



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



2014 Member Satisfaction Survey

Board of Trustees Meeting

May 30, 2014

A Division of the Department of State Treasurer

Membership Satisfaction Survey: 2011 & 2012

- **Focus** - Member communication, customer service and plan design
- **Purpose** – Solicit member feedback to support customer experience improvements, plan design changes and new offerings.
- **Process** – All members received a postcard inviting them to participate in the online survey. Survey was also promoted via the SHP website and newsletters.

2011 Member Postcard

North Carolina State Health Plan
PO Box 30111
Durham, NC 27702

Share your experience with us

Take a quick survey of the State Health Plan, and help us ensure the best member experience for you and your family.

**Be sure to take the survey
by October 18, 2012**

Go to www.shpnc.org now

PRESORTED
FIRST CLASS MAIL
US POSTAGE PAID
RALEIGH, NC
PERMIT #1854

Let us know how we're doing

Your opinion matters – and so does your satisfaction with the North Carolina State Health Plan. That's why we're asking for five minutes of your time to let us know about your experience with the Plan and its provider, Blue Cross and Blue Shield of North Carolina. As an active or retired state employee, both you and your covered spouse (if applicable) are welcome to participate in our quick, online survey.

Taking the survey is fast and easy:

- ✓ Go to www.shpnc.org by October 18, 2012
- ✓ Click on the survey link
- ✓ Take the 5-minute survey

Thank you in advance for your valuable feedback. It helps us learn, from your point of view, what's working well and what might need improvement to ensure an excellent member experience for you and your family.

North Carolina
State Health Plan
for Teachers and State Employees
www.shpnc.org



Membership Satisfaction Survey: 2011 & 2012

- In 2011, the online survey received 4,766 respondents.
 - Results found that Plan members were generally satisfied with some of the service and communications attributes, but there were certain areas that needed improvement.
 - 35% of Plan members were very happy with the current plan offered by the Plan
 - 26% were not very happy at all
 - 39% were in between
- In 2012, the online survey received 10,468 respondents.
 - Results found that members were more satisfied with the various services/features associated with the Plan than the previous year.
 - 54% of active members and 36% of retirees were interested in High Deductible Health Plans (HDHPs) and Health Savings Accounts (HSAs)
 - 44% of the respondents were satisfied with the Plan – an increase of 9 percentage points from the last year. The number of respondents dissatisfied with the plan decreased by the same percentage points from 2011 to 2012.

2014 Membership Satisfaction Survey Approach

- Per conversations with the BOT, SHP staff is researching two ways to solicit feedback from members.
 - *All Member Survey*
 - **Focus:** Customer Experience, Overall Satisfaction
 - **Approach:** Similar to more recent surveys
 - Survey all members utilizing online tool through BCBSNC
 - Communicate survey via member mailing, newsletters and website
 - **Status:**
 - Verbiage reviewed by Plan Staff, BOT Comm Group, DST Comm
 - Ready to move forward with a summer implementation
 - *Patient Experience Survey*
 - **Focus:** Information gathered through this survey will set the baseline on member experience and concerns as the Plan implements PCMH model of care and payment reforms intended to influence the member experience, quality and cost of care.
 - **Approach:** Longer, more in-depth survey administered to a randomly selected, representative sample group with roughly 3,500 responses.
 - **Status:** This survey is still in the discovery phase.
 - Vendor options are under review
 - Anticipate a first quarter 2015 implementation

Member Experience and Satisfaction Survey

Follow the numbering for either MP, Medicare-Primary, or AE, Active Employee/Retiree.

Confirmation of 2014 State Health Plan Election

1 MP & AE. What level of plan coverage do you have with the State Health Plan?

- ☐ Employee/Retiree only
- ☐ Employee/Retiree and child/children only
- ☐ Employee/Retiree and spouse only
- ☐ Family
- ☐ No State Health Plan coverage → Prompt: "Thank you for your feedback. We have no additional questions for you at this time." [Redirect to SHPNC.org]

2 MP & AE. Do you have Medicare as your primary coverage due to age or disability?

- ☐ Yes → Prompt #3 MP
- ☐ No → Prompt #3 AE

3 MP. As a Medicare-primary State Health Plan member, which plan design did you choose for the 2014 benefit year?

- ☐ Traditional 70/30 Plan
- ☐ Humana Medicare Advantage Base Plan
- ☐ Humana Medicare Advantage Enhanced Plan
- ☐ UnitedHealthcare Medicare Advantage Base Plan
- ☐ UnitedHealthcare Medicare Advantage Enhanced Plan
- ☐ I am not sure which plan I have for the 2014 benefit year

3 AE. As a State Health Plan member, which plan design did you choose for the 2014 benefit year?

- ☐ Traditional 70/30 Plan
- ☐ Enhanced 80/20 Plan
- ☐ Consumer-Directed Health Plan (CDHP)
- ☐ I am not sure which plan I have for the 2014 benefit year

4 AE. What were your top reasons for choosing one plan design over another for the 2014 benefit year? (Select up to three)

- ☐ The cost of monthly premiums
- ☐ The annual out-of-pocket or coinsurance maximums on medical and pharmacy services
- ☐ The copay or cost associated with each doctor visit or prescription
- ☐ Having preventive services, medications, and/or prescriptions covered at 100%
- ☐ The cost of dependents
- ☐ Having a Health Reimbursement Account (HRA) to offset your out-of-pocket expenses
- ☐ The presence or lack of wellness activities to lower monthly premiums
- ☐ The existence of other insurance such as Tricare

4 MP. What were your top reasons for choosing one plan design over another for the 2014 benefit year? (Select up to three)

- ☐ The cost of monthly premiums
- ☐ The annual out-of-pocket or coinsurance maximums on medical and pharmacy services
- ☐ The copay or cost associated with each doctor visit or prescription
- ☐ Having preventive services, medications, and/or prescriptions covered at 100%
- ☐ The cost of dependents
- ☐ The existence of other insurance such as an Individual Medicare Advantage Plan, an Individual Part D Plan or Tricare

Wellness Benefit Use

5 MP. IF SELECTED 70/30 PLAN, SKIP TO #6 MP & AE: Which of the following services have you used since January 1, 2014? Please select all that apply.

