

Federal Employees Health Benefits Program

PLAN PERFORMANCE ASSESSMENT

Highlights of 2017 Clinical Quality,
Customer Service, and Resource Use
(QCR) Measures

Current as of 6/14/18

INTRODUCTION

For more than 50 years, the 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, covering 8.2 million Federal employees, retirees, and their families at a combined annual premium value of \$53 billion. The FEHB model 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. OPM uses a set of common, objective criteria for the evaluation of FEHB Carriers through the FEHB Plan Performance Assessment (PPA). OPM announced the PPA in 2014 and completed the first full cycle of PPA implementation in 2016.

The 2017 PPA cycle was noteworthy for the overall increase in FEHB Carrier scores on combined measures of Clinical **Q**uality, **C**ustomer Service and **R**esource Use (QCR). This year, OPM also introduced an “Improvement Increment” which allowed Carriers to augment their score if they achieved pre-specified levels of year-over-year improvement. We discuss significant findings from the 2017 QCR data below.

SUMMARY OF 2017 RESULTS

The PPA is comprised of four performance areas:

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

OPM selected Healthcare Effectiveness Data & Information Set (HEDIS) and Consumer Assessment of Healthcare Providers & Systems (CAHPS) measures to reflect performance within 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.). In the QCR scoring methodology, OPM compares FEHB Carrier results to the NCQA national commercial benchmarks that correspond to the respective FEHB plan design. All 89 FEHB Carrier contracts that were required to report HEDIS and CAHPS measures in 2017 were able to do so. A complete list of measures used in 2017 is contained in Table 1.

Table 1. 2017 QCR Measure Set

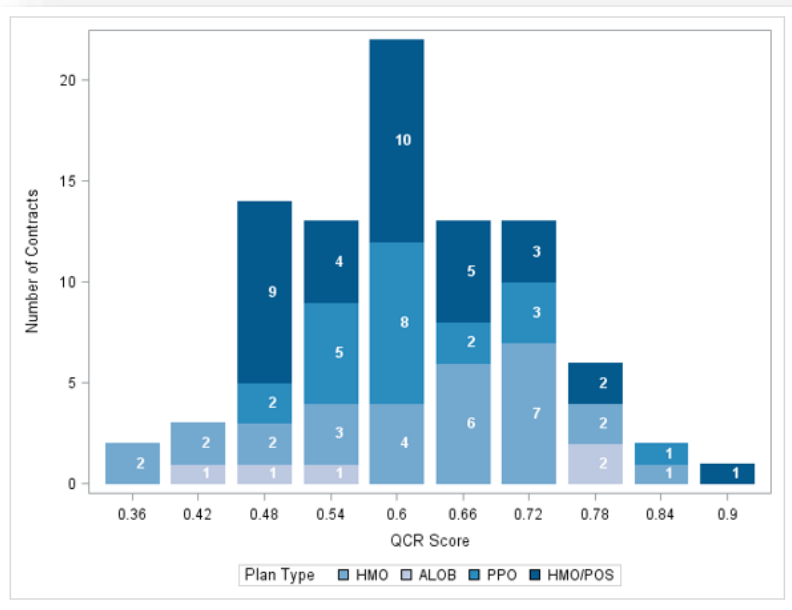
Performance Area	Measure Title
Clinical Quality	Controlling High Blood Pressure
	Prenatal Care (Timeliness)
	Breast Cancer Screening
	Well-Child Visits First 15-Months of Life (6+ visits)
	Flu Vaccinations for Adults (18-64)
	Comprehensive Diabetes Care HbA1C <8%
	Medication Management for People with Asthma (75%)
	Follow-up after Hospitalization for Mental Illness (7-day and 30-day)
Customer Service	Plan Information Costs
	Getting Care Quickly
	Getting Needed Care
	Claims Processing
	Overall Health Plan Rating
	Coordination of Care
	Overall Personal Doctor Rating
Resource Use	Customer Service
	Plan All-Cause Readmissions
	Use of Imaging Studies for Low Back Pain

*Plan Performance Assessment:
Highlights of 2017 Clinical Quality, Customer Service and Resource Use Measures*

OPM provided a preview period for FEHB Carriers to view and confirm their QCR data and OPM’s scoring calculations. Because the QCR methodology is transparent and reproducible, FEHB Carriers are able to independently verify their scores. In 2017, the QCR Score plus any applicable Improvement Increment accounted for 50% of each plan’s Overall Performance Score. Contract Oversight evaluations by the FEHB Contracting Officer contributed the remaining 50%. The Overall Performance Score is used to determine each Carrier’s service charge or performance adjustment.

