



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



Open Enrollment Strategy for 2018 Benefit Year

Board of Trustees Meeting

March 22, 2017

A Division of the Department of State Treasurer

Non-Medicare Primary Subscribers Enrollment Strategy

2017 Open Enrollment Default Strategy *(Executed in the Fall of 2016)*

- Last year, the Board approved an Open Enrollment (OE) strategy that moved all Non-Medicare Primary subscribers to the 70/30 Plan.
- The rationale for this decision was the belief that communicating to members that they **must take action** to elect the plan of their choice would resonate more with members. Like they did for 2014, members who wanted to elect a higher value plan **had** to take action **and** complete certain activities to earn wellness premium credits.
- Another important reason for adopting this approach for the 2017 OE was that the Board also approved adding the Tobacco Attestation to the 70/30 Plan. All members* needed to take action to reduce their premium.
- By all measures, the 2017 OE default strategy was very successful. As reported in November, there was a 41% increase in the number of OE updates in 2017.

**Retirees do not have to complete the tobacco attestation or pay a premium for the 70/30 plan.*

Open Enrollment Results – Year Over Year

The year-over-year results seem to indicate that the measures taken to improve the online enrollment workflows and the member experience, along with the communication and outreach paid off.

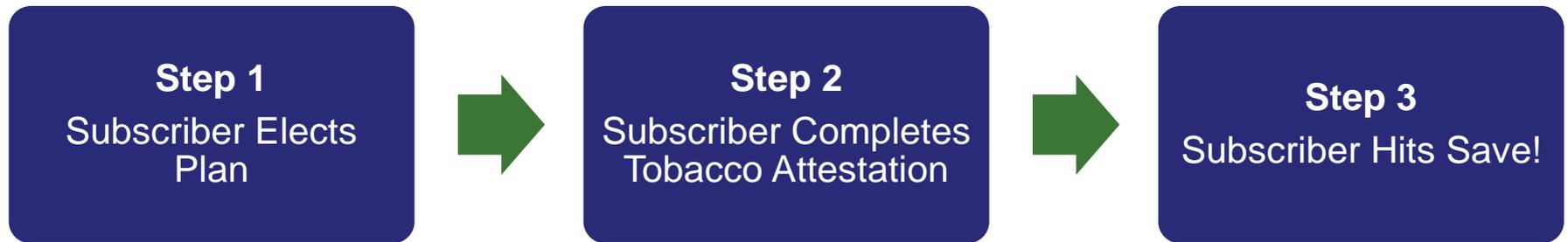
	2016	2017	Increase
Online Enrollment	213,814	320,829	50%
Telephonic Enrollment	71,528	80,259	12%
Total Enrollments*	285,342	401,088	41%

**These are not distinct members. Some members updated their enrollment multiple times. There were 318,936 distinct members who updated their enrollment this OE and 223,658 members who updated it last year. That is an overall participation increase of 43%.*

Proposed 2018 Strategy: Non-Medicare Primary Subscribers

2018 Open Enrollment Default Strategy *(To be held Fall of 2017)*

- To make enrollment as straightforward as possible, moving members to the 70/30 Plan for Open Enrollment is proposed.



- The Plan will explore the possibility of hiding the wellness premium credits link on the home page of eEnroll so the only way a subscriber can complete the premium credits is through the enrollment workflow.

Enrollment Landing Page



Home

Dependents

Language Preferences

MANAGE ACCOUNT

Login Information

Medicare

Life Change

Premium Wellness Credits

Important Actions for Completing Open Enrollment

Open Enrollment October 1-31, 2016

All active and Non-Medicare retirees were moved to the Traditional 70/30 Plan. You have until October 31, 2016, to complete your enrollment selection and complete any

Open Enrollment takes place October 1-31, 2016. All active and Non-Medicare retirees were moved to the Traditional 70/30 Plan. You must take action! All three Wellness Premium Credit activities must be completed by October 31, 2016. If you need assistance with navigating eEnroll you can view the Enrollment video or call the Support Center at 855-855-0966 M-F 8a.m.-10p.m and on Saturdays 10a.m.-4p.m.

[Get started >](#)

Important Messages for You

 You have new benefits being offered to you:

You have 242 days to elect your Open Enrollment benefits.

