

Federal Employees Health Benefits Program

Plan Performance Assessment

Highlights of 2020 Clinical Quality,
Customer Service, and Resource Use
(QCR) Measures

Introduction

The U.S. Office of Personnel Management (OPM) has offered Federal employees a choice of health insurance options for the past 60 years 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 \$57 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 most recent Federal Employee Benefits Survey, 80 percent of participants indicated that health insurance through the Program 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 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 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 OPM's FEHB Contracting Officers.

In response to the public health emergency (PHE) created by the COVID-19 virus, NCQA created flexibilities for the reporting of some performance measures in 2020. NCQA's allowed flexibilities impacted how data was scored under the PPA. Overall, program-wide averages for combined data reported in 2020 saw a slight increase over 2019. For the fourth year in a row, FEHB Carriers were also able to earn an Improvement Increment for demonstrating sufficient improvement over previous years' scores. We discuss these and other significant findings from the 2020 QCR data below.

Overview of 2020 Results

NCQA Adjustments in Response to COVID-19 and Adjustments to the 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. For 2020, NCQA announced several temporary adjustments to their protocols in response to the PHE caused by COVID-19. Consequently, OPM made several adjustments to the QCR scoring methodology, outlined in [Carrier Letter 2020-14](#), titled, “Update on Plan Performance Assessment Scoring Due to COVID-19 Pandemic.” Below is a summary of NCQA announcements and OPM’s QCR scoring adjustments.

Table 1. NCQA and OPM Announcements Regarding COVID-19

| NCQA Announcements | OPM Announcements (CL2020-14) |
|---|---|
| Commercial insurance carriers required to report HEDIS & CAHPS for accreditation. NCQA Health Plan Ratings will not be calculated in 2020. | OPM will calculate QCR Scores for use in the Plan Performance Assessment. |
| HEDIS measures using administrative collection will proceed as usual; HEDIS measures using hybrid collection will have the option of substituting 2019 data in lieu of 2020 data. | OPM will score HEDIS measures using administrative collection under the usual QCR scoring methodology. OPM will score HEDIS measures using hybrid collection, allowing the flexibility created by NCQA, except for two measures that had significant specification changes between 2019 and 2020. For these two measures (Cervical Cancer Screening and Prenatal and Postpartum Care), OPM will utilize 2019 reported data and benchmarks for 2020 PPA scoring. |
| CAHPS data will be reported to NCQA and benchmarks will be calculated, however, NCQA recommends against their use for improvement scoring or year-over-year trending. | OPM will use 2019 CAHPS reported scores and benchmarks. |

This annual summary report reflects performance measure results reported by FEHB Carriers to NCQA in 2020 following NCQA measure reporting flexibilities and for measures where Quality Compass benchmarks were available.

All OPM’s FEHB Carriers that were required to participate in QCR scoring, reported HEDIS and CAHPS measures in 2020. A complete list of measures scored in 2020 is contained in Table 1. 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 were identified by FEHB Carriers during the QCR Preview Period.

*Plan Performance Assessment:
Highlights of 2020 Clinical Quality, Customer Service and Resource Use Measures*

Table 2. 2020 QCR Measure Set

| Performance Area | Measure Title | Measure Source |
|-------------------------|--|-----------------------|
| Clinical Quality | Asthma Medication Ratio | HEDIS - Admin |
| Clinical Quality | Avoidance of Antibiotics for Acute Bronchitis (18-64) | HEDIS - Admin |
| Clinical Quality | Breast Cancer Screening | HEDIS - Admin |
| Clinical Quality | Cervical Cancer Screening | HEDIS - Hybrid |
| Clinical Quality | Colorectal Cancer Screening | HEDIS -Hybrid |
| Clinical Quality | Comprehensive Diabetes Care (HbA1C <8%) | HEDIS - Hybrid |
| Clinical Quality | Controlling High Blood Pressure | HEDIS - Hybrid |
| Clinical Quality | Flu Vaccinations for Adults (18-64) | CAHPS |
| Clinical Quality | Follow-up after Discharge from Emergency Department for Alcohol or Other Drug Dependence | HEDIS - Admin |
| Clinical Quality | Follow-up after Discharge from Emergency Department for Mental Illness | HEDIS - Admin |
| Clinical Quality | Prenatal Care (Timeliness) | HEDIS - Hybrid |
| Clinical Quality | Statin Therapy for Patients with Cardiovascular Disease (80% Adherence) | HEDIS - Admin |
| Clinical Quality | Well-Child Visits First 15-Months of Life | HEDIS - Admin |
| Customer Service | Claims Processing | CAHPS |
| Customer Service | Coordination of Care | 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 | Emergency Department Utilization | HEDIS - Admin |
| Resource Use | Use of Imaging Studies for Low Back Pain | HEDIS - Admin |

Highlights of the 2020 PPA cycle are contained in Figure 1.

