

Federal Employees Health Benefits Program

PLAN PERFORMANCE ASSESSMENT

Highlights of 2019 Clinical Quality,
Customer Service, and Resource Use
(QCR) Measures

SUMMARY

For almost 60 years, the U.S. Office of Personnel Management (OPM) has offered Federal employees a choice of health insurance options 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, and their families at a combined annual premium value of approximately \$55 billion.

The FEHB Program has a successful track record of providing high quality coverage 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 most recent Federal Employee Benefits Survey, 81 percent of participants indicated that health insurance through the program influenced their decision to remain employed with the Federal government.

OPM has been utilizing 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 performance on a range of performance areas to the profit of the Carriers. Approximately one percent of the overall FEHB premium payable to the Carriers is at-risk based on their respective 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 also compiles national commercial benchmarks by plan type (HMO, PPO, etc.). Contract Oversight is assessed annually by OPM's FEHB Contracting Officers.

In 2019, the average scores earned by FEHB Carriers on the combined set of QCR measures increased. Carriers could earn an Improvement Increment for the third year in a row for demonstrating sufficient improvement over previous years' scores. We discuss these and other significant findings from the 2019 QCR data below.

2019 RESULTS

QCR Scoring Methodology

Under the current QCR scoring methodology, FEHB Carrier results are compared to corresponding NCQA national commercial benchmarks for the product reporting type. All of OPM’s 81 FEHB Carrier contracts required to participate in QCR scoring reported HEDIS and CAHPS measures in 2019. A complete list of measures scored in 2019 is contained in Table 1 below.

Table 1. 2019 QCR Measure Set

Clinical Quality	Avoidance of Antibiotics in Adults with Acute Bronchitis
	Asthma Medication Ratio
	Breast Cancer Screening
	Controlling High Blood Pressure
	Cervical Cancer Screening
	Comprehensive Diabetes Care: HbA1c Control (<8.0%)
	Follow-Up After Hospitalization for Mental Illness: 30-Day
	Follow-Up After Hospitalization for Mental Illness: 7-Day
	Flu Vaccinations for Adults Ages 18-64
	Prenatal and Postpartum Care: Timeliness of Prenatal Care
	Statin Therapy for Patients With Cardiovascular Disease: Statin Adherence
	Well-Child Visits in the First 15 Months of Life: 6 or More Well-Child Visits
Customer Service	Coordination of Care
	Claims Processing
	Customer Service
	Getting Care Quickly
	Getting Needed Care
	Plan Information on Costs
	Overall Health Plan Rating
	Overall Personal Doctor Rating
Resource Use	Emergency Department Utilization
	Use of Imaging Studies for Low Back Pain
	Plan All-Cause Readmissions

OPM provided a data preview period for FEHB Carriers to view and confirm their reported QCR data and OPM’s scoring calculations. All FEHB Carriers confirmed their QCR data and scores during the 2019 data preview period.

The Standardized QCR Score reflects Carrier performance on the QCR Measure Set before the addition of any applicable Improvement Increment. In 2019, the Standardized QCR Score plus any applicable Improvement Increment accounted for 65 percent of each Carrier’s Overall Performance Score. Contract Oversight evaluations by the FEHB Contracting Officer contributed the remaining 35 percent. The Overall Performance Score is used to determine each Carrier’s service charge or performance adjustment. Highlights of the 2019 PPA cycle are contained in Figure 1.

