

Letter No. 2014-24

Date: 10/15/2014

Fee-for-Service [20] Experience-rated HMO [20] Community-rated [22]

SUBJECT: Measuring Healthcare Quality in the Federal Employees Health Benefits (FEHB) Program

This Carrier Letter provides information regarding the Office of Personnel Management's (OPM) review of HEDIS® 2014 results for FEHB carriers and sets forth requirements for HEDIS 2015 data collection. HEDIS measures are selected for their relevance to the conditions and health events experienced by the FEHB population and periodically updated. We appreciate ongoing efforts by each plan to ensure the delivery of high quality healthcare to Federal employees, retirees, and families.

HEDIS Scoring for 2014

Please note these highlights of the FEHB HEDIS analysis and scoring for 2014:

- Nine measures will be scored and results displayed on OPM's website (see Attachment 1). Plans will also receive individual scorecards under separate cover from OPM.
- Two of the nine measures are being retired by NCQA due to changing clinical guidelines, and will not be collected by OPM in future years. The 2014 results will be scored, but no Corrective Action Plans (CAPs) are required for either Comprehensive Diabetes Care: LDL-C Screening, or Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening.

Reporting Changes for 2015

- Each FEHB carrier must submit audited HEDIS results regardless of headcount.
- Seventeen measures must be collected and reported by all plans. Carriers are expected to report on the book of business that most closely corresponds to the scope of their health plan accreditation. For many plans this will be their entire book of business.
- Of the seventeen, nine measures will be scored and results displayed on OPM's website (see Attachment 2).
 - Measures normally become eligible for scoring by OPM in the third year of data collection. However, Ambulatory Care: Emergency Department visits will not be scored for 2015 due to anticipated changes to the measure by NCQA.
- Changes to OPM required measures reflect the following:
 - Deletion of the two cholesterol management measures retired by NCQA.
 - Addition of three measures to more fully examine the management of chronic conditions and the populations covered by FEHB:
 - Use of High Risk Medications in the Elderly
 - Comprehensive Diabetes Care: Hemoglobin-A1c Control <8%
 - Asthma Medication Ratio
 - Recommendations from FEHB carriers that OPM include both the 7 and 30 day Follow-up after Hospitalization for Mental Illness.

OPM Scoring Methodology

In 2014, nine measures are eligible for quality scoring. As in prior years, the HEDIS 75th percentile is the FEHB performance goal and the 25th percentile is the minimum of acceptable performance.

Each plan indicates the applicable plan type when submitting data to NCQA, and OPM compares each result to the appropriate national benchmark. The below table shows how many points are earned for each metric when compared to the applicable benchmark.

National Commercial Benchmark (HMO, HMO/POS, or PPO)	Points Earned
$X < 25^{\text{th}}$	0
$25^{\text{th}} \leq X < 50^{\text{th}}$	1
$50^{\text{th}} \leq X < 75^{\text{th}}$	2
$X \geq 75^{\text{th}}$	3

Where X = Carrier's HEDIS result

With nine scored measures, carriers may earn a maximum of 27 points. Carriers that report results for all nine measures and earn 18 or more points will be recognized as “Exemplary,” as long as they achieve at least the 25th percentile in every measure. Carriers that improve by 20% or more in score between years (comparing the subset of measures scored in both HEDIS 2013 and HEDIS 2014) will be recognized as “Most Improved.” “Exemplary” and “Most Improved” carriers are publicly reported, and noted on the OPM website at www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores.

Corrective Action. Carriers that score below the 25th percentile in any measure, except the measures being retired by NCQA¹, are required to submit a Corrective Action Plan (CAP) designed to raise the result to at least the 25th percentile threshold. Carriers with more than three scores below the 25th percentile may limit their submission to three CAPs as long as there is a CAP for any measure below the 10th percentile and a CAP for Controlling High Blood Pressure (if applicable).

All CAPs must be submitted within 30 days of receiving the 2014 scorecard. Carriers can expect to receive 2014 scorecards by late-October. A CAP template is provided in Attachment 3. The below chart summarizes CAP submission requirements.

