These efforts are part of a fiduciary’s “important responsibilities” to act prudently, hold plan assets in trust, and pay “only reasonable plan expenses.”<sup>xiii</sup>

### **II. Comparing Prices**

Companies can determine whether they are overpaying for healthcare by comparing their actual charges to negotiated rates and to prices from other providers.<sup>xiv</sup> This aligns with the DOL’s guidance that fiduciaries should compare firms based on cost, experience, and performance.<sup>xv</sup> Healthcare costs in the U.S. vary widely, making reliable price data essential for meaningful comparison of vendors. In hospitals, price differences may be up to 30x between hospitals in the same state and up to 10x even within the *same hospital*.<sup>xvi</sup> Similarly, a report found that “Medicare is paying wildly different prices for the same drug, even for people insured under the same plan.”<sup>xvii</sup>

Such analysis can lead to more effective negotiation. For example, a recent lawsuit alleged that Johnson & Johnson’s benefit plan could have reduced “spending on generic drugs by 30% or more” by ensuring that the “Plans’ prices for generic drugs [we]re set forth in a fixed unit-cost schedule or NADAC-based price,” and alleged that other companies had obtained that safeguard by negotiating with the same vendor.<sup>xviii</sup>

Existing Transparency in Coverage (TiC) rules require disclosure of items, including gross charges, payer-specific negotiated charges, and discounted cash prices,<sup>xix</sup> and are being enhanced to require disclosure of “actual prices, not estimates.”<sup>xx</sup> Other electronic data sources (such as Electronic Data Interface 835 and 837 data<sup>xxi</sup>) can also be examined to evaluate performance based on actual charges and payments and to verify that those amounts align with contractual obligations. Your payment integrity analysis can also evaluate whether contracts prevent meaningful claims analysis, such as by restricting audits, limiting audit scope to an immaterial number of claims, or imposing gag clauses that violate the Consolidated Appropriations Act’s disclosure requirements.<sup>xxii</sup>

### **III. Comparing Vendor Contracts and Policies to Allegations in Existing Litigation**

Your payment integrity analysis can consider whether a vendor has policies or practices that have been the subject of litigation in the industry. This is in line with the DOL’s guidance that

employers' assessments of vendor service quality include "any recent litigation or enforcement action[s]."<sup>xxiii</sup>

Healthcare-related ERISA lawsuits are surging,<sup>xxiv</sup> with some lawsuits filed against vendors<sup>xxv</sup> and others against employers for failure to properly evaluate vendors.<sup>xxvi</sup> Considering these lawsuits can help a plan avoid (1) practices alleged to be driving up plan costs beyond "reasonable expenses of administering the plan,"<sup>xxvii</sup> and (2) expensive litigation and liability.

Examples of improper practices that have been the subject of litigation against third-party administrators (TPA) and pharmacy benefit managers (PBM) include the following:

#### - TPA Practices

- Deliberately overpaying claims with employer plan funds, then recovering and pocketing part of those overpayments.<sup>xxviii</sup>
- Charging an employer plan for a claim, paying the provider less than that amount after "reprocessing" the claim, and withholding the difference from the plan.<sup>xxix</sup>
- Engaging in "cross-plan offsetting," where an insurer overpays a provider from an employer-funded plan and then underpays the provider by that amount under an insurer-funded plan.<sup>xxx</sup>
- Failing to detect widespread and obvious billing errors, including paying for services not covered by the plan, allowing "dummy codes" to pay administrative fees, exempting some providers from billing review, failing to thoroughly review complex bills,<sup>xxxi</sup> and paying certain providers *more* than the billed amount.<sup>xxxii</sup>
- Applying more rigorous fraud standards and negotiating lower rates for claims under their insurer-funded plans than under employer-funded plans.<sup>xxxiii</sup>

#### - PBM Practices

- Excessive charges, such as charging a plan over \$10,000 for a drug available for less than \$100 at retail pharmacies.<sup>xxxiv</sup>
- Marking up drugs to generate billions in revenue "in excess of the drugs' estimated acquisition costs," including marking up some drugs more than \$1,000 per prescription<sup>xxxv</sup> and marking up generic-specialty drugs around 5x on average.<sup>xxxvi</sup>
- Steering prescriptions to PBM-affiliated pharmacies,<sup>xxxvii</sup> helping boost those pharmacies' profits to "a *compound annual growth rate of 42 percent* from 2017–2021."<sup>xxxviii</sup>

