# 2024 FEHB
# Plan Performance Assessment
# Procedure Manual

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# Introduction

The 2024 Plan Performance Assessment (PPA) Procedure Manual provides guidance for Federal Employees Health Benefits (FEHB) Carriers to report Clinical Quality, Customer Service, and Resource Use (QCR) measures, Farm Team measures, and Contract Oversight information under the FEHB PPA in fulfillment of their FEHB contractual obligations. The manual also outlines specific reporting instructions for the Healthcare Effectiveness Data and Information Set (HEDIS®)[1] and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)[2] measures for measurement year (MY) 2023.

In this manual, the Office of Personnel Management (OPM) refers to FEHB Carriers and the health plan options offered by FEHB Carriers under their FEHB contract. In some instances, for ease and simplicity, this Procedure Manual includes references to FEHB Carriers or health plan options and vice versa. In other cases, OPM may refer to FEHB Carriers or their health plan options depending on the intent of the section. If an FEHB Carrier has multiple health plan options under an FEHB contract, the term "FEHB Carrier" or "Carrier" refers to their respective data reporting requirements under each health plan option.

If there are questions related to the material within this manual, please contact your Health Insurance Specialist.

# Section 1: Reporting HEDIS and CAHPS Data

## Subsection A: OPM General Requirements for both HEDIS and CAHPS

- FEHB Carriers in their first year of offering benefits under a new FEHB contract must report HEDIS and CAHPS in their second full year of FEHB participation. Reports submitted before this time are not eligible for inclusion in the PPA. Additional details on requirements for new FEHB Carriers, including the definition of what constitutes a new health plan option, appears in Section 4.
- FEHB Carriers under an existing contract with new enrollment codes or health plan options are expected to report HEDIS and CAHPS data that includes the new code or option. For example, if Acme Insurance Company, Inc. had a Standard option enrollment code in the 2023 FEHB Program and added a High option enrollment code in the 2024 FEHB Program under the same contract, they would be expected to report on both the High and Standard options data for the 2024 PPA Cycle. Additional details on the requirements and exemption process are outlined in Section 4.
- Carriers will not report on Health Plan enrollment code options no longer available to enrollees. This applies only to Carriers who had unique data reports for the inactive Health Plan enrollment code options.
    - As an example, in the 2023 FEHB Program, Acme Insurance Company, Inc. had Standard and HDHP enrollment code options available to enrollees. Starting in 2024, only the Standard option enrollment code remained active. If Acme had two distinct reports for

[1] HEDIS®, IDSS®, and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).
[2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

the Standard and HDHP enrollment code options, OPM would only accept the data for the Standard option. However, if both the Standard and HDHP options were part of the combined commercial book of business and Acme was unable to report data only on the Standard option, OPM would accept the combined Standard and HDHP data. For questions on how to report inactive options, please email FEHBPerformance@opm.gov and copy your Health Insurance Specialist.

- FEHB Carriers will submit the 2024 Planned HEDIS and CAHPS Reporting information for MY 2023 via Benefits Plus by December 15, 2023. This information assists OPM and the Carriers to resolve reporting discrepancies prior to NCQA's Online Healthcare Organization Questionnaire (HOQ) submission.
- Questions: please email your Health Insurance Specialist and cc FEHBPerformance@opm.gov.

## Subsection B: OPM General Requirements for HEDIS Collection and Reporting

- In addition to Subsection A: OPM General Requirements for both HEDIS and CAHPS, the following HEDIS requirements are outlined below.
- The National Committee for Quality Assurance (NCQA) compiles the HEDIS data on OPM's behalf; therefore, FEHB Carriers must follow NCQA's submission process when submitting data for their health plan options.
- In most cases, the HEDIS reporting product filing type submitted to OPM will align with what is submitted to NCQA. For example, if Acme Insurance Company reports an HMO/POS product filing type to NCQA, then Acme will also report HMO/POS to OPM. For questions, please email FEHBPerformance@opm.gov and copy your Health Insurance Specialist.
- FEHB Carriers are expected to report on the book(s) of business in which FEHB members are enrolled. For many FEHB Carriers this will be the commercial book of business.
- Each FEHB Plan must submit audited HEDIS results regardless of enrollment size.
- Failure to follow the OPM's HEDIS reporting policy risks some or all measure results being invalidated.
- Questions: email your Health Insurance Specialist and cc FEHBPerformance@opm.gov.

## HEDIS Cost to FEHB Carriers

HEDIS measures are specified for one or more data collection methods: Administrative Method, Hybrid Method, and Electronic Clinical Data Systems (ECDS). For all measures where NCQA allows collection of

a HEDIS metric by either hybrid[3] or administrative[4] methodology, OPM will also accept either method. In offering this choice, OPM aligns with national commercial benchmarks which contain a mix of hybrid and administrative data. HEDIS measures reported using ECDS follow NCQA's *General Guidelines for Data Collection and Reporting* and *Guidelines for Measures Reported Using ECDS.* HEDIS measures reported using ECDS include additional data sources beyond administrative data, including, but not limited to, electronic health records, health information exchanges, and case management registries. OPM is mindful of the cost that may be associated with both hybrid and ECDS data collection. The FEHB contracts address costs incurred by the Carrier for collecting or contracting with a vendor to collect quality measures/data. Costs for these expenses are allowable and may be paid as administrative expenses if they are actual, reasonable, and allocable. These costs must be contained within the administrative expense ceiling under the Experience Rated Contracts (FFS and HMO).

### HEDIS Timeline

Please see the timeline in Section 6: References & Resources, Subsection F for the HEDIS related dates. Additional information is also available at the NCQA website.

## Subsection C: OPM General Requirements for CAHPS Collection and Reporting

- In addition to Subsection A: OPM General Requirements for both HEDIS and CAHPS, the following CAHPS requirements are outlined below.
- All FEHB contracts must administer the HEDIS CAHPS Health Plan Survey 5.1H Adult Commercial Version following the NCQA requirements set forth in *HEDIS Volume 3: Specifications for Survey Measures*.
- The survey must be administered by an NCQA-Certified CAHPS Survey Vendor.
- The sample frame must be validated by an NCQA-Certified HEDIS Compliance Auditor.
- Members who have Medicare as their primary coverage must **not** be included in the sample as outlined in *HEDIS Volume 3: Specifications for Survey Measures*.
- In most cases, the CAHPS reporting product filing type submitted to OPM will align with what is submitted to NCQA. For example, if Acme Insurance Company reports an HMO/POS product filing type to NCQA, then Acme will also report HMO/POS to OPM. For questions, please email FEHBPerformance@opm.gov and copy your Health Insurance Specialist.
- In accordance with NCQA's HEDIS Volume 3, survey vendors submit health plans' member-level data files to NCQA for calculation of survey results. NCQA-generated member-level data file and NCQA-generated summary reports, available to health plans in the Interactive Data Submission

[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 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 MY 2023 Technical Specifications, Volume 2).

[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.

System (IDSS), are due to OPM's contractor, Office Remedies, Inc (ORI) by June 14, 2024 – this is after the CAHPS survey results have been processed by NCQA and you have provided NCQA with a signed Attestation of Accuracy. You or your survey vendor may submit the files via e-mail or other electronic or digital format to ORI at the following address: OPMCAHPS@oriresults.com. To comply with HIPAA privacy rules, survey vendors must use appropriate encryption technology. Files generated by NCQA, after the submission has been processed, will be provided to OPM.