The Standardized QCR Score reflects Carrier performance on the QCR Measure Set before the addition of any applicable Improvement Increment. QCR scores continue to reflect a range of performance across all plan types, as shown in Figure 1. Mean QCR scores for HMOs and PPOs were very close, at .667 and .661, respectively.¹

Figure 1. Standardized QCR Scores



Standardized QCR Scores	HMO	ALOB	PPO	HMO/POS
.36	2			
.42	2	1		
.48	2	1	2	9
.54	3	1	5	4
.6	4		8	10
.66	6		2	5
.72	7		3	3
.78	2	2		2
.84	1		1	
.9				1

FEHB Carriers’ cumulative performance demonstrated an increase in the Standardized QCR Scores between 2016 and 2017. Similarly, the program-wide mean, median, minimum, and maximum Standardized QCR Scores were higher in 2017 than in 2016. Further analysis by plan type revealed improved performance in each of these dimensions by HMO and HMO/POS plans. PPOs attained higher mean, median, and minimum Standardized QCR Scores than in 2016. View Figure 2 for more highlights of 2017 QCR results.

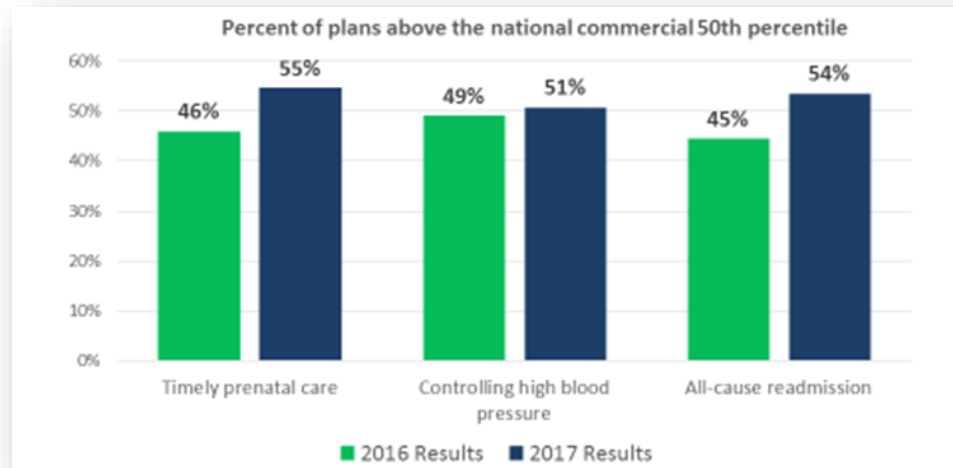
Figure 2. Summary of Overall 2017 QCR Results

Overall Scores	Priority Measures	Bottom Up Change	Year-over-Year Improvement
Improved mean, median minimum, and maximum on all QCR Scores	Increased mean on all high priority measures	9 QCR Measures saw a rise in the minimum score reported as well as a reduction in the number of health plans performing in the bottom quartile	38 contracts earned full or partial improvement increment

In response to Carrier feedback, OPM introduced the Improvement Increment in 2017. Carriers that improved faster than their peers over the two-year period (2016-2017) were eligible to earn a portion of the maximum Improvement Increment for progress on up to three measures. This opportunity was limited to FEHB Carriers that performed below the 50th percentile on each measure under consideration in the first of the two years being evaluated, and maintained the same plan reporting type with NCQA over the two-year period. Eighty-four of the 89 FEHB Carriers scored below the 50th percentile on at least one measure in 2016, meaning they were eligible to earn the Improvement Increment. Altogether, 45% of eligible Carriers met the requisite conditions for improved performance thereby earning at least some portion of the Improvement Increment in 2017.

