

2018 FEHB
Plan Performance Assessment
Procedure Manual



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Introduction

This Federal Employees Health Benefits (FEHB) Plan Performance Assessment Procedure Manual is a resource for FEHB Carriers reporting Healthcare Effectiveness Data and Information Set (HEDIS®)¹ and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)² measures in 2018 to OPM. This procedure manual provides specific guidance for FEHB Carriers to report Clinical Quality, Customer Service and Resource Use (QCR) and related Farm Team measures under the FEHB Plan Performance Assessment. This procedure manual replaces what was referred to as a “carrier manual” in 2017.

Section 1: Reporting Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Data

Subsection A: OPM General Requirements for HEDIS Collection and Reporting

- NCQA compiles the HEDIS data on OPM’s behalf; therefore, Carriers must follow NCQA’s data submission process. Additional information is outlined below and can also be found at: www.ncqa.org/hedis-quality-measurement/hedis-data-submission.
- Carriers are expected to report on the book(s) of business in which FEHB members are enrolled. For many plans this will be the commercial book of business. If Carriers have FEHB members enrolled in multiple plan product types under one OPM contract, OPM will use the plan product type with the highest FEHB enrollment to score all reports.
- New plans entering the FEHB must report HEDIS and CAHPS in the second full year of participation in the FEHB. Reports submitted to OPM before this time are not eligible for inclusion in the Plan Performance Assessment.
- Each FEHB Carrier must submit audited HEDIS results regardless of enrollment size.
- Questions: HEDIS@opm.gov

HEDIS Cost to FEHB Health Plans

As stated in the FEHB Contract, “costs incurred by the Carrier for collecting or contracting with a vendor to collect quality measures/data shall be the Carrier’s responsibility.” For all measures where NCQA allows collection of a HEDIS metric by either hybrid³ or administrative⁴ methodology, OPM will also accept either method, but encourages hybrid collection. In offering this choice, OPM aligns with

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

³ Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure’s eligible population. Organizations should review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who are found to have received the service required for the numerator. (HEDIS Technical Specifications, Volume 2, page 26.)

⁴ Transaction data or other administrative databases are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator.

national commercial benchmarks which contain a mix of hybrid and administrative data, while remaining mindful of the cost associated with hybrid collection. However, Experience-Rated Carriers should note that OPM will not cover the additional cost of hybrid collection if NCQA allows administrative reporting. For metrics that are collected via hybrid methodology exclusively, Experience-Rated Carriers may submit a justification of expenses that exceed their administrative services cost breakdown associated with collecting this measure.

HEDIS Timeline

- December 2017:
 - NCQA HEDIS Data Submission Kick-off letter is sent to Primary and Secondary contacts.
 - NCQA posts the XML Templates, Validations and Data Dictionaries for Interactive Data Submission System© (IDSS) to the data submission webpage.

- January 2018:
 - NCQA Releases the 2018 Healthcare Organization Questionnaire (HOQ) for review and updates.

- February 2018:
 - Health Plans finalize submission requests for commercial, Medicaid, Medicare and Marketplace in HOQ in order to obtain access to the IDSS and submission IDs for HEDIS.

- April 2018:
 - NCQA Releases the 2018 IDSS for data loading and validation.
 - Submission IDs for survey measures are distributed to NCQA certified survey vendors.

- May 2018:
 - NCQA Conditions for Public Reporting letter is sent to Primary and Secondary HEDIS contacts. This letter includes the rules used for displaying data in the public reporting program (i.e. Health Plan Ratings).
 - Health Plan Rating – Plan Confirmation is sent via the Health Plan Ratings website. Plans are required to confirm their state, enrollment and accreditation information for the Health Plan Ratings and Accreditation scoring.

- June 2018:
 - IDSS Plan-lock must be applied for audited submission to ensure Auditors have sufficient time to review plan results.
 - NCQA requires a Patient-Level-Detail (PLD) file validation for all submissions. (Commercial, Medicaid, Medicare and Marketplace). Organizations must submit the patient-level-detail file to the auditor.
 - Health Plans submit FINAL commercial, Medicaid, Medicare and Marketplace HEDIS (non-survey data) results via the IDSS.
 - All commercial, Medicaid, Medicare and Marketplace Attestations must be submitted to NCQA via electronic signature.
 - Health Plan Ratings Data Freeze. The ratings are based on HEDIS and CAHPS data and accreditation standards scores as of this date.

