



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES



Options for Open Enrollment Strategy for 2018 Plan Year

Board of Trustees Meeting

January 27, 2017

A Division of the Department of State Treasurer

2017 Open Enrollment: Non-Medicare Primary Subscribers Default 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 back to the Traditional 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 had to elect a higher value plan **and** complete the wellness premium credits.
 - Another important reason for adopting this approach for the 2017 OE was that the Board also approved adding the Tobacco Premium on the Traditional 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.

Open Enrollment Results – Year Over Year

The year-over-year results seem to indicate that the measures taken to improve the online enrollment workflows, 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%.*

2018 Open Enrollment: Non-Medicare Primary Subscribers Default Strategy

- **2018 Open Enrollment Default Strategy** (*Fall of 2017*)
 - **Option 1** – If the wellness premium strategy is changed to eliminate credits for Health Assessment and Primary Care Provider (PCP) selection while maintaining the Tobacco Surcharge, the preferred option may be to leave members in their current plans.
 - Members who want to remain in their current plan could bypass the plan selection page and go directly to the tobacco attestation. Once they sign in, all they need to do is:
 1. Click the tobacco attestation link
 2. Click the appropriate tobacco attestation response
 3. Save the enrollment
 - Members who want to change plans and/or drop and add dependents, could elect the new plan, make any required dependent changes and complete the tobacco attestation as part of the plan election process.

Enrollment Landing Page

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Life Change
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QUICK LINKS

Learning Center

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 Wellness Premium Credit activities.

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

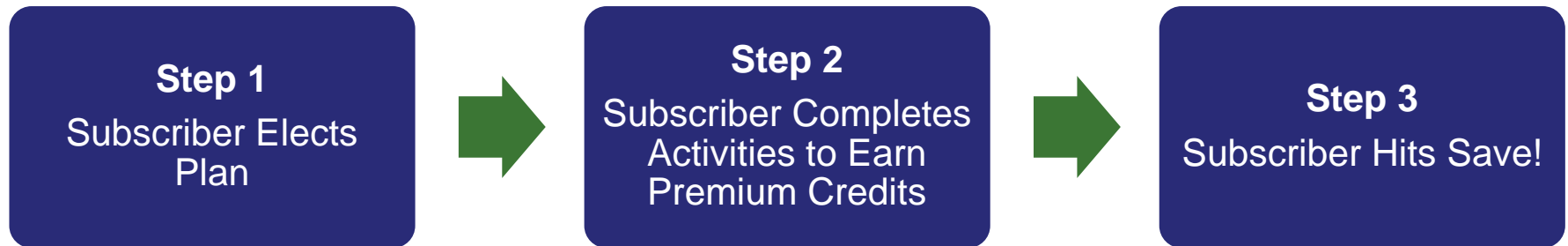
\$\$\$\$ custom page To begin Open Enrollment, please click "Get Started". Once you have completed your elections for 2017, please print a copy of the benefit detail report for all active and Non-Medicare retirees were moved to the Traditional 70/30 Plan. You must take action! All three Wellness Premium Credit activities must be completed by October 31, 2016. 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.

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Ability to get straight to credit activities from this screen. If there is only one premium credit, we will rename this link: Tobacco Attestation

2018 Open Enrollment: Non-Medicare Primary Subscribers Default Strategy

- **2018 Open Enrollment Default Strategy** (*Fall of 2017*)
 - **Option 2** – If the current wellness premiums and credits are maintained, then defaulting members to the Traditional 70/30 Plan may be the best option because it forces members through the enrollment process where all the required steps are laid out in sequential order.



- If this approach is taken, 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.

Open Enrollment: Medicare Primary Members

- 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
- These 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.
 - Traditional 70/30 Plan
 - Humana Medicare Advantage Base Plan
 - UHC Medicare Advantage Base Plan
 - Humana Medicare Advantage Enhanced Plan
 - UHC Medicare Advantage Enhanced Plan

Open Enrollment Strategy: Medicare Primary Members

- Over the last several years, we have adopted different OE default enrollment strategies for the members enrolled in Medicare Advantage plans.
 - **2015 OE** – All Medicare Primary members remained in the plans they had elected in 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 shares in those plans went up).
 - **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 Traditional 70/30 Plan have not been moved.
- All Medicare Primary members had the option to change plans during OE.

Open Enrollment Strategy: Medicare Primary Members

2018 OE - Medicare Primary Members

- **Traditional 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 Traditional 70/30 Plan into the UHC Medicare Advantage Base Plan for 2018.
- **Medicare Advantage Members –**
 - Plan staff prefers a passive enrollment for existing Medicare Primary Retirees, Dependents and Surviving Dependents who have already made a Medicare Primary election.
 - 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, Plan staff may recommend a different enrollment approach and request Board approval at a later date.

Open Enrollment Strategy: Medicare Primary Members

Preferred Medicare Primary Enrollment Approach

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