
FEHB Program Carrier Letter

All FEHB Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2012-25

Date: 12/27/2012

Fee-for-Service [21] Experience-rated HMO [21] Community-rated [23]

SUBJECT: Office of Personnel Management (OPM) Quality Evaluation of Federal Employees Health Benefits (FEHB) Carriers

This Carrier Letter provides information regarding the Office of Personnel Management's review of HEDIS[®] 2012 results for FEHB Carriers and requirements for HEDIS 2013 metric collection.

I. HEDIS 2013 Metric Collection

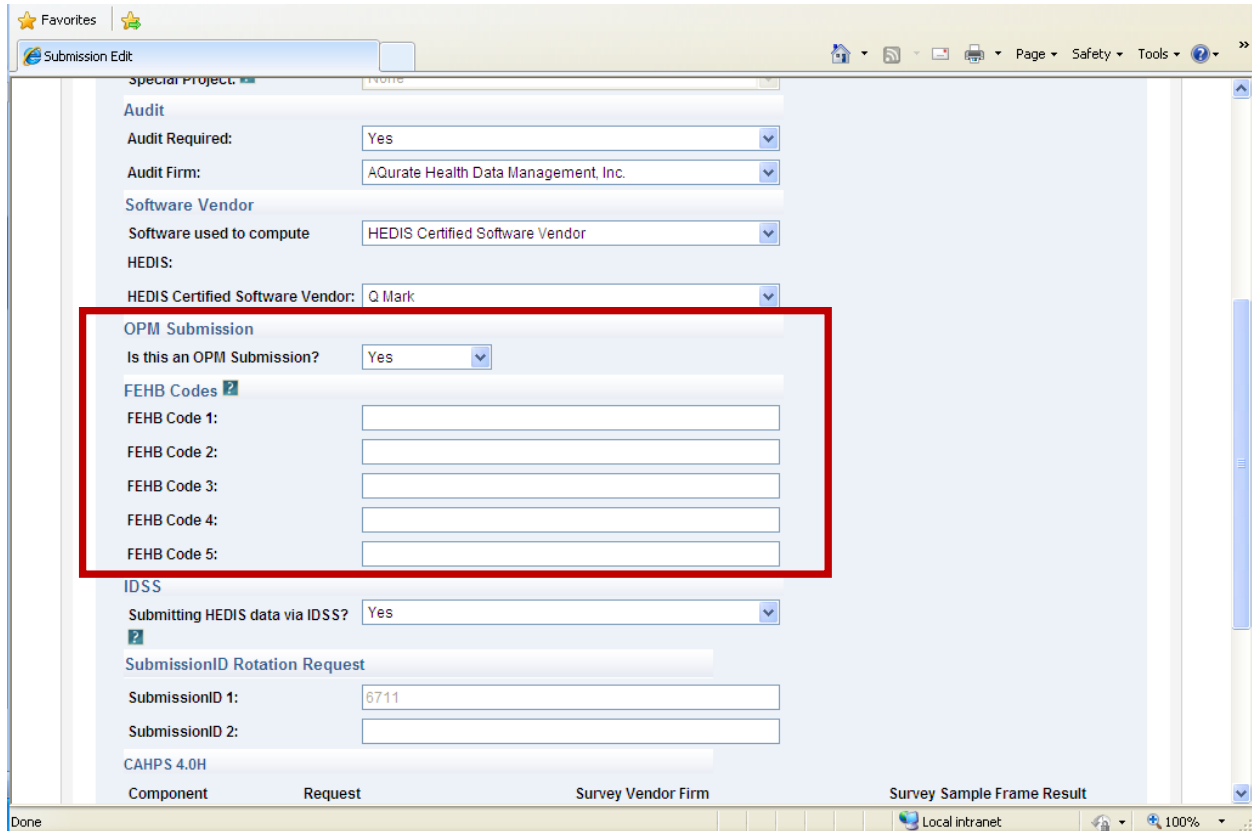
Each Federal Employees Health Benefits (FEHB) Carrier must submit audited Healthcare Effectiveness Data and Information Set (HEDIS) metrics unless the plan is a Health Maintenance Organization (HMO) with 500 or fewer FEHB enrollees as of the reporting period. If your plan is an HMO and you report HEDIS data for your commercial product line to the National Committee for Quality Assurance (NCQA) for non-OPM purposes, you do not need to take any additional action. (You do **not** need to report separately to NCQA on FEHB enrollees.)

Once again, we are requiring carriers to submit data for each health plan, but not for each option offered by the health plan. HEDIS measures are not to be collected in lieu of other required healthcare quality measurements and reports.

In 2013, OPM will collect the same set of HEDIS metrics from HMOs and Fee for Service (FFS)/ Preferred Provider Organizations (PPOs). This is a change from previous years, in which HMOs and FFS/PPOs were not required to collect and submit the same set of metrics. HEDIS 2013 metrics were chosen for their relevance to the conditions and health events experienced by the FEHB population and are detailed in **Attachment 1**. Where possible, preference was given to administratively determined metrics, which can more easily be derived from claims data.

