FEHB ☒   PSHB ☒

Letter Number 2024-08   **Date: March 19, 2024**

Fee-for-service [8]   Experience-rated HMO [8]   Community-rated HMO [5]

Subject: Network Provider Data Reporting Requirements

This Carrier Letter notifies all Federal Employees Health Benefits (FEHB) Program Carriers and Postal Service Health Benefits (PSHB) Program Carrier Applicants (hereafter "Carriers") of requirements to submit monthly network provider data to OPM. The Carrier Letter explains the new reporting requirement and provides details about the requested information and the submission time frame and process. OPM will use these data for the new PSHB decision support tool and to evaluate plan and network differences as the PSHB Program is implemented, analyze FEHB and PSHB network adequacy, and perform other analyses essential to FEHB and PSHB Program oversight.

Technical guidance related to the submission process, file formatting and data schema are included as attachments to this Carrier Letter.

Background

All Carriers must have adequate provider networks to deliver healthcare services. OPM continues to emphasize the importance of providing provider network information to enrollees to help them find care. OPM is committed to supporting member decision-making and experience by providing access to transparent, up-to-date information on providers' network status and availability to accept new patients and/or to offer telehealth services.

Information Requested

Carriers will be required to submit separate monthly Provider Files, one file for FEHB and a separate file for PSHB, if applicable, with updated information on all network providers (i.e. all providers who are contracted with a plan to provide health care services to its members), including individual, group, and facility (e.g. hospital, pharmacy) provider types. Detailed data descriptions and formatting requirements for the monthly submissions are provided in Attachment 1. Details in Provider Files must match the information conveyed in Carrier brochures and websites. OPM reserves the right to request additional follow-up files pending review and validation.

Submission Time Frame

Beginning in May 2024, FEHB and PSHB Carriers will be required to submit an updated Provider Data file between the 8th and the 15th day of each calendar month. Data must be submitted for each FEHB and PSHB plan offered in a given plan year.

File Submission

Each Carrier must submit network provider data in JSON format (see Attachment 1) using a Secure File Transfer Protocol (SFTP) account and encryption. Guidance for file submission to Research and Oversight Repository (ROVR) is provided in Attachment 2. Carriers already set up for submitting files to ROVR do not have to take any additional action.

Conclusion

OPM is committed to providing high-quality health plans and improving the customer experience for enrollees and their families. Provider network data will be instrumental in supporting these goals and ensuring that members have the necessary support from OPM in navigating their access to health care. We appreciate your cooperation in the monthly submission of timely, complete files.

If you have any questions, please contact your FEHB or PSHB Health Insurance Specialist and copy ROVRSupport@opm.gov.

Sincerely,

Laurie Bodenheimer

Associate Director

Healthcare and Insurance

Attachment 1: Data Descriptions and JSON Schema

Network Provider Data Technical Requirements

Each Provider File will contain a JSON array of network providers and the plans that they are in network with. Data submitted in Provider Files must match the information displayed on Carrier websites and in plan brochures. Field names, labels, and descriptions are summarized below.

If a provider has more than one NPI number, please create separate entries for each NPI number. If there is no NPI number, set the value to null {"npi": null}.

For providers with multiple addresses and/or taxonomies, if network status varies by address or taxonomy, please create separate entries to accurately reflect the network status in each scenario or set of scenarios. If network status is consistent across all addresses and taxonomies, please combine into a single entry as described below.

Field	Label	Definition	Required
npi	National Provider ID	The 10-digit National Provider Identifier (NPI) is a unique identification number for covered health care providers	Yes
taxonomy	Taxonomy Code	Array of ten-character alphanumeric taxonomy codes assigned to provider NPI – NUCC format	Yes
type	Type	Specify if INDIVIDUAL, FACILITY, or GROUP.	Yes
plans	Plans	Array of plans that cover this provider (see "Plans sub-type" below)	Yes
last_updated_on	Last Updated On	Date of when the record for this provider has been last updated or refreshed - ISO 8601 format (e.g., YYYY-MM-DD)	Yes

If the entry is for an Individual (type=INDIVIDUAL) then the following fields should be present:

Field	Label	Definition	Required
name	Name	A name object, containing name fields specified below. Ex. {"prefix": "Dr.", "first": "Jane", "middle": "Gretchen", "last": "Smith"}	Yes
prefix	Prefix	One of Mr., Mrs., Miss, Ms., Dr.	No
first	First Name	Full first name	Yes
middle	Middle Name	Full middle name	No
last	Last Name	Full last name	Yes
suffix	Suffix	One of Jr., Sr., II, III, IV	No
addresses	Address	List of addresses for this provider, see address sub-type below.	Yes
certification	Provider Certification	Does provider maintain active board certification for indicated specialty? One of two values: yes, no	Yes
specialty	Specialty Type	An array of specialty types. Free form text field.	Yes
accepting	Accepting Patients	Is the provider accepting new patients? One of three values: accepting, not accepting, accepting in some locations	Yes
telemedicine	Telemedicine Offered	Does the provider offer telemedicine (remote clinical) services? One of two values: yes, no	Yes
gender	Gender	Values: Male, Female, Other, Transgender-female, Transgender-male, Non-binary, Non-disclose	No
languages	Languages Spoken	An array of the languages spoken	No

