
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2011-22

Date: December 28, 2011

Fee-for-service [16] Experience-rated HMO [16] Community-rated HMO [18]

SUBJECT: 2012 Consumer Assessment of Healthcare Providers and Systems Program Requirements

This letter provides instructions for conducting and reporting your 2012 Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) Program results. We have divided this letter into five sections. Please review each section as it relates to your plan.

We require Federal Employees Health Benefits (FEHB) plans with at least 500 FEHB subscribers (contracts) as of March 30, 2011, to administer the CAHPS Health Plan Survey 4.0H Adult Version. We do not require FEHB plans to administer the CAHPS 4.0H Child Survey (with or without the Children with Chronic-Conditions measurement set). However if you conduct a 2012 CAHPS Adult or Child survey, and you meet all the requirements contained in this letter, you must report your survey results to us, regardless of the size of your FEHB enrollment. A copy of the CAHPS 4.0H Adult Questionnaire is included as Attachment 1.

National Committee for Quality Assurance (NCQA) Survey Protocols

- All surveys must be conducted according to NCQA protocols described in Healthcare Effectiveness Data and Information Set (HEDIS^{®2}) 2012, Volume 3: Specifications for Survey Measures. You may order a copy of Volume 3, through the following link: <http://web.ncqa.org/tabid/78/Default.aspx>.
- All surveys must be administered by an NCQA Certified HEDIS[®] Survey Vendor. You may contract with any NCQA Certified survey vendor. A list of approved survey vendors is available at <http://www.ncqa.org/tabid/170/Default.aspx>. Please check the list to verify that your survey vendor is NCQA-Certified to administer HEDIS 2012 CAHPS 4.0H Surveys. The list of HEDIS 2012 NCQA Certified Survey Vendors are available in November 2011.
- Your survey vendor must use the CAHPS 4.0H questionnaire (see Attachment 1). Survey vendors must administer the survey and report survey results according to the protocols in NCQA's HEDIS[®] 2012, Volume 3, Specifications for Survey Measures and subsequent updates. All NCQA Certified survey vendors have access to HEDIS[®] 2012, Volume 3, which includes the survey instruments and protocols.

1 CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

2 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

- Please work closely with your survey vendor to ensure that member addresses and telephone numbers are current before you generate the appropriate sample frame for your survey. Health Maintenance Organizations (HMO) and Point of Service (POS) plans must generate the sample frame according to NCQA specifications. Fee-for-Service (FFS) plans must also follow the NCQA specifications (HEDIS Volume 3, Specifications for Survey Measures) for generating the sample frame with one exception: FFS plans cannot exclude FEHB members who may have Medicare.
- 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 (see page 54). The survey sample size remains at 1,100 members for 2012. Over-sampling (above the required 1,100 members) is allowed according to the protocols in Volume 3.
- You may use an enhanced protocol or add supplemental questions to the survey with prior NCQA approval.
- All Plans must submit their member level data files to NCQA for calculation of survey results and generation of validated member level and summary level data files. *Again, we will provide FFS plans separate instructions for reporting results for Q.58a (Medicare supplemental question).* Before submitting your results to NCQA, you will need to complete NCQA's Healthcare Organization Questionnaire (HOQ) through NCQA's secured website. Please check with your survey vendor or contact NCQA's Data Collection department directly at HOQ@ncqa.org if you need help or have questions regarding the HOQ.
- Plans seeking NCQA Accreditation and those that intend to include their survey results in NCQA's information products (i.e., Quality Compass³) must have their sample frame validated by an NCQA-Certified HEDIS Compliance Auditor and their results entered in the HOQ. If your plan is not seeking NCQA Accreditation and you do not intend to publish your survey results in NCQA information products, we do not require an audited sample frame. Please contact NCQA's Policy Clarification Support System at <http://www.ncqa.org/pcs> if you have questions about this requirement.

The Office of Personnel Management's (OPM) Requirements

- Each plan reporting HEDIS/CAHPS survey data to OPM must report the surveys *Effectiveness of Care* measures to OPM. These measures are *Aspirin Use and Discussion, Medical Assistance With Smoking and Tobacco Use Cessation, and Flu Shots for Adults Ages 50–64*.
- Each plan reporting survey data to OPM is responsible for a pro rata share of the cost of compiling, processing and reporting the survey results. The 2012 processing fee is contingent on the number of plans submitting CAHPS data. The processing fee will range from \$633.15 to \$ 776.35 per sample. The fee is applicable to each unique

³ Quality Compass is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA ID code for which data is submitted to OPM. If a plan must submit more than one NCQA data file per FEHB enrollment code/plan option, the plan will be charged \$633.15 to \$776.35 for each NCQA data file submitted. The OPM data processing fee will be charged to all plans submitting CAHPS data regardless of the plans' FEHB Program status for 2013. Any plan that withdraws from the FEHB Program after submitting data to OPM is liable for the processing fee. Our CAHPS data collection contractor, ORI, will send you an invoice for the processing fee and the amount due is payable directly to our contractor. The payment due date is **June 16, 2012**.