Failure to conduct a payment integrity analysis may also increase a company's odds of being the target of DOL enforcement actions. In 2024 alone, the DOL recovered \$741 million from ERISA enforcement actions and \$544 million in informal complaint resolutions,<sup>xxxix</sup> signaling a dedicated commitment to pursuing and punishing ERISA violations.<sup>xl</sup>

#### IV. Need for Independent Analysis

Payment integrity analyses can be performed internally or through independent vendors.<sup>xli</sup> Self-analyzing audits or reports from TPAs or PBMs are often insufficient because those vendors: (1)

have conflicts of interest in exposing practices that may reduce their profitability; and (2) may review only a small sample of claims.<sup>xlii</sup>

## **V. Conclusion and Questions**

As fiduciaries overseeing funds that include shares in your companies, we urge you to conduct a payment integrity analysis. By performing a payment integrity analysis, your company can control costs, mitigate risks, and preserve shareholder value.

We intend the following questions to help you better manage and oversee your company's healthcare spending. Please answer the following questions by January 15, 2026:

- 1) The DOL states that fiduciaries should document their selection and monitoring process for healthcare vendors. Describe how you have previously audited your healthcare spending and documented those audits. In your answer, please include (a) the frequency of audits; (b) the percentage of claims audited; (c) who conducted the audit and how the auditor was selected; (d) what methods were used; and (e) whether the data was used to find or evaluate alternative health plans or providers.
- 2) Given the wide variance in hospital charges, prescription drug prices, and other medical costs, describe how you intend to use existing and newly available healthcare pricing data and vendor claims data to ensure that your plan is not overpaying for those items or services, including whether you intend to:
  - a. Use the data to identify billing irregularities (where your plan was charged more than the reported price for the treatment or drug);
  - b. Use the data to identify overpayments (where your plan was charged more than the provider was paid); and
  - c. Use the data to identify inefficiencies (where your plan paid more than it would have paid had it used a different insurer, third-party administrator or pharmacy benefit manager).
- 3) Do you have a third-party administrator (TPA)? If so, describe how you assess whether and to what extent:
  - a. The TPA is "reprocessing" claims in such a way that the TPA ultimately pays less than was withdrawn from plan funds, or is engaging in cross-plan offsetting;
  - b. The TPA is paying for services not covered by the plan, or paying more than the amounts billed by providers;
  - c. The TPA is failing to engage in properly reviewing bills, including by exempting some providers from billing review; and
  - d. The TPA is applying more rigorous fraud standards and negotiating lower rates for claims under their insurer-funded plans than under employer-funded plans.
- 4) Do you have a pharmacy benefit manager (PBM)? If so, describe how you assess whether and to what extent:

- a. The PBM is charging plan participants more than it would cost those participants to obtain the prescription from a pharmacy without using insurance;
  - b. The PBM is marking up prescription drugs in excess of the drugs' acquisition costs; and
  - c. The PBM is steering prescriptions to PBM-affiliated pharmacies.
- 5) In your contracts with TPAs or PBMs, are there any provisions that limit or block your ability to engage an independent auditor or conduct a full audit? If so, please provide the contracts, or describe the relevant provisions.
- a. A state review that found millions in overpayments noted that "Efforts by those inside the state government investigating the payments were thwarted by the insurer."<sup>xliii</sup> Have you experienced any opposition from TPAs or PBMs to audit efforts? If so, please describe that opposition and provide any supporting documents.

We appreciate your attention to these matters and look forward to your response detailing the steps your company is taking to fulfill its fiduciary obligations and protect shareholder value.

