

Measures and Framework Design Carrier Teleconference
Wednesday, October 29, 2014

1. Are the FEHB plans required to have their CAHPS Sample frames validated as part of the HEDIS compliance audit?

CAHPS Carrier Letter (2014-20) answer: Plans seeking NCQA Accreditation and those that intend to include their survey results in NCQA's information products (i.e. Quality Compass®) must have their sample frame validated by an NCQA-Certified HEDIS Compliance Auditor. Otherwise, we do not require an audited sample frame for 2015. In 2016, we are considering requiring CAHPS sample frames to be audited. We welcome your feedback regarding this proposed change.

2. The CAHPS Effectiveness of Care measures rely on patient recall of events, such as advice to quit smoking. A recent CDC report shows a difference between patient recall and doctor self-report in providing advice to quit smoking. Has OPM considered this report in developing the methodology?

The measures in question are implemented across plans as part of the CAHPS survey, and as such any difference between provider self-report and patient recall should be consistent across plans. The three-item measure set we use is developed by NCQA, and measure comments and suggestions can be submitted through their PCS (Policy Clarification Support) process.

If plans have an alternative measure to propose we welcome comment:
FEHBperformance@opm.gov.

3. Carrier Letter 2014-24 *Measuring Healthcare Quality in the Federal Employees Health Benefits Program*, lists the HEDIS measures required for 2015. Well-Child Visits in the First 15 month of Life: 6 or More Visits is listed. Is the intent ONLY to report the 6 or more indicator?

The 6+ Visit rate was included to indicate that it is the rate OPM uses to analyze carrier performance. The entire measure will be collected by auditors. Carrier Letter 2014-28 *Additional Information on the Performance Areas for the Federal Employees Health Benefits Plan Performance Assessment* details the specific rates OPM will use for all measures that are comprised of multiple rates.

4. OPM has previously said that measures will be scored when they have been collected for at least 3 years, and the performance assessment measure list includes measures that will be in their 3rd year of reporting. Please clarify.

For the immediate future, OPM will continue the practice of scoring measures in the third year of collection.

5. We've received some questions from plans about how many measures will be scored this year. Can you clarify?

Carrier letter 2014-24 identifies measures for reporting in HEDIS 2015. Carrier Letter 2014-28 identifies measures for inclusion in the first year of the Performance Assessment – these measures will be reported in 2016. OPM will continue to list the measures for reporting and any corrective action plan requirements in the annual HEDIS carrier letter.

6. The HEDIS measure Use of High Risk Medications in the Elderly (DAE) is a Medicare-only measure. If we are commercial only reporting plan are we still responsible for that measure?

We chose this measure because of its relevance to the over 2 million covered lives in FEHB's retired population. Our intent was to focus on what we believe is a high risk situation. We realize it creates some technical difficulties in data collection so we are making this measure optional for reporting in 2015 (please see carrier listserv dated December 4, 2014, "HEDIS and CAHPS Technical Updates"). We are in communication with HEDIS auditors and NCQA to determine how best to collect this measure in the future. We welcome you to submit technical recommendations to FEHBPerformance@opm.gov.

7. Our HEDIS auditors provide us with benchmarks that are different from Quality Compass. Why are these different and why is Quality Compass used?

All HEDIS data is collected by NCQA-licensed HEDIS auditors and reported to NCQA. Your auditors may provide you with statistics from their collection process in advance of the final NCQA calculations. NCQA compiles all HEDIS data to calculate the national benchmarks available in Quality Compass. We use the national commercial benchmarks for FEHB, and all of the data used to calculate those benchmarks are audited as part of the collection process.

8. Does OPM require an FEHB sample for the Performance Assessment data?

We accept the same data that plans report to NCQA. This will reflect performance on the whole book of business for most plans.

9. How can PPO plans succeed on measures that assess provider behavior?

OPM expects plans to contract with providers who deliver high quality services. Plans have the ability to incentivize performance in areas important to OPM. We select measures that should already be familiar to providers through their use in state and other federal reporting systems. Major professional organizations, such as the AMA and American College of Physicians, offer additional education and encouragement to help providers succeed.

10. In terms of the exemplary plans are there any PPO's in the exemplary plans?

2014 plan scores can be found on [OPM's Quality Scores page](#).

11. Is there any turnover in the exemplary plans; in other words are the plans that were exemplary in 2012 still exemplary?

There is turnover in the exemplary status as plan performance varies, benchmarks change, and new measures are added for scoring. Please visit [OPM's Quality Scores page](#) for current plan results.

12. How are the PPO averages computed? Are they weighted by enrollment?

The averages are not weighted. We are often asked to show where the whole portfolio is moving so we compute an average for just that purpose. The averages give a snapshot of progress but are not used for scoring.

13. Is it possible to have the benchmarks added to the chart to know each plans standing in terms of the benchmarks?

Our Data Use Agreement with NCQA prohibits us from publicly disseminating the benchmarks. Your contract specialist has distributed the benchmarks for your plan's product type for your internal use only. You may subscribe to Quality Compass to obtain additional information.

14. How does having an "NA" or "NR" for a measure impact my overall score?

The plan will not be penalized if the plan cannot report due to an insufficient sample size, designated as "NA" in the scorecards. Plans failing to report required measures for another reason, designated as "NR", will need to submit information to their Contract Specialists for consideration.

15. When are Corrective Action Plans for 2014 HEDIS due?

Corrective Action Plans are due within 30 days from receipt of scorecard.