

2025 Plan Performance Assessment (PPA) Procedure Manual

Attachment 2: Planned HEDIS and CAHPS Reporting

Planned HEDIS and CAHPS reporting allows OPM to collect information on 2025 expected data. This important information is critical to our planning efforts for the scoring cycle. This document includes the steps and examples of how to submit this information. Please certify this information in Benefits Plus by **December 15, 2024**.

As you go through the process, the page that you are currently on is highlighted in a darker blue than the other pages. For example, if you are entering HEDIS information, the HEDIS button will be dark blue:

HEDIS

If you want to navigate back to this page from another page, it will be lighter blue:

HEDIS

If you have questions, please contact OPM at FEHBPerformance@opm.gov.

Steps:

- [Step 1](#): Navigate to the PPA Overview page
- [Step 2](#): Select Plan
- [Step 3](#): Select Plan Codes, Options and States
- [Step 4](#): Enter HEDIS Information
- [Step 5](#): Enter CAHPS Information
- [Step 6](#): Check CAHPS Codes
- [Step 7](#): Enter HEDIS Auditor Information
- [Step 8](#): Enter CAHPS Survey Information
- [Step 9](#): Enter CAHPS Vendor Contact Information
- [Step 10](#): Enter CAHPS Health Carrier Contact Information
- [Step 11](#): Enter CAHPS Invoice Contact Information
- [Step 12](#): Submit & Certify

Step 1: Navigate to the PPA Overview page

The Benefits Plus (BP) portal URL is: <https://www.opm.gov/healthcare-insurance/benefits-plus/>

- After logging into Benefits Plus
 - Go to the PPA Header at the top right section of the menu
 - Select the **HEDIS & CAHPS** drop down option

HEDIS and CAHPS Drop Down Example



Step 2: Select Plan

- The example below is the main Screen. If at any point while entering the planned HEDIS and CAHPS information, you click the **Home** button, it will return you to the screen below
- Once at this screen:
 - make sure 2024 is showing under **select year**
 - select FEHB under the **Benefit Program**
 - click on the Plan name in this case Acme Insurance under Contract to enter the HEDIS and CAHPS information

Select Plan Example

The screenshot shows the "HEDIS & CAHPS" selection screen. At the top, "HEDIS & CAHPS" is displayed in green. Below this, there are two dropdown menus: "Select Year" and "Benefit Program". The "Select Year" dropdown is set to "2025" and the "Benefit Program" dropdown is set to "FEHB". Below these dropdowns, there is a table with two columns: "IAC" and "CONTRACT NUMBER". The first row in the table shows "Acme Insurance" under the "IAC" column and "9999" under the "CONTRACT NUMBER" column. A green arrow points to the "Acme Insurance" text.

IAC	CONTRACT NUMBER
Acme Insurance	9999

Step 3: Select Plan Code, Option, and State



- Once you select a Plan, you will then see the Plan Codes, Options, and States associated with that Plan
- At this point in the process, you are on the **Plan Info** page
- On this page, you can click on one or more grouping of the Plan Codes, Options, and States
- If each Plan Code, Option, and State has a distinct SubID, then you would select them individually. If they share SubIDs, then you can click on as many that share the same SubID
- After filling out the first SubID information, if you wish to return to this page, please click on the **Plan Info** button

Plan Info Example

CONTRACT NAME: Acme Insurance Inc.

CONTRACT NUMBER: 9999

Plan Info	HEDIS Auditor	CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact
-----------	---------------	-------------------	----------------------	------------------------------	-----------------------

SELECT	PLAN CODES	OPTION	STATE
 <input checked="" type="checkbox"/>	AA	High	WA
<input type="checkbox"/>	AA	Standard	OR
 <input checked="" type="checkbox"/>	BB	High	WA
<input type="checkbox"/>	BB	Standard	OR

HEDIS

CAHPS

CAHPS Code Check

Home

Step 4: Enter HEDIS Information

- Once you have selected one or more Plan Code(s) and Option(s), you will click the **HEDIS** button to enter the HEDIS information such as HEDIS Org ID, SubID, etc.
- Required fields must be completed before clicking the **Save** button
- Please repeat this process until all HEDIS information has been included for each Plan Code, Option, and State
- Click the **Save** button when finished

HEDIS Information Example

[HEDIS](#) [CAHPS](#) [CAHPS Code Check](#) [Home](#)

HEDIS

* = Required field

HEDIS OrgID * ⓘ

HEDIS SubID * ⓘ

HEDIS Reporting Product * ⓘ

HMO ▾

HEDIS Reporting Population * ⓘ

Commercial ▾

HEDIS Reporting * ⓘ

Yes ▾

Shared Reporting * ⓘ

AA WA and BB WA Shared

Note:- Add N/A if not applicable

Note

[Save](#) [Home](#)

- Click on the **Plan Info** button to continue entering data, the next step is entering the CAHPS information

CONTRACT NAME: Acme Insurance Inc.