- CAHPS reporting guidelines are listed below:
    - FEHB Carriers submitting samples to NCQA from commercial products that include *FEHB contract holders* may submit those samples to OPM.
    - FEHB Carriers **not** submitting commercial samples to NCQA must:
        - Submit a separate CAHPS sample for any FEHB health plan option in a state in which that health plan option has more than *5,000 FEHB contract holders*.[5]
        - Enrollees in FEHB health plan options that have fewer than *5,000 FEHB contract holders* per state may be included in a health plan option specific CAHPS sample labelled as "Other." An example is outlined below:
            - An FEHB Carrier 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 Carrier must conduct one FEHB-specific CAHPS sample on the Standard option in New York. The FEHB Carrier is required to then combine the 3,000 FEHB enrollees in the High option with all other states with fewer than 5,000 FEHB contract holders to create a CAHPS sample labeled, "High option – other."
    - FEHB Carriers reporting differently for accreditation purposes, seeking to submit a larger number of samples, or with other unique circumstances must submit a written explanation and request to FEHBPerformance@opm.gov and copy their Health Insurance Specialist.
    - Questions: FEHBPerformance@opm.gov.

## CAHPS Surveys and OMB Clearance

All the following statements must be included on mailed surveys:

In the upper right corner of each questionnaire: "Form approved: OMB No. 3206-0274."

Within the questionnaire: "This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0274) 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

[5] Members who have Medicare as their primary coverage must **not** be included in the sample. Given the typical mix of annuitant and non-annuitant enrollees in FEHB, this population threshold (5,000 FEHB contract holders) should ensure a sufficient number of survey respondents.

aspect of this information collection to the U.S. Office of Personnel Management (OPM), Reports and Forms Officer (OMB Number 3206-0274), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0274, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed."

Also, on the survey cover page, the standard NCQA instructions must be included, which state: "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 toll-free number)."

## CAHPS Processing Fee

Each FEHB Carrier that reports survey data to OPM is responsible for the cost of compiling, processing, and reporting their survey results. As in previous years, a processing fee will apply to each unique NCQA Submission ID for which data are submitted on an FEHB Carrier's behalf to OPM.[6] OPM's CAHPS data collection contractor, ORI, will invoice each Carrier directly.

## CAHPS Timeline

Please see the timeline in Section 6: References & Resources, Subsection F for the CAHPS related dates.

## Subsection D: Reporting HEDIS and CAHPS Results to NCQA

All FEHB Carriers must follow NCQA's procedures for HEDIS reporting, including the HEDIS Compliance Audit™.[7] To fully understand and comply with HEDIS technical specifications and to obtain the appropriate measure specifications you will need the HEDIS MY 2023 Volume 2: *Technical Specifications for Health Plans* and Volume 5: *HEDIS Compliance Audit: Standards, Policies and Procedures*, which can be purchased at NCQA's website.

All surveys must be conducted according to NCQA protocols described in *HEDIS Volume 3: Specifications for Survey Measures* and administered by a vendor that is NCQA-Certified for this purpose.[8] This publication can be purchased at NCQA's website.

All FEHB Carriers must generate the sample frame according to NCQA specifications.[9] NCQA requires a minimum sample size of 1,100 members. Oversampling is allowed, as outlined in *HEDIS Volume 3: Specifications for Survey Measures*. You may use an enhanced protocol or add supplemental questions with prior NCQA approval.

[6] Plans 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.
[7] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).
[8] List of NCQA Certified CAHPS 5.1H Survey Vendors.
[9] 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.

OPM is committed to ensuring that FEHB enrollees have enough information to differentiate Carriers' performance through the data displayed on the OPM website. However, OPM is not able to post data reflecting on the enrollee's experience when FEHB Carriers receive NAs (small denominators) on CAHPS measures. FEHB Carriers who have received repeated NAs on CAHPS measures and have sufficient enrollment in the commercial book of business that contains their FEHB covered lives are directed through Carrier Letter 2019-09 to design and utilize an oversampling strategy in consultation with their CAHPS vendor to lessen the possibility of receiving an NA in future reporting cycles. A copy of their oversampling strategy must be shared with their OPM Health Insurance Specialist. For questions related to this issue, please email FEHBPerformance@opm.gov.

To report HEDIS and CAHPS results to NCQA, FEHB Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online application through NCQA's online portal (My.NCQA.org) using a password. When filling out the HOQ, please request the appropriate NCQA Organization ID, Submission ID, and FEHB Carrier Code(s) (two-digit carrier code) associated with your Submission ID(s). If your Submission ID has multiple FEHB codes associated with it, please include **all** the FEHB codes in the HOQ.

The FEHB Carrier's designated HEDIS contact will receive an email notification from NCQADataCollections@ncqa.org with information on how to access the HOQ online application. If the FEHB Carrier does not currently have a designated Primary HEDIS contact, you must contact NCQA's Data Collection Operations team through My.NCQA.org.

NCQA has a web-based Q&A system where FEHB Carriers can track questions and answers. If you are already registered in an NCQA system, you can use existing NCQA credentials to sign into My.NCQA.org. You can also create a new account at My.NCQA.org.

Refer or submit a request to My.NCQA.org for general questions regarding HEDIS and CAHPS or HEDIS technical specifications. Questions about the data submission process should be addressed to the FEHB Carrier's assigned NCQA HEDIS Data Submission Account Manager.

The data submission timeline includes the following:

- The date HOQ opens to plans via the NCQA website (early-December 2023).
- The deadline for plans to complete NCQA's HOQ online application (February 5, 2024).
- The date NCQA provides health plans with access to use the IDSS (mid-March 2024).
- 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 (May 31, 2024).
- The deadline for plans to submit HEDIS results to NCQA and e-sign attestations (June 14, 2024). Beginning for MY 2023, deadline time will be 9pm EST.

## Subsection E: Technical Notes Regarding the Clinical Quality, Customer Service and Resource Use (QCR) Measure Set and Farm Team in 2024 (Reporting Year)

A complete list of the QCR Measure Set and Farm Team is included in Section, Subsection C of this manual. FEHB Carriers were notified of the 2024 QCR Measure Set in Carrier Letter 2022-13 with the Subject line, "Announcement of the 2024 Clinical Quality, Customer Service, and Resource Use (QCR) Measure Set." For additional information on any of the technical specifications for the measures listed below, please go to NCQA's HEDIS Measures and Technical Resources.

