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# FEHB Program Carrier Letter

## All Fee For Service Carriers

U.S. Office of Personnel Management  
Healthcare and Insurance

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Letter No. 2014-12(c)

Date: April 15, 2014

Fee-for-service [10]    Experience-rated HMO [n/a]    Community-rated HMO [n/a]

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### Subject: 2015 Technical Guidance and Instructions for Preparing Proposals for Fee-For-Service Carriers

Enclosed are the technical guidance and instructions for preparing your benefit proposals for the contract term January 1, 2015 through December 31, 2015. Please refer to our annual Call Letter (Carrier Letter 2014- 03) dated March 20, 2014 for policy guidance. Benefit policies from prior years remain in effect unless otherwise noted.

Also, please note we have an automated data collection (ADC) tool (previously referred to as the “survey”) that asks for short responses on topics discussed in the Call Letter. OPM will use the ADC to gather information, along with the responses you provide in your proposal. A copy of the ADC is included for informational purposes only as Attachment VIII. **Please note:** You will receive an email with unique link(s) from [TG\\_ADC@opm.gov](mailto:TG_ADC@opm.gov) (TG\_ADC) that will guide you to the online ADC tool. Each contract number will have an individualized link. We ask that you complete the ADC online by May 31, 2014.

This year’s deadlines are as follows:

- **Due by May 31, 2014:** Please send your complete proposal for benefit changes and clarifications to your contract specialist on a CD-ROM (or other electronic means) in addition to a hard copy. Your proposal should include language describing all proposed brochure changes. Your OPM contract specialist will discuss your proposed benefits and finalize negotiations in a close-out letter.
- **Due by May 31, 2014:** Please submit ADC responses online.
- **Within five business days following receipt of close-out letter or by date set by your contract specialist:** Please send him/her an electronic version of your fully revised 2015 brochure. See Attachment IV: Preparing Your 2015 Brochure.

As stated in the Call Letter, proposed benefit changes must be value-based. That means you must demonstrate how you evaluated your proposed benefit changes with regard to their influence on promoting the most effective care (i.e., the care that generally produces the best health outcomes), not just with respect to cost. We are not requiring proposals to be cost neutral by offsetting proposed increases in benefits with reductions elsewhere. However, we will carefully review any benefit proposals that are projected to increase premiums and we expect you to describe in detail the rationale for each proposal and its expected impact on your plan membership.

Enclosed is a checklist (Attachment IX) showing all the information to include with your benefit and rate proposals. Please return a completed checklist with your submission.

We appreciate your continued efforts to timely submit benefit and rate proposals and to produce and distribute brochures. We look forward to working closely with you on these essential activities to ensure a successful Open Season again this year.

Sincerely,

John O'Brien  
Director  
Healthcare and Insurance

## Preparing Your 2015 Benefit Proposal

Your benefit proposal must be complete. Timeframes to conclude benefit negotiations are firm and we cannot consider late proposals. Your benefit proposal should include:

- A signed contracting official's form (Attachment I);
- A plain language description of each proposed benefit change (Attachment II) and revised language for your 2015 brochure; and
- A plain language description of each proposed benefit clarification (Attachment III) and revised language for your 2015 brochure.

If you anticipate significant changes to your benefit package, please discuss them with your OPM Contract Specialist before preparing your submission.

As stated in the Call Letter, our primary performance initiatives this year are:

- Optimizing the delivery of prescription drug benefits;
- Enhancing wellness programs;
- Advancing quality of care;
- Ensuring mental health parity;
- Aligning the FEHB Program with the Affordable Care Act; and
- Continuing to encourage programs and benefits that promote enrollment in Medicare Part B.

### I. CALL LETTER INITIATIVES

#### A. Prescription Drugs

##### 1. Prescription Drug Cost Trends

Overall drug cost trend is a key indicator of environmental factors, including drug inflation and the introduction of new single-source brand products. It is also a key indicator of the success of pharmacy benefit management strategies that are employed to help assure that the most safe, efficacious, and cost-effective therapies are encouraged.

Information Required: Complete automated data collection (ADC) questions 1.1 through 1.5. Overall drug cost trend equals total drug expenditures for the year divided by total drug cost expenditures for the previous year.