- July 2018:
 - NCQA Releases the 2018 Quality Compass® commercial edition.
- August 2018:
 - Projected Health Plan Ratings are sent via the Health Plan Ratings website. Plans are required to confirm their rating and accreditation information (if applicable).
- For specific dates and additional information, please visit the NCQA HEDIS timeline:
www.ncqa.org/hedis-quality-measurement/hedis-data-submission/hedis-data-submission-timeline

Subsection B: OPM General Requirements for CAHPS Collection and Reporting

- All FEHB Carriers must administer the CAHPS Health Plan Survey 5.0H Adult Version.
- Members who have Medicare as their primary coverage must not be included in the sample.
- New plans entering the FEHB must report HEDIS and CAHPS in the second full year of participation in the FEHB. Reports submitted to OPM before this time are not eligible for inclusion in the Plan Performance Assessment.
- Each Carrier reporting CAHPS survey data to OPM must also report the CAHPS Effectiveness of Care measure related to Flu Vaccinations for Adults Ages 18–64.
- CAHPS reporting guidelines are listed below:
 - Carriers submitting samples to NCQA from commercial products that include *FEHB contract holders* may submit those samples to OPM.
 - Carriers not submitting commercial samples to NCQA must:
 - Submit a separate CAHPS sample for any FEHB plan option in a state in which that plan option has more than 5,000 FEHB contract holders.
 - Enrollees in FEHB plan options that have fewer than 5,000 FEHB contract holders per state may be included in a plan option specific CAHPS sample labelled as “Other.” An example is outlined below:
 - An FEHB plan has 12,000 FEHB contract holders in New York with 3,000 in the High option and 9,000 in the Standard option. The FEHB plan must conduct one FEHB specific CAHPS sample on the Standard option in New York. The FEHB plan is required to then combine the 3,000 FEHB enrollees in the High option plan with all other states with fewer than 5,000 FEHB contact holders to create a CAHPS sample labelled, “High option – other.”
 - Carriers reporting differently for accreditation purposes, seeking to submit a larger number of samples, or with other unique circumstances should submit a written

explanation and request to their Health Insurance Specialist (Contracts). OPM's Plan Performance Assessment technical team will review their request.

- Questions: CAHPS@opm.gov.

CAHPS Surveys and OMB Clearance

All of the following statements must be included on mailed surveys:

In the upper right corner of each questionnaire: "Form approved: OMB No. 3206-0236."

"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."

On the front cover:

"Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders. If you want to know more about this study, please call (survey vendor number here)."

CAHPS Processing Fee

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. As in previous years, a processing fee will apply to each unique NCQA Submission ID for which data is submitted to OPM.⁵ OPM's CAHPS data collection contractor, Office Remedies, Inc. (ORI), will invoice you directly.

CAHPS Timeline

- **February 1, 2018:** All FEHB plans must complete and submit the CAHPS Survey Participation Form (see Section 3; Subsection A) to CAHPS@opm.gov. If you conduct multiple surveys, please list the name and FEHB Sub-Code for each plan or option.

⁵Plans will be charged for each NCQA data file submitted. Any plan that withdraws from the FEHB Program after submitting data in accordance with these requirements is liable for the processing fee.

- May 1, 2018 (tentative): All FEHB plans must submit a CAHPS crosswalk file (see Section 3; Subsection A) that maps your submission ID(s) to your FEHB plan name and Sub-Code no later than two weeks after NCQA issues submission IDs. This crosswalk must accompany each submission of CAHPS survey results to OPM through their contractor ORI. The crosswalk includes each:
 - NCQA Member-level File Name
 - NCQA Submission ID
 - NCQA Plan Name
 - FEHB Sub-Code
 - FEHB Plan Name
- Please direct questions regarding the crosswalk to Sue Lynd at SueL@ORResults.com.
- June 15, 2018: Member level data file due. All such files must be NCQA validated by the survey vendor. 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 to OPM's contractor, ORI at the following address: SueL@ORResults.com.
- To comply with HIPAA's privacy rules, survey vendors should use appropriate encryption technology.

Subsection C: Reporting HEDIS and CAHPS Results to the National Committee for Quality Assurance (NCQA)

All plans must follow NCQA's procedures for HEDIS reporting, including the HEDIS Compliance Audit™⁶ for which a summary can be found at www.ncqa.org/hedis-quality-measurement/certified-survey-vendors-auditors-software-vendors/hedis-compliance-audit-program/hedis-compliance-audit-program.

