FEHB Program Carrier Letter
Health Maintenance Organizations

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2014-12 (a) **Date: April 15, 2014**

Fee-for-service [n/a] Experience-rated HMO [10] Community-rated HMO [11]

Subject: 2015 Technical Guidance and Instructions for Preparing HMO Benefit and Service Area Proposals

Enclosed are the technical guidance and instructions for preparing your benefit proposals for the contract term January 1, 2015 through December 31, 2015. Please refer to our annual Call Letter (Carrier Letter 2014-03) dated March 20, 2014 for policy guidance. Benefit policies from prior years remain in effect unless otherwise noted. The Guidance and instructions are in three parts:

- Part One: Preparing Your Benefit Proposal
- Part Two: Preparing Service Area Changes
- Part Three: Benefits for HMOs

Also, please note we have an automated data collection (ADC) tool (previously referred to as the "survey") that asks for short responses on topics discussed in the Call Letter. OPM will use the ADC to gather information, along with the responses you provide in your proposal. A copy of the ADC is included for informational purposes only as Attachment VIII. **Please note:** You will receive an email with unique link(s) from TG_ADC@opm.gov (TG_ADC) that will guide you to the online ADC tool. Each contract number will have an individualized link. We ask that you complete the ADC online by May 31, 2014.

This year's deadlines are as follows:

- **Due by May 2, 2014:** Please send your community benefit package and non-Federal group benefit package we purchased.
- **Due by May 31, 2014:** Please send your complete proposal for benefit changes and clarifications to your contract specialist on a CD-ROM (or other electronic means) in addition to a hard copy. Your proposal should include language describing all proposed brochure changes. Your OPM contract specialist will discuss your proposed benefits and finalize negotiations in a close-out letter.
- **Due by May 31, 2014:** Please submit ADC responses online.
- **Within five business days following receipt of close-out letter or by date set by your contract specialist:** Please send him/her an electronic version of your fully revised 2015 brochure. See Attachment IV- Preparing Your 2015 Brochure.

As stated in the Call Letter, proposed benefit changes must be value-based. That means you must demonstrate how you evaluated your proposed benefit changes with regard to their influence on promoting the most effective care (i.e., the care that generally produces the best health outcomes), not just with respect to cost. We are not requiring proposals to be cost neutral by offsetting proposed increases in benefits with reductions elsewhere. However, we will carefully review any benefit

proposals that are projected to increase premiums and we expect you to describe in detail the rationale for each proposal and its expected impact on your plan membership.

Enclosed is a checklist (Attachment IX) showing all the information to include with your benefit and rate proposals. Please return a completed checklist with your submission.

We appreciate your continued efforts to timely submit benefit and rate proposals and to produce and distribute brochures. We look forward to working closely with you on these essential activities to ensure a successful Open Season again this year.

Sincerely,

John O'Brien
Director
Healthcare and Insurance

2015 FEHB Proposal Instructions

Part One - Preparing Your Benefit Proposal

Experience-rated Plans

- Submit a copy of a fully executed employer group contract (i.e., *certificate of coverage*) by May 2, 2014, that non-Federal subscribers purchased in 2014.

- **If you have not made changes to the level of coverage we already purchase,** then submit a statement to that effect. **If you have made changes,** submit a copy of the new benefit description as explained in **Benefit Changes** below. You must file your proposed benefit package and the associated rate with your state, if your state requires a filing.

Community-rated Plans

We will continue to allow HMOs the opportunity to adjust benefits payment levels in response to local market conditions (as indicated in the Call Letter for the 2009 contract year). If you choose to offer an alternate community package, you should clearly state your business case for the offering. We will only accept an alternate community package if it is in the best interest of the Government and FEHB enrollees. You should also identify each of the differences between your current benefit package and the proposed offering, and include the impact on your community-rated price proposal.

The alternate benefit package may include greater cost sharing for enrollees in order to offset premiums.

The alternate benefit package may not exclude benefits that are required of all FEHB plans, and may not exclude state mandated benefits. However, other benefits may be reduced or not covered if there is an impact on premiums.

Proposals for alternative benefit changes that would provide premium offset of only minimal actuarial value will not be considered.

Please consult with your contact in the Office of the Actuaries regarding the alternate community package and refer to the rate instructions.

- Submit a copy of a fully executed community-benefit package by May 2, 2014 (also known as a . master group contract or subscriber certificate), including riders, co-pays, co-insurance, and deductible amounts that your non-Federal subscribers purchased in 2014. If the community benefit package is different from the FEHB's, also send a current copy of the benefit package that we purchased. Please highlight the difference(s) between the FEHB benefits and the package you based it upon. **Note:** If you offer a plan in multiple states please send us your community benefit package for each state that you plan to cover.