If your projected drug cost trend for 2014 exceeds your 2013 actual trend in one or more of the following categories, use Attachment VII – Prescription Drug Supplemental Information to describe the strategies you will employ in 2015 to reduce these trend rates:

- Overall Trend Rate
- Overall Trend Rate – Per-Member Per-Year
- Specialty Trend Rate – Non-Oncology
- Specialty Trend Rate – Oncology
- Generic Dispensing Rate (if 2014 rate is projected to be LESS than 2013)

## **2. Utilization Management (2014 & 2015)**

A number of utilization management strategies have been widely adopted by pharmacy benefit managers in an ongoing effort to help assure patient safety and to maintain sustainable costs. ADC Question 1.6 lists some of these strategies. Please indicate which of these you currently employ and which you intend to employ in 2015.

Information Required: Please complete ADC question 1.6. Record the utilization management strategies you currently employ in 2014 and indicate which strategies you will employ in 2015.

## **3. Member Cost-Share for 2015**

It is generally accepted that a reasonable member cost-share helps to reduce overall costs to both the plan and to members; however, increases in cost-share should not be employed as a substitute for effective benefit management.

Information Required: Please complete ADC question 1.7.

### **1. Additional Initiatives**

Information Required: If you intend to introduce or to enhance existing quality assurance or cost-containment strategies in 2015 that are not addressed in ADC question 1.6, please use Attachment VII – Prescription Drug Supplemental Information to describe those initiatives.

## **B. Wellness Programs**

### **1. Health Risk Assessment and Biometric Screening**

Carrier Letter 2013-09 required carriers to propose a goal for completion of Health Risk Assessment and a plan for member biometric screening. We requested details about screening parameters and settings, and encouraged member incentives for participation. All carriers responded that blood pressure measurement is included in their biometric evaluation. Carrier Letter 2014-03 (Call Letter) expanded OPM's position on goal setting and incentives.

Information Required: Please complete ADC questions 2.1-2.12 with information about your plan's Health Risk Assessment and Biometric Screening processes.

### **2. Tobacco Cessation**

Carrier Letter 2011-01 documented FEHB requirements for coverage of tobacco cessation benefits. Recent Federal Employee Benefits Survey data show that a majority of current tobacco users want to quit yet are unaware of FEHB tobacco cessation resources. OPM wants to reinforce carrier efforts to promote both the FEHB Tobacco Cessation benefit and tobacco-free living.

Information Required: Please complete ADC questions 2.13-2.17 with details of your plan's current practices.

## **C. Advancing Quality and Value of Care**

## **1. Patient Centered Medical Homes**

OPM outlined criteria for PCMH in the FEHB Program in Carrier Letter 2013-01. Plans may obtain certification through NCQA, URAC, AAAHC, TJC, or submit alternate criteria to OPM for consideration. All plans requesting approval of alternate criteria during 2013 received written decisions from their contracting officer in early 2014. Any plan seeking approval of alternate criteria this year should contact their contract specialist.

Information Required: Please answer ADC questions 3.1-3.5, which request updated information on PCMH.

## **2. Access to Care**

Initiatives to enhance member access to care while controlling costs may be implemented in conjunction with PCMH or separately. OPM is interested in learning more about coverage of telehealth and provider extender visits in FEHB plans.

Information Required: Please answer ADC questions 3.6-3.7.

## **3. Health Plan Accreditation**

FEHB health plan accreditation requirements appear in Carrier Letter 2001-19 and Section 1.9 of the FEHB standard contract. We are preparing to publish an updated carrier letter on this topic.

Information Required: Please complete ADC question 3.9 with details of your plan's most recent accreditation.

## **4. Patient Safety**

In response to Carrier Letter 2013-09, most carriers chose early elective delivery, antibiotic overuse, or the appropriate use of imaging from among the list highlighted by the Choosing Wisely Campaign. OPM used this information to update HEDIS measures reported by all plans, continuing the measure on imaging for low back pain (LBP) and adding a measure on antibiotic use (AAB) in Carrier Letter 2013-22.

Information Required: Please complete ADC question 3.8, which request updated information on your plan's approach to evaluating and managing potentially overused tests, treatments, and procedures.

