



*North Carolina*  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES



## Potential Benefit Changes for CY 2017

*Board of Trustees Meeting*

November 20, 2015

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*A Division of the Department of State Treasurer*

# Presentation Overview

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- Modifications to Healthy Activities
- Primary Care Provider Incentives
- Traditional 70/30 Changes
- Next Steps

# 2017 Healthy Activities to Reduce Premiums

In February 2015, the Board approved the following Healthy Activities to earn premium credits for CY 2017

Healthy Activity	CDHP	Enhanced 80/20	Traditional 70/30
Non-Tobacco User or QuitlineNC Enrollment	\$40	\$40	\$40
Patient-Centered Medical Home Selection	\$20	\$25	N/A
Health Assessment Completion with Provider-Reported Biometrics	\$20	\$25	N/A
Total Credits Available	\$80	\$90	\$40

To address concerns about members' enrollment experience and to recognize the lack of sufficient PCMH providers throughout North Carolina, the Board may want to consider modifying the healthy activities to earn premium credits for 2017.

# Potential Modification #1: Selection of PCMH

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- A strategic priority for the Plan is maximize the efficiency of the Patient Centered Medical Home (PCMH) model
- The Board approved a premium credit for members who select a PCMH accredited provider (members would no longer receive credit for selecting a PCP)
  - According to Blue Cross and Blue Shield of NC, approximately 40% of Plan members currently utilize a PCMH Primary Care Provider (PCP)
- There appears to be uneven growth of PCMH accredited providers in the State, raising concerns about whether there is sufficient access to PCMHs for the Plan to use this as a healthy activity to reduce premiums.

# Potential Modification #1 *Continued*: Replace PCMH Selection with Education on Age Appropriate Screenings

- The Board may want to consider tying future premium credits to ensuring members receive age/gender appropriate screenings (such as mammograms or cholesterol testing) through claims-based adjudication
- This approach would require members to engage their PCP annually to make sure they are receiving the appropriate care
- A future strategy such as this will require significant communication and education to ensure members are aware of and understand their responsibility
  - Having members complete an education module on age/gender appropriate screenings to reduce their 2017 premiums presents an opportunity to educate members as an initial step

# Potential Modification #2: Health Assessment and Provider-Reported Biometrics

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- There have been significant challenges to the members' experience during CY 2016 Enrollment process
  - One major area of concern has been requiring the member to complete a Health Assessment on the ActiveHealth platform requiring multiple sign-ons
- There is also concern that having providers sign-off on or submit biometric data *in addition to members completing a Health Assessment* would create further difficulties and complexities within the enrollment process

# Potential Modification #2 *Continued*: Health Assessment and Provider-Reported Biometrics

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- In order to improve the member experience and provide the Plan with relevant information, while still encouraging members to engage with their PCP, the Board may want to consider discontinuing the premium credit for completion of the health assessment in 2017, and instead of requiring provider-reported biometrics, require members to enter the biometric data through the enrollment platform
  - Data would need to be current within the last twelve months
  - Members could contact their provider's office for information or schedule an appointment if data is not current
  - Plan will need to initiate a communication campaign in early 2016 to help members understand the requirement and where to go to get the data

# Summary of Approved and Proposed Healthy Activities

Board Approved 2017 Healthy Activities	CDHP	Enhanced 80/20	Traditional 70/30
Non-Tobacco User or QuitlineNC Enrollment	\$40	\$40	\$40
PCMH Selection	\$20	\$25	N/A
Health Assessment with Provider-Reported Biometrics	\$20	\$25	N/A
<b>Total Credits Available</b>	<b>\$80</b>	<b>\$90</b>	<b>\$40</b>

Proposed Modified Healthy Activities	CDHP	Enhanced 80/20	Traditional 70/30
Non-Tobacco User or QuitlineNC Enrollment	\$40	\$40	\$40
Education module on Age/Gender Screenings	\$20	\$25	N/A
Member Entered Biometrics	\$20	\$25	N/A
<b>Total Credits Available</b>	<b>\$80</b>	<b>\$90</b>	<b>\$40</b>



# Modification #3: PCP Copay Reduction

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- Rewarding members who select a PCP at the time of enrollment with a copay reduction in the Enhanced 80/20 or HRA credit in the Consumer Directed Health Plan remains a value-based approach to helping members offset cost barriers to care
- The Board may want to consider providing an additional reduction for members who select a PCMH as additional benefit to incent high quality care

# Potential 2017 PCP Cost Sharing Modification

Proposed PCP Incentive Strategy	CDHP	Enhanced 80/20
Selection of PCP at time of Enrollment	Required for Copay Reduction	Required for Copay Reduction
Non-Selected PCP Copay	Deductible/Coinsurance	\$30
Selected PCP Visit	Deductible/Coinsurance (\$25 HRA Credit)	\$15
Selected PCMH Visit	Deductible/Coinsurance (\$30 HRA Credit)	\$10

## Modification #4: Move to Annual Cost Sharing Increases in the Traditional 70/30 beginning with CY 2017

- The Board approved a strategy that will increase the cost sharing in the Traditional 70/30 plan every two years to incent enrollment in the Enhanced 80/20 and CDHP
- The strategy appears to be working as preliminary enrollment data for 2016 indicates more members are enrolling in the two wellness plans or the Medicare Advantage plans
- Reducing the value of the Traditional 70/30 plan would also assist the Plan in reaching the savings target required in the State Budget

# Next Steps

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- Discuss strategy priorities and broader benefit strategy
- Board feedback and workgroups
- Solicit feedback from stakeholders
- Formal benefit recommendations in January
- Vote on CY 2017 benefits
- Communicate benefit changes to members