

Strategic Goal 9

Healthier Americans

Strategic Goal: 9 Healthier Americans

Strategic Goal Statement:

Provide high quality health benefits and improve the health status of Federal employees, Federal retirees, their families, and populations newly eligible for OPM-sponsored health insurance products.

This goal recognizes OPM's role in improving the health status of populations covered under OPM-sponsored health insurance programs. Incorporating responsibilities granted through the Affordable Care Act, populations served by OPM-sponsored health insurance programs include employees of tribal organizations and formerly uninsured Americans served by Multi-State Plans in addition to Federal employees, Federal retirees, and dependents of Federal employees and retirees.

High quality health insurance promotes access to care, supports better health and better care, empowers enrollee choice, and increases employee loyalty. Better care prevents long term disability and disease, stabilizes chronic conditions, and minimizes hospitalization. Effective worksite wellness programs along with health conscious workers and community environments complement insurance benefits and reinforce positive choices. Additional benefits, such as life insurance, long term care, dental, and vision insurance, and flexible spending accounts, improve employee quality of life, meet unique family needs, and increase employee loyalty.

The mission of Planning and Policy Analysis (PPA) is to provide strategic analysis and workforce information to the OPM Director and to support the performance goals of the agency. The scope of PPA analysis spans the full range of human resource management issues facing Federal agencies (such as workforce supply, pay, benefits, and diversity) and involves a variety of analytical tools (including actuarial analysis, surveys, economic analysis, and policy analysis).

OPM's Healthcare & Insurance (HI) program oversees the management of insurance benefits for more than 8.2 million Federal employees, retirees, and their families, as well as tribal employees and their families. The HI organization consolidates all of OPM's healthcare and insurance responsibilities into a single organization. These include the Federal Employees Health Benefit Program (FEHBP), Federal Employees' Group Life Insurance (FEGLI), Flexible Spending Account (FSAFEDS), Federal Long Term Care Insurance Program (FLTCIP), and Federal Employee Dental Vision Insurance Program (FEDVIP). The HI program also administers Multi-State Plan contracts, which are offered to Americans, including those previously uninsured, through the Exchange under the authority of the Affordable Care Act (ACA). PPA supports the HI program and the ACA responsibilities by providing policy support, and actuarial and data analysis.

Strategy: 9.01 Sponsor high quality, consumer friendly, affordable insurance products

Strategy Overview:

Sponsor high quality, consumer friendly, affordable insurance products by:

- ensuring Multi-State Plans (MSP) and Federal Employees Health Benefits (FEHB) health plans cover the full range of Essential Health Benefits;
- leveraging experience in the FEHB and MSP programs to identify and implement best practices across the insurance portfolio;
- providing responsive customer service to insured populations;
- analyzing complaints and appeals to elucidate opportunities to better meet the needs of enrollees;
- updating electronic consumer decision support and health plan selection tools to optimize enrollee choice; and
- developing a comprehensive health plan assessment methodology that evaluates healthcare quality, customer service and resource use.

The offices of Planning and Policy Analysis (PPA) and Healthcare & Insurance (HI) collaborate to offer the Federal Employees Health Benefits (FEHB) Program, along with other Federal benefits programs, to meet Federal employees' needs and to make available benefits align with best practices. Specifically, PPA provides policy guidance and actuarial support by reviewing the cost of contracts under Federal benefits programs, conducting rate negotiations with carriers, and determining the amount the Government contributes towards employees' benefits. HI oversees Federal benefits programs, which includes contracting with insurance carriers as well as operating an annual open season for Federal employees and retirees to review and consider changing their current health, dental and vision benefit choices. Other Federal benefits programs administered for Federal employees include long term care insurance and the Federal Employees Group Life Insurance (FEGLI) program. OPM is also authorized by the Affordable Care Act to offer FEHB and FEGLI coverage to tribes, tribal organizations and urban tribes. There are approximately 17,000 tribal members enrolled in FEHB plans.