Please note the following:

### 2024 QCR Measure Update:

- **QCR Measure Additions &Updates**:
    - The following measures will transition from the Farm Team to QCR Scoring in the 2024 scoring cycle:
        - Antidepressant Medication Management (AMM): The rate scored will be the Effective Continuation Phase Treatment rate (AMMC).
        - Childhood Immunization Status (CIS): The rate scored will be the Combination 10 rate.
        - Use of Opioids from Multiple Providers (UOP): The rate scored will be Multiple Prescribers rate (UOPPR).
    - Carriers are reminded to follow NCQA's reporting guidance and timelines for transitioning measures exclusively to the ECDS reporting method. As a reminder, NCQA is transitioning Breast Cancer Screening (BCS) to ECDS-only reporting for HEDIS MY 2023 (2024 scoring cycle) and Colorectal Cancer Screening (COL) is planned for transition for MY 2024 (2025 scoring cycle). OPM encourages FEHB Carriers to voluntarily report the ECDS data for QCR measures to NCQA when available.
- **Measure Age Stratification: Colorectal Cancer Screening (COL)**
    - For MY 2023, the COL age stratifications were revised from 46–49 years to 46–50 years and from 50–75 years to 51–75 years of age.
    - OPM will score COL with the 51–75 years eligible population age range. The measure weight and priority level will remain the same.
    - For more information, visit MY 2023 Technical Specifications Update for technical specifications included in the HEDIS Measurement Year 2023, Vol. 2: Technical Specifications for Health Plans.
- **Measures Removed from QCR Scoring to the Farm Team**:

- Well-Child Visits in the First 30 Months of Life–Well-Child Visits in the First 15 Months: Six or More Well-Child Visits (W30 [15]).

- **Measure Retirements:**
    - Flu Vaccinations for Adults Ages 18–64 (FVA):
        - NCQA announced the retirement of Flu Vaccinations for Adults Ages 18–64 in the HEDIS MY 2023 (2024 PPA Scoring Cycle). Influenza rate will now be reported as part of Adult Immunization Status (AIS) measure. Therefore, OPM will not include the Flu Vaccinations for Adults Ages 18–64 measure in the 2024 QCR measure set.
        - NCQA announced the Antidepressant Medication Management: Effective Acute Phase Treatment (AMMA) measure is scheduled for retirement in HEDIS MY 2025 (2026 PPA Scoring cycle).

## 2024 Farm Team Update:

Additions:

- Colorectal Cancer Screening (COL):
    - Total rate.
- Prenatal Immunization Status (PRS-E):
    - The rates collected will be the Influenza rate, Tdap rate, and Combination rate.

Rate no longer reported in the Farm Team:

- The Antidepressant Medication Management: Effective Acute Phase Treatment (AMMA) rate will no longer be part of the Farm Team because the Antidepressant Medication Management: Effective Continuation Phase Treatment (AMMC) rate was moved into QCR scoring.
- Childhood Immunization Status: Combination 10 (CIS) rate will no longer be part of the Farm Team because it was moved into QCR scoring.
- The Use of Opioids from Multiple Providers: Multiple Prescribers (UOPPR) rate will no longer be part of the Farm Team because it was moved into QCR scoring. The Use of Opioids from Multiple Providers: Multiple Pharmacies (UOPPH) and Multiple Pharmacies and Prescribers (UOPPP) rates will remain on the Farm Team.

## Race & Ethnicity Data:

- OPM will conduct analysis on race and ethnicity data reported to NCQA on relevant HEDIS measures that are included in the QCR Measure Set.
- Please consult NCQA's HEDIS MY 2023 Volume 2: *Technical Specifications for Health Plans* regarding reporting stratified race and ethnicity data reporting.
- OPM is committed to ensuring a healthy and ready workforce. As part of this goal, OPM is exploring options for including race and ethnicity data in the PPA process.

Summary:

Table 2: Summary of Measure Changes for the 2024 Scoring Cycle (MY 2023)

| Measure | NCQA Measure Abbreviation | QCR Scoring Measure Abbreviation | Category | Action |
|---|---|---|---|---|
| Antidepressant Medication Management: Effective Continuation Phase Treatment | AMM | AMMC | QCR Scoring | **Change:** Promotion from the Farm Team to the QCR Measure Set. Effective Acute Phase Treatment rate will no longer be collected on the Farm Team. |
| Childhood Immunization Status: Combination 10 | CIS | CIS | QCR Scoring | **Change:** Promotion from the Farm Team to the QCR Measure Set. |
| Use of Opioids from Multiple Providers: Multiple Prescribers | UOP | UOPPR | QCR Scoring | **Change:** Promotion from the Farm Team to the QCR Measure Set. The Multiple Pharmacies rate and Multiple Prescribers and Multiple Pharmacies rate will stay on the Farm Team. |
| Colorectal Cancer Screening | COL | COL | QCR & Farm Team | **Changes:** Age band for QCR Measure Set changed to 51–75 per updated HEDIS technical specifications. Total rate added to the Farm Team. |
| Prenatal Immunization Status (Influenza rate, Tdap rate, and Combination rate) | PRS-E | PRS-E | Farm Team | **Change:** Addition to the Farm Team. |
| Flu Vaccinations for Adults Ages 18–64 | FVA | FVA | QCR Scoring | **Change:** Retirement from QCR Measure Set. |
| Well Child Visits in the First 30 Months of Life–Well-Child Visits in the First 15 | W30 | W30 (15) | Farm Team | **Change:** Moved from the QCR Measure Set to the Farm Team. |

| Measure | NCQA Measure Abbreviation | QCR Scoring Measure Abbreviation | Category | Action |
|---|---|---|---|---|
| Months: Six or More Well-Child Visits | | | | |

Please send questions and comments regarding measures to FEHBPerformance@opm.gov.

# Section 2: QCR Scoring and Calculation Procedures

## Subsection A: QCR Scoring

The FEHB PPA Methodology Carrier Letter 2020-15 provides a comprehensive explanation of the QCR Scoring Process and Methodology. For more information on methodology, upcoming measures, or other guidance, please visit the PPA website.

## Subsection B: HEDIS Auditor Codes and QCR Scoring

HEDIS auditors make determinations about the usability of the data and designate it accordingly. OPM incorporates three of these codes into the QCR calculations. The codes are NA, NR, and BR.

- If an FEHB Carrier has an NA (Not Applicable) status, that measure result will not have the score, or weights included in the QCR calculation as the denominator is too small to report.
- For NR (Not Reported) or BR (Biased Rate) measure codes, OPM will score that measure as a zero and the measure weight will be included in the denominator of the QCR score.

## Subsection C: Contract Roll-up

In some instances, an FEHB 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, as detailed in Carrier Letter 2020-15.

## Subsection D: QCR Data Preview Period

FEHB Carriers will have an opportunity to preview their QCR calculations and score prior to the Final QCR Score during the QCR Data Preview Period. FEHB Carriers will receive their QCR Data Preview report annually in the fall. Carriers will then have ten calendar days to review both their QCR Score and Improvement Increment. During this period, FEHB Carriers must actively respond during the QCR Data Preview Period. Carriers must concur with their score or provide feedback to point out factual errors, omissions or miscalculations during this timeframe. The QCR Data Preview Period is the dedicated opportunity for Carriers to review and concur or ask specific questions regarding the calculation of the

QCR Score and Improvement Increment. All queries must be accompanied by detailed questions, or a description of variances detected.

Instructions on concurrence or feedback for 2024 will be included with the QCR Preview Report. Concurring responses, as well as questions or feedback, must be provided within the ten-day review period. If Carriers do not respond during this ten-day period, the lack of response may be considered when calculating the Contract Oversight Score. Carriers must include documentation or materials pertinent to their response that point out factual errors, omissions or miscalculations. All FEHB Carriers responses are limited to the specifics of their data preview. OPM has thirty days in which to consider any responses related to questions or feedback and render a final determination or request additional information. If OPM does not respond within the thirty days, the corrected data as submitted by the plan is considered final. QCR Scores and the underlying data will become final after the QCR review period has concluded unless feedback has been received.

