2020 FEHB
Plan Performance Assessment
Procedure Manual

Date: Reissued December 20, 2019

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Introduction

The 2020 Procedure Manual provides guidance for FEHB Carriers to report Clinical Quality, Customer Service and Resource Use (QCR) measures, Farm Team measures, and Contract Oversight information under the FEHB Plan Performance Assessment in fulfillment of their FEHB contractual obligations. The manual also outlines specific reporting instructions for the Healthcare Effectiveness Data and Information Set (HEDIS®)[1] and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[2] measures.

In this manual, the Office of Personnel Management (OPM) refers to FEHB Carriers and the health plan options offered by FEHB Carriers under their FEHB contract. In some instances, for ease of reference and simplicity, references in this Procedure Manual to FEHB Carriers includes reference to their health plan options, and vice versa. In other cases, in this annual procedure manual, OPM will refer to FEHB Carriers or their health plan options depending on the intent of the section. If an FEHB Carrier has multiple health plan options under an FEHB contract, the term "FEHB Carrier" or "Carrier" in this procedure manual refers to their respective data reporting requirements under each health plan option.

If there are questions related to the material within this manual, please contact your Health Insurance Specialist and/or email FEHBPerformance@opm.gov.

Section 1: Reporting HEDIS and CAHPS Data

Subsection A: OPM General Requirements for HEDIS Collection and Reporting

- The National Committee for Quality Assurance (NCQA) compiles the HEDIS data on OPM's behalf; therefore, FEHB Carriers must follow NCQA's data submission process when submitting data for their health plan options. Additional information is outlined below and can also be found at: www.ncqa.org/hedis/data-submission/.
- FEHB Carriers are expected to report on the book(s) of business in which FEHB members are enrolled. For many FEHB Carriers this will be the commercial book of business. If there are FEHB members enrolled in multiple health plan product types under one FEHB contract, OPM will use the plan product type with the highest FEHB enrollment to score all reports.
- FEHB Carriers that are in their first year of offering benefits under a new FEHB contract must report HEDIS and CAHPS in the second full year of participation in the FEHB. Reports submitted before this time are not eligible for inclusion in the Plan Performance Assessment. Additional details on requirements for new FEHB Carriers, including the definition of what constitutes a new health plan option, appears in Section 4.

[1] HEDIS®, IDSS and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).
[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- Existing FEHB Carriers with new enrollment codes or health plan options are expected to report HEDIS and CAHPS data that includes the new code or option. For example, if Acme Insurance Company had a Standard Health Plan enrollment code option in the 2019 FEHB Program and added a High option enrollment code in the 2020 FEHB Program under the same contract, they would be expected to report on both the High and Standard options data for the 2020 Plan Performance Cycle. Additional details on the requirements and exemption process are outlined in Section 4.
- Each FEHB Plan must submit audited HEDIS results regardless of enrollment size.
- New for 2020, all FEHB Carriers must complete and submit the 2020 Planned HEDIS and CAHPS Reporting Form by December 13, 2019 to FEHBPerformance@opm.gov (see Section 5; Subsection A). Through this report, OPM and the Carriers can resolve reporting discrepancies prior to submitting data to NCQA's Online Healthcare Organization Questionnaire.
- Questions: FEHBPerformance@opm.gov

HEDIS Cost to FEHB Health Plan Carriers

For all measures where NCQA allows collection of a HEDIS metric by either hybrid[3] or administrative[4] methodology, OPM will also accept either method. In offering this choice, OPM aligns with national commercial benchmarks which contain a mix of hybrid and administrative data, while remaining mindful of the cost that may be associated with hybrid collection. The FEHB contracts address costs incurred by the Carrier for collecting or contracting with a vendor to collect quality measures/data. The administrative expense ceiling will take into account costs that are allowable, reasonable, and allocable under the Experience Rated Contracts (FFS and HMO).

How NCQA Naming Convention Changes Interact with the Plan Performance Assessment

NCQA has announced that beginning in 2020 the term Measurement Year (MY) will be added to annual releases of the HEDIS technical specifications. The term Measurement Year refers to the year in which care is delivered. This does not change the nature or timeline of HEDIS reporting. Care delivered in one year will continue to be reported on in following year as has always been the case. For more information, please visit https://www.ncqa.org/hedis/the-future-of-hedis/schedule-change/.

HEDIS Timeline

Please see the timeline in Section 5: References & Resources, Subsection E for the HEDIS related dates. Additional information is also available at the NCQA website at www.ncqa.org/hedis/data-submission/.

[3] Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations should review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who are found to have received the service required for the numerator. (HEDIS Technical Specifications, Volume 2, page 26.)

[4] Transaction data or other administrative databases are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator.

Subsection B: OPM General Requirements for CAHPS Collection and Reporting

- All FEHB contracts must administer the CAHPS Health Plan Survey 5.0H Adult Commercial Version following the NCQA requirements set forth in *HEDIS Volume 3: Specifications for Survey Measures*.
- The survey must be administered by an NCQA-certified CAHPS vendor.
- The sample frame must be approved by an NCQA-certified HEDIS compliance auditor.
- Members who have Medicare as their primary coverage must **not** be included in the sample.
- FEHB Carriers that are in their first year of offering benefits under a new FEHB contract must report HEDIS and CAHPS in the second full year of participation in the FEHB. Reports submitted before this time are not eligible for inclusion in the Plan Performance Assessment. Additional details on requirements for new FEHB Carriers, including the definition of what constitutes a new health plan option, appears in Section 4.
- Existing FEHB Carriers with new enrollment codes or health plan options are expected to report HEDIS and CAHPS data that includes the new code or option. For example, if Acme Insurance Company had a Standard Health Plan enrollment code option in the 2019 FEHB Program and added a High option enrollment code in the 2020 FEHB Program under the same contract, they would be expected to report on both the High and Standard options data for the 2020 Plan Performance Cycle. Additional details on the requirements and exemption process are outlined in Section 4.
- New for 2020 reporting, all FEHB Carriers must complete and submit the 2020 Planned HEDIS and CAHPS Reporting Form by December 13, 2019 to FEHBPerformance@opm.gov (see Section 5; Subsection A). Through this report, OPM and the Carriers can resolve reporting discrepancies prior to submitting data to NCQA's Online Healthcare Organization Questionnaire.
- Each FEHB Carrier reporting CAHPS survey data to OPM must also report the CAHPS Effectiveness of Care measure related to Flu Vaccinations for Adults Ages 18–64.
- CAHPS survey results must be submitted to NCQA. Files generated by NCQA, after the submission has been processed, will be provided to OPM.
- CAHPS reporting guidelines are listed below:
    - FEHB Carriers submitting samples to NCQA from commercial products that include *FEHB contract holders* may submit those samples to OPM.

