

Letter No. 2014-10

Date: April 14, 2014

Fee-for-Service [8] Experience-rated HMO [8] Community-rated [9]

SUBJECT: Updated FEHB Accreditation Requirements

The Office of Personnel Management (OPM) is updating previous guidance to align the accreditation status of Federal Employees Health Benefits (FEHB) Program plans with Affordable Care Act requirements for qualified health plans.

This Carrier Letter supersedes Carrier Letter 2001-19, which asked FEHB plans to document a timeline for seeking accreditation. Fee-for-Service plans were encouraged to take incremental steps, including modular accreditation, with a goal of achieving the broadest level of accreditation available. We are now clarifying our accreditation requirement. This requirement applies to all FEHB plans, regardless of the number of FEHB enrollees.

Consistent with HHS guidance¹, OPM recognizes comprehensive health plan accreditation provided by the following organizations:

- Accreditation Association for Ambulatory Health Care (AAAHC)
- National Committee for Quality Assurance (NCQA)
- URAC

We have consulted with subject matter experts at each recognized accreditor to learn more about how their standards could be applied to FEHB plan designs. We believe most FEHB plans are eligible for comprehensive health plan accreditation, and congratulate the majority that has already attained this milestone. Plans that are ineligible for comprehensive health plan accreditation can still attain modular accreditation for key functions.

To satisfy the OPM requirement, carriers may either submit evidence of comprehensive health plan accreditation or submit evidence of specific accreditation of all of the following:

1. Accreditation of plan management, including oversight of delegated responsibilities, subcontractor functions, and customer service
2. Accreditation of provider network(s), including review of the credentialing process
3. At least two of the below modules:
 - Case Management

¹ 77 FR 42658; 78 FR 77470

* Accreditation may be held by the health plan or the subcontractor delivering the service.

- Utilization Management
- Pharmacy Benefits Management
- Behavioral Health

We stress that carriers pursuing modular accreditation can only meet OPM's requirement when items 1-3 are fully completed. We note that other accreditation pathways may be available for specific modules, such as Joint Commission accreditation of behavioral health. Any carrier seeking to satisfy OPM's requirement through the use of an alternate accreditation may submit appropriate documentation for consideration. Fee-for-Service plans anticipating costs exceeding their administrative expense limit may present detailed requests to their Contract Specialists.

All FEHB health plans are expected to meet OPM's accreditation requirement no later than April 2017. To allow adequate time, carriers pursuing accreditation for the first time should begin the accreditation process by early 2015. All carriers must provide OPM with documentation of accreditation and summaries of findings from their accreditation process.

For questions regarding accreditation pathways or referrals to OPM points of contact, please contact your Contract Specialist.

Sincerely,

John O'Brien
Director
Healthcare and Insurance