## **D. Mental Health Parity**

Carrier Letter 2013-24 contains OPM's most recent guidance on mental health parity. Carriers are required to comply with the provisions of 45 C.F.R. s 146.136(c) and submit an attestation of compliance with their 2015 proposals, including a quantitative parity determination if one has been completed.

Information Required: Please complete Attachment Ia, Mental Health Parity Attestation of Compliance.

Please also complete ADC questions 4.1-4.5 with details about mental health parity in your benefit.

## **E. Aligning the FEHB Program with the Affordable Care Act**

### **1. Preventive Care**

In 2013, all plans confirmed their coverage of preventive services at no member cost share as required under the Affordable Care Act. Carrier Letter 2014-03 (Call Letter) reaffirms this requirement and directs carriers to updated recommendations issued by the United States Preventive Services Task Force.

Information Required: Please complete ADC questions 5.1-5.3 regarding your plan's coverage of preventive services.

### **2. Essential Health Benefits**

In Carrier Letter 2013-09, OPM reinforced FEHB coverage of all ten Essential Health Benefits categories described in the Affordable Care Act. In response, many carriers updated their Habilitative and Rehabilitative services.

Information Required: Please answer ADC questions 8.1-8.2, which seek current information from all carriers on their coverage of this Essential Health Benefit category and the applicable benchmark.

## **F. Medicare Population and Benefits**

The Call Letter asks carriers to propose programs that allow members to maximize benefits under Medicare and the FEHB. These programs should be designed to encourage members to participate in both Medicare Part B and FEHB. These may include pass-through of some or all of the Part B premiums and reductions in cost sharing. We are aware that some carriers offer Medicare Part C (Medicare Advantage) to FEHB members – this is not a request for carriers to offer more Medicare Part C programs.

Information Required: Please answer ADC questions 6.1-6.2 and provide a description of your proposal for a program to encourage participation in both Medicare Part B and the FEHB. Your proposal should be included in your response to the Call Letter.

## **II. BENEFITS & SERVICES**

### **A. New Guidance**

New guidance has been issued by the Department of Health and Human Services, Department of Labor and Department of Treasury for the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. In addition, guidance has been issued for various aspects of the implementation of the Affordable Care Act including

coverage of habilitative services and cost-sharing limits (specifically, the out-of-pocket maximum). Please refer to the Call Letter for a description of the guidance and links to appropriate websites.

Information Required: Please refer to ADC questions 4.1-4.5 for mental health parity; ADC questions 8.1-8.2 for habilitative services; and, ADC questions 9.1-9.3 for cost-sharing limits.

## **B. Benefit Changes**

Your proposal must include a narrative description of each proposed benefit change. Please use Attachment II as the template to submit benefit changes. You must show all changes, however small, that result in an increase or decrease in benefits, even if there is no rate change.

We expect you to answer each of the following questions in worksheet format for each proposed benefit change. Indicate if a particular question does not apply and use a separate page for each change you propose. We will return any incorrectly formatted submissions.

### **Information Required for Proposal:**

- Describe the benefit change completely. Show the proposed brochure language, including the “Changes for 2015” section in “plain language” using the active voice and written from the member’s perspective. Show clearly how the change will affect members and the complete range of the change. For instance, if you propose to add inpatient hospital copays, indicate whether the change will also apply to inpatient hospitalizations under the emergency benefit. **If there are two or more changes to the same benefit, please show each change clearly.**
- Describe the rationale or reasoning for the proposed benefit change.
- State the actuarial value of the change and if it change represents an increase or decrease in (a) the existing benefit and (b) your overall benefit package. If an increase, describe whether any other benefit offsets your proposal. Include the cost impact of the change as a biweekly amount for the Self Only and Self and Family rates. If there is “no cost impact” or if the proposal involves a “cost trade-off” with another benefit, indicate which result is applicable, i.e. no cost or trade-off.

## **C. Benefit Clarifications**

**Clarifications are not benefit changes.** Please use Attachment III as the template to submit all clarifications that better explain to members how a benefit is covered.

- Show the current and proposed language for each proposed clarification and reference all portions of the brochure it affects. **Prepare a separate worksheet for each proposed clarification.** You may combine more than one clarification for the same benefit, but you must present each one clearly on the worksheet. Remember to use plain language.
- Explain the reason for the proposed clarification.