- FEHB Plans **not** submitting commercial samples to NCQA must:
    - Submit a separate CAHPS sample for any FEHB health plan option in a state in which that health plan option has more than *5,000 FEHB contract holders*[5].
    - Enrollees in FEHB health plan options that have fewer than *5,000 FEHB contract holders*[5] per state may be included in a health plan option specific CAHPS sample labelled as "Other." An example is outlined below:
        - An FEHB Carrier has 12,000 FEHB contract holders in New York with 3,000 in the High option and 9,000 in the Standard option. The FEHB Carrier must conduct one FEHB specific CAHPS sample on the Standard option in New York. The FEHB Carrier is required to then combine the 3,000 FEHB enrollees in the High option with all other states with fewer than 5,000 FEHB contact holders to create a CAHPS sample labelled, "High option – other."
- FEHB Carriers reporting differently for accreditation purposes, seeking to submit a larger number of samples, or with other unique circumstances must submit a written explanation and request to their Health Insurance Specialist and copy FEHBPerformance@opm.gov.
- Questions: FEHBPerformance@opm.gov.

CAHPS Surveys and OMB Clearance

All the following statements must be included on mailed surveys:

In the upper right corner of each questionnaire: "Form approved: OMB No. 3206-0274."

The following language must also be included within the questionnaire: "This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0274) and is in compliance with the Paperwork Reduction Act of 1995. We estimate that it will take an average of 20 minutes to complete, including the time to read instructions and to gather necessary information. You may send comments about our estimate or any suggestions for minimizing respondent burden, reducing completion time or any other aspect of this information collection to the U.S. Office of Personnel Management (OPM), Reports and Forms Officer (OMB Number 3206-0274), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0274, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed."

The questionnaire must also include the standard NCQA instructions which state: "Personally identifiable information will not be made public and will only be released in accordance with Federal

[5] Members who have Medicare as their primary coverage must **not** be included in the sample. Given the typical mix of annuitant and non-annuitant enrollees in FEHB, this population threshold (5,000 FEHB contract holders) should ensure a sufficient number of survey respondents.

laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey, so we don't have to send you reminders. If you want to know more about this study, please call (survey vendor number here)."

CAHPS Processing Fee

Each FEHB Carrier that reports survey data to OPM is responsible for a pro-rata share of the cost of compiling, processing and reporting the survey results. As in previous years, a processing fee will apply to each unique NCQA Submission ID for which data is submitted on an FEHB Carrier's behalf to OPM.[6] OPM's CAHPS data collection contractor, Office Remedies, Inc. (ORI), will invoice you directly. Please see the timeline in Section 5: References & Resources, Subsection E for the CAHPS related dates.

CAHPS Timeline

Please see the timeline in Section 5: References & Resources, Subsection E for the CAHPS related dates.

Subsection C: Reporting HEDIS and CAHPS Results to NCQA

All FEHB Carriers must follow NCQA's procedures for HEDIS reporting, including the HEDIS Compliance Audit™[7] for which a summary can be found at www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification. To fully understand and comply with HEDIS technical specifications and to obtain the appropriate measure specifications you will need HEDIS 2020 Volume 2: *Technical Specifications for Health Plans* and Volume 5: *HEDIS Compliance Audit: Standards, Policies and Procedures*, which can be purchased at NCQA's website: store.ncqa.org/index.php/performance-measurement.html.

All surveys must be conducted according to NCQA protocols described in *HEDIS Volume 3: Specifications for Survey Measures*, and administered by a vendor that is NCQA-certified for this purpose.[8] This document can be purchased at NCQA's website: store.ncqa.org/index.php/performance-measurement.html.

All FEHB Carriers must generate the sample frame according to NCQA specifications[9]. NCQA requires a minimum sample size of 1,100 members. Over-sampling is allowed, as outlined in *HEDIS Volume 3: Specifications for Survey Measures*. You may use an enhanced protocol or add supplemental questions with prior NCQA approval.

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[6] Plans will be charged for each NCQA data file submitted. Any plan that withdraws from the FEHB Program after submitting data in accordance with these requirements is liable for the processing fee.

[7] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

[8] A list of certified survey vendors is available at https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/cahps-5-0h-survey-certification/

[9] Plans must use the standardized layout and format for the sample frame data file described in Volume 3 and must include all required data elements in Table S-1.

OPM is committed to ensuring that FEHB enrollees have enough information to differentiate Carriers' performance through the data displayed on the OPM website. However, OPM is not able to post data reflecting on the enrollee's experience when FEHB Carriers receive NAs on CAHPS measures. FEHB Carriers who have received repeated NAs on CAHPS measures and have sufficient enrollment in the commercial book of business that contains their FEHB covered lives are directed through Carrier Letter 2019-09 to design and utilize an oversampling strategy in consultation with their CAHPS vendor to lessen the possibility of receiving an NA in future reporting cycles. A copy of their oversampling strategy must be shared with their OPM Health Insurance Specialist. For questions related to this issue, please email FEHBPerformance@opm.gov.

To report HEDIS and CAHPS results to NCQA, FEHB Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online through NCQA's website at my.ncqa.org using a password. When filling out the HOQ, please request the appropriate NCQA Organization ID, Submission ID, and FEHB Carrier Codes (two digit carrier code) associated with your Submission ID(s). If your Submission ID has multiple FEHB codes associated with it, please include **all** the FEHB codes in the HOQ.

The FEHB Carrier's designated HEDIS contact will receive an email notification from NCQADataCollections@ncqa.org with information on how to access the 2020 HOQ on-line. If the FEHB Carrier does not currently have a designated Primary HEDIS contact, you must contact NCQA's Data Collection Operations team at my.ncqa.org.

My.ncqa.org is a web-based Q&A system where FEHB Carriers can track questions and answers. If you are already registered in an NCQA system, you can use existing NCQA credentials to sign into my.ncqa.org. New accounts can also be created at my.ncqa.org.

Refer to the NCQA website, www.ncqa.org, or submit a request to my.ncqa.org for general questions regarding HEDIS and CAHPS or HEDIS technical specifications. Questions about the data submission process should be addressed to the FEHB Carrier's assigned NCQA HEDIS Data Submission Account Manager.

Access www.ncqa.org/hedis/data-submission to find the data submission timeline which includes the following:

- The date HOQ opens to plans via the NCQA website (First week of January 2020).
- The deadline for plans to complete NCQA's on-line HOQ (February 14, 2020).
- The date NCQA provides health plans with access to use the Interactive Data Submission System (IDSS) (First week of April 2020).
- The date plan-lock must be applied to the submission to ensure HEDIS Compliance Auditors have sufficient time to review, approve and audit-lock the submission (June 1, 2020).
- The deadline for plans to submit HEDIS results to NCQA and e-sign attestations (June 15, 2020).

Subsection D: Summary of Changes to Clinical Quality, Customer Service and Resource Use (QCR) Measure Set and Farm Team in 2020

The following changes apply to data collected and reported in 2020. A complete list of the QCR Measure Set and Farm Team is contained in Section 5; Subsection B of this manual. FEHB Carriers were notified of these changes in Carrier Letter 2018-07, titled "2020 Clinical Quality, Customer Service, and Resource Use Measures."

Measures with Priority Level Changes for QCR Score in 2020:

- Comprehensive Diabetes Care, HbA1C <8% (from Priority Level 2 to Priority Level 1; 2020 Measure Weight 2.50)
- Use of Imaging Studies for Low Back Pain (from Priority Level 2 to Priority Level 1; 2020 Measure Weight 2.50)

Measures Added to QCR Score in 2020:

- Colorectal Cancer Screening (Priority Level 2; Measure Weight 1.25)
- Follow-up after Discharge from Emergency Department for Alcohol or other Drug Dependence, 30 Day Rate (Priority Level 2; Measure Weight 1.25)
- Follow-up after Discharge from Emergency Department for Mental Illness, 30 Day Rate (Priority Level 2; Measure Weight 1.25)

Measures Retired in 2020:

- Follow-up After Hospitalization for Mental Illness, 7 Day and 30 Day Rate
- Plan Information on Costs (NCQA has retired Plan Information on Costs and will not be compiling a commercial benchmark.)