OPM is responsible for implementing and overseeing the Multi-State Plan program, authorized by the Affordable Care Act (ACA), to make health insurance better available to all Americans. OPM contracts with health insurance issuers to offer health plans through the Health Insurance Marketplace (also known as the Affordable Insurance Exchange). There are currently more than 200 MSP options available in 36 States including the District of Columbia. PPA provides policy and actuarial support, while HI manages the MSP programs. In support of this strategy, HI will:

- manage programs to evaluate health insurance issuers applying to offer MSPs, to certify and re-certify MSPs for sale on the Marketplace, and to transfer MSP data to the State-Based, Partnership, and Federally facilitated Marketplaces;
- develop and operate a new automated program to assist in the processing of consumer and issuer appeals; and

U.S. Office of Personnel Management

- monitor MSP contractor performance and quality.

PPA conducts evaluations of public and private sector organizations' benefit survey results. These results are used to ensure Federal benefits are consistent with those offered by private and other public sector organizations, and to identify opportunities for enhancing benefit offerings. OPM also conducts ongoing analyses through various surveys. PPA provides benefits policy guidance based on these evaluations and also collects, maintains and analyzes healthcare data on an ongoing basis. PPA will use the Health Claims Data Warehouse when conducting evaluations of health conditions, especially chronic conditions. This data will also be used to support PPA's actuarial, demographic, economic and statistical analyses. PPA will assess results of ACA requirements on FEHB programs and continue to monitor the impact of employer shared responsibility requirements under Internal Revenue Code (IRC) Sections 4980H and 6056 and provide guidance where necessary. PPA will also implement changes as a result of the legislative program on FEHB modernization.

Next Steps:

OPM will work with insurance carriers to negotiate the best rates and value of benefits; advance cost management, such as lowering overall pharmacy growth and specialty drug trends; and improve health care quality through comprehensive wellness programs, preventive care and care condition management techniques. In addition, OPM's Healthcare and Insurance will expand the MSPP by adding new plans and new States to this program. OPM will continue formal consultation with tribes, tribal organizations and urban tribes to expand tribal enrollment by 10 percent. PPA will access the Health Claims Data Warehouse to conduct cost and utilization analysis. PPA will oversee successful transmission of federal employee data by Shared Service Centers to the Internal Revenue Service.

OPM will develop a strategy and action plan to address the effects of the excise tax for high cost employer-sponsored health coverage (an Affordable Care Act provision) on FEHB plans. The agency will work with insurance carriers to negotiate the best rates and benefits value; advance cost management, such as adopting practices to manage pharmacy utilization; and improve health care quality through use of techniques such as health risk assessments and care condition management techniques. OPM will also expand the availability of the MSPP by adding new plans and new States to this program. OPM will also continue formal consultation with tribes, tribal organizations and urban tribes, and expand tribal enrollment by 10 percent.

Contributing Organizations:

Healthcare and Insurance (HI) and Planning and Policy Analysis (PPA)

U.S. Office of Personnel Management

Performance Measure	FY 2013 Result	FY 2014 Result	FY 2015 Result	FY 2015 Target	FY 2016 Target	FY 2017 Target
Number of people enrolled in the Multi-State Plan program	N/A*	351,437	473,700	-	≥500,000	≥505,000
Progress Update: Not available. This is a new measure.						
Number of tribes, tribal organizations or urban Indian organizations participating in FEHB	48	61	85	-	≥84	≥92
Progress Update: Not available. This is a new measure.						
Number of tribal employees enrolled in FEHB	10,304	15,580	17,500	-	≥18,000	≥20,000
Progress Update: Not available. This is a new measure.						
Percent of FEHBP enrollees satisfied	79.2%	82%	72.9%	-	≥Industry Trend	≥Industry Trend
Progress Update: The satisfaction rate exceeded the 2015 industry average of 63.0 percent. FEHBP carriers’ overall average customer satisfaction scores are consistently higher than the industry average. The customer satisfaction scores decreased from 2014 to 2015. The reason for this is that 2015 is the first time FEHBP carriers did not survey annuitants who have FEHB and Medicare coverage. OPM plans use the 2015 information to re-baseline the goal in the future. Survey responses of only active employees and annuitants without Medicare coverage will provide consistent information with national benchmarks on health plan satisfaction.						