- Attach all community-based riders (e.g., prescription drugs, durable medical equipment) and other changes to the basic package that show additions or modifications to the FEHB offering.

The material must show all proposed benefit changes for FEHB for the 2015 contract term, except for those still under review by your state.

If you have not made changes to the level of coverage we already purchase, then submit a statement to that effect. **If you have made changes,** submit a copy of the new benefits description. If your state requires you to file this documentation, file the benefit package and the associated rate with the state first. We will accept the community-benefit package you project will be sold to the majority of your non-Federal subscribers in 2015.

Note: Your FEHB rate must be consistent with the community-benefit package it is based on. Benefit differences must be accounted for in your rate proposal or you may end up with a defective community rate.

All HMOs

1. Complete Attachment II - Benefit Change Worksheet that compares your proposed 2015 benefit package and the 2014 benefit package that we purchased. Include on your chart:

    A. Differences in co-pays, co-insurance, numbers of coverage days, and coverage levels in the two packages.

    B. For community-rated plans only, indicate whether you include the costs of the differences within your community-rate or in addition to the community-rate you charge to the other groups that purchase this benefit package, and to the FEHB Program; and the number of subscribers/contract holders who purchased the 2014 package and who are expected to purchase the 2015 package.

    C. Describe your state's filing process for obtaining approval of benefit packages and changes. Provide a copy of your most recent state submission that applies to the benefit package you sent us and a copy of the state's approval document. We usually accept proposed benefit changes if you submitted the changes to your state prior to May 31, 2014, and you obtain approval and submit approval documentation to us by June 30, 2014. If the state grants approval by default, i.e., it does not object to proposed changes within a certain period after it receives the proposal, please so note. The review period must have elapsed without objection by June 30, 2014.

2. We will contact the state about benefits as necessary. Please provide the name and phone number of the state official responsible for reviewing your plan's benefits. If your plan operates in more than one state, provide the information for each state.

3. Please highlight and address any state-mandated benefits that you have not specifically addressed in previous negotiations. State-mandated benefits should be reported if finalized by May 1, 2014, or if they were not specifically addressed in previous negotiations.

Please send the following material by **May 31, 2014**:

Your benefit proposal must be complete. The timeframes for concluding benefit negotiations are firm and we cannot consider late proposals. Your benefit proposal should include:

- A signed contracting official's form (Attachment I)
- A comparison of your 2014 benefit package (adjusted for FEHB benefits) and your 2015 benefit package (see #1 on previous page)
- Benefit package documentation (see **Benefit Changes** below)
- A plain language description of each proposed **benefit change** (Attachment II) and the revised language for your 2015 brochure
- A plain language description of each proposed **benefit clarification** (Attachment III) and the revised language for your 2015 brochure

If you anticipate significant changes to your 2015 benefit package, please discuss them with your OPM Contract Specialist before you prepare your submission.

Benefit Changes

Your proposal must include a narrative description of each proposed benefit change. Please use Attachment II as a template for submitting benefit changes. You must show all changes, however slight, that result in an increase or decrease in benefits as benefit changes, even if there is no rate change. Also, please answer the following questions in worksheet format for **each** proposed benefit change. Indicate if a particular question does not apply and use a separate page for **each** change you propose. We will return any incorrectly formatted submissions.

Information Required for Proposal:

- Describe the benefit change completely. Show the proposed brochure language, including the "Changes for 2015" section in "plain language" that is, in the active voice and from the member's perspective. Show clearly how the change will affect members. Be sure to show the complete range of the change. For instance, if you are proposing to add an inpatient hospital co-pay, indicate whether this change will also apply to in-patient hospitalizations under the emergency benefit. **If there are two or more changes to the same benefit, please show each change clearly.**
- Describe the reason(s) for the proposed benefit change. Tell us whether this change is part of your proposed benefit package or if the change is one you submitted to the state for approval (include documentation). State how you will introduce the change to other employers (e.g., group renewal date). State the percentage of your contract holders/subscribers that now have this benefit and the percentage you project will have it by January 2015.

- State the actuarial value of the change and whether it represents an increase or decrease in (a) the existing benefit, and (b) your overall benefit package. If it is an increase, describe whether any other benefit offsets your proposal.

- If the change is not part of the proposed benefit package, is the change a rider? If yes, is it a community rider (offered to all employer groups at the same rate)?

- State the percentage of your subscribers/contract holders who now purchase this rider and the percentage you project it will cover by next January 1. What is the maximum percentage of all your subscribers/contract holders you expect to cover by this rider and when will that occur?

- Include the cost impact of this rider as a bi-weekly amount for Self Only and Self and Family on Attachment II of your rate calculation. If there is no cost impact or if the rider involves a cost trade-off with another benefit change, show the trade-off or a cost of zero, respectively, on Attachment II to your rate calculation.

- If the change requires new specialties of providers, furnish an attachment that identifies the new providers and network coverage.

