



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



2015 Membership Satisfaction Results

Board of Trustees Meeting

November 20, 2015

A Division of the Department of State Treasurer

2015 Survey Approaches

In 2015, the Plan conducted two member surveys in an effort to gauge our members' satisfaction on a variety of topics and services.

Survey 1: Health Management Survey

- This survey was mailed to a statistically valid random sampling of members with an incentive reward offered for completing an online or paper survey.



Survey 2: Annual Membership Satisfaction Survey

- This survey was offered to all members. All members received a postcard requesting them to complete an online survey.

The results were strikingly similar.

Survey 1: Health Management Survey Results

Methodology Reminder

- The Segal Company conducted a Health Management Survey with a randomized group of Active, Non-Medicare Retiree and Medicare Retiree State Health Plan members in April and May of 2015.
- The survey was available from April 20, 2015, through May 20, 2015.
- The survey's objective was to gather members' opinions about the service and care provided through the State Health Plan, with particular focus on members' interactions with their Primary Care Provider.
- 35,027 Actives and Non-Medicare Primary Retirees were invited to respond via an online version of the survey, using two postcard mailings to members' homes—an announcement and a reminder.
- 18,595 Medicare Primary members were invited to respond via a paper version of the survey, using two mailings to members' homes - the paper survey with an introductory letter and reminder.
- To encourage members to complete the survey, two types of incentives were offered:
 - **Actives and Non-Medicare Primary Retirees:** A one-night, free Redbox video rental, provided as a code by email or text message.
 - **Medicare Primary members:** A \$5 Walmart gift card, provided by mail.

Executive Summary

- Despite providing an incentive, the overall response rate among Actives and Non-Medicare Primary Retirees was low: 6% and among them, less than half were Active members.
 - 10.6% male
 - 11.3% female
- 7,220 members responded:
 - 1,944 members (27%) responded online—these were almost exclusively Actives and Non-Medicare Primary Retirees. This represented a 6% (rounded) response rate. Of this group, 46% were Active members.
 - 5,276 members (73%) responded via paper—these were almost exclusively Medicare Primary Retirees. This represented a 28% (rounded) response rate.
- A majority of respondents have a Primary Care Provider, visit them regularly, have sufficient access to care, and are satisfied with the care received.
- While 60% of Actives/Non-Medicare Primary Retirees visit their PCP regularly, nearly 40% do not – potentially missing valuable preventive care.
- Most respondents select their plan based on the cost of coverage (the monthly premium).
- Two-thirds of respondents agree that they would use Plan resources to lower the amount they pay for their health plan.
- Most respondents are satisfied with the Plan communications they receive but would like more information about deductibles, copays, coinsurance, and out-of-pocket maximums.

Survey 2: Annual Member Satisfaction Survey Results

Methodology Reminder

- A total of approximately 496,000 postcards were mailed inviting subscribers and covered spouses to participate in the online survey that was posted on the home page of the State Health Plan's website.
- A total of 5,456 responses were collected from July 27 through September 1, 2015, resulting in a response rate of 1%. The survey length averaged 11 minutes.

2015		2014	
Active Employees/ Non-Medicare Retirees	Medicare Primary Retirees	Active Employees/ Non-Medicare Retirees	Medicare Primary Retirees
4,859 (89%)	597 (11%)	5,171 (67%)	2,554 (33%)

Active/Non-Medicare Retiree Respondent Profile

		2014 (A)	2015 (B)
GENDER	Male	24%B	22%
	Female	76%	78%A
WORK	University	12%	21%A
	Community College	5%B	3%
	State Agency	20%B	13%
	School System	33%B	30%
	UNC Healthcare	2%	2%
	Retired	27%	30%A
2014 PLAN ¹	Traditional 70/30 Plan	23%B	20%
	Enhanced 80/20 Plan	71%	75%A
	Consumer-Directed Health Plan	6%	5%
COVERAGE	Employee/Retiree only	77%	77%
	Employee/Retiree and child/children only	10%	10%
	Employee/Retiree and spouse only	6%	6%
	Family	8%	8%
HEALTH HABITS	I always wear my seatbelt	98%	98%
	I do not use tobacco products	93%	94%A
	I am mindful of my eating habits	86%	87%
	I work with my doctor and other health care professionals to improve my health	76%	77%
	I receive a flu shot every year	68%	69%
	I exercise on a regular basis	53%	54%
	I maintain a low level of stress	45%	48%A

Red letters represent statistically significant differences at the 95% level.

Medicare Primary Respondent Profile

		2014 (A)	2015 (B)
GENDER	Male	33%	33%
	Female	67%	67%
YEARS RETIRED	Less than 1 year	4%	7%A
	1-3	16%	18%
	4-6	20%	19%
	7-10	24%	24%
	11+	36%	31%
2014 PLAN ¹	Traditional 70/30 Plan	27%	83%A
	Humana (NET)	21%B	5%
	<i>Humana Medicare Advantage Base Plan</i>	14%B	4%
	<i>Humana Medicare Advantage Enhanced Plan</i>	7%B	2%
	UnitedHealthcare (NET)	52%B	12%
	<i>UnitedHealthcare Medicare Advantage Base Plan</i>	21%B	3%
	<i>UnitedHealthcare Medicare Advantage Enhanced Plan</i>	31%B	9%
COVERAGE	Employee/Retiree only	86%	85%
	Employee/Retiree and spouse only	13%	11%
	Family	1%	2%A
	Employee/Retiree and child/children only	0%	2%A
HEALTH HABITS	I always wear my seatbelt	98%	98%
	I do not use tobacco products	94%	92%
	I am mindful of my eating habits	90%	89%
	I work with my doctor and other health care professionals to improve my health	89%	87%
	I receive a flu shot every year	84%	82%
	I maintain a low level of stress	63%	61%
	I exercise on a regular basis	61%B	53%

Red letters represent statistically significant differences at the 95% level.

Executive Summary

- The cost of monthly premiums remains as the top reason behind Plan members' choice of health plans in 2015. However, the proportion of Medicare Primary Retirees who rate this as the number one reason increased significantly from 2014 to 2015. Other notable changes that occurred among Medicare Primary Retirees in 2015 include a decrease in the importance of maximums, copays and 100% coverage of preventive services, medications and/or prescriptions.
- The vast majority of Active Employees/Retirees had a primary care visit with the provider listed on their health benefits card in both 2014 and 2015. Significantly more of these members in 2015 than in the previous year also received/used preventive services, screenings and medications covered at 100%.
- Improvement occurred in 2015 with Active Employees/Retirees' level of satisfaction with the care and service they have received since January 1st.
 - In 2014, 59% gave the highest ratings (top 3 box) for the customer service they received when they called for assistance, whereas in 2015, 61% gave the same type of ratings.
 - 57% in 2014 gave the highest ratings for the prescription benefits offered through the State Health Plan, which increased to 61% in 2015.
 - 52% rated the information communicated about prescription benefits highly in 2014. This proportion increased to 55% in 2015.

Active Members - Drivers of Choice in Total

- What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 8, where 1 means your top reason, 2 means your second reason, and so on, with 8 being the least important reason for choosing one plan over another.

Reasons Ranked 1-8 <i>Base: AE 2014 Total (n=5171); AE 2015 Total (n=4859)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
#1 Cost of monthly premiums	43%	43%	59%	59%	72%	73%	2.53	2.49
Copay or cost associated with each doctor visit or prescription	19%	19%	47%	46%	74%	75%	2.79	2.77
Having preventive services, medications, and/or prescriptions covered at 100%	13%	14% A	28%	29%	46%	46%	3.52	3.48
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	13%	13%	37%	37%	61%	61%	3.20	3.18
Presence or lack of wellness activities to lower monthly premiums	5%	5%	13%	14%	22%	23% E	4.82 H	4.75
Cost of dependents	3%	2%	8%	7%	12% F	10%	6.17	6.23
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	2%	2%	5%	4%	9%	8%	5.85	5.92 G
Existence of other insurance such as TRICARE	2%	1%	3% D	2%	4% F	3%	7.12	7.18 G

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.

Active Members - Drivers of Choice by Plan Type

- What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 8, where 1 means your top reason, 2 means your second reason, and so on, with 8 being the least important reason for choosing one plan over another.

Reasons Ranked 1-8 <i>Bases: Traditional 70/30 (n=966) Enhanced 80/20 (n=3573) CDHP (n=229)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	Traditional (A)	Enhanced (B)	CDHP (C)	Traditional (D)	Enhanced (E)	CDHP (F)	Traditional (G)	Enhanced (H)	CDHP (I)	Traditional (J)	Enhanced (K)	CDHP (L)
Cost of monthly premiums	77% BC	34%	48% B	89% EF	50%	68% E	93% HI	67%	82% H	1.52	2.78 JL	2.18 J
Cost of dependents	5% B	2%	5% B	20% E	3%	18% E	25% H	5%	25% H	5.37	6.52 JL	5.47
Copay or cost associated with each doctor visit or prescription	5%	24% AC	3%	28% F	53% DF	13%	66% I	80% GI	27%	3.21 K	2.54	4.48 JK
Existence of other insurance such as TRICARE	4% BC	1%	0%	6% EF	1%	0%	8% HI	2%	1%	6.90	7.23 J	7.65 JK
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	3%	16% A	12% A	31%	40% DF	26%	60% I	63% I	39%	3.35 K	3.07	4.03 JK
Having preventive services, medications, and/or prescriptions covered at 100%	3%	18% AC	9% A	15%	34% DF	22% D	28%	52% GI	45% G	4.19 KL	3.25	3.87 K
Presence or lack of wellness activities to lower monthly premiums	2%	6% A	4% A	7%	15% D	17% D	13%	26% G	25% G	5.45 KL	4.54	4.90 K
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	1%	1%	18% AB	3%	3%	37% DE	7%	6%	57% GH	6.01 L	6.06 L	3.42

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.

Active Members - Drivers of Choice by Coverage

- What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 8, where 1 means your top reason, 2 means your second reason, and so on, with 8 being the least important reason for choosing one plan over another.

Reasons Ranked 1-8 <i>Bases: Employee Only (n=3746) Employee + Children (n=465) Employee + Spouse (n=279) Family (n=369)</i>	Ranked #1				Ranked Top 2				Ranked Top 3				Average Ranking			
	Employee Only (A)	Employee + Children (B)	Employee + Spouse (C)	Family (D)	Employee Only (E)	Employee + Children (F)	Employee + Spouse (G)	Family (H)	Employee Only (I)	Employee + Children (J)	Employee + Spouse (K)	Family (L)	Employee Only (M)	Employee + Children (N)	Employee + Spouse (O)	Family (P)
Cost of monthly premiums	44% BC	38%	37%	43%	61% F G	54%	52%	56%	75% J KL	69%	64%	64%	2.38	2.70 M	2.95 M	2.95 M
Copay or cost associated with each doctor visit or prescription	19%	21% D	18%	15%	48% F H	41%	43%	37%	77% J KL	63%	71% J L	63%	2.69	3.06 M	2.85	3.13 MO
Having preventive services, medications, and/or prescriptions covered at 100%	15%	14%	14%	14%	30%	29%	29%	28%	47%	45%	48%	42%	3.41	3.67 M	3.64 M	3.80 M
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	13%	11%	15%	13%	39% F H	30%	37%	32%	63% J L	52%	59% J	56%	3.10	3.61 MO	3.18	3.44 MO
Presence or lack of wellness activities to lower monthly premiums	5% D	3%	5%	2%	15% F H	9%	14% F	11%	25% J	17%	21%	21%	4.62	5.35 MO	4.92 M	5.19 M
Cost of dependents	1%	8% A	6% A	8% A	2%	28% EG	16% E	28% EG	3%	39% I K	22% I	39% I K	6.80 NOP	3.98	5.13 NP	4.05
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	1%	2% A	4% A	2%	4%	7% E	7% E	6%	7%	13% I	11% I	13% I	5.91	6.03	6.01	5.83
Existence of other insurance such as TRICARE	1%	2%	3% A	2%	2%	2%	3%	2%	3%	3%	4%	2%	7.08	7.59 MO	7.32 M	7.62 MO

Red letters represent statistically significant differences at the 95% level. Groups compared include ABCD, EFGH, IJKL and MNOP.

Medicare Members - Drivers of Choice

- What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 6, where 1 means your top reason, 2 means your second reason, and so on, with 6 being the least important reason for choosing one plan over another.

#1

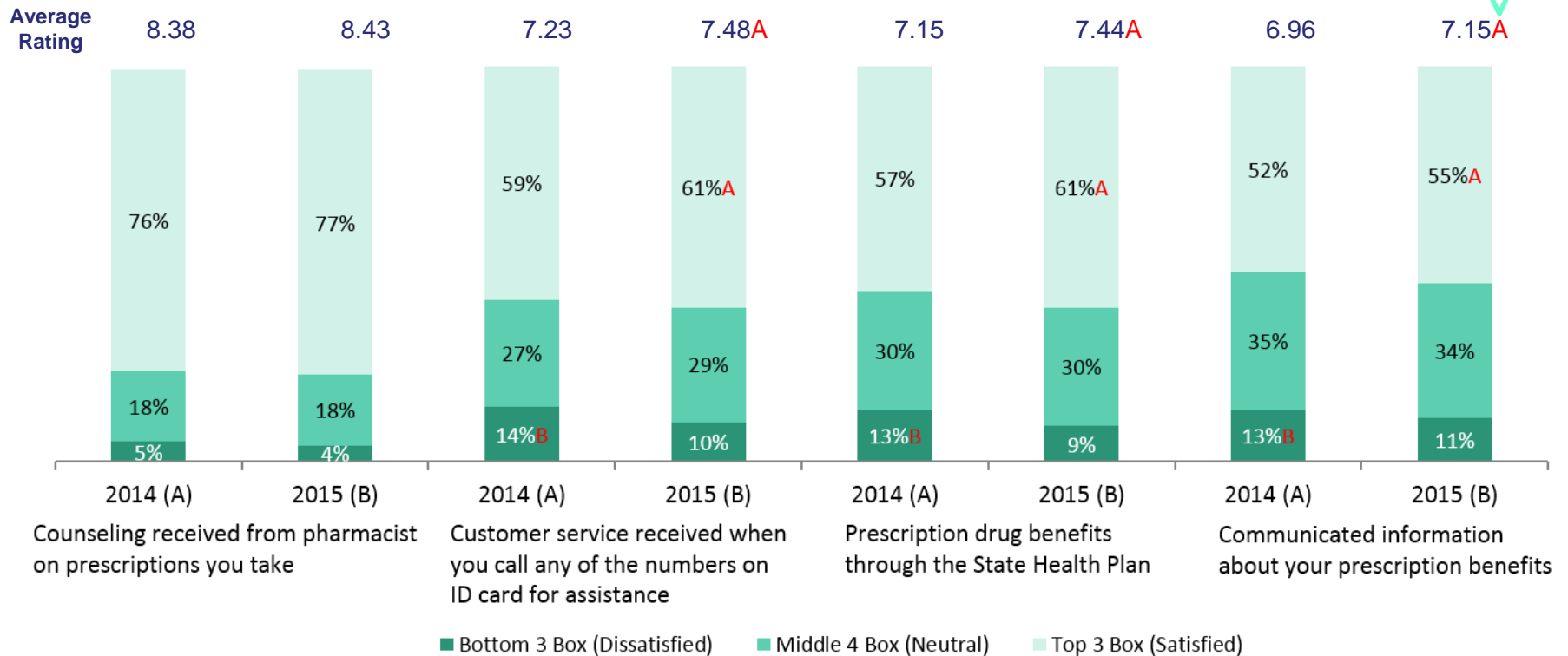
Reasons Ranked 1-6 <i>Base: MP 2014 Total (n=2554); MP 2015 Total (n=597)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
Cost of monthly premiums	41%	53%A	57%	69%C	71%	78%E	2.46H	2.12
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	16%B	12%	48%D	43%	75%	72%	2.68	2.83G
Copay or cost associated with each doctor visit or prescription	18%B	11%	46%D	38%	79%F	75%	2.64	2.81G
Existence of other insurance such as an Individual Medicare Advantage Plan, an Individual Part D Plan or TRICARE	8%	11%A	13%	19%C	17%	23%E	4.68H	4.49
Having preventive services, medications, and/or prescriptions covered at 100%	14%B	10%	29%	26%	49%F	44%	3.24	3.43G
Cost of dependents	3%	3%	6%	5%	9%	8%	5.31	5.32

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Active Members - Satisfaction

- An improvement in satisfaction levels occurred in 2015 among Active Employees/Retirees. More are satisfied with the customer service they received when calling for assistance, the prescription drug benefits offered through the State Health Plan and the communicated information about prescription benefits than in 2014.

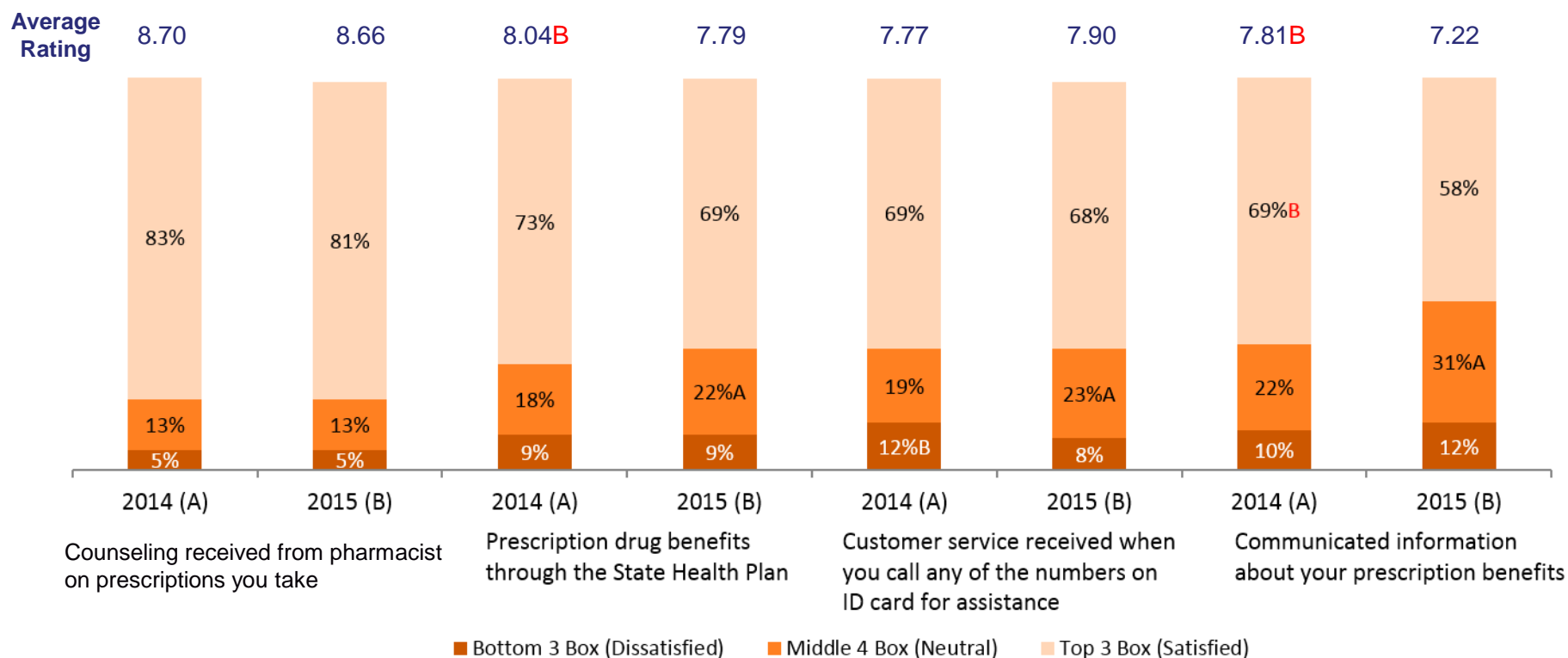
READ AS: This satisfaction measure in 2015 is statistically significantly higher than in 2014.



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Medicare Members - Satisfaction

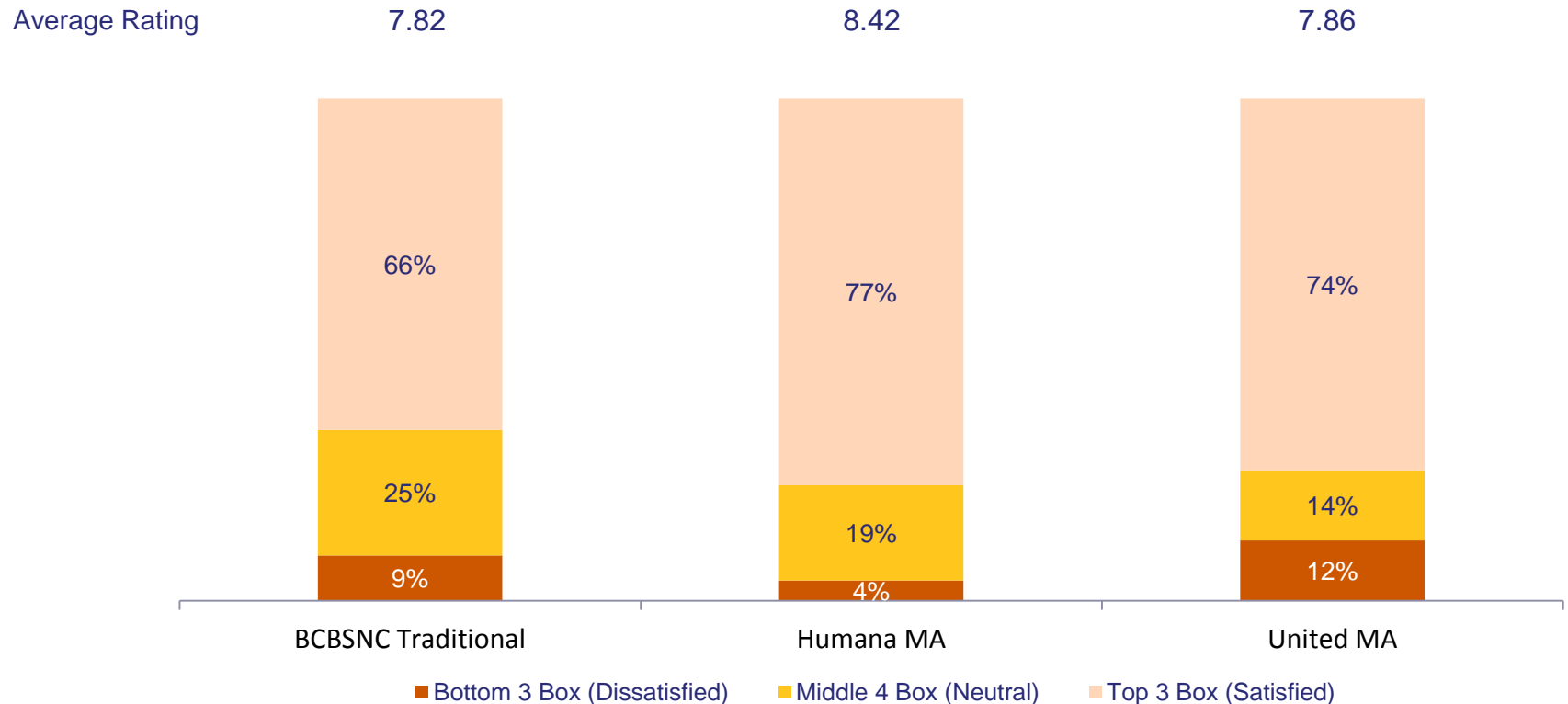
- The level of satisfaction with the counseling received from a pharmacist and the customer service received when calling for assistance did not change between the two years among Medicare Primary Retirees. Unfortunately, a drop did occur from 2014 to 2015 in their satisfaction with the prescription drug benefits offered through the State Health plan and the communicated information about prescription benefits.



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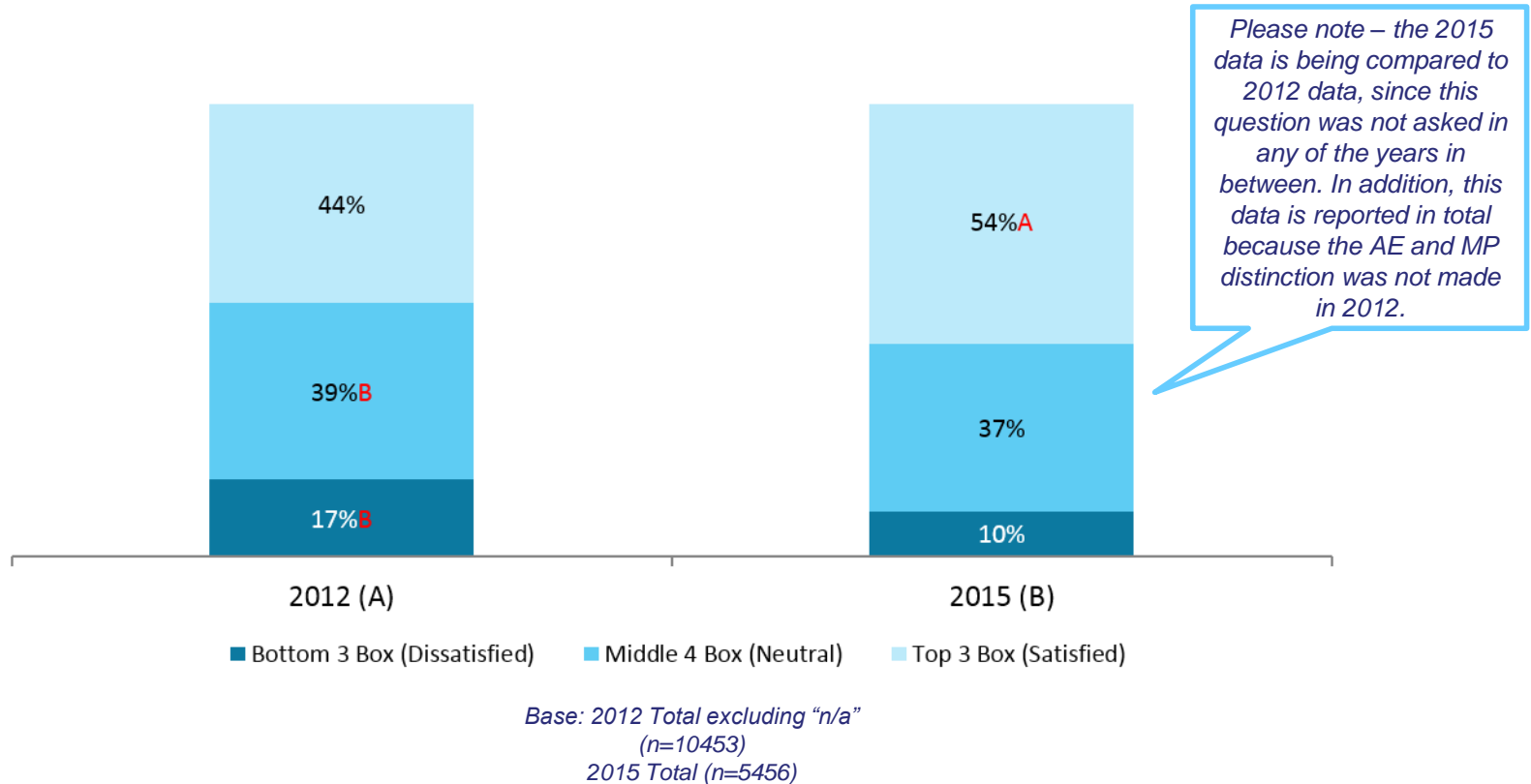
Medicare Members – Customer Service Satisfaction by Carrier

- The customer service you receive when you call any of the numbers on your ID for assistance.



