
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2013-25

Date: December 31, 2013

Fee-for-service [21] Experience-rated HMO [21] Community-rated HMO [23]

SUBJECT: 2014 Consumer Assessment of Healthcare Providers and Systems Program Requirements

This letter provides instructions for conducting and reporting your 2014 Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) Program results. Please review these updated program requirements carefully.

We require Federal Employees Health Benefits (FEHB) plans with at least 500 FEHB subscribers (contracts) to administer the CAHPS Health Plan Survey 5.0H Adult Version. We do not require the CAHPS 5.0H Child Survey. However, if you conduct a 2014 CAHPS Adult or Child survey, you must report your results to us, regardless of the size of your FEHB enrollment. For 2015, we anticipate removing the minimum subscriber stipulation and requiring all plans to report CAHPS Health Plan Survey results.

A copy of the CAHPS 5.0H Adult Questionnaire is included as Attachment 1. We are currently reviewing OPM guidance regarding customized CAHPS questions. Revisions, if indicated, will be published in time for the 2015 CAHPS cycle.

To ensure quality services are universally available in FEHB, OPM will review and benchmark CAHPS scores for each plan.

Looking ahead, we intend to publicly recognize plans with outstanding performance on CAHPS and address opportunities to improve with any plans performing below their peers. We welcome carrier input on how best to do this.

NCQA Survey Protocols

- All surveys must be conducted according to NCQA protocols described in Healthcare Effectiveness Data and Information Set (HEDIS^{®2}) 2014, Volume 3: Specifications for Survey Measures. You may order a copy of Volume 3, through the following link: <http://www.ncqa.org/PublicationsProducts/HEDIS.aspx>
- All surveys must be administered by a vendor that is NCQA-Certified to administer HEDIS 2014 CAHPS 5.0H Surveys. A list of approved survey vendors is available at

¹ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

<http://www.ncqa.org/HEDISQualityMeasurement/NCQACertifiedSurveyVendorsAuditorsSoftwareVe/HEDISSurveyVendorCertification/CAHPS50HSurvey.aspx>

- Please work closely with your survey vendor to ensure that member addresses and telephone numbers are current before you generate the appropriate sample frame for your survey. Health Maintenance Organizations (HMO) and Point of Service (POS) plans must generate the sample frame according to NCQA specifications. Fee-for-Service (FFS) plans must also follow the NCQA specifications (HEDIS[®] 2014, Volume 3, Specifications for Survey Measures) for generating the sample frame with one exception: FFS plans cannot exclude FEHB members who may have Medicare. For 2015, we are reconsidering this requirement for FFS plans to sample FEHB members with Medicare, and welcome carrier comments.
- 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 (see page 54). The survey sample size remains at 1,100 members for 2014. Over-sampling (above the required 1,100 members) is allowed according to the protocols in Volume 3.
- You may use an enhanced protocol or add supplemental questions to the survey with prior NCQA approval. OPM requires a specific supplemental question be added by FFS plans as detailed in the FFS Carrier section below.
- Plans seeking NCQA Accreditation and those that intend to include their survey results in NCQA's information products (i.e., Quality Compass^{®3}) must have their sample frame validated by an NCQA-Certified HEDIS Compliance Auditor. If your plan is not seeking NCQA Accreditation and you do not intend to publish your survey results in NCQA information products, we do not require an audited sample frame. Please contact NCQA's Policy Clarification Support System at <http://www.ncqa.org/pcs> if you have questions about this requirement.
- All Plans must submit their member level data files to NCQA for calculation of survey results and generation of validated member level data files. Before submitting your results to NCQA, you will need to complete NCQA's Healthcare Organization Questionnaire (HOQ) through NCQA's secured website. Please check with your survey vendor or contact NCQA's Data Collection department directly at HOQ@ncqa.org if you need help or have questions regarding the HOQ.

Carriers must report CAHPS metric results by completing NCQA's annual Healthcare Organization Questionnaire (HOQ) online through NCQA's website using a login. When filling out the HOQ, under the "OPM Submission" section please list the appropriate Carrier Codes (listed in Attachment 3 Column D) associated with the NCQA Organization ID Code and Submission ID Code. If this Submission ID has multiple Carrier Codes associated with it, please include all of the Carrier Codes in the HOQ. Attachment 3 provides historical (2013) NCQA Org ID and NCQA Submission Code as a reference point. NCQA Org IDs and NCQA Submission Codes for 2014 should be verified with NCQA through the 2014 HOQ process.

³ Quality Compass is a registered trademark of the National Committee for Quality Assurance (NCQA).

- When completing the HOQ, under the “CAHPS 5.0H” section, please select the appropriate the CAHPS Survey Component and Survey Vendor Firm associated with this Submission ID (and Carrier Code(s)). The HOQ screenshot below highlights where in the HOQ you need to enter the Carrier Codes and CAHPS Survey information.

Product Line: Commercial

Reporting Product: PPO

Submission Type: Other

Special Area: None

Special Project: None

Audit

Audit Required: Yes

Audit Firm: Attest Health Care Advisors

Software Vendor

Software used to compute HEDIS: HEDIS Certified Software Vendor

HEDIS Certified Software Vendor: Valiant Health LLC

OPM Submission

Is this an OPM Submission? Yes

FEHB Carrier Codes (Please enter 2 digit codes only.)