CONTRACT NUMBER: 9999

 [Plan Info](#) [HEDIS Auditor](#) [CAHPS Survey Info](#) [CAHPS Vendor Contact](#) [CAHPS Health Carrier Contact](#) [CAHPS Invoice Contact](#)

CONTRACT NAME: Acme Insurance Inc.

CONTRACT NUMBER: 9999

[Plan Info](#) [HEDIS Auditor](#) [CAHPS Survey Info](#) [CAHPS Vendor Contact](#) [CAHPS Health Carrier Contact](#) [CAHPS Invoice Contact](#)

SELECT	PLAN CODES	OPTION	STATE
 <input checked="" type="checkbox"/>	AA	High	WA
<input type="checkbox"/>	AA	Standard	OR
 <input checked="" type="checkbox"/>	BB	High	WA
<input type="checkbox"/>	BB	Standard	OR

[HEDIS](#) [CAHPS](#) [CAHPS Code Check](#) [Home](#)

Step 5: Enter CAHPS Information

- Once you are back on the Plan Info t page, select one or more Plan Code(s), ,Option(s), and State(s)
- You will then click on the **CAHPS** button to enter the CAHPS information such as CAHPS Org ID, SubID, etc.
- Required fields must be completed before clicking the **Save** button
- Please repeat this process until all CAHPS information has been included for each Plan Code, Option, and State
- Click the **Save** button when finished

CAHPS Information Example

[HEDIS](#) [CAHPS](#) [CAHPS Code Check](#) [Home](#)

CAHPS

* = Required field

CAHPS OrgID * ⓘ

1234

CAHPS SubID * ⓘ

1234

CAHPS Reporting * ⓘ

Yes ▼

CAHPS Reporting Population * ⓘ

Commercial ▼

CAHPS Reporting FilingType * ⓘ

HMO ▼

Shared Reporting * ⓘ

AA WA, AA ID, & BB WA

Note:- Add N/A if not applicable

Note

N/A

[Save](#) [Home](#)

Step 6: Check CAHPS Codes

- After entering the CAHPS information, click the **CAHPS Code Check** button
- The CAHPS code is created with the following breakout: The two-digit carrier code, dash, 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 below is shown as **AA-HMO-WA-000**
- If the CAHPS Code that appears is not correct, please click the **CAHPS** button and correct the CAHPS information. For example, if **AA-HMO-WA-000** should have read **AA-PPO-WA-000**, you can click the **CAHPS** button and correct the data from HMO to PPO.
- If you need to add more CAHPS codes (for example, if you needed to add AA-HMO-ID-000), click the **Add Additional CAHPS Code** button
- The new CAHPS Code will be associated with the Carrier Code and Option near the **Add Additional CAHPS Code** button that you have selected
- If you have clicked the **Add Additional CAHPS Code** button, the following screen will appear
- Enter the Org ID, CAHPS Sub ID, Reporting Filing Type, State and click **Save**

CAHPS Code Check and Add Additional CAHPS Code Example

The screenshot shows a web application interface for checking and adding CAHPS codes. At the top, there are navigation buttons: HEDIS, CAHPS, CAHPS Code Check (highlighted), and Home. Below this is a section titled "CAHPS CODE CHECK". It contains a table with the following data:

ORG ID	CAHPS SUBID	PLAN CODE	REPORTING FILING TYPE	STATE	OPTION	FULL CAHPS CODE
1234	1234	AA	HMO	WA	000 - High	AA-HMO-WA-000

To the right of the "FULL CAHPS CODE" column is a green arrow pointing to a blue button labeled "Add Additional CAHPS Code". Below the table is a form for adding a new code with the following fields:


ORG ID	CAHPS SUBID	CAHPS REPORTING FILING TYPE	STATE
<input type="text" value="1234"/>	<input type="text" value="1234"/>	<input type="text" value="HMO"/> ▼	<input type="text" value="WA"/> ▼

At the bottom of the form are two buttons: "Save" and "Cancel".