Sincerely,

  
Indiana Comptroller Elise Nieshalla

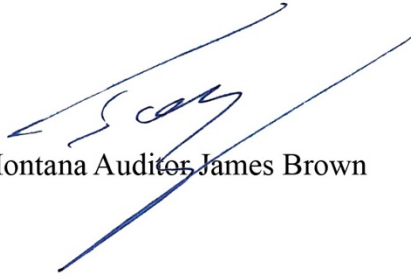
  
Kentucky Auditor Allison Ball

  
Kentucky Treasurer Mark Metcalf

  
Louisiana Treasurer John Fleming

  
Mississippi Treasurer David McRae

  
Missouri Treasurer Vivek Malek



Montana Auditor James Brown



Nebraska Treasurer Joey Spellerberg



Nebraska Auditor Mike Foley



North Dakota Treasurer Thomas Beadle



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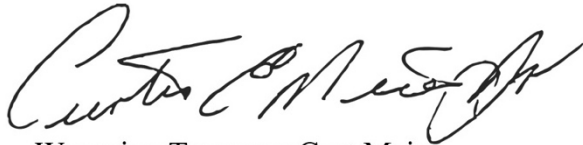
South Carolina Treasurer Curtis Loftis



Utah Treasurer Marlo Oaks



Utah Auditor Tina Cannon



Wyoming Treasurer Curt Meier

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**Endnotes:**

- <sup>i</sup> <https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-announces-actions-to-make-healthcare-prices-transparent/>; <https://www.whitehouse.gov/presidential-actions/2025/02/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare-pricing-information/>; *see* <https://www.federalregister.gov/documents/2019/06/27/2019-13945/improving-price-and-quality-transparency-in-american-healthcare-to-put-patients-first>.
- <sup>ii</sup> <https://www.whitehouse.gov/presidential-actions/2025/02/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare-pricing-information/>.
- <sup>iii</sup> <https://www.ama-assn.org/about/ama-research/trends-health-care-spending>.
- <sup>iv</sup> <https://archive.ph/8Ov66>; <https://www.reuters.com/markets/us/us-employers-expect-nearly-6-spike-health-insurance-costs-2025-mercero-says-2024-09-12/> (noting that employers expected 6% increase in costs in 2025).
- <sup>v</sup> <https://www.whitehouse.gov/presidential-actions/2025/02/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare-pricing-information/>.
- <sup>vi</sup> <https://www.whitehouse.gov/presidential-actions/2025/02/making-america-healthy-again-by-empowering-patients-with-clear-accurate-and-actionable-healthcare-pricing-information/>; *see* <https://www.federalregister.gov/documents/2019/06/27/2019-13945/improving-price-and-quality-transparency-in-american-healthcare-to-put-patients-first>.
- <sup>vii</sup> *See, e.g.*, [https://www.ftc.gov/system/files/ftc\\_gov/pdf/pharmacy-benefit-managers-staff-report.pdf](https://www.ftc.gov/system/files/ftc_gov/pdf/pharmacy-benefit-managers-staff-report.pdf); <https://oversight.house.gov/release/hearing-wrap-up-oversight-committee-exposes-how-pbms-undermine-patient-health-and-increase-drug-costs/>; <https://www.patientrightsadvocate.org/pricevariationreport>; <https://pmc.ncbi.nlm.nih.gov/articles/PMC3999538/>.
- <sup>viii</sup> *See, e.g.*, <https://wellsolutionsgroup.com/wp-content/uploads/2024/04/WELL-Payment-Integrity-101-Article-1.pdf>; *see also* <https://www.aicpa-cima.com/cpe-learning/publication/employee-benefit-plans-audit-and-accounting-guide-20> (1,200-plus-page guide to accounting and auditing employee benefit plans, which discusses, among other things, the need to compare vendor claim history reports with recorded claims obligation and the need to review vendor history reports “for vendor rebates, reimbursements, and refunds to provide proper monitoring and reporting”).
- <sup>ix</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (quoted language is from the document, sub-bullets are separate analysis).
- <sup>x</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (p. 3, 4, 5).
- <sup>xi</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (p. 5). DOL’s guidelines also require consideration of other information likely less financially material than discussed herein, including “the identity, experience, and qualifications of professionals who will be handling the plan or providing medical services,” “ease of access to medical providers,” confidentiality, and enrollee satisfaction. *Id.*
- <sup>xii</sup> <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/meeting-your-fiduciary-responsibilities>; <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf>.
- <sup>xiii</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (p. 2).
- <sup>xiv</sup> *See e.g., Ramos v. Banner Health*, 461 F. Supp. 3d 1067, 1132 (D. Colo. 2020), *aff’d*, 1 F.4th 769 (10th Cir. 2021) (“A prudent fiduciary must ... evaluate whether pricing is competitive[.]”).
- <sup>xv</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (p. 5).
- <sup>xvi</sup> <https://www.patientrightsadvocate.org/pricevariationreport>.
- <sup>xvii</sup> <https://www.wsj.com/health/healthcare/medicare-pays-wildly-different-prices-for-the-same-drug-b20fa58c>.