To fully understand and comply with HEDIS technical specifications and to obtain the appropriate measures' specifications you will need HEDIS 2018 Volume 2: Technical Specifications for Health Plans and Volume 5: The HEDIS Compliance Audit: Standards, Policies and Procedures and Technical Specifications for Health Plans, which can be purchased at NCQA's website:

www.store.ncqa.org/index.php/performance-measurement.html.

All surveys must be conducted according to NCQA protocols described in HEDIS 2018, Volume 3: Specifications for Survey Measures, and administered by a vendor that is NCQA-Certified for this purpose.⁷ All plans must generate the sample frame according to NCQA specifications⁸ using a minimum sample size of 1,100 members. Over-sampling is allowed according to the protocols in Volume 3. You

⁶ NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

⁷ A list of certified survey vendors is available at www.ncqa.org/hedis-quality-measurement/certified-survey-vendors-auditors-software-vendors/hedis-survey-vendor-certification/cahps-5-0h-survey

⁸ 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.

may use an enhanced protocol or add supplemental questions with prior NCQA approval. You can purchase HEDIS 2018, Volume 3: Specifications for Survey Measures at NCQA's website: www.store.ncqa.org/index.php/performance-measurement.html.

To report HEDIS and CAHPS results to NCQA, Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online through NCQA's website at www.customercenter.ncqa.org/EXTERNAL/ using a password. When filling out the HOQ, please list the appropriate NCQA Organization ID Code, Submission Code, and FEHB Carrier Codes and Carrier Subcodes associated with your submission ID(s). If your submission ID has multiple FEHB codes associated with it, please include all of the FEHB codes in the HOQ.

The Carrier's designated HEDIS contact will receive an email notification from NCQADataCollections@ncqa.org with information on how to access the 2018 HOQ on-line. If the Carrier does not currently have a designated Primary HEDIS contact, the Carrier must contact NCQA's Data Collection Operations team at www.my.ncqa.org.

Refer to the NCQA website, www.ncqa.org, or submit a request to www.my.ncqa.org for general questions regarding HEDIS and CAHPS or HEDIS technical specifications. Questions about the data submission process should be addressed to Carriers' assigned NCQA HEDIS Data Submission Account Manager. A list of Account Managers can be found here: www.ncqa.org/tabid/219/Default.aspx

Access www.ncqa.org/hedis-quality-measurement/hedis-data-submission to find the data submission timeline which includes the following:

- The date HOQ opens to plans via the NCQA website
- The deadline for plans to complete NCQA's on-line HOQ
- The date NCQA provides health plans with access to use the Interactive Data Submission Systems (IDSS)
- The date plan-lock must be applied to the submission to ensure HEDIS Compliance Auditors have sufficient time to review, approve and audit-lock the submission
- The date the plan must submit Patient-Level-Detail File to the auditor
- The deadline for plans to submit HEDIS results to NCQA and e-sign attestations

Subsection D: Summary of Changes to Clinical Quality, Customer Service and Resource Use (QCR) Measure Set and Farm Team in 2018

The following changes apply to data collected and reported in 2018. A complete list of the QCR Measures Set and Farm Team are contained in Section 3; Subsection B of this manual.

Measures Being Added to QCR Score in 2018:

- Cervical Cancer Screening (Priority Level 2; Measure Weight 1.25)

- Asthma Medication Ratio (Priority Level 2; Measure Weight 1.25)
- Avoidance of Antibiotics in Adults with Acute Bronchitis (Priority Level 2; Measure Weight 1.25)

Measures Being Added to the Farm Team:

There are two measures being collected for the first time in 2018. These measures are contained in the HEDIS 2018, Volume 2: Technical Manual for Health Plans. All plans must collect and submit these measures beginning in the 2018 data collection cycle.

- Use of Opioids From Multiple Providers (All Rates)
- Colorectal Cancer Screening

Potential Changes to Existing Measures:

NCQA may announce changes to the title and specifications of the measure “Inpatient Hospitalization Utilization.” If NCQA’s proposed changes to IHU are finalized for 2018, OPM will keep the measure in the 2018 Farm Team measure set with the new title and the two-year period for analyzing performance will be restarted.

FEHB Carriers requiring clarification regarding any measure, please send inquiries to FEHBPerformance@opm.gov.