OPM selects high priority HEDIS or CAHPS measures based on their relevance to the needs of the FEHB population. In 2016 and 2017, the high priority measures were timeliness of prenatal care, blood pressure control, and reduction of readmissions. More FEHB Carriers demonstrated performance that exceeded national benchmarks for these three measures in 2017 than in 2016 (see Figure 3). In 2017, FEHB Carriers reported heart disease as one of their most prevalent conditions and the top cost driver. This reinforces OPM’s emphasis on the controlling high blood pressure measure to reduce this key cardiovascular risk factor. Additionally, analysis of reported readmission rates reveals that there are still a significant number of plans performing below the 25th percentile, so continued attention to this measure is necessary.

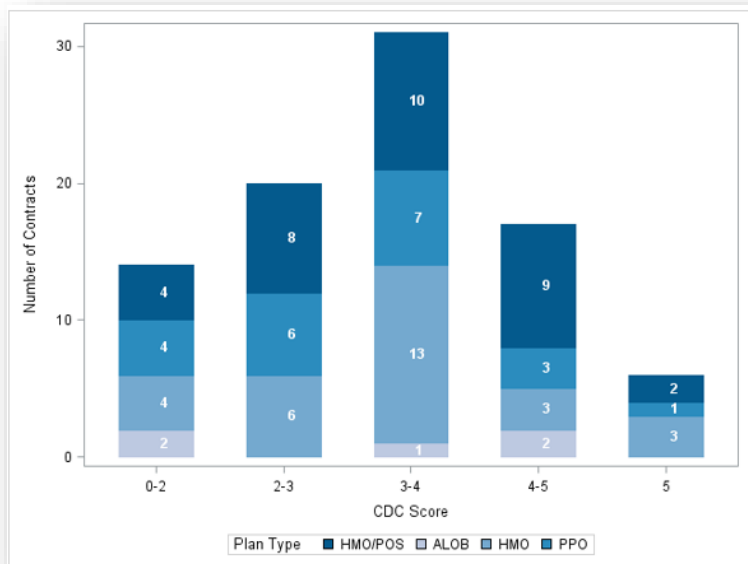
Figure 3. Comparison of Overall FEHB Performance on OPM High Priority Measures (2016-2017)



OPM High Priority Measures	2016 Results	2017 Results
Timely prenatal care	46%	55%
Controlling high blood pressure	49%	51%
All-cause readmission	45%	54%

The HEDIS measure Comprehensive Diabetes Care (HbA1c control <8%) was included in QCR scoring for the first time in 2017. Figure 4 displays FEHB Carriers’ performance. These results are impactful because diabetes contributes to cardiovascular risk and is itself a major driver of disease burden and cost among FEHB plans.

Figure 4. Performance on CDC-Control (2017)



The scores across the X axis in Figure 4 represent the following ranges:

