

Federal Employees Health Benefits Program

Plan Performance Assessment

Highlights of 2021 Clinical Quality,
Customer Service, and Resource
Use (QCR) Measures

Introduction

The U.S. Office of Personnel Management (OPM) has offered Federal employees a wide choice of health insurance options since 1960 through the Federal Employees Health Benefits (FEHB) Program. The FEHB is the nation's largest employer-sponsored health insurance program, providing health insurance coverage to 8.2 million Federal employees, retirees, other eligible groups and persons, and their eligible family members at a combined annual premium value of approximately \$59 billion.

The FEHB Program has a successful track record of providing high quality coverage options at an affordable cost. Federal employees regularly cite health benefits as a key factor in the decision to join or remain in the Federal workforce. According to the 2019 [Federal Employee Benefits Survey](#), 79 percent of participants indicated that FEHB enrollment influenced their decision to remain employed with the Federal government.

OPM has utilized the Plan Performance Assessment (PPA) to emphasize the use of common, objective criteria for the evaluation of FEHB Carriers since 2016. The PPA is designed to tie FEHB Carrier achievements on a range of performance areas to the profit of the Carriers. Approximately one percent of the overall FEHB premium payable to each Carrier is at-risk based on their performance.

The PPA is comprised of four performance areas:

- Clinical Quality
- Customer Service
- Resource Use
- Contract Oversight

OPM selected measures from the Healthcare Effectiveness Data & Information Set (HEDIS) and the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey to reflect performance within the Clinical Quality, Customer Service and Resource Use (QCR) areas. The National Committee for Quality Assurance (NCQA) oversees the collection of HEDIS and CAHPS measures and compiles national commercial benchmarks by plan type (HMO, PPO, etc.). OPM analyzes measurement data reported for potential use in future QCR Measures Sets through the Farm Team. Contract Oversight is assessed annually by FEHB Contracting Officers and allows OPM to assess other dimensions of FEHB Carrier performance that are critical to meeting FEHB Program objectives and contractual obligations.

FEHB Response to the COVID-19 Pandemic & Methodological Updates

In 2021, NCQA made several adjustments to the technical specifications of performance measures in response to the ongoing impact of COVID-19. This approach differed from NCQA's initial response to the COVID-19 pandemic given it began during the time when health insurance carriers were conducting their routine data gathering pursuant to measurement reporting.

For example, in 2020, restrictions on in-person workforces disrupted call centers. Concern existed that these disruptions could have an impact on the collection of CAHPS survey responses through phone interviews, which is an allowable survey methodology under NCQA guidelines. Secondly, it also meant that clinical staff sent to conduct chart reviews in medical settings were sometimes denied access to the physical medical records over concerns about workplace safety. In response to these issues, NCQA calculated CAHPS

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benchmarks in 2020 but counseled against their use for any purpose. NCQA also allowed health insurance carriers to substitute 2019 rates on performance measures where the reduced opportunity to conduct chart review may have impacted their reported result. OPM accepted NCQA's ad hoc decisions regarding the reporting of performance measurement data and its use. In the 2020 PPA cycle, OPM utilized 2019 CAHPS data for scoring and scored all reported measurement data, regardless of whether 2019 scores were substituted during the reporting process.

By 2021 NCQA had created a comprehensive response to the COVID-19 pandemic that addressed the reduced access to in-person care and the impact of the pandemic on data collection. A telework protocol was established for CAHPS phone surveys so call centers could allow their personnel to telework while maintaining the security and confidentiality of survey respondents. NCQA allowed chart reviews to be conducted electronically or through remote technologies. NCQA also added a telehealth modality as an acceptable method of delivering clinical care to almost half of the HEDIS measures, including the following thirteen utilized in the PPA:

- Acute Hospital Utilization
- Antidepressant Medication Management
- Asthma Medication Ratio
- Breast Cancer Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Comprehensive Diabetes Care
- Emergency Department Utilization
- Follow-up After Emergency Department Visit for Mental Illness
- Prenatal and Postpartum Care
- Plan All-Cause Readmissions
- Statin Therapy for Patients with Cardiovascular Disease
- Well-Child Visits in the First 30 Months of Life

In 2021, OPM continued to score reported performance measurement data under OPM's PPA methodology, as reported to NCQA in 2021 under NCQA's guidelines and policies.