Subsection E: Corrective Action Plans

In 2018, Carriers that score below the 25th percentile on any QCR measure are required to submit a Corrective Action Plan (CAP) designed to raise their result. All CAPs must be submitted using the Quality Improvement Corrective Action Template to your Health Insurance Specialist (Contracts) within 30 days of receiving the 2018 Overall Performance report. A copy of the Quality Improvement Corrective Action Template is located in Section 3, Subsection C.

Section 2: Plan Performance Assessment Timeline, QCR Scoring and Calculations Procedures

Subsection A: Product Reporting Types and QCR Scoring

OPM obtains the following commercial benchmarks from NCQA:

- HMO;
- HMO/POS;
- PPO and EPO; and
- All Lines of Business (ALOB).

When a plan is reported to us as a POS it will be compared to the HMO/POS benchmark. If a plan is reported to us as any plan type other than an HMO; HMO/POS; or PPO, OPM will utilize the ALOB benchmark. If a plan would otherwise be evaluated against the ALOB benchmark and wishes to be evaluated against a different benchmark, they should submit a written request to their Health Insurance Specialist (Contracts). OPM's Plan Performance Assessment technical team will review the request. Please refer to the forthcoming Federal Employees Health Benefits (FEHB) Plan Performance Assessment – Consolidated Methodology Carrier Letter for additional information. The Carrier Letter will consolidate previous applicable Carrier Letters regarding the design of the FEHB Plan Performance Assessment. Please refer to the following Carrier Letters, also incorporated by reference into the contract, for a list of policies and calculations utilized within the Plan Performance Assessment:

- Carrier Letter 2014-19: Initial Guidance on FEHB Plan Performance Assessment
- Carrier Letter 2014-28: Additional Information on the Performance Areas for the FEHB Plan Performance Assessment
- Carrier Letter 2015-10: FEHB Plan Performance Assessment – Methodology
- Carrier Letter 2016-11: Plan Performance Assessment Improvement Increment
- Carrier Letter 2017-02: Plan Performance Assessment Community Rated Adjustment

Subsection B: HEDIS Auditor Codes and QCR Scoring

HEDIS auditors utilize NCQA codes when data reported by a health plan is compromised or missing. If a Carrier receives a code of “Not Reported” (NR) or “Biased Rate” (BR) for measures that are scored, OPM will score that measure as a zero (0) and the measure weight will be included in the denominator of the summary QCR score.

Subsection C: Contract Roll-up

In some instances, an FEHB Carrier contract may be associated with multiple QCR measure reports. When this is the case, OPM aggregates QCR measures to obtain a contract level enrollment-adjusted result. For example, a contract may include more than one Carrier code and report QCR measures on each Carrier code to OPM. Where there are multiple reports under one contract, OPM aggregates to the contract level in proportion to the overall FEHB enrollment associated with each report.

Subsection D: QCR Data Preview Period

Carriers will receive a preview of their QCR calculations and score, including the Improvement Increment if applicable, prior to finalization of the Overall QCR Score. The Data Preview Period allows Carriers to submit inquiries relating to data reporting or the mathematical calculation of their QCR score or Improvement Increment. Carriers will be sent their QCR Data Preview report annually in the Fall. Carriers will then have ten (10) calendar days to review both their QCR Score and Improvement Increment.

All inquiries should be sent to FEHBPerformance@opm.gov with copies to each Carrier's Health Insurance Specialist (Contracts) and their Contracting Officer within the ten (10) day review period. Carriers must include documentation or materials pertinent to their inquiry and should limit inquiries to the specifics of their Data Preview. OPM has thirty (30) days in which to respond with a final determination in response to the Carrier inquiry.

Subsection E: Data Correction Procedure

OPM's Plan Performance Assessment requires that all Carriers report accurate data (e.g., HEDIS, CAHPS) according to the procedures outlined in OPM communications. Data accuracy and sample compliance impact results.

If OPM staff/contractors detect anomalous data or are otherwise notified of data quality issues, the following procedures and timeline must be followed. Failure to do so will result in OPM assigning the Carrier an "NR" or "BR" for the measures in question. "NR" and "BR" results are scored as zero (while the weights remain within the QCR calculation) in the Performance Assessment score calculation, and will lower a Carrier's score.