Plans leaving the FEHB program in 2024 will have an opportunity to review their QCR Preview Reports during the QCR Data Preview Period. Plans leaving the FEHB program in 2024 will **not** receive an Overall Performance Score (OPS) final report. Community Rated Plans leaving FEHB will **not** receive a Performance Adjustment and Experienced Rated Plans leaving FEHB will **not** receive a Service Charge in 2024. For example, if the Acme Insurance Company terminates their FEHB contract on 12/31/2023, they will have the opportunity to preview their QCR preview report, however, they will not receive an OPS report, or a Service Charge/Performance Adjustment in 2024.

## Subsection E: Data Correction Procedure

OPM's PPA requires that all FEHB 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 procedures and timeline below apply. Only written communication fulfills the requirements of these procedures. The data correction options available in any specific situation will be determined by the type of error. OPM will leave all relevant information blank on OPM health insurance webpages intended for current and prospective enrollees until remediation is complete.

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 FEHB Carrier must elect and fulfill one of the following options (in writing, via email, or OPM designated portal as applicable):

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

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

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

- If an FEHB Carrier does not respond within the required timeframe, it will be considered acceptance of an 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, including verifiable information from NCQA, when applicable
- OPM will approve/disapprove the proposed remediation in writing within 14 calendar days
    - If OPM fails to respond within 14 calendar days, the proposed remediation is approved
    - If OPM fails to respond, the proposed remediation must be completed within 35 calendar days from the date that the proposal was submitted
- Remediation must be completed within 21 calendar days of OPM's written approval
- If OPM disapproves, the Carrier has 7 calendar days to revise the remediation proposal or accept an NR or BR
- OPM approval/disapproval of the revised remediation proposal 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 an NR or BR for the measure(s) in question.

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

1. The FEHB Carrier must provide a letter to the Contracting Officer, Health Insurance Specialist and FEHBPerformance@opm.gov from their third-party, certified vendor/data auditor:
    a. Certifying that:
        i. The resubmitted sample has been corrected based on the approved remediation
        ii. The sample is now in compliance with OPM requirements
        iii. The sample is in compliance with all NCQA specifications
    b. 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:
    a. Carrier receives an NR or BR for the measure(s) for that year
    b. Additional data validation will be conducted at OPM's discretion
    c. Based on this additional data validation, OPM may assign an NA rather than an NR or BR

Failure to follow these procedures will result in OPM assigning an NR or BR for the measure(s) in question. An NR or BR designation will result in a score of zero for that measure and the measure weight will be included in the denominator of the QCR score. This will result in a lower QCR score and

potentially has implications for the calculation of the Improvement Increment. Improvement Increment eligibility is described in greater detail in Carrier Letter 2020-15.

### Subsection F: Corrective Action Plans

For each FEHB Contract, Carriers must submit a Corrective Action Plan (CAP) for each QCR measure below the 25th percentile. The CAP must include a plan that is designed to improve the measure result(s). All CAPs must be submitted using the Quality Improvement Corrective Action Template to your Health Insurance Specialist within 30 days of receiving the 2024 Overall Performance report.

Carriers must submit a six month follow up report to their Health Insurance Specialist using the Quality Improvement Corrective Action Plan Follow up Template provided in Section 6: References & Resources, Subsection E and Attachment 6.

FEHB Carriers may be asked for greater clarity on remediation methods. Specifically, Carriers submitting a CAP on the same measure for multiple years will be subject to additional OPM reviews and discussions to ensure that the listed actions can be expected to produce improvement.

## Section 3: Contract Oversight Procedures

Contract Oversight is the area of the PPA that allows OPM to assess other dimensions of performance critical to meeting FEHB Program objectives and contractual obligations. As indicated in Carrier Letter 2020-15, the Contract Oversight performance from July 1, 2023, through June 30, 2024, will be assessed against four domains: Contract Performance; Responsiveness to OPM; Contract Compliance; and Technology Management and Data Security.

OPM will notify FEHB Carriers regarding the timeframe for submitting input for Contract Oversight scoring. Input should include any/all pertinent information for the Contracting Officer to consider in assessing performance in the domains and components listed in the Methodology Carrier Letter 2020-15.

Input may also include other matters as discussed with the Contracting Officer or designated Health Insurance Specialist during the performance period. In addition to providing evidence of contract fulfillment, Carrier may submit descriptions of problems that occurred and how these were addressed. Examples include significant events, accreditation deficiencies, audit findings, and member disruption. Performance issues may be scored in one or multiple Oversight domains, or within multiple components of a domain, according to the Contracting Officer's assessment of severity and impact.

For 2024, Contract Oversight scoring will account for 35% of the Overall Performance Score (OPS). The OPS forms the basis of each Carrier's Performance Adjustment or Service Charge.

## Section 4: New FEHB Carriers (Contracts)

A FEHB contract is considered to be in its first year if any of the following conditions are met:

1. The Carrier did not offer an FEHB plan for the 2023 contract year.

2. The Carrier adds a separate and distinct service area under a separate contract.
3. The Carrier adds a new plan option under a separate contract.
4. The Carrier is offering plans classified under one paragraph of Section 8903 of Title 5 in 2023, but has entered into a new contract to offer plans classified under a different paragraph of Section 8903 in 2024.

A new health plan option offered under a Carrier's existing contract or administrative renumbering or realignment of an ongoing contractual relationship is not an FEHB contract in its first year. **Carriers with unique circumstances not defined in this section must obtain written confirmation regarding a reporting exception from the Contracting Officer by December 15, 2023**. If granted the exception, it is only applicable for the 2024 scoring cycle.

New Carrier Codes and options will be displayed in the Plan Comparison Tool. New options and carrier codes may not be included in the contract level rolled up results, based on the availability of enrollment data.

OPM determines the Performance Adjustment or Service Charge based on the Carrier's Overall Performance Score. Performance Adjustment or Service Charge Payments are made in the following year. Any payments to plans during the initial year in the FEHB, if applicable, will be described in Appendix B of the Carrier's new contract. For an Experience Rated Carrier, sufficient funds must exist from the premiums after drawdown for claims and administrative expenses to pay a Service Charge, which the carrier begins drawing down in 12 monthly installments from the Letter of Credit Account (LOC) beginning in January of the year following assessment.

For all Carriers, the calculation of the Experience Rated Carriers' Service Charge or the Community Rated Carriers' Performance Adjustment will follow the methodology described in Carrier Letter 2020-15 for Community Rated and Experience Rated Carriers. In addition, Carrier Letter 2020-15 addresses the unlikely event that a very low Overall Performance Score results in a very low Service Charge, or a very high Performance Adjustment. When this is the case, the Contracting Officer will base the threshold amount on the Contract Group Size Element minimum value range shown in Carrier Letter 2020-15.

FEHB Carriers with new FEHB contracts do not receive a QCR score for the new contract in the first year. For Community Rated Carriers, the Community Rated Adjustment does not apply to the first year of a new contract. Carriers with new contracts are not eligible for the Improvement Increment under the new contract until its third year in the FEHB. Year by year details of Overall Performance Score determination for Carriers with new FEHB contracts are described in the following paragraphs. More information on the Community Rated Adjustment may be found in Carrier Letter 2017-15.

