2024 Plan Performance Assessment (PPA) Procedure Manual Attachment 2: Planned HEDIS and CAHPS Reporting

Planned HEDIS and CAHPS reporting allows OPM to collect information on 2024 expected data. This important information is critical to our planning efforts for the scoring cycle. This document includes the steps and examples of how to submit this information. Please certify this information in Benefits Plus by **December 15, 2023**.

As you go through the process, the page that you are currently on is highlighted in a darker blue than the other pages. For example, if you are entering HEDIS information, the HEDIS button will be dark blue:

HEDIS

If you want to navigate back to this page from another page, it will be lighter blue:



If you have questions, please contact OPM at <u>FEHBPerformance@opm.gov</u>.

Steps:

- <u>Step 1</u>: Navigate to the PPA Overview page
- <u>Step 2</u>: Select Plan
- <u>Step 3</u>: Select Plan Codes, Options and States
- Step 4: Enter HEDIS Information
- <u>Step 5</u>: Enter CAHPS Information
- <u>Step 6</u>: Check CAHPS Codes
- <u>Step 7</u>: Enter HEDIS Auditor Information
- <u>Step 8</u>: Enter CAHPS Survey Information
- Step 9: Enter CAHPS Vendor Contact Information
- <u>Step 10</u>: Enter CAHPS Health Carrier Contact Information
- <u>Step 11</u>: Enter CAHPS Invoice Contact Information
- <u>Step 12</u>: Submit & Certify

Step 1: Navigate to the PPA Overview page

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

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

HEDIS and CAHPS Drop Down Example

Official website of the Office of Personnel Management		
BENEFITS PLUS	HOME	PPA FWA
	🎽 HEDI:	S & CAHPS

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:
 - make sure 2024 is showing under select year
 - o select FEHB under the **Benefit Program**
 - click on the Plan name in this case Acme Insurance under Contract to enter the HEDIS and CAHPS information

Select Plan Example

HEDIS & CAHPS	
Select Year	Benefit Program
2024 🗸	FEHB 🗸
CONTRACT	CONTRACT NUMBER
Acme Insurance	9999

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
- On this page, you can click on one or more grouping of the Plan Codes, Options, and States
- If each Plan Code, Option, and State has a distinct SubID, then you would select them individually. If they share SubIDs, then you can click on as many that share the same SubID
- After filling out the first SubID information, if you wish to return to this page, please click on the **Plan Info** button

Plan Info Example

CONTRACT NA	CONTRACT NAME: Acme Insurance Inc.							
CONTRACT N	UMBER: 9999							
Plan Info	HEDIS Auditor	CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact			
SELECT		PLAN	CODES	OPTION	STATE			
2		A	Ą	High	WA			
		A	Ą	Standard	OR			
2		В	В	High	WA			
		В	В	Standard	OR			
HEDIS	CAHPS	CAHPS Code Check	Ноте					

Step 4: Enter HEDIS Information

- Once you have selected one or more Plan Code(s) and Option(s), you will click the **HEDIS** button to enter the HEDIS information such as HEDIS Org ID, SubID, etc.
- Required fields must be completed before clicking the Save button
- Please repeat this process until all HEDIS information has been included for each Plan Code, Option, and State
- Click the Save button when finished

HEDIS Information Example

HEDIS CAHPS	CAHPS Code Check Home
HEDIS	* = Required field
HEDIS OrgID * 3	1234
HEDIS SubID .	1234
HEDIS Reporting Product * 1	HMO ¥
HEDIS Reporting Population * (1)	Commercial 🗸
HEDIS Reporting * 🛈	Yes 🗸
Shared Reporting * (i)	AA WA and BB WA Shared Note:- Add N/A if not applicable
Note	N/A
Save Home	

• Click on the **Plan Info** button to continue entering data, the next step is entering the CAHPS information

CONTRACT NAME: AC CONTRACT NUMBER: 99 Plan Info HEDIS Auc	me Insurance Inc. 99 litor CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Conta	ct CAHPS Invoice Contact
CONTRACT NAME: Acme CONTRACT NUMBER: 9999	Insurance Inc.			
Plan Info HEDIS Auditor	CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact
SELECT	PLAN	CODES	OPTION	STATE
	AA	4	High	WA
	AA	Ą	Standard	OR
2	BE	3	High	WA
	BE	3	Standard	OR
HEDIS CAHPS	CAHPS Code Check	Home		