Procedures for Correction:

Only written communication fulfills the requirements of these procedures. Approval of the incurred costs under FEHB Carrier administrative expenses (Experience-Rated Carriers) is at the discretion of the Contracting Officers. The data correction options available in any specific situation will be determined by the type of error.

Upon discovery that potentially anomalous data has been received, OPM will prepare a Performance Measure Carrier Deficiency Notice (DN). The notice will describe the nature of the anomaly and provide any available supporting documentation. Within 14 calendar days of receiving the DN from OPM, the Carrier must elect and fulfill one of the following options (in writing, via email, Express Letter, Federal Express, or UPS):

Option 1: Provide verification that the original data is both correct and compliant

- Requires supporting documentation from the plan's HEDIS/CAHPS certified vendor/data auditor, to include verifiable information from NCQA when applicable

Option 2: Accept NR or BR for the measures in question

- Carrier non-response within the required timeframe will be considered acceptance of NR or BR

Option 3: Propose remediation of the anomaly for OPM approval

- Requires supporting documentation from the Carrier's HEDIS/CAHPS certified vendor/data auditor, to include verifiable information from NCQA when applicable
- OPM will approve/disapprove the remediation plan within 14 calendar days
 - If OPM fails to respond within 14 calendar days, the proposed remediation plan is approved
- Remediation must be completed within 21 calendar days of OPM's written approval
- If OPM disapproves, Carrier has 7 calendar days to revise the remediation plan or accept an NR or BR

- OPM approval/disapproval of the revised remediation plan is a final action
- OPM will review the remediation data submission, and, if approved, data will be updated. If OPM rejects the remediation data submission, then the Carrier will receive NR or BR for the measures in question

Please Note: During this process, OPM will leave all relevant Carrier information blank on OPM health insurance webpages intended for current and prospective enrollees until such time as the question is resolved, then either data or NR or BR will be posted.

Under Option 3, when the Carrier proposes and OPM approves remediation, the procedure is:

1. Carrier must provide a letter to the Contracting Officer and Health Insurance Specialist (Contracts) from their third-party, certified vendor/data auditor:
 - Certifying that:
 - The resubmitted sample has been corrected based on the approved remediation plan
 - The sample is now in compliance with OPM requirements
 - The sample is in compliance with all NCQA specifications
 - Include the survey instrument (if CAHPS), and any other appropriate information the vendor/data auditor or OPM deems necessary
2. OPM will verify that the new data corrects the anomaly and can be used to calculate an updated score. If OPM determines it is not corrected or an updated score cannot be calculated, then:
 - Carrier receives NR or BR for the measures for that year
 - Additional data validation will be conducted at OPM's discretion
 - Based on this additional data validation, OPM may assign NA rather than NR or BR

Section 3: References & Resources

(Continued on next page)

Subsection A: CAHPS Survey Participation Form and Sample Crosswalk

2018 CAHPS Survey Participation Form

(Please submit one form per plan and indicate each FEHB Sub-Code that is sharing data)

Plan Name: [Click here to enter text.](#)

FEHB Sub-Code(s): [Click here to enter text.](#)

Indicate which sub-codes share data: [Click here to enter text.](#)

Please check the appropriate box(es) below:

- Health Plan will conduct the CAHPS® 5.0H Adult Commercial Survey
- Health Plan is new to FEHB Program for 2017 and is not required to conduct CAHPS® Surveys in 2018

Name of NCQA Certified Survey Vendor that will be conducting the survey (s):

[Click here to enter text.](#)

Survey Vendor Contact Information:

Name: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Email: [Click here to enter text.](#)
Telephone Number: [Click here to enter text.](#)

Health Plan Contact for CAHPS:

Name: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Email: [Click here to enter text.](#)
Telephone Number: [Click here to enter text.](#)

Plan Contact & Address for Invoice (if different from above):

Name: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
Email: [Click here to enter text.](#)
Telephone Number: [Click here to enter text.](#)

Please e-mail the completed form by **February 1, 2018** to: cahps@opm.gov

CAHPS Survey Participation Form (Page 1 of 3)

CAHPS Sample Crosswalk

Every data submission that your CAHPS® 5.0H Survey vendors send to OPM must be accompanied by a “crosswalk” that will allow OPM to map your plan’s data to the appropriate FEHB Sub-Code. This is the only way that OPM will be able to identify submissions and allocate data correctly. The crosswalk must include the following information:

- Member-level file name
- NCQA Submission ID
- NCQA Plan Name
- FEHB Sub-Code
- FEHB Plan Name

