



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



Strategic Plan Scorecard – Measuring Success

Board of Trustees Meeting

May 22, 2015

A Division of the Department of State Treasurer

Presentation Overview

- Review of Strategic Plan Metrics
- Summary of Proposed Methodology
- Proposed Measures/Goals
- Next Steps

Review of Approved Strategic Plan Metrics

- The Board-approved Strategic Plan includes a series of metrics to evaluate State Health Plan progress in achieving the goals set forth in the Strategic Plan
- The scorecard goal is to measure strategic intent and monitor overall progress
- The approved metrics aim to measure how well the Plan is:
 - Improving members' health,
 - Improving members' experience, and
 - Ensuring a financially sustainable State Health Plan

Approved Metrics – Improve Members' Health

Priority	Description	Goal Description
Improve Members' Health	PCMH Utilization	Increase % of members receiving care from a NCQA recognized PCMH
	Quality of Care	Increase % of members with targeted high prevalence conditions receiving care according to national clinical standards
	Worksite Wellness	Increase number of worksites offering worksite wellness

These metrics reflect areas of focus for the Plan. Initiatives aimed at meeting the goals and future targets will help lead to:

- Healthier and more engaged members,
- Better managed chronic disease, and
- Members receiving high quality, coordinated care.

Approved Metrics – Improve Members' Experience

Priority	Description	Goal Description
Improve Members' Experience	Customer Satisfaction	Maintain or improve overall Customer Satisfaction score
	Annual Enrollment Service Level Agreements	Improve Annual Enrollment customer service SLAs
	Member Engagement	1. Increase in the # of active members registered as users on TPA site 2. Increase in the usage of TPA's provider search and transparency tools 3. Increase in attendance at educational roadshows

These metrics reflect areas of focus for the Plan. Initiatives aimed at meeting the goals and future targets will help lead to:

- Increased member engagement,
- Higher level of trust, and
- More informed members who are empowered in their decision making.

Approved Metrics – Ensure a Financially Stable State Health Plan

Priority	Description	Goal Description
Ensure a Financially Stable State Health Plan	Net Income/Loss	Net income/loss actual or above certified or authorized budget for plan year
	PMPM Claims Expenditures	PMPM claims expense at or below certified or authorized budget (as forecasted by actuaries) for plan year
	Member Cost-Sharing	Percent of total claims cost paid by members through copays, deductibles and coinsurance at or below benchmark

These metrics reflect areas of focus for the Plan. Initiatives aimed at meeting the goals and future targets will help lead to:

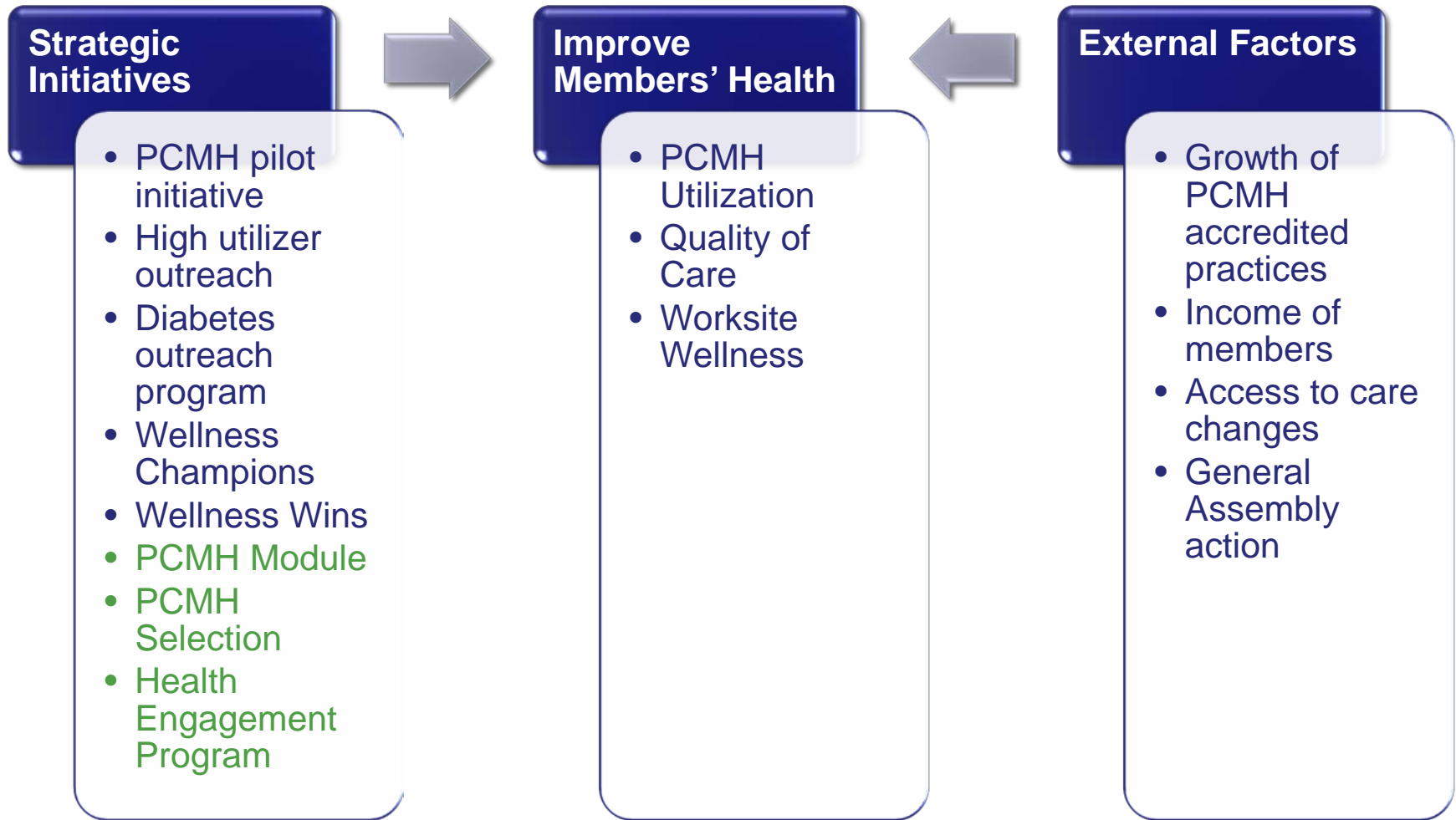
- Reduced costs for members and the Plan
- Reduced fraud, waste, abuse and overuse
- Delivery of appropriate care in the appropriate setting
- Payment for quality and value rather than quantity