Measures Moved to Farm Team in 2020:

- Customer Service
- Plan All Cause Readmissions

Farm Team Update for 2020: The following HEDIS measures are added to the 2020 Farm Team.

- Antidepressant Medication Management (All Rates)
- Continued Risk of Opioid Use (All Rates)
- Childhood Immunization Status (Combination 7)

For FEHB Carriers requiring clarification regarding any measure, please send inquiries to FEHBPerformance@opm.gov.

Section 2: QCR Scoring and Calculation Procedures

Subsection A: Product Reporting Types

In order to compare FEHB contracts to the most appropriate benchmark, OPM aligns the health plan options data reported to NCQA with NCQA Quality Compass Benchmark Level Breakouts illustrated in Table 1, below. OPM will normally compare measure results to the Level 3 benchmark that corresponds to the reporting product selected by the contract when submitting data to NCQA. In the event that NCQA does not issue a complete set of Level 3 benchmarks, OPM will use the Level 2 benchmarks. For example, if NCQA does not have a Point of Service (POS) benchmark for each QCR measure, a contract with a POS Reporting Product would be scored against the All LOBs (Excluding PPO and EPO) benchmark. In the event that NCQA does not issue a complete set of Level 2 benchmarks, OPM will use the Level 1 benchmarks. This situation could occur if NCQA determines that not enough health plans submitted data for particular reporting products to generate valid benchmarks at Level 3 or Level 2. Additional information can be found in Carrier Letter 2018-02 and at https://www.opm.gov/healthcare-insurance/healthcare/carriers/2018/2018-02.pdf.

TABLE 1:

<table>
<tr><th>Reporting Product</th><th>Quality Compass Benchmark Level 3</th><th>Quality Compass Benchmark Level 2</th><th>Quality Compass Benchmark Level 1</th></tr>
<tr><td>HMO</td><td rowspan="4">HMO</td><td rowspan="13">All LOBs (Excluding PPO and EPO)</td><td rowspan="16">All LOBs</td></tr>
<tr><td>HMO/PPO Combined</td></tr>
<tr><td>HMO/EPO Combined</td></tr>
<tr><td>HMO/PPO/EPO Combined</td></tr>
<tr><td>HMO/POS Combined</td><td rowspan="4">HMO/POS</td></tr>
<tr><td>HMO/POS/PPO Combined</td></tr>
<tr><td>HMO/POS/EPO Combined</td></tr>
<tr><td>HMO/PPO/POS/EPO Combined</td></tr>
<tr><td>POS</td><td rowspan="4">POS</td></tr>
<tr><td>POS/PPO Combined</td></tr>
<tr><td>PPO/POS/EPO Combined</td></tr>
<tr><td>POS/EPO Combined</td></tr>
<tr><td>PPO</td><td rowspan="3">PPO and EPO</td><td rowspan="3">PPO and EPO</td></tr>
<tr><td>PPO/EPO Combined</td></tr>
<tr><td>EPO</td></tr>
</table>

Subsection B: QCR Scoring

The FEHB Plan Performance Assessment – Consolidated Methodology Carrier Letter provides a comprehensive explanation of the QCR Scoring Process and Methodology. For more information on methodology, upcoming measures, or other guidance, please visit the Plan Performance Assessment website at www.opm.gov/healthcare-insurance/healthcare/carriers/#url=Performance-Assessment.

Subsection C: HEDIS Auditor Codes and QCR Scoring

HEDIS auditors make determinations about the usability of the data and code it accordingly. OPM incorporates three of these codes into the QCR calculations. The codes are NA, NR, and BR.

- If an FEHB Carrier receives an NA (small denominator) designation, that measure result will not have the score or weights included in the QCR calculation.
- For NR (Not Reported) or BR (Biased Rate) measure codes, OPM will score that measure as a zero and the measure weight will be included in the denominator of the QCR score.

Subsection D: Contract Roll-up

In some instances, an FEHB contract may be associated with multiple QCR measure reports. When this is the case, OPM aggregates QCR measures to obtain a contract level enrollment-adjusted result. For example, a contract may include more than one Carrier Code and report QCR measures on each Carrier Code to OPM. Where there are multiple reports under one contract, OPM aggregates to the contract level in proportion to the overall FEHB enrollment associated with each report, as detailed in Carrier Letter 2017-15.

Subsection E: QCR Data Preview Period

FEHB Carriers will have an opportunity to preview their QCR calculations and score prior to the Final QCR Score during the QCR Data Preview Period. FEHB Carriers will receive their QCR Data Preview report annually in the fall. Carriers will then have ten calendar days to review both their QCR Score and Improvement Increment. During this period, FEHB Carriers must actively respond during the QCR Data Preview Period. Carriers must concur with their score or provide feedback to point out factual errors, omissions or miscalculations during this timeframe. The QCR Data Preview Period is the dedicated opportunity for Carriers to review and concur, or ask specific questions regarding the calculation of the QCR Score and Improvement Increment. All queries must be accompanied by detailed questions or a description of variances detected.

Instructions on concurrence or feedback for 2020 will be included with the QCR Preview Report. Concurring responses, as well as questions or feedback, must be provided within the ten-day review period. Carriers must include documentation or materials pertinent to their response that point out factual errors, omissions or miscalculations. All FEHB Carriers responses are limited to the specifics of their data preview. OPM has thirty days in which to consider any responses related to questions or feedback and render a final determination, or request additional information. QCR Scores and the underlying data will become final after the QCR review period has concluded.

Subsection F: Data Correction Procedure

OPM's Plan Performance Assessment requires that all FEHB Carriers report accurate data (e.g., HEDIS, CAHPS) according to the procedures outlined in OPM communications. Data accuracy and sample compliance impact results.

In the event that OPM staff/contractors detect anomalous data or are otherwise notified of data quality issues, the procedures and timeline below apply. Only written communication fulfills the requirements of these procedures. The data correction options available in any specific situation will be determined by the type of error. OPM will leave all relevant information blank on OPM health insurance webpages intended for current and prospective enrollees until remediation is complete.

Upon discovery that potentially anomalous data has been received, OPM will prepare a Performance Measure Carrier Deficiency Notice (DN). The notice will describe the nature of the anomaly and provide any available supporting documentation. Within 14 calendar days of receiving the DN from OPM, the FEHB Carrier must elect and fulfill one of the following options (in writing, via email, or OPM designated portal as applicable):

Option 1: Provide verification that the original data is both correct and compliant

- Requires supporting documentation from the contract's HEDIS/CAHPS certified vendor/data auditor, including verifiable information from NCQA when applicable

Option 2: Accept NR or BR for the measures in question

- If an FEHB Carrier does not respond within the required timeframe, it will be considered acceptance of an NR or BR

Option 3: Propose remediation of the anomaly for OPM approval

- Requires supporting documentation from the Carrier's HEDIS/CAHPS certified vendor/data auditor, including verifiable information from NCQA, when applicable
- OPM will approve/disapprove the remediation within 14 calendar days
    - If OPM fails to respond within 14 calendar days the proposed remediation is approved
- Remediation must be completed within 21 calendar days of OPM's written approval
- If OPM disapproves, the Carrier has 7 calendar days to revise the remediation or accept an NR or BR
- OPM approval/disapproval of the revised remediation is a final action
- OPM will review the remediation data submission, and, if approved, data will be updated. If OPM rejects the remediation data submission, then the Carrier will receive an NR or BR for the measure(s) in question.