Benefit Clarifications

Clarifications are not benefit changes. Please use Attachment III as a template for submitting benefit clarifications**.** Clarifications help members understand how a benefit is covered**.**

Information Required for Proposal:

- Show the current and proposed language for each proposed clarification and reference all portions of the brochure it affects. **Prepare a separate benefits clarification worksheet for each proposed clarification**. You may combine more than one clarification to the same benefit, but you must present each one clearly on the worksheet. Remember to use plain language.

- Explain the reason for the proposed clarification.

Part Two – Preparing Service Area Changes

Unless you inform us of changes, we expect your current FEHB service area and provider network to be available for the 2015 contract term. We are committed to providing as much choice to our customers as possible. Given consolidations in the managed-care industry, there are geographic areas where our customers have more limited choices than in other areas.

Please consider expanding your FEHB service area to all areas in which you have authority to operate. **You must submit in electronic format all ZIP Codes for your existing service area and any new service area expansion that you propose**.

We will provide detailed instructions for submitting your ZIP Code files in September. However, please note that we will ask you to provide your ZIP Codes in a comma delimited text file format and we will provide instructions for uploading your files to our secure web portal.

- **Service Area Expansion** - You must propose any service area expansion by May 31, 2014. We may grant an extension for submitting supporting documentation to us until June 30, 2014.

- **Service Area Reduction** - Explain and support any proposed reduction to your service area. If this reduction applies only to the Federal group, please explain.

Important Notices

- The information you provide about your delivery system must be based on **executed** contracts. We will not accept letters of intent.

- All provider contracts must have "hold harmless" clauses.

- We will assign new codes as necessary. In some cases, rating area or service area changes require a re-enrollment by your FEHB members. We will advise you if this is necessary.

Service Area Expansion Criteria

We will evaluate your proposal to expand your service area according to these criteria:

- Legal authority to operate

- Reasonable access to providers

- Choice of quality primary and specialty medical care throughout the service area

- Your ability to provide contracted benefits

- Your proposed service area should be geographically contiguous

You must provide the following information:

- **A description of the proposed expansion area in which you are approved to operate:**

  Provide the proposed service area expansion by ZIP Code, county, city or town (whichever applies) and provide a map of the old and new service areas. Provide the exact wording of how you will describe the service area change in the brochure.

- **The authority to operate in proposed area:**

  Provide a copy of the document that gives you legal authority to operate in the proposed expansion area, and the name and telephone number of the person at the state agency who is familiar with your service area authority.

- **Access to providers:**

  Provide the number of primary care physicians, specialty physicians (by their specialty), and hospitals in the proposed area with whom you have **executed** contracts. You must update this information by August 31, 2014. The update should reflect any changes (non-renewals, terminations or additions) in the number of executed provider contracts that may have occurred since the date of your initial submission.

Service Area Reduction Criteria

We will evaluate your proposal to reduce your service area or enrollment area according to the following criteria:

- We will accept the elimination of the corresponding service area, if you propose to eliminate an entire enrollment area

- Service area reductions should be associated with the following:

  - Significant loss of provider network
  - Poor market growth
  - Reduction applies to other employer groups
  - Reduction may apply to consolidation of two or more rating areas, or splitting rating areas

You must provide the following information:

- **A description of the proposed reduced service and enrollment area:**

  Provide the proposed service area reduction by zip code, county, city or town (whichever applies) and provide a map of the old and new services areas. Provide the exact wording of how you will describe the service area change in the brochure.

- **All state approvals that apply or associated with the revised service area.**

We will not accept service area proposals that result in service areas that are not contiguous or consistent with the residency of the federal population or proposals that seek to provide services only to lower cost enrollees.

Federal Employees Health Benefits Program statement about Service Area Expansion

(COMPLETE THIS FORM ONLY IF YOU ARE PROPOSING A SERVICE AREA EXPANSION)

We have prepared the attached service area expansion proposal according to the requirements found in the Technical Guidance for 2015 Benefits and Service Area Proposals. Specifically,

1. All provider contracts include "hold harmless" provisions.

2. All provider contracts are fully executed at the time of this submission. I understand that letters of intent are not considered contracts for purposes of this certification.

3. All of the information provided is accurate as of the date of this statement.

_____
Signature of Plan Contracting Official

_____
Title

_____
Plan Name

_____
Date

Part Three – Benefits for HMOs

The policies established in prior years remain in effect unless we have stated otherwise. You should work closely with your contract specialist to develop a complete benefit package for 2015. For guidance in preparing your proposal for High Deductible Health Plans (HDHP), Health Savings Accounts (HSA), and Health Reimbursement Arrangements (HRA), please refer to Call Letter (Carrier Letter 2008-06) dated March 11, 2008. The FEHB policies include the following:

We expect that you cover state-mandated benefits even if your community package does not specifically reference them unless they are specifically prohibited under FEHB.