## Subsection A: First Year in the FEHB

In the first year (2024) in the program, the Overall Performance Score will be based on the Contract Oversight score as determined by the Contracting Officer. The period of performance runs from the acceptance of the contract by OPM through June 30. Community Rated Carriers may receive up to their full net-to-carrier premium and Experience Rated Carriers may receive up to the full Service Charge amount.

## Subsection B: Second Year in the FEHB

In the second year (2025) in the program, the Overall Performance Score will be based on the QCR and Contract Oversight scores. The QCR score will not include the Improvement Increment. Community Rated Carriers also receive the Community Rated Adjustment.

## Subsection C: Third Year in the FEHB

In the third year (2026) in the program, the Overall Performance Score will be based on the QCR score plus any Improvement Increment, and the Contract Oversight score. Community Rated Carriers also receive the Community Rated Adjustment.

Table 3: Summarizes the Scoring Cycle for a Contract's First 3 Years in the FEHB

| Contract Year | Measurement Year (MY)* | Reporting Year (RY)/PPA Scoring Cycle | Report HEDIS and CAHPS | Eligible for Improvement Increment | Overall Performance Score Basis |
|---|---|---|---|---|---|
| 2024 (Year 1) | N/A | N/A | Not Required | No | Contract Oversight |
| 2025 (Year 2) | MY 2024 | RY 2025 | Yes | No | Contract Oversight + QCR |
| 2026 (Year 3) | MY 2025 | RY 2026 | Yes | Yes | Contract Oversight + QCR + Improvement Increment |

* For additional information on measure and reporting years please visit the guidance on *NCQA's HEDIS Measures and Technical Resources*.

# Section 5: Carriers Switching Contracting Rating Type

Carriers occasionally switch their rating methodology from experience rated to community rated, or from community rated to experience rated. If this change is approved by the Contracting Officer, the 2024 Plan Performance Assessment calculations are done based on data reported under the 2024 Scoring Cycle rating methodology. The Contract Oversight score will be determined by the Contracting Officer with oversight of the plan in 2024 contract year.

## Subsection A: Experience Rated Methodology in 2024 to Community Rated Methodology in 2025

No Service Charge is calculated in 2024 for the 2025 contract. The net-to-carrier premium for 2025 includes the profit, and a Performance Adjustment is calculated for the 2026 contract, as is done for community rated contracts. An Overall Performance Score Report without a Service Charge calculation will be issued, but not included in the 2025 contract.

## Subsection B: Community Rated Methodology in 2024 to Experience Rated Methodology in 2025

No Performance Adjustment is calculated in 2024 for the 2025 contract year. The 2025 Service Charge will be calculated in the 2024 PPA cycle, an Overall Performance Score with a Service Charge calculation will be issued, and the Contracting Officer will include the Service Charge amount in the 2025 contract.

# Section 6: References & Resources

The references below may also be included as a separate attachment for ease of use.

## Subsection A: 2024 Scoring Cycle Planned HEDIS and CAHPS Reporting

**HEDIS and CAHPS Planned Reporting**
Attachment 2 titled, "Planned HEDIS and CAHPS Reporting" allows OPM to collect information related to the planned HEDIS and CAHPS reporting via Benefits Plus. This important information is critical to our planning efforts for the scoring cycle. Attachment 2 includes instructions, definitions, and examples of how to submit this information. If you have trouble accessing the document or have questions, please contact OPM at FEHBPerformance@opm.gov.

Please submit this information by **December 15, 2023.**

## Subsection B: 2024 CAHPS Sample Crosswalk

**CAHPS Sample Crosswalk**
This information is included in Attachment 3 titled, "2024 CAHPS Sample Crosswalk". Every CAHPS® 5.1H data submission submitted on your plan's behalf must be accompanied by a "crosswalk" that will allow OPM to map your plan's data to the appropriate CAHPS 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
- CAHPS code
- FEHB Plan Name

All FEHB Carriers who are not new Carriers must submit a CAHPS crosswalk file that maps your NCQA Submission ID(s) to your FEHB Plan name and CAHPS Code by **May 1, 2024**. Please email this report to OPMCAHPS@oriresults.com and FEHBPerformance@opm.gov.

Information Submission Explanation (Data Dictionary)

| Category | Explanation |
|---|---|
| Member-level file name | • Name of the NCQA Validated Member-Level Data File |
| NCQA Submission ID | • The NCQA-assigned Submission ID |
| NCQA Plan Name | • The Plan Name associated with the NCQA submission |
| CAHPS code | The CAHPS code is broken out as follows:<br>• Two-character Carrier Code (dash)<br>• Plan Filing Type (dash)<br>• Two-character State abbreviation (dash)<br>• Three-character Option Code Category |
| FEHB Plan Name | • The FEHB Plan name that corresponds with the FEHB contract |

Please note that the Member-level file names 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.

Table 4: Crosswalk Example

| Sample Row | Member-Level File | NCQA CAHPS SubID | NCQA Plan Name | CAHPS Code | FEHB Plan Name |
|---|---|---|---|---|---|
| 1 | ADULTCOM6767_DeIdentifiedMemberFile.csv | 6767 | Acme Insurance Company, Inc. | AA-FFS-VA-000 | Acme Insurance Company, Inc. |
| | | | | | |
| 2 | ADULTCOM4242_DeIdentifiedMemberFile.csv | 4242 | Acme Insurance Company, Inc. | BB-FFS-MD-000 | Acme Insurance Company, Inc. |
| 3 | ADULTCOM4242_DeIdentifiedMemberFile.csv | 4242 | Acme Insurance Company, Inc. | BB-FFS-MD-001 | Acme Insurance Company, Inc. |

- Sample row 1 shows the most straightforward example where it is a one-to-one mapping between the NCQA CAHPS Sub ID and CAHPS code.
- Sample rows 2 and 3 show how the crosswalk should appear when one set of NCQA data is mapped to two CAHPS code. In this case, only one member-level file should be submitted to OPM.
- Plans are not allowed to map more than one NCQA CAHPS Submission ID to a single CAHPS code.

- All FEHB Carriers must submit a CAHPS crosswalk file that maps your NCQA CAHPS SubID(s) to your FEHB Plan name and CAHPS Code by **May 1, 2024**. Please email this report to OPMCAHPS@oriresults.com and FEHBPerformance@opm.gov.

- Please direct questions regarding the crosswalk to ORI at OPMCAHPS@oriresults.com.

## CAHPS Code in Benefits Plus

In previous years, OPM provided a CAHPS code list as part of the Procedure Manual as a reference. Since the Planned HEDIS and CAHPS reporting has transitioned to Benefits Plus, Carriers may now find their CAHPS Codes in Benefits Plus. As a reminder on how to find CAHPS codes, please see the process outlined below (along with screen shots).