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<sup>xviii</sup> <https://litigationtracker.law.georgetown.edu/wp-content/uploads/2024/02/Lewandowski-Second-Amended-Complaint.pdf> (¶ 143).

<sup>xix</sup> See 45 C.F.R. § 180.50(b).

<sup>xx</sup> <https://www.whitehouse.gov/fact-sheets/2025/02/fact-sheet-president-donald-j-trump-announces-actions-to-make-healthcare-prices-transparent/>.

<sup>xxi</sup> See, e.g., <https://www.medcomsolutions.com/blog/what-are-the-differences-between-835-and-837-and-why-knowing-matters>. EDI stands for Electronic Data Interchange.

<sup>xxii</sup> 29 U.S.C. § 1108; see, e.g., <https://www.cms.gov/marketplace/about/oversight/other-insurance-protections/gag-clause-prohibition-compliance-attestation>.

<sup>xxiii</sup> <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (p. 5).

<sup>xxiv</sup> See <https://litigationtracker.law.georgetown.edu/litigation/lewandowski-v-johnson-and-johnson/>; <https://litigationtracker.law.georgetown.edu/litigation/tiara-yachts-inc-v-blue-cross-blue-shield-of-michigan-2/>; <https://litigationtracker.law.georgetown.edu/litigation/seth-stern-et-al-v-jpmorgan-chase-co-et-al/>; <https://litigationtracker.law.georgetown.edu/litigation/su-v-suffolk-administrative-services-llc-et-al/>.

<sup>xxv</sup> See, e.g., *Tiara Yachts, Inc. v. Blue Cross Blue Shield of Michigan*, 138 F.4th 457, 461 (6th Cir. 2025).

<sup>xxvi</sup> See, e.g., <https://litigationtracker.law.georgetown.edu/wp-content/uploads/2024/02/Lewandowski-Second-Amended-Complaint.pdf>.

<sup>xxvii</sup> 29 U.S.C. § 1104(a)(1)(A)(ii); see <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/group-health-plan-fiduciary-responsibilities.pdf> (p. 2) (fiduciaries must pay “only reasonable plan expenses”).

<sup>xxviii</sup> <https://www.healthaffairs.org/content/forefront/third-party-administrators-middlemen-self-funded-health-insurance>; see, e.g., *Tiara Yachts, Inc. v. Blue Cross Blue Shield of Michigan*, 138 F.4th 457, 461 (6th Cir. 2025); cf. <https://storage.courtlistener.com/recap/gov.uscourts.txed.230039/gov.uscourts.txed.230039.1.0.pdf> (¶¶ 78–81) (allegations regarding a “repricing” program in which Aetna pocketed a portion of the “savings”); <https://www.courtlistener.com/docket/67835010/4/aramark-services-inc-group-health-plan-v-aetna-life-insurance-company/> (¶¶ 79–82) (same).

<sup>xxix</sup> <https://storage.courtlistener.com/recap/gov.uscourts.txed.230039/gov.uscourts.txed.230039.1.0.pdf> (¶ 76); <https://www.courtlistener.com/docket/67835010/4/aramark-services-inc-group-health-plan-v-aetna-life-insurance-company/> (¶ 77).

<sup>xxx</sup> <https://storage.courtlistener.com/recap/gov.uscourts.txed.230039/gov.uscourts.txed.230039.1.0.pdf> (¶ 70); <https://www.courtlistener.com/docket/67835010/4/aramark-services-inc-group-health-plan-v-aetna-life-insurance-company/> (¶ 71). The DOL has taken the position that cross-plan offsetting violates ERISA duties. [https://www.dol.gov/sites/dolgov/files/SOL/briefs/peterson\\_2017-09-05.pdf](https://www.dol.gov/sites/dolgov/files/SOL/briefs/peterson_2017-09-05.pdf).

<sup>xxxi</sup> <https://storage.courtlistener.com/recap/gov.uscourts.txed.230039/gov.uscourts.txed.230039.1.0.pdf> (¶¶ 51–63, 95–97); <https://www.courtlistener.com/docket/67835010/4/aramark-services-inc-group-health-plan-v-aetna-life-insurance-company/> (¶¶ 50–65; 96–98).