As stated in the Call Letter, our primary performance initiatives this year are:

- Optimizing the delivery of prescription drug benefits;
- Enhancing wellness programs;
- Advancing quality of care;
- Ensuring mental health parity;
- Aligning the FEHB Program with the Affordable Care Act; and
- Continuing to encourage programs and benefits that promote enrollment in Medicare Part B.

I. CALL LETTER INITIATIVES

A. Prescription Drugs

1. Prescription Drug Cost Trends

Overall drug cost trend is a key indicator of environmental factors, including drug inflation and the introduction of new single-source brand products. It is also a key indicator of the success of pharmacy benefit management strategies that are employed to help assure that the most safe, efficacious, and cost-effective therapies are encouraged.

Information Required: Complete automated data collection (ADC) questions 1.1 through 1.5. Overall drug cost trend equals total drug expenditures for the year divided by total drug cost expenditures for the previous year.

If your projected drug cost trend for 2014 exceeds your 2013 actual trend in one or more of the following categories, use Attachment VII – Prescription Drug Supplemental Information to describe the strategies you will employ in 2015 to reduce these trend rates:

- Overall Trend Rate
- Overall Trend Rate – Per-Member Per-Year
- Specialty Trend Rate – Non-Oncology
- Specialty Trend Rate – Oncology
- Generic Dispensing Rate (if 2014 rate is projected to be LESS than 2013)

2. Utilization Management (2014 & 2015)

A number of utilization management strategies have been widely adopted by pharmacy benefit managers in an ongoing effort to help assure patient safety and to maintain sustainable costs. ADC Question 1.6 lists some of these strategies. Please indicate which of these you currently employ and which you intend to employ in 2015.

Information Required: Please complete ADC question 1.6. Record the utilization management strategies you currently employ in 2014 and indicate which strategies you will employ in 2015.

3. Member Cost-Share for 2015

It is generally accepted that a reasonable member cost-share helps to reduce overall costs to both the plan and to members; however, increases in cost-share should not be employed as a substitute for effective benefit management.

Information Required: Please complete ADC question 1.7.

4. Additional Initiatives

Information Required: If you intend to introduce or to enhance existing quality assurance or cost-containment strategies in 2015 that are not addressed in ADC question 1.6, please use Attachment VII – Prescription Drug Supplemental Information to describe those initiatives.

B. Wellness Programs

1. Health Risk Assessment and Biometric Screening

Carrier Letter 2013-09 required carriers to propose a goal for completion of Health Risk Assessment and a plan for member biometric screening. We requested details about screening parameters and settings, and encouraged member incentives for participation. All carriers responded that blood pressure measurement is included in their biometric evaluation. Carrier Letter 2014-03 (Call Letter) expanded OPM's position on goal setting and incentives.

Information Required: Please complete ADC questions 2.1-2.12 with information about your plan's Health Risk Assessment and Biometric Screening processes.

2. Tobacco Cessation

Carrier Letter 2011-01 documented FEHB requirements for coverage of tobacco cessation benefits. Recent Federal Employee Benefits Survey data show that a majority of current tobacco users want to quit yet are unaware of FEHB tobacco cessation resources. OPM wants to reinforce carrier efforts to promote both the FEHB Tobacco Cessation benefit and tobacco-free living.

Information Required: Please complete ADC questions 2.13-2.17 with details of your plan's current practices.

C. Advancing Quality and Value of Care

1. Patient Centered Medical Homes

OPM outlined criteria for PCMH in the FEHB Program in Carrier Letter 2013-01. Plans may obtain certification through NCQA, URAC, AAAHC, TJC, or submit alternate criteria to OPM for consideration. All plans requesting approval of alternate criteria during 2013 received written decisions from their contracting officer in early 2014. Any plan seeking approval of alternate criteria this year should contact their contract specialist.

Information Required: Please answer ADC questions 3.1-3.5, which request updated information on PCMH.

2. Access to Care

Initiatives to enhance member access to care while controlling costs may be implemented in conjunction with PCMH or separately. OPM is interested in learning more about coverage of telehealth and provider extender visits in FEHB plans.

Information Required: Please answer ADC questions 3.6-3.7.

3. Health Plan Accreditation

FEHB health plan accreditation requirements appear in Carrier Letter 2001-19 and Section 1.9 of the FEHB standard contract. We are preparing to publish an updated carrier letter on this topic.

Information Required: Please complete ADC question 3.9 with details of your plan's most recent accreditation.

4. Patient Safety

In response to Carrier Letter 2013-09, most carriers chose early elective delivery, antibiotic overuse, or the appropriate use of imaging from among the list highlighted by the Choosing Wisely Campaign. OPM used this information to update HEDIS measures reported by all plans, continuing the measure on imaging for low back pain (LBP) and adding a measure on antibiotic use (AAB) in Carrier Letter 2013-22.