Step 1: Navigate to the PPA Overview page

The Benefits Plus (BP) portal URL is: https://www.opm.gov/healthcare-insurance/benefits-plus/

- After logging into Benefits Plus
    - Go to the PPA Header at the top right section of the menu
    - Select the **HEDIS & CAHPS** drop down option

HEDIS and CAHPS Drop Down Example


Step 2: Select Plan

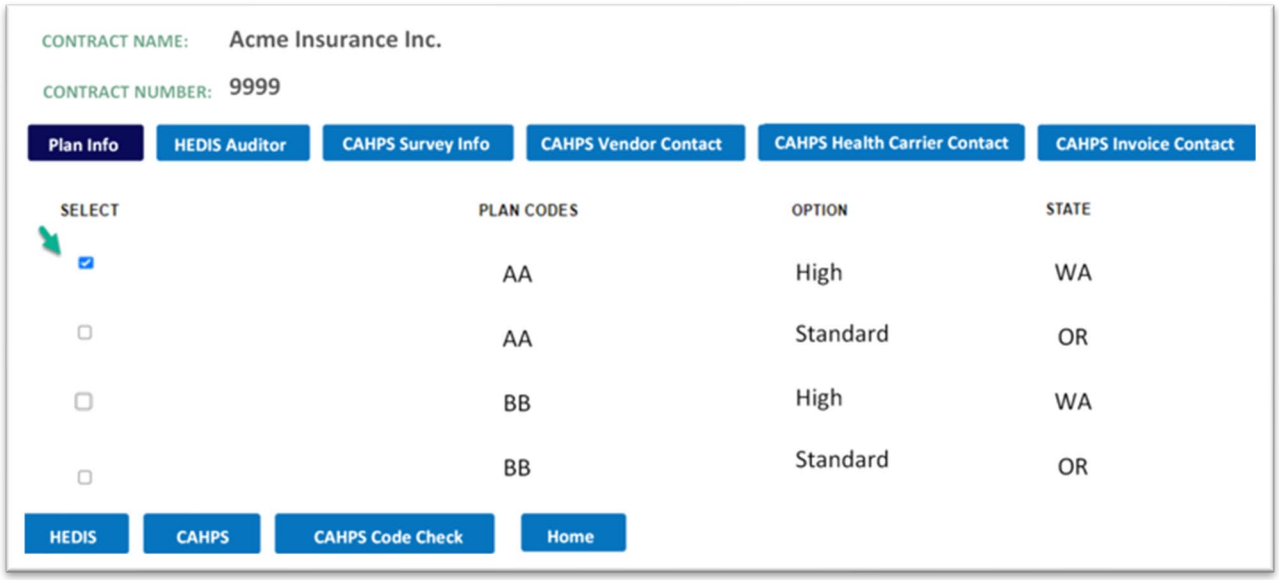
- The example below is the main screen. If at any point while entering the planned HEDIS and CAHPS information, you click the **Home** button, it will return you to the screen below
- Once at this screen, click on the Plan name in this case Acme Insurance under Contract to enter the HEDIS and CAHPS information

Select Plan Example:


Step 3: Select Plan Code, Option, and State

- Once you select a Plan, you will then see the Plan Codes, Options, and States associated with that Plan
- At this point in the process, you are on the **Plan Info** page
- To see the CAHPS Codes, select one grouping of Plan Code, Option, and State at a time

Plan Info Example

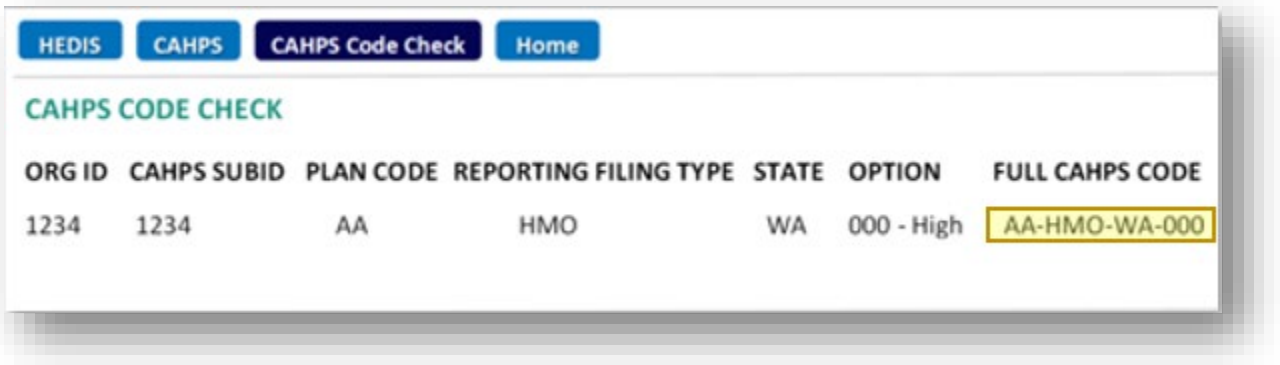



Step 4: Select CAHPS Codes Check

- Once the Plan Code, Option and State is selected, click the **CAHPS Code Check** button
- The CAHPS code is created with the following breakout: The two-digit carrier code, dash, product filing type, dash, two-digit state, dash, and three-digit option. For the product filing types, please use: FFS, PPO, HMO, or POS. For option codes, please use the following coding High=000, Standard=001, HDHP=002, CDHP=003, or Basic=004
- The example below is shown as **AA-HMO-WA-000**

- Here you can find the CAHPS code for the CAHPS Crosswalk

CAHPS Code Check and Add Additional CAHPS Code Example



## Subsection C: 2024 Clinical Quality, Customer Service and Resource Use Measure Set and Farm Team Measure Set

| Performance Area | Measure Title | NCQA Measure Abbreviation | QCR Scoring Identifier | Measure Source | Measure Priority | Measure Weight |
|---|---|---|---|---|---|---|
| Clinical Quality | Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: 18–64 Years | AAB | AAB (18-64) | HEDIS | 1 | 2.50 |
| | Controlling High Blood Pressure | CBP | CBP | HEDIS | 1 | 2.50 |
| | Hemoglobin A1c (HbA1c) Control for Patients With Diabetes: HbA1c Control <8.0% | HBD | HBD | HEDIS | 1 | 2.50 |
| | Antidepressant Medication Management: Effective Continuation Phase Treatment | AMM | AMMC | HEDIS | 2 | 1.25 |
| | Asthma Medication Ratio | AMR | AMR | HEDIS | 2 | 1.25 |
| | Breast Cancer Screening | BCS-E | BCS-E | HEDIS | 2 | 1.25 |
| | Cervical Cancer Screening | CCS | CCS | HEDIS | 2 | 1.25 |
| | Childhood Immunization Status: Combination 10 | CIS | CIS | HEDIS | 2 | 1.25 |
| | Colorectal Cancer Screening: 51–75 Years | COL | COL | HEDIS | 2 | 1.25 |
| | Follow-Up After Emergency Department Visit for Substance Use–30-Day Follow-Up: Total | FUA | FUA30 | HEDIS | 2 | 1.25 |
| | Follow-Up After Emergency Department Visit for Mental Illness–30-Day Follow-Up: Total | FUM | FUM30 | HEDIS | 2 | 1.25 |
| | Prenatal and Postpartum Care: Timeliness of Prenatal Care | PPC | PPC | HEDIS | 2 | 1.25 |
| | Statin Therapy for Patients With Cardiovascular Disease–Statin Adherence 80%: Total | SPC | SPC | HEDIS | 2 | 1.25 |
| | Use of Opioids From Multiple Providers: Multiple Prescribers | UOP | UOPPR | HEDIS | 2 | 1.25 |
| Customer Service | Coordination of Care | CoC | CoC | CAHPS | 3 | 1.00 |
| | Claims Processing | CP | CP | CAHPS | 3 | 1.00 |
| | Getting Care Quickly | GCQ | GCQ | CAHPS | 3 | 1.00 |
| | Getting Needed Care | GNC | GNC | CAHPS | 3 | 1.00 |
| | Overall Health Plan Rating | RHP | RHP | CAHPS | 3 | 1.00 |
| | Overall Personal Doctor Rating | RPD | RPD | CAHPS | 3 | 1.00 |
| Resource Use | Use of Imaging Studies for Low Back Pain: 18–64 Years | LBP | LBP | HEDIS | 1 | 2.50 |
| | Acute Hospital Utilization–Nonoutlier Member Acute Inpatient and Observation Stay Discharges–Total Discharges–Observed-to-Expected (O/E) Ratio–Total: Total | AHU | AHU | HEDIS | 2 | 1.25 |