<sup>xxxii</sup> [https://www.govinfo.gov/content/pkg/USCOURTS-ctd-3\\_22-cv-01541/pdf/USCOURTS-ctd-3\\_22-cv-01541-0.pdf](https://www.govinfo.gov/content/pkg/USCOURTS-ctd-3_22-cv-01541/pdf/USCOURTS-ctd-3_22-cv-01541-0.pdf) (p. 5, 11); <https://www.healthaffairs.org/content/forefront/third-party-administrators-middlemen-self-funded-health-insurance> (speculating that this may have been done to meet revenue guarantees).

<sup>xxxiii</sup> See, e.g., <https://storage.courtlistener.com/recap/gov.uscourts.txed.230039/gov.uscourts.txed.230039.1.0.pdf> (¶¶ 85–94); <https://www.courtlistener.com/docket/67835010/4/aramark-services-inc-group-health-plan-v-aetna-life-insurance-company/> (¶¶ 86–95); <https://www.sciencedirect.com/science/article/abs/pii/S0167629621000084?via%3Dihub>; cf. <https://www.healthaffairs.org/content/forefront/third-party-administrators-middlemen-self-funded-health-insurance> (“Insurance companies also negotiate lower prices for their fully insured products, in which they bear the financial risk for claims, than for the self-funded plans they administer as TPAs.”).

<sup>xxxiv</sup> [https://litigationtracker.law.georgetown.edu/wp-content/uploads/2024/02/Lewandowski\\_2025.05.19\\_PLAINTIFFS-BRIEF-IN-OPPOSITION-TO-DEFENDANTS-MOTION-TO-DISMISS.pdf](https://litigationtracker.law.georgetown.edu/wp-content/uploads/2024/02/Lewandowski_2025.05.19_PLAINTIFFS-BRIEF-IN-OPPOSITION-TO-DEFENDANTS-MOTION-TO-DISMISS.pdf) at 4 (cleaned up).

<sup>xxxv</sup> <https://www.ftc.gov/news-events/news/press-releases/2025/01/ftc-releases-second-interim-staff-report-prescription-drug-middlemen>.

<sup>xxxvi</sup> [https://litigationtracker.law.georgetown.edu/wp-content/uploads/2024/02/Lewandowski\\_2025.05.19\\_PLAINTIFFS-BRIEF-IN-OPPOSITION-TO-DEFENDANTS-MOTION-TO-DISMISS.pdf](https://litigationtracker.law.georgetown.edu/wp-content/uploads/2024/02/Lewandowski_2025.05.19_PLAINTIFFS-BRIEF-IN-OPPOSITION-TO-DEFENDANTS-MOTION-TO-DISMISS.pdf) at 4.

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<sup>xxxvii</sup> See <https://www.ftc.gov/news-events/news/press-releases/2024/07/ftc-releases-interim-staff-report-prescription-drug-middlemen>.

<sup>xxxviii</sup> <https://www.ftc.gov/news-events/news/press-releases/2025/01/ftc-releases-second-interim-staff-report-prescription-drug-middlemen> (emphasis in original).

<sup>xxxix</sup> <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/fact-sheets/ebsa-monetary-results>.

<sup>xl</sup> Although the DOL did not break down these actions between health plans and retirement plans, when it has done so in the past, a substantial percentage of those actions have been related to health plans.

<https://www.gao.gov/assets/gao-21-376.pdf> (p. 48); see <https://www.dol.gov/newsroom/releases/ebsa/ebsa20241106>

(detailing DOL action related to plan provider diverting fees).

<sup>xli</sup> Multiple vendors offer these services, though the inclusion of a vendor in the following citation should not be interpreted as an endorsement and the omission of a vendor should not be interpreted as a lack of endorsement. See, e.g., <https://www.claiminformatics.com/>; <https://www.clerblu.com/>; <https://www.recoveryauditsolutions.com/>; <https://smartlightanalytics.com/>; <https://www.3axisadvisors.com/>.

<sup>xlii</sup> See, e.g., <https://smartlightanalytics.com/the-difference-between-auditing-healthcare-claims-and-on-going-monitoring/>.

<sup>xliii</sup> <https://www.bloomberg.com/news/features/2022-12-12/new-jersey-is-paying-more-for-hospital-medical-bills-than-providers-charge>.