Information Required: Please complete ADC question 3.8, which request updated information on your plan's approach to evaluating and managing potentially overused tests, treatments, and procedures.

D. Mental Health Parity

Carrier Letter 2013-24 contains OPM's most recent guidance on mental health parity. Carriers are required to comply with the provisions of with 45 C.F.R. s 146.136(c) and submit an attestation of compliance with their 2015 proposals, including a quantitative parity determination if one has been completed.

Information Required: Please complete Attachment 1a, Mental Health Parity Attestation of Compliance.

Please also complete ADC questions 4.1-4.5 with details about mental health parity in your benefit.

E. Aligning the FEHB Program with the Affordable Care Act

1. Preventive Care

In 2013, all plans confirmed their coverage of preventive services at no member cost share as required under the Affordable Care Act. Carrier Letter 2014-03 (Call Letter) reaffirms this requirement and directs carriers to updated recommendations issued by the United States Preventive Services Task Force.

Information Required: Please complete ADC question 5.1-5.3 regarding your plan's coverage of preventive services.

2. Essential Health Benefits

In Carrier Letter 2013-09, OPM reinforced FEHB coverage of all ten Essential Health Benefits categories described in the Affordable Care Act. In response, many carriers updated their Habilitative and Rehabilitative services.

Information Required: Please answer ADC questions 8.1-8.2, which seek current information from all carriers on their coverage of this Essential Health Benefit category and the applicable benchmark.

F. Medicare Population Programs and Benefits

The Call Letter asks carriers to propose programs that allow members to maximize benefits under Medicare and the FEHB. These programs should be designed to encourage members to participate in both Medicare Part B and FEHB. These may include pass-through of some or all of the Part B premiums and reductions in cost sharing. We are aware that some carriers offer Medicare Part C (Medicare Advantage) to FEHB members – this is not a request for carriers to offer more Medicare Part C programs.

Information Required: Please answer ADC questions 6.1-6.2 and provide a description of your proposal for a program to encourage participation in both Medicare Part B and the FEHB. Your proposal should be included in your response to the Call Letter.

II. BENEFITS & SERVICES

A. New Guidance

New guidance has been issued by the Department of Health and Human Services, Department of Labor and Department of Treasury for the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. In addition, guidance has been issued for various aspects of the implementation of the Affordable Care Act including coverage of habilitative services and cost-sharing limits (specifically, the out-of-pocket

maximum). Please refer to the Call Letter for a description of the guidance and links to appropriate websites.

Information Required: Please refer to ADC questions 4.1-4.5 for mental health parity; ADC questions 8.1-8.2 for habilitative services; and, ADC questions 9.1-9.3 for cost-sharing limits.

B. Continued Focus from Previous Years

1. Coverage of Applied Behavior Analysis (ABA)

Recent data indicate that thirty-four states have some level of insurance mandate in place for coverage of Applied Behavior Analysis for children with autism. Additionally, the availability of qualified providers continues to expand. OPM encourages carriers to offer this coverage to FEHB members. We are particularly interested in expanding coverage in states with significant concentrations of federal workers, including CA, CO, CT, DC, MD, NJ, SC, and VA.

Required Information: Please complete ADC questions 7.1-7.3, which request updated information on your plan's coverage of ABA.

2. Organ/Tissue Transplants

We have updated the guidance on organ/tissue transplants for 2015. When you determine that a transplant service is no longer experimental, but is medically accepted, you may begin providing benefits coverage at that time. Carriers are not obligated to wait for the next contract year before they begin providing such benefits. We have updated the following tables in Attachment VII:

Table 1 – OPM's required list of covered organ/tissue transplants.
Table 3 – OPM's recommended list of covered rare organ/tissue transplants

Information Required: Completed Attachment V - 2015 Organ/Tissue Transplants and Diagnoses.

3. Point of Service Product

We will consider proposals to offer a Point of Service (POS) product under the FEHB Program. Your plan's proposal must demonstrate experience with a private sector employer who has already purchased the POS product.

4. Review of Program Exclusions

OPM regularly evaluates the continued relevance of program exclusions. In light of recent FDA approvals, Carrier Letter 2014-04 recommends that plans review any existing restrictions on coverage of weight loss drugs.

Information Required: Updates to coverage, if appropriate, should be included with your 2015 proposals.

Federal Preemption Authority

The law governing the FEHB Program gives OPM the authority to pre-empt state laws regarding the nature or extent of coverage or benefits, including payments with respect to benefits. We do not pre-empt state laws that increase our enrollees' benefits unless the state mandate conflicts with Federal law, FEHB regulations, or Program-wide policy.

