

## Attachment II: Contract Oversight Performance Area

Performance Area	Domain		Component	Examples <i>(Please note these examples are illustrative and not intended to be an exhaustive list)</i>
<b>Contract Oversight</b>	<b>Contract Performance</b>	Benefits & Network Management	Pharmacy benefits management	Contract performance, such as management of: prior approvals, step therapy, appeals, generic dispensing, formulary, overall and specialty drug trends.
			Medical benefits management	Management of programs and vendors that interact directly with members, such as Centers of Excellence, case management, and care coordination.
			Network management and adequacy	Provider termination notifications to members and plan notification of provider termination to OPM. Network adequacy.
			Disaster recovery	Disaster recovery plan, timeline, evaluations, and additional information from carrier.
			Emergency access during disasters	Appropriate plan for disaster response. Timely notification to members within 24 hours about access during a disaster, and timely notification to OPM.
			Reconsideration/disputed claims	Timeliness and accuracy of decisions.
		Audit Findings & Fraud/Waste/Abuse	Repeat findings**	Plan has not had any repeat audits with high dollar recommendations. Plan has not had repeated findings for IT and procedural recommendations.
			Implemented corrective action plans for audits**	Review of prior year audit findings and corrective action plans, agreed to by plan, and activities to remediate audit findings.
			Resolved audit findings**	Open recommendations as listed in audit resolution records. Resolution evaluated in accordance with OMB A-50.
			Innovation to prevent fraud/waste/abuse	Time or cost saving idea or improvement that increases efficiency, improves recoveries, and/or enhances effectiveness of prevention efforts in the audit process.
			Notification and referral	Notification and referral to OPM OIG within 30 days of fraud/waste/abuse. Compliance with Fraud, Waste, and Abuse guidance.
			Responsiveness to timeline in transmittal letter**	Adherence to the timeline in specific letter.
			Documentation**	Correct information is provided in response to audits, and documentation is timely, accurate, complete, accessible, and clearly identifies areas supporting plan's position.

\*\* This component will be included in Contracting Officer evaluation if it applies to the plan in a given year.

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<b>Contract Oversight</b>	<b>Responsiveness to OPM</b>	Timely, accurate, and complete information	All communication received by Contract Specialist, Contract Officer, Office of the Actuary, and any other communication, including survey responses.
		Rates and benefits proposal process	Timely submission of rates and benefits proposals, including completion of the ADC and Technical Guidance. Timely closure of rates and benefits per OPM guidance.
		OPM Call Letter initiatives	Inclusion of OPM Call Letter initiatives and Technical Guidance within proposals and in actions during the contract year.
		FSA paperless reimbursement	If applicable, participation and performance as outlined in OPM guidance.
		Legal review**	Completion of requested analysis.
		Open Season preparation	Standard brochure language, education and communication materials.
		Innovation**	Pilot programs, cost savings, Medicare innovation, participation in eValue8.
		Quality management	Development of corrective action plans as needed for quality measures results, and demonstrated activity on quality improvement projects.
	<b>Contract Compliance</b>	Financial management	Effective premium setting and effective management of reserves. Letter of credit account (LOCA) process (if applicable).
		Administrative cost management	Effective plan operations within administrative cost limit, effective vendor management, and Medical Loss Ratio.
		Subcontracting oversight**	All subcontracts as required by dollar thresholds outlined in FAR §19.7.
		Notification of events	Contract Officer notified of significant events and LOCA breaches within timelines in the contract.
		Family member eligibility determinations	Plan gets appropriate documentation from member in family member determinations.
		Responsiveness to direction issued between contract negotiations	Communication, reporting, and other information in response to carrier letters and other guidance provided by OPM.
Federal socioeconomic programs**		Annual report by carriers about subcontracts to small, Veteran-owned, Disabled Veteran-owned, minority-owned, and women-owned businesses.	

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<b>Contract Oversight</b>	<b>Technology Management &amp; Data Security</b>	Claims system effectiveness	Claim batch adjudication rate and other Quality Assurance measures.
		Benefits testing**	Evidence of plans testing systems before implementation
		System transitions**	Plan reports, audit findings, and/or member complaints about system transitions, for example: <ul style="list-style-type: none"> <li>- PBM changes</li> <li>- Claims systems changes</li> <li>- Annual system updates</li> <li>- Self Plus One implementation</li> </ul>
		Consumer tools	Plan reports, member complaints, HIT survey responses, or other information such as: <ul style="list-style-type: none"> <li>- Personal health records offered</li> <li>- Online member accounts</li> <li>- Pricing information available</li> <li>- Quality information available</li> <li>- Innovative ways to interact with consumers</li> </ul>
		Data breaches	Occurrence of data breach of any type. Response to data breach, including corrective action plan content and timeliness, and compliance with OPM guidance.