Information Submission Explanation (Data Dictionary)

Category	Explanation
Member-level file name	<ul style="list-style-type: none"> • Name of the NCQA IDSS Submission
NCQA Submission ID	<ul style="list-style-type: none"> • Use previous NCQA Submission ID
NCQA Plan Name	<ul style="list-style-type: none"> • The Plan Name associated with the NCQA submission
FEHB Sub-Code	<p>The FEHB Subcode is broken out as follows</p> <ul style="list-style-type: none"> • Two digit Carrier code (dash) • Three digit Plan Filing Type (dash) • Two digit area code (dash) • Three digit Plan Level Category
FEHB Plan Name	<ul style="list-style-type: none"> • The FEHB Plan name that corresponds with the FEHB Contract

Please note that the Member-level filenames must follow the NCQA naming conventions. Any variation will not be accepted.

The table below shows an example of a crosswalk for a vendor submission.

Sample Row	Member-Level File	NCQA Submission ID	NCQA Plan Name	FEHB Sub-Code	FEHB Plan Name
1	CAM1234.txt	1234	XYZ Health Plan Inc.	AA-HMO-UT-000	XYZ Health Plan
2	CAM2345.txt	2345	QRS Healthcare	BB-HMO-IN-000	QRS Healthcare
3	CAM2345.txt	2345	QRS Healthcare	BB-HMO-IL-000	QRS Healthcare
4	CAM3456.txt	3456	MNO Health S. Cal	CC-HMO-CA-000	MNO Health
5	CAM4567.txt	4567	MNO Health N. Cal	CC-HMO-CA-000	MNO Health

- Sample row 1 shows the most straightforward example where it is a one-to-one mapping between the NCQA Sub ID and FEHB Sub-Code.
- Sample rows 2 and 3 show how the crosswalk should appear when one set of NCQA data is mapped to two FEHB Sub-Codes. In this case, only one member-level file should be submitted to OPM.
- Sample rows 4 and 5 show how the crosswalk should appear when two sets of NCQA data are mapped to one FEHB Sub-Code. In this case, two member-level files must be submitted to OPM.

CAHPS Survey Participation Form (Page 3 of 3)

END

Subsection B: Complete List of Measures Required in 2018 for the QCR Measures Set and Farm Team

Performance Area	Measure Title	Measure Source	Measure Priority	Measure Weight
Clinical Quality	Controlling High Blood Pressure	HEDIS	1	2.50
	Prenatal Care (Timeliness)	HEDIS	1	2.50
	Breast Cancer Screening	HEDIS	2	1.25
	Well-Child Visits First 15-Months of Life (6+ visits)	HEDIS	2	1.25
	Flu Vaccinations for Adults (18-64)	CAHPS	2	1.25
	Cervical Cancer Screening	HEDIS	2	1.25
	Comprehensive Diabetes Care (Control - HbA1C <8%)	HEDIS	2	1.25
	Asthma Medication Ratio	HEDIS	2	1.25
	Medication Management for People with Asthma (75%)	HEDIS	2	1.25
	Avoidance of Antibiotics in Adults with Acute Bronchitis	HEDIS	2	1.25
	Follow-up after Hospitalization for Mental Illness (7-day and 30-day)	HEDIS	2	1.25
Customer Service	Plan Information Costs	CAHPS	3	1.00
	Getting Care Quickly	CAHPS	3	1.00
	Getting Needed Care	CAHPS	3	1.00
	Claims Processing	CAHPS	3	1.00
	Overall Health Plan Rating	CAHPS	3	1.00
	Coordination of Care	CAHPS	3	1.00
	Overall Personal Doctor Rating	CAHPS	3	1.00
	Customer Service	CAHPS	3	1.00
Resource Use	Plan All-Cause Readmissions	HEDIS	1	2.50
	Use of Imaging Studies for Low Back Pain	HEDIS	2	1.25

Farm Team

- Statin Therapy for Patients with Cardiovascular Disease (Collection as of 2017)
- Emergency Department Utilization (Collection as of 2016)
- Acute Hospitalization Utilization – Formerly Inpatient Hospitalization Utilization (Collection as of 2018)
- Use of Opioids from Multiple Providers (Collection as of 2018)
- Colorectal Cancer Screening (Collection as of 2018)
- Follow-up after Discharge from Emergency Department for Alcohol or other Drug Dependence (Collection as of 2017)
- Follow-up after Discharge from Emergency Department for Mental Illness (Collection as of 2017)

Subsection C: Quality Improvement Corrective Action Plan Template for 2018

Carriers must submit a Corrective Action Plan (CAP) using this template for each QCR measure below the 25th percentile. All CAPs must be submitted using this Quality Improvement Corrective Action Template to your Health Insurance Specialist (Contracts) within 30 days of receiving the 2018 Overall Performance report. Within the CAP, please specify a 90-day implementation plan to improve the care associated with the identified measure.

