
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2014-20

Date: August 25, 2014

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

SUBJECT: 2015 Consumer Assessment of Healthcare Providers and Systems Program Requirements

This letter provides instructions for conducting and reporting your 2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) Program results. Please review the information carefully; we have made significant updates to program requirements. A copy of the CAHPS 5.0H Adult Questionnaire is included as Attachment 1.

The Office of Personnel Management (OPM) is now requiring all Federal Employees Health Benefits (FEHB) plans to administer the CAHPS Health Plan Survey 5.0H Adult Version as detailed below:

- We are removing the minimum subscriber stipulation and requiring all plans to report CAHPS Health Plan Survey results regardless of enrollment size.
- To allow accurate comparison with national benchmarks, members who have Medicare as their primary coverage should not be included in the sample. (We are considering other means to collect annuitant feedback about FEHB plans to preserve this important input.)
- Plans are expected to report on the book of business that most closely corresponds to the scope of their health plan accreditation.² For many plans, this will be their entire book of business.

To ensure quality services are universally available in FEHB, OPM will review and benchmark CAHPS scores for each plan. OPM will use the same product type for CAHPS as it does for Healthcare Effectiveness Data and Information Set (HEDIS^{®3}) for comparison purposes. To the greatest extent possible, plan reporting should match between HEDIS and CAHPS. For example, if a plan is an HMO/POS for HEDIS, we will benchmark using the HMO/POS designation for CAHPS. If your plan's accreditation, HEDIS reporting, and CAHPS sample are not fully aligned, please contact us for clarification.

NCQA Survey Protocols

All surveys must be conducted according to NCQA protocols described in HEDIS 2015, Volume

¹ Registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

² For questions about health plan accreditation, please see [Carrier Letter 2014-10](#)

³ Registered trademark of the National Committee for Quality Assurance (NCQA).

3: Specifications for Survey Measures,⁴ and administered by a vendor that is NCQA-Certified for this purpose.⁵ Please work closely with your survey vendor to ensure that member addresses and telephone numbers are current. All plans must generate the sample frame according to NCQA specifications⁶ using a minimum sample size of 1,100 members. Over-sampling is allowed according to the protocols in Volume 3. You may use an enhanced protocol or add supplemental questions with prior NCQA approval.

Plans seeking NCQA Accreditation and those that intend to include their survey results in NCQA's information products (i.e. Quality Compass®⁷) must have their sample frame validated by an NCQA-Certified HEDIS Compliance Auditor. Otherwise, we do not require an audited sample frame⁸ for 2015. In 2016, we are considering requiring CAHPS sample frames to be audited. We welcome your feedback regarding this proposed change.

OPM Requirements

Each plan reporting CAHPS survey data to OPM must also report CAHPS *Effectiveness of Care* measures to OPM. These measures are *Aspirin Use and Discussion*, *Medical Assistance with Smoking and Tobacco Use Cessation*, and *Flu Vaccinations for Adults Ages 18–64*.

All of the following statements must be included on mailed surveys:

- In the upper right corner of each questionnaire: “Form approved: OMB No. 3206-0236.”

“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.”

- On the front cover:

“Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders. If you want to know more about this study, please call (survey vendor number here).”

⁴ Available in September 2014, through: <http://www.ncqa.org/PublicationsProducts/HEDIS.aspx>

⁵ A list of approved survey vendors is available at <http://www.ncqa.org/HEDISQualityMeasurement/NCQACertifiedSurveyVendorsAuditorsSoftwareVe/HEDISSurveyVendorCertification/CAHPS50HSurvey.aspx>

⁶ 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.

⁷ Quality Compass is a registered trademark of the National Committee for Quality Assurance (NCQA).

⁸ Please contact NCQA's Policy Clarification Support System at <http://www.ncqa.org/pcs> if you have questions about this requirement.

Completing the Healthcare Organization Questionnaire (HOQ)

Prior to submitting member level data files to NCQA, all plans must complete NCQA's online Healthcare Organization Questionnaire (HOQ). Please note the following:

- Under the "OPM Submission" section enter the appropriate Carrier Codes associated with the NCQA Organization ID Code and Submission ID Code. If multiple carrier codes are associated with one submission ID, please include all. Attachment 3 provides 2014 Carrier Codes, NCQA Org ID, and NCQA Submission Code as a reference.⁹
- Under the "CAHPS 5.0H" section, select the appropriate CAHPS Survey Component and Survey Vendor Firm associated with the Submission ID.
- Plans must designate a single product type (HMO, PPO, HMO/POS) for each HOQ they submit.

The HOQ screenshot in Attachment 5 illustrates where to enter the Carrier Codes and CAHPS Survey information. For additional questions, please check with your survey vendor or contact NCQA's Data Collection department directly at HOQ@ncqa.org.

Processing Fee

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. As in previous years, a processing fee will apply to each unique NCQA ID code for which data is submitted to OPM.¹⁰ Our CAHPS data collection contractor, ORI, will invoice you directly.

Timelines

February 2, 2015: All FEHB plans must complete and submit the Survey Participation Form (Attachment 2) to cahps@opm.gov. If you conduct multiple surveys, please list the name and FEHB Sub-Code for each plan or option.

April 30, 2015 (tentative): A crosswalk file (Attachment 4) that maps your submission ID(s) to your FEHB plan name and Sub-Code is due two weeks after NCQA issues submission IDs and must accompany each data submission to OPM. The crosswalk includes each:

- NCQA Member-level File Name,
- NCQA Submission ID,
- NCQA Plan Name,
- FEHB Sub-Code, and
- FEHB Plan Name.

Please direct questions regarding the crosswalk to Sue Lynd at SueL@ORResults.com.

June 16, 2015: Member level data file. All such files must be NCQA validated by the survey vendor. We will accept your member level data files after they have been processed by NCQA

⁹ NCQA Org IDs and NCQA Submission Codes for 2015 should be verified with NCQA through the HOQ process

¹⁰ Plans will be charged for each NCQA data file submitted. Any plan that withdraws from the FEHB Program after submitting data to OPM is liable for the processing fee.

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. To comply with HIPAA's privacy rules, survey vendors should use appropriate encryption technology.

Please contact us at cahps@opm.gov for questions, comments, or additional information. We appreciate your continued support and look forward to working with you on this important project.

Sincerely,

John O'Brien
Director
Healthcare & Insurance Operations

Enclosures