- All FEHB plans must complete the enclosed Survey Participation Form (Attachment 2) and e-mail it to us by **February 1, 2012**. If you plan to conduct multiple surveys, please list the name and FEHB Sub-Code (See Attachment 3 – Sub-Code List) for each plan or option that you plan to survey. Please e-mail the completed form to angela.calarco@opm.gov or you may fax the form to Angela Calarco at (202) 606-0208.
- We require you to provide a Crosswalk file (See Attachment 4 for an example of a properly completed Crosswalk) that maps your NCQA submission ID(s) to your FEHB plan name and Sub-Code. The Crosswalk will allow us to match up survey results associated with an NCQA submission IDs with the appropriate FEHB Sub-Code. (Attachment 3 contains a list of FEHB plans and their unique Sub-Codes.) The crosswalk includes:
 - the plan's NCQA member level file name,
 - the plan's NCQA summary level file name,
 - the plan's NCQA Sub-ID,
 - the plan's NCQA name,
 - the plan's FEHB Sub-Code, and
 - the plan's FEHB name.
- The Crosswalk file is due two weeks after NCQA issues submission IDs. The Crosswalk must also accompany each data submission to OPM. Please direct questions regarding the Crosswalk to: Sue Lynd with the ORI at SueL@ORIresults.com.
- For Public Burden Statement purposes, you must include the following statement on questionnaires you mail to respondents: "This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0236) 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 aspect of this information collection to the U.S. Office of Personnel Management (OPM), Reports and Forms Officer (OMB Number 3206-0236), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0236, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed." Also, include the following statement in the upper right corner of each questionnaire: "Form approved: OMB No. 3206-0236."

- To ensure consistency and comparability of survey results we require all plans to have the survey vendor submit the member level data files to NCQA for calculation of survey results. NCQA will calculate survey results and create validated member level data files and summary level data files on behalf of survey vendors. To comply with HIPAA's privacy rules, survey vendors should use appropriate encryption technology to transmit survey data.
- We will accept your member level data files and summary level data files after they have been processed by NCQA and you have provided NCQA with a signed Attestation of Accuracy. Your survey vendor may submit data via e-mail or other electronic or digital format. All submissions must include a content label/sheet and a Crosswalk. We will provide additional instructions for reporting your survey data files within the next few weeks.

FFS Carriers: Specific Instructions

- Fee-for-Service (FFS) plans offering more than one option (i.e., High, Standard, Consumer Driven, High Deductible Health Plan or other option) are required to conduct a separate CAHPS survey for each option.
- So that we may continue to track and compare Medicare eligible member ratings against non-Medicare eligible members, we require FFS plans to insert the following supplemental question into the survey. (We will provide detailed instructions to FFS plans on how to report results for this question separately):

58a. Medicare is made up of Parts A (hospitals), B (doctors), and D (prescription drugs). Are you currently enrolled in Medicare? Please check all that apply.

- No, I am not enrolled in Medicare
- Yes, I am enrolled in Medicare Part A
- Yes, I am enrolled in Medicare Part B
- Yes, I am enrolled in Medicare Part D

HMO Specific Instructions

- HMOs can conduct one CAHPS survey that covers enrollees in all options and types of plans (i.e. High and Standard option, HDHP and CDHP).
 - HMOs do not have to conduct a separate survey for their Standard and High options. We will allow the same data to be used for both High and Standard options. If you are completing only one survey for both your High and Standard options, please indicate the sub-codes on the Survey Participation Form. If you are completing one survey for your plan's High option and one survey for your plan's Standard option, please complete one Survey Participation Form for your plan's High option and one Survey Participation Form for your plan's Standard option.
 - NCQA states that members in HDHP and CDHP plans are to be included in the

CAHPS survey. OPM does not require HMOs to conduct a separate survey for their HDHP and CDHP plans. However, if HMOs choose to conduct a separate CAHPS survey for their HDHP or CDHP plans, they must report the data to OPM. (Please note that the only way that HDHP or CDHP survey results will be included in OPM's reports for HMO plans is if a separate HDHP or CDHP survey is conducted -- this is not required by OPM regardless of the subscriber count.)

Reporting Deadlines

- All materials must be received by the following deadlines:
 - February 1, 2012 – Attachment 2 - Survey Participation Form (all FEHB Plans must complete this form)
 - April 13, 2012 (tentative) – Attachment 4 - Crosswalk file (due two weeks after NCQA issues your submission ID(s))
 - June 15, 2012 – Member level data file and final summary level data files (must be NCQA validated)

Please contact Angela Calarco at angela.calarco@opm.gov or by telephone at (202) 606-5139, if you have any questions. We appreciate your continued support and look forward to working with you on this important project in the coming months.

Sincerely,

John O'Brien
Associate Director
Human Resources Products and Services

Enclosures