Strategy: 9.02 Optimize insurance related business processes

Strategy Overview:

Optimize insurance related business processes by:

- effectively managing contracts with insurance carriers/issuers to promote choice, customer service, access to care, healthcare quality, and market competition;
- fostering productive relationships with State Insurance Regulators, Exchange Officials, State elected officials and legislators entities;
- modernizing and securing IT platforms to facilitate transactions (applications, benefits negotiations, recertification); and
- ensuring accountability through timely audit resolution.

Under Section 1334 of the Affordable Care Act (ACA), OPM is responsible for implementing and overseeing the Multi-State Plans (MSPs). These plans are subject to many Federal and State laws and regulations in addition to OPM regulations, guidance, and contract provisions. Unlike the Federal Employees Health Benefits (FEHB), the MSP program does not include a pre-emption of State law and MSPs will generally be subject to State insurance laws and regulations. Also, the benefits and rates for each MSP will vary State by State. For the MSP program to be successful, OPM will need to work closely and on a continuing basis with State departments of insurance and Exchanges. This is a new program and OPM is incurring significant start-up costs. The inter-agency effort to implement and administer Exchanges is continually evolving and new program and IT system requirements are being developed and adjusted over time.

The offices of Planning and Policy Analysis (PPA) and Healthcare & Insurance (HI) are collaborating to implement the ACA. PPA provides policy and actuarial support for ACA, while HI manages the MSP program. HI will conduct continual outreach to State departments of insurance, and the Health Insurance Marketplace, in all 50 States and the District of Columbia to negotiate operational and policy issues concerning MSPs, to monitor MSP compliance with State laws and regulations, and to ensure MSPs provide quality and affordable health insurance options for individuals, families, and small businesses without disrupting the State health insurance market.

OPM has administered the FEHB Program since 1959 using a decentralized enrollment system with delegated responsibility to carriers to validate coverage for family members. While this system has allowed agencies to enroll employees and collect premiums, OPM believes a new centralized system would improve enrollment processes and allow for family member audits to enhance accountability, cost-effectiveness and optimize this business process.

U.S. Office of Personnel Management

OPM works closely with OPM's Office of the Inspector General (OIG), which conducts audits of FEHB carriers. The OIG conducts onsite and desk audits of carriers and issues preliminary audit findings as well as draft, and final audit reports. HI's contracting officers review these reports and negotiate with FEHB carriers to resolve audit issues. HI manages timeliness of the audit reconciliation process.

Next Steps:

In FY 2016, OPM will convene a Multi-State Plan Advisory Board to evaluate and make recommendations on important issues related to the MSP program.

OPM will expand the "Benefits Plus" system and use it to assist Federal employees and retirees in identifying the benefits they need at the lowest cost. "Benefits Plus" will include development of a new Plan Comparison Tool that adds functionality and enhance consumer experience in evaluating health plans. OPM will organize cross-agency work teams to re-design the new Plan Comparison Tool.

OPM will continue its efforts to make improvements in the procurement process for the programs and systems that support the Federal benefit programs.

OPM will also continue to include new carriers in the FEHB program to provide enrollees with variety and value. OPM will also enhance and expand the review of family member coverage under the FEHB Program.

In FY 2017, OPM will use the FEHB Plan Performance Assessment System to analyze plan performance for the three high priority measures to identify successful practices and address remediation with plans that are lagging. For FY 2017, the high priority measures are: timeliness of prenatal care, blood pressure control and plan all-cause readmissions. Plan performance will be compared to national benchmarks. OPM will also continue to convene the MSP Advisory Board to discuss recommendations on important issues related to the MSP program; OPM will review family member coverage under the FEHB Program and take appropriate steps to remove ineligible individuals. The agency will also utilize the Health Claims Data Warehouse to conduct cost and utilization analysis.

