
FEHB Program Carrier Letter

All FEHB Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2013-22

Date: October 9, 2013

Fee-for-Service [18] Experience-rated HMO [18] Community-rated [20]

SUBJECT: Measuring Quality Healthcare in the Federal Employees Health Benefits Program (FEHBP)

This Carrier Letter provides information regarding the Office of Personnel Management's review of HEDIS[®] 2013 results for FEHB Carriers and requirements for HEDIS 2014 metric collection.

I. HEDIS 2014 Metric Collection

Each Federal Employees Health Benefits (FEHB) Carrier must submit audited Healthcare Effectiveness Data and Information Set (HEDIS) metrics unless the plan has 500 or fewer FEHB enrollees as of the reporting period (calculated in March, annually). 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 reporting action. (You do **not** need to report separately to NCQA on FEHB enrollees.) Carriers are required to submit data for each health plan, but not for each option offered by the health plan.

HEDIS 2014 metrics were chosen for their relevance to prevalent conditions and health events experienced by the FEHB population. They provide the opportunity for actionable improvement at the appropriate level. With HEDIS 2014, Carriers are required to report two additional metrics along with the twelve collected in HEDIS 2013. All metrics are detailed in **Attachment 1**.

Recognizing the public health importance of childhood obesity and antibiotic resistance, OPM has added:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)

OPM permits either hybrid or administrative data collection for those metrics that can be reported to NCQA using either method. In 2013, we asked carriers to refrain from switching collection methodologies while we implemented a new OPM scoring system. For HEDIS 2014, all carriers are encouraged to utilize hybrid collection for all measures where NCQA provides this reporting option (available for measures: PCR, AMB-B, MMA, PPC, LBP, W15, WCC).

While we will continue to accept administrative data collection, we believe the hybrid method will allow more complete data capture. If expenses associated with hybrid data collection cannot be accommodated within a plan’s projected expense limit for 2015, an explanation and cost justification should be submitted along with the administrative expense limit proposal.

NCQA compiles the HEDIS data on OPM’s behalf; therefore Carriers must follow NCQA’s data submission process, outlined in **Attachment 2a**.

OPM expects to receive HEDIS 2014 results from NCQA in September 2014 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 2013 Results

As detailed in Carrier Letters 2010-01, 2010-21a, 2010-21b, 2012-02, and 2012-25, five metrics have been collected by both HMO and FFS/PPO plans for at least the past 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
4. Comprehensive Diabetes Care (CDC) - LDL-C Screening
5. 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 enrollees. Accordingly, OPM scores all measures that have been collected for at least three years. In 2014, the five metrics above qualify for scoring. As in 2013, we established the HEDIS 75th percentile as the performance goal, and the 25th percentile as the minimum of acceptable performance.

For each metric, FFSs and HMOs are compared to applicable national benchmarks (Commercial HMO for HMOs and Commercial PPO for FFSs/PPOs) provided by NCQA. Carriers 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
$X < 25^{th}$	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 score

With a current 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 are recognized as “Exemplary,” as long as they achieve at least the 25th percentile in all metrics.

Carriers that improve by 20% or more in score between years (comparing HEDIS 2012 results to HEDIS 2013 results) are recognized as “Most Improved.”

Carriers that report performance below the 25th percentile in any of the 5 metrics are required to submit a Corrective Action Plan (CAP) designed to raise the metric score to at least the 25th percentile threshold. CAPs for each metric must be submitted no later than **November 29, 2013**. A CAP template is provided in **Attachment 3**.

“Exemplary” and “Most Improved” Carriers are publicly reported, and noted on the OPM website at www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores/#url=Overview.

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

III. Looking Ahead: Carrier Performance Assessment

OPM is expanding its Carrier performance assessment beyond clinical care to Carriers’ improvement in enhancing customer service and controlling cost growth. Additional communication on comprehensive performance assessment will follow.

Sincerely,

John O’Brien
Director
Healthcare and Insurance