If the entry is for a Facility (type=FACILITY) then the following fields should be present:

Field	Label	Definition	Required
facility_name	Facility Name	Full unabbreviated facility name. Free-form text field.	Yes
facility_type	Facility Type	An array of facility types. Free-form text field.	Yes
addresses	Address	List of addresses for this provider, see address sub-type below.	Yes

If the entry is for a Group (type=GROUP) then the following fields should be present:

Field	Label	Definition	Required
group_name	Group Name	Full unabbreviated group name. Free-form text field.	Yes
addresses	Address	List of addresses for this provider, see address sub-type below.	Yes

Address sub-type:

Field	Label	Definition	Required
address	Street Address	Free-form text field.	Yes
address_2	Street Address 2	Free-form text field.	No
city	City	Free-form text field.	Yes
state	State or Territory Abbreviation	Two-letter official USPS state or territory code (e.g., IA, OH, PR, GU). Official list of USPS codes can be referenced on the Census Website.	Yes
zip	Zip Code	Five-digit zip code, represented as a string	Yes
phone	Phone Number	Ten-digit phone number, represented as a string	Yes

Plans sub-type

Field	Label	Definition	Required
plan_id_type	ID Type	Type of Plan ID. For FEHB plans this should be: FEHB-PLAN-ID. For PSHB plans this should be: PSHB-PLAN-ID.	Yes
plan_id	Unique Identifier	The three-character alphanumeric FEHB or PSHB enrollment code as it appears in plan brochures.	Yes
network_tier	Network Tier	Tier for network (Example Values: PREFERRED, NON-PREFERRED, etc. Values should be all uppercase, no whitespace allowed.) Must match network tier defined in plan brochures and on carrier website.	Yes
years	Years	The years the data is relevant to	Yes

JSON Schema Definition

The JSON schema for FEHB and PSHB Provider Files is included in the attachment <provider_pshb_fehb.json>. An example file is also attached.

Attachment 2: Guidance for file submission to Research and Oversight Repository (ROVR)

Carriers that are already set up for submitting files to ROVR via Secure File Transfer Protocol (SFTP) do not have to take any additional action. If a Carrier is not set up to transfer files to ROVR, the point of contact information and the outbound IP addresses or URLs from which files will be pushed from the Carrier's organization must be sent to ROVR to start the initial setup. Additional details necessary during initial setup to submit the files using a SFTP account and encryption will be shared with the Carriers at the time of initial setup.

File Naming Standards

Files must be named following the standard file naming convention provided below.

 <ProgramID>_<SourceID>_<FileTypeID>_<StartDt>_<EndDt>_<TransferDt>.txt.pgp

 ProgramID: FEHB or PSHB.

 SourceID: Source ID assigned by OPM to carriers. Typically, four characters in length.

 FileTypeID: PROV.

 StartDt, EndDt, TransferDt: All dates should be in CCYYMMDD format.

Sample file names for FEHB and PSHB and the SourceID assigned is ATOZ:

 FEHB_ATOZ_PROV_20250101_20250131_20250215.txt.pgp

 PSHB_ATOZ_PROV_20250101_20250131_20250215.txt.pgp

Large files should be split into multiple sub-files and numbered sequentially, with the two-digit file number appended to the end of each file name beginning with "01", as indicated below.

<ProgramID>_<SourceID>_<FileTypeID>_<StartDt>_<EndDt>_<TransferDt>_<FileNumber>.txt.pgp

Sample file names for large files transmitted in multiple batches:

FEHB_ATOZ_PROV_20250101_20250131_20250215_01.txt.pgp

PSHB_ATOZ_PROV_20250101_20250131_20250215_01.txt.pgp

The three IDs and the three dates in the file name should be checked and updated while submitting the files. The first two dates in the file name which represent start and end dates should reflect the timeframe for which the report is being generated. The third date in the file name should match the actual file submission/transfer date. Even if the three IDs, start and end dates remain the same while resubmitting the file, the third/transfer date should be updated for every file resubmission. This is required to be able to uniquely identify the file, store the file without replacing the earlier file, determine which is the latest file, and prevent issues with duplicates while processing the data in the files. While submitting test files, the TST_ prefix must be prepended to the file name in addition to following the standard file naming convention.

Timeline

Files can be submitted on any day between the 8th and the 15th day of each month. Avoid submitting files between 5:00 am and 8:00 am Eastern time leaving a window for processing files received the day before and for server maintenance.

Notifications

The Carrier must send an email notification along with each successful file transfer with the file name and the record count (number of providers) for each file submitted. If there are any changes on the Carrier's end that will impact the file formatting or content, the Carrier must provide such details as well.

Contact Information

Carriers should send email communications regarding file submissions to the ROVR Support mailbox, ROVRSupport@opm.gov, with a copy to their Health Insurance Specialist. If the Carrier's primary ROVR point of contact information changes, they are required to notify OPM.