Figure 1. Summary of Overall 2020 QCR Results

| Overall Scores | Priority Measures | Gradual Progress | Year-Over-Year Improvement |
|---|--|---|---|
| Improved mean on program-wide QCR Score | Stable performance or improvement on three fourths of high priority measures | 12 QCR measures saw a rise in the program-wide mean and 14 saw an increase in the minimum score | 19 Carriers demonstrated year-over-year improvement and earned a portion of the Improvement Increment |

Standardized QCR Score Trends

The Standardized QCR Score reflects Carrier performance on the QCR Measure Set before the addition of any applicable Improvement Increment. The Standardized QCR Score plus any applicable Improvement Increment accounted for 65 percent of each Carrier’s Overall Performance Score while 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.

Figure 2 displays the average Standardized QCR Score by health plan product reporting type from 2016 through 2020. These scores continue to reflect a range of performance both among and across all health plan product reporting types.

Figure 2. Average Standardized QCR Score by Reporting Type (2016-2020)

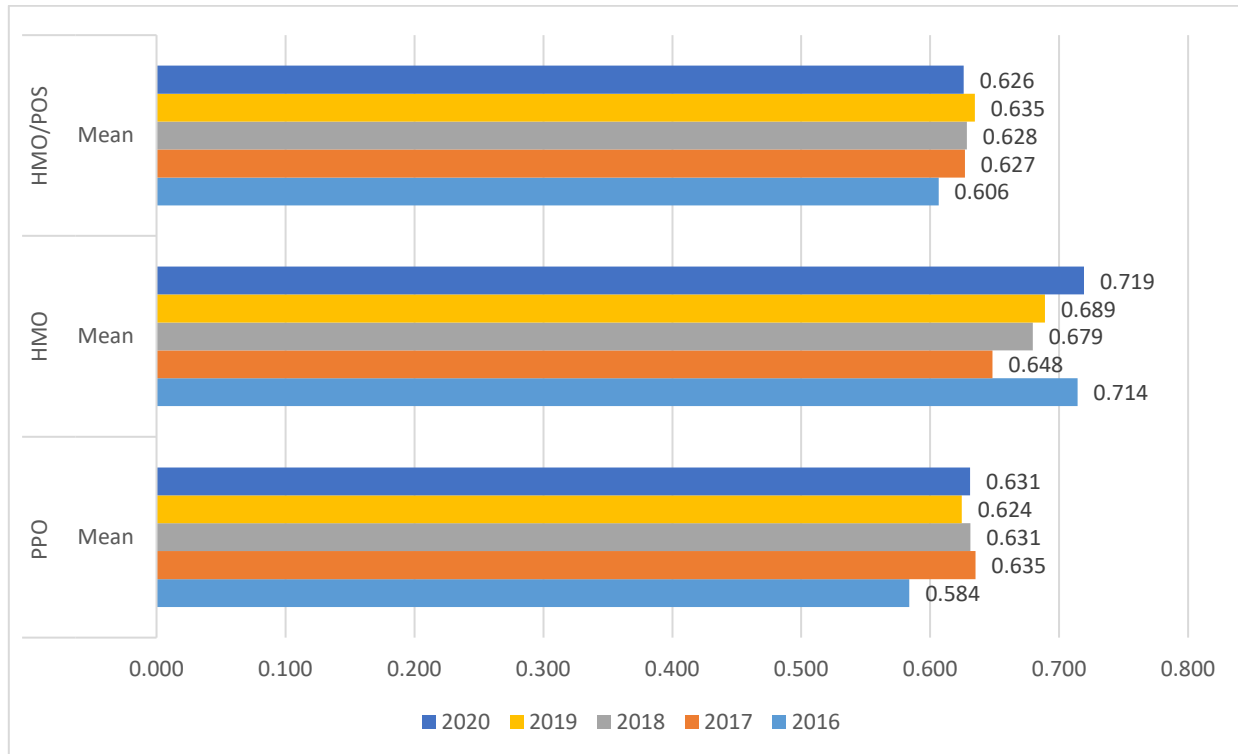


Figure 2 Data

| Year | HMO/POS (Mean) | HMO (Mean) | PPO (Mean) |
|-------------|---------------------------|-----------------------|-----------------------|
| 2020 | 0.626 | 0.719 | 0.631 |
| 2019 | 0.635 | 0.689 | 0.624 |
| 2018 | 0.628 | 0.679 | 0.631 |
| 2017 | 0.627 | 0.648 | 0.636 |
| 2016 | 0.606 | 0.714 | 0.584 |

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. In 2020, the PPA high priority measures were Blood Pressure Control, Control of Diabetes Hb A1c, Low Back Pain and Timeliness of Prenatal Care. For 2020, the FEHB program-wide average for each of the four high priority measures exceeded the respective commercial 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 measure and Control of Diabetes Hb A1C. 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.