Figure 1. Summary of Overall 2019 QCR Results

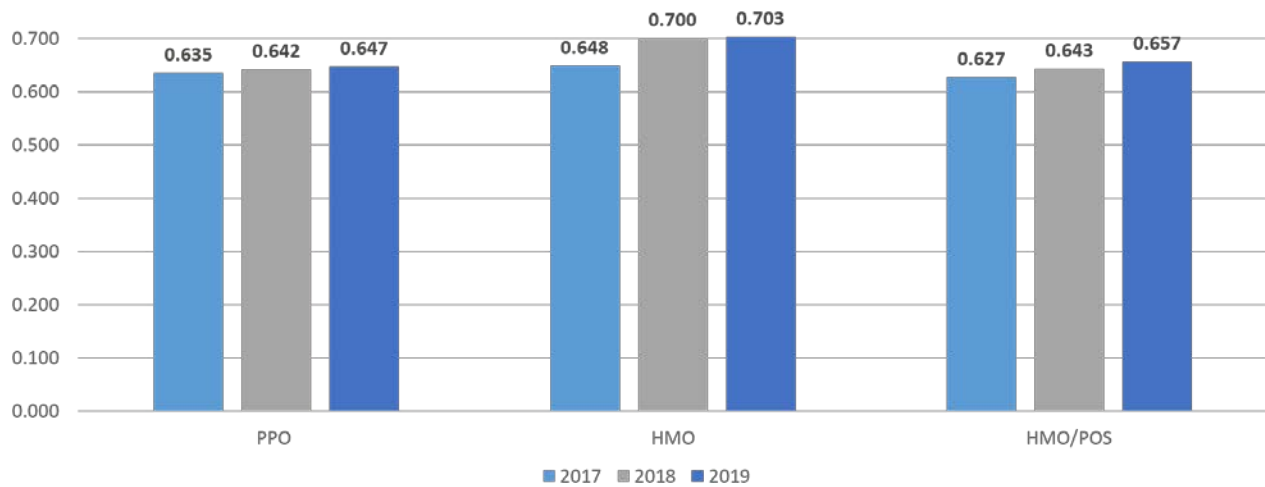
Overall Scores	Priority Measures	Gradual Progress	Year-Over-Year Improvement
Improved mean and minimum scores on program-wide QCR Scores	Increased mean on all high priority measures	10 QCR measures saw a rise in the minimum score reported as well as a reduction in the number of Carriers performing in the bottom quartile	31 Carriers demonstrated year-over-year improvement; 6 Carriers earned the maximum available bonus

Standardized QCR Score Trends

Standardized QCR Scores continue to reflect a range of performance across all product reporting types. The following trends were observed in the 2018 and 2019 PPA cycle:

- The QCR average increased between 2018 and 2019 for each category of plan type: PPO, HMO, and HMO/POS product reporting types. Figure 2 compares average (e.g. mean) scores by plan type from 2017 to 2019.
- FEHB Carriers’ cumulative performance demonstrated an increase in Standardized QCR Scores for 2019 compared to 2018 results. These results build on similar improvements observed in 2017 compared to reporting during the inauguration of the PPA in 2016.

Figure 2. Average QCR Score by Reporting Type



High Priority Measures

OPM designates certain HEDIS or CAHPS measures high priority based on their relevance to the needs of the FEHB population. For the past three years, the PPA high priority measures have remained Timeliness of Prenatal Care, Blood Pressure Control, and Plan All-Cause Readmissions. For 2019, the FEHB program-wide average for each of the three high priority measures exceeded the respective commercial median.

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 the Controlling High Blood Pressure measure, which focuses on outcomes related to the appropriate treatment of high blood pressure. Controlling high blood pressure alleviates a major risk factor for both heart disease and stroke, both of which are leading causes of death in the U.S¹. For the third year in a row, the number of FEHB Carriers reporting results below the 25th percentile on this measure fell compared to commercial insurers.

Future reporting on high priority measures will include Comprehensive Diabetes Care (Control - HbA1c <8%), which is being promoted to high priority status in 2020. The resource use measure, Use of Imaging for Low Back Pain, is also being promoted to high priority status in 2020. Additional information regarding these and other selected QCR measures are contained below in the section titled, "Measure Specific Highlights."

Improvement Increment

In response to Carrier feedback, OPM introduced the Improvement Increment in 2017, awarding it in 2018 and again in 2019. FEHB Carriers that performed below the 50th percentile on a particular measure during a prior measurement year (2018) and subsequently improved faster than their commercial peers while maintaining the same plan reporting type with NCQA in 2019, were awarded a partial Improvement Increment. The full Improvement Increment is earned by meeting the criteria listed above and demonstrating significant improvement on three or more measures.

Eighty of the 81 FEHB Carrier contracts were eligible for the Improvement Increment in 2019, meaning they had at least one measure below the 50th percentile in 2018. This year, the full Improvement Increment was earned by six Carriers. The pace of improvement in 2019 is noteworthy compared to results for 2018, when none of the eligible FEHB Carriers earned the full Improvement Increment. Three HEDIS measures tied for the highest number of Carriers improving their performance. Those three measures were Cervical Cancer Screening, Controlling High Blood Pressure, and Well Child Visits (15 months – 6 visits). Alternatively, the measure with the highest number of Carriers eligible for an Improvement Increment was Getting Care Quickly. For this measure, 45 Carriers were eligible while two Carriers earned the Improvement Increment.

Measure Specific Highlights

Two HEDIS measures moved into QCR scoring for the first time in 2019:

- Emergency Department Utilization
- Statin Therapy for Patients with Cardiovascular Disease (Adherence).