Summary of Proposed Methodology

- Each of the strategic measures was chosen to illustrate the progress the Plan is making (or not making) in achieving the Strategic Plan
 - Additionally, they are items that can be measured
- Where appropriate, the two benchmark periods will be FY 2012-13 and CY 2014 to reflect the last two full plan years (*Note: the Strategic Plan adopted by the Board assumes CY 2013 as the benchmark period*)
 - This serves to reflect (directionally) the trends related to each metric
- Beginning in CY 2015, each measure will have a threshold, target, and stretch goal
 - *In addition, initial threshold goals have been identified for CY 2017 for discussion purposes*
- The scorecard will be a high level summary of detailed analyses that is easy to digest
- Success will be measured by meeting at least two of three priority groupings, minimizing those below threshold, and identifying targets to achieve the stretch measures

Proposed Measures and Rationale

Improving Members' Health Driving Factors



Green text indicates initiatives beginning in CY 2016

Improve Members' Health Sample Card

		Benchmark Periods		CY 2015			CY 2017
Description	Metric	2012-13/CY 2013 Actual	CY 2014 Actual	Met or Exceeded Threshold	Met or Exceeded Target	Met or Exceeded Stretch	Met or Exceeded Threshold
PCMH Utilization	Increase % of members receiving care from a NCQA recognized PCMH	Level 1: 0.7% Level 2: 2.9% Level 3: 24.0% Total: 27.6% N=163,350	Level 1: 0.9% Level 2: 3.1% Level 3: 25.8% Total: 29.8% N= 177,165	33.0%	34.0%	35.0%	55% of active and non-Medicare members
Quality of Care	Percent of members with diabetes meeting clinical care standards of care	29.6%	30.7%	31.5%	33.0%	35.0%	45.0%
	Percent of members with persistent asthma that meet clinical care standards of care	62.8%	63.2%	64.0%	67.0%	69.0%	75.0%
	Asthma related ED	8.2%	7.7%	7.7%	7.0%	6.7%	6.5%
	Asthma related IP admissions	16.4%	15.3%	15.3%	15.0%	14.5%	14.0%
Worksite Wellness	Increase the number of worksites with active worksite wellness	N/A	N/A	92	111	125	110 worksites