State Health Plan Coverage Satisfaction

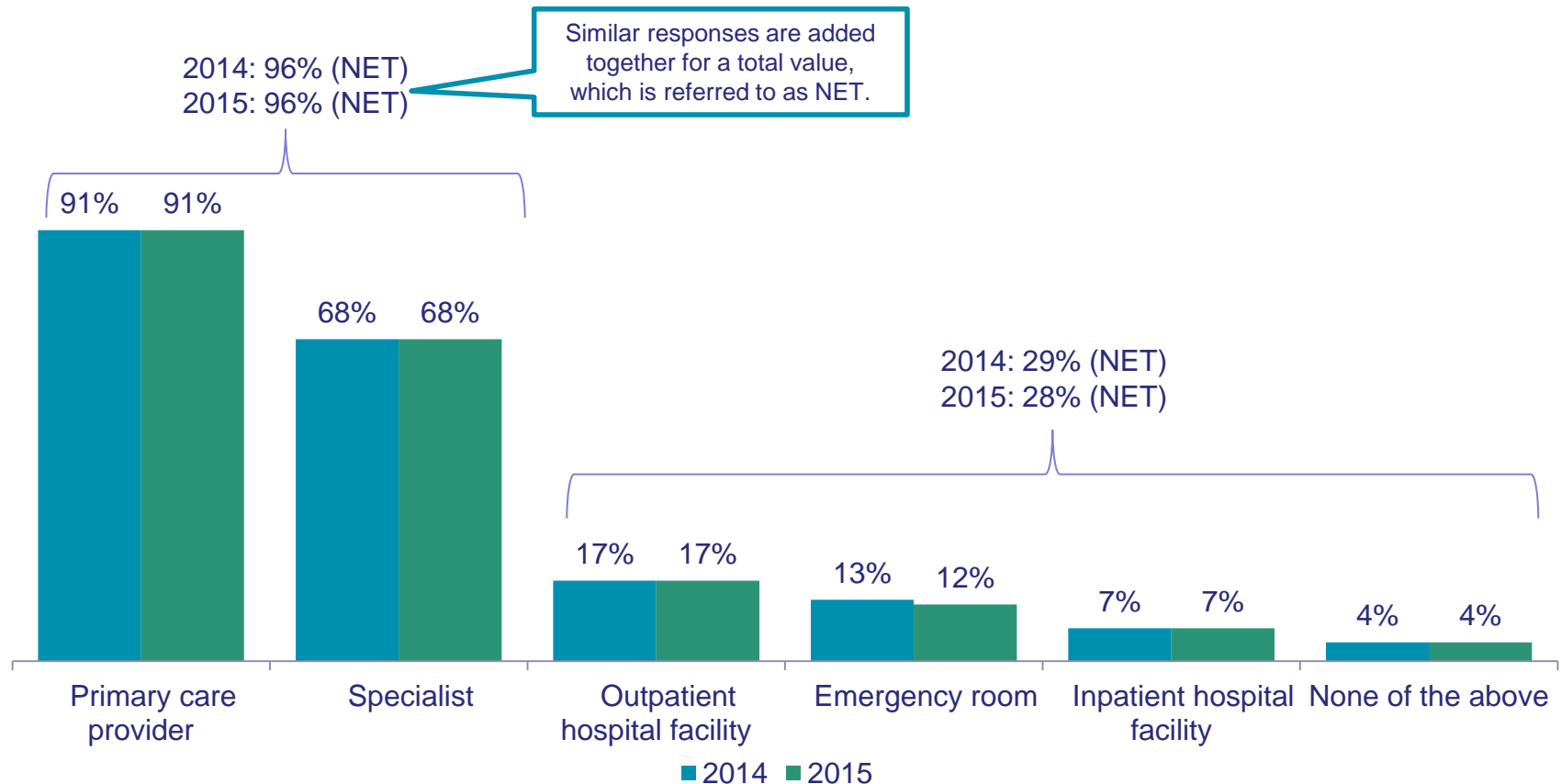
- Overall satisfaction with the current health plan coverage offered by the State Health Plan has improved in 2015 as compared to 2012.



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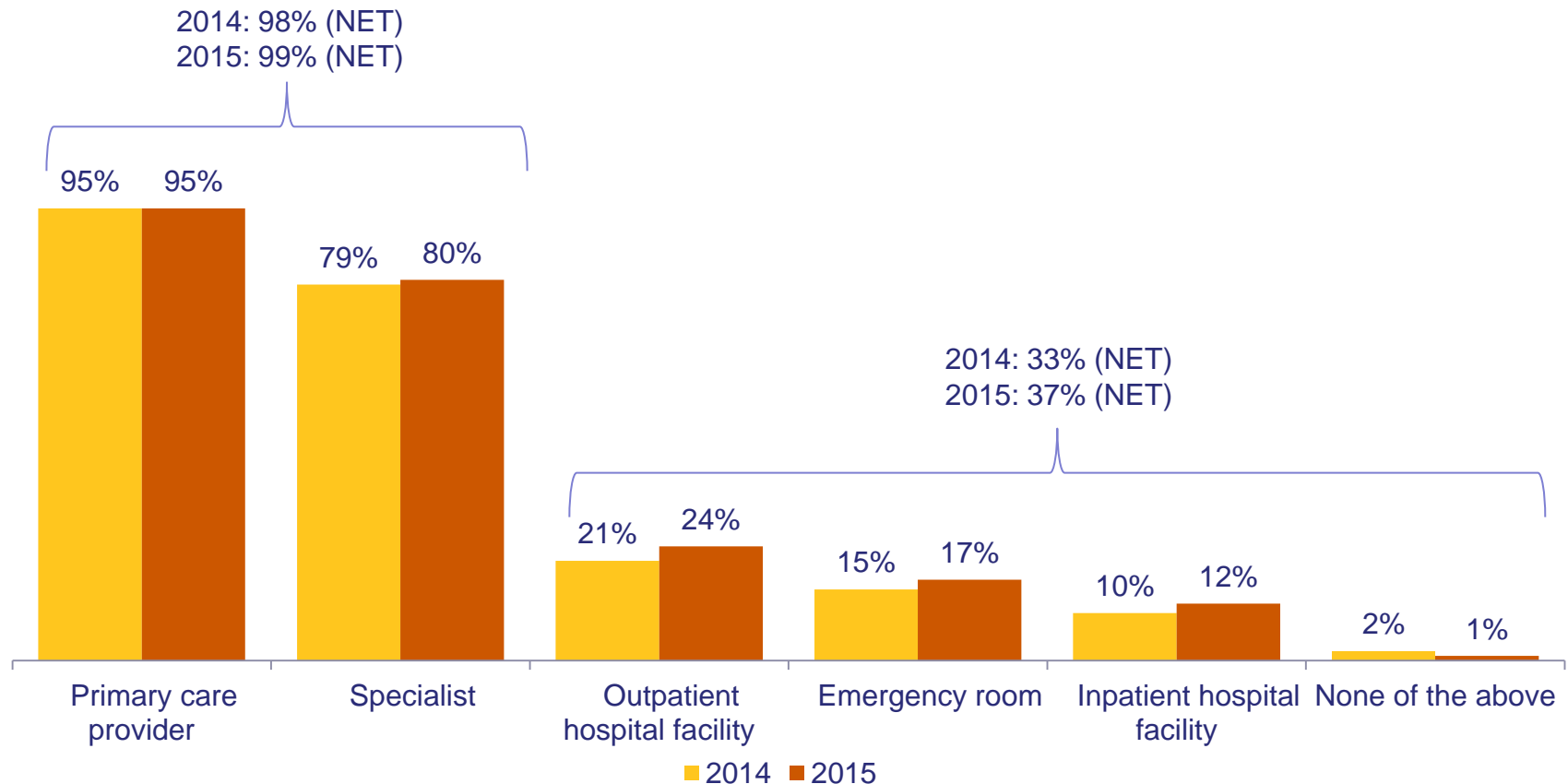
Active Members - Visits the Last 12 Months

- Which of the following have you visited within the past 12 months? Please check all that apply.
- Nearly all Active Employees/Retirees have visited a Primary Care Provider during the past 12 months. No significant changes occurred between 2014 and 2015.



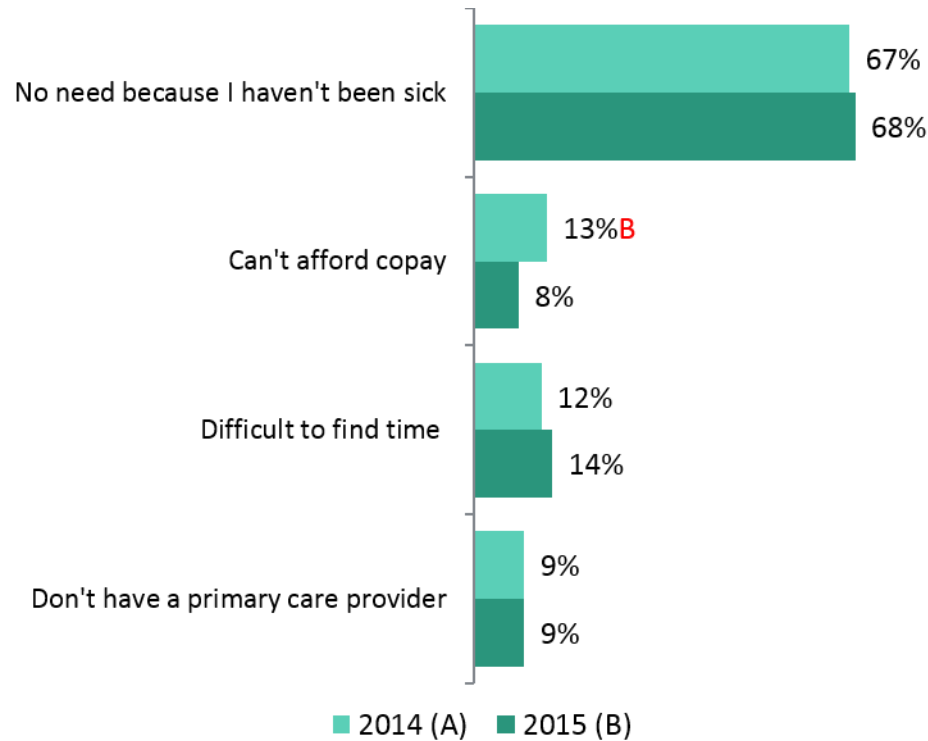
Medicare Members - Visits the Last 12 Months

- Which of the following have you visited within the past 12 months? Please check all that apply.
- Virtually all Medicare Primary Retirees visited a Primary Care Provider during the past 12 months. These proportions did not change significantly over time.



Active Members - Reasons for NOT Visiting PCP

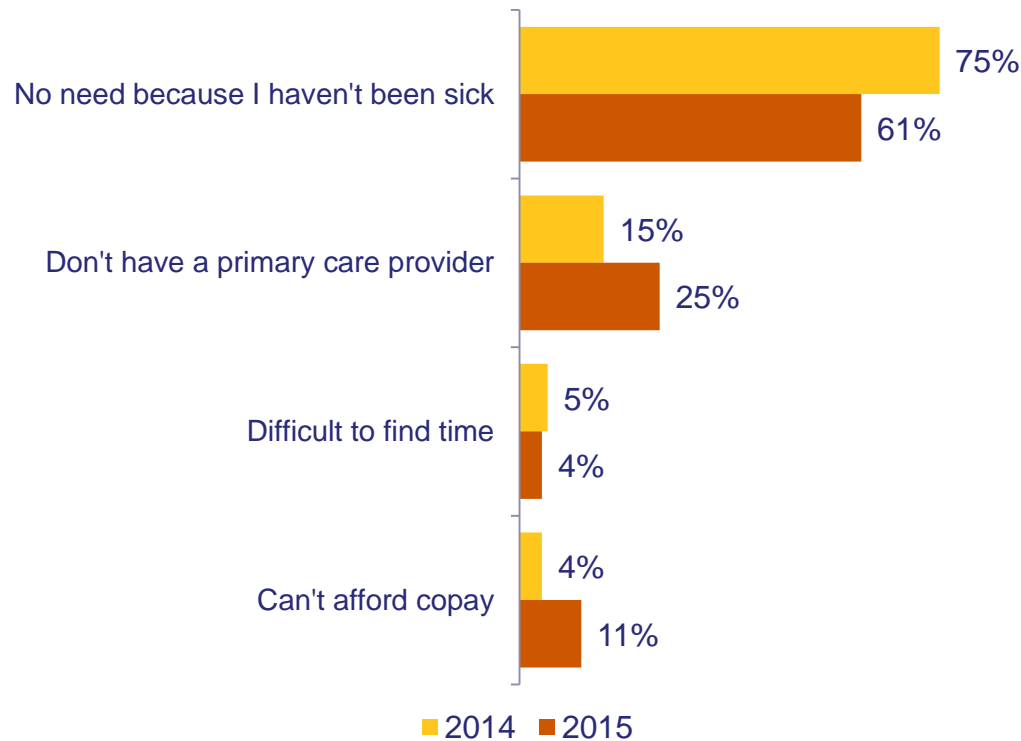
- What reason most closely matches why you have not visited a Primary Care Provider within the last 12 months?
- Of the Active Employees/Retirees who haven't visited a Primary Care Provider within the last 12 months, the majority didn't do so because they weren't sick, and therefore, didn't have a need. A similar proportion of these members gave the same response in 2014. In 2015, significantly fewer of these members didn't visit a PCP due to the cost of the copay than in the previous year.



Red letters represent statistically significant differences at the 95% level.

Medicare Members - Reasons for NOT Visiting PCP

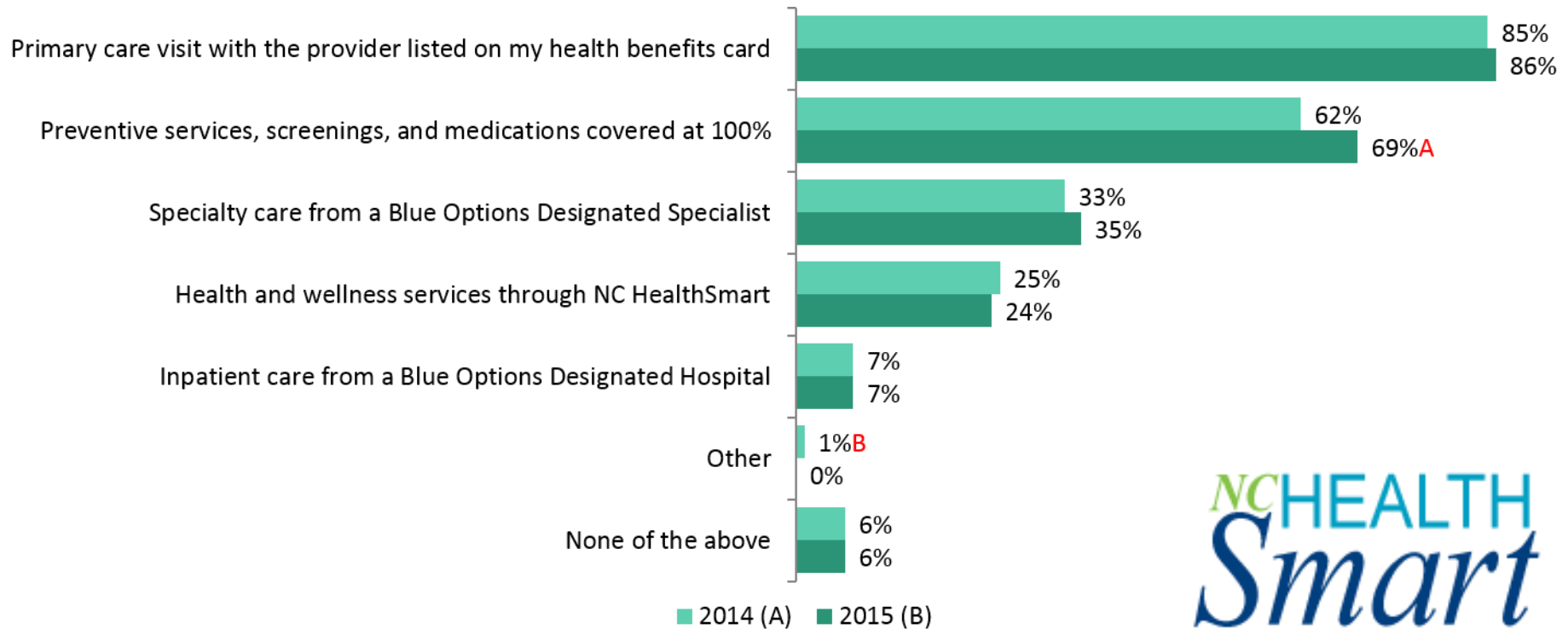
- What reason most closely matches why you have not visited a Primary Care Provider within the last 12 months?
- The majority of Medicare Primary Retirees didn't visit a Primary Care Provider in the past 12 months because they weren't sick, and therefore, didn't have a need to do so.



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Active Members - Services

- Which of the following services have you used since January 1, 2015?



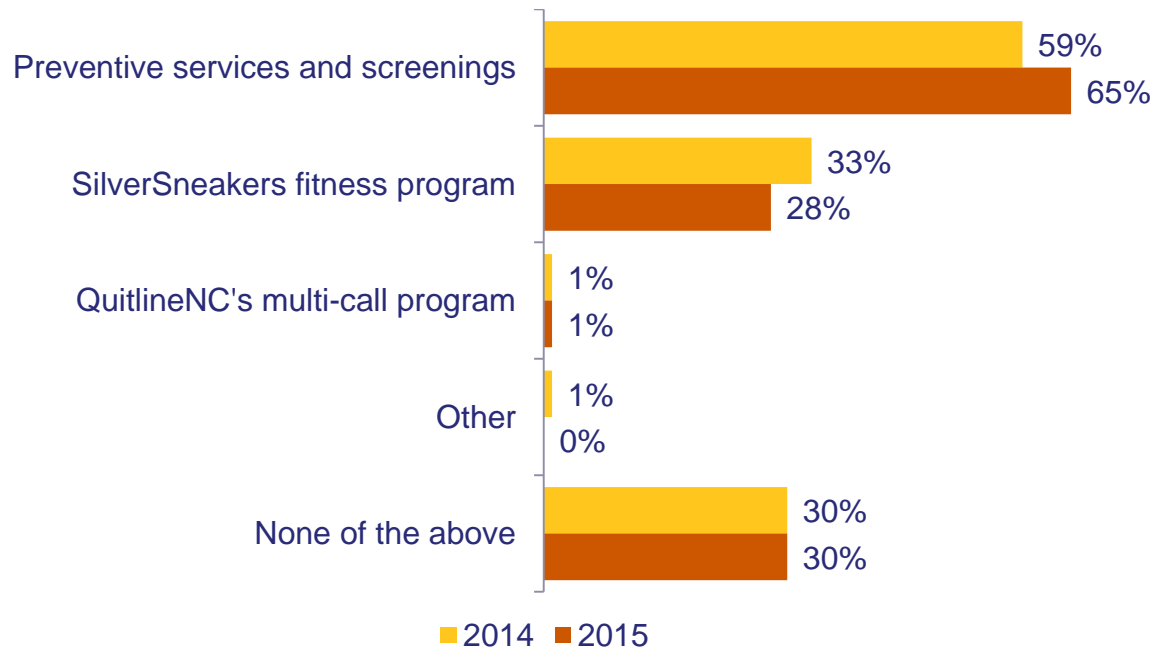
Base: 2014 AE not on traditional 70/30 plan (n=4010)
2015 AE not on traditional 70/30 plan (n=3892)



Red letters represent statistically significant differences at the 95% level.

Medicare Members - Services

- Which of the following services have you used since January 1, 2015? Please select all that apply.



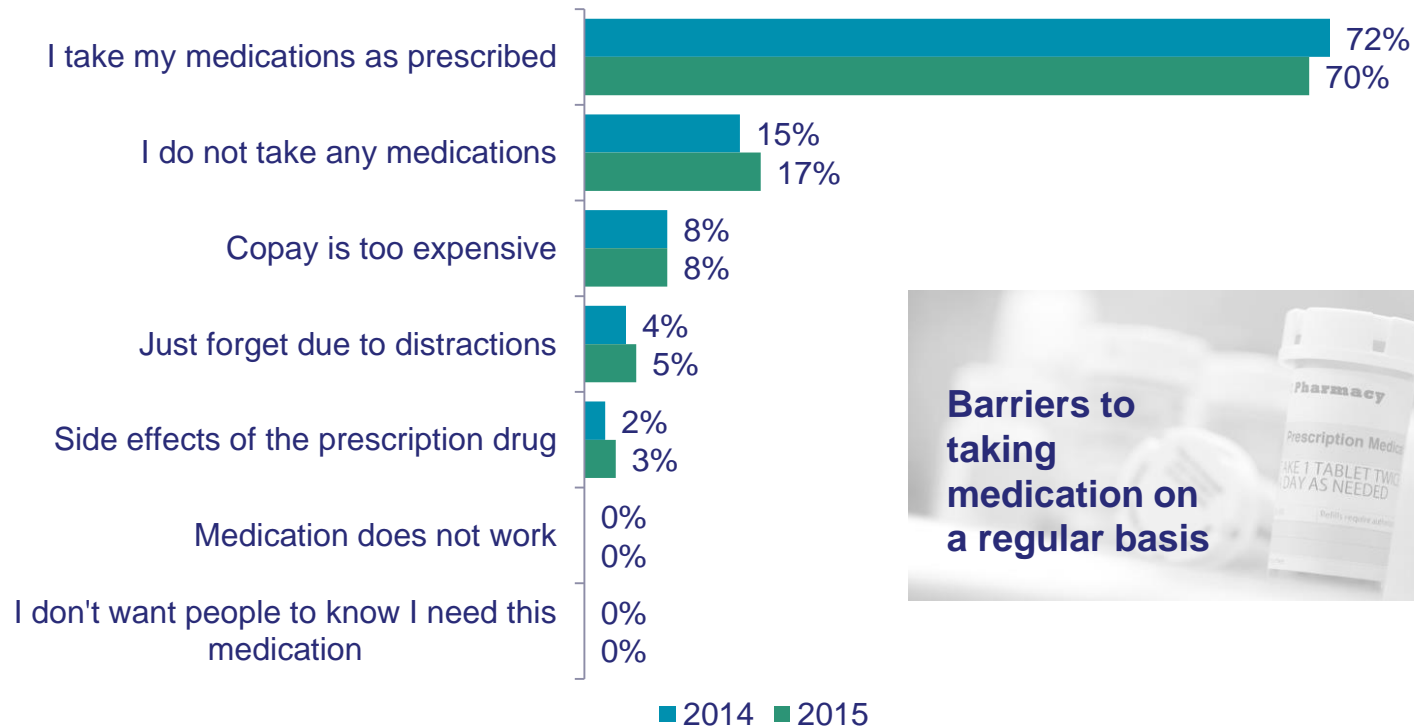
Base: 2014 MP not on traditional 70/30 plan
(n=1894) 2015 MP not on traditional 70/30 plan
(n=139)



Red letters represent statistically significant differences at the 95% level.

Active Members - Medication

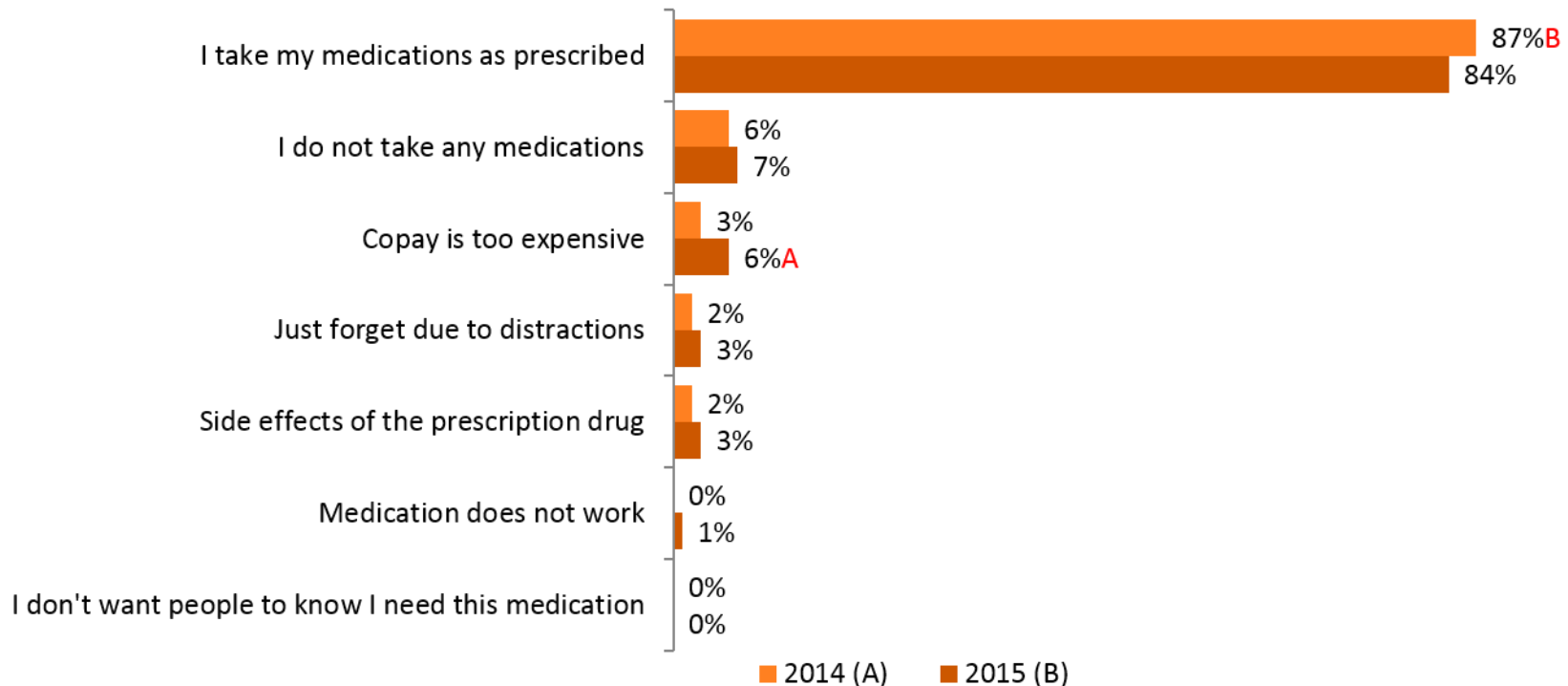
- What prevents you from taking your medication(s) on a regular basis?
- Almost three-quarters of Active Employees/Retirees in both 2014 and 2015 take their medications as prescribed.



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Medicare Members - Medication

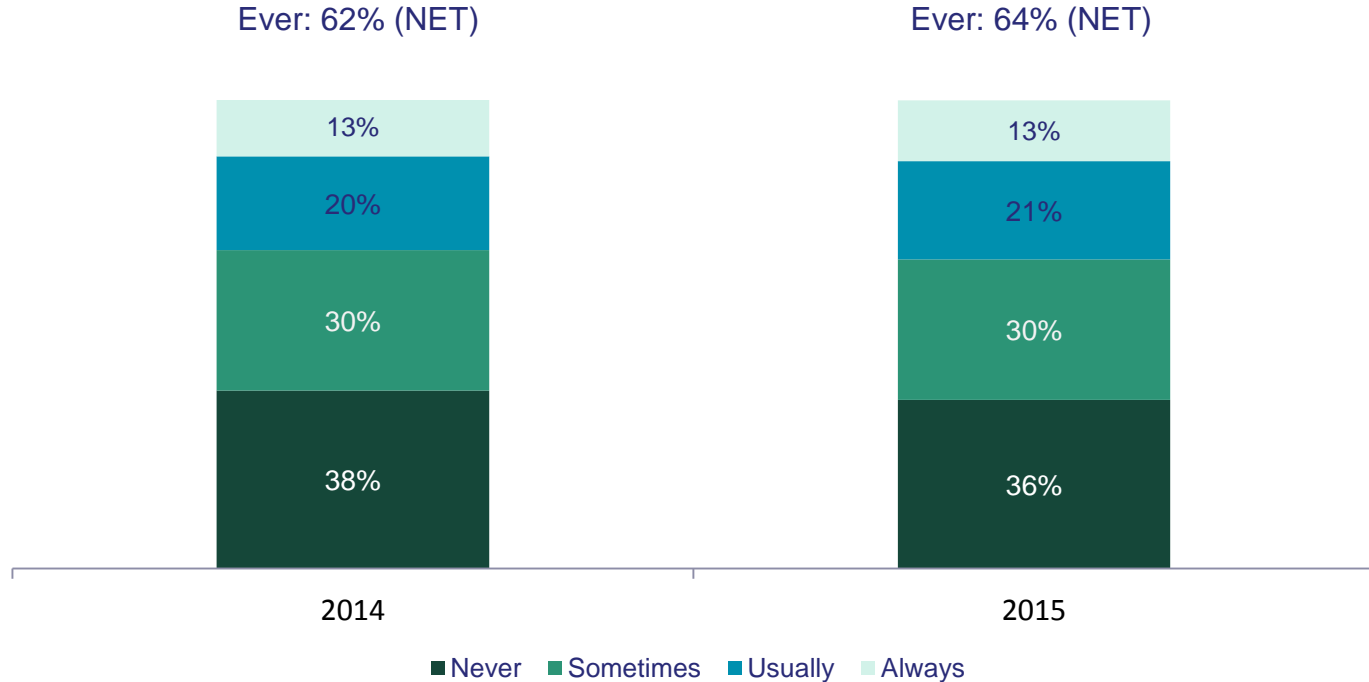
- What prevents you from taking your medication(s) on a regular basis?
- More Medicare Primary Retirees in 2014 than in 2015 took their medications as prescribed. This could be due to an increase in 2015 in the proportion of those who do not take their medications regularly because their copay is too expensive.