## **Information Required for Proposal:**

- Show the current and proposed language for each proposed clarification and reference all portions of the brochure it affects. **Prepare a separate worksheet for each proposed clarification.** You may combine more than one clarification for the same benefit, but you must present each one clearly on the worksheet. Remember to use plain language.
- Explain the reason for the proposed clarification.

### **D. Continued Focus from Previous Years**

#### **1. Coverage of Applied Behavior Analysis (ABA)**

Recent data indicate that thirty-four states have some level of insurance mandate in place for coverage of Applied Behavior Analysis for children with autism. Additionally, the availability of qualified providers continues to expand. OPM encourages carriers to offer this coverage to FEHB members. We are particularly interested in expanding coverage in states with significant concentrations of federal workers, including CA, CO, CT, DC, MD, NJ, SC, and VA.

Required Information: Please complete ADC questions 7.1-7.3, which request updated information on your plan's coverage of ABA.

#### **2. Organ/Tissue Transplants**

We have updated the guidance on organ/tissue transplants for 2015. When you determine that a transplant service is no longer experimental, but is medically accepted, you may begin providing benefits coverage at that time. Carriers are not obligated to wait for the next contract year before they begin providing such benefits. We have updated the following tables in Attachment V:

Table 1 – OPM's required list of covered organ/tissue transplants.

Table 3 – OPM's recommended list of covered rare organ/tissue transplants

Information Required: Completed Attachment V - 2015 Organ/Tissue Transplants and Diagnoses.

#### **3. Point of Service Product**

We will consider proposals to offer a Point of Service (POS) product under the FEHB Program. Your plan's proposal must demonstrate experience with a private sector employer who has already purchased the POS product.

#### **4. Review of Program Exclusions**

OPM regularly evaluates the continued relevance of program exclusions. In light of recent FDA approvals, Carrier Letter 2014-04 recommends that plans review any existing restrictions on coverage of weight loss drugs.



Information Required: Updates to coverage, if appropriate, should be included with your 2015 proposals.

**Attachment I**  
**FEHB Carrier Contracting Official**

The Office of Personnel Management (OPM) will not accept any contractual action from

\_\_\_\_\_ (Carrier),  
including those involving rates and benefits, unless it is signed by one of the persons named  
below (including the executor of this form), or on an amended form accepted by OPM. This list  
of contracting officials will remain in effect until the carrier amends or revises it.

The people named below have the authority to sign a contract or otherwise to bind the Carrier

for \_\_\_\_\_ (Plan).

Enrollment code (s): \_\_\_\_\_

Typed name	Title	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By: \_\_\_\_\_  
(Signature of contracting official) (Date)

\_\_\_\_\_  
(Typed name and title)

\_\_\_\_\_ (Telephone) \_\_\_\_\_ (FAX)

\_\_\_\_\_  
(Email)



**Attachment Ia**  
**Mental Health Parity Attestation of Compliance**

**Plan Name:**

**Carrier Codes:**

I attest that this plan offers the full continuum of care for mental health and substance use disorder affecting members in any age group. This plan's coverage meets or exceeds mental health parity as defined in the Department of Health and Human Services, Department of Labor, and Department of Treasury final regulations released on November 13, 2013 (<http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf>). A copy of the quantitative parity determination is included with this plan's 2015 benefits proposal if one has been performed.

**Signature of authorized contracting official:**

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**Name** **Date**

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**Title**

**Attachment II**  
**[Insert Health Plan Name]: Benefit Change Worksheet #1**  
**[Insert Subsection Name]**

*Please complete a separate worksheet for each proposed benefit change. Please refer to Benefit Changes on page 7 to complete te worksheet.*

**Benefit Change Description**

**Applicable options:**

High Option	<input type="checkbox"/>	CDHP	<input type="checkbox"/>
Standard Option	<input type="checkbox"/>	HDHP	<input type="checkbox"/>
Basic	<input type="checkbox"/>		

Item	Narrative Description
Current Benefit	
Proposed Benefit	
Proposed Brochure Language	
Reason	
Cost Impact / Actuarial Value	

**Additional Questions:**

- I. Actuarial Value:
  - (a) Is the change an increase or decrease in existing benefit package?
  - (b) If an increase, describe whether any other benefit is off-set by your proposal
  
- II. What is the cost impact of this change as a bi-weekly amount for Self Only and Self and Family rate?
  - (a) If there is no impact or if the proposal involves a cost trade-off with another benefit change, show the trade-off or a cost of zero, as appropriate.