Contributing Organizations:

Healthcare and Insurance (HI) and Planning and Policy Analysis (PPA)

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Performance Measure	FY 2013 Result	FY 2014 Result	FY 2015 Result	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent increase in FEHB premiums	3.7%	3.2%	6.4%	≤ Industry Trend	≤ Industry Trend	≤ Industry Trend
<p>Progress Update: The industry measures for private sector premiums are released by PriceWaterhouseCoopers (which predicted an increase of 6.5 percent for the industry) and CalPERS (which predicted an increase of 7 percent for HMOs and 11 percent for PPOs). The FEHB premium increase falls below all three measures.</p> <p>In general, FEHB rates reflect changes, including prices, in the healthcare marketplace. The FEHB Program uses private market competition and consumer choice to provide comprehensive benefits at an affordable cost to enrollees and the Government. In addition, OPM negotiates with health carriers to keep cost increases as reasonable as possible. While the premium increase is higher than in prior years, it is aligned with the industry trend for large employer health plans for the 2016 plan year.</p>						
Percent increase in FEHB premiums based on actual population	2.9%	3.2%	N/A* until June 2016	-	≤Industry Trend	≤Industry Trend
<p>Progress Update: Not available. This is a new measure.</p>						
Growth of FEHBP prescription drug costs	4.4%	8%	12%	≤ Industry Average	≤ Industry Average	Discontinued
<p>Progress Update: Overall, the pharmacy cost increased in 2015 due to the use of specialty drugs and other pharmacy costs across industry. OPM continues to encourage FEHB carriers to utilize proven pharmaceutical management strategies such as: managed formularies, step therapy and utilization management.</p>						
Percent of plans with all-cause readmission to hospital within 30 days of inpatient hospital stay above the national commercial 50 th percentile	N/A*	49%	51%	-	≥51%	Establish Baseline
<p>Progress Measure: Not available. This is a new measure.</p>						

Associated Priority Goal: FEHB Plan Performance

Priority Goal Statement:

Improve health outcomes for the 8.2 million Federal employees, retirees, and their dependents enrolled in health plans participating in the Federal Employees Health Benefits (FEHB) program. In 2016, FEHB plan performance will be assessed based on a common set of measures of clinical quality, customer service and appropriate resource use; this performance assessment will be used in the determination of plan profit margins. While each plan will be assessed based on its performance, overall progress for the FEHB program will be measured by an increase in the number of FEHB plans at or above the 50th percentile of the relevant national, commercial benchmark year-on-year as measured by FEHB plan scored values on the designated high priority indicators used continuously during the evaluation period. These high priority measures include: risk adjusted all cause readmissions, timeliness of prenatal care and blood pressure control.

Strategy: 9.03 Improve preventive services delivery to employees, retirees, families, tribal employees, and newly insured Americans

Strategy Overview:

Improve preventive services delivery to employees, retirees, families, tribal employees, and newly insured Americans by:

- providing benefits, occupational health resources, and employee wellness programs; and
- increasing awareness and use of health insurance benefits for tobacco cessation.

Planning and Policy Analysis (PPA) and Healthcare & Insurance (HI) will provide guidance to contracted health plans on health policies, including focus on particular patient segments based on rigorous assessments. PPA conducts evaluations of benefits programs, including an assessment of the impact of comprehensive tobacco cessation on health claims costs, utilization of expanded preventive services coverage, and the impact of pharmacy management techniques on costs. Survey data is collected and used to determine the costs and benefits due to changes in the benefit, compared to previous utilization measures and coverage offered by each of the plans. OPM uses this information to conduct long-term impact analyses, including averted costs and savings. PPA also administers the Federal Employee Benefits Survey which provides insights from Federal employees on the value of their benefits, including awareness of tobacco cessation benefits. HI uses these survey results in the contract negotiations with Federal Employees Health Benefits (FEHB) carriers on providing outreach to members on the awareness of this important benefit, which is aimed at avoiding or reducing current and future healthcare services to treat the impact of tobacco use on the human condition. HI conducts customer satisfaction surveys using the Consumer Assessment of Healthcare Providers and Systems (CAHPS). FEHB carriers are expected to use this data to improve the population health of their members, to expand their customer service relations and to demonstrate that they are offering good value to their membership. HI also requires FEHB carriers to use the health plan quality tool under Healthcare Effectiveness Data and Information Set (HEDIS) to provide evidence of their quality performance metrics. HI uses the annual results from this tool to negotiate with health plans on improvement of population health and to demonstrate to consumers how their health plans score on healthcare quality.