In the table below, please indicate the measure(s) that require a CAP.

Measures	CAP	Submission (check all that apply)
Breast Cancer Screening		<input type="checkbox"/>
Prenatal and Postpartum Care (Timeliness of Prenatal Care)		<input type="checkbox"/>
Cervical Cancer Screening		<input type="checkbox"/>
Well-Child Visits in the First 15 Months of Life		<input type="checkbox"/>
Flu Vaccinations for Adults 18-64		<input type="checkbox"/>
Controlling High Blood Pressure		<input type="checkbox"/>
Comprehensive Diabetes Care - HbA1c <8%		<input type="checkbox"/>
Medication Management for People with Asthma (75%)		<input type="checkbox"/>
Asthma Medication Ratio		<input type="checkbox"/>
Avoidance of Antibiotics in Adults with Acute Bronchitis		<input type="checkbox"/>
Follow-up After Hospitalization for Mental Illness (7-day or 30-day)		<input type="checkbox"/>
Plan Information Costs		<input type="checkbox"/>
Getting Care Quickly		<input type="checkbox"/>
Getting Needed Care		<input type="checkbox"/>
Claims Processing		<input type="checkbox"/>
Overall Health Plan Rating		<input type="checkbox"/>
Coordination of Care		<input type="checkbox"/>
Overall Personal Doctor Rating		<input type="checkbox"/>
Customer Service		<input type="checkbox"/>
Plan All-Cause Readmissions		<input type="checkbox"/>
Use of Imaging Studies for Low Back Pain		<input type="checkbox"/>

For each CAP, provide the following information in 750 words or less.

1. Measure: _____

2. Plan Analysis

- Analysis: Strengths and weaknesses of current quality practices related to this measure.
- Barriers: Identify potential barriers to improvement in results. If this is a second or third CAP for this measure, include an evaluation of why you have not achieved expected results to date.
- Outreach: Estimate the number of health plan members that need to be engaged to increase the score to at least the 25th percentile.

3. Action Steps

- Action Outline: List in-depth steps in your Corrective Action Plan to raise the score to at least the minimum threshold. If your score has fallen below the threshold for 2 or more years, discuss new or different actions this year to improve performance to the minimum threshold.
- Classification: OPM strongly encourages Carriers with performance below the 10th percentile benchmark to develop *novel*⁹ actions, rather than *reinforcement*¹⁰ actions, to increase quality performance.
- Action Timeline: Identify the start date, and if applicable, end date of each action step.
- Progress Projection: Identify the projected improvement results including a timeline of when improvement can be expected.

Corrective Action Plan Template Submission

Each Carrier submitting one or more CAPs needs to complete the below information one time.

CAP Point of Contact: _____

2018 Corrective Action Plan Submission (Page 2 of 3)

⁹ Introduction of a new practice.

¹⁰ Modification of an existing practice.

Certification

The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

FEHB Carrier Quality Improvement POC:

Printed Name

Signature

Date

The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

The undersigned have read the attached Corrective Action Plan(s) and do not agree to the terms. Further clarification may be required; the Health Insurance Specialist will schedule a meeting to discuss the resolution of issues.

2018 Corrective Action Plan Submission (Page 3 of 3)

END

Subsection D: Carrier Timeline

Below is a compilation of the HEDIS and CAHPS Timeline previously provided in Section 1 of this document. In addition, the timeline includes Plan Performance Assessment related reports that OPM will provide to the Carriers.

Label/Color codes:

HEDIS (Blue): To report HEDIS metric results, Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online. Major timeline dates are listed below, with a blue **HEDIS** at the beginning of the bullet to indicate that this is a HEDIS action item. For specific dates and additional information, please visit the NCQA HEDIS timeline: www.ncqa.org/hedis-quality-measurement/hedis-data-submission/hedis-data-submission-timeline

CAHPS (Orange): Action items related to CAHPS are highlighted with an orange **CAHPS** at the beginning of each bullet. For these due dates, Carriers are expected to submit information either to OPM or ORI/CSS.