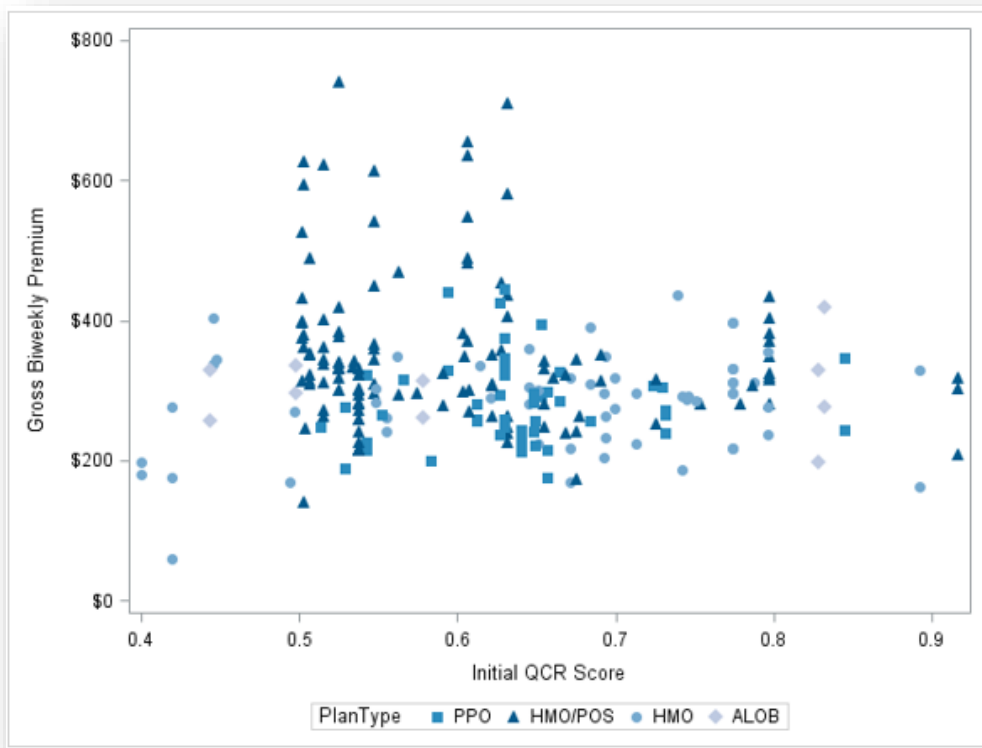
- 0-2 (below the 25th percentile)
- 2-3 (from the 25th percentile to below the 50th percentile)
- 3-4 (from the 50th percentile to below the 75th percentile)
- 4-5 (from the 75th percentile to below the 90th percentile)
- 5 (the 90th percentile and above)

Performance on CDC-Control (2017)	HMO/ POS	ALOB	HMO	PPO
0-2	4	2	4	4
2-3	8		6	6
3-4	10	1	13	7
4-5	9	2	3	3
5	2		3	1

UPDATES FOR 2018

1. OPM will add three HEDIS measures to the set of measures collected for analysis but not yet scored under the QCR (e.g., Measures Farm Team):
 - Acute Hospital Utilization
 - Use of Opioids from Multiple Providers
 - Colorectal Cancer Screening
2. OPM will also transition three measures from the Measures Farm Team into the QCR Measure Set, and will score these measures:
 - Cervical Cancer Screening
 - Asthma Medication Ratio
 - Avoidance of Antibiotics in Adults with Acute Bronchitis
3. The QCR Score plus any applicable Improvement Increment will account for 65% of the Overall Performance Score.
4. OPM’s new strategic plan aims to increase the percentage of Federal employees, annuitants, and families enrolled in quality, affordable health plans. Carriers will receive more detailed information on this strategic plan and potential measures of cost in forthcoming communications. Figure 5 contains an initial look at QCR Scores including the Improvement Increment compared to bi-weekly premiums for single individuals. This initial scatterplot reveals the lack of correlation between quality and premium dollars. Future work will include developing a more refined methodology including risk-adjustment to more accurately report on and compare costs across FEHB Carriers.

5. Figure 5. QCR Scores Including Improvement Increment Compared to Bi-Weekly Premiumsⁱⁱ



CONCLUSION

The 2017 FEHB contract cycle represents the second successful year of OPM’s FEHB PPA. As a group, FEHB Carriers are demonstrating improvement on QCR measures that are highly correlated with better health outcomes. OPM looks forward to additional reporting cycles to assess trends. Looking ahead, agency leadership is focused on exploring new measures of total cost to meet our overall goal of providing Federal employees with more health plan choices that are both high quality and affordable.

ⁱ In 2017 OPM utilized four health plan reporting types from NCQA: HMO, HMO/POS, PPO, and All Lines of Business [(ALOB) which includes business models not otherwise covered by the first three reporting types].

ⁱⁱ Figure compares QCR Scores including any applicable Improvement Increment to bi-weekly premiums and does not include risk-adjustment based on geographic location or population; does not include secondary payers.