

---

---

# FEHB Program Carrier Letter

## All FEHB Carriers

U.S. Office of Personnel Management  
Healthcare and Insurance

---

**Letter No. 2015-19**

**Date: 11/6/2015**

Fee-for-Service [16]    Experience-rated HMO [16]    Community-rated HMO [17]

---

**SUBJECT:    Federal Employees Health Benefits (FEHB) Plan Performance  
Assessment- Measure Collection (Includes HEDIS and CAHPS)**

This Carrier Letter outlines the process for collection and submission of measures to the Office of Personnel Management (OPM) for the Federal Employees Health Benefits (FEHB) Plan Performance Assessment (please see Carrier Letters [2015-10](#) and [2015-15](#) for more information regarding the Plan Performance Assessment). This letter also describes OPM's process for scoring 2015 HEDIS results.

Currently, OPM requires FEHB health plans to report specific Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Health Plans and Systems (CAHPS) metrics. A subset of these metrics are scored for the FEHB Plan Performance Assessment. In past years, reporting requirements for HEDIS and CAHPS were issued in separate carrier letters, throughout the calendar year. In an effort to streamline guidance, reporting requirements for HEDIS and CAHPS are contained within this document.

### **I.    Healthcare Effectiveness Data and Information Set (HEDIS)**

This section provides information regarding OPM's review of HEDIS 2015 results for FEHB carriers and sets forth requirements for HEDIS 2016 data collection. HEDIS measures are selected for their relevance to the conditions and health events experienced by the FEHB population and periodically updated.

#### **Updates**

- For HEDIS 2015:
  - Nine measures are scored and results displayed on OPM's website
  - Corrective Action Plans (CAPs) are required only for Carriers that score below the 25<sup>th</sup> percentile on Timeliness of Prenatal Care, Controlling High Blood Pressure, or Plan All Cause Readmissions
- For HEDIS 2016:
  - Three measures previously collected will no longer be required by OPM:
    1. Use of High Risk Medications in the Elderly. Appropriate benchmarks are not available for all FEHB plan types.
    2. Weight Assessment and Counseling in Children and Adolescents. OPM supports carrier efforts to help children and adolescents adopt healthy behaviors and maintain healthy weights, but we are seeking a measure more closely linked to positive health outcomes.
    3. Ambulatory Care (Emergency Department Visits): New measure of Emergency Department Utilization listed below will be substituted.

- Three additional measures must be reported. The collection of these measures will allow for a richer examination of patient safety, resource use, and early detection.
  1. Inpatient Hospital Utilization: Measure is risk-adjusted, allowing for comparison of observed to expected inpatient hospital discharges across the program.
  2. Emergency Department Utilization: Measure is risk-adjusted, allowing for comparison of observed to expected emergency department visits across the program.
  3. Cervical Cancer Screening: This measure helps evaluate appropriate use of Pap testing. A lookback period is included in the measure specifications.

**Measure Collection and Reporting Details**

- OPM encourages carriers to utilize hybrid collection for all measures where NCQA provides this reporting option. However, OPM permits either hybrid or administrative data collection for those measures that can be reported to NCQA using either method.
- NCQA compiles the HEDIS data on OPM’s behalf; therefore carriers must follow NCQA’s data submission process. Additional information can be found on the OPM’s [Plan Performance Assessment website](#).
- 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 product types under one OPM contract, OPM will use the product type with the highest FEHB enrollment to score all reports.
- Each FEHB carrier must submit audited HEDIS results regardless of headcount.
- Plans that are new to FEHB must begin reporting HEDIS results no later than their second full year of participation in the program.

**Exemplary and Most Improved Status Scoring in 2015**

In 2015, nine rates (see Attachment I-A) are eligible for Exemplary and Most Improved status. These designations are provided to aid members in plan selection during Open Enrollment. As in prior years, the HEDIS 75<sup>th</sup> percentile is the FEHB performance goal. The below table shows how points are earned for each metric when compared to the applicable benchmark.

| <b>National Commercial Benchmark<br/>(HMO, HMO/POS, or PPO)</b> | <b>Points<br/>Earned</b> |
|---|--------------------------|
| $X < 25^{th}$   | 0                        |
| $25^{th} \leq X < 50^{th}$                                      | 1                        |
| $50^{th} \leq X < 75^{th}$                                      | 2                        |
| $X \geq 75^{th}$  | 3                        |

Where X = Carrier’s HEDIS result

With nine scored measures, carriers may earn a maximum of twenty-seven points. Carriers that report results for all nine measures and earn eighteen or more points will be recognized as “Exemplary,” as long as they achieve at least the 25<sup>th</sup> percentile in every scored measure. Carriers that improve by 20% or more in score between years (comparing the subset of measures scored in both HEDIS 2014 and HEDIS 2015) will be recognized as “Most Improved.”

*OPM Website*

“Exemplary” and “Most Improved” carriers are publicly reported with HEDIS results on the OPM website at [www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores](http://www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores).