Next Steps:

In FY 2016, OPM will increase influenza immunization rates through optimal use of health insurance benefits, occupational health resources, and employee wellness programs. OPM's guidance to FEHB carriers will continue to include emphasis on preventive services. OPM will also issue an annual call letter stating the Multi-State Plan program goals, which include causing the MSP coverage designs to maintain a strong preventive care focus.

U.S. Office of Personnel Management

In FY 2017, OPM will promote and support balanced, effective combinations of worksite wellness programs and insurance benefits to provide for a healthy workforce. The agency will also continue to emphasize the importance of a strong preventive care focus in insurance programs; ensure no or low out-of-pocket costs for hypertension or cholesterol medications, FDA-approved tobacco cessation medications and OTC nicotine replacement products. OPM will continue to promote the FEHB tobacco cessation benefit and to measure employee awareness. Further, OPM will increase influenza immunization rates through policy guidance and optimal use of health insurance benefits, occupational health resources, and employee wellness programs.

Contributing Organizations:

Healthcare & Insurance (HI) and Planning and Policy Analysis (PPA)

Performance Measure	FY 2013 Result	FY 2014 Result	FY 2015 Result	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent of adults receiving flu shots based on Consumer Assessment of Healthcare Providers and Systems Effective Care	53%	50%	49%	Contextual	Contextual	Contextual
Progress Update: The percentage of adults receiving flu shots was one percentage point higher than the industry trend for FY 2015 (48 percent). The Center for Disease Control (CDC) reports the flu shot in 2014-2015 was 19 percent effective against the circulating flu strains. As a comparison, the CDC reported that the flu shot for the 2013-2014 was 51 percent effective. This undoubtedly impacted compliance as it was widely reported by news outlets.						
Percent of plans with timely prenatal care above the national commercial 50 th percentile	43.4%	39.8%	41%	-	≥41%	Establishing New Baseline
Progress Update: In FY 2015, 41 percent of FEHB plans were above the industry 50th percentile of 87 percent of patients receiving timely prenatal care. OPM increased timely access to prenatal care in 2015, compared to 2014. However, the results still need improvement. For 2016, the agency has assigned this measure the highest priority in the FEHB Plan Performance Assessment so that plan profit will be linked to better performance.						
Percent of plans controlling blood pressure above the national commercial 50 th percentile	N/A*	49.0%	43%	-	≥43%	Establishing New Baseline
Progress Update: Not available. This is a new measure.						

*N/A - Not Available - no historical data available for this period.

Strategy: 9.04 Develop novel partnerships in support of population health and enhance outreach and health literacy

Strategy Overview:

Develop novel partnerships that support population health by:

- prioritizing healthy workforce aims in the Chief Human Capital Officers (CHCO) Council union negotiations, labor-management forums, and interactions with consumer advocates;
- promoting tobacco-free workplaces;
- collaborating with Substance Abuse and Mental Health Services Administration to promote awareness of mental health and employee assistance resources available to Federal employees;
- working with the General Services Administration (GSA) to create a standard contract clause to promote healthy behaviors among embedded contractors; and
- engaging with Government agencies and private industry leaders to promote wellness in the work environment through healthy meal and vending choices, safe stairs and walking paths, inclusion of bicycle sharing in transportation subsidies, etc.

Worksite wellness programs are designed to cover all aspects of worksite wellness, including the effectiveness and efficiency of health and wellness interventions, benefits, costs, outreach, absenteeism, employee morale, and other outcomes, including the impact of improved health on productivity. OPM is expanding wellness services offered by Federal Employees Health Benefits (FEHB) plans by requiring the use of health risk assessments and encouraging the introduction of effective preventive care and wellness services for targeted populations. OPM intends to leverage these new benefit programs by ensuring other Federal agencies are aware and promote these benefits as they develop educational and informational materials for the population health programs that they administer. OPM assesses the use of and satisfaction with wellness, telework, and other work/life programs through the Federal Employee Viewpoint Survey (FEVS). Survey results are disseminated throughout the Federal Government and used as the basis for Federal agency action plans. Additionally, a survey will be conducted of Federal employees to evaluate employee perceptions on the value and importance of benefit programs and whether they meet their needs.