| Performance Area | Measure Title | NCQA Measure Abbreviation | QCR Scoring Identifier | Measure Source | Measure Priority | Measure Weight |
|---|---|---|---|---|---|---|
| | Emergency Department Utilization–Nonoutlier Member Number of Emergency Department Visits–O/E Ratio–Total: Total | EDU | EDU | HEDIS | 2 | 1.25 |
| | Plan All-Cause Readmissions–O/E Ratio: Total | PCR | PCR | HEDIS | 2 | 1.25 |

**Farm Team (Measures Reported but not Scored)**

- Adult Immunization Status: Influenza rate, AIS-E (Collection as of 2023)
- Appropriate Treatment for Upper Respiratory Infection: Total, URI, (Collection as of 2022)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Total, AAB (Collection as of 2021)
- Colorectal Cancer Screening: Total, COL (Collection as of 2024)
- Customer Service, CS (Scored since 2016; returned to the Farm Team in 2020)
- Prenatal Immunization Status, PRS-E (Collection as of 2024)
- Risk of Continued Opioid Use, COU (Collection as of 2020)
- Use of Imaging Studies for Low Back Pain: Total, LBP (Collection as of 2022)
- Use of Opioids From Multiple Providers, UOP, (Multiple Pharmacies [UOPPH] and Multiple Pharmacies and Prescribers [UOPPP]) (Collection as of 2018)
- Well-Child Visits in the First 30 Months of Life, W30 (Collection as of 2024)

## Subsection D: 2024 Quality Improvement Corrective Action Plan Template

This information is included in Attachment 5 titled, "2024 Quality Improvement Corrective Action Plan Template". For each FEHB Contract, Carriers must submit a Corrective Action Plan (CAP) for each QCR measure below the 25th percentile. Measures set to retire or transition to the Farm Team in 2024 do not require a CAP. The table below reflects the list of eligible CAPs measures in 2024. For more information on 2024 QCR Measure Set, please see Carrier Letter 2022-13.

All CAPs must be submitted to your Health Insurance Specialist within 30 days of receiving the 2024 Overall Performance report, using the Quality Improvement Corrective Action Plan Template below and included in Attachment 5. Within the CAP, please specify the Quality Improvement implementation plan to improve the provision or care/services associated with the identified measure. Please note that FEHB Carriers submitting a third or subsequent CAP on the same measure will be subject to additional OPM reviews and discussions to ensure that the listed actions can be expected to produce improvement. In the table below, please indicate the measure(s) that require a CAP.

In the table below, select all the measures that apply. If there is more than one year of a CAP Submission, also check the "Multiple Year CAP" column. The measures display an "NA" where it didn't require a CAP.

| **PPA: 2024 CAP Eligible QCR Measures** | **NCQA Measure Abbreviation** | **Multiple Year CAP** | **CAP 2024 Submission** | **CAP 2023 Submission** | **CAP 2022 Submission** | **CAP 2021 Submission** |
|---|---|---|---|---|---|---|
| Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis: 18–64 Years | AAB | ☐ | ☐ | ☐ | ☐ | ☐ |
| Controlling High Blood Pressure | CBP | ☐ | ☐ | ☐ | ☐ | ☐ |
| Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Control <8.0% | HBD | ☐ | ☐ | ☐ | ☐ | ☐ |
| Antidepressant Medication Management: Effective Continuation Phase Treatment | AMM | ☐ | ☐ | NA | NA | NA |
| Asthma Medication Ratio | AMR | ☐ | ☐ | ☐ | ☐ | ☐ |
| Breast Cancer Screening | BCS-E | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cervical Cancer Screening | CCS | ☐ | ☐ | ☐ | ☐ | NA |

| PPA: 2024<br>CAP Eligible QCR Measures | NCQA Measure Abbreviation | Multiple Year CAP | CAP 2024 Submission | CAP 2023 Submission | CAP 2022 Submission | CAP 2021 Submission |
|---|---|---|---|---|---|---|
| Childhood Immunization Status: Combination 10 | CIS | ☐ | ☐ | NA | NA | NA |
| Colorectal Cancer Screening: 51–75 Years | COL | ☐ | ☐ | ☐ | ☐ | ☐ |
| Follow-Up After Emergency Department Visit for Substance Use–30 Day Follow-Up: Total | FUA | ☐ | ☐ | ☐ | ☐ | NA |
| Follow-Up After Emergency Department Visit for Mental Illness–30 Day Follow-Up: Total | FUM | ☐ | ☐ | ☐ | ☐ | NA |
| Prenatal and Postpartum Care: Timeliness of Prenatal Care | PPC | ☐ | ☐ | ☐ | ☐ | NA |
| Statin Therapy for Patients With Cardiovascular Disease–Statin Adherence 80%: Total | SPC | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use of Opioids From Multiple Providers: Multiple Prescribers | UOP | ☐ | ☐ | NA | NA | NA |
| Coordination of Care | CoC | ☐ | ☐ | ☐ | ☐ | NA |
| Claims Processing | CP | ☐ | ☐ | ☐ | ☐ | NA |
| Getting Care Quickly | GCQ | ☐ | ☐ | ☐ | ☐ | NA |
| Getting Needed Care | GNC | ☐ | ☐ | ☐ | ☐ | NA |
| Overall Health Plan Rating | RHP | ☐ | ☐ | ☐ | ☐ | NA |
| Overall Personal Doctor Rating | RPD | ☐ | ☐ | ☐ | ☐ | NA |
| Use of Imaging Studies for Low Back Pain: 18–64 Years | LBP | ☐ | ☐ | ☐ | ☐ | ☐ |

| PPA: 2024 CAP Eligible QCR Measures | NCQA Measure Abbreviation | Multiple Year CAP | CAP 2024 Submission | CAP 2023 Submission | CAP 2022 Submission | CAP 2021 Submission |
|---|---|---|---|---|---|---|
| Acute Hospital Utilization–Nonoutlier Member Acute Inpatient and Observation Stay Discharges–Total Discharges–O/E Ratio–Total: Total | AHU | ☐ | ☐ | NA | NA | NA |
| Emergency Department Utilization–Nonoutlier Member Number of Emergency Department Visits–O/E Ratio–Total: Total | EDU | ☐ | ☐ | NA | NA | NA |
| Plan All-Cause Readmissions–O/E Ratio: Total | PCR | ☐ | ☐ | ☐ | NA | NA |

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

1. **Measure:** _____
2. **Contract Number:** _____
3. **Carrier Name:** _____
4. **Carrier Codes:** _____
5. **Plan Analysis**
   - Analysis: Strengths and weaknesses of current quality practices related to this measure.
   - Barriers: Identify potential barriers to improvement in results. If a CAP for this measure has been submitted previously, include an evaluation of why you have not achieved expected results to date.
   - Impact: Estimate the number of members that need to be impacted by the proposed strategies in order to increase the score to at least the 25th percentile.
6. **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.
   - Metrics: Describe the progress metrics you will use to track improvement. How does this support improvement in the QCR measure?

