Attachment 3:

Healthcare Effectiveness Data and Information Set (HEDIS)

Quality Improvement Corrective Action Plan (CAP)

This Corrective Action Plan (CAP) template serves to guide Federal Employee Health Benefit (FEHB) plans in the process of improving accountability, as measured by Healthcare Effectiveness Data and Information Set (HEDIS) metric performance.

For HEDIS 2013, the Office of Personnel Management (OPM) required FEHB plans to report HEDIS data on at least the following five metrics:

1. Breast Cancer Screening - BCS
2. Comprehensive Diabetes Care: Hemoglobin A1c Testing - CDC
3. Comprehensive Diabetes Care: LDL-C Screening - CDC
4. Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening - CMC
5. Follow-up After Hospitalization for Mental Illness: 7 Day Follow-up after Discharge - FUH

FEHB plans that reported HEDIS 2013 metric scores below the relevant national commercial 25th percentile benchmark in one or more metrics must submit a CAP for each metric that does not meet the threshold.

CAPs for all metrics are due November 29, 2013 to your Contract Specialist.

The outline below provides directions regarding CAP requirements.

I. HEDIS 2013 RESULTS

FEHB Carrier: Enter your HEDIS 2013 metric results that are below the relevant national commercial 25th percentile benchmark in the following tables, according to your National Committee for Quality Assurance (NCQA) Quality Compass projection. You may need to add additional rows to include all eligible FEHB health plans.
### HEDIS 2013 Data Scoring for Commercial HMOs

<table>
<thead>
<tr>
<th>FEHB Carrier Code</th>
<th>FEHB Plan Name</th>
<th>2013 FEHB Est. Headcount</th>
<th>BCS - Breast Cancer Screening</th>
<th>CDC - Diabetes HbA1C Testing</th>
<th>CDC - Diabetes LDL-C Screening</th>
<th>CMC – Cardio. Patients LDL-C Screening</th>
<th>FUH - Follow-up After Hospitalization for Mental Illness - 7 Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>HEDIS 2013 %</td>
<td>HEDIS 2013 %</td>
<td>HEDIS 2013 %</td>
<td>HEDIS 2013 %</td>
<td>HEDIS 2013 %</td>
</tr>
<tr>
<td><strong>25th Percentile for Commercial HMOs</strong></td>
<td></td>
<td></td>
<td>0.66</td>
<td>0.88</td>
<td>0.84</td>
<td>0.86</td>
<td>0.46</td>
</tr>
<tr>
<td><strong>10th Percentile for Commercial HMOs</strong></td>
<td></td>
<td></td>
<td>0.62</td>
<td>0.86</td>
<td>0.80</td>
<td>0.82</td>
<td>0.38</td>
</tr>
</tbody>
</table>

### HEDIS 2013 Data Scoring for Commercial PPOs

<table>
<thead>
<tr>
<th>FEHB Carrier Code</th>
<th>FEHB Plan Name</th>
<th>2013 FEHB Est. Headcount</th>
<th>BCS - Breast Cancer Screening</th>
<th>CDC - Diabetes HbA1C Testing</th>
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<td></td>
<td>0.64</td>
<td>0.85</td>
<td>0.79</td>
<td>0.81</td>
<td>0.46</td>
</tr>
<tr>
<td><strong>10th Percentile for Commercial PPOs</strong></td>
<td></td>
<td></td>
<td>0.62</td>
<td>0.82</td>
<td>0.75</td>
<td>0.75</td>
<td>0.37</td>
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</table>
II. PLAN ANALYSIS

FEHB Carrier: For each metric score below the 25th percentile, provide:
   1. Analysis → Strengths and weaknesses of current quality practices.
   2. Barriers → Identify potential barriers to metric improvement.
   3. Outreach → Estimate the number of health plan members that need to be engaged to increase the score to at least the 25th percentile.

III. ACTION STEPS

FEHB Carrier: For each metric score below the 25th percentile, provide:
   1. Action Outline → List in-depth steps in your Corrective Action Plan to raise the score(s) to at least the minimum threshold. If submitting a CAP for a metric(s) score that fell below the 25th percentile for HEDIS 2012 and HEDIS 2013, please highlight what will be done additionally or alternatively to improve performance to the minimum threshold.
   2. Classification → OPM strongly encourages Carriers with performance below the National Commercial HMO or PPO relevant 10th percentile benchmark1 to develop novel2 actions, rather than reinforcement3 actions, to increase quality performance. Classify action steps as ‘Provider Incentive,’ ‘Patient Incentive,’ and/or ‘Reinforcement.’
   3. Action Timeline → Identify the start date, and if applicable, end date of each action step.
   4. Progress Projection → Identify the projected metric improvement results including a timeline of when improvement can be expected.

IV. POINT OF CONTACT → Identify a Point of Contact for your CAP.

V. NOTEWORTHY PERFORMANCE (Optional)

FEHB Carrier: List three or fewer additional metrics in which your plans exhibit quality performance. Report your score(s) in addition to the 25th, 50th, and 75th national commercial relevant benchmark(s). These metrics will not be scored in 2012, but may influence metrics selected for future collection and scoring.

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1 10th Percentile Benchmarks are listed in the relevant HMO and PPO charts on page 2.
2 Introduction of a new practice.
3 Modification of an existing practice.
VI. CERTIFICATION

☐ The undersigned have read this Corrective Action Plan and agree to its terms.

FEHB Carrier Quality Improvement POC:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

☐ The undersigned have read this Corrective Action Plan and agree to its terms.

☐ The undersigned have read this Corrective Action Plan and do not agree to its terms. Further clarification may be required; the Contract Specialist will schedule a meeting to discuss the resolution of issues.

OPM Contract Specialist:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
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OPM Health Insurance Chief:

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