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# FEHB Program Carrier Letter

U.S. Office of Personnel  
Management  
Healthcare and Insurance

## All Carriers

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**Letter No. 2016-04**

**Date:** March 4, 2016

Fee-for-service [4] Experience-rated HMO [4] Community-rated HMO [4]

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### **Subject: Updated FEHB Guidance on Population Health and Wellness**

**Purpose:** This carrier letter consolidates OPM guidance on population health and wellness.

**Background:** OPM expects all FEHB health plans to sponsor programs that promote healthy lifestyles and help members modify health risks. From the *Healthier Feds* initiative introduced in Carrier Letter 2003-15, to the tobacco cessation benefit described in Carrier Letter 2010-06, to the renewed focus on preventive services prompted by the Affordable Care Act, we have directed a series of efforts aimed at population health.

More recently, Carrier Letters 2013-09, 2014-03, and 2014-12 detailed requirements for health risk assessments and set specific biometric screening goals. Carrier conference presentations explored these issues, highlighting the rising prevalence and cost of chronic disease, and describing interventions to change this trajectory. However, results from the 2015 Automated Data Collection indicate that too few FEHB members are participating in health risk screening and wellness activities.

**Action:** It is not enough to make health risk assessment, biometric screening, health coaching, and other tools available to individuals who seek them. We urge all plans to emphasize the importance of screening in targeted communications with members. An annual wellness/preventive care visit or annual physical is also an ideal opportunity to incorporate education and screening activities; therefore we encourage you to incorporate your FEHB wellness benefits in your provider education efforts.

To improve wellness performance, we ask carriers to review their programs and ensure the following:

1. **Health Risk Assessment (HRA).** Carriers should increase the percentage of enrollees completing HRAs each year. Most adults can benefit from completing an HRA annually and using the information to guide their personal health goals. We will ask you to provide us with your HRA completion rate for the 2017 plan year in the Automated Data Collection.

2. **Biometric Screening.** Per Carrier Letter 2014-03, the majority of adults must be screened at least once every three years. Contract Officers will monitor each plan's progress toward this milestone.

3. **Results.** The information from HRAs and biometric screenings should be used to initiate referrals to health coaching or other plan sponsored programs. Carriers should ensure that results of any laboratory testing performed during screenings are available to appropriate

clinicians caring for the member to avoid costs of repeating the tests. Transmittal of health information must be consistent with HIPAA privacy practices.

4. Preventive Services. Carrier Letter 2015-14 addresses preventive services. Programs directed at diabetes prevention, obesity management, and reduction of cardiovascular risk may satisfy both preventive services and wellness requirements. Recognized programs are listed at [https://nccd.cdc.gov/DDT\\_DPRP/Registry.aspx](https://nccd.cdc.gov/DDT_DPRP/Registry.aspx)

5. Tobacco cessation. The latest Consumer Assessment of Healthcare Providers and Systems (CAHPS) results suggest tobacco use rates are declining among FEHB members. Help us continue this trend by reinforcing communication about FEHB tobacco cessation benefits to clinicians as well as members.

6. Hypertension. Effective biometric screening will identify members at risk for developing hypertension, as well as those whose blood pressure is already elevated. Provider use of evidence-based treatment protocols<sup>1</sup> and patient adherence to medications will reduce heart attack and stroke rates. Controlling blood pressure is also a key success factor in OPM's Plan Performance Assessment<sup>2</sup>.

**Incentives:** Well-crafted incentives can promote participation in screening activities and reinforce the adoption of healthy behaviors. OPM initially described allowable incentives in Carrier Letter 2014-03. A review of the literature on commercial and employer sponsored incentive programs indicates that those with robust incentives see higher participation rates. Additionally, the Society for Human Resource Management reports that employers are continuing to introduce wellness benefits and incentives as a strategy to reduce worker health risks, control overall health spending, and mitigate Excise Tax impact.<sup>3</sup> Accordingly, carriers may wish to revise incentives for wellness programs in future benefit proposals. Carriers are reminded that the incentive structure must be evidence based and available to all enrollees. Any tax implications<sup>4</sup> must also be addressed.

**Motivation and Sustainment:** FEHB carriers should ensure they have the right balance of positive customer experience and cost to achieve better health. Consistent reinforcement of key messages in provider communications and pharmacy program outreach is critical to member understanding, care coordination, and action. Timely and accurate information is particularly important for enrollees who assume greater responsibility for their own healthcare costs by enrolling in consumer driven plans.

Sincerely,

John O'Brien  
Director  
Healthcare and Insurance

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<sup>1</sup> <http://millionhearts.hhs.gov/tools-protocols/protocols.html>

<sup>2</sup> <https://www.opm.gov/healthcare-insurance/healthcare/carriers/2015/2015-10.pdf>

<sup>3</sup> <http://www.shrm.org/hrdisciplines/benefits/articles/pages/health-plans-excise-tax.aspx>

<sup>4</sup> <https://www.irs.gov/Government-Entities/Federal,-State-&-Local-Governments/De-Minimis-Fringe-Benefits>