Under Option 3, when the Carrier proposes and OPM approves remediation, the procedure is:

1. The FEHB Carrier must provide a letter to the Contracting Officer and Health Insurance Specialist from their third-party, certified vendor/data auditor:
    - Certifying that:
        - The resubmitted sample has been corrected based on the approved remediation
        - The sample is now in compliance with OPM requirements
        - The sample is in compliance with all NCQA specifications

- Include the survey instrument, if CAHPS, and any other appropriate information the vendor/data auditor or OPM deems necessary

2. OPM will verify that the new data corrects the anomaly and can be used to calculate an updated score. If OPM determines it is not corrected or an updated score cannot be calculated:
    - Carrier receives an NR or BR for the measure(s) for that year
    - Additional data validation will be conducted at OPM's discretion
        - Based on this additional data validation, OPM may assign an NA rather than an NR or BR

Failure to follow these procedures will result in OPM assigning an NR or BR for the measure(s) in question. An NR or BR designation will result in a score of zero for that measure and the measure weight will be included in the denominator of the QCR score. This will result in a lower QCR score and potentially has implications for the calculation of the Improvement Increment. Improvement Increment eligibility is described in greater detail in Carrier Letter 2017-15.

Subsection G: Corrective Action Plans

For each FEHB Contract, Carriers must submit a Corrective Action Plan (CAP) for each QCR measure below the 25th percentile. The CAP must include a plan that is designed to improve the measure result(s). All CAPs must be submitted using the Quality Improvement Corrective Action Template to your Health Insurance Specialist within 30 days of receiving the 2020 Overall Performance report. A copy of the Quality Improvement Corrective Action Template is located in Section 5, Subsection C.

FEHB Carriers may be asked for greater clarity on remediation methods. Specifically, Carriers submitting the third or subsequent CAP on the same measure will be subject to additional OPM reviews and discussions to ensure that the listed actions can be expected to produce improvement.

Section 3: Contract Oversight Procedures

Contract Oversight is the area of Plan Performance Assessment that allows OPM to assess other dimensions of performance critical to meeting FEHB Program objectives and contractual obligations. As indicated in Carrier Letter 2017-15 (https://www.opm.gov/healthcare-insurance/healthcare/carriers/2017/2017-15.pdf), the Contract Oversight performance from July 1, 2019, through June 30, 2020, will be assessed against four domains: Contract Performance; Responsiveness to OPM; Contract Compliance; and Technology Management and Data Security.

OPM will notify FEHB Carriers regarding the timeframe for submitting input for Contract Oversight scoring. Input should include any/all pertinent information for the Contracting Officer to consider in assessing performance in the domains and components listed in the Federal Employees Health Benefits (FEHB) Plan Performance Assessment – Consolidated Methodology Carrier Letter 2017-15.

Input may also include other matters as discussed with the Contracting Officer or designated Health Insurance Specialist during the performance period. In addition to providing evidence of contract fulfillment, Carrier may submit descriptions of problems that occurred and how these were addressed. Examples include significant events, accreditation deficiencies, audit findings, and/or member disruption. Performance issues may be scored in one or multiple Oversight domains, or within multiple components of a domain, according to the Contracting Officer's assessment of severity and impact.

For 2020, Contract Oversight scoring will account for 35% of the Overall Performance Score (OPS). The OPS forms the basis of each Carrier's Performance Adjustment or Service Charge.

Section 4: New FEHB Carriers (Contracts)

An FEHB contract is considered to be in its first year if any of the following conditions are met:

1. The Carrier did not offer an FEHB plan for the 2019 contract year.
2. The Carrier adds a separate and distinct service area under a separate contract
3. The Carrier adds a new plan option under a separate contract
4. The Carrier is offering plans classified under one paragraph of Section 8903 of Title 5 in 2019 but has entered into a new contract to offer plans classified under a different paragraph of Section 8903 in 2020.

A new health plan option offered under a Carrier's existing contract or administrative renumbering or realignment of an ongoing contractual relationship is not an FEHB contract in its first year. Carriers with unique circumstances not defined in this section must obtain written confirmation regarding "first year" status from the Contracting Officer by **December 13, 2019**.

New Carrier Codes and options will be displayed on the Plan Comparison Tool. New options and carrier codes may not be included in the contract level rolled up results, depending on the availability of enrollment data.

OPM determines the Performance Adjustment or Service Charge based on the Carrier's Overall Performance Score. Performance Adjustment or Service Charge Payments are made in the following year. Any plan payments during the course of the initial year in the FEHB, if applicable, will be described in appendix B of the Carrier's new contract. For an Experience-Rated Carrier, sufficient funds must exist from the premiums after drawdown for claims and administrative expenses to pay a Service Charge, which the carrier begins drawing down in 12 monthly installments from the Letter of Credit Account (LOC) beginning in January of the year following assessment.

For all Carriers, the calculation of the Experience Rated Carriers' Service Charge or the Community Rated Carriers' Performance Adjustment will follow the methodology described in Carrier Letter 2017-15 for Community-Rated and Experience-Rated Carriers. In addition, Carrier Letter 2017-15 addresses the unlikely event that a very low Overall Performance Score results in a very low Service Charge, or a very High Performance Adjustment. When this is the case, the Contracting Officer will base the threshold amount on the Contract Group Size Element minimum value range shown in Carrier Letter 2017-15.

FEHB Carriers with new FEHB contracts do not receive a QCR score for the new contract in the first year. For Community-Rated Carriers, the Community-Rated Adjustment does not apply to the first year of a new contract. Carriers with new contracts are not eligible for the Improvement Increment under the new contract until its third year in the FEHB. Year by year details of Overall Performance Score determination for Carriers with new FEHB contracts are described in the following paragraphs. More information on the Community-Rated Adjustment may be found in Carrier Letter 2017-02 at https://www.opm.gov/healthcare-insurance/healthcare/carriers/2017/2017-02.pdf.

Subsection A: First Year in the FEHB

At the end of the first year in the program, the Overall Performance Score will be based on the Contract Oversight score as determined by the Contracting Officer. The period of performance runs from the acceptance of the contract by OPM through June 30. Community-Rated Carriers may receive up to their full net-to-carrier premium and Experience-Rated Carriers may receive up to the full Service Charge amount.

Subsection B: Second Year in the FEHB

At the end of the second year in the program, the Overall Performance Score will be determined based on the QCR and Contract Oversight scores. The QCR score will not include the Improvement Increment. Community-Rated Carriers also receive the Community-Rated Adjustment.

