



The U.S. Office of Personnel Management’s (OPM’s) mission is to recruit, retain, and honor a world class workforce to serve the American people. Through our initiatives, programs, and materials, we seek to recruit and hire the best talent, to train and motivate employees to achieve their greatest potential, and to constantly promote an inclusive workforce defined by diverse perspectives. OPM strives to be a model employer for the 21st century with clear and measurable objectives, including providing Federal employees with benefits that are relevant, flexible, fair, and rewarding. Since 1960, OPM has provided health benefits for Federal employees, retired or former employees, and their family members. OPM contracts with private sector insurers and negotiates health benefits on behalf of over 8.2 million enrollees through the Federal Employees Health Benefits (FEHB) Program. Nearly 100 insurance companies participate in FEHB and deliver health benefits to Federal workers around the globe. Under the Affordable Care Act, OPM also enables federally recognized tribes to offer FEHB coverage to their employees. Currently, 90 tribes have elected to utilize this program to expand coverage options for more than 19,000 tribal employees nationwide. In total, OPM oversees the delivery of about \$49 billion in FEHB health benefits each year.

Under the Affordable Care Act, OPM welcomed the opportunity to offer affordable quality health care coverage via the Multi-State Plan (MSP) Program. The program ensures Americans accessing coverage through selected Health Insurance Marketplaces may choose one of 272 MSP options certified by OPM. Approximately 480,000 individuals have already enrolled.

In 2013, OPM adopted an agency strategic goal entitled “Healthier Americans,” which aligns its Healthcare and Insurance portfolio with the aims of the National Quality Strategy. To achieve this ambitious goal, OPM must “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 is not a new task for us—the Affordable Care Act, National Quality Strategy, and the National Prevention Strategy provided us the platform and the leverage to elevate this objective and continue to raise the bar on the quality of health benefits we offer. As far back as 1999, we introduced mental health and substance use treatment parity, and we continue to reinforce our commitment to behavioral health through initiatives described in our Annual Call Letter and communication with both FEHB carriers and agency wellness programs. FEHB plans began offering 100% coverage of tobacco cessation products and services in 2011, and we’ve provided 100% coverage of preventive services since 2012. We joined the Million Hearts™ initiative in 2013 to promote the most effective prevention and treatment practices, focusing on controlling blood pressure to reduce heart attack and stroke rates. Key partnerships and outreach have increased awareness of our tobacco cessation benefit by more than 50%, while tobacco usage rates among Federal employees continue to trend down.

In 2014, OPM announced a new plan performance assessment framework that links FEHB carrier success to key measures of clinical quality, customer satisfaction, and resource use. OPM selected nationally recognized quality measures from the Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) to hold FEHB program carriers accountable. This initiative fully supports payment reform and completes the pyramid of incentives so the entire health infrastructure—from provider to delivery system to payer—is aligned with national goals of better health, better care, and smarter spending. Results also assist Federal employees in choosing quality health coverage that best meets their medical needs.

Measures selected for OPM’s Plan Performance Assessment are aligned with those used by industry leaders and other Federal agencies wherever possible. New measures are carefully considered before adding to the set, giving agency leaders time to assess whether a measure adds value for our population, encourages excellence in our program, and offers a realistic opportunity for improvement. OPM strongly encourages FEHB carriers to pay special attention to their performance on three Priority 1 measures: risk-adjusted all cause readmissions, timeliness of prenatal care, and blood pressure control, because improvement on these measures will significantly advance population health. In 2015, 15 FEHB plans were recognized for exemplary performance, and 4 FEHB plans earned “most improved,” with results publically available on the OPM Web site.

All FEHB health plans are expected to meet OPM’s updated accreditation requirement no later than April 2017. Embedded in these accreditation requirements are the emphasis on quality, coordination of care, and many other components of the National Quality Strategy. We’ll continue to encourage carriers to explore innovative models of health care delivery that can help manage costs as well as producing better health outcomes

For 2016 and beyond, we’re increasing our attention to patient safety. This project includes revised brochure language for consumers, collaboration with industry leaders and Federal agencies to reduce healthcare-associated infections, and dedicated attention to improving safe medication prescribing. Additionally, we have renewed our emphasis on effective treatment for addiction and substance misuse. As part of this initiative, we strongly encourage our carriers to review and improve access to drugs used to manage addiction, including reversal agents and medication-assisted treatment.