### *Carrier Scorecards*

For 2015, Carriers will receive their OPM scored HEDIS metrics (i.e., scorecards) by late-October. Scorecards will display the above scoring. To prepare for the FEHB Plan Performance Assessment, HEDIS performance in relation to the 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> national commercial percentiles will also be displayed. Carriers may utilize the Demonstration Tool (see [Carrier Letter 2015-10](#) for more information) to model FEHB Plan Performance Assessment scores.

### **Corrective Action**

Carriers that score below the 25<sup>th</sup> percentile in any of the following measures: Controlling Blood Pressure, Timeliness of Prenatal Care, and Plan All-Cause Readmissions are required to submit a Corrective Action Plan (CAP) designed to raise the result. All CAPs (please see Attachment I-B) must be submitted to your Contract Specialist within 30 days of receiving the 2015 scorecard.

### **FEHB Plan Performance Assessment**

Attachment I-C confirms the HEDIS measures associated with the FEHB Plan Performance Assessment.

### **More Information**

For questions about HEDIS data collection, scoring, or Corrective Action Plans, please contact [HEDIS@opm.gov](mailto:HEDIS@opm.gov) with a copy to your Contract Specialist.

## **II. Consumer Assessment of Health Plans and Systems (CAHPS)**

Section II provides instructions for conducting your 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) survey and reporting results. Please review this information carefully as we have made significant updates to program requirements.

As a reminder, the Office of Personnel Management (OPM) is requiring all Federal Employees Health Benefits (FEHB) plans to administer the CAHPS Health Plan Survey 5.0H Adult Version regardless of headcount. Members who have Medicare as their primary coverage should not be included in the sample. A copy of the CAHPS 5.0 Adult Questionnaire is available for download here: <https://cahps.ahrq.gov/surveys-guidance/hp/instructions/commsurveylist.html>. As a reminder, plans that are new to FEHB must begin reporting CAHPS results no later than their second full year of participation in the program.

### **Updates**

- For CAHPS 2015:
  - Plan results will be posted on the OPM website at [www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores](http://www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores).
  - Plan results will be displayed on scorecards, including performance in relation to the 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, and 90<sup>th</sup> national commercial percentiles.
  
- For CAHPS 2016:
  - All plans must have their sample frame validated by an NCQA-Certified HEDIS Compliance Auditor.
  - All plans must report CAHPS results to OPM. The reporting guidelines are listed below:
    - Plans submitting samples to NCQA from commercial products that include *FEHB contract holders* may submit those samples to OPM.

---

<sup>1</sup> Registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- Plans not submitting commercial samples to NCQA should:
  - Submit a separate CAHPS sample for any option in a state in which that option has more than 5,000 *FEHB contract holders*
  - Enrollees in plan options that have fewer than 5,000 *FEHB contract holders* per state may be included in an option specific “all other” sample
    - For example, if a plan has 12,000 *FEHB contract holders* in New York with 3,000 in the High option and 9,000 in the Standard option, conduct one sample on the Standard option in New York. Combine the 3,000 in the High option with all other states with fewer than 5,000 *FEHB contract holders* in the High option for one “High option – other” sample.
- Plans reporting differently for accreditation purposes, seeking to submit a larger number of samples, or with other unique circumstances should contact OPM for guidance. Plans requesting this consideration will receive a confirmation letter from your Contracting Officer.

### **NCQA Survey Protocols**

All surveys must be conducted according to NCQA protocols described in HEDIS 2016, Volume 3: Specifications for Survey Measures, and administered by a vendor that is NCQA-Certified for this purpose.<sup>2</sup> All plans must generate the sample frame according to NCQA specifications<sup>3</sup> using a minimum sample size of 1,100 members. Over-sampling is allowed according to the protocols in Volume 3. You may use an enhanced protocol or add supplemental questions with prior NCQA approval.

### **OPM Requirements**

Each plan reporting CAHPS survey data to OPM must also report CAHPS *Effectiveness of Care* measures to OPM. These measures are *Aspirin Use and Discussion*, *Medical Assistance with Smoking and Tobacco Use Cessation*, and *Flu Vaccinations for Adults Ages 18–64*.

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](#)).”

<sup>2</sup> A list of certified survey vendors is available at [http://www.ncqa.org/Portals/0/HEDISQM/Programs/SVC/2015%20HEDIS%20CAHPS%20-%20Vendor%20Web%20List%20\(01072015\).pdf](http://www.ncqa.org/Portals/0/HEDISQM/Programs/SVC/2015%20HEDIS%20CAHPS%20-%20Vendor%20Web%20List%20(01072015).pdf)

<sup>3</sup> 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.

## 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.<sup>4</sup> Our CAHPS data collection contractor, ORI, will invoice you directly.