Emergency Department Utilization is a risk-adjusted ratio of observed-to-expected emergency department visits during the measurement year. In 2019, the combined program-wide average for FEHB Carriers was slightly above the 50th percentile for commercial insurers.

Statin Therapy for Patients with Cardiovascular Disease (Adherence) measures the percentage of males 21–75 years of age and females 40–75 years of age who were identified as having clinical atherosclerotic cardiovascular disease and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period. FEHB Carriers’ program-wide performance dropped just below the 50th percentile for commercial insurers in 2019, after being slightly above that mark in 2018.

This was also the second year that OPM included Comprehensive Diabetes Care (Control) in QCR scoring. This intermediate outcome measure examines the percentage of an FEHB Carrier’s diabetic patients who had their diabetes under control. Improvement on this measure supports better health outcomes for diabetic enrollees. Figure 3 shows the range of scores earned in 2018 and 2019 by Initial OPM Score, which reflects Carriers’ performance compared to the commercial insurance benchmarks that OPM uses to evaluate FEHB Carriers’ performance. These benchmarks are listed below with their corresponding Initial OPM Score:

- Scores below the 25th commercial benchmark correspond to an Initial OPM Score of 1
- 25th commercial benchmark corresponds to an Initial OPM Score of 2
- 50th commercial benchmark corresponds to an Initial OPM Score of 3
- 75th commercial benchmark corresponds to an Initial OPM Score of 4
- 90th commercial benchmark corresponds to an Initial OPM Score of 5

Figure 3. Performance on CDC-Control (2018 - 2019)

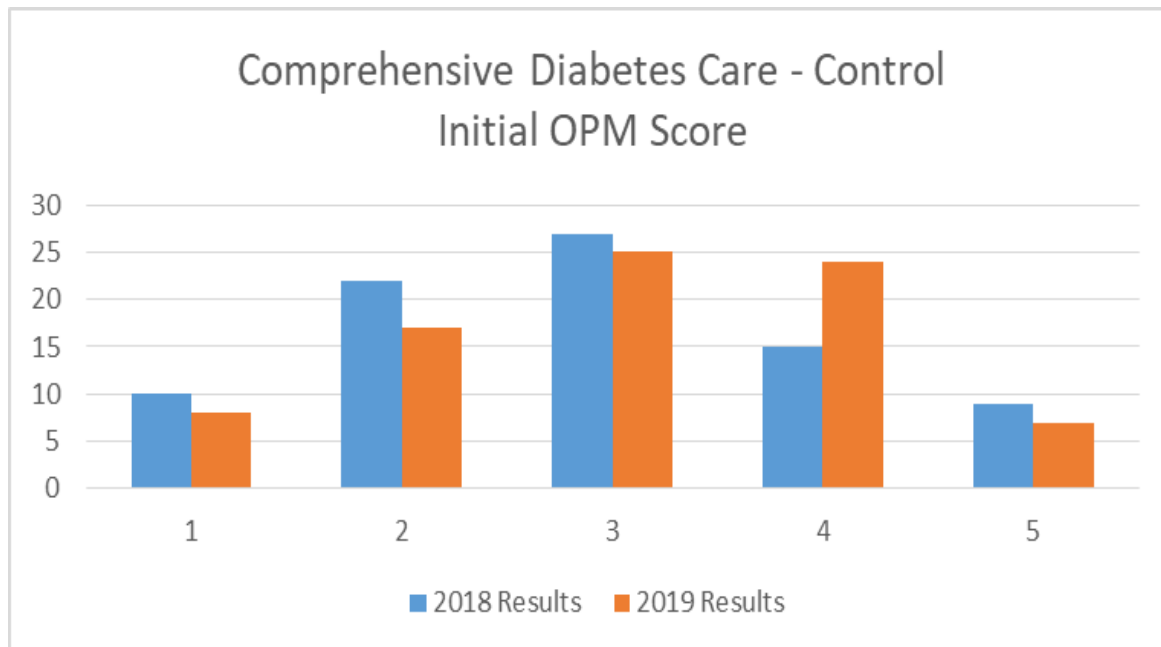
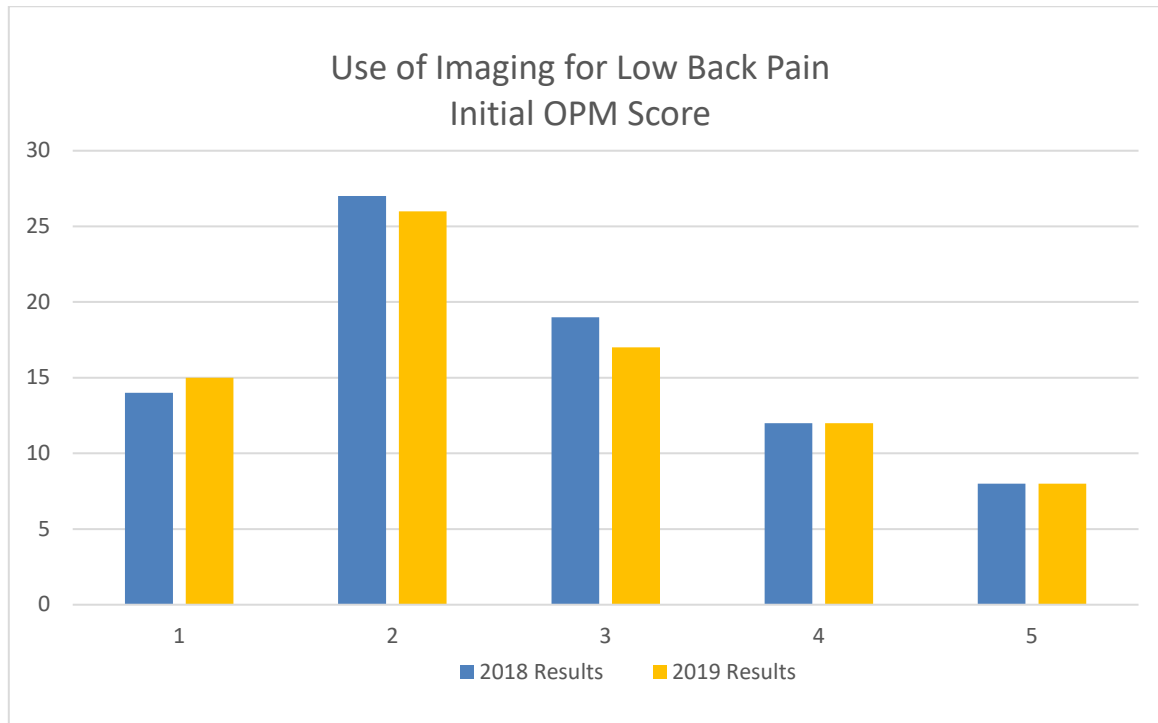