Red letters represent statistically significant differences at the 95% level.

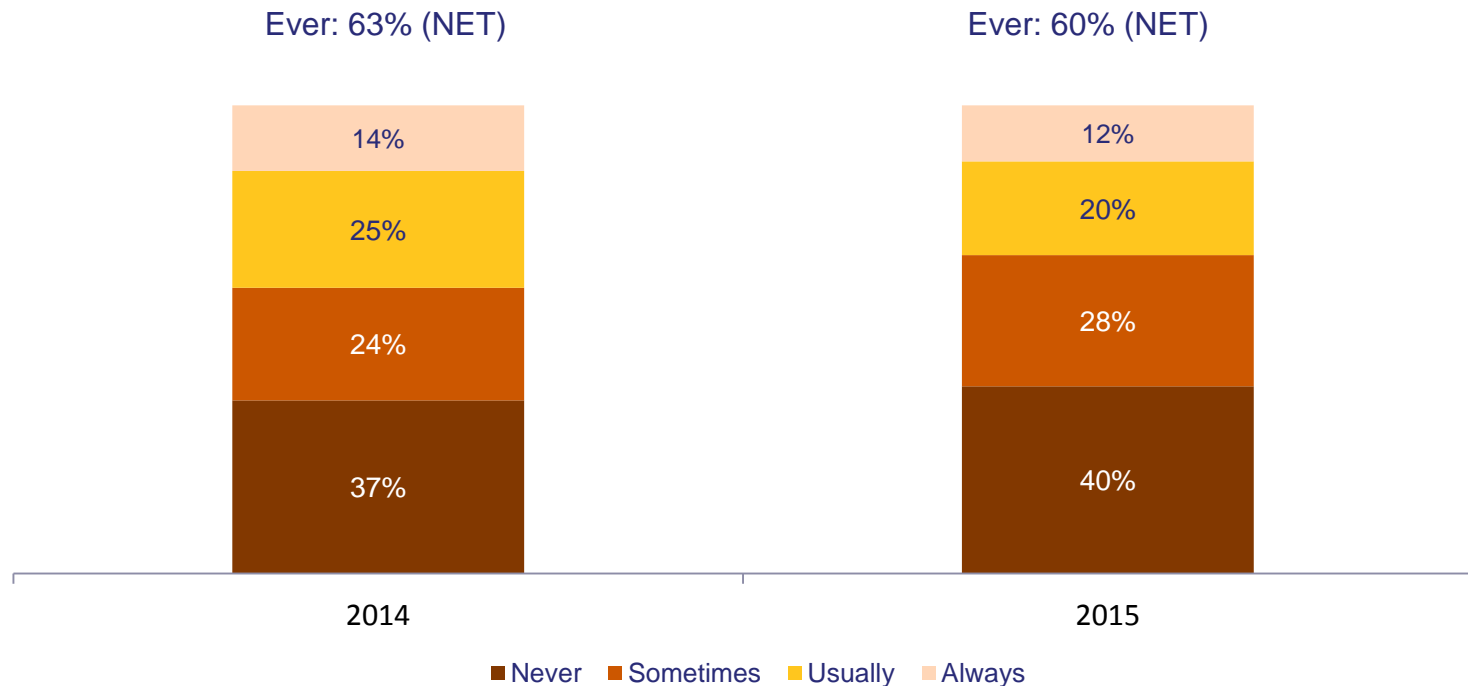
Active Members - Advance Notice of Cost

- In the last 12 months, how often were you able to find out in advance how much you would have to pay for health care services or equipment that you needed?
- Over the past 12 months, just over one third of Active Employees/Retirees say they have never been able to find out in advance how much they would have to pay for needed health care services/equipment. This proportion is similar to what was captured in 2014.



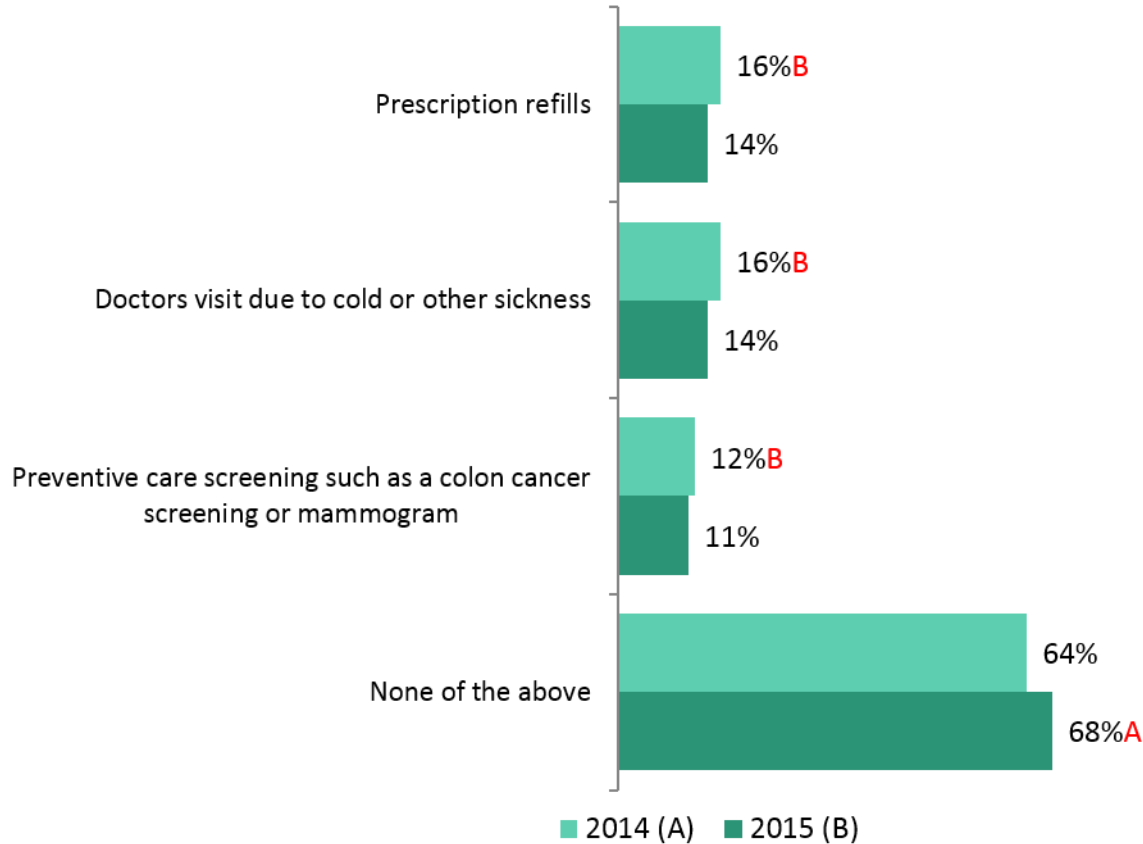
Medicare Members - Advance Notice of Cost

- In the last 12 months, how often were you able to find out in advance how much you would have to pay for health care services or equipment that you needed?
- Over the past 12 months, four out of ten Medicare Primary Retirees say they have never been able to find out in advance how much they would have to pay for needed health care services/equipment. This proportion did not change significantly from 2014.



Active Members – Cost as a Barrier

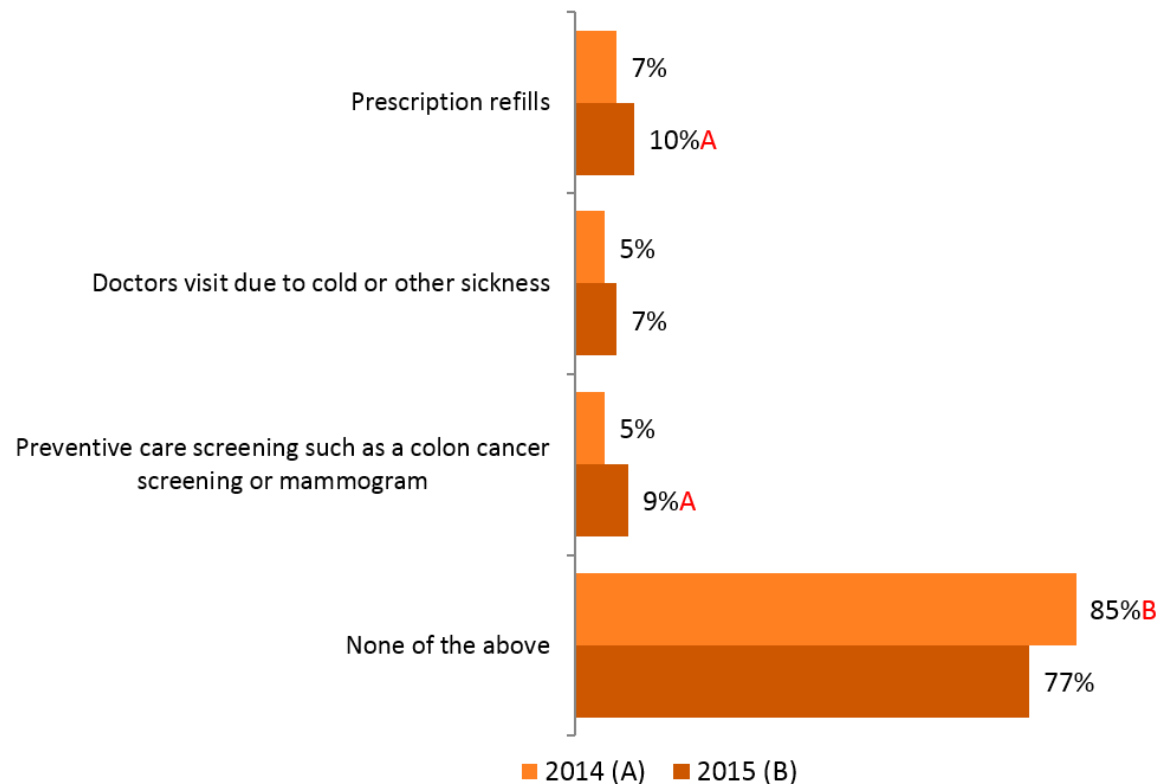
- In the last 12 months, did you delay or not get any of the following services because of the cost?
- 32% of Active Employees/Retirees say they were delayed in getting health care service or didn't receive it at all in the past 12 months because of cost. However, this is an improvement over 2014 where 36% said the same.



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Medicare Members - Cost as a Barrier

- In the last 12 months, did you delay or not get any of the following services because of the cost?
- Cost has become more of an issue for Medicare Primary Retirees in 2015, since 23% of these members say they were delayed in getting health care service or didn't receive it at all in the past 12 months for this reason, as compared to 15% in 2014. More specifically, more retirees in 2015 than in 2014 delayed or did not refill prescriptions and/or receive preventive care screenings because of the cost.



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Active Members – Communication Methods

- List your most preferred method or methods of receiving information from the State Health Plan. Please rank the items on the list using numbers 1 through 7, where 1 means your most preferred method, 2 means your second most preferred, and so on, with 7 being the least preferred method.
- Mailed printed materials and email communications are the top two most preferred methods of receiving information from the State Health Plan, among Active Employees/Retirees. However, more of these members in 2015 prefer mailed printed materials than in 2014. Other changes include fewer members in 2015 than in 2014 preferring the State Health Plan website and the Member Focus newsletter.

Method Preferences Ranked 1-7 <i>Base: AE 2014 Total (n=5171); AE 2015 Total (n=4859)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
Printed material mailed to my home	34%	39%A	52%	58%C	65%	71%E	2.78H	2.57
Email communications	35%	35%	63%	64%	80%	80%	2.36	2.35
State Health Plan website (shpnc.org)	16%B	14%	33%D	31%	56%F	52%	3.31	3.43G
Member Focus, monthly electronic State Health Plan newsletter	9%B	7%	31%D	26%	60%F	55%	3.33	3.49G
Through my Health Benefits Representative	3%	3%	8%	8%	15%	15%	5.26	5.26
Group meetings or presentations at my worksite	2%	2%	7%	7%	13%	13%	5.46	5.54G
Mobile application for my phone	2%	1%	6%	6%	12%	14%E	5.49H	5.36

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Medicare Members – Communication Methods

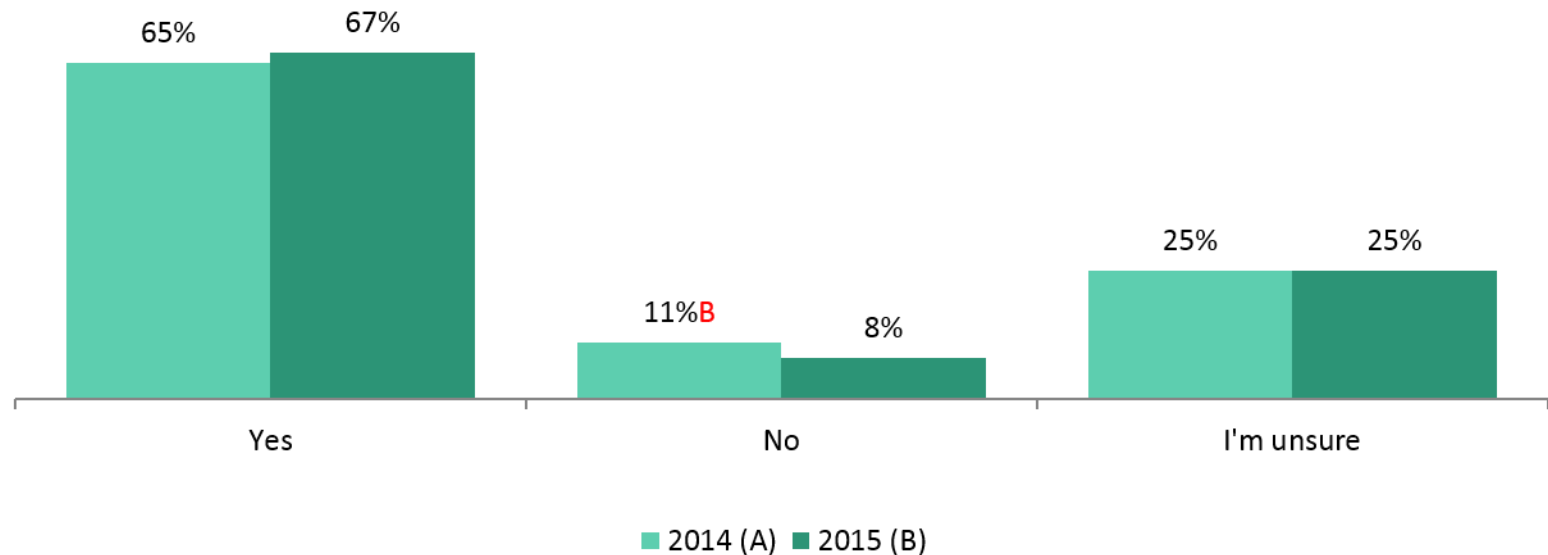
- List your most preferred method or methods of receiving information from the State Health Plan. Please rank the items on the list using numbers 1 through 7, where 1 means your most preferred method, 2 means your second most preferred, and so on, with 7 being the least preferred method.
- Mailed printed materials and email communications are the top two most preferred methods of receiving information from the State Health Plan, among Medicare Primary Retirees. However, more of these members in 2015 prefer mailed printed materials than in 2014.

Method Preferences Ranked 1-7 <i>Base: MP 2014 Total (n=2554); MP 2015 Total (n=597)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
Printed material mailed to my home	53%	58%A	68%	74%C	78%	82%E	2.14H	1.95
Email communications	25%	22%	56%	54%	75%	73%	2.60	2.71
State Health Plan website (shpnc.org)	11%	9%	31%	30%	58%	54%	3.25	3.38
Member Focus, monthly electronic State Health Plan newsletter	9%	7%	33%D	25%	66%F	57%	3.12	3.39G
Through my Health Benefits Representative	2%	3%	6%	9%C	11%	15%E	5.36	5.34
Group meetings or presentations at my worksite	0%	0%	3%	5%C	6%	11%E	5.86H	5.65
Mobile application for my phone	0%	1%	3%	3%	6%	8%	5.67	5.58

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.

Active Members – PCP & Specialist Communicating

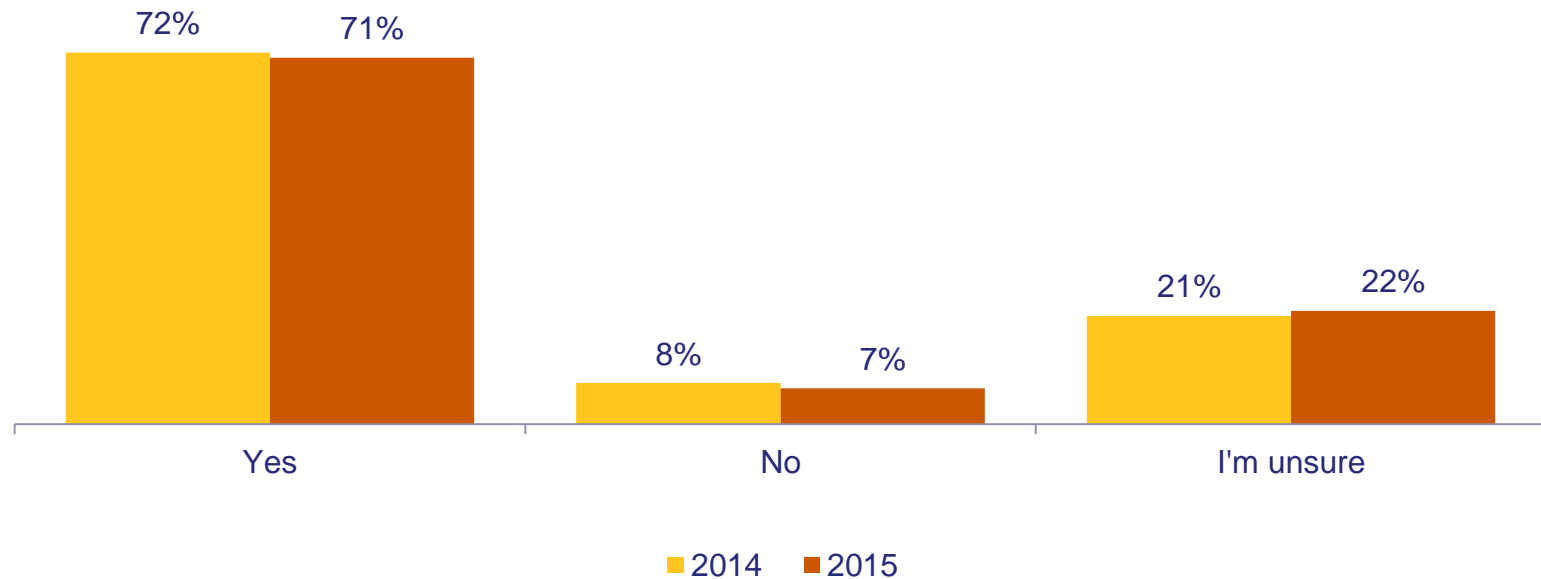
- Does your Primary Care Provider communicate with your specialist(s) to provide you with the highest level of care?
- In both 2014 and 2015, about two thirds of Active Employees/Retirees say their Primary Care Provider communicates with their specialist(s) to provide them with the highest level of care. The proportion of those who said their Primary Care Provider does not do this decreased from 2014 to 2015.



Red letters represent statistically significant differences at the 95% level.

Medicare Members – PCP & Specialist Communicating

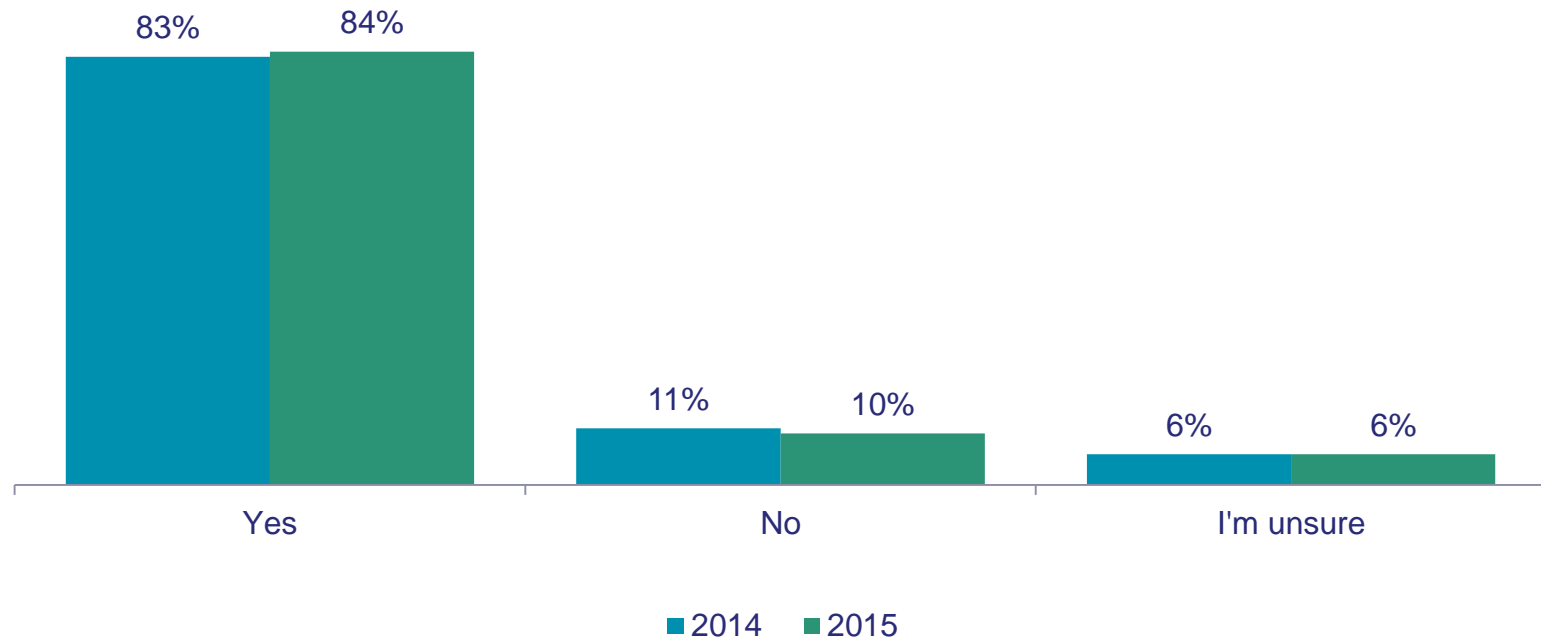
- Does your Primary Care Provider communicate with your specialist(s) to provide you with the highest level of care?
- In both 2014 and 2015, almost three quarters of Medicare Primary Retirees say their Primary Care Provider communicates with their specialist(s) to provide them with the highest level of care.



Red letters represent statistically significant differences at the 95% level.

Active Members – PCP Providing Resources

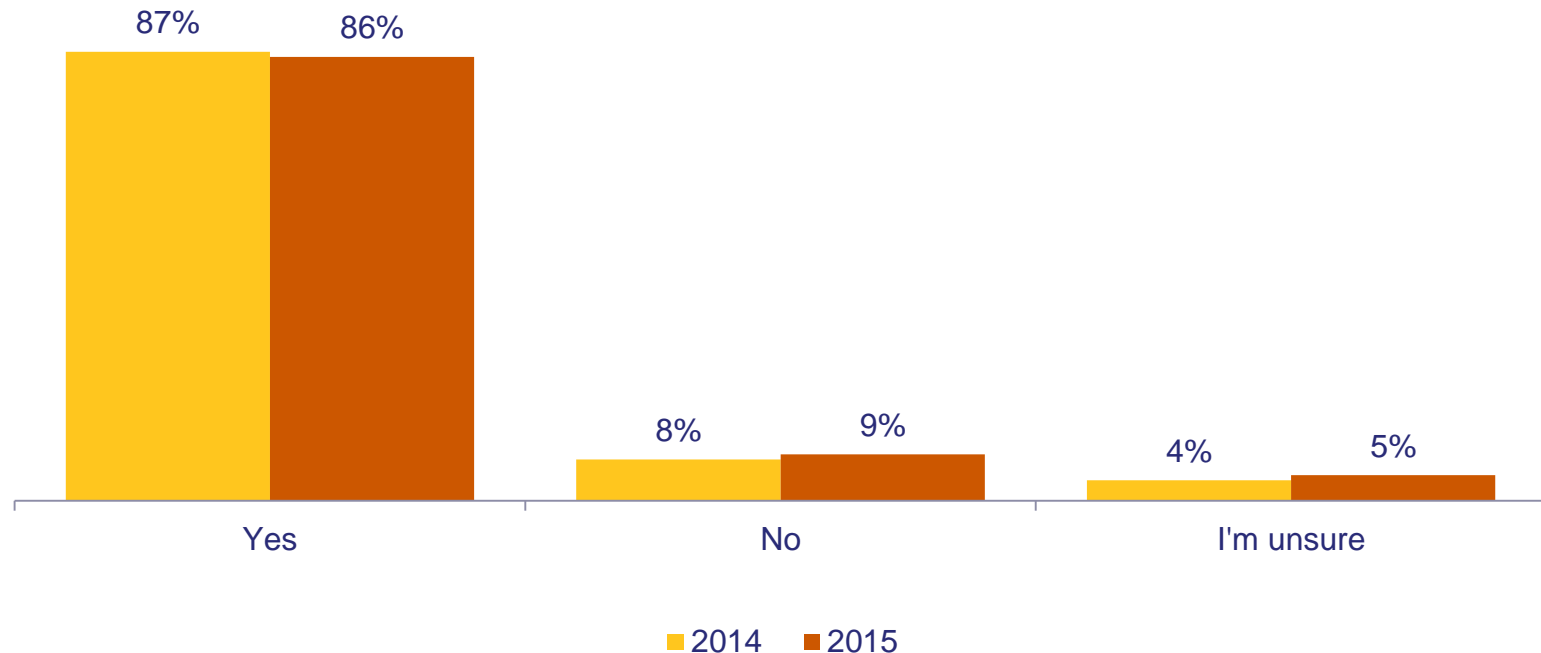
- Does your Primary Care Provider give you resources to help you understand and manage your health? For example, resources to help you manage your diabetes or maintain a healthy weight.
- About eight out of ten Active Employees/Retirees say their Primary Care Provider gives them resources to help them understand and manage their health. This proportion has remained stable over time.



Red letters represent statistically significant differences at the 95% level.

Medicare Members – PCP Providing Resources

- Does your Primary Care Provider give you resources to help you understand and manage your health? For example, resources to help you manage your diabetes or maintain a healthy weight.
- Almost nine out of ten Medicare Primary Retirees say their Primary Care Provider gives them resources to help them understand and manage their health. No significant changes occurred from 2014 to 2015.



Red letters represent statistically significant differences at the 95% level.

Survey Comparison

- Both surveys yielded similar low response rates even when an incentive was offered.
- Similar results regarding Primary Care Provider utilization.
- Similar opportunities to expand member's knowledge about the basics of their benefits to include in future outreach efforts.
- Preference in communication methods similar among Active and Medicare populations.



Appendix

1. 2015 Segal's Health Management Summary Report
2. 2015 Blue Cross and Blue Shield of NC Membership Satisfaction Survey Final Report

North Carolina State Health Plan

HEALTH MANAGEMENT SURVEY RESULTS Board of Trustees Summary Report

August 28, 2015



Table of Contents

➤ Background	2
➤ Survey Sampling	3
➤ Survey Incentive	4
➤ Survey Response Rate	5
➤ Highlights of Results	6
➤ Demographic Differences	18

Background

- The Segal Company conducted a Health Management Survey with a randomized group of Active/Non-Medicare Retiree and Medicare Retiree North Carolina State Health Plan members in April and May of 2015.
- The survey was available from April 20, 2015 through May 20, 2015.
- The Survey's objective was to gather members' opinions about the service and care provided through the State Health Plan, with particular focus on members' interactions with their Primary Care Providers.