- After you have entered the information for the additional CAHPS Code and clicked **Save**, the following screen will appear
- This gives you an opportunity to view the newly created CAHPS Code, shown in the example below as AA-HMO-ID-000
- From this point, you can edit or remove the added CAHPS Codes

HEDIS CAHPS CAHPS Code Check Home							
CAHPS CODE CHECK							
ORG ID	CAHPS SUBID	PLAN CODE	REPORTING FILING TYPE	STATE	OPTION	FULL CAHPS CODE	
1234	1234	AA	HMO	WA	000 - High	AA-HMO-WA-000	Add Additional CAHPS Code
1234	1234	AA	HMO	ID	000 - High	AA-HMO-ID-000	Remove

- Once you have completed the CAHPS code section, click on the **HEDIS Auditor** button at the top of the page to continue entering the 2024 cycle information

CONTRACT NAME:	Acme Insurance Inc.				
CONTRACT NUMBER:	9999 				
Plan Info	HEDIS Auditor	CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact

Step 7: Enter HEDIS Auditor Information

- You will see the following screen after clicking on the **HEDIS Auditor** button
- Required fields must be completed before clicking the **Save** button

HEDIS Auditor Information Example

HEDIS AUDITOR * = Required field

HEDIS AUDITOR COMPANY NAME*

HEDIS Auditing Co.

FIRST NAME*

Samantha

LAST NAME*

Jones

STREET ADDRESS *

145 Example St

ADDRESS 2

Suite B

CITY*

Washington

STATE*

District of Columbia ▾

ZIP CODE *

20415

(99999 or 99999-4444)

PHONE NUMBER*

123-444-5656

(800-123-4567)

EMAIL ADDRESS*

SJones@exampleemail.com

(example@mail.com)

NOTES

Save

Home

- To continue entering data, click on the **CAHPS Survey Info** button at the top of the page

CONTRACT NAME: Acme Insurance Inc.

CONTRACT NUMBER: 9999

Plan Info

HEDIS Auditor

CAHPS Survey Info

CAHPS Vendor Contact

CAHPS Health Carrier Contact

CAHPS Invoice Contact

Step 8: Enter CAHPS Survey Information

- This will open the section where you verify that you are using the CAHPS® 5.1H Health Plan Survey Adult Commercial Survey
- If the Plan is new to the FEHB Program for 2024, you can indicate that you are not required to report for the 2024 PPA Scoring Cycle
- Required fields must be completed before clicking the **Save** button

Add CAHPS Survey Statement Example

CAHPS SURVEYS INFO * = Required field

Carrier Contract is new to FEHB Program for 2024 and is not required to conduct CAHPS® Surveys in 2024 *

Carrier will conduct the CAHPS® 5.1H Health Plan Survey Adult Commercial Version following the NCQA requirements set forth in HEDIS Volume 3: Specifications for Survey Measures *

No ▾

Yes ▾

Save

Home

- To continue entering data, click on the **CAHPS Vendor Contact** button at the top of the page

CONTRACT NAME: Acme Insurance Inc.

CONTRACT NUMBER: 9999

Plan Info

HEDIS Auditor

CAHPS Survey Info

CAHPS Vendor Contact

CAHPS Health Carrier Contact

CAHPS Invoice Contact

Step 9: Enter CAHPS Vendor Contact Information

- After clicking on the **CAHPS Vendor Contact** button, you will see the following screen
- Fill in the information to indicate which CAHPS Vendor you are working with and enter their contact information
- Required fields must be completed before clicking the **Save** button

CAHPS Vendor Contact Information Example

CAHPS VENDOR CONTACT * = Required field

NCQA CAHPS VENDOR*	CAHPS Vendor Inc. ▼	
FIRST NAME*	Jennifer	
LAST NAME*	Smith	
STREET ADDRESS *	145 Example St	
ADDRESS 2	Suite B	
CITY*	Washington	
STATE*	District Of Columbia ▼	
ZIP CODE *	20415	(99999 or 99999-4444)
PHONE NUMBER*	123-444-5656	(800-123-4567)
EMAIL ADDRESS*	JSmith@exampleemail.com (example@mail.com)	
NOTES	<div></div>	

Save

Home

- To continue entering data, click on the **CAHPS Health Carrier Contact** button at the top of the page

CONTRACT NAME: Acme Insurance Inc.