Figure 4 shows the range of scores earned in 2018 and 2019 by FEHB Carriers' Initial OPM Scores compared to the to the same commercial insurance benchmarks displayed above.

Figure 4. Performance on Use of Imaging for Low Back Pain (2018 – 2019)



UPDATES FOR 2020

The following section summarizes previously announced changes to the QCR Measure Set for 2020. All of the changes below were included in Carrier Letter 2017-11 or Carrier Letter 2018-07. The changes are as follows:

1. OPM will move two measures back to the Farm Team in 2020:
 - Customer Service
 - Plan All Cause Readmissions
2. OPM will retire two measures from QCR scoring beginning in 2020:
 - Follow-up after Hospitalization for Mental Illness (7-day or 30-day rate)
 - Plan Information on Costs (NCQA has retired Plan Information on Costs and will not be compiling a commercial benchmark.)

3. OPM will change the priority rating and measure weight of two measures currently in the QCR Measure Set. Those measures are:
 - Comprehensive Diabetes Care (Control – Hb A1c <8%) will be elevated to a high priority measure with a measure weight of 2.50
 - Use of Imaging for Low Back Pain will be elevated to a high priority measure with a measure weight of 2.50

4. The following measures will be promoted from the Farm Team to being scored within the QCR Measure Set:
 - Colorectal Cancer Screening will be a priority level 2 with a measure weight of 1.25
 - Follow-up after Discharge from the Emergency Department for Alcohol or Drug Dependency (30-day rate) will be a priority level 2 with a measure weight of 1.25
 - Follow-up after Discharge from the Emergency Department for Mental Illness (30-day rate) will be a priority level 2 with a measure weight of 1.25

In addition to the changes listed above, OPM continues to pursue 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. Under the 2019 PPA, calculations based on QCR measurement data represented 65 percent of a FEHB Carriers' Overall Performance Score. As a group, FEHB Carriers are demonstrating improvement on QCR measures that are highly correlated with better health outcomes for their members.

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.

ⁱ Centers for Disease Control and Prevention factsheet: [Getting Blood Pressure Under Control: Many Missed Opportunities to Prevent Heart Disease and Stroke](#) (accessed November 13, 2019):