Survey Sampling

- 35,027 Actives and Non-Medicare Retiree members were invited to respond via an online version of the survey, using two postcard mailings to members' homes—an announcement and a reminder.
- 18,595 Medicare Retiree members were invited to respond via a paper version of the survey, using two mailings to members' homes - the paper survey with an introductory letter and reminder.
- The solicitation sampling design was intended to determine if there were any differences in responses by gender and by plan selection—an approach that was unique in contrast with previous member satisfaction surveys conducted by the State Health Plan.

Survey Incentive

- To encourage members to complete the survey, two types of incentives were offered:
 - **Actives and Non-Medicare Retiree members:** A one-night, free Redbox video rental, provided as a code by email or text message.
 - **Medicare Retiree members:** A \$5 Walmart gift card, provided by mail.

Survey Response Rate

- The survey response rate was targeted at 10% for males and 16% for females, to reflect the State Health Plan's gender composition. The actual response rate by gender was as follows:
 - 10.6% male
 - 11.3% female

- 7,220 members responded:
 - 1,944 members (27%) responded online—these were almost exclusively Actives and Non-Medicare Retirees. This represented a 6% (rounded) response rate. Of this group, 46% were Active members.

 - 5,276 members (73%) responded via paper—these were almost exclusively Medicare Retirees. This represented a 28% (rounded) response rate.

Highlights of Results

Coverage Level

- Just over three-quarters of respondents have Employee/Retiree only coverage.

Reason for Current Coverage

- The answer to why they chose the health plan they have now, respondents ranked as #1 “The cost to have coverage (my monthly premium)”

Primary Care Provider Relationship

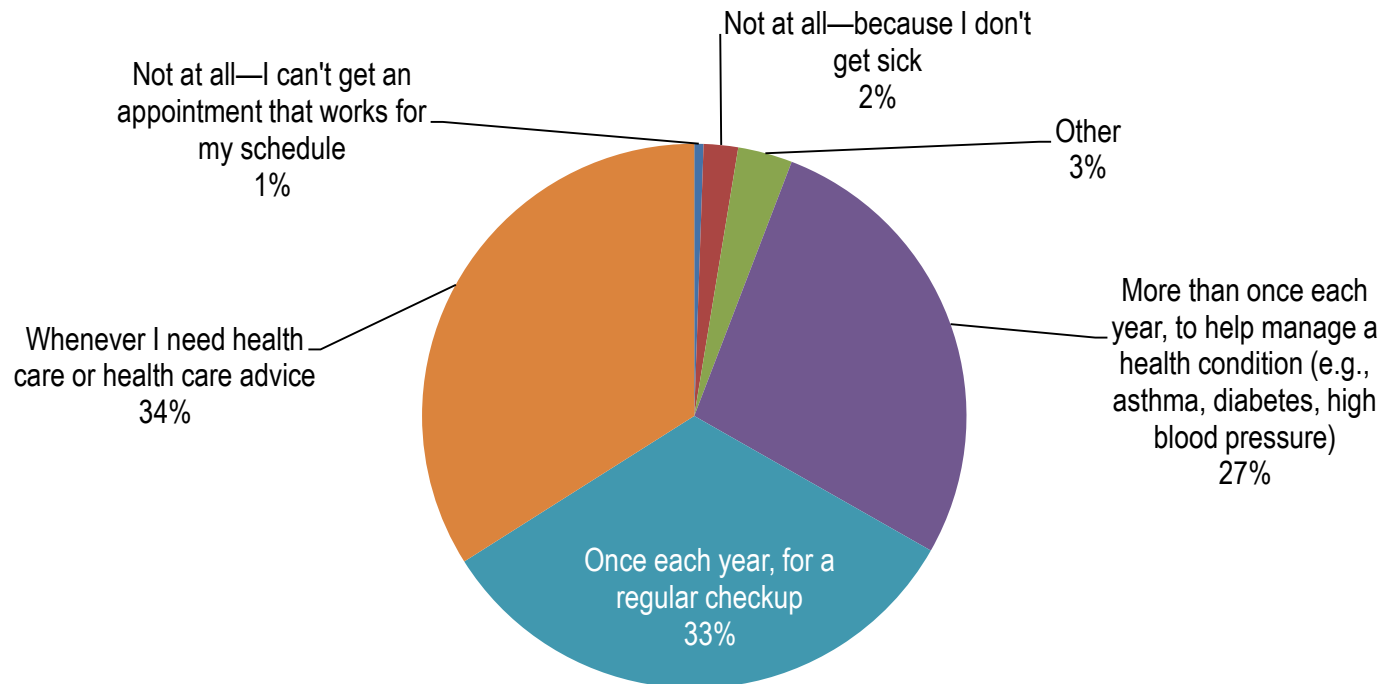
- The great majority (95%) of respondents have a Primary Care Provider
- Most respondents chose their PCP based on his/her location
 - While location convenience is an important practical factor in choosing a PCP, this may indicate an opportunity to educate members about the value of choosing a PCP that provides a clinical care advantage—that is, a PCP that is in a PCMH practice.

Highlights of Results *continued*

Primary Care Provider Relationship *continued*

- 60% of Actives/Non-Medicare Retiree respondents said they see their PCP for a regular check-up or see their PCP more than once each year to help manage a health condition.
 - This may indicate an opportunity to encourage the other 40% who may not see their PCP for a regular check-up to do so—and to provide education about the importance and value of receiving preventive care.

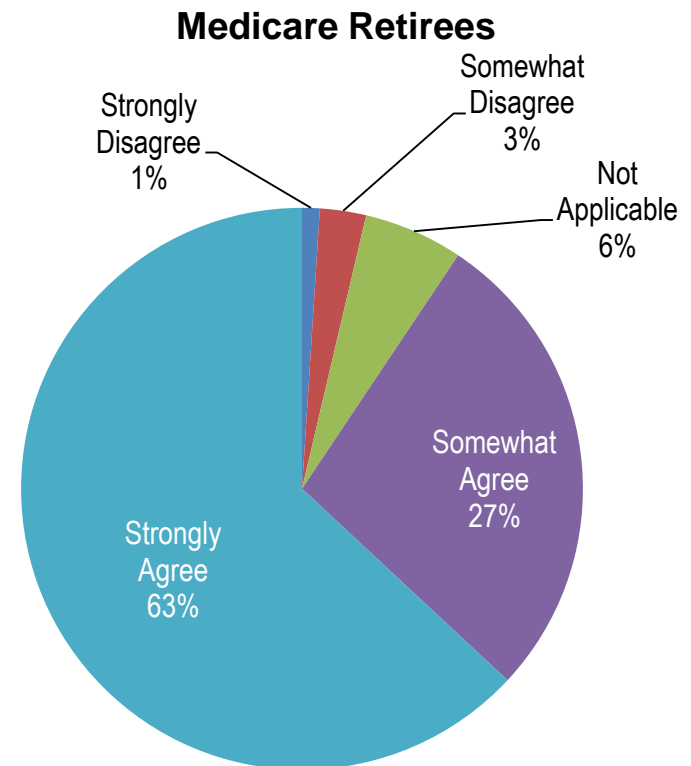
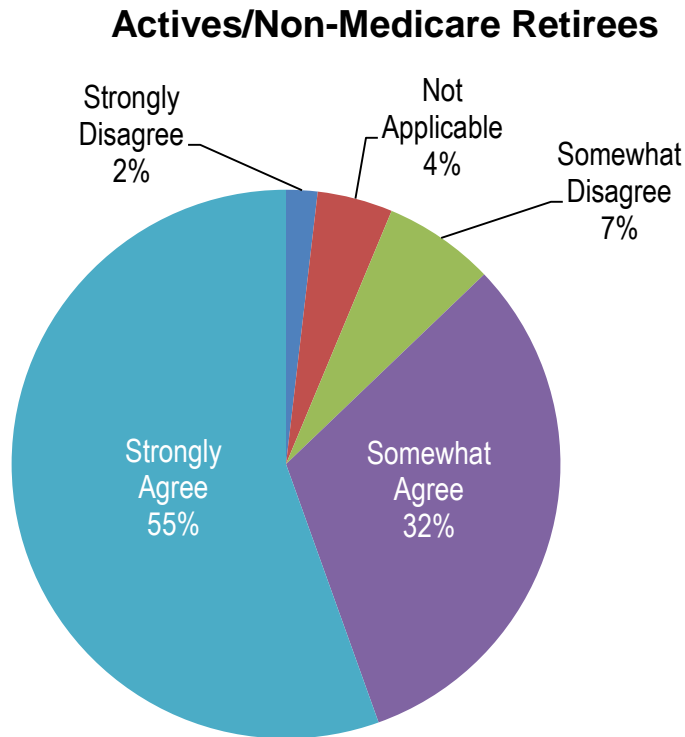
Actives/Non-Medicare Retirees



Highlights of Results *continued*

Primary Care Provider Relationship *continued*

- The large majority (87%) of Actives/Non-Medicare Retirees and Medicare Retirees (90%) respondents strongly agree or somewhat agree that it's easy for them to get a PCP appointment as soon as they need one.
 - This indicates that PCP access is not an issue for most respondents in receiving the primary medical care they need.

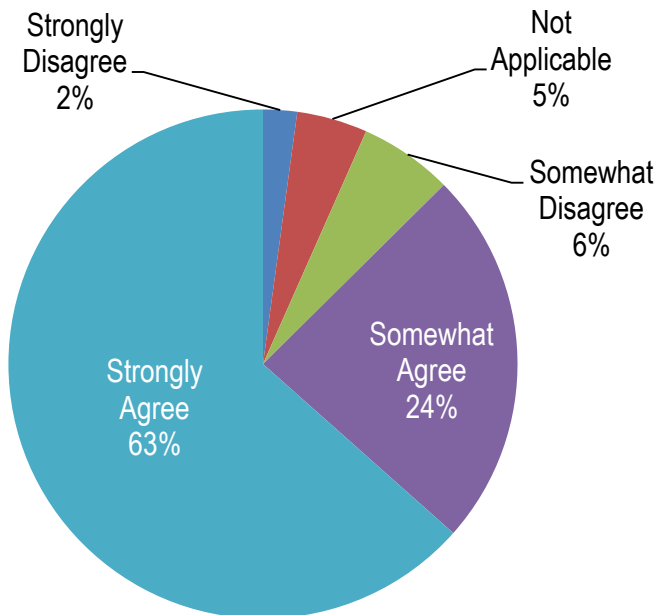


Highlights of Results *continued*

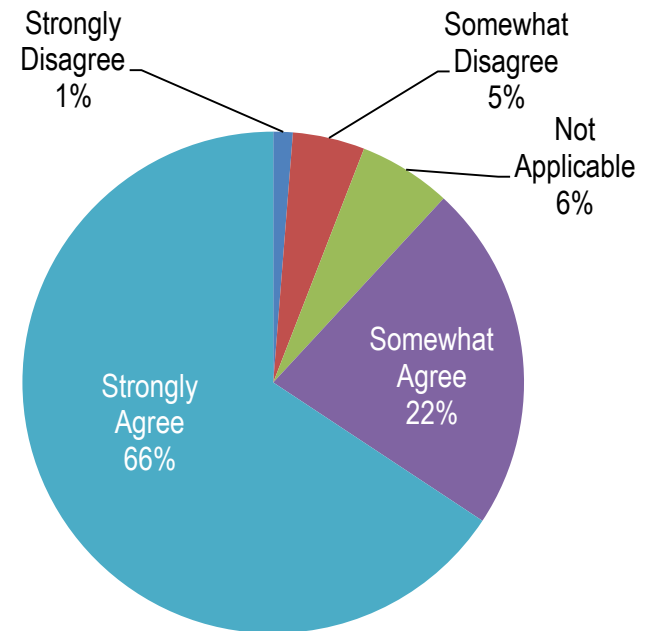
Primary Care Provider Relationship *continued*

- 63% of Actives/Non-Medicare Retirees and 66% of Medicare Retiree respondents strongly agree that when they need health care, they visit their primary care provider before seeing a specialist.
- While many respondents are appropriately visiting PCPs before specialists, these results indicate there may be an opportunity to reinforce the importance of and value in seeing a PCP before seeing a specialist among all members.

Actives/Non-Medicare Retirees



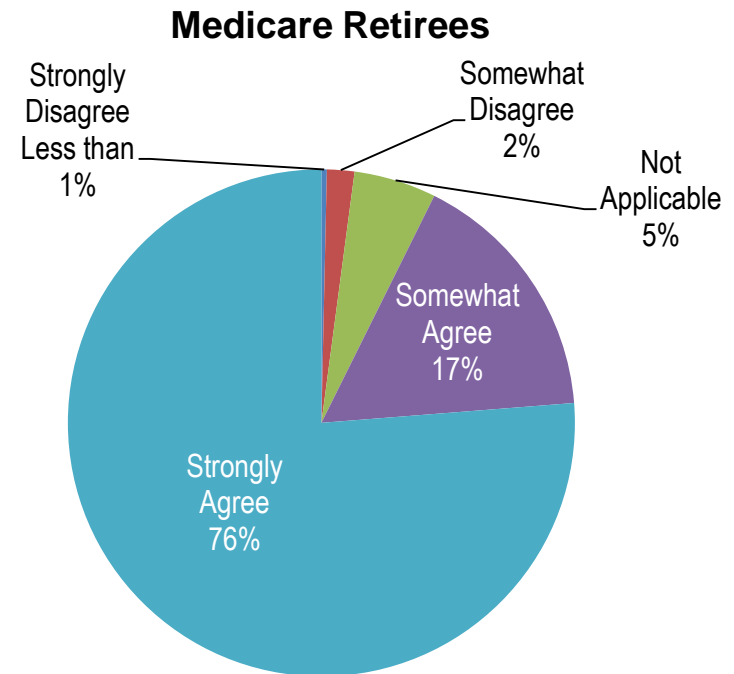
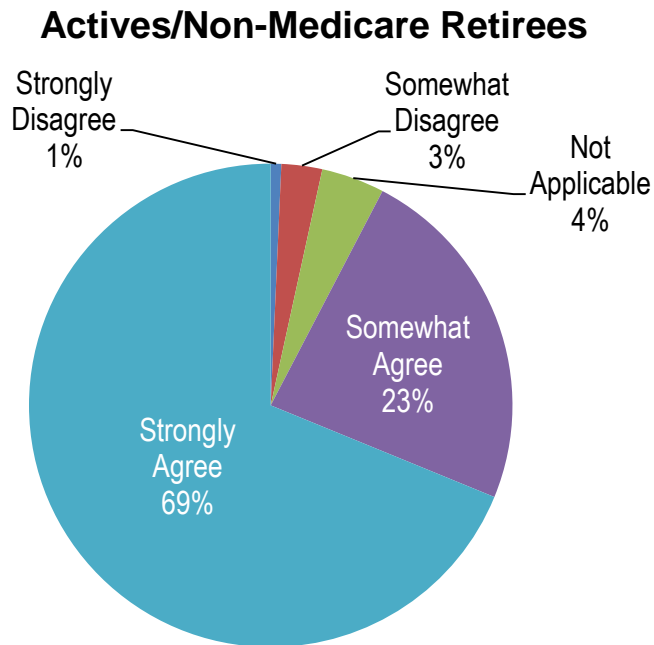
Medicare Retirees



Highlights of Results *continued*

Primary Care Provider Relationship *continued*

- 69% of Actives/Non-Medicare Retirees and 76% of Medicare Retiree respondents strongly agree that they are satisfied with the care they receive from their PCP.
- This may indicate that while a majority of respondents are satisfied with their care, there may be an opportunity to learn why a substantial portion of members respondents do not strongly agree with this statement.

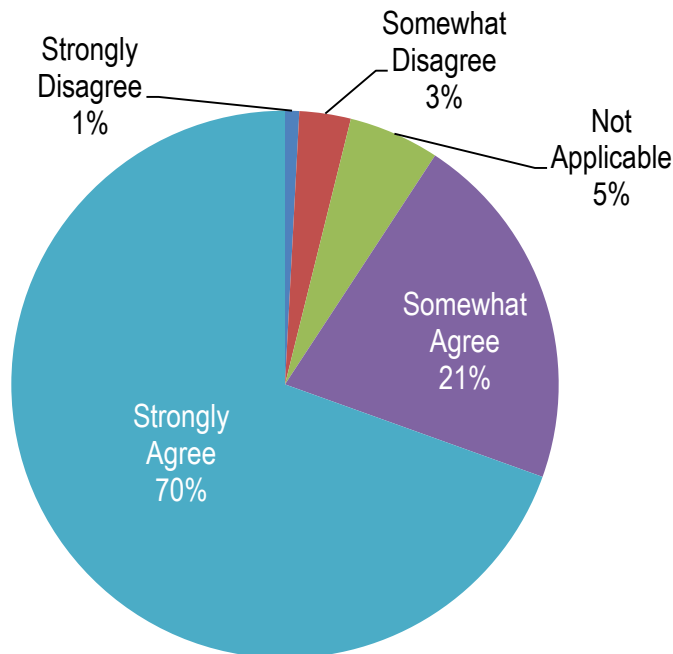


Highlights of Results *continued*

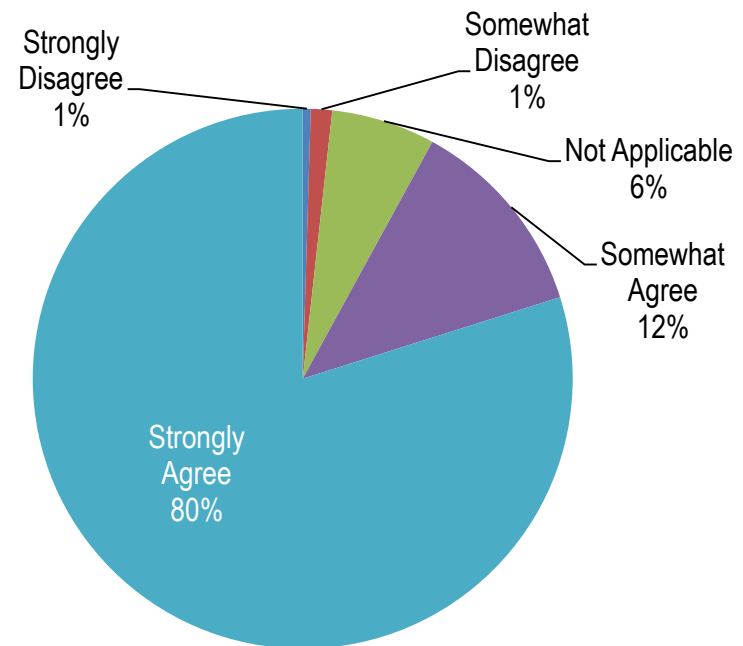
Primary Care Provider Relationship *continued*

- 70% of Actives/Non-Medicare Retirees and 80% of Medicare Retiree respondents strongly agree that their PCP tells them the preventive care screening, tests, and immunizations they need. However, 25% of Actives/Non-Medicare Retiree respondents do not strongly agree that their PCP provides this advice.
- This indicates that an opportunity remains to educate all members—but especially Actives and Non-Medicare Retirees—about the preventive care screenings, tests, and immunizations they should ask their PCP about.

Actives/Non-Medicare Retirees



Medicare Retirees

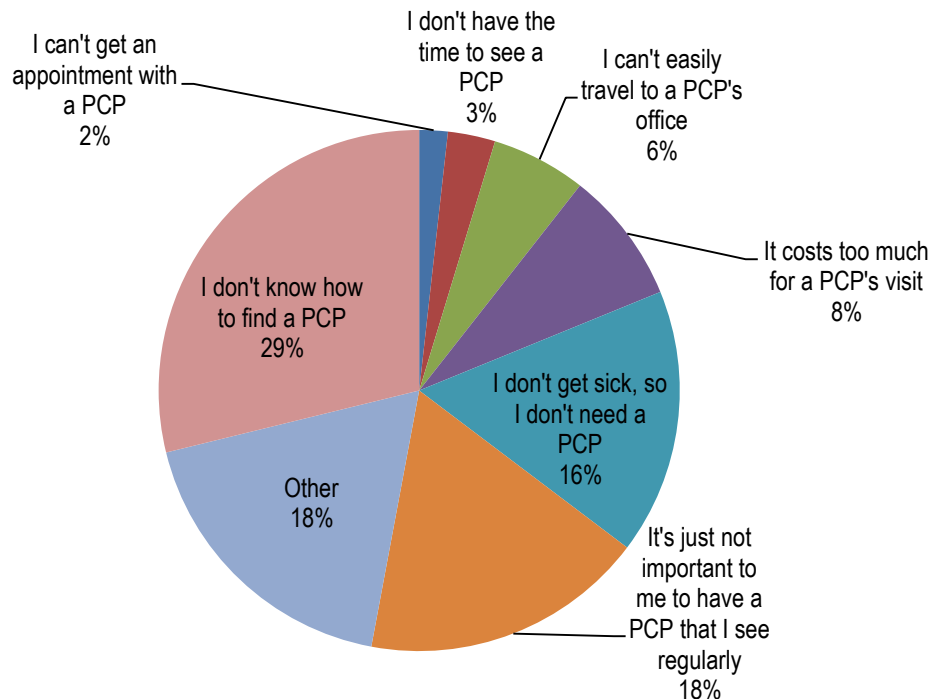


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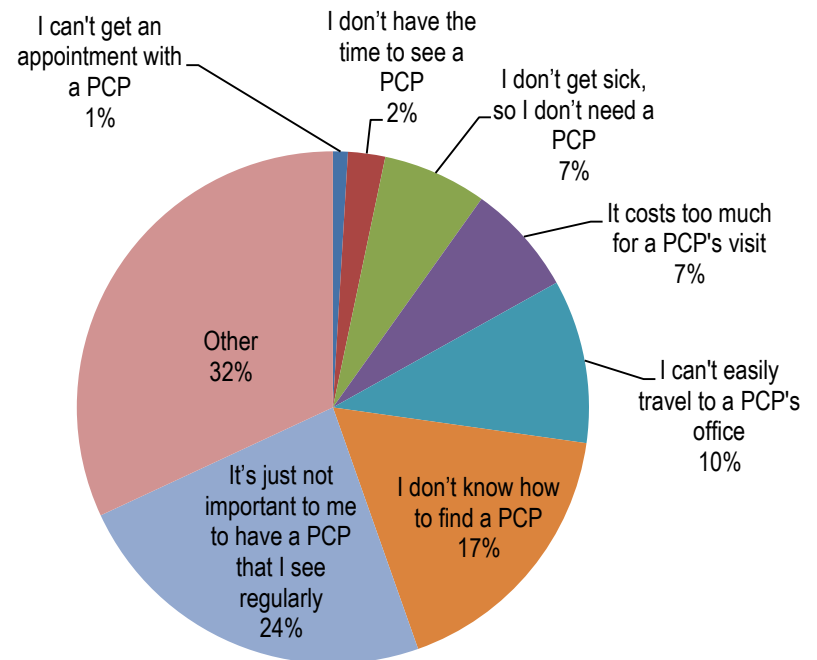
Primary Care Provider Relationship *continued*

- Only 6% of Actives/Non-Medicare Retirees and 4% of Medicare Retirees indicate they don't have a PCP. Actives/Non-Medicare Retirees cite “not knowing how to find a PCP” as the main reason. Retirees cite “other” or “it’s just not important”.
- The relatively small number of respondents who said they don't have a PCP indicates that this may not be a core medical care access issue or cost driver.

Actives/Non-Medicare Retirees



Medicare Retirees

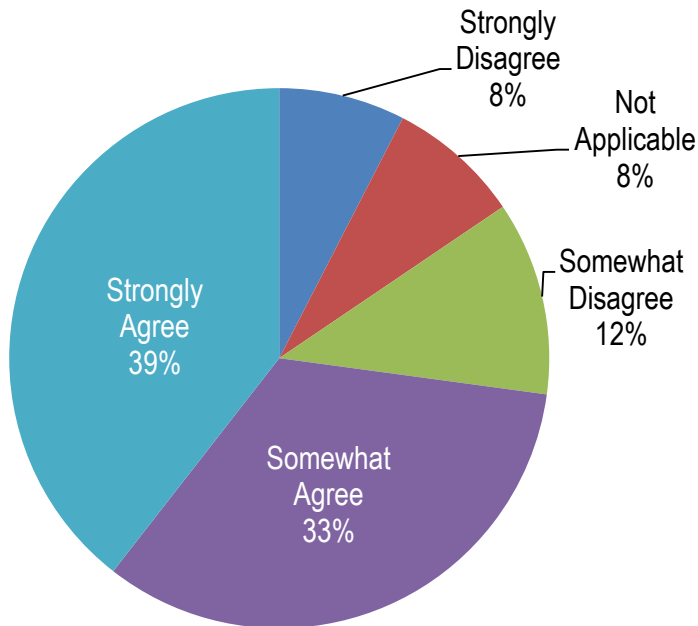


Highlights of Results *continued*

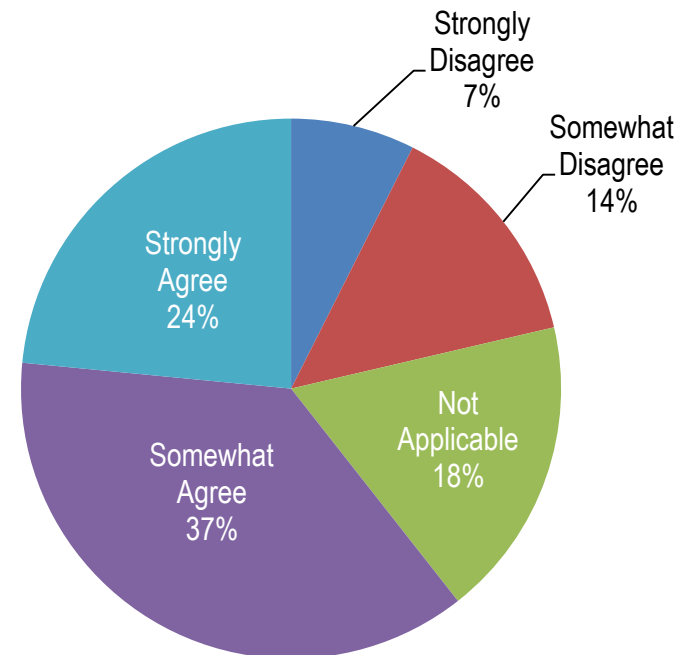
State Health Plan Resources

- 72% of Actives/Non-Medicare Retirees and just under 61% of Medicare Retiree respondents agree that they would use State Health Plan resources to lower the amount they pay for their health plan.
 - This indicates an opportunity to promote the availability of telephonic health coaching and case management for a health condition to all members, through the SHP's new Health Engagement Program.

Actives/Non-Medicare Retirees



Medicare Retirees

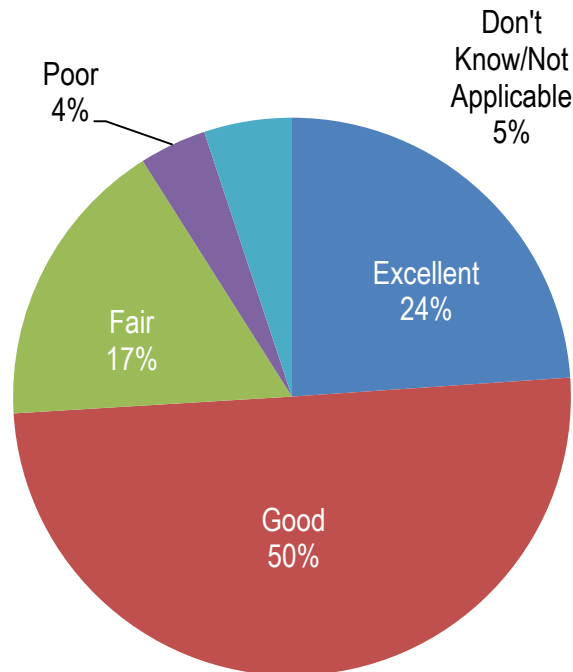


Highlights of Results *continued*

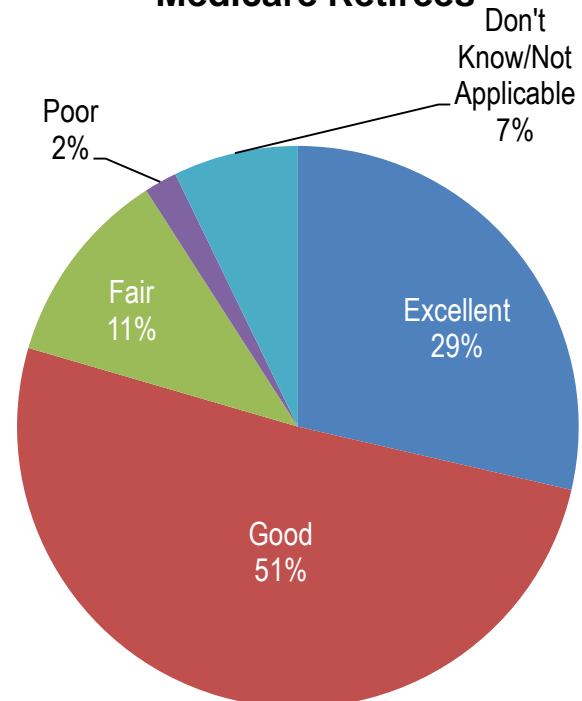
State Health Plan Resources *continued*

- 74% of Actives/Non-Medicare Retirees and 80% of Medicare Retiree respondents rate the overall effectiveness of mailings they receive from the State Health Plan as excellent or good.