**Attachment III**  
**[Insert Health Plan Name]: Benefit Clarification Worksheet #1**  
**[Insert Subsection Name]**

*Please refer to Benefit Clarifications on pages 7-8 to complete the worksheet.*

*Please Note: If the benefit clarification equates to a benefit change, you must indicate it as a benefit change in the Benefit Change Worksheet.*

**Benefit Clarification Description**

**Applicable options:**

High Option   
 Standard Option   
 Basic

CDHP   
 HDHP

<b>Current Benefit Language</b>	<b>Proposed Clarification</b>	<b>Reason For Benefit Clarification</b>

## Attachment IV Preparing Your 2015 Brochure

### Summary of Plan Benefits

FEHB plans will continue to provide a summary of plan benefits and coverage (SBC) based on standards developed by the Secretary of the Department of Labor. You will receive additional information regarding the SBC in a subsequent carrier letter.

### Going Green

We appreciate your efforts to support our “Going Green” goals to help reduce FEHB administrative costs. Once again, you must provide paper copies of plan brochures to new members or only upon request to current members and may send Explanations of Benefits, newsletters and other plan materials electronically.

### Timeline: 2015 Brochure Process

We will continue to use the brochure process we implemented last year. This process is a web application that uses database software to generate a Section 508-compliant PDF. This year’s deadlines and significant dates are:

DEADLINES	ACTIVITY
May 31	Plans submit Section 5 Benefits information with proposal if suggesting new option
July 2	Plans receive <i>2015 FEHB Brochure Handbook</i> via listserv
July 2	OPM will provide <i>2015 Brochure Creation Tool (BCT) User Manual</i>
July 9-11 & 14-18	OPM in-house training on the use of the Brochure Creation Tool
July 2-August 29	OPM circulates updated FEHB Brochure Handbook pages by listserv
September 4	Plans must enter all data into Section 5 Benefits and update all plan specific information in the brochure tool. Plans will be unable to make changes after this date so that Contract Specialists can review PDF versions of plan brochures. If changes need to be made, we will unlock plan brochures on a case-by-case basis.
September 10	OPM sends brochure quantity form to plan after Contract Specialist approves brochure for printing as well as other related Open Season instructions
August 22	OPM’s deadline to finalize all language and shipping labels

In mid-July, we will provide in-house training to refresh plans on the use of the Brochure Creation Tool with 8 individual sessions held at OPM. We will notify plans via the FEHB Carriers listserv about the training dates and times. Please send any comments or questions pertaining to the Brochure Creation Tool to Lionell Jones at [lionell.jones@opm.gov](mailto:lionell.jones@opm.gov).

**Attachment V**  
**2015 Organ/Tissue Transplants and Diagnoses**

**Table 1: Required Coverage**

NOTE: \* indicates an addition to the chart for 2015

<b>I. Solid Organ Transplants: Subject to Medical Necessity</b>	<b>Reference</b>
Cornea	Call Letter 92-09
Heart	Call Letter 92-09
Heart-lung	Call Letter 92-09
Kidney	Call Letter 92-09
Liver	Call Letter 92-09
* Pancreas	Call Letter 92-09
*Autologous pancreas islet cell transplant ( as an adjunct to total or near total pancreatectomy) only for patients with chronic pancreatitis	
Intestinal transplants (small intestine with the liver) or (small intestine with multiple organs such as the liver, stomach, and pancreas) or *isolated small intestine	Carrier Letter 2001-18
Lung: Single/bilateral/lobar	Carrier Letter 91-08
<b>Allogeneic transplants for:</b>	
Acute lymphocytic or non-lymphocytic (i.e., myelogenous) leukemia	
Advanced Hodgkin's lymphoma – relapsed	
Advanced non-Hodgkin's lymphoma - relapsed	
Acute myeloid leukemia	
Advanced Myeloproliferative Disorders (MPDs)	
Amyloidosis	
Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL)	
Hemoglobinopathy	
Marrow Failure and Related Disorders (i.e., Fanconi's, PNH, Pure Red Cell Aplasia)	
Myelodysplasia/Myelodysplastic Syndromes	
Paroxysmal Nocturnal Hemoglobinuria	
Severe combined immunodeficiency	
Severe or very severe aplastic anemia	
<b>Autologous transplants for:</b>	
Acute lymphocytic or nonlymphocytic (i.e., myelogenous) leukemia	Call Letter 96-08B
Advanced Hodgkin's lymphoma – relapsed	Call Letter 96-08B
Advanced non-Hodgkin's lymphoma - relapsed	Call Letter 96-08B