Subsection C: Third Year in the FEHB

At the end of the third year in the program, the Overall Performance Score will be based on the QCR score plus any Improvement Increment, and the Contract Oversight score. Community-Rated Carriers also receive the Community-Rated Adjustment.

TABLE 2: summarizes Overall Performance Scoring for a contract's first 3 years in the FEHB

Contract Year	Report HEDIS and CAHPS	Eligible For Improvement Increment	Overall Performance Score Basis
End of YR 1	Not Required	No	Contract Oversight
End of YR 2	Yes	No	Contract Oversight + QCR
End of YR 3	Yes	Yes	Contract Oversight + QCR + Improvement Increment

Section 5: References & Resources

Subsection A: 2020 Planned HEDIS and CAHPS Reporting Form

2020 HEDIS and CAHPS Planned Reporting Document

Please complete the blank yellow sections below. This form may be submitted in a Word, Excel, or PDF format. Send to FEHBPerformance@opm.gov by ***December 13, 2019****.*

CARRIER LEVEL 2020 INFORMATION

Carrier Name:	

CARRIER LEVEL SERVICE AREA

WHAT TO REPORT IN EACH COLUMN AND ROW:

Contract Number: FEHB Contract Number associated with the carrier code in the Carrier Code column. The example for Acme Insurance Company, set forth in the table below, is the contract number 9999.

Carrier Code: Two digit carrier code. The example for Acme Insurance Company includes the carrier codes AA and BB.

Option: The option level associated with the carrier code. If there are multiple options associated with the same carrier code, please list as separate lines. The example for Acme Insurance Company includes the options High and Standard. A separate line is listed for AA High, AA Standard, and BB High, and BB Standard.

State: The service area state(s) associated with each carrier code and option level. Carriers must list all states where benefits are offered in the FEHB Program and FEHB members are eligible to be in the sample. Please list each state associated with the carrier code and option level separately. A national plan is expected to list all states, territories, or service areas separately. The example for Acme Insurance Company includes the service areas Virginia and Maryland. A separate line is listed for AA High VA, AA High MD, AA Standard VA, AA Standard MD, and BB High MD, and BB Standard MD.

HEDIS SubID Reporting 2020 (NCQA): The HEDIS reports as indicated by HEDIS SubID that will be provided to NCQA in 2020. This can be the 2019 SubID or, if no SubID is assigned yet, the term TBD may be used. The example for Acme Insurance Company includes the SubID 6767 for Carrier Code AA and TBD for Carrier Code BB. HEDIS and CAHPS SubIDs are often the same, as seen in the example below.

CAHPS SubID Reporting 2020 (NCQA): The CAHPS reports as indicated by CAHPS SubID that will be provided to NCQA in 2020. This can be the 2019 SubID or, if no SubID is assigned yet, the term TBD may be used. The example for Acme Insurance Company includes the SubID 6767 for Carrier Code AA and TBD for Carrier Code BB. HEDIS and CAHPS SubIDs are often the same, as seen in the example below.

Commercial/FEHB Reporting Sample: Indicate if the reporting provided to NCQA includes the Commercial book of business or only FEHB members.

Notes: Please indicate the following per row, if applicable

- New Option or New Service Area in 2020
- Reason why this row isn't reported to NCQA

2020 Planned HEDIS and CAHPS Reporting Form (Page 1 of 7)

CARRIER LEVEL SERVICE AREA (please add more rows if needed):

Carriers must list all carrier codes, options, and states where they offer coverage in the FEHB Program. If a Carrier offers separate service areas within a state, list each one separately.

Contract Number	Carrier Code	Option	State	2020 HEDIS SubID Reporting (NCQA)	2020 CAHPS SubID Reporting (NCQA)	Commercial /FEHB Reporting Sample	Notes

EXAMPLE: Service Area (Commercial Reporting Sample)

Contract Number	Carrier Code	Option	State	2020 HEDIS SubID Reporting (NCQA)	2020 CAHPS SubID Reporting (NCQA)	Commercial /FEHB Reporting Sample	Notes
9999	*AA*	*High*	*VA*	*6767*	*6767*	*Commercial*	
9999	*AA*	*High*	*MD*	*6767*	*6767*	*Commercial*	
9999	*AA*	*Standard*	*VA*	*6767*	*6767*	*Commercial*	
9999	*AA*	*Standard*	*MD*	*6767*	*6767*	*Commercial*	
9999	*BB*	*High*	*MD*	*TBD*	*TBD*	*Commercial*	*New in 2020*
9999	*BB*	*Standard*	*MD*	*TBD*	*TBD*	*Commercial*	*New in 2020*

EXAMPLE: Service Area (FEHB Reporting Sample)

Contract Number	Carrier Code	Option	State	2020 HEDIS SubID Reporting (NCQA)	2020 CAHPS SubID Reporting (NCQA)	Commercial /FEHB Reporting Sample	Notes
9999	*AA*	*High*	*VA*	*6767*	*6767*	*FEHB*	
9999	*AA*	*High*	*MD*	*6767*	*6767*	*FEHB*	
9999	*AA*	*Standard*	*VA*	*6767*	*6767*	*FEHB*	
9999	*AA*	*Standard*	*MD*	*6767*	*6767*	*FEHB*	
9999	*BB*	*High*	*MD*	*TBD*	*TBD*	*FEHB*	*New in 2020*
9999	*BB*	*Standard*	*MD*	*TBD*	*TBD*	*FEHB*	*New in 2020*

HEDIS 2020 INFORMATION TO OPM

WHAT TO REPORT IN EACH COLUMN AND ROW:

Contract Number: FEHB Contract Number associated with the carrier code in the Carrier Code column. The example for Acme Insurance Company is the contract number 9999.

OrgID: The NCQA associated OrgID as listed in NCQA's IDSS system. If not known for 2020, please list the 2019 OrgID or TBD. The example for Acme Insurance Company is 2323 for carrier code AA and TBD for carrier code BB.

HEDIS SubID: The NCQA associated HEDIS SubID as listed in NCQA's IDSS system. If not known for 2020, please list the 2019 OrgID or TBD. The example for Acme Insurance Company is 6767 for carrier code AA and TBD for carrier code BB.

HEDIS Reporting Product: The NCQA associated Product Filing Type as listed in NCQA's IDSS system. The example for Acme Insurance Company is PPO.

Carrier Code: Two digit carrier code. The example for Acme Insurance Company includes the carrier codes AA and BB.

Option: The option level associated with the carrier code. If there are multiple options associated with the same carrier code, please list as separate lines. The example for Acme Insurance Company includes the options High and Standard. A separate line is listed for AA High, AA Standard, and BB High, and BB Standard.

State: The state(s) associated with each carrier code and option level. Please list each state associated with the carrier code and option level separately. The example for Acme Insurance Company includes Virginia and Maryland. A separate line is listed for AA High VA, AA High MD, AA Standard VA, AA Standard MD, and BB High MD, and BB Standard MD.

HEDIS Reporting 2020 (OPM): The HEDIS reports that will be provided to OPM in 2020. The example for Acme Insurance Company includes a Yes for each row.

Shared Reporting: Please indicate which reports share information. The example for Acme Insurance Company shows that Carrier Code AA, High Option, in Virginia shares data with AA High (MD) and AA Standard (VA/MD).