A change has been made to your benefits. Please review the change

Completing Open Enrollment

\$\$\$\$ custom page To begin Open Enrollment, please click "Get Started". Once you have completed your elections for 2017, please print a copy of the benefit detail report for your records. Medicare retirees were moved to the Traditional 70/30 Plan. You must take action! All three Wellness Premium Credit activities must be completed by October 31, 2016. Remember to print the Benefit Detail Report for your records. If you need assistance with navigating eEnroll you can view the Enrollment video or call the Support Center at 855-855-0966 M-F 8a.m.-10p.m and on Saturdays 10a.m.-4p.m.

The link was originally added so that members who were not changing plans could go directly to the premium wellness credits.

Medicare Primary Members Enrollment Strategy

- When the Plan originally rolled out the Medicare Advantage Plans in 2014, the Board adopted an OE enrollment strategy where all the Medicare Primary retirees were auto-enrolled into one of two Medicare Advantage Base Plans.
 - 50% in the Humana Medicare Advantage Base Plan
 - 50% in the UnitedHealthcare (UHC) Medicare Advantage Base Plan
- Members had the option of staying where they were or electing any of the other Medicare Primary plans, although all Medicare Primary members in the same family (and on the same contract) had to enroll in the same option.
 - 70/30 Plan
 - Humana Medicare Advantage Base Plan
 - UHC Medicare Advantage Base Plan
 - Humana Medicare Advantage Enhanced Plan
 - UHC Medicare Advantage Enhanced Plan

Medicare Primary Members Enrollment Strategy

- Over the last several years, the Plan has adopted different OE default strategies for the members enrolled in Medicare Advantage plans.
 - **2015 OE** – All Medicare Primary members remained in the plans they elected for 2014 and only had to participate in OE if they wanted to make a change.
 - **2016 OE** – All members in the Medicare Advantage Enhanced Plans were moved to the Medicare Advantage Base Plans (because the Enhanced Plan premiums and member cost sharing in those plans increased).
 - **2017 OE** – All members enrolled in the Humana Medicare Advantage Base and Enhanced Plans were moved to the UHC Base Plan.
- Medicare Primary members in the 70/30 Plan have not been moved.
- All Medicare Primary members had the option to change plans during OE.

Proposed 2018 Strategy: Medicare Primary Members

2018 Open Enrollment Default Strategy *(To be held Fall of 2017)*

- **70/30 Plan Members –**

- In an effort to transition more members to the Medicare Advantage Plans, it may be time to default Medicare Primary members who elected the 70/30 Plan into the UHC Medicare Advantage Base Plan for 2018.

- **Medicare Advantage Members –**

- A passive enrollment is preferred for existing Medicare Primary Retirees, Dependents and Surviving Dependents who have already elected a Medicare Advantage plan.
- However, the Plan will not have information on renewal pricing (i.e., the fully insured premium rates applicable for 2018) from UHC until later this year.
- Depending on the results of those discussions, a different enrollment approach may be needed.

Proposed 2018 Strategy: Medicare Primary Members

Member Type/Existing Elections	Open Enrollment Default
2017 Medicare Advantage Subscribers, Dependents and Surviving Dependents	Passive - Unless the Member makes a new election during Open Enrollment, they will remain in the Medicare Advantage Plan they previously elected
New Medicare Primary Enrollees & Existing Medicare Primary 70/30 Members <i>(New Medicare Primary Retirees or Members who become Medicare primary in November, December, January)</i>	Active - Member will be moved to the Medicare Advantage Base Plan for Open Enrollment and have the option to elect the Medicare Advantage Enhanced Plan or the 70/30 Plan for 2018

Board Action

Board approval of the following open enrollment default strategies for the 2018 benefit year is requested:

Active Employees & Non-Medicare Retirees	
2017 Enrollment	2018 Open Enrollment Assignment
CDHP 85/15	70/30 Plan
80/20 Plan	70/30 Plan
70/30 Plan	70/30 Plan

Medicare Primary Retirees	
2017 Enrollment	2018 Open Enrollment Assignment
UHC MAPDP	UHC Base MAPDP
UHC Enhanced MAPDP	UHC Plus MAPDP
70/30 Plan	UHC Base MAPDP

Yellow shading indicates an Open Enrollment assignment that differs from current plan selection