NCQA will be compiling the HEDIS data on OPM's behalf; therefore you must follow NCQA's data submission process. In the event that a HEDIS metric can be collected by both hybrid and administrative methodology, as specified by NCQA, OPM will accept either method. However, to ensure accurate comparison of HEDIS 2013 performance data with prior years, OPM strongly prefers that plans refrain from switching data collection methods for the five scored metrics listed on page three of this carrier letter. Controlling High Blood Pressure can only be collected via hybrid method. Plans may submit expenses associated with collecting this measure in their administrative services cost breakdown.

To report HEDIS metric results, plans must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online through NCQA's website using a password. When filling out the HOQ, please list the appropriate FEHB codes 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. **Attachment 2** is the HEDIS 2013 FEHB Plan Name and Carrier Code List. The HOQ screenshot below highlights where in the HOQ you need to enter the FEHB codes.



The designated Primary HEDIS contact at your plan will receive an email notification from HOQ@ncqa.org with information on how to access the 2013 HOQ on-line. If your plan has not designated a Primary HEDIS contact, please contact NCQA's Data Collection Operations team at HOQ@ncqa.org.

If you have general questions regarding HEDIS, refer to the NCQA website, www.ncqa.org, or contact NCQA Customer Support at CustomerSupport@ncqa.org or 1-888-275-7585. If you have technical questions regarding a HEDIS measure or the HEDIS technical specifications, please use NCQA's Policy Clarification Support (www.ncqa.org/pcs) to submit your questions. Questions about the data submission process should be addressed to your health plan's assigned NCQA HEDIS Data Submission Account Manager. A list of 2013 Account Managers is located at www.ncqa.org/tabid/219/Default.aspx.

Access <http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDISDataSubmission.aspx> to find the timeline for the following HEDIS submissions:

- The date Healthcare Organization Questionnaire opens to plans via the NCQA website.
- The deadline for plans to complete NCQA's on-line Healthcare Organization Questionnaire.

- 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 deadline for plans to submit HEDIS results to NCQA and e-sign attestations.

OPM expects to receive HEDIS 2013 results from NCQA in September 2013 and will issue Scorecards and notice of required Corrective Action Plans to Carriers as soon as possible thereafter.

II. Quality Evaluation: OPM Review of HEDIS 2012 Results

As detailed in Carrier Letters 2010-01, 2010-21a, 2010-21b, and 2012-02, five metrics have been collected by both HMO and FFS/PPO plans for five years:

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

OPM seeks to recognize Carriers that offer high quality care and services, and specify improvement where needed to ensure optimal health outcomes for Federal enrollees. Accordingly, OPM will score these five metrics to quantify each Carrier’s quality performance. We have established the HEDIS 75th percentile as the performance goal, and the 25th percentile as the minimum of acceptable performance. Scoring of HEDIS 2012 results will be privately reported in individual letters to each Carrier.

For each metric, FFS and HMOs will be compared to applicable national benchmarks (Commercial HMO for HMOs and Commercial PPO for FFS/PPOs) provided by NCQA. Carriers will receive 3 points per metric for performance at or above the 75th percentile, 2 points if they score \geq the 50th and $<$ the 75th percentile, 1 point if they score \geq the 25th and $<$ the 50th percentile, and 0 points if they score below the 25th percentile.

HMO or FFS/PPO Applicable National Commercial Benchmark	Points Earned
$X < 25^{\text{th}}$	0
$25^{\text{th}} \leq X < 50^{\text{th}}$	1
$50^{\text{th}} \leq X < 75^{\text{th}}$	2
$X \geq 75^{\text{th}}$	3

Where X = Carrier’s HEDIS score

With a total of 5 metrics, Carriers may earn a maximum of 15 points. Carriers that report results for all 5 metrics and earn a total of 10 or more points will be recognized as “Exemplary,” unless they fail to achieve at least the 25th percentile in any metric.

Carriers that improve by 20% or more in score between years (comparing HEDIS 2011 results to HEDIS 2012 results) will be recognized as “Most Improved.”

Carriers that report performance below the 25th percentile in any of the 5 metrics will be required to submit a Corrective Action Plan (CAP) designed to raise the metric score to at least the 25th percentile threshold. Carriers must submit CAPs for each metric no later than **January 31, 2013**. A template of the CAP will be provided separately.

In 2012 and subsequent years, metrics selected for scoring by OPM will include those that have been collected by both FFS and HMOs for at least one development year plus two consecutive years. Beginning in 2013, “Exemplary” and “Most Improved” Carriers will be publicly reported, and noted on the OPM website.

If you have any questions about HEDIS metric collection or plan performance evaluation, please contact your Contract Specialist.

Sincerely,

John O’Brien
Director
Healthcare and Insurance