Actives/Non-Medicare Retirees



Medicare Retirees



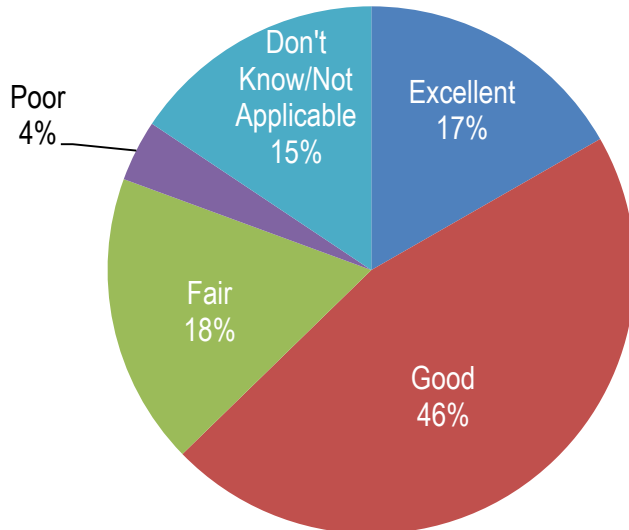
- Actives/Non-Medicare Retiree respondents would like to get information about their health plan benefits through home mailings, by email, and on the State Health Plan's website, while Medicare Retirees primarily prefer home mailings.

Highlights of Results *continued*

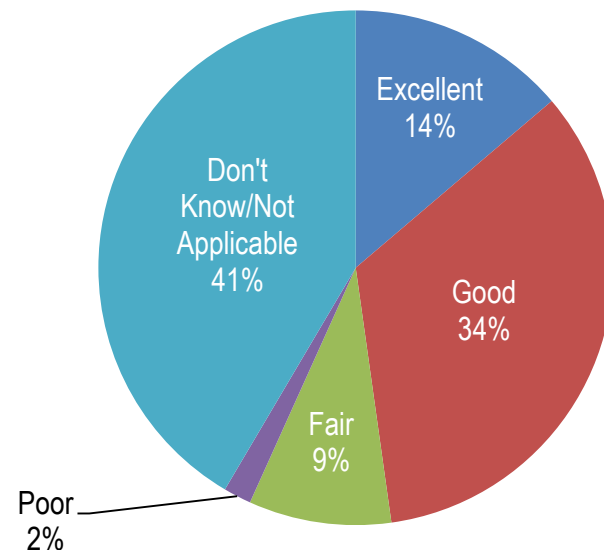
State Health Plan Resources *continued*

- 63% of Actives/Non-Medicare respondents and almost half (48%) of Medicare Retiree respondents rate the effectiveness of the State Health Plan website as excellent or good. However, 41% of Medicare Retiree respondents say they don't know about the effectiveness of the website or that the question doesn't apply to them.
 - Note: Since the survey was distributed, a new website has been launched. However, an opportunity exists.

Actives/Non-Medicare Retirees



Medicare Retirees

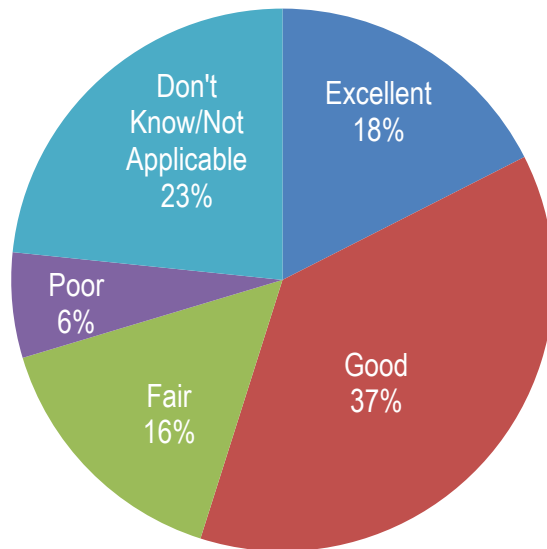


Highlights of Results *continued*

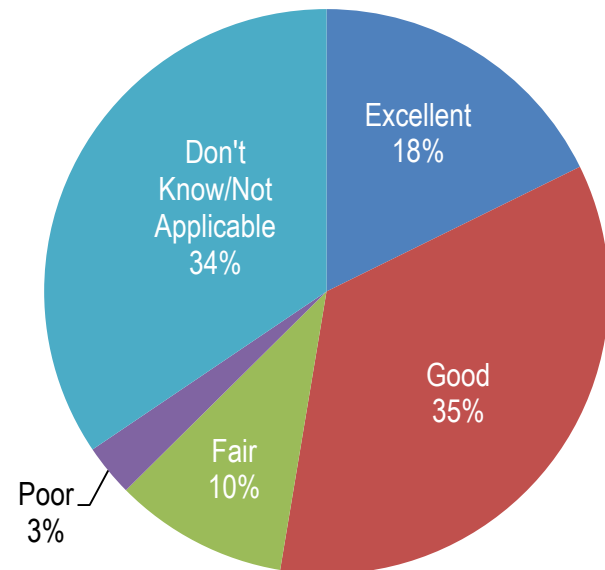
State Health Plan Resources *continued*

- Just over half (55%) of Actives/Medicare Retirees and just over half (53%) of Medicare Retiree respondents rate the overall effectiveness of their Benefits/Human Resources representative/the State's Retirement Systems as excellent or good.
 - This indicates an opportunity to share these findings with HBRs to encourage continued engagement with members and to continue to provide benefits training for HBRs so they can provide the highest level of support possible to members.

Actives/Non-Medicare Retirees



Medicare Retirees

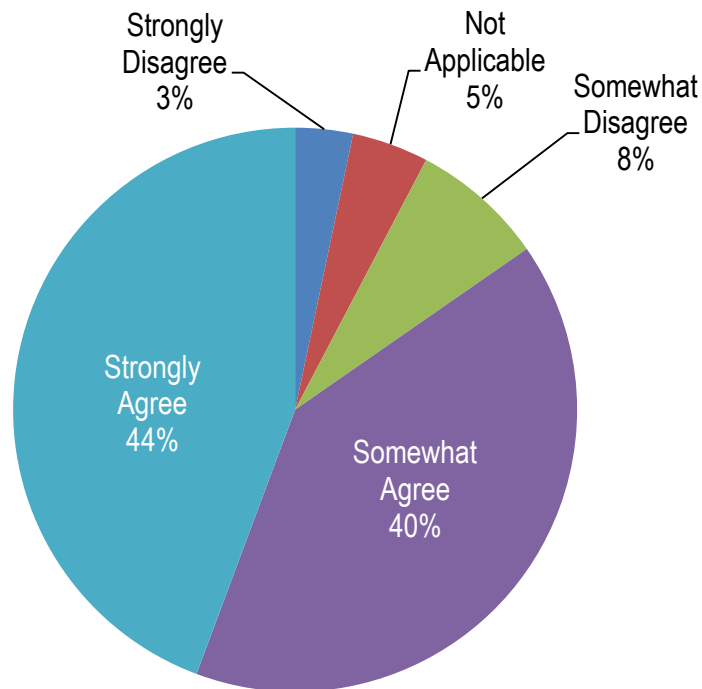


Highlights of Results *continued*

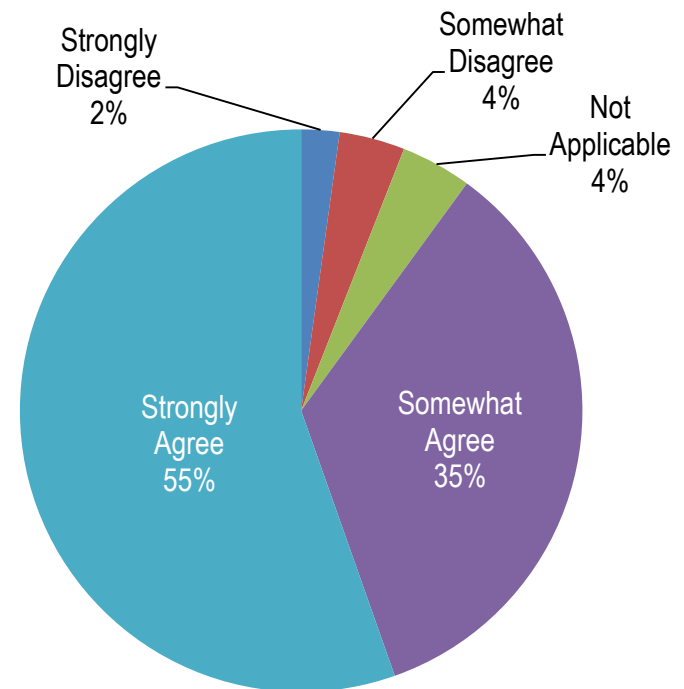
Claims Services

- A large majority (84%) of Actives/Non-Medicare Retirees and an even larger majority (90%) of Medicare Retiree respondents strongly agree or somewhat agree that they are satisfied with the claims services their health plan provides.

Actives/Non-Medicare Retirees



Medicare Retirees

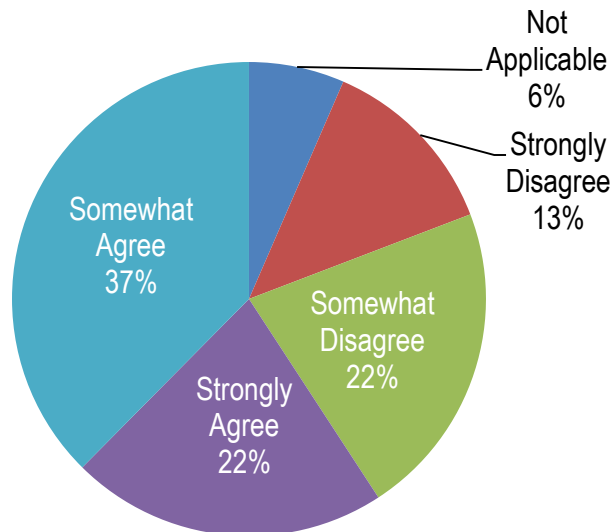


Highlights of Results *continued*

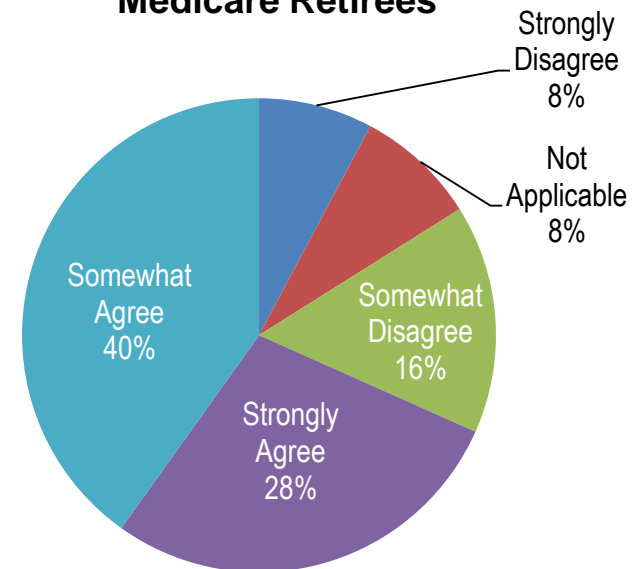
Opportunities to Learn More

- Actives/Non-Medicare Retirees and Medicare Retiree respondents both selected “deductibles, copays, coinsurance, and out-of-pocket maximums” as the subjects they would most like to learn more about.
- Only 22% of Actives/Non-Medicare Retirees and 28% of Medicare Retiree respondents indicate that they know how to find the cost of a medical service or supply they need.
 - This indicates an opportunity to provide members with an objective source of health care cost and quality information and to educate members on how to use that information to make well-informed health care purchasing decisions.

Actives/Non-Medicare Retirees



Medicare Retirees



About Demographic Differences

Survey results were also analyzed by respondent group: Actives/Non-Medicare Retirees, Medicare Retirees gender, and the plan selection.

The following pages list responses that differed among Plan groups. There was only one question that showed a significant difference in response based on gender.

- Responses where the spread was 10 percentage points or more higher are noted in **green text**
- Responses where the spread was 10 percentage points or more lower are noted in **red text**
 - In many cases, for Actives/Non-Medicare Retirees, the least positive response sentiments were from CDHP members. This may indicate a lack of understanding about how the CDHP works or a lack of satisfaction with plan coverage.
 - In most cases, for Medicare Retirees the most positive response sentiment is from members covered under the Humana Medicare Advantage Enhanced Plan. This may indicate a high degree of satisfaction with and understanding of this plan compared to the other available health plan options.

Demographic Differences: Actives/Non-Medicare Retirees

Q10—I do/do not have a Primary Care Provider (PCP)—I do:

- 96% Enhanced 80/20 Plan
- 96% Consumer-Directed Health Plan
- 86% Traditional 70/30 Plan

Q15—When I need health care, I visit my Primary Care Provider before seeing a specialist. [Strongly Agree]

- 65% Enhanced 80/20 Plan
- 60% Traditional 70/30 Plan
- 53% Consumer-Directed Health Plan

Q16—I am confident that my Primary Care Provider is providing/can provide the care I need. [Strongly Agree]

- 71% Enhanced 80/20 Plan
- 60% Traditional 70/30 Plan
- 57% Consumer-Directed Health Plan

Demographic Differences: Actives/Non-Medicare Retirees *continued*

**Q17—I am satisfied with the care I receive from my Primary Care Provider.
[Strongly Agree]**

- 73% Enhanced 80/20 Plan
- 60% Consumer-Directed Health Plan
- 59% Traditional 70/30 Plan

Q18—My Primary Care Provider tells me the preventive care screenings, tests, and immunizations I need. [Strongly Agree—*by gender*]

- More females than males strongly agree (+11 points)

Q18—My Primary Care Provider tells me the preventive care screenings, tests, and immunizations I need. [Strongly Agree—*by plan*]

- 74% Enhanced 80/20 Plan
- 59% Traditional 70/30 Plan
- 57% Consumer-Directed Health Plan

Demographic Differences: Actives/Non-Medicare Retirees

continued

Q19—My Primary Care Provider explains the results of my blood tests, X-rays, and other tests in plain language that I can understand. [Strongly Agree]

- 75% Enhanced 80/20 Plan
- 63% Traditional 70/30 Plan
- 60% Consumer-Directed Health Plan

Q20—My Primary Care Provider explains the medication he/she prescribes, in plain language that I can understand. [Strongly Agree]

- 76% Enhanced 80/20 Plan
- 64% Traditional 70/30 Plan
- 61% Consumer-Directed Health Plan

Demographic Differences: Actives/Non-Medicare Retirees *continued*

Q21—My Primary Care Provider helps me understand and manage my health conditions. [Strongly Agree]

- 68% Enhanced 80/20 Plan
- 58% Traditional 70/30 Plan
- 46% Consumer-Directed Health Plan

Q22—I am confident that my Primary Care Provider and/or their office can help me coordinate the care/testing I may need. [Strongly Agree]

- 71% Enhanced 80/20 Plan
- 62% Traditional 70/30 Plan
- 60% Consumer-Directed Health Plan

Demographic Differences: Actives/Non-Medicare Retirees *continued*

Q29—How would you rate the overall effectiveness of mailings you receive from the State Health Plan? [Excellent or Good]

- 77% Enhanced 80/20 Plan
- 76% Traditional 70/30 Plan
- 65% Consumer-Directed Health Plan

Q30—How would you rate the overall effectiveness of your Benefits/Human Resources representative/the State's Retirement Systems? [Excellent or Good]

- 58% Enhanced 80/20 Plan
- 57% Traditional 70/30 Plan
- 47% Consumer-Directed Health Plan

Demographic Differences: Actives/Non-Medicare Retirees *continued*

**Q31—My main source of information about the State Health Plan is:
[The State Health Plan website]**

- 43% Consumer-Directed Health Plan
- 39% Enhanced 80/20 Plan
- 29% Traditional 70/30 Plan

Demographic Differences: Medicare Retirees

Q10—I do/do not have a Primary Care Provider (PCP)—I do:

- 96% Humana Medicare Advantage Enhanced Plan
- 93% UnitedHealthcare Medicare Advantage Base Plan
- 89% UnitedHealthcare Medicare Advantage Enhanced Plan
- 88% Humana Medicare Advantage Base Plan
- 85% Traditional 70/30 Plan

Q14: It's easy for me to get a Primary Care Provider's (PCP's) appointment as soon as I need one [Strongly Agree]

- 71% Humana Medicare Advantage Enhanced Plan
- 63% UnitedHealthcare Medicare Advantage Enhanced Plan
- 62% Traditional 70/30 Plan
- 61% UnitedHealthcare Medicare Advantage Base Plan
- 54% Humana Medicare Advantage Base Plan

Demographic Differences: Medicare Retirees

continued

Q15—When I need health care, I visit my Primary Care Provider before seeing a specialist. [Strongly Agree]

- 71% Humana Medicare Advantage Enhanced Plan
- 71% UnitedHealthcare Medicare Advantage Base Plan
- 64% Humana Medicare Advantage Base Plan
- 59% Traditional 70/30 Plan
- 58% UnitedHealthcare Medicare Advantage Enhanced Plan

Q18—My Primary Care Provider tells me the preventive care screenings, tests, and immunizations I need. [Strongly Agree]

- 84% UnitedHealthcare Medicare Advantage Enhanced Plan
- 79% Humana Medicare Advantage Enhanced Plan
- 73% UnitedHealthcare Medicare Advantage Base Plan
- 70% Humana Medicare Advantage Base Plan
- 68% Traditional 70/30 Plan

Demographic Differences: Medicare Retirees

continued

**Q19—My Primary Care Provider explains the results of my blood tests, X-rays, and other tests in plain language that I can understand.
[Strongly Agree]**

- 88% Humana Medicare Advantage Enhanced Plan
- 78% Humana Medicare Advantage Base Plan
- 76% UnitedHealthcare Medicare Advantage Enhanced Plan
- 75% UnitedHealthcare Medicare Advantage Base Plan
- 73% Traditional 70/30 Plan

**Q21—My Primary Care Provider helps me understand and manage my health conditions (e.g., overweight, diabetes, high blood pressure).
[Strongly Agree]**

- 83% Humana Medicare Advantage Enhanced Plan
- 75% UnitedHealthcare Medicare Advantage Enhanced Plan
- 71% Traditional 70/30 Plan
- 68% Humana Medicare Advantage Base Plan
- 64% UnitedHealthcare Medicare Advantage Base Plan

Demographic Differences: Medicare Retirees

continued

Q22—I am confident that my Primary Care Provider and/or their office can help me coordinate the care/testing I may need. [Strongly Agree]

- 88% Humana Medicare Advantage Enhanced Plan
- 76% UnitedHealthcare Medicare Advantage Base Plan
- 75% UnitedHealthcare Medicare Advantage Enhanced Plan
- 74% Humana Medicare Advantage Base Plan
- 72% Traditional 70/30 Plan

Q23—I would use State Health Plan resources to lower the amount I pay for my health plan.

- 42% UnitedHealthcare Medicare Advantage Base Plan
- 41% Humana Medicare Advantage Enhanced Plan
- 30% UnitedHealthcare Medicare Advantage Enhanced Plan
- 28% Traditional 70/30 Plan
- 26% Humana Medicare Advantage Base Plan

Demographic Differences: Medicare Retirees

continued

**Q25—I am satisfied with the claims services my health plan provides.
[Strongly Agree]**

- 54% Humana Medicare Advantage Enhanced Plan
- 54% Humana Medicare Advantage Base Plan
- 53% UnitedHealthcare Medicare Advantage Enhanced Plan
- 47% UnitedHealthcare Medicare Advantage Base Plan
- 40% Traditional 70/30 Plan

Q27—How would you rate the overall effectiveness of the State Health Plan website (shpnc.org)? [Excellent or Good]

- 67% Humana Medicare Advantage Enhanced Plan
- 51% UnitedHealthcare Medicare Advantage Base Plan
- 51% Traditional 70/30 Plan
- 44% UnitedHealthcare Medicare Advantage Enhanced Plan
- 44% Humana Medicare Advantage Base Plan

Demographic Differences: Medicare Retirees

continued

Q29—How would you rate the overall effectiveness of mailings you receive from the State Health Plan. [Excellent or Good]

- 96% Humana Medicare Advantage Enhanced Plan
- 90% Humana Medicare Advantage Base Plan
- 79% Traditional 70/30 Plan
- 78% UnitedHealthcare Medicare Advantage Base Plan
- 77% UnitedHealthcare Medicare Advantage Enhanced Plan

Q30—How would you rate the overall effectiveness of your Benefits/ Human Resources representative/the State's Retirement Systems?

- 79% Humana Medicare Advantage Enhanced Plan
- 72% Humana Medicare Advantage Base Plan
- 61% UnitedHealthcare Medicare Advantage Base Plan
- 55% UnitedHealthcare Medicare Advantage Enhanced Plan
- 55% Traditional 70/30 Plan

Conclusions

- Despite providing an incentive, the overall response rate among Actives/Non-Medicare Retirees was low: 6% and among them, less than half were Actives
- A majority of respondents have a Primary Care Provider, visit them regularly, have sufficient access to care, and are satisfied with the care received
- While 60% of Actives/Non-Medicare Retiree respondents visit their PCP regularly, nearly 40 % do not – potentially missing valuable preventive care
- Most respondents select their plan based on the cost to have coverage (the monthly premium)
- Two-thirds of respondent agree that they would use Plan resources to lower the amount they pay for their health plan
- Most respondents are satisfied with the Plan communications they receive but would like more information about deductibles, copays, coinsurance, and out-of-pocket maximums



**BlueCross BlueShield
of North Carolina**



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer

**Research Report
October 6, 2015**



Table of Contents

Research Objectives	3
Methodology	4
Executive Summary	5-6
Recommendations	7
Detailed Findings	8-37
Respondent Profile	38-40



Research Objectives

The research objectives for 2015 are:

1. Trends. Compare the 2015 results to those in 2014 in order to uncover data trends.
2. Focus. Member communication, customer service and plan design
3. Purpose. Solicit member feedback to support customer experience improvements, plan design changes and new offerings.



Furthermore, the questionnaire was designed with these objectives in mind:

- To learn the reasons behind members' choice of health plan design
- To identify wellness benefit usage
- To assess satisfaction with key elements of the pharmacy benefits
- To explore access to and usage of care services



Methodology

- FGI research conducted an online survey of SHP subscribers, both active and retired, and covered spouses. It was a census survey, meaning everyone in this population had a chance to take the survey.
- A total of approximately 496,000 postcards were mailed inviting subscribers and covered spouses to participate in the survey that was posted on the main page of the SHP website.
- A total of 5,456 responses were collected from July 27 through September 1, 2015, resulting in a response rate of 1%. The survey length averaged 11 minutes.
- This report includes 2014 and 2015 data for both Active Employees/Retirees (AE) and Medicare Primary Retirees (MP). Within each of these subscriber groups, the two years were compared for statistically significant differences at the 95% confidence level, which are notated by a letter. Counts for each group are included below.
- In addition, some questions provide additional breakouts by plan type, coverage, and/or provider. Statistically significant differences at the 95% level between the subgroups are noted with a red letter. Sample sizes for subgroups are provided on individual slides.

AE		MP	
			
Active Employees/Retirees		Medicare Primary Retirees	
2014	2015	2014	2015
n=5171	n=4859	n=2554	n=597



Executive Summary

1. The cost of monthly premiums remains as the top reason behind SHP members' choice of health plans in 2015. However, the proportion of Medicare Primary Retirees who rate this as the number one reason increased significantly from 2014 to 2015. Other notable changes that occurred among Medicare Primary Retirees in 2015 include a decrease in the importance of maximums, copays and 100% coverage of preventive services, medications and/or prescriptions.
2. There are some noteworthy differences by plan type and coverage for Active Employees/Retirees:
 - Unlike those on the Traditional or CDHP plans, those on the Enhanced plan rank, on average, copays as more important than monthly premiums.
 - To those with employee only coverage, monthly premiums, 100% coverage of preventive services, medications and/or prescriptions, the presence or lack of wellness activities and the existence of other insurance are more important than they are to those who cover additional members of their family (spouse and/or children).
3. In 2015, the cost of services had slightly less of an impact on Active Employees/Retirees' decision to seek health care. 36% of these members in 2014 delayed or did not receive health care services during that year due to concerns about the cost, but this proportion decreased to 32% in 2015. In addition, being unable to afford the copay was a bigger reason for not visiting a Primary Care Provider in 2014 than in 2015.
4. On the other hand, cost played a more important role this year in Medicare Primary Retirees' decision to seek care, despite no change in cost for 2015. Last year just 15% of these members delayed or did not receive health care services. This year it increased to 23%. More specifically, Medicare Primary Retirees more frequently delayed or didn't refill prescriptions and/or receive preventive care screenings. Not surprisingly then, more of these members in 2015 than in 2014 did not take their prescribed medications regularly because they couldn't afford the copay.
5. Improvement occurred in 2015 with Active Employees/Retirees' level of satisfaction with the care and service they have received since January 1st.
 - In 2014, 59% gave the highest ratings (top 3 box) for the customer service they received when they called for assistance, whereas in 2015, 61% gave the same type of ratings.
 - 57% in 2014 gave the highest ratings for the prescription benefits offered through the State Health Plan, which increased to 61% in 2015.
 - 52% rated the information communicated about prescription benefits highly in 2014. This proportion increased to 55% in 2015.



Executive Summary

6. While satisfaction improved for Active Employees/Retirees, it declined in some areas for Medicare Primary Retirees.
 - In 2014, Medicare Primary Retirees rated their level of satisfaction with the prescription benefits offered through the State Health Plan as an 8 out of 10, on average. In 2015, the average decreased to 7.8.
 - Medicare Primary Retirees rated their level of satisfaction with the information communicated about prescription benefits as a 7.8 out of 10 in 2014, on average, but in 2015, this value dropped to 7.2.
7. Improvement also occurred in members' overall satisfaction with the current health plan coverage offered by the State Health Plan. 54% are highly satisfied (top 3 box) with the plan in 2015, while just 45% were in 2012.
8. The vast majority of Active Employees/Retirees had a primary care visit with the provider listed on their health benefits card in both 2014 and 2015. Significantly more of these members in 2015 than in the previous year also received/used preventive services, screenings and medications covered at 100%.
9. No change occurred in the proportion of those who have taken advantage of NC HealthSmart – about one quarter did so in either year.
10. Similar to 2014, almost two thirds of Medicare Primary Retirees have used preventive services and screenings in 2015, only about one third have taken advantage of the Silver Sneakers fitness program, and just 1% have used QuitlineNC's free tobacco cessation services hotline.
11. In the last 12 months, more than one third of SHP members were unable to find out in advance how much health care services or equipment would cost. A similar proportion said the same in 2014.
12. In 2015, the most preferred method of receiving information from the State Health Plan is by mailed printed materials. Preference for this type of communication method increased significantly from the previous year. Preference *decreased* this year among Active Employees/Retirees for receiving information from the State Health Plan website and the Member Focus newsletter.



Recommendations

1. Although satisfaction increased among Active Employees/Retirees, there's still room for improvement. There is a sizable number in this group who have neutral feelings about the service areas that were surveyed and are vulnerable to becoming more negative.
2. For Medicare Primary Retirees, satisfaction dipped in 2015. Therefore, SHP should explore this more deeply among these members and work to resolve any issues they are facing.
3. Overall satisfaction with the current health plan coverage offered by SHP isn't extremely strong – almost half have neutral or negative feelings about it. Thus, SHP should examine what these members' expectations are and how to meet them.
4. Participation in the HealthSmart and SilverSneakers programs remains low. SHP should work to increase awareness of these programs or uncover how to make them appealing enough to boost participation among members who are not on a traditional plan.
5. Continue communicating with SHP members via printed material mailed to their home and/or email.