Attachment I
FEHB Carrier Contracting Official

The Office of Personnel Management (OPM) will not accept any contractual action from

_____ (Carrier),
including those involving rates and benefits, unless it is signed by one of the persons named below (including the executor of this form), or on an amended form accepted by OPM. This list of contracting officials will remain in effect until the carrier amends or revises it.

The people named below have the authority to sign a contract or otherwise to bind the Carrier

for _____ (Plan).

Enrollment code (s):_____

Typed name	Title	Signature	Date

By: _____
(Signature of contracting official) (Date)

_____
(Typed name and title)

_____ _____
(Telephone) (FAX)

_____
(Email)

Attachment Ia
Mental Health Parity Attestation of Compliance

Plan Name:

Carrier Codes:

I attest that this plan offers the full continuum of care for mental health and substance use disorder affecting members in any age group. This plan's coverage meets or exceeds mental health parity as defined in the Department of Health and Human Services, Department of Labor, and Department of Treasury final regulations released on November 13, 2013 (http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf). A copy of the quantitative parity determination is included with this plan's 2015 benefits proposal if one has been performed.

Signature of authorized contracting official:

Name **Date**

Title

Attachment II
[Insert Health Plan Name]: Benefit Change Worksheet #1
[Insert Subsection Name]

Please complete a separate worksheet for each proposed benefit change. Please refer to Benefit Changes on page 6 to complete the worksheet.

Benefit Change Description

Applicable options:

High Option	☐	CDHP	☐
Standard Option	☐	HDHP	☐
Basic	☐		

Item	Narrative Description
Current Benefit	
Proposed Benefit	
Proposed Brochure Language	
Reason	
Cost Impact / Actuarial Value	

Additional Questions:

I. Actuarial Value:
   (a) Is the change an increase or decrease in existing benefit package?
   (b) If an increase, describe whether any other benefit is off-set by your proposal.

II. Is the benefit change a part of the plan's proposed community benefits package?
   (a) If yes, when?
   (a) If approved, when? (attach supporting documentation)
   (b) How will the change be introduced to other employers?
   (c) What percentage of the plan subscribers now have this benefit?
   (d) What percentage of plan subscribers do you project will have this benefit by January 2015?

III. If change is not part of proposed community benefits package, is the change a rider?
   (a) If yes, is it a community rider (offered to all employers at the same rate)?
   (b) What percentage of plan subscribers now have this benefit?
   (c) What percentage of plan subscribers do you project will have this benefit by January 2015?
   (d) What is the maximum percentage of all subscribers you expect to be covered by this rider?
   (e) When will that occur?

IV. Will this change require new providers?

(a) If yes, provide a copy of the directory which includes new providers.

Attachment III
[Insert Health Plan Name]: Benefit Clarification Worksheet #1
[Insert Subsection Name]

Please refer to Benefit Clarifications on page 6 to complete the worksheet.

Please Note: If the benefit clarification equates to a benefit change, you must indicate it as a benefit change on the Benefit Change Worksheet.

Benefit Clarification Description

Applicable options:

High Option	☐	CDHP	☐
Standard Option	☐	HDHP	☐
Basic	☐		

Current Benefit Language	Proposed Clarification	Reason For Benefit Clarification

Attachment IV
Preparing Your 2015 Brochure

Summary of Plan Benefits

FEHB plans will continue to provide a summary of plan benefits and coverage (SBC) based on standards developed by the Secretary of the Department of Labor. You will receive additional information regarding the SBC in a subsequent carrier letter.

Going Green

We appreciate your efforts to support our "Going Green" goals to help reduce FEHB administrative costs. Once again, you must provide paper copies of plan brochures to new members or only upon request to current members and may send Explanations of Benefits, newsletters and other plan materials electronically.

Timeline: 2015 Brochure Process

We will continue to use the brochure process we implemented last year. This process is a web application that uses database software to generate a Section 508-compliant PDF. This year's deadlines and significant dates are:

DEADLINES	ACTIVITY
May 31	Plans submit Section 5 Benefits information with proposal if suggesting new option
July 2	Plans receive *2015 FEHB Brochure Handbook* via listserv
July 2	OPM will provide *2015 Brochure Creation Tool (BCT) User Manual*
July 9-11 & 14-18	OPM in-house training on the use of the Brochure Creation Tool
July 2-August 29	OPM circulates updated FEHB Brochure Handbook pages by listserv
September 4	Plans must enter all data into Section 5 Benefits and update all plan specific information in the brochure tool. Plans will be unable to make changes after this date so that Contract Specialists can review PDF versions of plan brochures. If changes need to be made, we will unlock plan brochures on a case-by-case basis.
September 10	OPM sends brochure quantity form to plan after Contract Specialist approves brochure for printing as well as other related Open Season instructions
August 22	OPM's deadline to finalize all language and shipping labels

In mid-July, we will provide in-house training to refresh plans on the use of the Brochure Creation Tool with 8 individual sessions held at OPM. We will notify plans via the FEHB Carriers listserv about the training dates and times. Please send any comments or questions pertaining to the Brochure Creation Tool to Lionell Jones at lionell.jones@opm.gov.