FEHB Carrier Code 1:

FEHB Carrier Code 2:

FEHB Carrier Code 3:

FEHB Carrier Code 4:

FEHB Carrier Code 5:

IDSS

Submitting HEDIS data via IDSS? --UnSelected--

CAHPS 5.0H

Component	Request	Survey Vendor Firm	Survey Sample Frame Result
AdultCAHPS	--UnSelected--	--UnSelected--	Not Applicable
ChildCAHPS	--UnSelected--	--UnSelected--	Not Applicable
ChildCAHPSCCC	--UnSelected--	--UnSelected--	Not Applicable

Office of Personnel Management (OPM) Requirements

- Each plan reporting HEDIS/CAHPS survey data to OPM must report *Effectiveness of Care* measures to OPM. These measures are *Aspirin Use and Discussion, Medical Assistance with Smoking and Tobacco Use Cessation, and Flu Vaccinations for Adults Ages 18–64*.
- Each plan reporting survey data to OPM is responsible for a pro rata share of the cost of compiling, processing and reporting the survey results. The 2014 processing fee is contingent on the number of plans submitting CAHPS data. The processing fee will range from \$902.41 to \$943.43 per sample. The fee is applicable to each unique NCQA ID code for which data is submitted to OPM. If a plan must submit more than one NCQA data file per FEHB enrollment code/plan option, the plan will be charged for each NCQA data file submitted. The OPM data processing fee will be charged to all plans submitting CAHPS data regardless of the plans' FEHB Program status for 2014. Any plan

that withdraws from the FEHB Program after submitting data to OPM is liable for the processing fee. Our CAHPS data collection contractor, ORI, will send you an invoice for the processing fee and the amount due is payable directly to our contractor. The payment due date is **June 17, 2014**.

- All FEHB plans must complete and submit the enclosed Survey Participation Form (Attachment 2) by **February 3, 2014**. If you plan to conduct multiple surveys, please list the name and FEHB Sub-Code (See Attachment 3 – Sub-Code List) for each plan or option that you plan to survey. Please e-mail the completed form to meredyth.hindsley@opm.gov.
- We require you to provide a Crosswalk file (See Attachment 4 for an example of a properly completed Crosswalk) that maps your NCQA submission ID(s) to your FEHB plan name and Sub-Code. The Crosswalk will allow us to match up survey results associated with an NCQA submission IDs with the appropriate FEHB Sub-Code. (Attachment 3 contains a list of FEHB plans and their unique Sub-Codes.) The crosswalk includes:
 - the plan’s NCQA member level file name,
 - the plan’s NCQA Sub-ID,
 - the plan’s NCQA name,
 - the plan’s FEHB Sub-Code, and
 - the plan’s FEHB name.
- The Crosswalk file is due two weeks after NCQA issues submission IDs. The Crosswalk must also accompany each data submission to OPM. Please direct questions regarding the Crosswalk to: Sue Lynd with the ORI at SueL@ORResults.com.
- For Public Burden Statement purposes, you must include the following statement on questionnaires you mail to respondents: “This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0236) 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 3206-0236), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0236, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.” Also, include the following statement in the upper right corner of each questionnaire: “Form approved: OMB No. 3206-0236.”
- To ensure consistency and comparability of survey results we require all plans to have the survey vendor submit the member level data files to NCQA for validation of survey results. NCQA will calculate survey results and create validated member level data files on behalf of survey vendors. To comply with HIPAA's privacy rules, survey vendors should use appropriate encryption technology to transmit survey data.

- We will accept your member level data 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. All submissions must include a content label/sheet and a Crosswalk. We will provide additional instructions for reporting your survey data files within the next few weeks.

FFS Carriers: Specific Instructions

- Fee-for-Service (FFS) plans offering more than one option (i.e., High, Standard, Consumer Driven, High Deductible Health Plan or other option) are required to conduct a separate CAHPS survey for each option.
- So that we may continue to track and compare Medicare eligible member ratings against non-Medicare eligible members, we require FFS plans to insert the following supplemental question into the survey. (We will provide detailed instructions to FFS plans on how to report results for this question separately):

59a. Medicare is made up of Parts A (hospitals), B (doctors), and D (prescription drugs). Are you currently enrolled in Medicare? Please check all that apply.

- No, I am not enrolled in Medicare
- Yes, I am enrolled in Medicare Part A
- Yes, I am enrolled in Medicare Part B
- Yes, I am enrolled in Medicare Part D

HMO Specific Instructions

- HMOs can conduct one CAHPS survey that covers enrollees in all options and types of plans (i.e. High and Standard option, HDHP and CDHP).
 - HMOs do not have to conduct a separate survey for their Standard and High options. We will allow the same data to be used for both. If you are completing only one survey for both your High and Standard options, please indicate the sub-codes on the Survey Participation Form. If you are completing separate surveys for your plan’s High option and Standard option, please complete one Survey Participation Form for each option.
 - NCQA states that members in HDHP and CDHP plans are to be included in the CAHPS survey. OPM does not require HMOs to conduct a separate survey for their HDHP and CDHP plans. However, if HMOs choose to conduct a separate CAHPS survey for their HDHP or CDHP plans, they must report the data to OPM. (Please note that the only way that HDHP or CDHP survey results will be included in OPM’s reports for HMO plans is if a separate HDHP or CDHP survey is conducted -- this is not required by OPM regardless of the subscriber count.)

Reporting Deadlines

- All materials must be received by the following deadlines:
 - February 3, 2014 – Attachment 2 - Survey Participation Form (all FEHB Plans must complete this form)
 - April 11, 2014 (tentative) – Attachment 4 - Crosswalk file (due two weeks after NCQA issues your submission ID(s))
 - June 17, 2014 – Member level data file (must be NCQA validated)

Please contact Meredyth Hindsley at cahps@opm.gov or by telephone at (202) 606-0589, if you have any questions or if you would like to provide input or comments related to CAHPS and this Carrier Letter. We appreciate your continued support and look forward to working with you on this important project in the coming months.

Sincerely,

John O'Brien
Director
Healthcare & Insurance Operations

Enclosures