Drivers of Plan Choice



Drivers of Choice — AE in Total

AE



The lower the ranking, the more important the reason.

The cost of monthly premiums remained the top reason for choosing one design over another in 2015. As in 2014, copays are the second reason. Slightly more Active Employees/Retirees rank 100% coverage of preventive services, medication and/or prescriptions as third than in 2014.

Reasons Ranked 1-8 <i>Base: AE 2014 Total (n=5171); AE 2015 Total (n=4859)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
#1 → Cost of monthly premiums	43%	43%	59%	59%	72%	73%	2.53	2.49
Copay or cost associated with each doctor visit or prescription	19%	19%	47%	46%	74%	75%	2.79	2.77
Having preventive services, medications, and/or prescriptions covered at 100%	13%	14% A	28%	29%	46%	46%	3.52	3.48
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	13%	13%	37%	37%	61%	61%	3.20	3.18
Presence or lack of wellness activities to lower monthly premiums	5%	5%	13%	14%	22%	23% E	4.82 H	4.75
Cost of dependents	3%	2%	8%	7%	12% F	10%	6.17	6.23
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	2%	2%	5%	4%	9%	8%	5.85	5.92 G
Existence of other insurance such as TRICARE	2%	1%	3% D	2%	4% F	3%	7.12	7.18 G

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.



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Q4a. What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 8, where 1 means your top reason, 2, means your second reason, and so on, with 8 being the least important reason for choosing one plan over another.



Drivers of Choice — AE by Plan Type

AE



The cost of monthly premiums is by far the leading driver of plan choice among those who have the Traditional plan. In fact, all plan types had more customers select monthly premiums than anything else as the #1 most important reason. However, when looking at average rankings, copays ranked slightly more important than monthly premiums for members on the Enhanced plan. Other significant differences between the plan types are notated below.

Reminder, the lower the ranking, the more important the reason.

Reasons Ranked 1-8 <i>Bases: Traditional 70/30 (n=966) Enhanced 80/20 (n=3573) CDHP (n=229)</i>	Ranked #1			Ranked Top 2			Ranked Top 3			Average Ranking		
	Traditional (A)	Enhanced (B)	CDHP (C)	Traditional (D)	Enhanced (E)	CDHP (F)	Traditional (G)	Enhanced (H)	CDHP (I)	Traditional (J)	Enhanced (K)	CDHP (L)
Cost of monthly premiums	77% BC	34%	48% B	89% EF	50%	68% E	93% HI	67%	82% H	1.52	2.78 JL	2.18 J
Cost of dependents	5% B	2%	5% B	20% E	3%	18% E	25% H	5%	25% H	5.37	6.52 JL	5.47
Copay or cost associated with each doctor visit or prescription	5%	24% AC	3%	28% F	53% DF	13%	66% I	80% GI	27%	3.21 K	2.54	4.48 JK
Existence of other insurance such as TRICARE	4% BC	1%	0%	6% EF	1%	0%	8% HI	2%	1%	6.90	7.23 J	7.65 JK
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	3%	16% A	12% A	31%	40% DF	26%	60% I	63% I	39%	3.35 K	3.07	4.03 JK
Having preventive services, medications, and/or prescriptions covered at 100%	3%	18% AC	9% A	15%	34% DF	22% D	28%	52% GI	45% G	4.19 KL	3.25	3.87 K
Presence or lack of wellness activities to lower monthly premiums	2%	6% A	4% A	7%	15% D	17% D	13%	26% G	25% G	5.45 KL	4.54	4.90 K
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	1%	1%	18% AB	3%	3%	37% DE	7%	6%	57% GH	6.01 L	6.06 L	3.42

Red letters represent statistically significant differences at the 95% level. Groups compared include ABC, DEF, GHI and JKL.



Drivers of Choice — AE by Coverage

Based on average scores, the cost of monthly premiums, 100% coverage, wellness activities and the existence of other insurance are more important to Active Employees/Retirees with employee only coverage than to those with other coverage levels. And, it's no surprise that the cost of dependents is much less important for those with employee only coverage. The full list of differences by coverage level can be found in the table below.

AE



Reminder, the lower the ranking, the more important the reason.

Reasons Ranked 1-8 <i>Bases: Employee Only (n=3746) Employee + Children (n=465) Employee + Spouse (n=279) Family (n=369)</i>	Ranked #1				Ranked Top 2				Ranked Top 3				Average Ranking			
	Employee Only (A)	Employee + Children (B)	Employee + Spouse (C)	Family (D)	Employee Only (E)	Employee + Children (F)	Employee + Spouse (G)	Family (H)	Employee Only (I)	Employee + Children (J)	Employee + Spouse (K)	Family (L)	Employee Only (M)	Employee + Children (N)	Employee + Spouse (O)	Family (P)
Cost of monthly premiums	44% BC	38%	37%	43%	61% F G	54%	52%	56%	75% J KL	69%	64%	64%	2.38	2.70 M	2.95 M	2.95 M
Copay or cost associated with each doctor visit or prescription	19%	21% D	18%	15%	48% F H	41%	43%	37%	77% J KL	63%	71% J L	63%	2.69	3.06 M	2.85	3.13 MO
Having preventive services, medications, and/or prescriptions covered at 100%	15%	14%	14%	14%	30%	29%	29%	28%	47%	45%	48%	42%	3.41	3.67 M	3.64 M	3.80 M
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	13%	11%	15%	13%	39% F H	30%	37%	32%	63% J L	52%	59% J	56%	3.10	3.61 MO	3.18	3.44 MO
Presence or lack of wellness activities to lower monthly premiums	5% D	3%	5%	2%	15% F H	9%	14% F	11%	25% J	17%	21%	21%	4.62	5.35 MO	4.92 M	5.19 M
Cost of dependents	1%	8% A	6% A	8% A	2%	28% E G	16% E	28% E G	3%	39% I K	22% I	39% I K	6.80 NOP	3.98	5.13 NP	4.05
Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses	1%	2% A	4% A	2%	4%	7% E	7% E	6%	7%	13% I	11% I	13% I	5.91	6.03	6.01	5.83
Existence of other insurance such as TRICARE	1%	2%	3% A	2%	2%	2%	3%	2%	3%	3%	4%	2%	7.08	7.59 MO	7.32 M	7.62 MO

Red letters represent statistically significant differences at the 95% level. Groups compared include ABCD, EFGH, IJKL and MNOP.



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Q4a. What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 8, where 1 means your top reason, 2, means your second reason, and so on, with 8 being the least important reason for choosing one plan over another.





Drivers of Choice — MP Plan

MP



The lower the ranking, the more important the reason.

In both years, Medicare Primary Retirees ranked the cost of monthly premiums as the top reason for choosing one design over another, however, more did so in 2015 than in 2014. Other changes that occurred in 2015 include fewer Medicare Primary Retirees placing importance on copays, maximums and 100% coverage. Conversely, slightly more retirees place importance on the existence of other insurance in 2015 than in 2014.

#1 →

Reasons Ranked 1-6 <i>Base: MP 2014 Total (n=2554); MP 2015 Total (n=597)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
Cost of monthly premiums	41%	53%A	57%	69%C	71%	78%E	2.46H	2.12
Annual out-of-pocket or coinsurance maximums on medical and pharmacy services	16%B	12%	48%D	43%	75%	72%	2.68	2.83G
Copay or cost associated with each doctor visit or prescription	18%B	11%	46%D	38%	79%F	75%	2.64	2.81G
Existence of other insurance such as an Individual Medicare Advantage Plan, an Individual Part D Plan or TRICARE	8%	11%A	13%	19%C	17%	23%E	4.68H	4.49
Having preventive services, medications, and/or prescriptions covered at 100%	14%B	10%	29%	26%	49%F	44%	3.24	3.43G
Cost of dependents	3%	3%	6%	5%	9%	8%	5.31	5.32

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.



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of North Carolina**

Q4b. What were your top reasons for choosing one design over another for the 2015 benefit year? Please rank the items on the list using numbers 1 through 6, where 1 means your top reason, 2, means your second reason, and so on, with 6 being the least important reason for choosing one plan over another.



Usage & Satisfaction



Satisfaction – AE

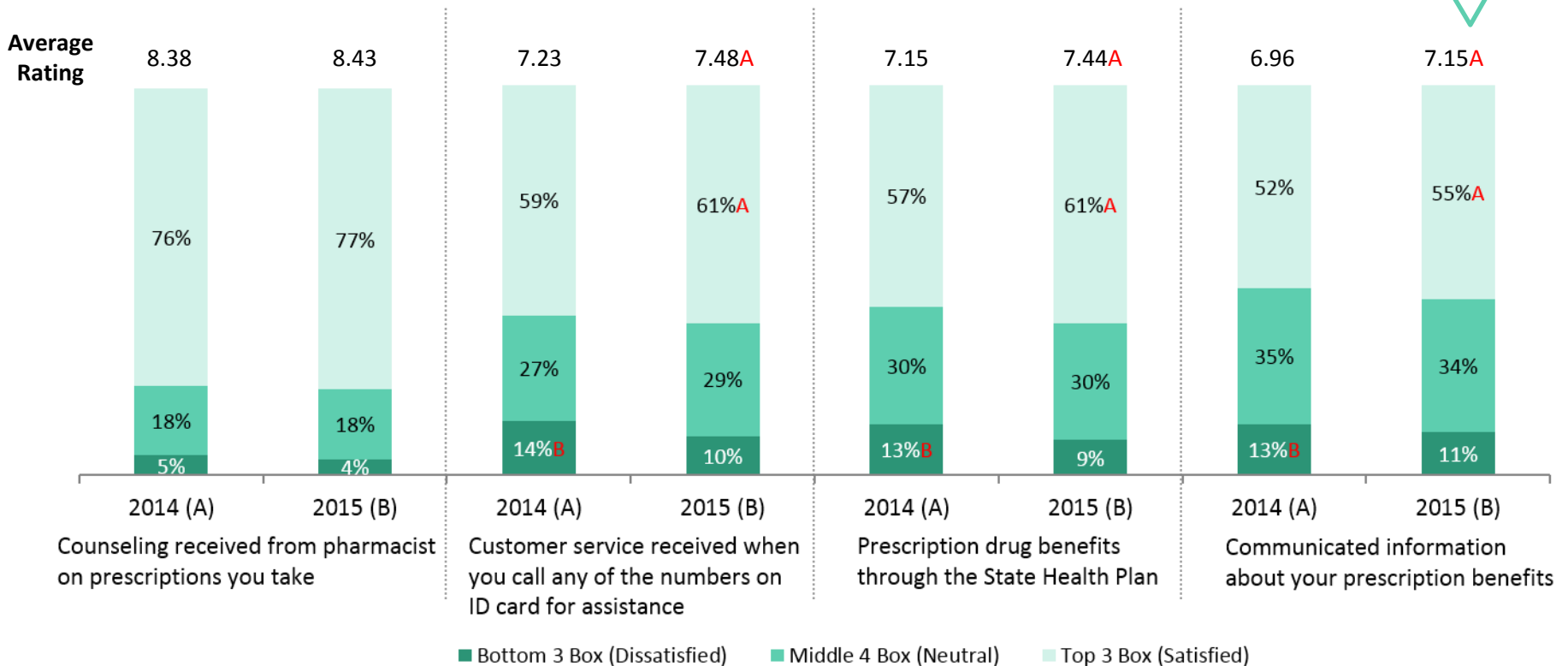
AE



Base: AE Total excluding “n/a” (base varies)

An improvement in satisfaction levels occurred in 2015 among Active Employees/Retirees. More are satisfied with the customer service they received when calling for assistance, the prescription drug benefits offered through the State Health Plan and the communicated information about prescription benefits than in 2014.

READ AS: This satisfaction measure in 2015 is statistically significantly higher than in 2014.



Red letters represent statistically significant differences at the 95% level.

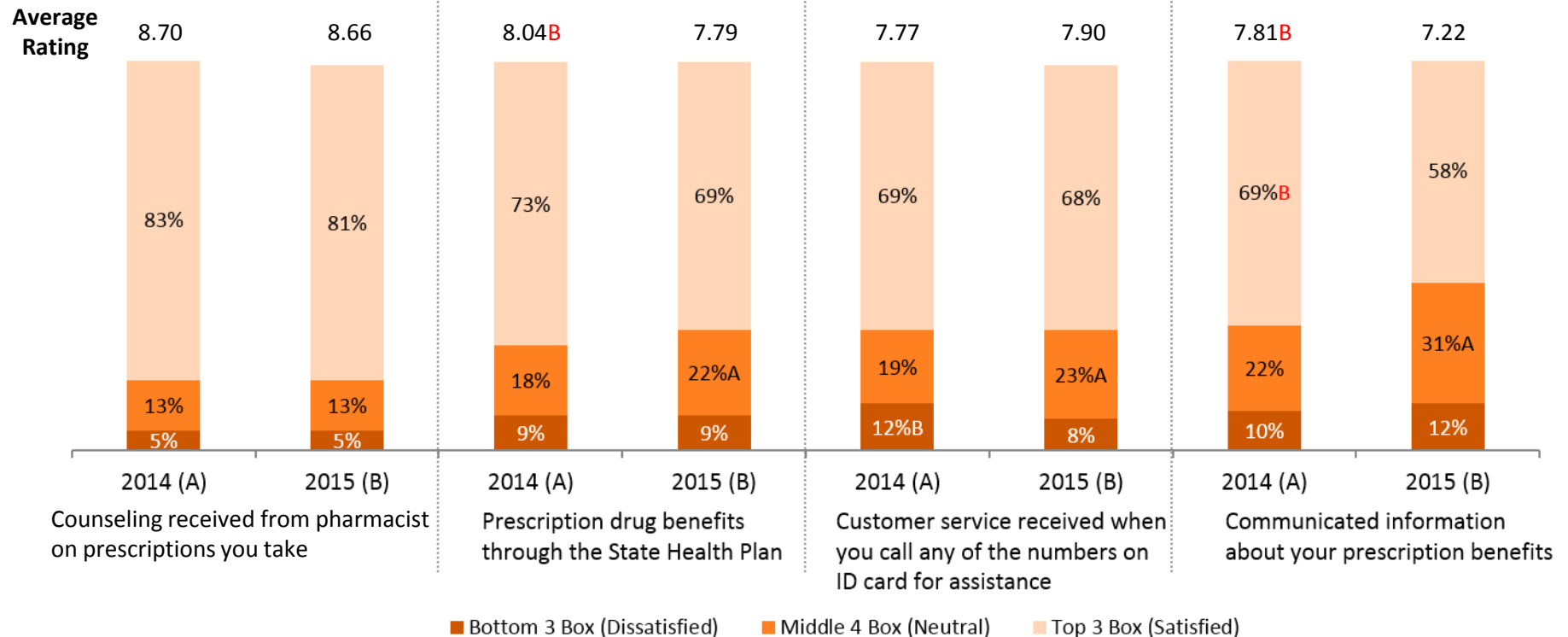


Satisfaction – MP

The level of satisfaction with the counseling received from a pharmacist and the customer service received when calling for assistance did not change between the two years among Medicare Primary Retirees. Unfortunately, a drop did occur from 2014 to 2015 in their satisfaction with the prescription drug benefits offered through the State Health plan and the communicated information about prescription benefits.



Base: MP Total excluding "n/a" (base varies)



Letters represent statistically significant differences at the 95% level.



Customer Service Satisfaction by MP Carrier

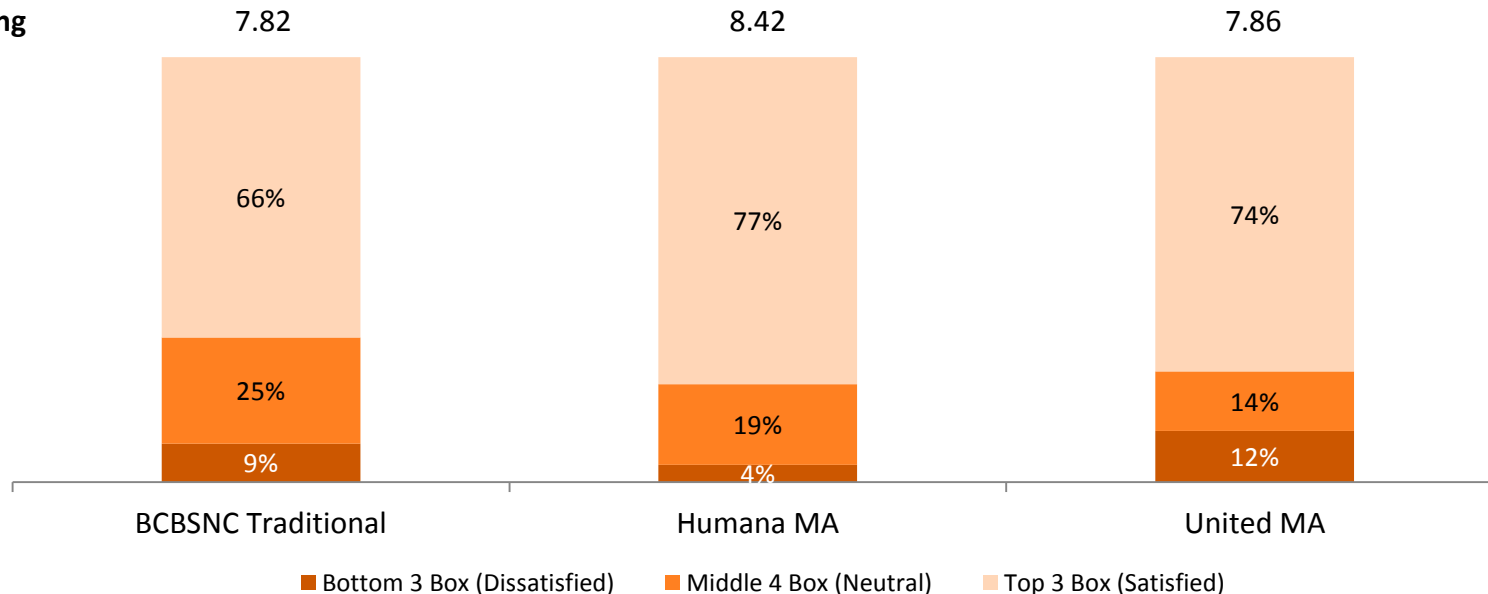
Due to small base sizes, this data should be interpreted with extreme caution. BCBSNC, Humana and UnitedHealthcare are currently satisfying the needs of their customers, when they call in for assistance.



Bases exclude "n/a"
BCBSNC Traditional 70/30 Plan (n=371)
Humana Medicare Advantage (n=26) [Extremely small base size – not eligible for significance testing]
UnitedHealthcare Medicare Advantage (n=57) [Small base size]

The customer service you receive when you call any of the numbers on your ID card for assistance

Average Rating



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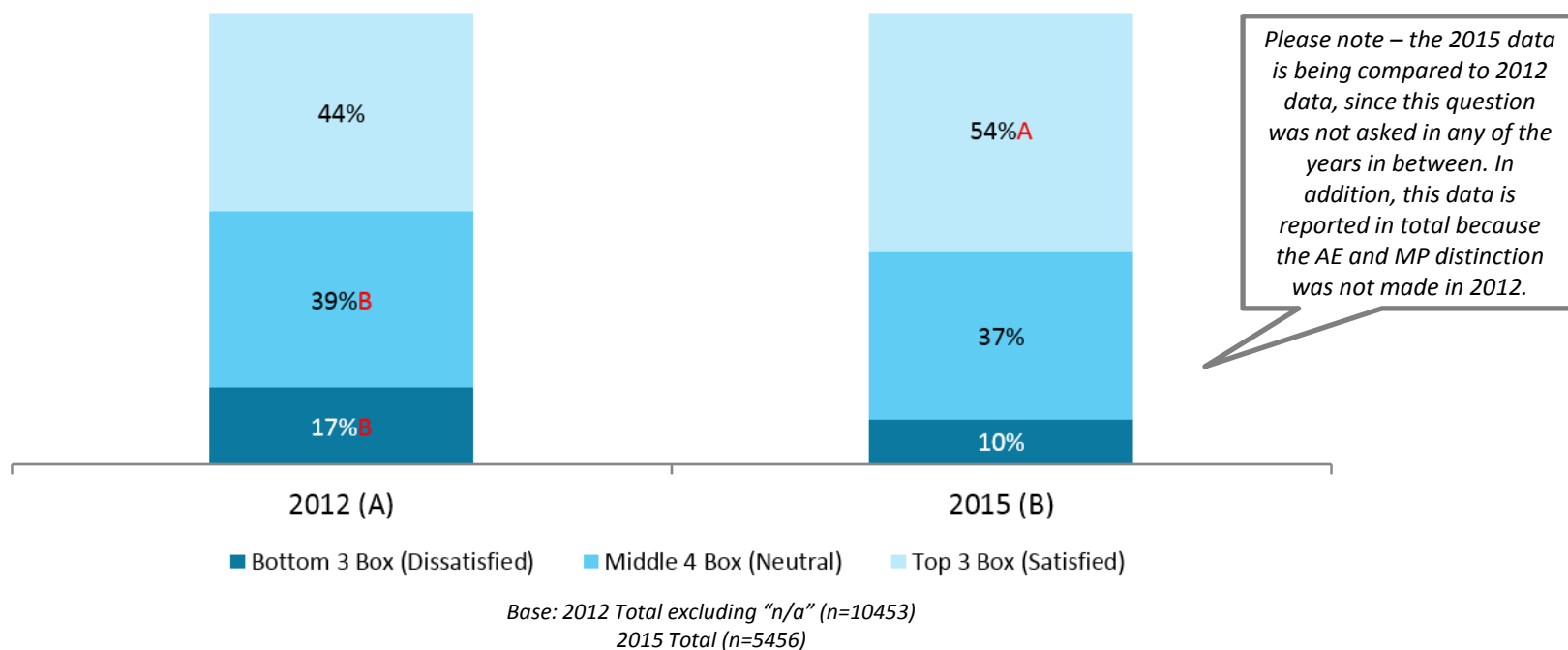
Q7. Using a scale of 1-10, where a "10" means completely satisfied and "1" means completely dissatisfied, how satisfied or dissatisfied are you with the following since January 1, 2015?





State Health Plan Coverage Satisfaction

Overall satisfaction with the current health plan coverage offered by the State Health Plan has improved in 2015 as compared to 2012.



Red letters represent statistically significant differences at the 95% level.



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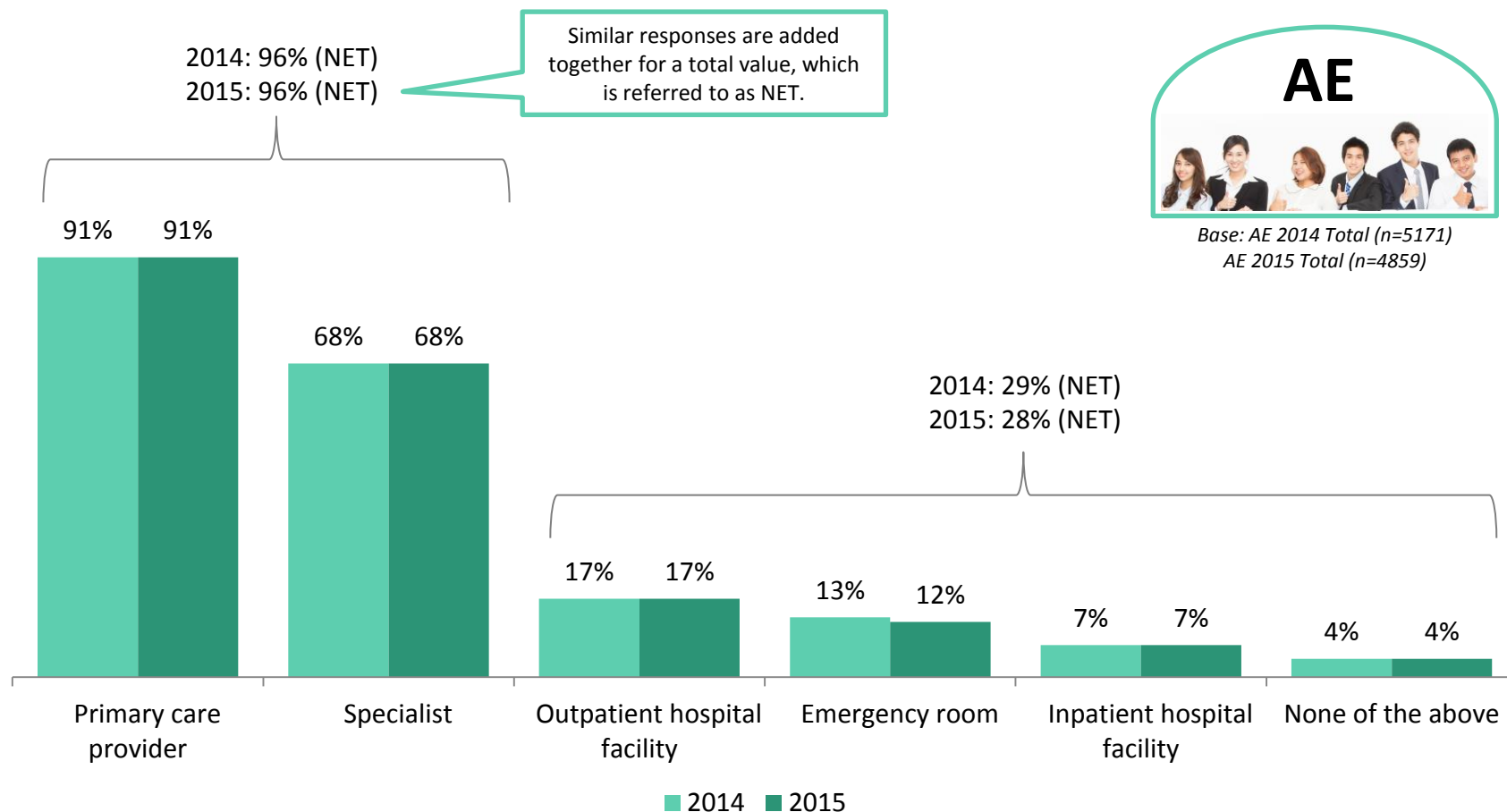
Q18. How satisfied or dissatisfied are you overall with the current health plan coverage offered by the State Health Plan? For this question, please use a 10-point scale where a "10" means completely satisfied and "1" means completely dissatisfied.





Visits in Past 12 Months – AE

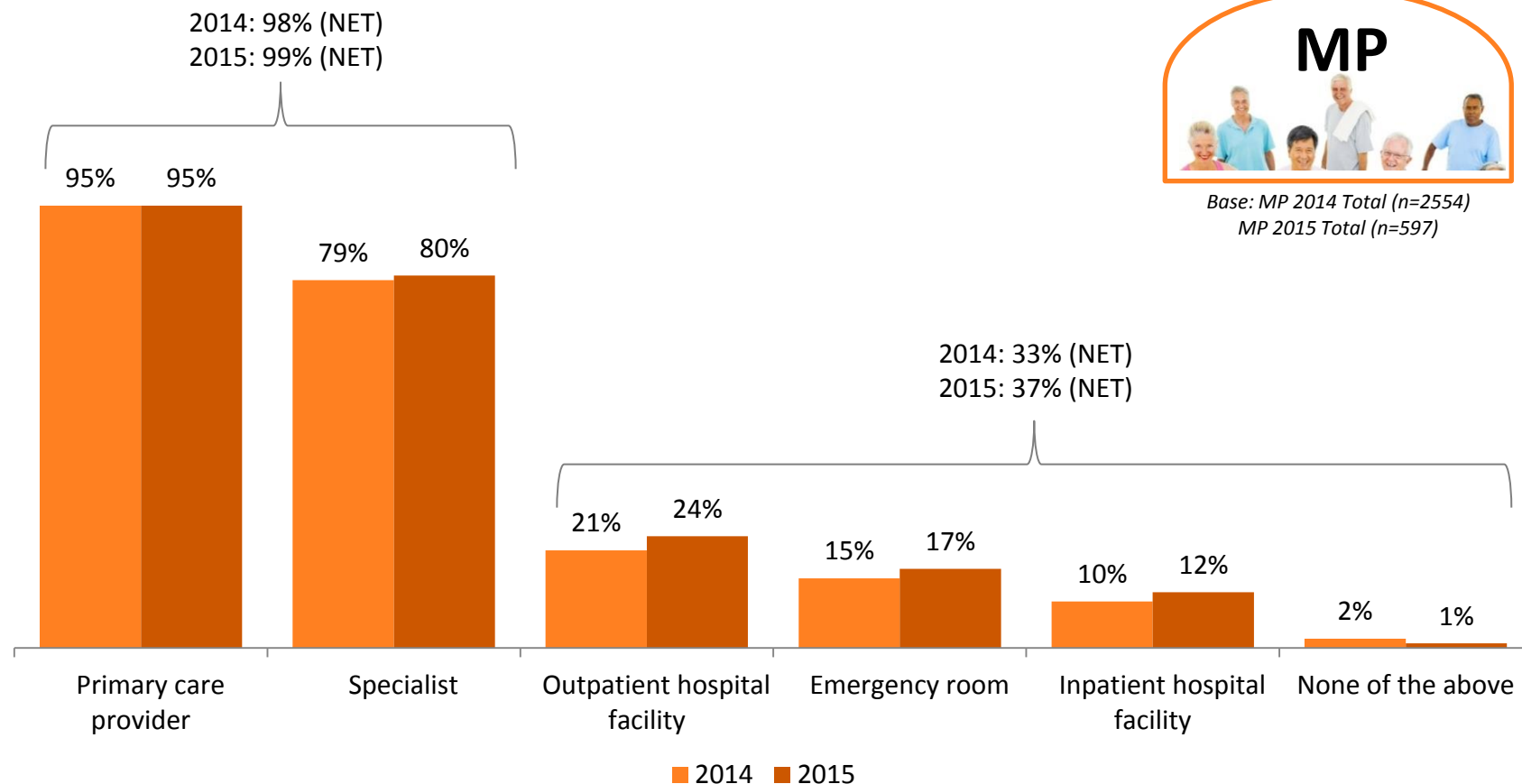
Nearly all Active Employees/Retirees have visited a primary care provider during the past 12 months. No significant changes occurred between 2014 and 2015.