- ☐ Silver Sneakers fitness program
- ☐ Preventive services and screenings
- ☐ QuitlineNC's multi-call program
- ☐ None of the above
- ☐ Other (please specify): _____

5 AE. IF SELECTED 70/30 PLAN, SKIP TO #6 MP & AE. Which of the following services have you used since January 1, 2014? Please select all that apply.

- ☐ Primary care visit with the provider listed on my health benefits card
- ☐ Preventive services, screenings, and medications covered at 100%
- ☐ Health and wellness services through NC HealthSmart
- ☐ Specialty care from a Blue Options Designated Specialist
- ☐ Inpatient care from a Blue Options Designated Hospital
- ☐ None of the above
- ☐ Other (please specify): _____

6 MP&AE. List your most preferred method or methods of receiving information from the State Health Plan. (Select up to three)

- ☐ State Health Plan website (shpnc.org)
- ☐ Member Focus, the monthly electronic State Health Plan newsletter
- ☐ Email communications
- ☐ Printed material mailed to my home
- ☐ Mobile application for my phone
- ☐ Group meetings or presentations at my worksite
- ☐ Through my Health Benefits Representative

Pharmacy Benefits

7 MP&AE. 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, 2014:

	Completely Satisfied					Completely Dissatisfied					
	10	9	8	7	6	5	4	3	2	1	N/A
A. Your prescription drug benefits through the State Health Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The communicated information about your prescription benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The counseling you receive from your pharmacist on the prescriptions you take	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The customer service I receive when I call any of the numbers on my ID card for assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 MP&AE. What prevents you from taking your medication(s) on a regular basis?

- ☐ I take my medications as prescribed
- ☐ Copay is too expensive
- ☐ Side effects of the prescription drug
- ☐ Just forget due to distractions
- ☐ Medication does not work
- ☐ I don't want people to know I need this medication
- ☐ I do not take any medications

Access and Care

9 MP & AE. In the last 12 months, how often were you able to find out how much you would have to pay for health care services or equipment that you needed? For example, equipment could include a hearing aid or a glucose meter.

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

10 MP & AE. In the last 12 months, did you delay or not get any of the following services because of the cost? Please select all that apply. (Trend 2005 Q16, 2007 Q11 modified, 2010 Q10a modified)

- ☐ Preventive care screening(s) such as a colon cancer screening or mammogram
- ☐ Doctors visit due to cold or other sickness
- ☐ Prescription refills
- ☐ Other (please specify): _____

MP= Medicare Primary Retiree

AE=Active Employee/Retiree

11 MP & AE. Which of the following have you visited within the past 12 months? Please check all that apply.

- ☐ Primary care provider
- ☐ Specialist
- ☐ Emergency room
- ☐ Inpatient hospital facility
- ☐ Outpatient hospital facility
- ☐ None of the above → Skip to question #14

12 MP & AE. 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.

- ☐ Yes
- ☐ No
- ☐ Unsure

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

- ☐ Yes
- ☐ No
- ☐ I'm unsure

→ All responses skip to #15 MP & AE

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

- ☐ I have no need because I have not been sick
- ☐ I do not have a primary care provider
- ☐ It is difficult to find time to go see a provider
- ☐ I cannot afford the copay to see a primary care provider

Member Information

15 MP & AE. Are you male or female?

- ☐ Male
- ☐ Female

16 AE. How would you best classify where you work?

- ☐ University
- ☐ Community College
- ☐ State Agency
- ☐ School System
- ☐ UNC Healthcare
- ☐ Retired

16 MP. How many years have you been retired from the State?

- ☐ Less than 1 year
- ☐ 1-3
- ☐ 4-6
- ☐ 7-10
- ☐ 11+

17 MP & AE. Which of the following statements describes your health habits? (Select all that apply.)

- ☐ I am mindful of my eating habits
- ☐ I exercise on a regular basis (4 or more days a week)
- ☐ I always wear my seatbelt
- ☐ I do not use tobacco products
- ☐ I maintain a low level of stress
- ☐ I receive a flu shot every year
- ☐ I work with my doctor and other health care professionals to improve my health
- ☐ None of the above
- ☐ Other (please specify): _____

Additional Feedback

Please include any comments or ideas you would like the State Health Plan to consider regarding the following areas.

Plan options available for 2014	
Resources to help you maintain a healthy lifestyle	
Pharmacy benefits	
Access and services from primary care providers, specialist, hospitals, and the State Health Plan	
Communications from the State Health Plan	
Additional comments	

AE. END OF SURVEY

“Thank you for your time and participation. Your feedback will help the State Health Plan continue to offer the highest quality of service for its members.

For additional information on benefits offered to you through NC HealthSmart, the State Health Plan’s healthy living initiative, click [HERE.](#)”

MP. END OF SURVEY

“Thank you for your time and participation. Your feedback will help the State Health Plan continue to offer the highest quality of service for its members.

For more information about your benefits, please visit the State Health Plan’s website by clicking [HERE.](#)”

DRAFT