



FEHBP CARRIER CONFERENCE
MARCH 7, 2002

PERFORMANCE MEASUREMENT

Janet Pfleeger, Senior Policy Analyst
U.S. Office of Personnel Management

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TOPICS

- **Data Repository**
- **Quality Assurance (QA) Reports**
- **Fraud & Abuse (F&A) Reports**
- **Patient Safety & Accreditation**
- **HEDIS Collection**
- **CAHPS Reporting**

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Data Repository

- **Consolidating Section 1.9, plus certain other data**
- **No new data collection expected**
- **Developing conceptual framework**
- **Will then issue RFP to build and maintain data repository**
- **Want operational next year**

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Data Repository

Three Components (may be others)

- 1. Cost Efficiency (medical loss ratio, expense ratio)**
- 2. Contract Performance (QA Report, Fraud & Abuse Report, Disputed Claims)**
- 3. Quality (CAHPS, HEDIS, Accreditation status)**

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Data Repository

Use of Repository:

- Section 1.9 compliance tracking**
- Analyzing data**
- Benchmarking data**
- Feedback to plans for performance improvement**

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QA Reports

- QA Reports due 1/31 each year
- In 2002, electronic submission
- Most plans meet standards
- Address:
 - Accuracy & timeliness of payments
 - Customer Service (id cards, telephone access, written inquiries)
 - Requests for reconsideration

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QA Reports

- OPM reviewing FEHB standards- compare with industry standards
- Separately, NCQA establishing access and service standards
- May tighten timeframes on existing measures (telephone wait time)
- May add measures: internet inquiries, first call resolution

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F&A Reports

- **Semi-annual reports due 1/31 & 7/31**
- **In 2002, electronic submission**
- **Reports address number, type and disposition (including \$ recovered) of existing fraud cases and a count of new cases**
- **Broken down by providers, enrollees and/or others**

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F&A Reports

- **Plans notify OPM's OIG re: certain fraud cases**
- **OPM reviewing FEHB standards-compare with industry standards**
 - **Modifying brochure language (will receive later this month)**
 - **February 15 submissions summarizing F&A Programs**

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F&A Reports

- **F&A Standards Review (cont'd)**
 - Meeting with plans to discuss F&A programs in depth
 - Carrier Letter seeking info on claims systems and turnaround time for OIG info requests (contract)
 - National Health Care Anti-Fraud Association (NHCAA)

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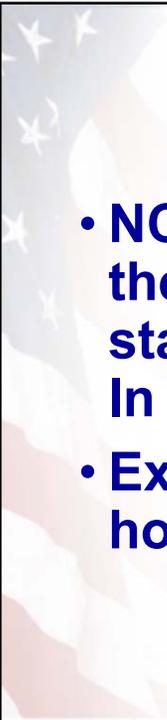
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Patient Safety

- **Important area - need to be aware of activities & communicate to enrollees**
- **NQF - member organization (www.qualityforum.org)**
- **Liaison member Leapfrog group**
- **QuIC - Federal agencies**

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Patient Safety

- **NCQA, JCAHO, URAC: as these groups develop standards, we'll inform you. In turn, you inform enrollees**
- **Ex: JCAHO standards for hospital ICUs**

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Patient Safety

- **March 15 updates on Patient Safety programs - we will communicate best practices to plans**
- **Accreditation**
 - Over 3/4 of FEHB HMOs already accredited
 - Business plans submitted
 - FFS plans accrediting PPO products (regional & modular)

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HEDIS

- **Measures (same as HMO accreditation)**

- Child & Adolescent Immunization Status
- Breast & Cervical Cancer Screening
- Diabetes Care (eye exam)
- Cholesterol Screening
- Follow-up After Hospitalization for Mental Illness
- Beta Blocker Treatment
- Prenatal and Postpartum care
- Antidepressant Medication Management

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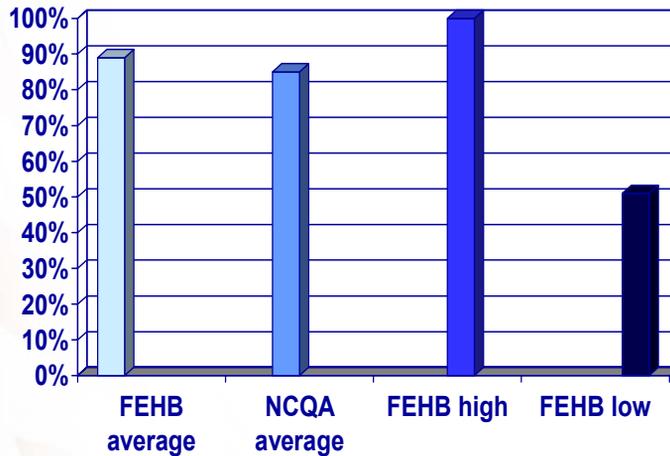
HEDIS