Improving Members' Experience Driving Factors

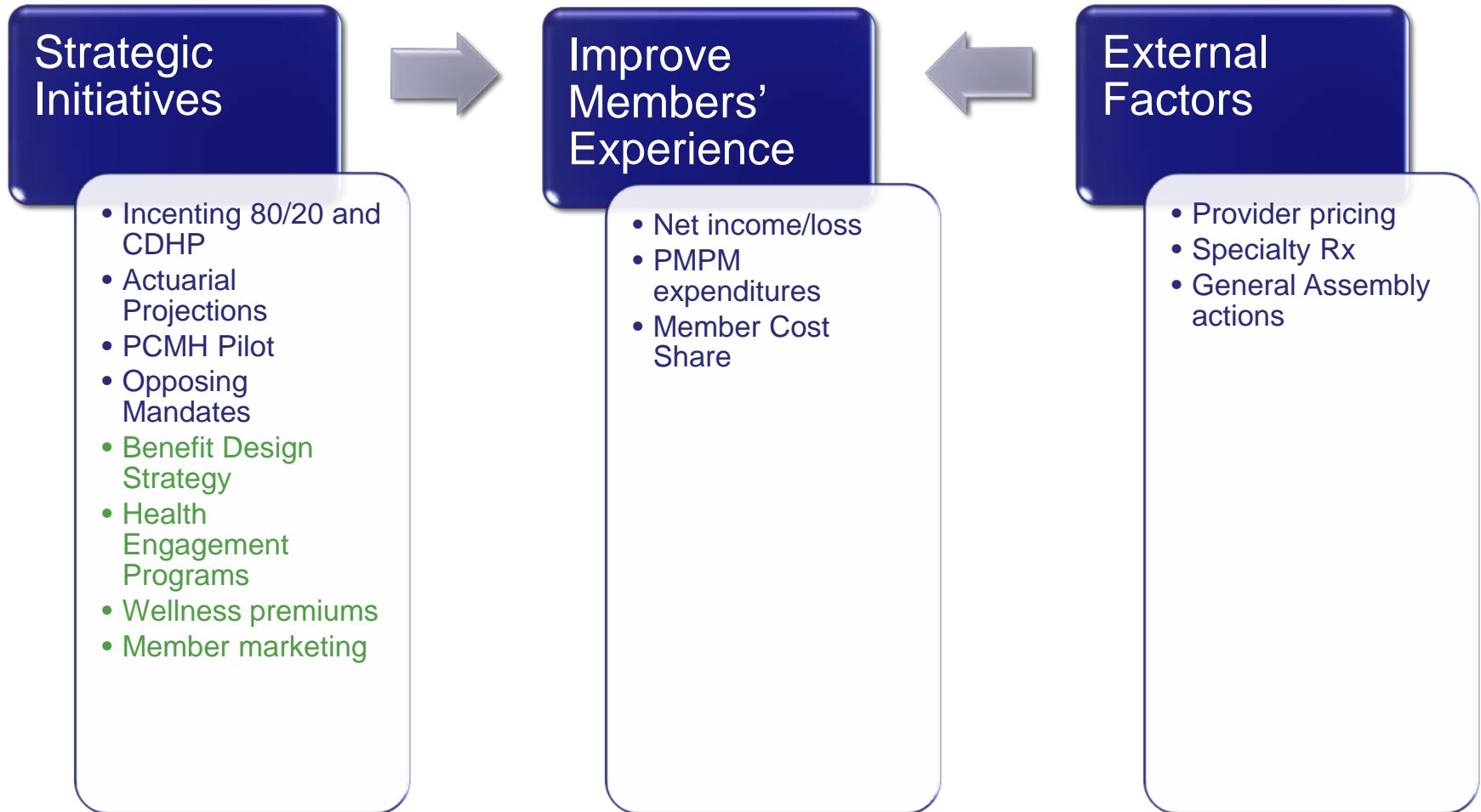


Green text indicates initiatives beginning in CY 2016

Improve Members' Experience Sample Card

		Benchmark Periods		CY 2015 Goals			CY 2017
Description	Metric	FY 2012-13 Actual	CY 2014 Actual	Met or Exceeded Threshold	Met or Exceeded Target	Met or Exceeded Stretch	Met or Exceeded Threshold
Customer satisfaction	Maintain or improve overall Customer Satisfaction score.	44%	Moderately Pleased (new questions - composite score)	55%	60%	65%	65%
Annual Enrollment service level agreements	Improve Annual Enrollment customer service SLAs.	65%	85% (100% for weeks 1 -3)	70%	75%	80%	80%
Member engagement	1. Increase in the average # of unique member registered users on TPA site per month	1. 8,758	1. 10,005	1. 10,005	1. 10,105	1. 10,305	1. 10,305
	2. Increase in the average monthly usage of TPA's provider search and transparency tools	2. 1,081	2. 1,210	2. 1,210	2. 1,225	2. 1,237	2. 1,237
	3. Increase in attendance at educational roadshows	3. 28,850	3. 6,080	3. 6,080	3. 6,688	3. 7,355	3. 7,355