Visits in Past 12 Months – MP

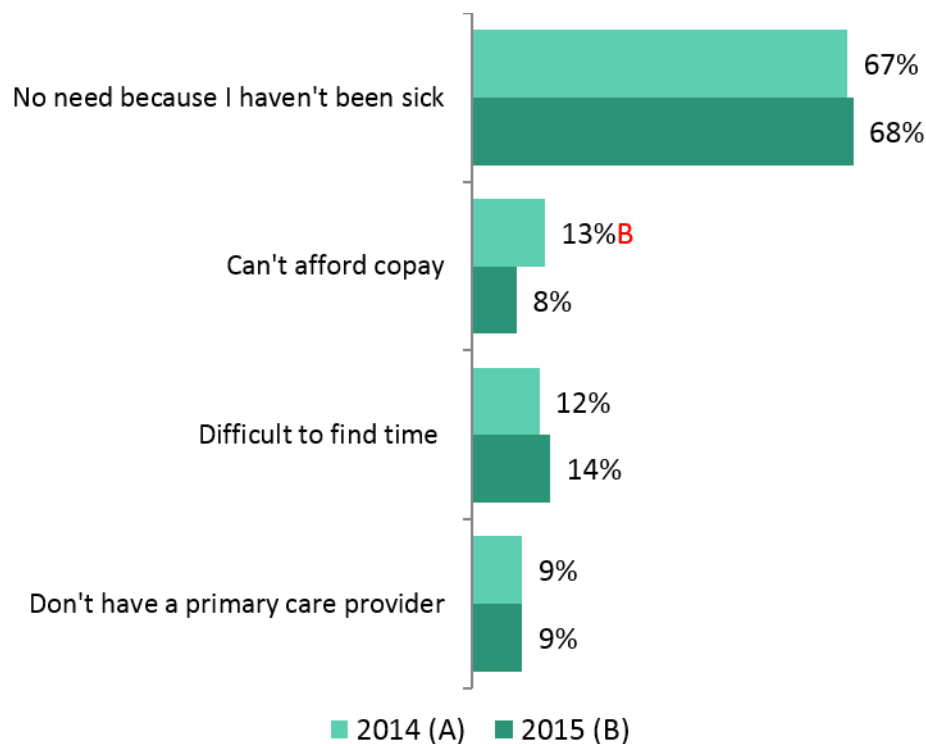
Virtually all Medicare Primary Retirees visited a primary care provider during the past 12 months. These proportions did not change significantly over time.





Reasons for NOT Visiting PCP – AE

Of the Active Employees/Retirees who haven't visited a Primary Care Provider within the last 12 months, the majority didn't do so because they weren't sick, and therefore, didn't have a need. A similar proportion of these members gave the same response in 2014. In 2015, significantly fewer of these members didn't visit a PCP due to the cost of the copay than in the previous year.



AE



Base: 2014 AE who have not visited PCP past 12 months (n=464)
2015 AE who have not visited PCP past 12 months (n=444)

Red letters represent statistically significant differences at the 95% level.



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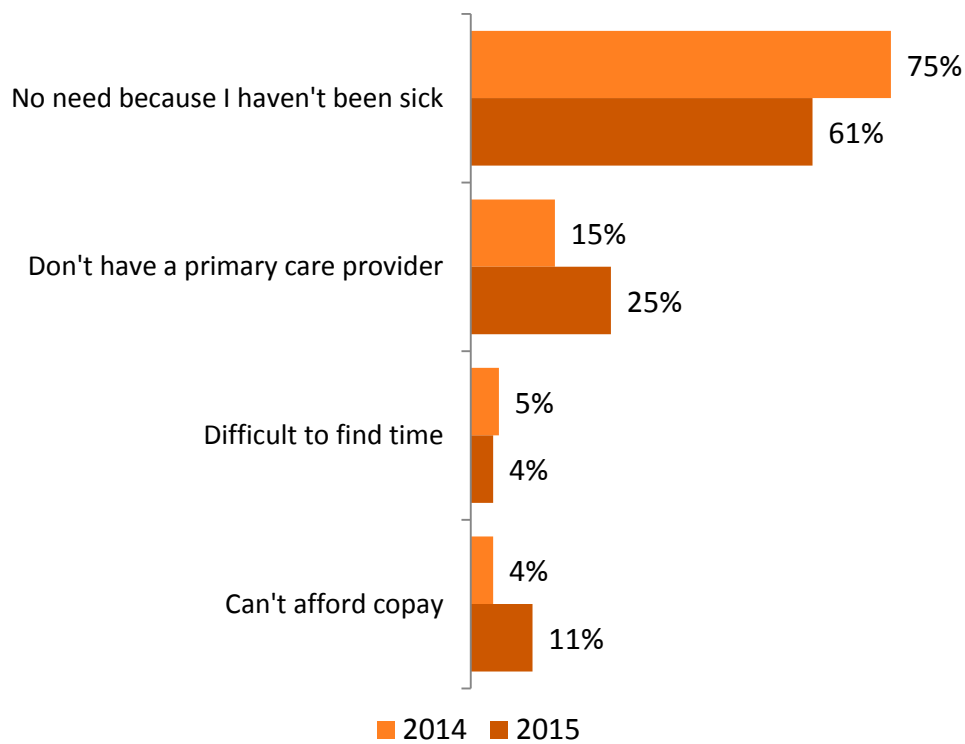
Q14. What reason most closely matches why you have not visited a Primary Care Provider within the last 12 months?





Reasons for NOT Visiting PCP – MP

The majority of Medicare Primary Retirees didn't visit a Primary Care Provider in the past 12 months because they weren't sick, and therefore, didn't have a need to do so.



Base: 2014 MP who have not visited PCP past 12 months (n=136)
2015 MP who have not visited PCP past 12 months (n=28) [Extremely small base size – not eligible for significance testing]

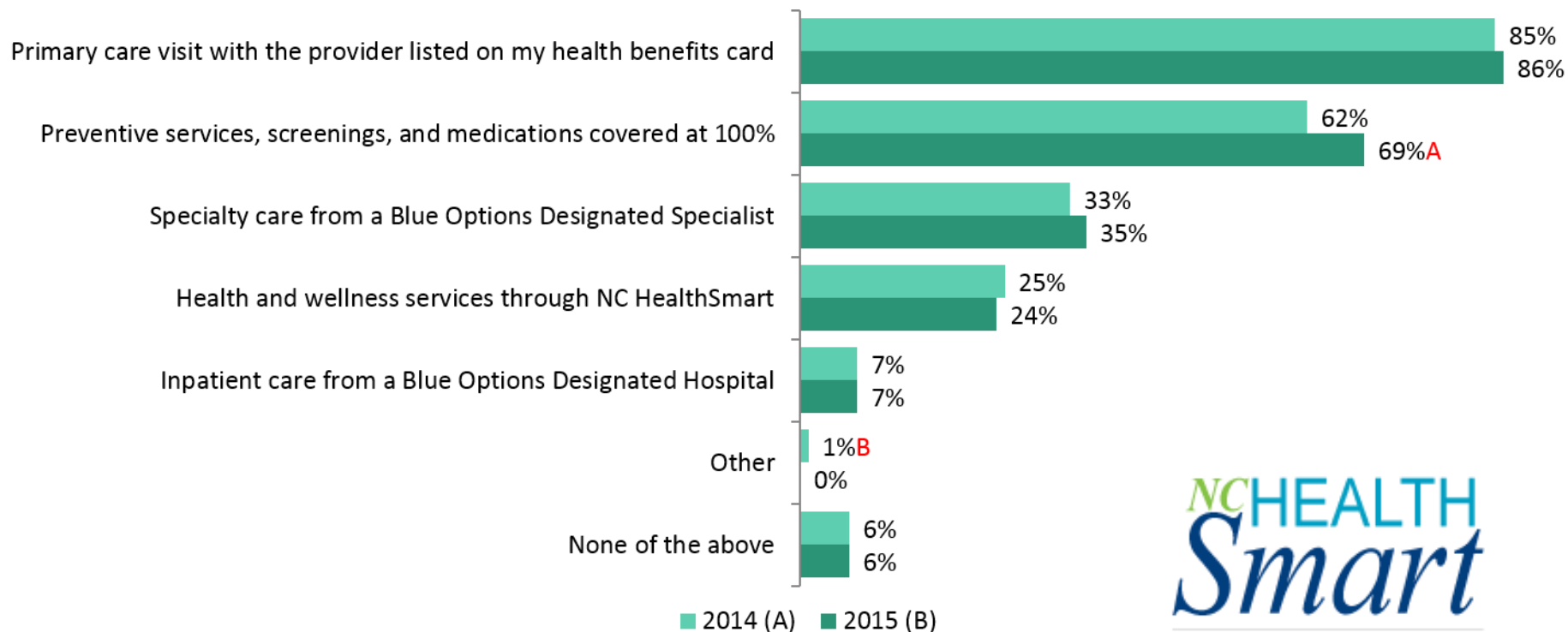


AE Services

AE



In both 2014 and 2015, a visit with a primary care provider was the service utilized by most Active Employees/Retirees. However, more of these members in 2015 than in 2014 used preventive services, screenings and medications. Only about one-quarter in either year have taken advantage of NC HealthSmart.



NCHEALTH
Smart
An initiative of the State Health Plan

Base: 2014 AE not on traditional 70/30 plan (n=4010)
2015 AE not on traditional 70/30 plan (n=3892)

Red letters represent statistically significant differences at the 95% level.



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Q5b. Which of the following services have you used since January 1, 2015? Please select all that apply.



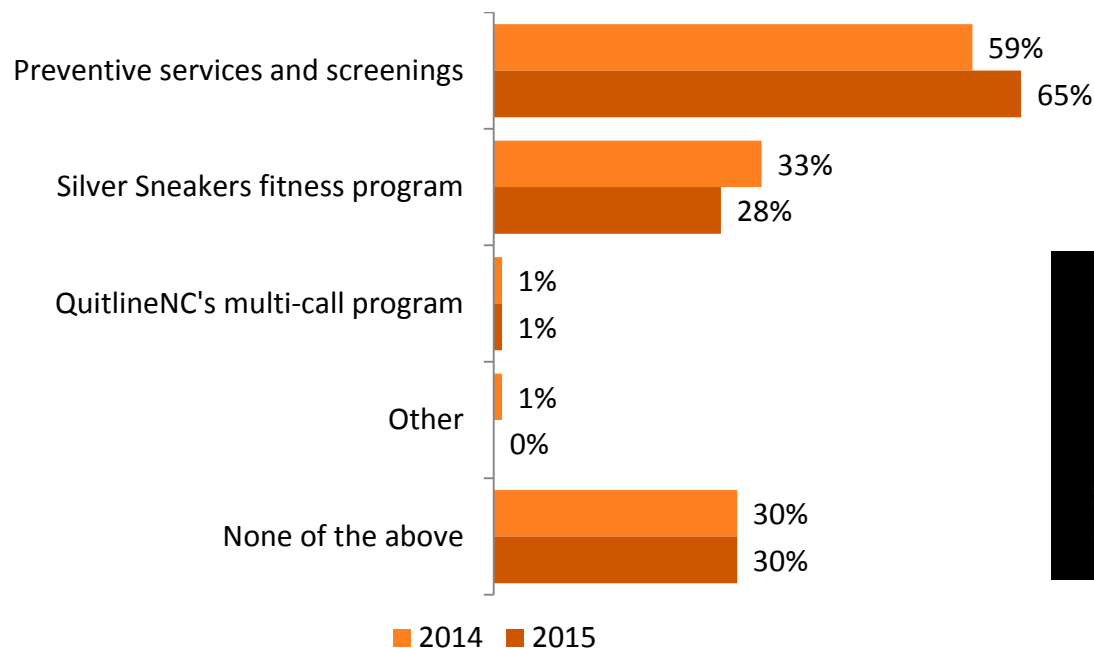


MP Services

MP



Preventive services and screenings were utilized most often by Medicare Primary Retirees in both 2014 and 2015. About one third, in either year, have taken advantage of the fitness program Silver Sneakers. QuitlineNC was used by only 1% in both years.



Base: 2014 MP not on traditional 70/30 plan (n=1894)
2015 MP not on traditional 70/30 plan (n=139)



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Q5a. Which of the following services have you used since January 1, 2015? Please select all that apply.



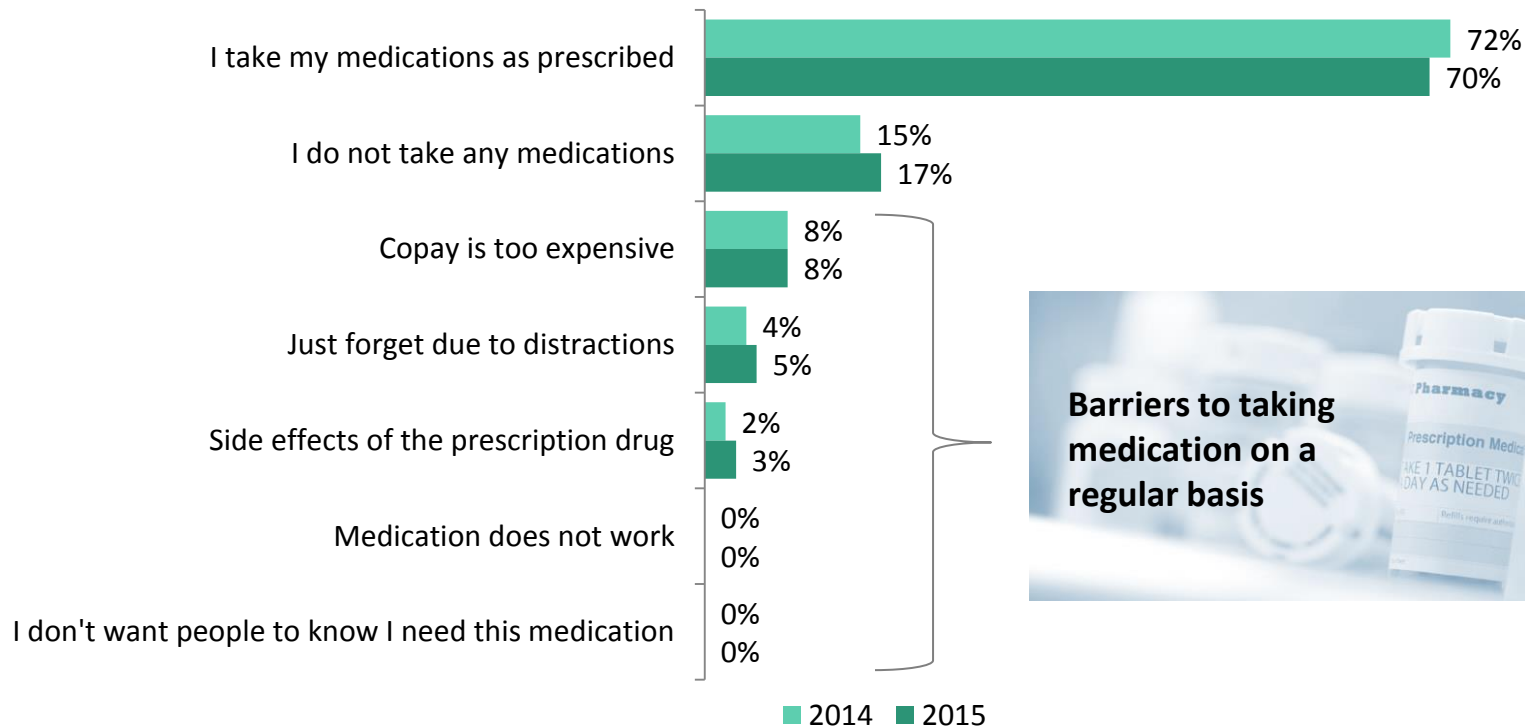


Medication – AE

Almost three quarters of Active Employees/Retirees in both 2014 and 2015 take their medications as prescribed.



Base: AE 2014 Total (n=5171)
AE 2015 Total (n=4859)



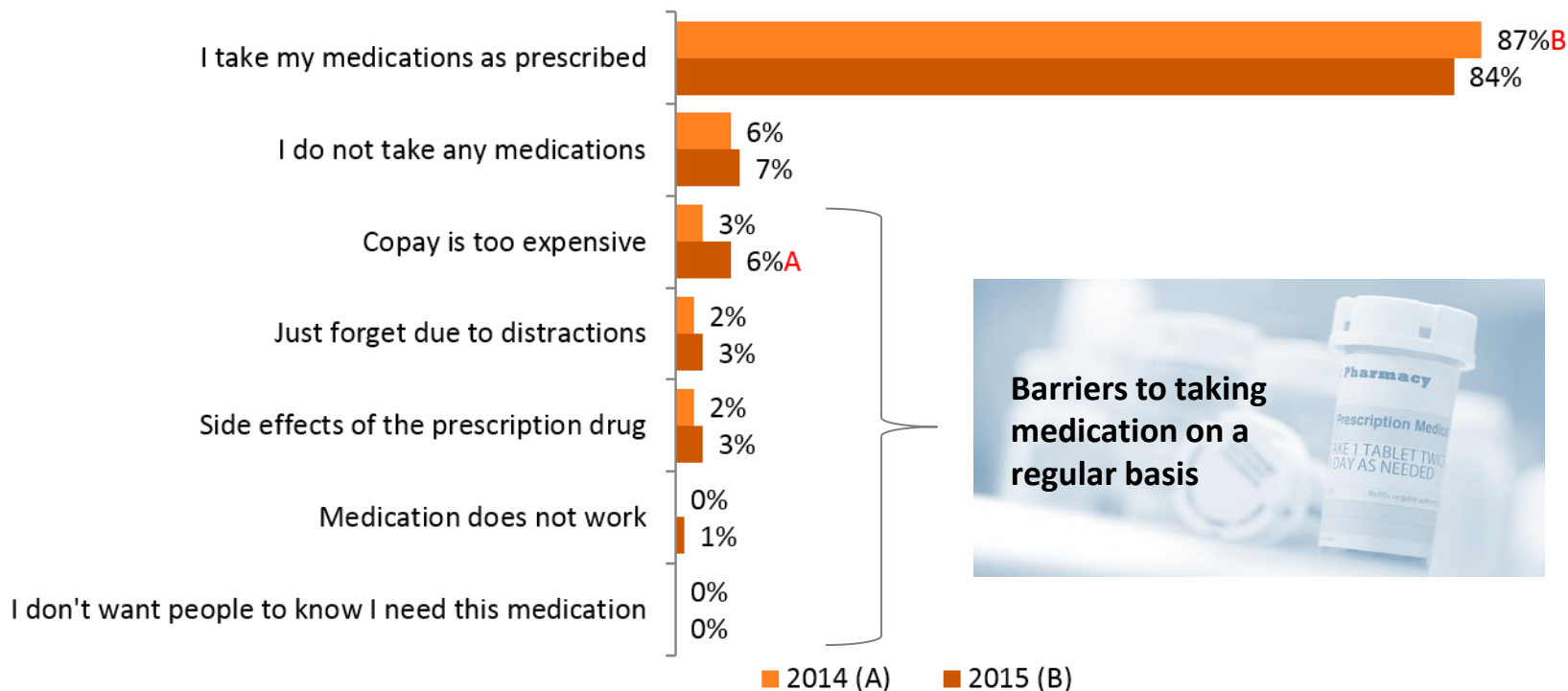


Medication – MP

More Medicare Primary Retirees in 2014 than in 2015 took their medications as prescribed. This could be due to an increase in 2015 in the proportion of those who do not take their medications regularly because their copay is too expensive.



Base: MP 2014 Total (n= 2554)
MP 2015 Total (n=597)



Barriers to taking medication on a regular basis

Attitudes toward Cost

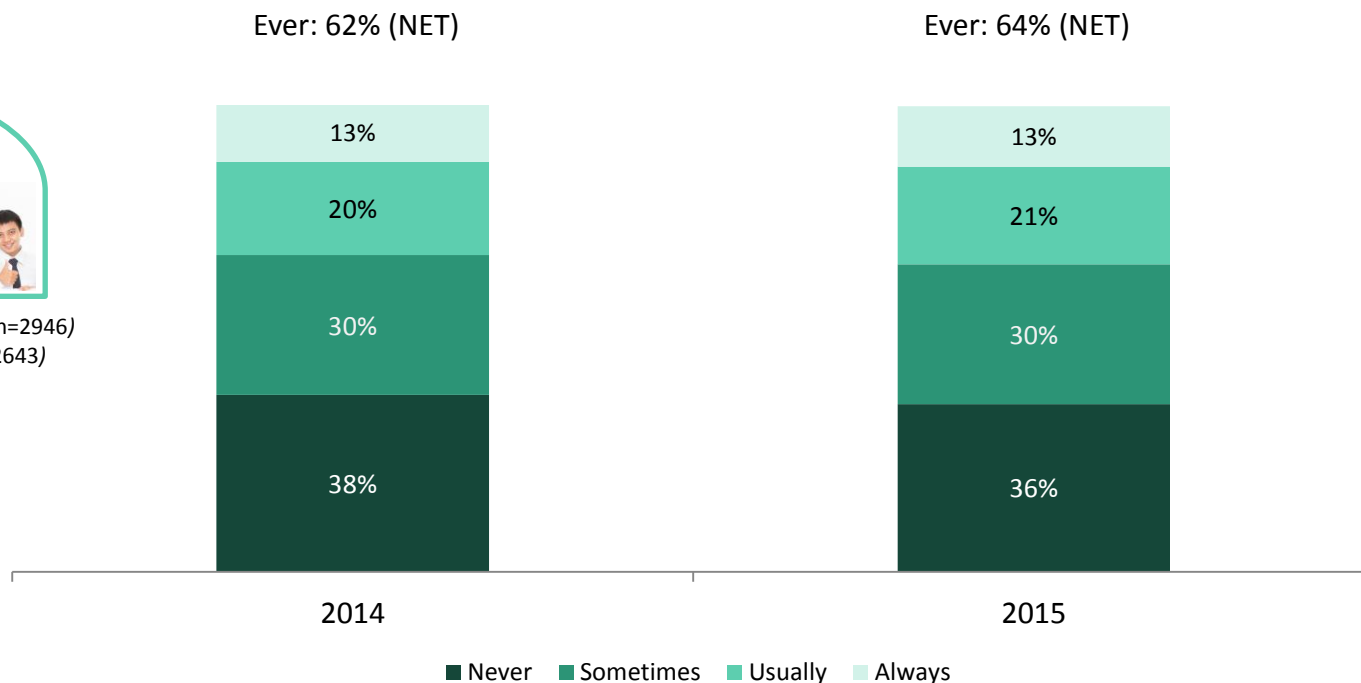


Advanced Notice of Cost – AE

Over the past 12 months, just over one third of Active Employees/Retirees say they have never been able to find out in advance how much they would have to pay for needed health care services/equipment. This proportion is similar to what was captured in 2014.



Base: AE 2014 Total excluding n/a (n=2946)
AE 2015 Total excluding n/a (n=2643)



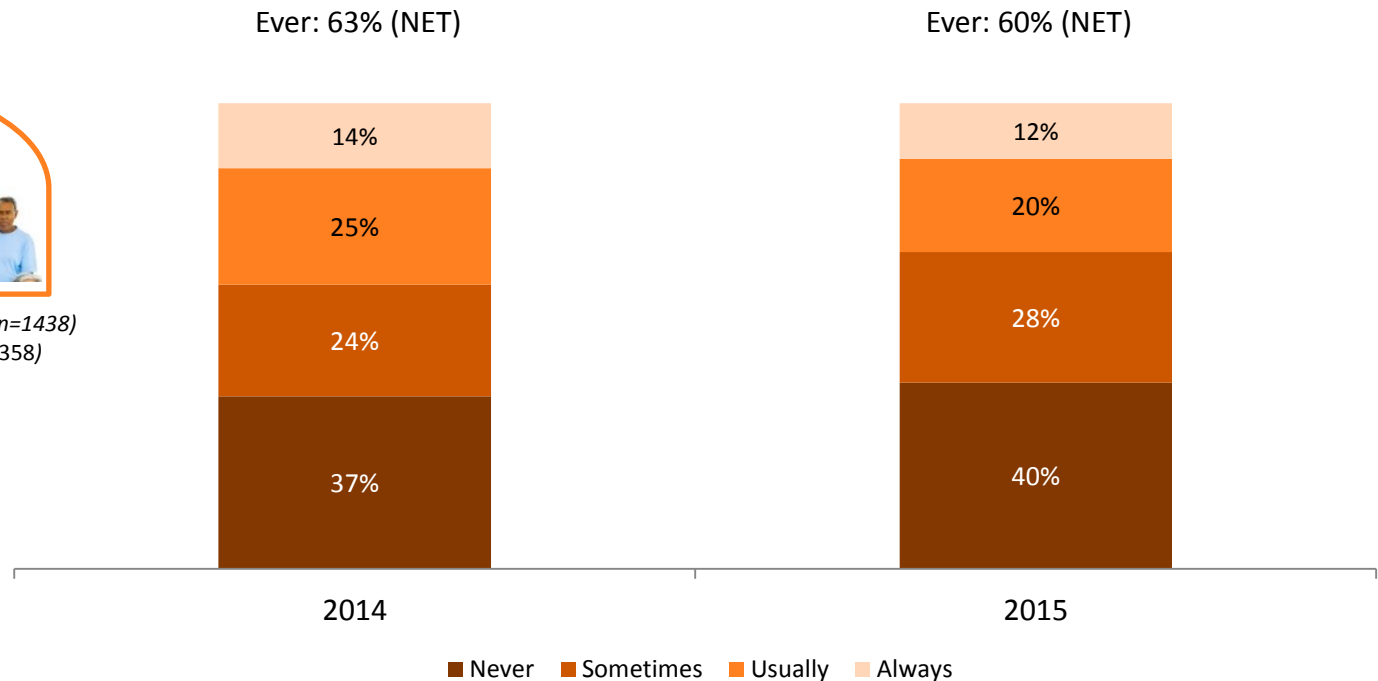


Advanced Notice of Cost – MP

Over the past 12 months, four out of ten Medicare Primary Retirees say they have never been able to find out in advance how much they would have to pay for needed health care services/equipment. This proportion did not change significantly from 2014.



