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# FEHB Program Carrier Letter

## All Carriers

U.S. Office of Personnel Management  
Office of Insurance Programs

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**Letter No. 2001-03**

**Date:** January 29, 2002

Fee-for-service [ 3 ]    Experience-rated HMO [ 3 ]    Community-rated HMO [ 3 ]

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**SUBJECT: FEHB Routine Reporting Requirements for 2002**

The enclosed summary of routine reports required of Federal Employees Health Benefits (FEHB) carriers replaces the summary in FEHB Program Carrier Letter 2001-02 of February 6, 2001. The report requirements, including additional background information, are now available on the carrier web page at [www.opm.gov/carrier/reports](http://www.opm.gov/carrier/reports). We will not send update letters in the future but, instead, will update the reports summary on the web pages.

Thank you for your attention to submitting timely and accurate reports on your FEHB business. Reporting is an important factor in determining an experience-rated carrier's service charge and evaluating a community-rated carrier's compliance with the performance incentive program.

For more information about this letter, contact your OPM contract representative\* or Agnes Kalland at 202/606-0745. For information about a particular report, contact the person shown as the contact for that report.

Sincerely,



Abby L. Block  
Assistant Director  
for Insurance Programs

Enclosure

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\* If you are an HMO plan and do not know who your OPM Contract Representative is, call 202-606-0755.

**ROUTINE REPORTS AND SUBMISSIONS REQUIRED OF FEHB CARRIERS**

<b>REPORT</b>	<b>Frequency:</b>	<b>Required of:</b>	<b>Date Due:</b>	<b>For information about this report, contact:</b>
<b>Financial Reports</b>				
All reports associated with the <a href="#">Annual Accounting Statement</a> and required by the FEHBP Experienced-Rated Carrier and Service Organization Audit Guide	As directed in Audit Guide	Exp-rated	As directed in Audit Guide	Financial Mgmt Div/Shaffi (ZShaffi@opm.gov)
<a href="#">Community-rated financial reports</a> package (currently, only your annual CPA report is required)	Annual	Comm-rated	90 days after carrier's FY	Financial Mgmt Div/Shaffi (ZShaffi@opm.gov)
<b>Other Financial Reports</b>				
<a href="#">Annual Paid Claims Report</a>	Annual	Employee Organization Plans	Feb 28	Ofc of Actuary/Simon (SVSimon@opm.gov)
<a href="#">Incurred 21 Month Claims Report</a>	Annual	BCBS, MHBP, GEHA, NALC, APWU	Oct 31	Ofc of Actuary/Simon (SVSimon@opm.gov)
<a href="#">Incurred 15 Month Claims Report</a>	Annual	BCBS	Apr 30	Ofc of Actuary/Simon (SVSimon@opm.gov)
<a href="#">Monthly Incurred Claims</a>	Monthly	FFS	15 days after end of month	Ofc of Actuary/Simon (SVSimon@opm.gov)

<b>Premium Payment</b>				
<a href="#">TFS Form 3881 B</a> Payment Information Form	At approval	All	As directed	Financial Mgmt Div/Shaffi (ZShaffi@opm.gov)
<a href="#">Change of Financial Institution</a>	When applicable	All	As directed	Financial Mgmt Div/Shaffi (ZShaffi@opm.gov)
<b>Enrollment Reporting</b>				
<a href="#">Table 1</a> -Summary of FEHBP Enrollment	Annual	All	Apr 15	OIP/IPED/Figg (EDFigg@opm.gov)
<b>Rate Related</b>				
<a href="#">Rate Proposal</a> (includes several tables and reports)	Annual	All; by Rate type	May 31	Ofc of Actuary/Simon (SVSimon@opm.gov)
<a href="#">Rate Reconciliation</a> Request (includes several tables and reports)	Annual	C-rated	April 30	Ofc of Actuary/Simon (SVSimon@opm.gov)
<b>Benefit and Brochure Related</b>				
<a href="#">Benefit Proposal</a>	Annual	All; by plan type	May 31	OIP/ICD/Contract Representative
<a href="#">Brochure Quantity Form</a>	Annual	All; by plan type	As directed	OIP/ICD/Contract Representative
Plan <a href="#">Contracting Officials Form</a>	Annual/not less than annual	All	May 31/and when officials change	OIP/ICD/Contract Representative
Plan <a href="#">Address Form</a>	As updates are needed	All	As needed	OIP/ICD/Contract Representative
<a href="#">Service area statement</a>	With request to expand service area	HMOs	With benefit proposal, when applicable	OIP/ICD/Contract Representative

<b>FEHB Quality Assurance</b>				
<a href="#">Customer Satisfaction Survey Results (CAHPS)</a>	Annual	All except plans with <500 FEHB enrollees	Jun 15	OIP/IPED/Pierce (RPierce@opm.gov)
<a href="#">HEDIS</a>	Annual	HMOs with ≥ 500 FEHB enrollees	June 17	OIP/IPID/Pfleeger (jpfleeger@opm.gov)
<a href="#">Quality Assurance Report</a>	Annual	All	Jan 31	OIP/IPED/Morrow (TMMorrow@opm.gov)
<a href="#">Fraud and abuse cases report</a>	Semi-annual	All	Jan 31 and Jul 31	OIP/IPED/Morrow (TMMorrow@opm.gov)
<b>Debarment/Suspension</b>				
<a href="#">FEHB Carrier debarment/suspension actions</a> (report to <u>OIG</u> on providers excluded <u>after</u> 1/29/92)	Semi-annual	All	Apr 15 and Oct 15	Ofc of Inspector Gen/ Smith(JLSmith@opm.gov)
<a href="#">FEHB Carrier Debarment Actions</a> (reported to <u>OIP</u> on providers excluded before 1/29/92)	Annual	FFS (HMOs not required to report)	Mar 31	OIP/IPED/Kalland (AMKallan@opm.gov)
<b>Pilot Projects</b>				
<a href="#">Small Business Subcontracting Plan</a>	Annual	6 pilot project carriers	Jun 15	OIP/ICD/Contract Representative
Subcontracting Report for Individual Contracts ( <a href="#">SF 294</a> )	Semi-annual	6 pilot project carriers	Apr 30 and Oct 30	OIP/ICD/Contract Representative
Summary Subcontract Report ( <a href="#">SF 295</a> )	Annual	6 pilot project carriers	Oct 30	OIP/ICD/Contract Representative

<b>Agreements and Certifications</b>				
<a href="#">Medicare Match Agreement</a>	First year; then when applicable	All	As directed	OIP/IPED/Figg (EDFigg@opm.gov)
<a href="#">Certification re Disclosure of Lobbying Activities</a>	At approval	All	Before approval	OIP/ICD/Contract Representative
<a href="#">OMB SF LLL</a> , Disclosure of Lobbying Activities (relates to certification)	When applicable	All	As needed	OIP/ICD/Contract Representative
<a href="#">Certification re Drug-Free Workplace</a>	At approval	All	Before approval	OIP/ICD/Contract Representative
<b>Special Reports</b>				
<a href="#">FEHB Carrier MHSa Parity Implementation</a>	Annual	All	Mar 1	OIP/IPID/Pfleeger (jpfleege@opm.gov)
<b>Other Submissions</b>				
<a href="#">Service charge request</a> (Plans are not required to request a service charge)	Annual	Exp-rated	As directed	OIP/ICD/Contract Representative
<a href="#">Special contingency reserve request</a>	When applicable	Exp-rated	As directed	OIP/ICD/Contract Representative