OPM also refined its methodology through [Carrier Letter 2020-15](#), Federal Employees Health Benefits Plan Performance Assessment Methodology. This Carrier Letter introduced the adoption of the NCQA 10th percentile benchmark to the calculation of QCR scores for both HEDIS and CAHPS measures. This adjustment provides better differentiation of scores between the 10th percentile and the 25th percentile benchmarks. When an FEHB Carrier receives a score at the 10th percentile on a measure, it means that 90 percent of all commercial insurance carriers reported higher scores for that measure during the same year. This change, adopted in the sixth year of the PPA, reflects OPM's interest in examining trend data at all levels, including instances where an FEHB Carrier may have demonstrated poor performance on the same measure for multiple years.

OPM asked, Health Services Advisory Group, Inc. (HSAG), our PPA consultant, to conduct an analysis of Final Standardized QCR Scores for those FEHB Carriers that had data for every year the PPA has been in effect. Figure 1 below presents the program-wide average Final Standardized Score for all QCR scores from

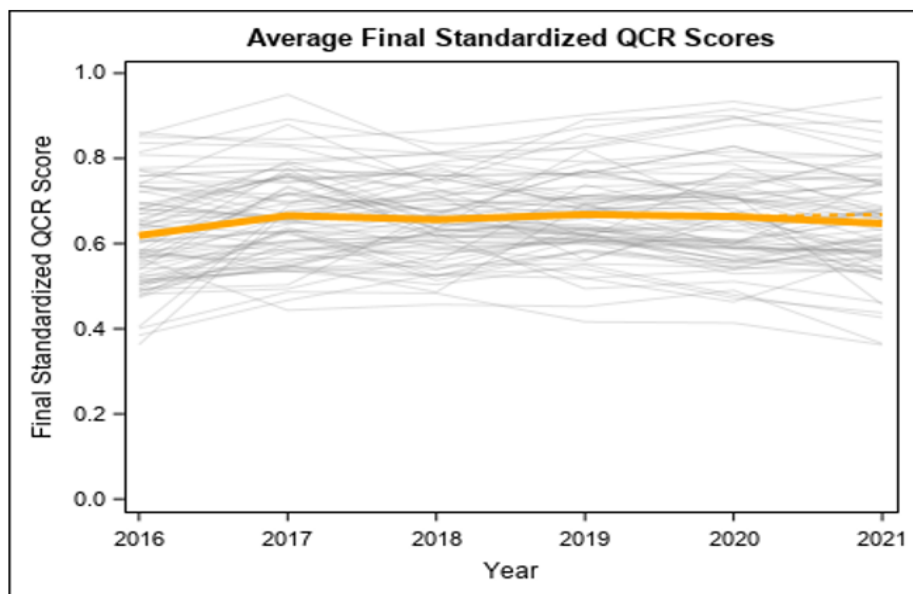
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2016 to 2021 shown in orange, with comparisons to each FEHB Carrier’s Final Standardized QCR Score in gray. Their analysis found that outside of the two changes to the QCR methodology over this period (i.e., introduction of the Improvement Increment to reward improved performance beginning in 2017 and adoption of the 10th percentile benchmark in 2021) there were negligible changes to the average program-wide Final QCR Scores between 2016 to 2021. The overlaid orange dotted line between 2020 and 2021 represents the average OPM Final Standardized QCR Score if the 10th percentile benchmark had not been added to the 2021 PPA methodology.

OPM appreciates that over this timeframe individual FEHB Carriers have undertaken significant quality improvement projects to improve their scores on specific QCR performance measures. OPM requested HSAG conduct this analysis to better understand if the agency’s QCR scoring methodology insulated the Carriers from the impacts of COVID-19. The analysis found that no individual Carriers demonstrated consistent large increases or decreases in Initial OPM Scores across all or most QCR measures and there was no significant differential impact on Final Standardized QCR scores based on Carrier characteristics when evaluating pre-COVID-19 to COVID-19-impacted timeframes or during the COVID-19-impacted timeframe. These findings suggest that the QCR scoring methodology likely insulated the Carriers from external factors, like COVID-19. The analysis did find that the adoption of the 10th percentile benchmark into scoring calculations resulted in program-wide changes in overall PPA scores from 2020 to 2021.

[Carrier Letter 2020-15](#) also announced the adoption of NCQA’s All Lines of Business (ALOB) commercial benchmark to replace the use of separate benchmarks based on a health insurance carrier’s plan type (i.e., (HMO, PPO, etc.). This change strengthens the integrity of the PPA and allows FEHB Carriers that change reporting plan types between years the opportunity to earn an Improvement Increment. At the request of FEHB Carriers, this methodology change was delayed until 2022 per [Carrier Letter 2021-18](#), Federal Employees Health Benefits Plan Performance Assessment Postponement of All Lines of Business Benchmark Implementation.