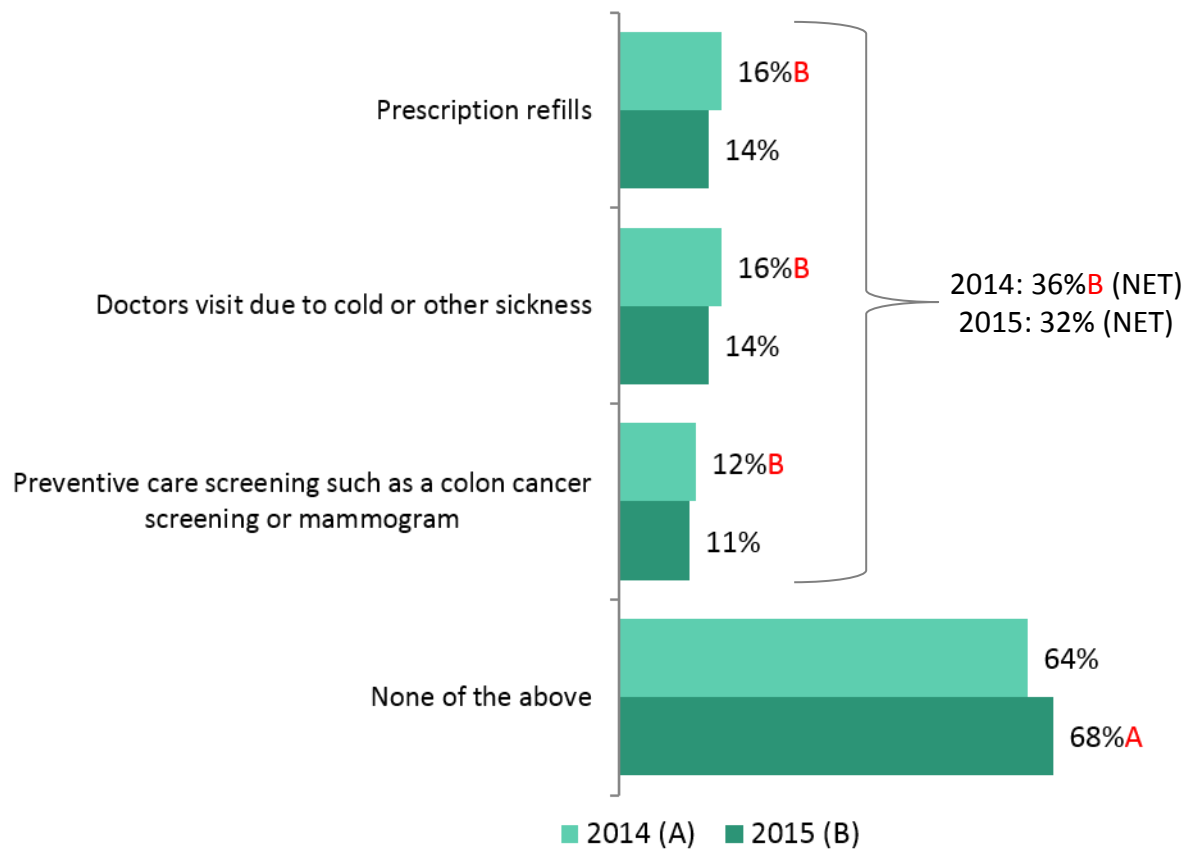
Base: MP 2014 Total excluding n/a (n=1438)
MP 2015 Total excluding n/a (n=358)





Cost as a Barrier – AE

32% of Active Employees/Retirees say they were delayed in getting health care service or didn't receive it at all in the past 12 months because of cost. However, this is an improvement over 2014 where 36% said the same.



Base: AE 2014 Total (n=5171)
AE 2015 Total (n=4852)

Red letters represent statistically significant differences at the 95% level.



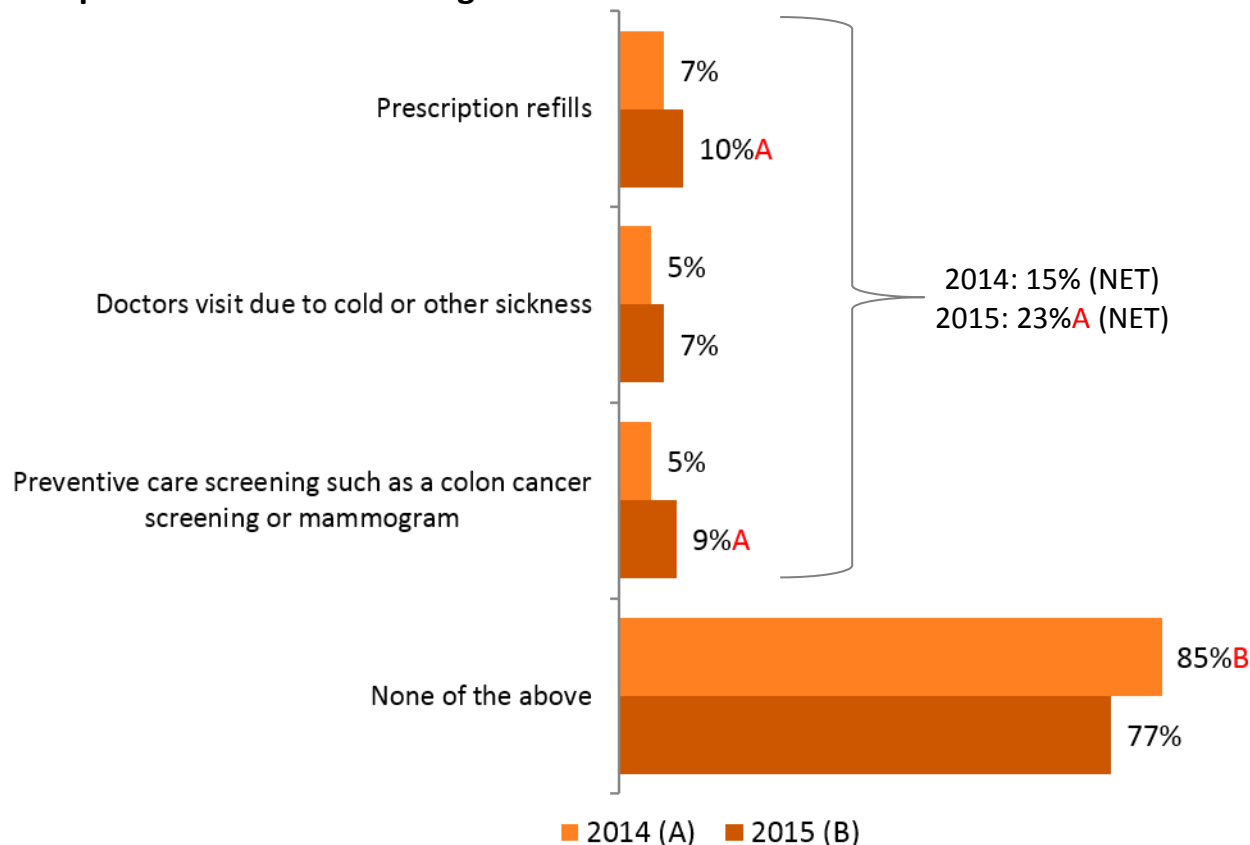
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Q10. In the last 12 months, did you delay or not get any of the following services because of the cost?



Cost as a Barrier – MP

Cost has become more of an issue for Medicare Primary Retirees in 2015, since 23% of these members say they were delayed in getting health care service or didn't receive it at all in the past 12 months for this reason, as compared to 15% in 2014. More specifically, more retirees in 2015 than in 2014 delayed or did not refill prescriptions and/or receive preventive care screenings because of the cost.



Base: MP 2014 Total (n=2552)
MP 2015 Total (n=596)

Red letters represent statistically significant differences at the 95% level.



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Q10. In the last 12 months, did you delay or not get any of the following services because of the cost?



Communication & Resources



Communication Methods – AE

AE



Mailed printed materials and email communications are the top two most preferred methods of receiving information from the State Health Plan, among Active Employees/Retirees. However, more of these members in 2015 prefer mailed printed materials than in 2014. Other changes include fewer members in 2015 than in 2014 preferring the State Health Plan website and the Member Focus newsletter.

The lower the ranking, the more preferred the method.

Method Preferences Ranked 1-7 <i>Base: AE 2014 Total (n=5171); AE 2015 Total (n=4859)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
Printed material mailed to my home	34%	39%A	52%	58%C	65%	71%E	2.78H	2.57
Email communications	35%	35%	63%	64%	80%	80%	2.36	2.35
State Health Plan website (shpnc.org)	16%B	14%	33%D	31%	56%F	52%	3.31	3.43G
Member Focus, monthly electronic State Health Plan newsletter	9%B	7%	31%D	26%	60%F	55%	3.33	3.49G
Through my Health Benefits Representative	3%	3%	8%	8%	15%	15%	5.26	5.26
Group meetings or presentations at my worksite	2%	2%	7%	7%	13%	13%	5.46	5.54G
Mobile application for my phone	2%	1%	6%	6%	12%	14%E	5.49H	5.36

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.



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Q6. List your most preferred method or methods of receiving information from the State Health Plan. Please rank the items on the list using numbers 1 through 7, where 1 means your most preferred method, 2 means your second most preferred, and so on, with 7 being the least preferred method.





Communication Methods – MP

MP



Mailed printed materials and email communications are the top two most preferred methods of receiving information from the State Health Plan, among Medicare Primary Retirees. However, more of these members in 2015 prefer mailed printed materials than in 2014.

The lower the ranking, the more preferred the method.

Method Preferences Ranked 1-7 <i>Base: MP 2014 Total (n=2554); MP 2015 Total (n=597)</i>	Ranked #1		Ranked Top 2		Ranked Top 3		Average Ranking	
	2014 (A)	2015 (B)	2014 (C)	2015 (D)	2014 (E)	2015 (F)	2014 (G)	2015 (H)
Printed material mailed to my home	53%	58%A	68%	74%C	78%	82%E	2.14H	1.95
Email communications	25%	22%	56%	54%	75%	73%	2.60	2.71
State Health Plan website (shpnc.org)	11%	9%	31%	30%	58%	54%	3.25	3.38
Member Focus, monthly electronic State Health Plan newsletter	9%	7%	33%D	25%	66%F	57%	3.12	3.39G
Through my Health Benefits Representative	2%	3%	6%	9%C	11%	15%E	5.36	5.34
Group meetings or presentations at my worksite	0%	0%	3%	5%C	6%	11%E	5.86H	5.65
Mobile application for my phone	0%	1%	3%	3%	6%	8%	5.67	5.58

Red letters represent statistically significant differences at the 95% level. Groups compared include AB, CD, EF and GH.



**BlueCross BlueShield
of North Carolina**

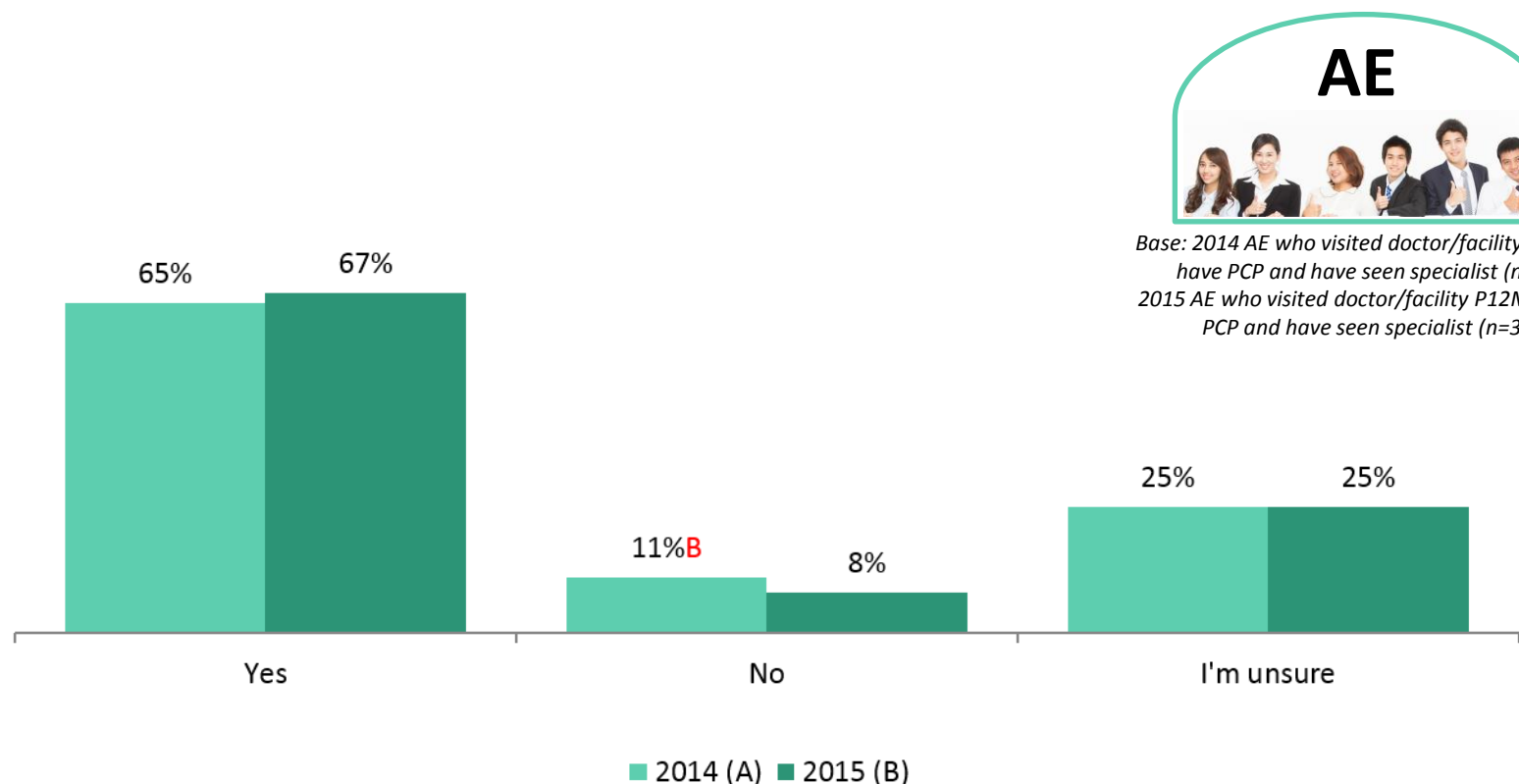
Q6. List your most preferred method or methods of receiving information from the State Health Plan. Please rank the items on the list using numbers 1 through 7, where 1 means your most preferred method, 2 means your second most preferred, and so on, with 7 being the least preferred method.





PCP & Specialist Communicating – AE

In both 2014 and 2015, about two thirds of Active Employees/Retirees say their Primary Care Provider communicates with their specialist(s) to provide them with the highest level of care. The proportion of those who said their Primary Care Provider does not do this decreased from 2014 to 2015.



Red letters represent statistically significant differences at the 95% level.



**BlueCross BlueShield
of North Carolina**

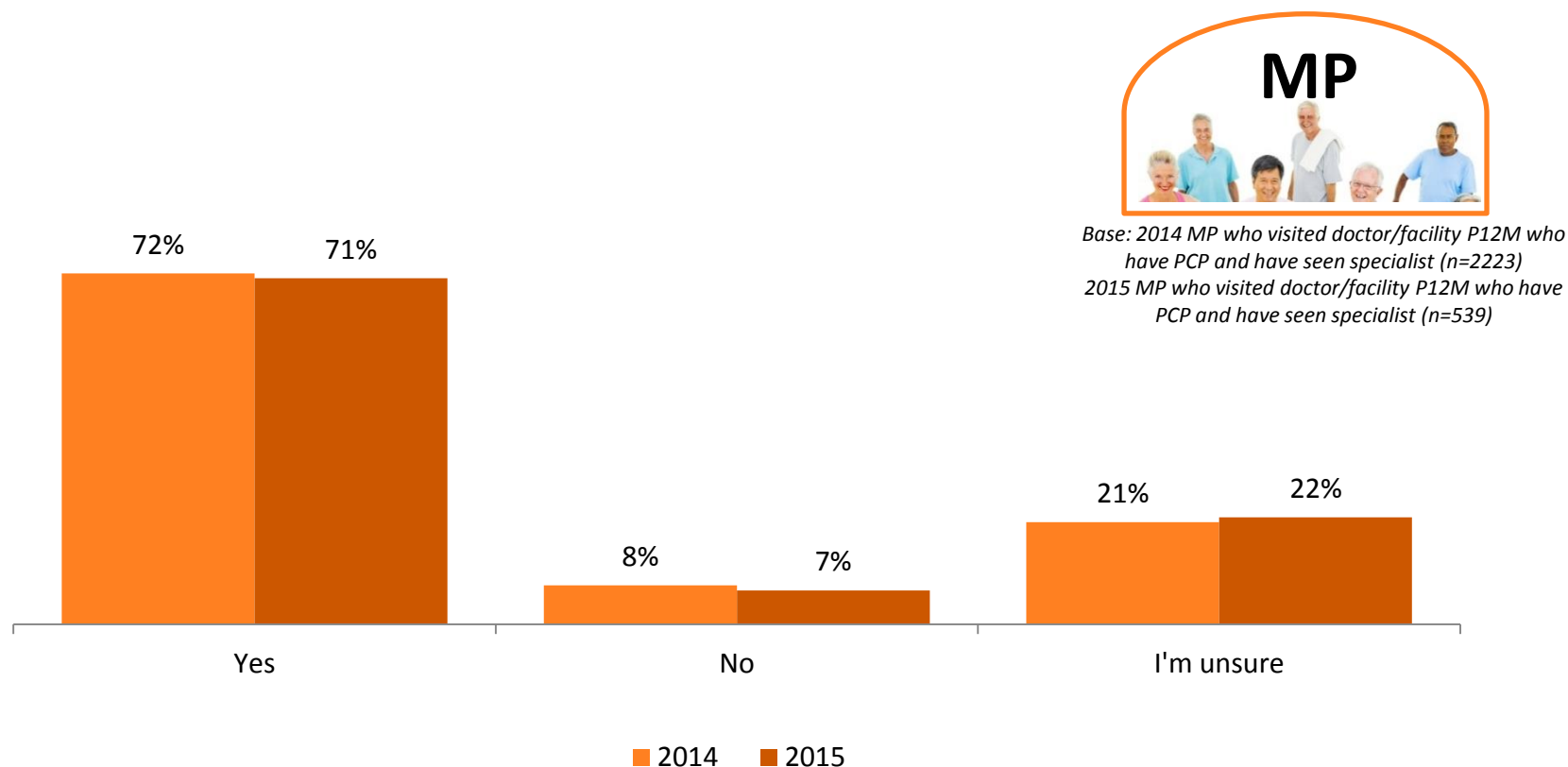
Q13. Does your Primary Care Provider communicate with your specialist(s) to provide you with the highest level of care?





PCP & Specialist Communicating – MP

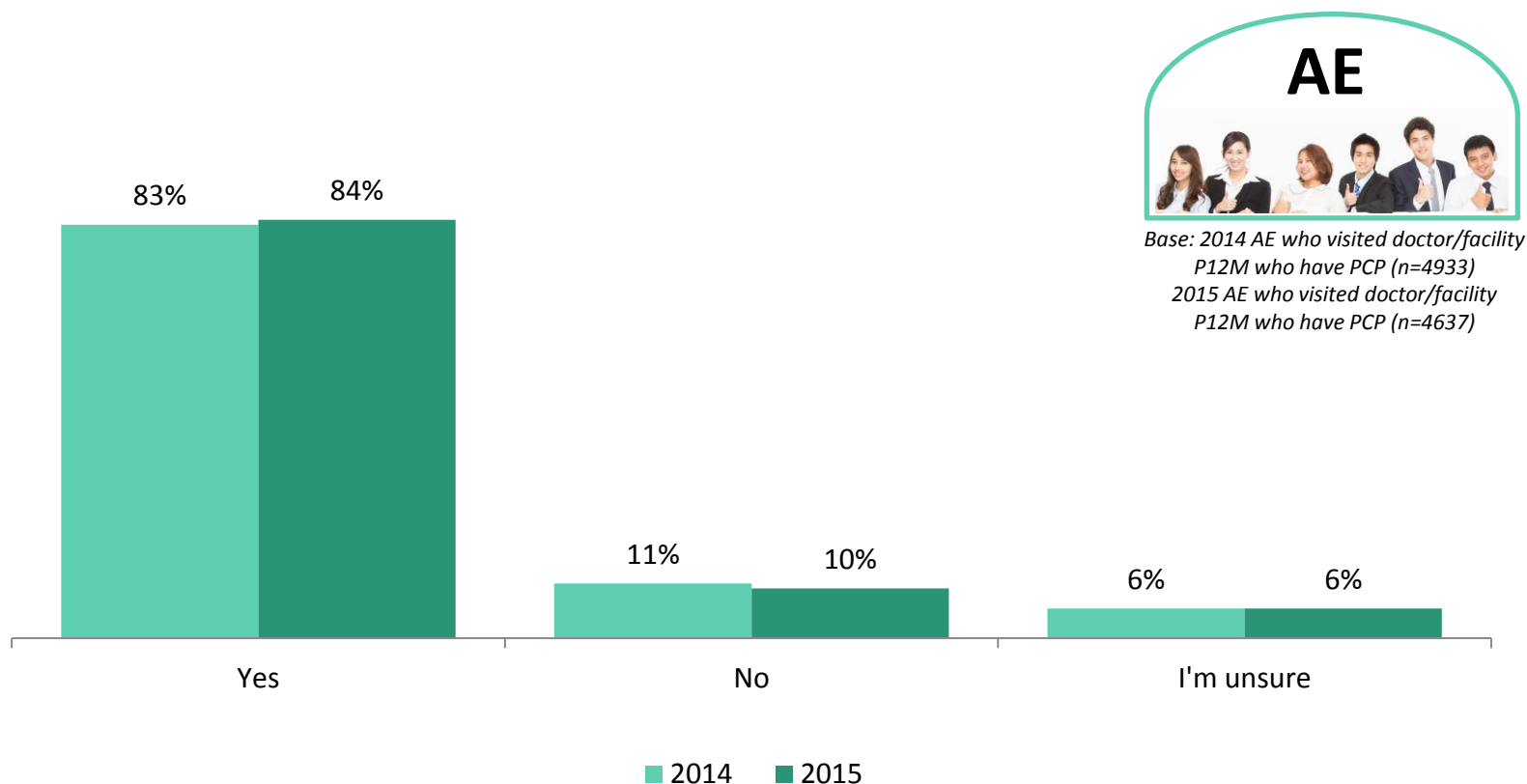
In both 2014 and 2015, almost three quarters of Medicare Primary Retirees say their Primary Care Provider communicates with their specialist(s) to provide them with the highest level of care.





PCP Providing Resources – AE

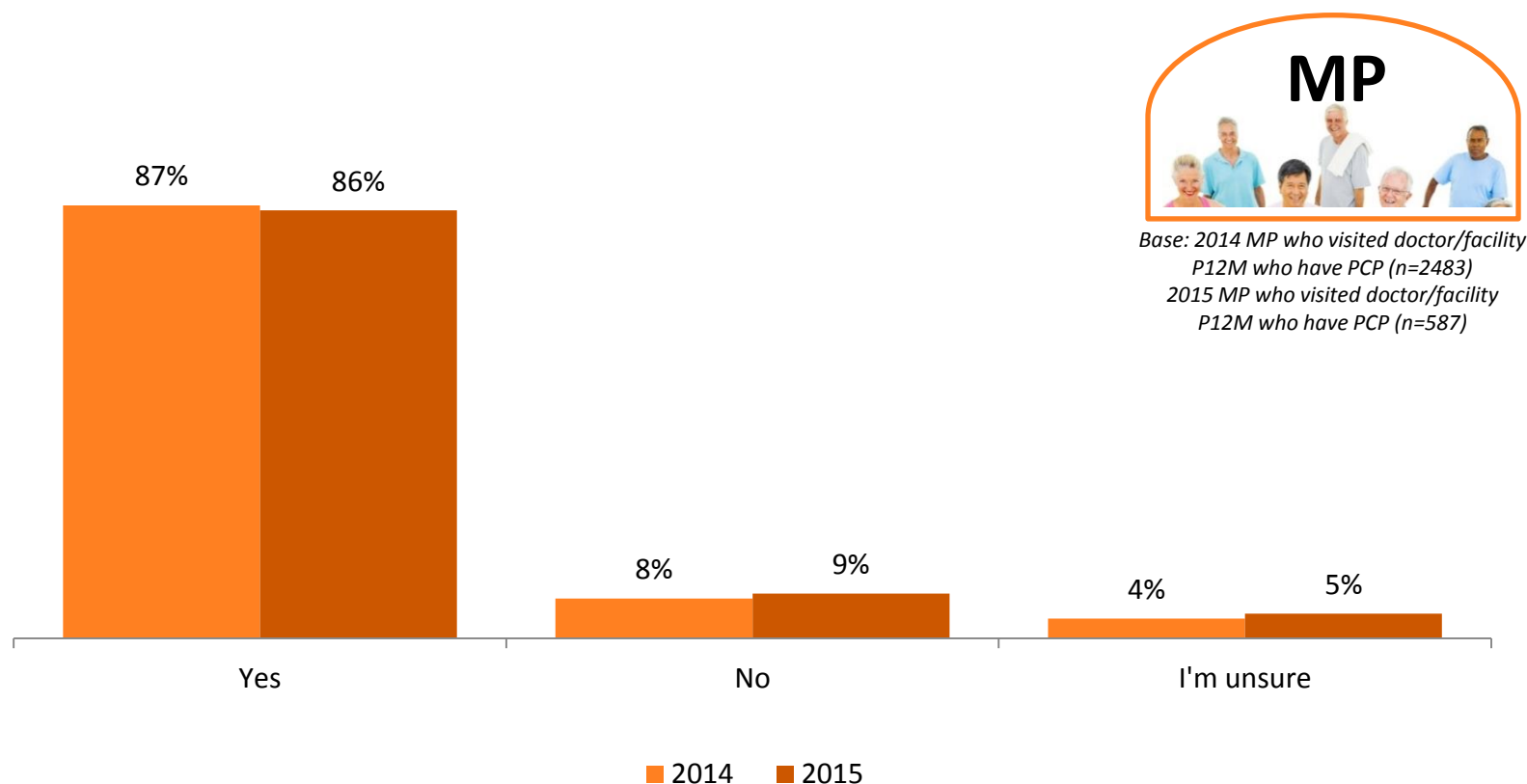
About eight out of ten Active Employees/Retirees say their primary care provider gives them resources to help them understand and manage their health. This proportion has remained stable over time.





PCP Providing Resources – MP

Almost nine out of ten Medicare Primary Retirees say their primary care provider gives them resources to help them understand and manage their health. No significant changes occurred from 2014 to 2015.



Respondent Profile



AE Respondent Profile

AE



		2014 (A)	2015 (B)
GENDER	Male	24%B	22%
	Female	76%	78%A
WORK	University	12%	21%A
	Community College	5%B	3%
	State Agency	20%B	13%
	School System	33%B	30%
	UNC Healthcare	2%	2%
	Retired	27%	30%A
2014 PLAN ¹	Traditional 70/30 Plan	23%B	20%
	Enhanced 80/20 Plan	71%	75%A
	Consumer-Directed Health Plan	6%	5%
COVERAGE	Employee/Retiree only	77%	77%
	Employee/Retiree and child/children only	10%	10%
	Employee/Retiree and spouse only	6%	6%
	Family	8%	8%
HEALTH HABITS	I always wear my seatbelt	98%	98%
	I do not use tobacco products	93%	94%A
	I am mindful of my eating habits	86%	87%
	I work with my doctor and other health care professionals to improve my health	76%	77%
	I receive a flu shot every year	68%	69%
	I exercise on a regular basis	53%	54%
	I maintain a low level of stress	45%	48%A

Red letters represent statistically significant differences at the 95% level.



MP Respondent Profile

MP



		2014 (A)	2015 (B)
GENDER	Male	33%	33%
	Female	67%	67%
YEARS RETIRED	Less than 1 year	4%	7%A
	1-3	16%	18%
	4-6	20%	19%
	7-10	24%	24%
	11+	36%	31%
2014 PLAN ¹	Traditional 70/30 Plan	27%	83%A
	Humana (NET)	21%B	5%
	Humana Medicare Advantage Base Plan	14%B	4%
	Humana Medicare Advantage Enhanced Plan	7%B	2%
	UnitedHealthcare (NET)	52%B	12%
	UnitedHealthcare Medicare Advantage Base Plan	21%B	3%
	UnitedHealthcare Medicare Advantage Enhanced Plan	31%B	9%
COVERAGE	Employee/Retiree only	86%	85%
	Employee/Retiree and spouse only	13%	11%
	Family	1%	2%A
	Employee/Retiree and child/children only	0%	2%A
HEALTH HABITS	I always wear my seatbelt	98%	98%
	I do not use tobacco products	94%	92%
	I am mindful of my eating habits	90%	89%
	I work with my doctor and other health care professionals to improve my health	89%	87%
	I receive a flu shot every year	84%	82%
	I maintain a low level of stress	63%	61%
	I exercise on a regular basis	61%B	53%

Red letters represent statistically significant differences at the 95% level.