HEDIS OPM REPORTING TABLE (please add rows if needed):

Contract Number	OrgID	HEDIS SubID	HEDIS Reporting Product	Carrier Code	Option	State	HEDIS Reporting 2020 (OPM)	Shared Reporting

EXAMPLE: ***HEDIS OPM REPORTING TABLE:***

Contract Number	*OrgID*	*HEDIS SubID*	*HEDIS Reporting Product*	*Carrier Code*	*Option*	*State*	*HEDIS Reporting 2020 (OPM)*	*Shared Reporting*
9999	*2323*	*6767*	*PPO*	*AA*	*High*	*VA*	*Yes*	*AA High (MD)* *AA Standard (VA/MD)*
9999	*2323*	*6767*	*PPO*	*AA*	*High*	*MD*	*Yes*	*AA High (VA)* *AA Standard (VA/MD)*
9999	*2323*	*6767*	*PPO*	*AA*	*Standard*	*VA*	*Yes*	*AA High (VA/MD)* *AA Standard (MD)*
9999	*2323*	*6767*	*PPO*	*AA*	*Standard*	*MD*	*Yes*	*AA High (VA/MD)* *AA Standard (VA)*
9999	*TBD*	*TBD*	*PPO*	*BB*	*High*	*MD*	*Yes*	*BB Standard (MD)*
9999	*TBD*	*TBD*	*PPO*	*BB*	*Standard*	*MD*	*Yes*	*BB High (MD)*

HEDIS AUDITOR CONTACT INFORMATION:

Name	
Address	
Email	
Telephone Number	

CAHPS 2020 INFORMATION

WHAT TO REPORT IN EACH COLUMN AND ROW:

Contract Number: FEHB Contract Number associated with the carrier code in the Carrier Code column. The example for Acme Insurance Company is the contract number 9999.

OrgID: The NCQA associated OrgID as listed in NCQA's IDSS system. If not known for 2020, please list the 2019 OrgID or TBD. The example for Acme Insurance Company is 2323 for carrier code AA and TBD for carrier code BB.

CAHPS SubID: The NCQA associated CAHPS SubID as listed in NCQA's IDSS system. If not known for 2020, please list the 2019 OrgID or TBD. The example for Acme Insurance Company is 6767 for carrier code AA and TBD for carrier code BB.

Carrier Code: Two digit carrier code. The example for Acme Insurance Company includes the carrier codes AA and BB.

Option: The option level associated with the carrier code. If there are multiple options associated with the same carrier code, please list as separate lines. The example for Acme Insurance Company includes the options High and Standard. A separate line is listed for AA High, AA Standard, and BB High, and BB Standard.

State: The state(s) associated with each carrier code and option level. Please list each state associated with the carrier code and option level separately. The example for Acme Insurance Company includes Virginia and Maryland. A separate line is listed for AA High VA, AA High MD, AA Standard VA, AA Standard MD, and BB High MD, and BB Standard MD.

CAHPS Reporting 2020 (OPM): The CAHPS reports that will be provided to OPM in 2020. The example for Acme Insurance Company includes a Yes for each row.

CAHPS Code: The CAHPS code is created with the following template: Two digit carrier code, dash, three digit product filing type, dash, two digit state, dash, and three digit option. For the product filing types, please use: FFS, PPO, HMO, or POS. For option codes, please use the following coding High=000, Standard=001, HDHP=002, CDHP=003, or Basic=004. The example for Acme Insurance Company for AA, High, and VA is listed as: AA-FFS-VA-000.

Shared Reporting: Include the CAHPS codes that are sharing data with the code listed in the CAHPS code column. The example for Acme Insurance Company for AA, High, VA (CAHPS Code: AA-FFS-VA-000) is AA-FFS-VA-001, AA-FFS-MD-000, AA-FFS-MD-001.

CAHPS PLANNED REPORTING TABLE (please add rows if needed):

Contract Number	OrgID	CAHPS SubID	Carrier Code	Option	State	CAHPS Reporting 2020 (OPM)	CAHPS Code	Shared Reporting

EXAMPLE: ***CAHPS PLANNED REPORTING TABLE:***

Contract Number	*OrgID*	*CAHPS SubID*	*Carrier Code*	*Option*	*State*	*CAHPS Reporting 2020 (OPM)*	*CAHPS Code*	*Shared Reporting*
9999	*2323*	*6767*	*AA*	*High*	*VA*	*Yes*	*AA-FFS-VA-000*	*AA-FFS-VA-001, AA-FFS-MD-000, AA-FFS-MD-001*
9999	*2323*	*6767*	*AA*	*Standard*	*MD*	*Yes*	*AA-FFS-MD-001*	*AA-FFS-MD-000, AA-FFS-VA-000, AA-FFS-VA-001*
9999	*2323*	*6767*	*AA*	*High*	*VA*	*Yes*	*AA-FFS-VA-000*	*AA-FFS-VA-001, AA-FFS-MD-000, AA-FFS-MD-001*
9999	*2323*	*6767*	*AA*	*Standard*	*MD*	*Yes*	*AA-FFS-MD-001*	*AA-FFS-MD-000, AA-FFS-VA-000, AA-FFS-VA-001*
9999	*TBD*	*TBD*	*BB*	*High*	*MD*	*Yes*	*BB-FFS-MD-000*	*BB-FFS-MD-001*
9999	*TBD*	*TBD*	*BB*	*Standard*	*MD*	*Yes*	*BB-FFS-MD-001*	*BB-FFS-MD-000*

CAHPS SURVEY STATEMENT

Please check the appropriate box(es) below for CAHPS reporting:

CAHPS Survey Statement	Response (Y/N)
Carrier will conduct the CAHPS® 5.0H Adult Commercial Survey	
Carrier Contract is new to FEHB Program for 2020 and is not required to conduct CAHPS® Surveys in 2020*	

**Existing FEHB Carriers with new enrollment codes or health plan options are expected to report HEDIS and CAHPS data that includes the new code or option. Additional details on requirements for new FEHB Carriers, including the definition of what constitutes a new Contract, appear in Section 4.*

Name of NCQA Certified Survey Vendor that will be conducting the CAHPS survey (s):

Name	

CAHPS Survey Vendor Contact Information:

Name of Contact	
Address	
Email	
Telephone Number	

CAHPS Health Carrier Contact:

Name	
Address	
Email	
Telephone Number	

CAHPS Carrier Contact & Address for Invoice (if different than CAHPS Health Carrier Contact):

Name	
Address	
Email	
Telephone Number	

Please e-mail the completed form by **December 13, 2019** to: FEHBPerformance@opm.gov

2020 Planned HEDIS and CAHPS Reporting Form (Page 7 of 7)

END

Subsection B: 2020 CAHPS Sample Crosswalk

CAHPS Sample Crosswalk

Every data submission that your CAHPS® 5.0H Survey vendors send to OPM must be accompanied by a "crosswalk" that will allow OPM to map your plan's data to the appropriate CAHPS code. This is the only way that OPM will be able to identify submissions and allocate data correctly. The crosswalk must include the following information:

- Member-level file name
- NCQA Submission ID
- NCQA Plan Name
- CAHPS code
- FEHB Plan Name

All FEHB Carriers who are not new Carriers must submit a CAHPS crosswalk file that maps your NCQA Submission ID(s) to your FEHB Plan name and CAHPS Code by May 1, 2020. Please email this report to OPMCAHPS@oriresults.com and FEHBPerformance@opm.gov.