Figure 1: Average FEHB-Wide Final Standardized QCR Scores, 2016-2021



How to Interpret Figure 1: This figure shows the Carrier-specific and average FEHB Final Standardized Scores from 2016 to 2021. Gray lines represent the Carrier-specific QCR Scores, and the orange line represents the average FEHB Final Standardized Scores.

Findings from Figure 1: Outside of QCR methodology changes (i.e., the addition of the improvement increment in 2017 and the inclusion of the 10th percentile in 2021) there were negligible changes to the average FEHB Final Standardized QCR Scores between 2016 and 2021.

Overview of 2021 Results

Table 1 below lists the QCR measures scored under the 2021 PPA. We discuss significant findings from the 2021 QCR data below, including performance on the QCR high priority measures: Controlling High Blood Pressure, Comprehensive Diabetes Care (HbA1c <8%), Timeliness of Prenatal Care, and Use of Imaging Studies for Low Back Pain. For the fifth year in a row, FEHB Carriers were also able to earn an Improvement Increment for demonstrating sufficient improvement over previous years' scores.

Table 1: 2021 Clinical Quality, Customer Service & Resource Use Measure Set

Performance Area	Measure Title	Measure Source
Clinical Quality	Controlling High Blood Pressure	HEDIS
Clinical Quality	Comprehensive Diabetes Care (HbA1c <8.0%)	HEDIS
Clinical Quality	Prenatal and Postpartum Care (Timeliness)	HEDIS
Clinical Quality	Avoidance of Antibiotic Treatment for Acute Bronchitis (18-64 Age)	HEDIS
Clinical Quality	Asthma Medication Ratio	HEDIS
Clinical Quality	Breast Cancer Screening	HEDIS
Clinical Quality	Cervical Cancer Screening	HEDIS
Clinical Quality	Colorectal Cancer Screening	HEDIS
Clinical Quality	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse (30 Day)	HEDIS
Clinical Quality	Follow-Up After Emergency Department Visit for Mental Illness (30 Day)	HEDIS
Clinical Quality	Flu Vaccinations	CAHPS
Clinical Quality	Statin Therapy for Patients with Cardiovascular	HEDIS
Clinical Quality	Well-Child Visits in the First 30 Months of Life (First 15 Months)	HEDIS
Customer Service	Coordination of Care	CAHPS
Customer Service	Claims Processing	CAHPS
Customer Service	Getting Care Quickly	CAHPS
Customer Service	Getting Needed Care	CAHPS
Customer Service	Overall Health Plan Rating	CAHPS
Customer Service	Overall Personal Doctor Rating	CAHPS
Resource Use	Use of Imaging Studies for Low Back Pain	CAHPS

Source: Carrier Letter 2022-20: 2021 Plan Performance Assessment Procedure Manual
 Note: Bolded text represents high priority QCR Measures.

OPM provided a data preview period for FEHB Carriers to view and confirm their reported QCR data, enrollment data and OPM’s scoring calculations. No quantitative issues identified by FEHB Carriers were confirmed during the 10-day QCR Preview Period.

Highlights of the 2021 PPA cycle are contained in Figure 2.

Figure 2. Summary of Overall 2021 QCR Results

Improved Performance	Year-Over-Year Improvement
<p>Highest-ever FEHB-wide median reported on three measures:</p> <ul style="list-style-type: none">• Cervical Cancer Screening• Colorectal Cancer Screening• Timeliness of Prenatal Care	<p>20 Carriers (34%) exhibited year-over-year improvement and earned a portion of the Improvement Increment</p>

High Priority Measures

OPM designates certain HEDIS or CAHPS measures as high priority based on a variety of considerations including policy aims of the Federal government and relevance to the needs of the FEHB population. OPM’s high priority measures remained the same in 2021. They were Controlling High Blood Pressure, Control of Diabetes HbA1c, Use of Imaging Studies for Low Back Pain and Timeliness of Prenatal Care. For 2021, the FEHB program-wide average for each of the four high priority measures met or exceeded the respective commercial health insurance 50th percentile.

Based on data previously reported to OPM through the Automated Data Collection tool, FEHB Carriers reported heart disease and diabetes as their most prevalent and expensive conditions. The prevalence and cost of heart disease affirms OPM’s emphasis on both the Controlling High Blood Pressure and Control of Diabetes HbA1C measures. Both measures focus on the outcomes related to the treatment of these chronic conditions. FEHB Carriers’ strong performance in these areas compared to their commercial insurer peers provides evidence that the FEHB is addressing its goals of ensuring high quality care for enrollees and a stable workforce. OPM also appreciates FEHB Carriers that prioritized preventive care during pregnancy. Figure 3 displays FEHB program-wide averages compared the commercial health insurance benchmark on High Priority Measures over the past six years.