Number of results <25 th percentile	Number of CAPs required	Measures that must be included
1	1	Appropriate measure
2	2	Appropriate measures
3	3	Appropriate measures
4+	3	Measures <10 th percentile CBP (if applicable)

¹ Comprehensive Diabetes Care – LDL-C Screening (CDC) and Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening (CMC) are being removed by NCQA from the HEDIS Measure Set (see <http://www.ncqa.org/Portals/0/HomePage/CDC.pdf> and <http://www.ncqa.org/Portals/0/HomePage/CMC.pdf>).

Measure Collection Details. OPM permits either hybrid or administrative data collection for those measures that can be reported to NCQA using either method. OPM encourages carriers to utilize hybrid collection for all measures where NCQA provides this reporting option. NCQA compiles the HEDIS data on OPM's behalf; therefore carriers must follow NCQA's data submission process, outlined in Attachment 4.

CAHPS Effectiveness of Care Measures. As in previous years, OPM will analyze the three CAHPS Effectiveness of Care Measures listed in Attachment 2 but will not include them in the HEDIS scoring. Please note the adult influenza vaccine measure, Flu Vaccinations for Adults Ages 18-64, has expanded the age range from previous years.

Comprehensive Performance Assessment. As described in [Carrier Letter 2014-19](#), OPM will include a subset of HEDIS measures in its comprehensive health plan performance assessment. OPM will continue to specify annual HEDIS reporting instructions.

New Plans. Plans that are new to FEHB must begin reporting HEDIS results no later than their second full year of participation in the program.

More Information. For questions about HEDIS data collection, scoring, or corrective action plans, please contact your Contract Specialist with a copy to hedis@opm.gov.

Sincerely,

John O'Brien
Director
Healthcare and Insurance

Attachment 1: HEDIS Measure Set for Quality Scoring in 2014

Breast Cancer Screening – BCS
Follow-up After Hospitalization for Mental Illness: 7 Day Follow-up after Discharge – FUH
Comprehensive Diabetes Care: Hemoglobin-A1c Testing – CDC
Comprehensive Diabetes Care: LDL-C Screening – CDC
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening – CMC
Prenatal and Postpartum Care: Timeliness of Prenatal Care – PPC
Use of Imaging Studies for Low Back Pain – LBP
Well-Child Visits in the First 15 Months of Life: 6 or more Visits – W15
Controlling High Blood Pressure – CBP

Attachment 2: HEDIS Measures Required for 2015

All plans must follow NCQA’s procedures for HEDIS reporting, including the HEDIS Compliance Audit™ which can be found at <http://www.ncqa.org/tabid/205/Default.aspx>. To fully understand and comply with HEDIS technical specifications and to obtain the following measures’ specifications you will need HEDIS 2015 Volume 2: Technical Specifications for Health Plans. You can order it through NCQA’s website: <http://store.ncqa.org/index.php/performance-measurement/hedis-2015.html>.

Eligible for Quality Scoring in 2015
Breast Cancer Screening – BCS
Comprehensive Diabetes Care: Hemoglobin-A1c Testing ² – CDC
Follow-up After Hospitalization for Mental Illness: 7 Day Follow-up after Discharge – FUH
Prenatal and Postpartum Care: Timeliness of Prenatal Care ² – PPC
Use of Imaging Studies for Low Back Pain – LBP
Well-Child Visits in the First 15 Months of Life: 6 or more Visits – W15
Controlling High Blood Pressure ³ – CBP
Medication Management for People with Asthma – MMA
Plan All-Cause Readmissions – PCR

Collected but not Scored in 2015
Comprehensive Diabetes Care: Hemoglobin-A1c Control <8% ² – CDC
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents ² – WCC
Ambulatory Care: Emergency Department Visits– AMB
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis – AAB
Use of High Risk Medications in the Elderly – DAE
Asthma Medication Ratio – AMR
Follow-up After Hospitalization for Mental Illness: 30 Day Follow-up after Discharge - FUH

Flu Vaccinations for Adults Ages 18-64 ⁴ - FVA
Medical Assistance with Smoking and Tobacco Use Cessation (Advising Smokers and Tobacco Users to Quit) ⁴ - MSC
Aspirin Use and Discussion (Aspirin Use) ⁴ - ASP

² Hybrid method is available.