Information Submission Explanation (Data Dictionary)

Category	Explanation
Member-level file name	• Name of the NCQA Validated Member-Level Data File
NCQA Submission ID	• Use previous year NCQA Submission ID
NCQA Plan Name	• The Plan Name associated with the NCQA submission
CAHPS code	The CAHPS code is broken out as follows • Two digit Carrier Code (dash) • Three digit Plan Filing Type (dash) • Two digit State abbreviation (dash) • Three digit Option Code Category
FEHB Plan Name	• The FEHB Plan name that corresponds with the FEHB contract

Please note that the Member-level filenames must follow the NCQA naming conventions. Any variation will not be accepted.

CAHPS Sample Crosswalk Form (Page 1 of 2)

The table below shows an example of a crosswalk for a vendor submission.

Sample Row	Member-Level File	NCQA CAHPS SubID	NCQA Plan Name	CAHPS Code	FEHB Plan Name
1	Acme6767.txt	6767	Acme Insurance Company	AA-FFS-VA-000	Acme Insurance Company
2	Acme4242.txt	4242	Acme Insurance Company	BB-FFS-MD-000	Acme Insurance Company
3	Acme4242.txt	4242	Acme Insurance Company	BB-FFS-MD-001	Acme Insurance Company

- Sample row 1 shows the most straightforward example where it is a one-to-one mapping between the NCQA CAHPS Sub ID and CAHPS code.

- Sample rows 2 and 3 show how the crosswalk should appear when one set of NCQA data is mapped to two CAHPS code. In this case, only one member-level file should be submitted to OPM.

- All FEHB Carriers must submit a CAHPS crosswalk file that maps your NCQA CAHPS SubID(s) to your FEHB Plan name and CAHPS Code by May 1, 2020. Please email this report to OPMCAHPS@oriresults.com and FEHBPerformance@opm.gov.

- Please direct questions regarding the crosswalk to ORI at OPMCAHPS@oriresults.com.

CAHPS Sample Crosswalk Form (Page 2 of 2)

END

Subsection C: 2020 Clinical Quality, Customer Service and Resource Use Measure Set and Farm Team Measure Set

Performance Area	Measure Title	Abbreviation	Measure Source	Measure Priority	Measure Weight
Clinical Quality	Comprehensive Diabetes Care HbA1C <8%	CDC	HEDIS	1	2.50
	Controlling High Blood Pressure	CBP	HEDIS	1	2.50
	Prenatal Care (Timeliness)	PPC	HEDIS	1	2.50
	Asthma Medication Ratio	AMR	HEDIS	2	1.25
	Avoidance of Antibiotics in Adults with Acute Bronchitis	AAB	HEDIS	2	1.25
	Breast Cancer Screening	BCS	HEDIS	2	1.25
	Cervical Cancer Screening	CCS	HEDIS	2	1.25
	Colorectal Cancer Screening	COL	HEDIS	2	1.25
	Flu Vaccinations for Adults (18-64)	FVA	CAHPS	2	1.25
	Follow-up after Discharge from Emergency Department for Alcohol or other Drug Dep. (30 Day)	FUA30	HEDIS	2	1.25
	Follow-up after Discharge from Emergency Department for Mental Illness (30 Day)	FUM30	HEDIS	2	1.25
	Statin Therapy for Patients with Cardiovascular Disease (Adherence)	SPC	HEDIS	2	1.25
	Well-Child Visits First 15-Months of Life (6 visits)	W15	HEDIS	2	1.25
Customer Service	Claims Processing	CP	CAHPS	3	1.00
	Coordination of Care	CoC	CAHPS	3	1.00
	Getting Care Quickly	GCQ	CAHPS	3	1.00
	Getting Needed Care	GNC	CAHPS	3	1.00
	Overall Health Plan Rating	RHP	CAHPS	3	1.00
	Overall Personal Doctor Rating	RPD	CAHPS	3	1.00
Resource Use	Emergency Department Utilization	EDU	HEDIS	2	1.25
	Use of Imaging Studies for Low Back Pain	LBP	HEDIS	1	2.50

Farm Team (Measures Reported but not Scored)

- Acute Hospital Utilization (Collection as of 2018)
- Antidepressant Medication Management (All Rates) (Collection as of 2020)
- Childhood Immunization Status (Combination 7) (Collection as of 2020)
- Continued Risk of Opioid Use (Collection as of 2020)
- Customer Service (Scored since 2016; returned to the Farm Team for 2020)
- Plan All-Cause Readmissions (Scored since 2016; returned to the Farm Team for 2020)
- Use of Opioids From Multiple Providers (Collection as of 2018)

For questions, please email FEHBPerformance@opm.gov.

Subsection D: Quality Improvement Corrective Action Plan Template for 2020

For each FEHB Contract, Carriers must submit a Corrective Action Plan (CAP) for each QCR measure below the 25th percentile. Measures set to retire or transition to the Farm Team in 2021 do not require a CAP. The table below reflects the list of eligible CAPs measures in 2020. For more information on 2021 QCR measures, please see Carrier Letter 2019-03.

All CAPs must be submitted to your Health Insurance Specialist within 30 days of receiving the 2020 Overall Performance report, using this Quality Improvement Corrective Action Plan Template, which will be released in the fall of 2020. Within the CAP, please specify the Quality Improvement implementation plan to improve the provision or care/services associated with the identified measure. Please note that FEHB Carriers submitting a third or subsequent CAP on the same measure will be subject to additional OPM reviews and discussions to ensure that the listed actions can be expected to produce improvement. In the table below, please indicate the measure(s) that require a CAP.

Plan Performance Assessment: 2020 CAP Eligible QCR Measures	**CAP Submission (check all that apply)**
Asthma Medication Ratio	☐
Avoidance of Antibiotics in Adults with Acute Bronchitis	☐
Breast Cancer Screening	☐
Cervical Cancer Screening	☐
Claims Processing	☐
Colorectal Cancer Screening	☐
Comprehensive Diabetes Care - HbA1c <8%	☐
Controlling High Blood Pressure	☐
Coordination of Care	☐
Emergency Department Utilization	☐
Flu Vaccinations for Adults (18-64)	☐
Follow-up after Discharge from Emergency Department for Alcohol or other Drug Dep.	☐
Follow-up after Discharge from Emergency Department for Mental Illness	☐
Getting Care Quickly	☐
Getting Needed Care	☐
Prenatal Care (Timeliness)	☐
Statin Therapy for Patients with Cardiovascular Disease (Adherence)	☐
Overall Health Plan Rating	☐
Overall Personal Doctor Rating	☐
Use of Imaging Studies for Low Back Pain	☐
Well-Child Visits First 15-Months of Life (6 visits)	☐

Corrective Action Plan Submission (Page 1 of 3)

For each CAP, provide the following information in 750 words or less.