Amyloidosis	
Neuroblastoma	Call Letter 96-08B
<b>III. Blood or Marrow Stem Cell Transplants: Not Subject to Medical Necessity</b>	
<b>Allogeneic transplants for:</b>	
Phagocytic/Hemophagocytic deficiency diseases (e.g., Wiskott-Aldrich syndrome)	
<b>Autologous transplants for:</b>	
Multiple myeloma	Carrier Letter 94-23, Call Letter 96-08B
Testicular, Mediastinal, Retroperitoneal, and Ovarian germ cell tumors	Carrier Letter 94-23, Call Letter 96-08B
<b>IV. Blood or Marrow Stem Cell Transplants: Not Subject to Medical Necessity. May Be Limited to Clinical Trials.</b>	
<b>Autologous transplants for:</b>	
Epithelial ovarian cancer	Carrier Letter 94-23 Call Letter 96-08B
Childhood rhabdomyosarcoma	
Advanced Ewing sarcoma	
Aggressive non-Hodgkin's lymphomas (Mantle Cell lymphoma, adult T-cell leukemia/lymphoma, peripheral T-cell lymphomas and aggressive Dendritic Cell neoplasms)	Carrier Letter 2013-12a
Advanced Childhood kidney cancers	
Mantle Cell (Non-Hodgkin lymphoma)	
<b>V. Mini-transplants performed in a Clinical Trial Setting (non-myeloablative, reduced intensity conditioning for member over 60 years of age with a diagnosis listed under Section II): Subject to Medical Necessity</b>	
<b>VI. Tandem transplants: Subject to medical necessity</b>	
<b>Autologous tandem transplants for:</b>	
AL Amyloidosis	
Multiple myeloma (de novo and treated)	
Recurrent germ cell tumors (including testicular cancer)	Call Letter 2002-14

## Table 2: Recommended For Coverage: Transplants under Clinical Trials

Technology and clinical advancements are continually evolving. Plans are encouraged to provide coverage during the contract year for transplant services recommended under Clinical Trials. These types of transplants may transition from experimental/investigational and become consistent with standards of good medical practice in the U.S. for the diagnosed condition. Please return this worksheet with your proposal.

	Does your plan cover this transplant for 2015?	
	Yes	No
<b>Blood or Marrow Stem Cell Transplants</b>		
<b>Allogeneic transplants for:</b>		
Early stage (indolent or non-advanced) small cell lymphocytic lymphoma		
Multiple myeloma		
Multiple sclerosis		
Sickle Cell		
Beta Thalassemia Major		
Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)		
<b>Non-myeloablative allogeneic transplants for:</b>		
Acute lymphocytic or non-lymphocytic (i.e., myelogenous) leukemia		
Advanced Hodgkin's lymphoma		
Advanced non-Hodgkin's lymphoma		
Breast cancer		
Chronic lymphocytic leukemia		
Chronic myelogenous leukemia		
Colon cancer		
Chronic lymphocytic lymphoma/small lymphocytic lymphoma (CLL/SLL)		
Early stage (indolent or non-advanced) small cell lymphocytic lymphoma		
Multiple Myeloma		
Multiple Sclerosis		
Myeloproliferative Disorders		
Myelodysplasia/Myelodysplastic Syndromes		
Non-small cell lung cancer		
Ovarian cancer		
Prostate cancer		
Renal cell carcinoma		
Sarcomas		
Sickle Cell disease		
<b>Autologous transplants for:</b>		
Chronic myelogenous leukemia		
Chronic lymphocytic lymphoma/small lymphocytic lymphoma (CLL/SLL)		
Early stage (indolent or non-advanced) small cell lymphocytic lymphoma		