Ensure Financial Stability Driving Factors



Green text indicates initiatives beginning in CY 2016

Ensure a Financially Stable Plan Sample Card

		Benchmark Periods		CY 2015 Goals			CY 2017
Strategic Initiative	Goal Description	FY 2012-13 Actual	CY 2014 Actual	Met or exceeded threshold	Met or exceeded target	Met or exceeded stretch	Met or exceeded threshold
Net income/loss	Net income/loss actual or above certified or authorized budget for plan year	+\$197M variance	+ \$151M variance	Projected loss: \$148M			Projected loss: \$333M
PMPM claims expenditures	PMPM claims expense at or below certified or authorized budget (as forecasted by actuaries) for plan year	7% lower (\$314.72 actual vs. \$335.32 projected)	5% lower (\$348.53 actual vs. \$367.00 projected)	2% above – 8% below	1% above – 7% below	0% above – 6% below	0% above – 6% below
Member cost-sharing	% of total claims cost paid by members through copays, deductibles and coinsurance at or below benchmark	Two plan options Silver (76%) Silver/Gold (81%)	Three Plan Options Silver (77%) Gold (83%) Platinum (91%)	Three Plan Options Silver (77%) Gold (83%) Platinum (91%)	Three Plan Options Silver (76%) Gold (84%) Platinum (92%)	Three Plan Options Silver (76%) Gold (85%) Platinum (92.5%)	Three Plan Options Silver (72%) Gold (85%) Platinum (91.0%)

Sample Summary Score Card – Illustrative

Strategic Priority	Description	Below Threshold	Met or Exceeded Threshold	Met or Exceeded Target	Met or Exceeded Stretch	Annual Result (Unmet or Met)
Improve Members' Health	PCMH Utilization				X	Met
	Quality of Care			X		
	Worksite Wellness			X		
Improve Members' Experience	Customer satisfaction			X		Met
	Annual Enrollment service level agreements			X		
	Member engagement			X		
Ensure a Financially Stable State Health Plan	Net income/loss		X			Met
	PMPM claims expenditures			X		
	Member cost-sharing			X		

Next Steps

- Finalize CY 2015 and possibly CY 2017 goals
- Measure progress annually and adjust, as necessary
 - Many goals have significant external variables
- Identify areas of focus to achieve strategic goals

APPENDIX

Appendix: Description of Measures

- PCMH Measure: Provided by BCBSNC, the number of members who either selected a PCP (Enhanced 80/20 and CDHP) with PCMH recognition or can be attributed to a PCP through BCBSNC attribution model (Traditional 70/30)
- Quality of Care - Internal data mining:
 - Diabetes: Members meeting clinical standards of care (appendix for services)
 - Persistent Asthma: Using claims data for persistent asthma, will change with ICD-10 (appendix for definition)
 - Asthma ED Admissions: Based on site of service and primary diagnosis in claims data
 - Asthma IP Admissions: Based on site of service and primary diagnosis in claims data
- Wellness Champions: Program established in CY 2015 to increase worksite wellness and recruit dedicated champions

Appendix: Quality of Care Metrics

- **Diabetes**

- Members identified using the HEDIS definition of diabetes
- To be considered as receiving clinical standards of care, members must have received 4 different nationally recognized best practice clinical services

- **Persistent Asthma**

- Members identified using the HEDIS definition of persistent asthma
- To be considered as receiving clinical standards of care, members with persistent asthma must have received appropriate medication (HEDIS) and regular doctor visits in the past 12 months

Appendix: Quality of Care Metrics, con't.

- Asthma
 - Members are identified using a weakening of the HEDIS definition of persistent asthma.
 - Every member identified with persistent asthma will also fit the definition of asthma
 - Criteria developed in consultation with SHP clinical staff
 - A member is included in the population if s/he satisfies at least one of the following during the measurement year.
 - At least one ED visit with a primary diagnosis of asthma
 - At least one acute inpatient encounter with a primary diagnosis of asthma
 - At least two outpatient visits or observation visits on different dates of service with any diagnosis of asthma and at least one asthma medication dispensing event. Visit type need not be the same for the two visits.
 - At least two asthma medication dispensing events. A member identified as having asthma because of at least two asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed that year, must also have at least one diagnosis of asthma during the same year as the leukotriene modifier.
 - Use rate is [# of visits w/primary dx of asthma]/[# of visits] for IP and ER

Appendix: Description of Measures

- **Net income/loss:** For the past few years the Plan has exceeded net income/loss projections by accruing more cash. In CY 2015 and the coming biennium the Plan will spend cash reserves down in lieu of premium increases; therefore, the strategic goal reflects a net loss in each of the next three years.
- **PMPM claims expenditures:** Claims expenditures drive a significant portion of Plan costs. Effectively forecasting these costs assists in maintaining benefits and addressing member needs.
- **Member cost-share:** The 2016 Board-approved plan design makes significant cost-share changes to the Traditional 70/30 and smaller changes to the CDHP. Additionally, members in the Enhanced 80/20 and CDHP have options to reduce their out-of-pocket costs through Plan engagement.