Attachment V
2015 Organ/Tissue Transplants and Diagnoses

Table 1: Required Coverage

NOTE**: *** indicates an addition to the chart for 2015

I. Solid Organ Transplants: Subject to Medical Necessity	**Reference**
Cornea	Call Letter 92-09
Heart	Call Letter 92-09
Heart-lung	Call Letter 92-09
Kidney	Call Letter 92-09
Liver	Call Letter 92-09
* Pancreas	Call Letter 92-09
*Autologous pancreas islet cell transplant (as an adjunct to total or near total pancreatectomy) only for patients with chronic pancreatitis	
Intestinal transplants (small intestine with the liver) or (small intestine with multiple organs such as the liver, stomach, and pancreas) or *isolated small intestine	Carrier Letter 2001-18
Lung: Single/bilateral/lobar	Carrier Letter 91-08
Allogeneic transplants for:	
Acute lymphocytic or non-lymphocytic (i.e., myelogenous) leukemia	
Advanced Hodgkin's lymphoma – relapsed	
Advanced non-Hodgkin's lymphoma - relapsed	
Acute myeloid leukemia	
Advanced Myeloproliferative Disorders (MPDs)	
Amyloidosis	
Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL)	
Hemoglobinopathy	
Marrow Failure and Related Disorders (i.e., Fanconi's, PNH, Pure Red Cell Aplasia)	
Myelodysplasia/Myelodysplastic Syndromes	
Paroxysmal Nocturnal Hemoglobinuria	
Severe combined immunodeficiency	
Severe or very severe aplastic anemia	
Autologous transplants for:	
Acute lymphocytic or nonlymphocytic (i.e., myelogenous) leukemia	Call Letter 96-08B
Advanced Hodgkin's lymphoma – relapsed	Call Letter 96-08B
Advanced non-Hodgkin's lymphoma - relapsed	Call Letter 96-08B
Amyloidosis	
Neuroblastoma	Call Letter 96-08B

III. Blood or Marrow Stem Cell Transplants: Not Subject to Medical Necessity	
Allogeneic transplants for:	
Phagocytic/Hemophagocytic deficiency diseases (e.g., Wiskott-Aldrich syndrome)	
Autologous transplants for:	
Multiple myeloma	Carrier Letter 94-23, Call Letter 96-08B
Testicular, Mediastinal, Retroperitoneal, and Ovarian germ cell tumors	Carrier Letter 94-23, Call Letter 96-08B
IV. Blood or Marrow Stem Cell Transplants: Not Subject to Medical Necessity. May Be Limited to Clinical Trials.	
Autologous transplants for:	
Epithelial ovarian cancer	Carrier Letter 94-23 Call Letter 96-08B
Childhood rhabdomyosarcoma	
Advanced Ewing sarcoma	
Aggressive non-Hodgkin's lymphomas (Mantle Cell lymphoma, adult T-cell leukemia/lymphoma, peripheral T-cell lymphomas and aggressive Dendritic Cell neoplasms)	Carrier Letter 2013-12a
Advanced Childhood kidney cancers	
Mantle Cell (Non-Hodgkin lymphoma)	
V. Mini-transplants performed in a Clinical Trial Setting (non-myeloablative, reduced intensity conditioning for member over 60 years of age with a diagnosis listed under Section II): Subject to Medical Necessity	
VI. Tandem transplants: Subject to medical necessity	
Autologous tandem transplants for:	
AL Amyloidosis	
Multiple myeloma (de novo and treated)	
Recurrent germ cell tumors (including testicular cancer)	Call Letter 2002-14

Table 2: Recommended For Coverage: Transplants under Clinical Trials

Technology and clinical advancements are continually evolving. Plans are encouraged to provide coverage during the contract year for transplant services recommended under Clinical Trials. These types of transplants may transition from experimental/investigational and become consistent with standards of good medical practice in the U.S. for the diagnosed condition. Please return this worksheet with your proposal.