Improvement Increment

In response to Carrier feedback, OPM introduced the Improvement Increment in 2017 and has chosen to award it 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. The Improvement Increment was also impacted by the PHE caused by COVID-19. CAHPS measures were ineligible due to the lack of reliable benchmarks. Also, in instances where Carriers chose to report 2019 measurement data on hybrid measures, no difference in performance could be calculated. OPM did not include either Cervical Cancer Screening or Prenatal Care (Timeliness) in calculations of the Improvement Increment since both measures were included in the reporting flexibility allowed by NCQA and both had significant technical specification changes between 2019 and 2020. Even with these limitations FEHB Carriers were able to earn nearly as many Improvement Increments in 2020 as in 2019, as shown in Figure 3.

Figure 3. Comparison of Improvement Increments Awarded (2019-2020)

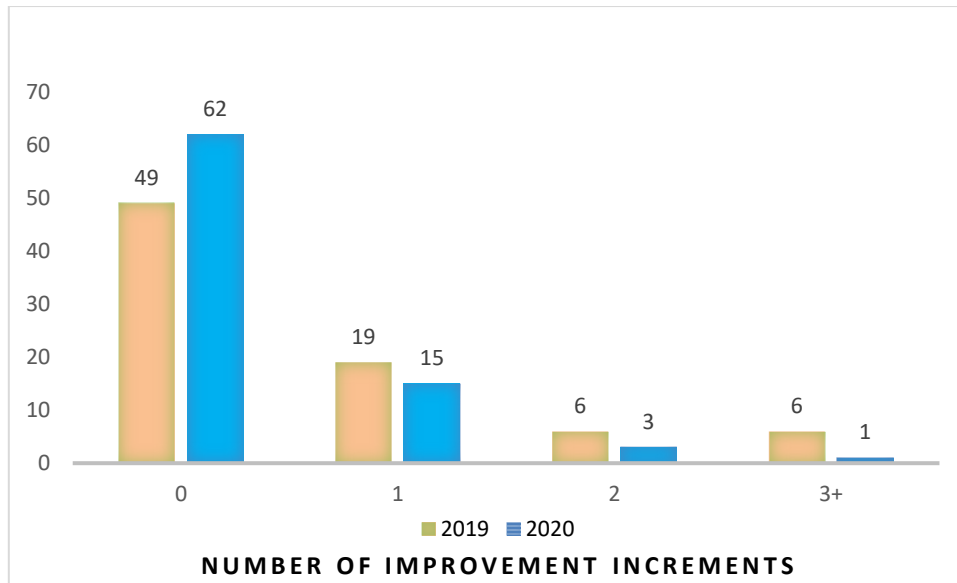


Figure 3 Data

| Number of Improvement Increments | 2019 | 2020 |
|----------------------------------|------|------|
| 0 | 49 | 62 |
| 1 | 19 | 15 |
| 2 | 6 | 3 |
| 3+ | 6 | 1 |

Updates for 2021

This section summarizes previously announced changes to the PPA methodology for 2021. All the changes below were included in [Carrier Letter 2020-15](#) or Carrier Letter 2020-20). The changes are as follows:

1. OPM announced the following changes to the additions to the Farm Team in CL2020-20:
 - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Total (AAB(T))
 - Breast Cancer Screening-Electronic (BCS-E)
 - Colorectal Cancer Screening-Electronic (COL-E)
 - Emergency Department Utilization (EDU)
 - Well-Child Visits in the First 30 Months of Life: 15-30 Months (W30(30))

2. OPM will also implement a methodological update announced in CL2020-15:
 - OPM will add the 10th percentile benchmark to the calculation of the QCR measure scores for HEDIS and CAHPS measures. Adding the 10th percentile benchmark allows better differentiation in performance for FEHB Carriers with scores between the 10th and 25th

*Plan Performance Assessment:
Highlights of 2020 Clinical Quality, Customer Service and Resource Use Measures*

percentile benchmarks. This change creates a minimum Initial OPM Score of 1.0 for measures at or below the 10th percentile benchmark

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. In 2020, the PPA withstood a systemic challenge in the form of the PHE caused by the COVID-19 virus. The PPA was able to produce reliable calculations based on the reporting flexibilities allowed by NCQA with minimal disruption. 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.