CONTRACT NUMBER: 9999

Plan Info HEDIS Auditor CAHPS Survey Info CAHPS Vendor Contact **CAHPS Health Carrier Contact** CAHPS Invoice Contact

Step 10: Enter CAHPS Health Carrier Contact Information

- You will see the following page after clicking on the **CAHPS Health Carrier Contact** button
- Required fields must be completed before clicking the **Save** button

CAHPS Health Carrier Information Example

CAHPS HEALTH CARRIER CONTACT * = Required field

FIRST NAME* Sam

LAST NAME* Smith

STREET ADDRESS 145 Example St

ADDRESS 2 Suite B

CITY* Washington

STATE* District of Columbia

ZIP CODE* 20415 (99999 or 99999-4444)

PHONE NUMBER* 123-444-5656 (800-123-4567)

EMAIL ADDRESS* Sam.Smith@exampleemail.com (example@mail.com)

NOTES


Save Home

- To continue entering data, click on the **CAHPS Invoice Contact** button at the top of the page

CONTRACT NAME: Acme Insurance Inc.

CONTRACT NUMBER: 9999

Plan Info HEDIS Auditor CAHPS Survey Info CAHPS Vendor Contact CAHPS Health Carrier Contact **CAHPS Invoice Contact**



Step 11: Enter CAHPS Invoice Contact Information

- The following page will appear after clicking on the **CAHPS Invoice Contact** button
- If this information is the same as the **CAHPS Health Carrier Contact** Information, select the **Yes** button by that question and the information will populate from the **CAHPS Health Carrier Contact** Page
- Required fields must be completed before clicking the **Save** button

CAHPS Invoice Contact Information Example

CAHPS INVOICE CONTACT

IS THIS CAHPS INVOICE CONTACT SAME AS CAHPS HEALTH CARRIER CONTACT? ☐ Yes ☒ No

* = Required field

FIRST NAME* Janice

LAST NAME* Meyers

STREET ADDRESS 145 Test St. NW

ADDRESS 2 Suite 400

CITY* Washington

STATE* District of Columbia


ZIP CODE* 20415 (99999 or 99999-4444)

PHONE NUMBER* 123-444-5656 (800-123-4567)

EMAIL ADDRESS* JMeyers@exampleemail.com (example@mail.com)

NOTES

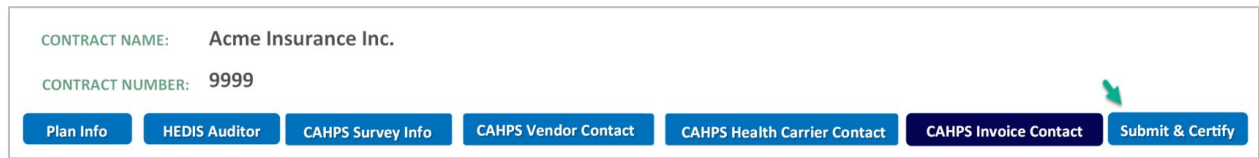
Save Home



Step 12: Submit & Certify

- After the information for each tab is complete, the **Submit & Certify** Button will become visible
- Click on the **Submit & Certify** Button after you have verified that all of the info has been entered
- Click the **Save** button

Submit & Certify Example



The screenshot shows a web interface with a header section containing two lines of text: "CONTRACT NAME: Acme Insurance Inc." and "CONTRACT NUMBER: 9999". Below this header is a horizontal row of seven blue buttons. The buttons are labeled "Plan Info", "HEDIS Auditor", "CAHPS Survey Info", "CAHPS Vendor Contact", "CAHPS Health Carrier Contact", "CAHPS Invoice Contact", and "Submit & Certify". A green arrow points to the "Submit & Certify" button, which is the final button in the row.

- After completing the Submit & Certify section, you have completed the 2025 HEDIS and CAHPS planned reporting information.
- Thank you for providing the information, it is helpful in building the foundation for the 2025 PPA Scoring Cycle
- If there are questions on this process, please email FEHBPerformance@opm.gov and include your Health Insurance Specialist on the email.