- **For 2002, no longer pilot => audited (92% already auditing)**
- **Due June 17 (on-line DST)**
- **Following slides present 2001 HEDIS results (on year 2000)**

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Beta Blockers

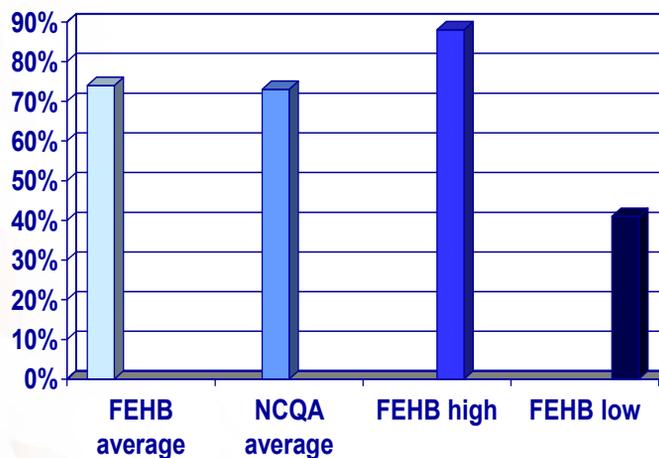
(% hospitalized for AMI who received beta blockers after discharge)



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Breast Cancer Screening

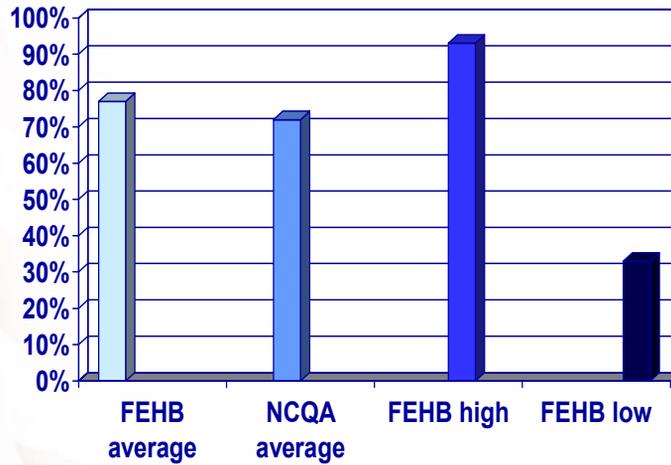
(% women 52-69 who had mammogram within last two years)



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Cervical Cancer Screening

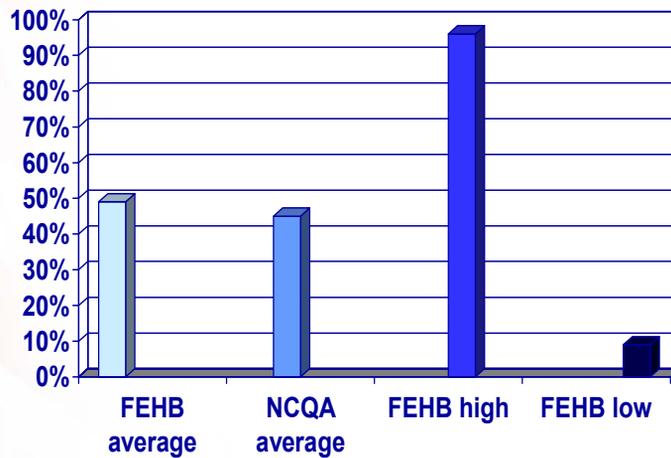
(% women 21-64 who had Pap smear within last three years)



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Diabetes Care

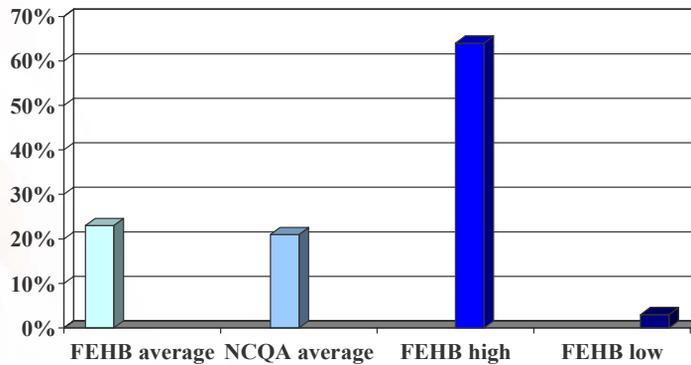
(eye exam)