Step 5: Enter CAHPS Information

- Once you are back on the Plan Info t page, select one or more Plan Code(s), ,Option(s), and State(s)
- You will then click on the **CAHPS** button to enter the CAHPS information such as CAHPS Org ID, SubID, etc.
- Required fields must be completed before clicking the **Save** button
- Please repeat this process until all CAHPS information has been included for each Plan Code, Option, and State
- Click the Save button when finished

CAHPS Information Example

HEDIS CAHPS C/	AHPS Code Check Home
CAHPS	* = Required field
CAHPS OrgID * 🛈	1234
CAHPS SubID * ①	1234
CAHPS Reporting * ①	Yes 🗸
CAHPS Reporting Population • (1)	Commercial 🗸
CAHPS Reporting FilingType * ①	HMO 🗸
Shared Reporting *	AA WA, AA ID, & BB WA Note:- Add N/A if not applicable
Note	N/A
Save Home	

Step 6: Check CAHPS Codes

- After entering the CAHPS information, 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**
- If the CAHPS Code that appears is not correct, please click the **CAHPS** button and correct the CAHPS information. For example, if **AA-HMO-WA-000** should have read **AA-PPO-WA-000**, you can click the **CAHPS** button and correct the data from HMO to PPO.
- If you need to add more CAHPS codes (for example, if you needed to add AA-HMO-ID-000), click the Add Additional CAHPS Code button
- The new CAHPS Code will be associated with the Carrier Code and Option near the Add Additional CAHPS Code button that you have selected
- If you have clicked the Add Additional CAHPS Code button, the following screen will appear
- Enter the Org ID, CAHPS Sub ID, Reporting Filing Type, State and click Save

CAHPS Code Check and Add Additional CAHPS Code Example

HEDIS	САНРБСА	HPS Code Che	ck Home					
CAHPS	CODE CHECK							
ORG ID	CAHPS SUBID	PLAN CODE	REPORTING F	ILING TYPE	STATE	OPTION	FULL CAHPS CODE	*
1234	1234	AA	HMO		WA	000 - High	AA-HMO-WA-000	Add Additional CAHPS Code
ORG ID	CAHPS SUB	ID C	AHPS REPORTIN	IG FILING TY	PE ST	TATE		
1234	1234		нмо	~		WA	~	
Save	Cancel							

- After you have entered the information for the additional CAHPS Code and clicked **Save**, the following screen will appear
- This gives you an opportunity to view the newly created CAHPS Code, shown in the example below as AA-HMO-ID-000
- From this point, you can edit or remove the added CAHPS Codes

HEDIS	HEDIS CAHPS Code Check Home							
CAHPS	CODE CHECK							
ORG ID	CAHPS SUBID	PLAN CODE	REPORTING FILING TYPE	STATE	OPTION	FULL CAHPS CODE		
1234	1234	AA	НМО	WA	000 - High	AA-HMO-WA-000	Add Additional CAHPS Code	
1234	1234	AA	НМО	ID	000 - High	AA-HMO-ID-000	Remove	

• Once you have completed the CAHPS code section, click on the **HEDIS Auditor** button at the top of the page to continue entering the 2024 cycle information

CONTRACT NAME:	ME: Acme Insurance Inc.						
CONTRACT NUMBER:	9999 🎽						
Plan Info HEDI	S Auditor CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact			

Step 7: Enter HEDIS Auditor Information

- You will see the following screen after clicking on the **HEDIS Auditor** button
- Required fields must be completed before clicking the Save button

HEDIS Auditor Information Example

HEDIS AUDITOR COMPANY NAME	HEDIS Auditing Co		
	HEDIS Additing Co.		
FIRST NAME*	Samantha		
LAST NAME	Jones		
STREET ADDRESS *	145 Example St		
ADDRESS 2	Suite B		
CITY.	Washington		
STATE	District of Columbia	~	
ZIP CODE *	20415	(99999 or 99	999-4444)
PHONE NUMBER	123-444-5656	800-123-4567)	
EMAIL ADDRESS	SJones@exampleema	il.com	(example@mail.com)
NOTES			

• To continue entering data, click on the CAHPS Survey Info button at the top of the page

CONTRACT NAME: Acme Insurance Inc.							
CONTRACT NUMB	BER: 9999						
Plan Info	HEDIS Auditor	CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact		

Step 8: Enter CAHPS Survey Information

- This will open the section where you verify that you are using the CAHPS[®] 5.1H Health Plan Survey Adult Commercial Survey
- If the Plan is new to the FEHB Program for 2024, you can indicate that you are not required to report for the 2024 PPA Scoring Cycle
- Required fields must be completed before clicking the **Save** button