OPM to Carrier (Green): As part of the Performance Assessment Process, OPM sends Carriers Plan Performance Related Reports. These reports include the QCR Preview Report, Carrier Manual, Performance Assessment scores, and a Detailed QCR Performance Summary Report.

- December 2017:
 - **HEDIS:** NCQA HEDIS Data Submission Kick-off letter is sent to Primary and Secondary contacts.
 - **HEDIS:** NCQA posts the XML Templates, Validations and Data Dictionaries for Interactive Data Submission System© (IDSS) to the data submission webpage.

- January 2018:
 - **HEDIS:** NCQA Releases the 2018 Healthcare Organization Questionnaire (HOQ) for review and updates.

- February 2018:
 - **HEDIS:** Health Plans finalize submission requests for commercial, Medicaid, Medicare and Marketplace in HOQ in order to obtain access to the IDSS and submission IDs for HEDIS.
 - **CAHPS:** All FEHB plans must complete and submit the CAHPS Survey Participation Form (see Section 3; Subsection A) to CAHPS@opm.gov. If you conduct multiple surveys, please list the name and FEHB Sub-Code for each plan or option.

- April 2018:
 - **HEDIS:** NCQA Releases the 2018 IDSS for data loading and validation.
 - **HEDIS:** Submission IDs for survey measures are distributed to NCQA certified survey vendors.

- May 2018:
 - **HEDIS:** NCQA Conditions for Public Reporting letter is sent to Primary and Secondary HEDIS contacts. This letter includes the rules used for displaying data in the public reporting program (i.e. Health Plan Ratings).
 - **HEDIS:** Health Plan Rating – Plan Confirmation is sent via the Health Plan Ratings website. Plans are required to confirm their state, enrollment and accreditation information for the Health Plan Ratings and Accreditation scoring.
 - **CAHPS:** All FEHB plans must submit a CAHPS crosswalk file (see Section 3; Subsection A) that maps your submission ID(s) to your FEHB plan name and Sub-Code no later than two weeks after NCQA issues submission IDs. This crosswalk must accompany each submission of CAHPS survey results to OPM through their contractor ORI. Please direct questions regarding the crosswalk to Sue Lynd at SueL@ORResults.com. The crosswalk includes each:
 - NCQA Member-level File Name
 - NCQA Submission ID
 - NCQA Plan Name
 - FEHB Sub-Code
 - FEHB Plan Name

- June 2018:
 - **HEDIS:** IDSS Plan-lock must be applied for audited submission to ensure Auditors have sufficient time to review plan results.
 - **HEDIS:** NCQA requires a Patient-Level-Detail (PLD) file validation for all submissions (Commercial, Medicaid, Medicare and Marketplace). Organizations must submit the patient-level-detail file to the auditor.
 - **HEDIS:** Health Plans submit FINAL commercial, Medicaid, Medicare and Marketplace HEDIS (non-survey data) results via the IDSS.
 - **HEDIS:** All commercial, Medicaid, Medicare and Marketplace Attestations must be submitted to NCQA via electronic signature.
 - **HEDIS:** Health Plan Ratings Data Freeze. The ratings are based on HEDIS and CAHPS data and accreditation standards scores as of this date.
 - **CAHPS:** CAHPS Member level data file due. All such files must be NCQA validated by the survey vendor. 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 to OPM's contractor, ORI at the following address: SueL@ORResults.com.

- July 2018:
 - **HEDIS:** NCQA Releases the 2018 Quality Compass® commercial edition.

- August 2018:
 - **HEDIS:** Projected Health Plan Ratings are sent via the Health Plan Ratings website. Plans are required to confirm their rating and accreditation information (if applicable).

- Fall 2018:
 - **OPM to Carriers:** Health Plans receive the QCR Preview Report for review.
 - **OPM to Carriers:** OPM releases updated FEHB Plan Performance Assessment Carrier Manual.

- **OPM to Carriers:** OPM communicates the overall Performance Assessment scores to Health Plans.
- Winter 2018:
 - **OPM to Carriers:** Health Plans receive the Detailed QCR Performance Summary Report, which includes graphs showing where plans ranked in relation to other plans for each QCR measure and the overall QCR score.