Enhance outreach by:

- ensuring Federal agency benefits officers are well informed about insurance programs;
- targeting use of Direct to Enrollee/Direct to Retiree Emails regarding Open Season and key benefits topics;

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- communicating to employees across all OPM platforms, including *USAJOBS*, *USASTaffing*, *Retirement Services Online*, *Employee Express*, and *OPM.gov*;
- targeting agencies by enrollment to deliver educational seminars on Flexible Spending Accounts and insurance benefits; and
- developing outreach strategy and implementing educational sessions to Indian Tribes on FEHBP.

OPM works with agency benefits officers to provide education and information to agency employees on Federal benefits. OPM conducts periodic seminars and conducts benefits training for benefits officers. Planning and Policy Analysis (PPA) and Healthcare & Insurance (HI) have also begun to implement direct to consumer communications to inform employees and retirees about Open Season and key benefit topics. HI also produces benefit webinars to make employees aware of new or emerging benefit topics. HI provides information and outreach for tribes, tribal organizations and urban tribes on the availability of health insurance coverage through the FEHB Program.

Additionally, PPA's survey on Federal Employee Benefits is used to evaluate employee perceptions on the value and importance of benefit programs and whether they meet their needs. The results from this survey are then used to enhance and expand OPM outreach activities, such as to improve awareness of the tax benefits available through Federal Spending Accounts for Federal Employees Program (FSAFEDS).

Next Steps:

In FY 2016, OPM will prioritize healthy workforce aims in the Chief Human Capital Officers Council, union negotiations, labor-management forums, and interactions with consumer advocates; promote tobacco free workplaces; and collaborate with Substance Abuse and Mental Health Services Administration to promote awareness of mental health and employee assistance resources available to Federal employees. The agency will also engage with Government agencies and private industry leaders to promote wellness in the work environment through healthy meal and vending choices, safe stairs and walking paths, inclusion of bicycle sharing in transportation subsidies, and other initiatives. In addition, OPM will ensure Federal agency benefits officers are well informed about insurance programs; target use of Direct to Enrollee/Direct to Retiree Emails regarding Open Season and key benefits topics; and communicate to employees across all OPM platforms including *USAJOBS*, *USASTaffing*, *Retirement Services Online*, *Employee Express*, and *OPM.gov*. OPM will target agencies by enrollment to deliver educational seminars on employee benefits. The agency will develop an outreach strategy and implement educational sessions for Indian Tribes on FEHB. Further, OPM will promote benefits awareness through interagency education programs and use of social media, and maintaining strong outreach programs for employees, retirees and agencies and continuously working to improve products and services.

In FY 2017, OPM will continue to ensure Federal agency benefits officers are well informed about insurance programs and promote benefits awareness through interagency education programs and use of social media. OPM will also target agencies by enrollment to deliver educational seminars on employee benefits; promote tobacco free workplaces; and collaborate with the Substance Abuse and Mental Health Services

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Administration to promote awareness of mental health and employee assistance resources available to Federal employees. To assist Federal employees and retirees in identifying the benefits they need at the lowest cost, OPM will use the "Benefits Plus" system and a new Plan Comparison Tool to enhance consumer experience in evaluating health plans. Further, OPM will develop an outreach strategy and implement educational sessions for Indian Tribes on the FEHB Program.

Contributing Organizations:

Healthcare & Insurance (HI) and Planning and Policy Analysis (PPA)

Performance Measure	FY 2013 Result	FY 2014 Result	FY 2015 Result	FY 2015 Target	FY 2016 Target	FY 2017 Target
Percent of employees aware of FEHB tobacco cessation benefit	10.2%	N/A*	N/A* until 2016	-	≥15%	≥20%
Progress Update: Not available. This is a new measure.						

*N/A - Not Available - no historical data available for this period.