### *Timeline*

- **February 1, 2016:** All FEHB plans must complete and submit the Survey Participation Form (Attachment II-B) to [cahps@opm.gov](mailto:cahps@opm.gov). If you conduct multiple surveys, please list the name and FEHB Sub-Code for each plan or option.
- **April 30, 2016** (tentative): A crosswalk file (Attachment II-C) that maps your submission ID(s) to your FEHB plan name and Sub-Code is due two weeks after NCQA issues submission IDs and must accompany each data submission to OPM. The crosswalk includes each:
  - NCQA Member-level File Name,
  - NCQA Submission ID,
  - NCQA Plan Name,
  - FEHB Sub-Code, and
  - FEHB Plan Name.
- Please direct questions regarding the crosswalk to Sue Lynd at [SueL@ORResults.com](mailto:SueL@ORResults.com).
- **June 15, 2016:** Member level data file. 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 comply with HIPAA's privacy rules, survey vendors should use appropriate encryption technology.

## More Information

Please contact [cahps@opm.gov](mailto:cahps@opm.gov) and copy your Contract Specialist with questions, comments, or additional information.

### III. Completing the Healthcare Organization Questionnaire (HOQ) for HEDIS and CAHPS Data Submissions

Prior to submitting HEDIS data and CAHPS member level data files to NCQA, all plans must complete NCQA's online Healthcare Organization Questionnaire (HOQ). Please note the following:

- Each plan submitting data to OPM must request a submission in the HOQ
- Under the "OPM Submission" section enter the appropriate Carrier Code(s) associated with the NCQA Organization ID code and Submission ID code. If multiple carrier codes are associated with one submission ID, please include all.
  - For CAHPS: A list of plan information from 2015 is provided in Attachment II-A. Some plans will need additional subcodes to accommodate reports to meet the reporting requirements listed above. **It is imperative that these be accurate in order to get credit in the FEHB Plan Performance Assessment. Therefore, you must contact [cahps@opm.gov](mailto:cahps@opm.gov) with a copy to your Contract Specialist by January 15, 2016, to confirm the subcodes associated with each report.**
  - For HEDIS: OPM is not making changes in HEDIS reporting and plans should report as they did in 2015. Plans accredited through NCQA should follow their reporting guidelines. Any plan wishing to make a change must contact [hedis@opm.gov](mailto:hedis@opm.gov) with a copy to your Contract Specialist by January 15, 2016.

---

<sup>4</sup>Plans will be charged for each NCQA data file submitted. Any plan that withdraws from the FEHB Program after submitting data to OPM is liable for the processing fee.

- Under the “CAHPS 5.0H” section, select the appropriate CAHPS Survey Component and Survey Vendor Firm associated with the Submission ID.
- Plans must designate a single product type (e.g., HMO, PPO, HMO/POS) for each submission in the HOQ.

The HOQ screenshot, available on OPM’s [Plan Performance Assessment website](#), illustrates where to enter the Carrier Codes and CAHPS Survey information. For additional questions, please check with your survey vendor or contact NCQA's Data Collection department directly at [HOQ@ncqa.org](mailto:HOQ@ncqa.org).

#### **IV. Data Correction Procedures**

OPM’s Plan Performance Assessment requires that all carriers report accurate data (e.g., HEDIS, CAHPS) according to the procedures outlined for the contract year in annual carrier letters. Data accuracy and sample compliance impact results.

Beginning with HEDIS and CAHPS for 2016, if carriers either self-report problems with the data they submitted, or during review OPM staff /contractors detect that the carrier submitted anomalous data, the following procedures and timeline must be followed. Failure to do so will result in the carrier receiving “NR” for the measures in question. “NR” results are scored as zero in the Performance Assessment calculation. If measures outside of HEDIS or CAHPS are added in the future, the same procedures apply.

##### **Procedures for Correction**

All carriers will have the opportunity to correct the anomalous data under the procedures outlined below. All costs associated with correcting the problem are the responsibility of the carrier. Approval of the incurred costs under FEHB carrier administrative expenses (Experience-Rated carriers) is at the discretion of the Contracting Officers.

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 supporting documentation as available. Only written communication fulfills the requirements of these procedures.

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):

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
2. Accept NR for the measures in question
  - Carrier non-response within the required timeframe will be considered acceptance of NR
3. Propose remediation of the anomaly for OPM approval
  - Requires supporting documentation from the carrier’s HEDIS/CAHPS certified vendor/data auditor
  - OPM will approve/disapprove 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
  - 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 for the measures in question

**Please Note:** During this process, OPM will leave all relevant carrier information on the website blank until such time as the question is resolved, then either data or NR will be posted on the website.

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 Contract Specialist 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 contractor will verify that the new data corrects the anomaly. If they determine it is not corrected, then:
  - Carrier receives NR for the measures for that year
  - Additional data validation will be conducted at OPM's discretion

### **More Information**

Please contact your Contract Specialist and copy [FEHBperformance@opm.gov](mailto:FEHBperformance@opm.gov) for questions, comments, or additional information. We appreciate your continued support and look forward to working with you on this important project.

Sincerely,

John O'Brien  
Director  
Healthcare & Insurance

Enclosures