Add CAHPS Survey Statement Example

CAHPS SURVEYS INFO	* = Required f	ield
Carrier Contract is new to FEHB Program for 2024 and is not required to conduct CAHPS® Surveys in 2024 *	No	~
Carrier will conduct the CAHPS® 5.1H Health Plan Survey Adult Commercial Version following the NCQA requirements set forth in HEDIS Volume 3: Specifications for Survey Measures *	Yes	~
Save Home		

• To continue entering data, click on the CAHPS Vender Contact button at the top of the page

CONTRACT NAME:	Acme Insurance Inc.					
CONTRACT NUMBER:	9999	N.				
Plan Info HED	IS Auditor CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact		

Step 9: Enter CAHPS Vendor Contact Information

- After clicking on the CAHPS Vendor Contact button, you will see the following screen
- Fill in the information to indicate which CAHPS Vendor you are working with and enter their contact information
- Required fields must be completed before clicking the Save button

CAHPS Vendor Contact Information Example

CAHPS VENDOR CONTACT	* = Required field	
NCQA CAHPS VENDOR	CAHPS Vendor Inc	. ~
FIRST NAME*	Jennifer	
LAST NAME*	Smith	
STREET ADDRESS	145 Example St	
ADDRESS 2	Suite B	
CITY"	Washington	
STATE"	District Of Columbia	~
ZIP CODE *	20415	(99999 or 99999-4444)
PHONE NUMBER	123-444-5656	(800-123-4567)
EMAIL ADDRESS	JSmith@exampleemail.com	(example@mail.com)
NOTES		1
Save Home		

• To continue entering data, click on the CAHPS Health Carrier Contact button at the top of the page

CONTRACT NAME:	Acme Insurance Inc.				
CONTRACT NUMBER:	9999				
Plan Info HED	Auditor CAHPS Survey Info CAHPS Vendor Contact CAHPS Health Carrier Contact CAHPS Invoice Contact				

Step 10: Enter CAHPS Health Carrier Contact Information

- You will see the following page after clicking on the CAHPS Health Carrier Contact button
- Required fields must be completed before clicking the **Save** button

CAHPS Health Carrier Information Example

IRST NAME	Sam	
AST NAME	Smith	
STREET ADDRESS	145 Example St	
ADDRESS 2	Suite B	
CITY	Washington	
STATE*	District of Columbia 🛛 🗸	
ZIP CODE *	20415 (99999 or 9999	9-4444)
PHONE NUMBER	123-444-5656 (800-123-4567)	
EMAIL ADDRESS	Sam.Smith@exampleemail.com	(example@mail.com)
NOTES		

• To continue entering data, click on the CAHPS Invoice Contact button at the top of the page



Step 11: Enter CAHPS Invoice Contact Information

- The following page will appear after clicking on the CAHPS Invoice Contact button
- If this information is the same as the CAHPS Health Carrier Contact Information, select the Yes button by that question and the information will populate from the CAHPS Health Carrier Contact Page
- Required fields must be completed before clicking the **Save** button

CAHPS Invoice Contact Information Example

IS THIS CAHPS INVO	DICE CONTACT SAME A	S CAH	PS HEALTH	CARRIER CONTACT? Yes
FIRST NAME*	Janice			* = Required field
LAST NAME	Meyers			
STREET ADDRESS	145 Test St. NW			
ADDRESS 2	Suite 400			
CITY	Washington			
STATE	District of Colum	bia	~	
ZIP CODE *	20415 (99999 or		(99999 or 999	99-4444)
PHONE NUMBER	123-444-5656	(80	00-123-4567)	
EMAIL ADDRESS*	JMeyers@examp	leem	ail.com	(example@mail.com)
NOTES				

Step 12: Submit & Certify

- After the information for each tab is complete, the **Submit & Certify** Button will become visible
- Click on the **Submit & Certify** Button after you have verified that all of the info has been entered
- Click the Save button

Submit & Certify Example

CONTRACT NAME:	Acme Insurance Inc.					
CONTRACT NUMBER:	9999					
Plan Info HEDI	S Auditor CAHPS Survey Info	CAHPS Vendor Contact	CAHPS Health Carrier Contact	CAHPS Invoice Contact	Submit & Certify	

- After completing the Submit & Certify section, you have completed the 2024 HEDIS and CAHPS planned reporting information.
- Thank you for providing the information, it is helpful in building the foundation for the 2024 PPA Scoring Cycle
- If there are questions on this process, please email <u>FEHBPerformance@opm.gov</u> and include your Health Insurance Specialist on the email.