Figure 3: FEHB Average on High Priority Measures

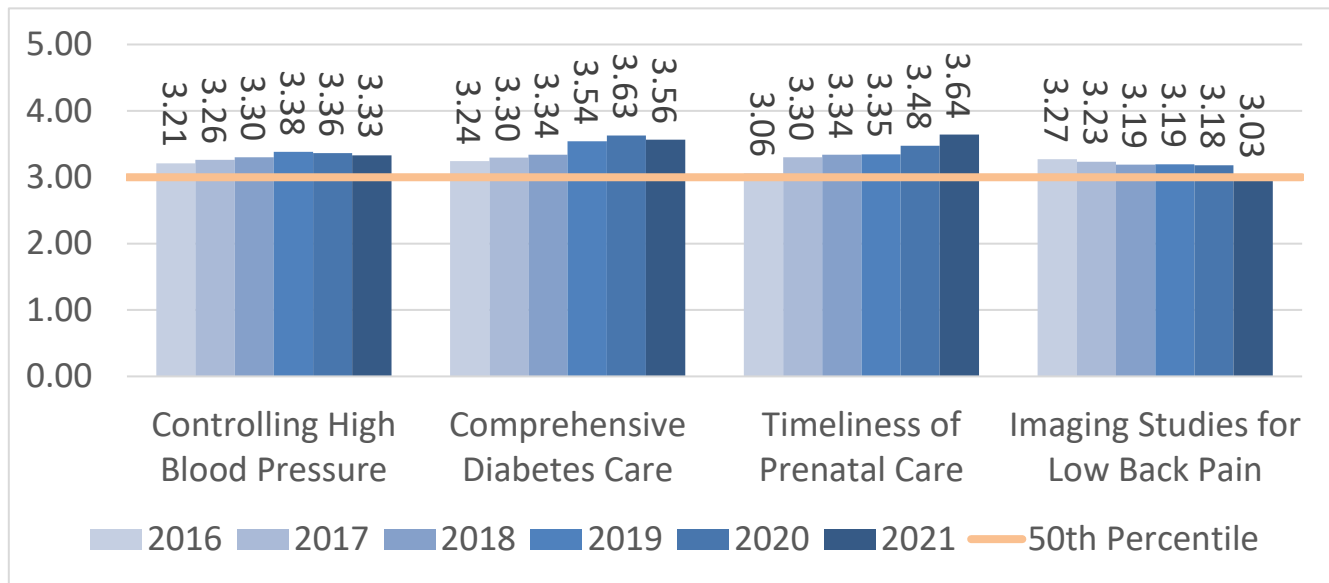


Figure 3 Data

Year	Controlling High Blood Pressure	Comprehensive Diabetes Care	Timeliness of Prenatal Care	Imaging Studies for Low Back Pain
2016	3.21	3.24	3.06	3.27
2017	3.26	3.30	3.30	3.23
2018	3.30	3.34	3.34	3.19
2019	3.38	3.54	3.35	3.19
2020	3.36	3.63	3.48	3.18
2021	3.33	3.56	3.64	3.03

Improvement Increment

In response to Carrier feedback, OPM introduced the Improvement Increment in 2017 and has chosen to reward improved performance with this bonus each year since. The Improvement Increment, as currently designed, is reserved for those FEHB Carriers that performed below the 50th percentile on a specific measure during a prior measurement year and subsequently improved faster than their commercial peers while maintaining the same plan reporting type with NCQA in the current year. Figure 4 below displays the number of FEHB Carriers who were eligible for an Improvement Increment and the number of Carriers whose subsequent performance earned an Improvement Increment. In 2021, 80 out of a total of 86 FEHB Carriers were eligible for an Improvement Increment, meaning their reported performance on at least one QCR measure was below the commercial health insurance average. Of those 80 FEHB Carriers, 27 (34 percent) earned an Improvement Increment by demonstrating substantial performance improvements when compared to annual fluctuations across relevant annual benchmarks. Due to changes in technical specifications, Controlling High Blood Pressure and Well Child Visits in the First 30 Months of Life were not eligible for the Improvement Increment in 2021.

