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# FEHB Program Carrier Letter

All Health Maintenance Organizations

U.S. Office of Personnel Management  
Office of Insurance Programs

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**Letter No. 2000-06**

**Date: February 9, 2000**

Fee-for-service [ n/a ]    Experience-rated HMO [ 06 ]    Community-rated HMO [06 ]

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**SUBJECT: HEDIS® Data**

In Carrier Letter 1999-016, we indicated that we would begin collecting Health Plan and Employer Data Information Set (HEDIS®) measures in 2000. This letter explains more about our procedures for collecting that data. We have signed a contract with the National Committee for Quality Assurance (NCQA) to have NCQA collect the data for us.

- 1) We will not collect data from plans with fewer than 500 Federal Employees Health Benefits (FEHB) enrollees. Therefore, if you are a plan with fewer than 500 FEHB enrollees, you do not have to take any action with respect to our data collection efforts.
- 2) If you are a plan with 500 or more FEHB enrollees, we will collect data from you. We understand that you may intend to report HEDIS data to NCQA already. If you currently intend to report to NCQA, you do not need to take any additional action to meet our data collection needs (you may continue to follow NCQA's rotation strategy and you do **not** need to report separately to NCQA on FEHB enrollees). We will receive the data directly from NCQA and will adhere to any agreements you have with NCQA regarding public reporting of data. The data we collect in 2000 will not be published. Rather, it will be used to help us learn more about the process.

In order for NCQA to send all plans a Data Submission Tool, which is required to report HEDIS, you must complete NCQA's annual Managed Care Organization Questionnaire. Most plans should have already received a copy of the questionnaire, which was mailed in mid-January. The questionnaire asks plans to provide FEHB Subcodes, a 10-character unique identifier. Attachment 1 provides the list of FEHB Subcodes, which are distinct from the carrier codes used in your contract. If your organization did not receive a questionnaire or needs to provide NCQA with the correct FEHB Subcodes, please call Jim Roney at NCQA at (202) 955-5181.

For those plans that currently do not report to NCQA, we also are including Attachment 2, which has additional information on HEDIS® reporting. As you may know, HEDIS® reporting is a requirement for accreditation by NCQA. Therefore, our reporting requirements will move you one step further in the accreditation process, a process we strongly encourage you to pursue.

For more information, contact Janet Pfleeger in our Policy and Information Division at 202/606-0004.

Sincerely,

[signed]  
Frank D. Titus  
Assistant Director  
for Insurance Programs

Attachment(s)

## **Attachment 2: Information for plans that currently do not report HEDIS® data to NCQA**

HEDIS® 2000 is the current edition of the Health Plan Employer Data and Information Set, a set of performance measures which NCQA develops and maintains. The measures are used in many ways – as part of purchaser requests, an element of NCQA Accreditation or as the basis of a consumer report card for managed care organizations.

Below is the list of HEDIS® 2000 measures we will require for our data collection efforts.

### *HEDIS Effectiveness of Care Measures*

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal Care in the First Trimester
- Check Ups After Delivery
- Beta Blocker Treatment After a Heart Attack
- Comprehensive Diabetes Care - Eye Exams Rate
- Follow Up after Hospitalization for Mental Illness

In reporting the HEDIS® measures to NCQA, you will need to follow the guidelines and measure specifications in *HEDIS 2000, Volume 2: Technical Specifications*. This publication can be ordered by calling NCQA's Publications Center at 1-800-839-6487. You can address technical questions about the HEDIS measures to NCQA's Technical Inquiry Line at 202-955-5697. For an overview of NCQA and HEDIS reporting, refer to their web site at [www.ncqa.org](http://www.ncqa.org). NCQA also offers training seminars for HEDIS reporting.

In addition to the HEDIS® measures, we also will require plans to field the adult CAHPS® 2.0H survey. Refer to carrier letter 2000-03, mailed on January 19, 2000, for details on the CAHPS® data collection requirements.

For your information, we have listed below the CAHPS measures we will be analyzing.

### *CAHPS® 2.0H Measures*

- Claims processing composite
- Courteous and helpful office staff composite
- Customer service composite
- Getting care quickly composite
- Getting needed care composite
- How well doctors communicate composite
- Rating of all health care
- Rating of health plan
- Rating of personal doctor
- Rating of specialist seen most often

**Attachment 2 goes to the following plans:**

1. Carelink Health Plans (4C)
2. GHI Health Plan (80)
3. HMSA (87)
4. Total Health Choice (4A)
5. Triple S (89)
6. Altius Health Plans (9K)
7. American Healthcare Trust (4U)
8. American HMO (AC)
9. AmeriHealth HMO (FK)
10. Arnett HMO (G2)
11. Blue Choice (MK)
12. BlueChoice HMO (5L, S7)
13. CDPHP (SG)
14. Care Choices (FA)
15. CommunityCare HMO (7C)
16. ConnectiCare (TE)
17. Dean Health Plan (WD)
18. Doctors Health Plan (6D)
19. Foundation Health (5D, 5E)
20. Generations Family Health Plan (8B)
21. GHI HMO Select (6V, X4)
22. Group Health Cooperative (54, VR)
23. Group Health Coop/Eau Claire (WT)
24. Health Alliance HMO (7X, FX)
25. Health Partners of the Midwest (RN)
26. Health Plan of Nevada (NM)
27. HealthAmerica Pennsylvania (26, SW)
28. HealthAssurance HMO (6L)
29. HealthCarePlan (Q8)
30. HealthGuard (NQ)
31. HealthPartners Classic (53)
32. HealthPartners Health Plan (HQ)
33. HMO Blue (AH)
34. HMO Colorado/Nevada (L2, VS)
35. HMO Health Ohio (L4)
36. HMO-CNY (EB)
37. Intergroup of Arizona (A7)
38. John Deere Health Plan (3J)
39. MDNY Healthcare (5Y, 8U)
40. NYLCare (V2, UM, ZF, ZE)
41. OPTIMA Health Plan (9R)
42. Partners NHP of NC (EQ)
43. PersonalCare's HMO (GE)
44. PHP/Mohawk Valley Region (SH)
45. Physicians Health Services (2F, DP, PD)
46. Physicians Plus HMO (7P)
47. Piedmont Community Healthcare (2C)
48. Preferred Plus of Kansas (VA)

49. Premera HealthPlus (8F)
50. Premier HealthCare of AZ (9A, 9B)
51. Prepaid Health Plan (QE)
52. Presbyterian Health Plan (P2)
53. Principal Health Care (7W)
54. QualChoice of NC (7Q)
55. QualMed Plans for Health (27,2K)
56. SecureCare of Iowa (3Q)
57. SuperBlue HMO (8T)
58. SuperMed HMO (5M)
59. Texas Health Choice (2T, UK)
60. United Health Care (3U, VC,QK)
61. Universal Care (6Q)
62. UPMC Health Plan (8W)
63. Vantage Health Plan (6A)
64. Welborn HMO (H3)
65. Western Health Advantage (5Z)