Small cell lung cancer		
<b>Autologous transplants for the following autoimmune diseases:</b>		
Multiple sclerosis		
Systemic lupus erythematosus		
Systemic sclerosis		
Scleroderma		
Scleroderma-SSc (severe, progressive)		

### Table 3: Recommended For Coverage: Rare Organ/Tissue Transplants

Technology and clinical advancements are continually evolving. Plans are encouraged to provide coverage during the contract year for transplant services that transition from experimental/investigational. These types of transplants may transition from experimental/investigational and become consistent with standards of good medical practice in the U.S. for the diagnosed condition. Please return this worksheet with your proposal.

	Does your plan cover this transplant for 2015?	
	Yes	No
<b>Solid Organ Transplants</b>		
*Allogeneic islet transplantation		
<b>Blood or Marrow Stem Cell Transplants</b>		
<b>Allogeneic transplants for:</b>		
Advanced neuroblastoma		
Infantile malignant osteopetrosis		
Kostmann's syndrome		
Leukocyte adhesion deficiencies		
Mucopolipidosis (e.g., Gaucher's disease, metachromatic leukodystrophy, adrenoleukodystrophy)		
Mucopolysaccharidosis (e.g., Hunter's syndrome, Hurler's syndrome, Sanfilippo's syndrome, Maroteaux-Lamy syndrome variants)		
Myeloproliferative disorders		
Sickle cell anemia		
X-linked lymphoproliferative syndrome		
<b>Autologous transplants for:</b>		
Ependyoblastoma		
Ewing's sarcoma		
Medulloblastoma		
Pineoblastoma		
Waldenstrom's macroglobulinemia		

**Attachment VI**  
**Specialty Benchmark Files**

*(OPM will provide the specialty benchmark files electronically.)*

**Attachment VII**  
**Prescription Drug Supplemental Information**

**Prescription Drug Cost Trends**

If your projected drug cost trend for 2014 exceeds your 2013 actual trend in one or more of the following categories, Please describe the strategies you will employ in 2015 to reduce those trends.

Overall Trend Rate

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Overall Trend Rate – Per-Member Per-Year

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Specialty Trend Rate – Non-Oncology

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Specialty Trend Rate – Oncology

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Generic Dispensing Rate (if 2014 rate is projected to be LESS than 2013)

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**Additional Initiatives**

If you intend to introduce or to enhance existing quality assurance or cost-containment strategies in 2015 that are not addressed in ADC question 1.6, please describe those initiatives here:

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**(a) Utilization Management - 2014**

ADC question 1.6, 42

If you indicated that your benefit plan excludes coverage of “Other categories” of drugs than those listed, please indicate those categories here:

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**(b) Utilization Management - 2015**  
ADC question 1.6, 42

If you indicated that your benefit plan excludes coverage of “Other categories” of drugs than those listed, please indicate those categories here:

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**Attachment VIII**  
**Online Automated Data Collection Questions**

*(This attachment is in a separate document included with the Technical Guidance Carrier Letter.)*



**Attachment IX**  
**2015 Technical Guidance Submission Checklist**

<b>Topic/Attachment Number</b>	<b>In Proposal Yes/No/NA</b>	<b>Worksheet Completed Yes/No/NA</b>
FEHB Carrier Contracting Official (Attachment I)		
Mental Health Parity Attestation of Compliance (Attachment Ia)		
Benefit Change Worksheet: worksheet for each change (Attachment II)		
Benefit Clarification Worksheet: worksheet for each clarification (Attachment III)		
Preparing Your 2015 Brochure (Attachment IV)		
2015 Organ/Tissue Transplants & Diagnoses: Tables 1, 2 & 3 (Attachment V)		
Specialty Benchmark Files (Attachment VI)	N/A	N/A
Prescription Drug Supplemental Information (VII)		
ADC Questions (Attachment VIII)	N/A	N/A
2015 Technical Guidance Submission Checklist (Attachment IX)	N/A	

*Please return this checklist with your CY 2015 benefit and rate proposal*