	Does your plan cover this transplant for 2015?	
Blood or Marrow Stem Cell Transplants	**Yes**	**No**
Allogeneic transplants for:		
Early stage (indolent or non-advanced) small cell lymphocytic lymphoma		
Multiple myeloma		
Multiple sclerosis		
Sickle Cell		
Beta Thalassemia Major		
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)		
Non-myeloablative allogeneic transplants for:		
Acute lymphocytic or non-lymphocytic (i.e., myelogenous) leukemia		
Advanced Hodgkin's lymphoma		
Advanced non-Hodgkin's lymphoma		
Breast cancer		
Chronic lymphocytic leukemia		
Chronic myelogenous leukemia		
Colon cancer		
Chronic lymphocytic lymphoma/small lymphocytic lymphoma (CLL/SLL)		
Early stage (indolent or non-advanced) small cell lymphocytic lymphoma		
Multiple Myeloma		
Multiple Sclerosis		
Myeloproliferative Disorders		
Myelodysplasia/Myelodysplastic Syndromes		
Non-small cell lung cancer		
Ovarian cancer		
Prostate cancer		
Renal cell carcinoma		
Sarcomas		
Sickle Cell disease		
Autologous transplants for:		
Chronic myelogenous leukemia		
Chronic lymphocytic lymphoma/small lymphocytic lymphoma (CLL/SLL)		
Early stage (indolent or non-advanced) small cell lymphocytic lymphoma		

Small cell lung cancer		
Autologous transplants for the following autoimmune diseases:		
Multiple sclerosis		
Systemic lupus erythematosus		
Systemic sclerosis		
Scleroderma		
Scleroderma-SSc (severe, progressive)		

Table 3: Recommended For Coverage: Rare Organ/Tissue Transplants

Technology and clinical advancements are continually evolving. Plans are encouraged to provide coverage during the contract year for transplant services that transition from experimental/ investigational. These types of transplants may transition from experimental/investigational and become consistent with standards of good medical practice in the U.S. for the diagnosed condition. Please return this worksheet with your proposal.

	Does your plan cover this transplant for 2015?	
Solid Organ Transplants	**Yes**	**No**
*Allogeneic islet transplantation		
Blood or Marrow Stem Cell Transplants		
Allogeneic transplants for:		
Advanced neuroblastoma		
Infantile malignant osteopetrosis		
Kostmann's syndrome		
Leukocyte adhesion deficiencies		
Mucolipidosis (e.g., Gaucher's disease, metachromatic leukodystrophy, adrenoleukodystrophy)		
Mucopolysaccharidosis (e.g., Hunter's syndrome, Hurler's syndrome, Sanfilippo's syndrome, Maroteaux-Lamy syndrome variants)		
Myeloproliferative disorders		
Sickle cell anemia		
X-linked lymphoproliferative syndrome		
Autologous transplants for:		
Ependymoblastoma		
Ewing's sarcoma		
Medulloblastoma		
Pineoblastoma		
Waldenstrom's macroglobulinemia		

Attachment VI
Specialty Benchmark Files

(OPM will provide the specialty benchmark files electronically.)

Attachment VII
Prescription Drug Supplemental Information

Prescription Drug Cost Trends

If your projected drug cost trend for 2014 exceeds your 2013 actual trend in one or more of the following categories, Please describe the strategies you will employ in 2015 to reduce those trends.

Overall Trend Rate

_____
_____
_____

Overall Trend Rate – Per-Member Per-Year

_____
_____
_____

Specialty Trend Rate – Non-Oncology

_____
_____
_____

Specialty Trend Rate – Oncology

_____
_____
_____

Generic Dispensing Rate (if 2014 rate is projected to be LESS than 2013)

_____
_____
_____

Additional Initiatives

If you intend to introduce or to enhance existing quality assurance or cost-containment strategies in 2015 that are not addressed in ADC question 1.6, please describe those initiatives here:

_____
_____
_____

(a) Utilization Management - 2014
ADC question 1.6, 42

If you indicated that your benefit plan excludes coverage of "Other categories" of drugs than those listed, please indicate those categories here:

_____

_____
_____
_____

(b) Utilization Management - 2015
ADC question 1.6, 42

If you indicated that your benefit plan excludes coverage of "Other categories" of drugs than those listed, please indicate those categories here:

_____
_____
_____
_____

Attachment VIII
Online Automated Data Collection Questions

(This attachment is in a separate document included with the Technical Guidance Carrier Letter.)

Attachment IX
2015 Technical Guidance Submission Checklist

Topic/Attachment Number	In Proposal Yes/No/NA	Worksheet Completed Yes/No/NA
FEHB Carrier Contracting Official (Attachment I)		
Mental Health Parity Attestation of Compliance (Attachment Ia)		
Benefit Change Worksheet: worksheet for each change (Attachment II)		
Benefit Clarification Worksheet: worksheet for each clarification (Attachment III)		
Preparing Your 2015 Brochure (Attachment IV)		
2015 Organ/Tissue Transplants & Diagnoses: Tables 1, 2 & 3 (Attachment V)		
Specialty Benchmark Files (Attachment VI)	N/A	N/A
Prescription Drug Supplemental Information (VII)		
ADC Questions (Attachment VIII)	N/A	N/A
Technical Guidance Submission Checklist (Attachment IX)	N/A	

Please return this checklist with your CY 2015 benefit and rate proposal