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Antidepressant Medication Management

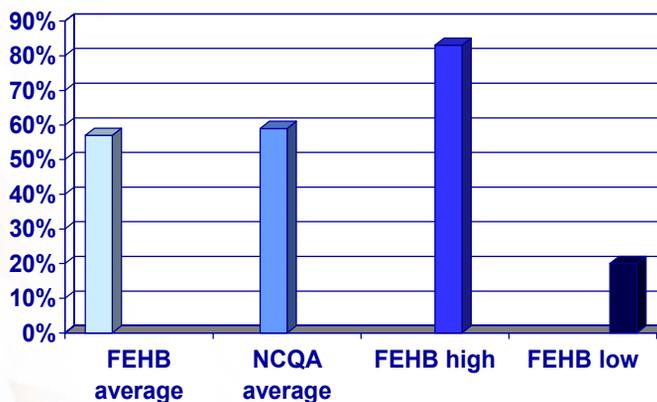
(% members w/ 3+ follow up contacts w/ PCP during acute treatment)



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Antidepressant Medication Management

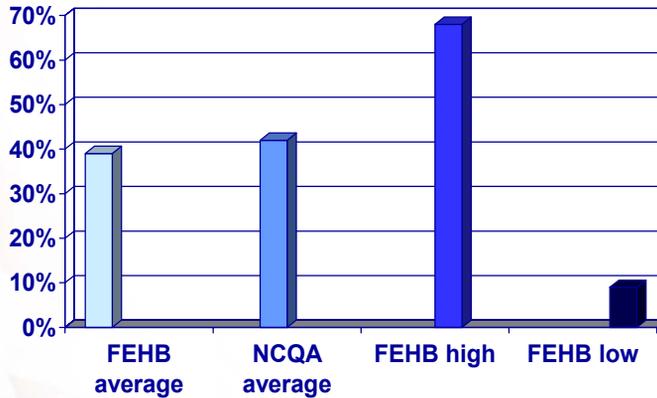
(% members remained on drug during entire acute treatment phase)



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Antidepressant Medication Management

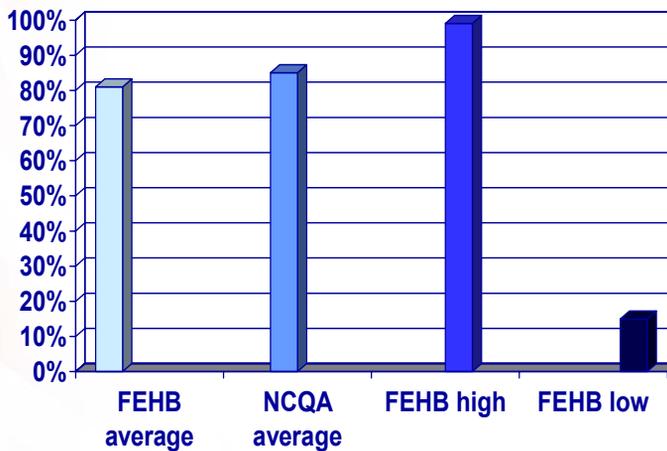
(% members remained on drug during for at least 180 days)



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Timeliness of Prenatal Care

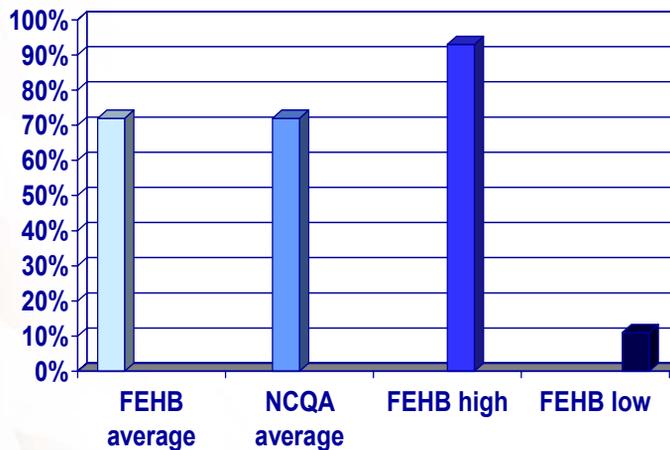
(% women prenatal visit 1st trimester)



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Postpartum Care

(% women who had postpartum visit
21-56 days after delivery)



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