Figure 4: Improvement Increment 2018-2021

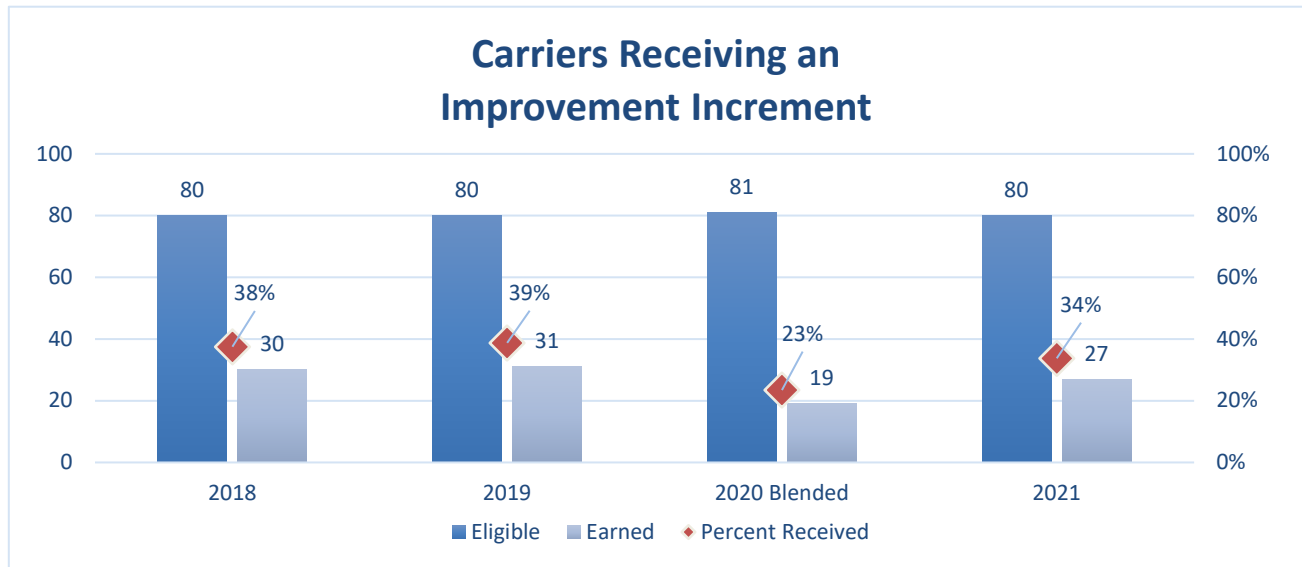


Figure 4 Data

Year	Number Eligible	Number Earned	Percent Received
2018	80	30	38%
2019	80	31	39%
2020 Blended	81	19	23%
2021	80	27	34%

Updates for 2022

This section summarizes previously announced changes to the PPA methodology for 2022. All the changes below were included in [Carrier Letter 2020-15](#) or [Carrier Letter 2021-19](#), 2022 Plan Performance Assessment Procedure Manual. The changes are as follows:

- OPM announced the following changes to the Farm Team in [Carrier Letter 2021-19](#):
 - Appropriate Treatment for Upper Respiratory Infections (URI) added to the 2022 Farm Team
 - Emergency Department Utilization (EDU) remains in the Farm Team for 2022
 - Plan All-Cause Readmissions (PCR) promoted from the Farm Team to the QCR Measure Set at a measure priority of 2, with a measure weight of 1.25
- OPM will also move to the All Lines of Business Benchmark Implementation as announced in [Carrier Letter 2020-15](#) and postponed until 2022 in [Carrier Letter 2021-18](#):
 - OPM will use the All Lines of Business (ALOB) Level 1 benchmark to calculate HEDIS and CAHPS measures utilized in the QCR measure set for all FEHB Carriers starting in plan year 2022. Using the ALOB Level 1 benchmarks means that carriers will be compared to the broadest and most reliable benchmark available for each measure. This change strengthens the integrity of

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the PPA and allows plans that change reporting product types between years the opportunity to earn an Improvement Increment.

In addition to these changes, OPM continues to research the development of programs and measures that assess the value and affordability of the health insurance benefits offered through the FEHB Program.

Conclusion

The PPA was implemented incrementally over a three-year period ending in 2018. The disruptions caused by the COVID-19 pandemic created a systemic challenge but did not appear to have a significant impact on program-wide Final QCR Scores. The PPA continued to follow NCQA reporting guidelines for the HEDIS and CAHPS measures scored in 2021 and produced reliable calculations with minimal disruption.

OPM's strategic objective remains the improvement of healthcare quality and affordability in the FEHB Program. The PPA will continue to evolve to meet this objective.