- Classification: OPM strongly encourages Carriers with performance below the 10th percentile benchmark to develop *novel*[10] actions, rather than *reinforcement*[11] 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.

[10] Introduction of a new practice that the Carrier has not previously explored.
[11] Modification of an existing practice current used by the Carrier.

**Quality Improvement Corrective Action Plan Template Submission**

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

**CAP Point of Contact: _____**

**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.

*OPM Health Insurance Specialist:*

| Printed Name | Signature | Date |
|---|---|---|

*OPM FEHB Chief:*

| Printed Name | Signature | Date |
|---|---|---|

## Subsection E: 2024 Quality Improvement Corrective Action Plan Follow-up Template

This information is included in Attachment 6 titled, "2024 Quality Improvement Corrective Action Plan Follow-up Template". Please complete the below follow-up report for each CAP you submitted following the 2023 QCR Scoring process. Return the completed report to your Health Insurance Specialist by June 30, 2025.

**Contract Number**: _____

**Plan Name**: _____

**Carrier Codes**: _____

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

1. **Measure:** _____

2. **Action Steps**
    - What steps have been taken by your health plan in support of the Action Outline submitted to your FEHB Health Insurance Specialist?
    - Are actions on track to meet the dates provided in the timeline? If not, what remedies are you taking?
    - What progress metrics are you using to track projected improvement results? Are these metrics on track with expected progress to date?

*FEHB Carrier Quality Improvement POC:*

Printed Name Signature Date

## Subsection F: 2024 Timeline

Below is the full HEDIS and CAHPS Timelines also generally referenced in Section 1 of this document. In addition, the timeline includes PPA related reports that OPM provides to the Carriers.

**Label/Color codes**:

**HEDIS (Blue)**: To report HEDIS metric results, FEHB Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online application. 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.

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

**OPM to Carriers (Green)**: As part of the PPA process, OPM provides reports to Carriers that include the QCR Preview Report, Procedure Manual, OPS Report, and a Detailed QCR Performance Summary Report.

- **December 2023:**
    - **HEDIS & CAHPS:** All FEHB Carriers must complete and submit the 2024 Planned HEDIS and CAHPS Reporting Information by December 15, via Benefits Plus (see Section 6 Subsection A and Attachment 2). Through this report, OPM and the Carriers can resolve reporting discrepancies prior to submitting data to NCQA's Online Healthcare Organization Questionnaire.
    - **HEDIS & CAHPS**: A new health plan option offered under a Carrier's existing contract or administrative renumbering or realignment of an ongoing contractual relationship is expected to provide HEDIS and CAHPS data. **Carriers with unique circumstances not defined in Section 4 must obtain written confirmation regarding a reporting exception from the FEHB Group Chief by December 15, 2023**.
    - **HEDIS**: NCQA releases the MY 2023 Healthcare Organization Questionnaire (HOQ) for health plans to request and update submissions in mid-December.
    - **HEDIS**: NCQA sends the HEDIS Data Submission Kick-off to Primary and Secondary contacts.
    - **HEDIS**: NCQA posts the XML Templates, Validations and Data Dictionaries for IDSS to the data submission webpage.
- **February 2024:**
    - **HEDIS** and **CAHPS**: Health plans finalize HOQ requests to obtain submission IDs for HEDIS and CAHPS.
- **March 2024:**
    - **HEDIS**: NCQA releases the MY 2023 IDSS for data loading and validation.
    - **HEDIS**: NCQA distributes Submission IDs for survey measures to NCQA certified survey vendors.

- **May 2024:**
    - **CAHPS**: All FEHB Carriers must submit a CAHPS crosswalk file (see Section 6; Subsection B) that maps your NCQA CAHPS Submission ID(s) to your FEHB Plan name and CAHPS code by May 1, 2024. This crosswalk must accompany each submission of CAHPS survey results to OPM though their contractor ORI. Please direct questions regarding the crosswalk to ORI at OPMCAHPS@oriresults.com. The crosswalk includes each:
        - NCQA Member-level File Name
        - NCQA Submission ID
        - NCQA Plan Name
        - CAHPS Code
        - FEHB Plan Name
    - **HEDIS**: NCQA sends the *Conditions for Public Reporting* letter to Primary and Secondary HEDIS contacts. This letter includes the rules used for displaying data in NCQA's public reporting program (i.e., Health Plan Ratings).
    - **HEDIS**: Carriers verify their ratings in NCQA's "Health Plan Ratings." Carriers verify the information that will determine how their organization is displayed in the ratings (e.g., states and accreditation statuses).
    - **CAHPS**: NCQA certified survey vendors submit CAHPS 5.1H member-level data files to NCQA on behalf of FEHB Carriers.
- **June 2024:**
    - **HEDIS**: IDSS Plan-lock must be applied for audited submission to ensure Auditors have sufficient time to review plan results.
    - **HEDIS**: Health plans submit FINAL HEDIS (non-survey data) results via the IDSS.
    - **HEDIS**: All HEDIS 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**: NCQA-generated member-level data file and NCQA-generated summary reports (available to health plans in IDSS) are due to OPM's contractor, ORI, by June 14, 2024. The submission is due to ORI after the files have been processed by NCQA and you have provided NCQA with a signed Attestation of Accuracy. You or your survey vendor may submit the files via e-mail or other electronic or digital format to ORI at the following address: OPMCAHPS@oriresults.com. To comply with HIPAA privacy rules, survey vendors must use appropriate encryption technology.

- **July 2024:**
    - **HEDIS**: NCQA Releases the 2024 Quality Compass® commercial edition.
- **August 2024:**
    - **HEDIS** and **CAHPS**: NCQA releases "Projected Health Plan Ratings". Carriers are required to confirm their rating and accreditation information (if applicable).
- **Fall 2024:**
    - **OPM to Carriers**: FEHB Carriers review the QCR Preview Report.
    - **OPM to Carriers**: OPM releases updated FEHB PPA Procedure Manual.
    - **OPM to Carriers**: OPM communicates the Overall Performance Scores (OPS Reports) to FEHB Carriers.
        - **CAPs Reports**: Corrective Action Plans are due 30 days after the Carrier Receives the OPS report finalized QCR Score.
- **Winter 2024:**
    - **OPM to Carriers**: OPM provides Carriers with the Detailed QCR Performance Summary Report, which includes graphs showing where the FEHB Carrier's scores are located in relation to other FEHB Carriers for each QCR measure and the QCR score.