1. **Measure: _____**
2. **Contract Number: _____**
3. **Carrier Name: _____**
4. **Carrier Codes: _____**
5. **Plan Analysis**
   - Analysis: Strengths and weaknesses of current quality practices related to this measure.
   - Barriers: Identify potential barriers to improvement in results. If a CAP for this measure has been submitted previously, include an evaluation of why you have not achieved expected results to date.
   - Impact: Estimate the number of members that need to be impacted by the proposed strategies in order to increase the score to at least the 25th percentile.
6. **Action Steps**
   - Action Outline: List in-depth steps in your Corrective Action Plan to raise the score to at least the minimum threshold. If your score has fallen below the threshold for 2 or more years, discuss new or different actions this year to improve performance to the minimum threshold.
   - Classification: OPM strongly encourages Carriers with performance below the 10th percentile benchmark to develop *novel*[10] actions, rather than *reinforcement*[11] actions, to increase quality performance.
   - Action Timeline: Identify the start date, and if applicable, end date of each action step.
   - Progress Projection: Identify the projected improvement results including a timeline of when improvement can be expected.

2020 Corrective Action Plan Submission (Page 2 of 3)

[10] Introduction of a new practice.

[11] Modification of an existing practice.

Corrective Action Plan Template Submission

Each Carrier submitting one or more CAPs needs to complete the below information one time.

CAP Point of Contact: _____

Certification

☐ The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

FEHB Carrier Quality Improvement POC:

Printed Name	Signature	Date

☐ The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

☐ The undersigned have read the attached Corrective Action Plan(s) and do not agree to the terms. Further clarification may be required; the Health Insurance Specialist will schedule a meeting to discuss the resolution of issues.

OPM Health Insurance Specialist:

Printed Name	Signature	Date

OPM Health Insurance Chief:

Printed Name	Signature	Date

END

Subsection E: Timeline

Below is the full HEDIS and CAHPS Timelines also generally referenced in Section 1 of this document. In addition, the timeline includes Plan Performance Assessment related reports that OPM provides to the Carriers.

Label/Color codes:

HEDIS (Blue): To report HEDIS metric results, FEHB Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online. Major timeline dates are listed below, with a blue **HEDIS** at the beginning of the bullet to indicate that this is a HEDIS action item. For specific dates and additional information, please visit the NCQA HEDIS timeline: www.ncqa.org/hedis/data-submission.

CAHPS (Orange): Action items related to CAHPS are highlighted with an orange **CAHPS** at the beginning of each bullet. For these dates, Carriers are expected to submit information either to OPM or ORI/CSS.

OPM to Carriers (Green): As part of the Plan Performance Assessment Process, OPM provides reports to Carriers that include the QCR Preview Report, Procedure Manual, OPS Report, and a Detailed QCR Performance Summary Report.

- December 2019:
    - **HEDIS & CAHPS:** All FEHB Carriers must complete and submit the 2020 Planned HEDIS and CAHPS Reporting Form (see Section 5; Subsection A) to FEHBPerformance@opm.gov by December 13, 2019. Please note that this deadline has moved to earlier in the scoring cycle for CAHPS to better align planned reporting.
    - **HEDIS & CAHPS**: A new health plan option offered under a Carrier's existing contract or administrative renumbering or realignment of an ongoing contractual relationship is expected to provide HEDIS and CAHPS data. Carriers with unique circumstances not defined in Section 4 must obtain written confirmation regarding "first year" status from the Contracting Officer by December 13, 2019.
    - **HEDIS**: NCQA sends the HEDIS Data Submission Kick-off to Primary and Secondary contacts.
    - **HEDIS**: NCQA posts the XML Templates, Validations and Data Dictionaries for Interactive Data Submission System© (IDSS) to the data submission webpage.
- January 2020:
    - **HEDIS**: NCQA releases the 2020 Healthcare Organization Questionnaire (HOQ) for health plans to request and update submissions.

- February 2020:
    - **HEDIS** and **CAHPS**: Health plans finalize HOQ requests to obtain access to the IDSS and submission IDs for HEDIS and CAHPS.
- April 2020:
    - **HEDIS**: NCQA releases the 2020 IDSS for data loading and validation.
    - **HEDIS**: NCQA distributes Submission IDs for survey measures to NCQA certified survey vendors.
- May 2020:
    - **HEDIS**: NCQA sends the *Conditions for Public Reporting* letter to Primary and Secondary HEDIS contacts. This letter includes the rules used for displaying data in NCQA's public reporting program (i.e. Health Plan Ratings).
    - **HEDIS**: Carriers verify their ratings in NCQA's "Health Plan Ratings." Carriers verify the information that will determine how their organization is displayed in the ratings (e.g., states and accreditation statuses).
    - **CAHPS**: NCQA certified survey vendors begin submission of CAHPS 5.0H member-level data files to NCQA on behalf of FEHB Carriers.
    - **CAHPS**: All FEHB Carriers must submit a CAHPS crosswalk file (see Section 5; Subsection B) that maps your NCQA CAHPS Submission ID(s) to your FEHB Plan name and CAHPS code by May 1, 2020. It must be no later than two weeks after NCQA issues submission IDs. This crosswalk must accompany each submission of CAHPS survey results to OPM though their contractor ORI. Please direct questions regarding the crosswalk to ORI at OPMCAHPS@oriresults.com. The crosswalk includes each:
        - NCQA Member-level File Name
        - NCQA Submission ID
        - NCQA Plan Name
        - CAHPS Code
        - FEHB Plan Name
- June 2020:
    - **HEDIS**: IDSS Plan-lock must be applied for audited submission to ensure Auditors have sufficient time to review plan results.
    - **HEDIS**: Health plans submit FINAL HEDIS (non-survey data) results via the IDSS.
    - **HEDIS**: All HEDIS Attestations must be submitted to NCQA via electronic signature.
    - **HEDIS**: Health Plan Ratings Data Freeze. The ratings are based on HEDIS and CAHPS data and accreditation standards scores as of this date.

- **CAHPS**: NCQA-generated Member level data file and NCQA-generated summary reports (available to health plans in IDSS) are due by June 15, 2020. ORI accepts your files after they have been processed by NCQA and you have provided NCQA with a signed Attestation of Accuracy. Your survey vendor may submit data via e-mail or other electronic or digital format to OPM's contractor, ORI, at the following address: OPMCAHPS@oriresults.com. To comply with HIPAA privacy rules, survey vendors must use appropriate encryption technology.

- July 2020:
  - **HEDIS**: NCQA Releases the 2020 Quality Compass® commercial edition.
- August 2020:
  - **HEDIS**: NCQA releases "Projected Health Plan Ratings" via the Health Plan Ratings website. Carriers are required to confirm their rating and accreditation information (if applicable).
- Fall 2020:
  - **OPM to Carriers**: FEHB Carriers review the QCR Preview Report.
  - **OPM to Carriers**: OPM releases updated FEHB Plan Performance Assessment Procedure Manual.
  - **OPM to Carriers**: OPM communicates the Overall Performance Scores (OPS Reports) to FEHB Carriers.
    - **CAPS Reports**: Corrective Action Plans are due 30 days after the Carrier Receives the OPS report finalized QCR Score
- Winter 2020:
  - **OPM to Carriers**: OPM provides Carriers with the Detailed QCR Performance Summary Report, which includes graphs showing where the FEHB Carrier's scores are located in relation to other FEHB Carriers for each QCR measure and the QCR score.