

Federal Benefits

FastFacts

Got Quality Healthcare?

Are you searching for information to help you choose a quality health plan for you and your family?

- * How well does your health plan help you and your family stay healthy?
- * Do you get the best care available when you're ill?
- * What do your co-workers, friends and doctors say about the plans available to you?

We know that when choosing a health plan you carefully consider cost, whether your doctor is in the plan, and what is or is not covered. You should also pay attention to indicators that measure health plan quality: This information can help you avoid making an uninformed decision that could put your family's health at risk.

Current research tells us that:

- * Quality varies from one plan to another
- * Quality can be measured accurately and fairly
- * The plan you choose can determine the quality of care you get

Here are three ways to evaluate health plan quality:

1. Consumer Surveys
2. Effectiveness of Care
3. Health Plan Accreditation

1. Consumers Assessment of Healthcare Providers and Systems

(CAHPS) is a satisfaction survey designed by national experts in healthcare quality. CAHPS captures data on quality from the patient's point of view – that is, topics for which enrollees and patients are the best source of information. These items address consumers' experiences with health care providers and with the health plan itself (including customer services), but not the Federal Employees Dental and Vision Insurance Program. Individual FEHB plan results are found by using out Plan Comparison Tool at <http://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/>

Do enrollees in the health plan say, for example:

- * They are satisfied with their health plan
- * They got the care they felt they needed
- * They received the information or help they needed from the plan's customer service department

CAHPS results answer these questions and more.

2. Effectiveness of care is measured by the Healthcare Effectiveness Data and Information Set (HEDIS), an important measure of services provided in your doctor's office and in hospitals, based on information such as members' medical records. HEDIS measures how well your plan prevents and treats conditions

HEDIS results for individual plans answer questions such as:

- * Are patients receiving preventive care (e.g., immunizations for children, and eye exams for diabetics)
- * Do pregnant women get all the prenatal care they need
- * Are patients with high blood pressure regularly screened

Go to our website at <http://www.opm.gov/insure/health/planinfo/quality/hedis.aspx> to see the many measures we report and to see how your plan compares against the FEHB average and other plans.

3. Health Plan Accreditation is conducted by independent national organizations, not the health plans, that evaluate the systems that plans have in place to ensure and improve healthcare quality. Health plan accreditation is a "seal of approval" from the accrediting organization. Has your plan received the highest accreditation level available, something in the middle of the pack, or even something lower? Different organizations accredit health plans using different rating scales and even offer different types of accreditation; what's important is that the health plan has submitted itself to the rigors of an external, independent evaluation.

Check your health plan's brochure for its accreditation level or look for the Health Plan Accreditation link at www.opm.gov/insure/health/planinfo/quality/index.asp.