³ Hybrid method is required. Note the two BP thresholds used for this measure are reported as one rate.

⁴ These measures are a part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

Attachment 3: Quality Improvement Corrective Action Plan Template for 2014

Carriers will normally be required to submit CAPs for each measure below the 25th percentile. To focus improvement efforts, Carriers with more than three measures below the 25th percentile may limit their submission to three CAPs as long as there is a CAP for any measure below the 10th percentile and a CAP for Controlling High Blood Pressure (if applicable). The below chart summarizes the CAP submission requirements.

Number of results <25th percentile	Number of CAPs required	Measures that must be included
1	1	Appropriate measure
2	2	Appropriate measures
3	3	Appropriate measures
4+	3	Measures <10 th percentile CBP (if applicable)

Measures	CAP Submission (check all that apply)
Breast Cancer Screening – BCS	<input type="checkbox"/>
Follow-up After Hospitalization for Mental Illness: 7 Day Follow-up after Discharge – FUH	<input type="checkbox"/>
Comprehensive Diabetes Care: Hemoglobin-A1c Testing – CDC	<input type="checkbox"/>
Prenatal and Postpartum Care: Timeliness of Prenatal Care – PPC	<input type="checkbox"/>
Use of Imaging Studies for Low Back Pain – LBP	<input type="checkbox"/>
Well-Child Visits in the First 15 Months of Life: 6 or more Visits – W15	<input type="checkbox"/>
Controlling High Blood Pressure – CBP	<input type="checkbox"/>

Corrective Action Plan Submission (page 1 of 2)

For each CAP, provide the following information in 750 words or less.

1. HEDIS Measure: _____

2. Plan Analysis

- Analysis: Strengths and weaknesses of current quality practices related to this measure.
- Barriers: Identify potential barriers to improvement in results. If this is a second or third CAP for this measure, include an evaluation of why you have not achieved expected results to date.
- Outreach: Estimate the number of health plan members that need to be engaged to increase the score above the 25th percentile.

3. Action Steps

- Action Outline: List in-depth steps in your Corrective Action Plan to raise the score(s) to at least the minimum threshold. If your score has fallen below the threshold for 2 or more years, discuss new or different actions this year to improve performance to the minimum threshold.
- Classification: OPM strongly encourages Carriers with performance below the 10th percentile benchmark to develop *novel*⁵ actions, rather than *reinforcement*⁶ actions, to increase quality performance.
- Action Timeline: Identify the start date, and if applicable, end date of each action step.
- Progress Projection: Identify the projected improvement results including a timeline of when improvement can be expected.

⁵ Introduction of a new practice.

⁶ Modification of an existing practice.

Corrective Action Plan Template Submission (page 2 of 2)

Each Carrier submitting one or more CAPs needs to complete the below information one time.

CAP Point of Contact: _____

Certification

The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

FEHB Carrier Quality Improvement POC:

Printed Name	Signature	Date
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The undersigned have read the attached Corrective Action Plan(s) and agree to the terms.

The undersigned have read the attached Corrective Action Plan(s) and do not agree to the terms. Further clarification may be required; the Contract Specialist will schedule a meeting to discuss the resolution of issues.

OPM Contract Specialist:

Printed Name	Signature	Date
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OPM Health Insurance Chief:

Printed Name	Signature	Date
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Attachment 4: Reporting HEDIS Metrics to the National Committee Quality for Assurance (NCQA)

To report HEDIS metric results, Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online through NCQA's website using a password. When filling out the HOQ, please list the appropriate NCQA Organization ID Code, Submission Code, and FEHB Carrier Codes and Carrier Subcodes associated with your submission ID(s). If your submission ID has multiple FEHB codes associated with it, please include all of the FEHB codes in the HOQ. To meet the requirements outlined Carrier Letter 2014-10, Carriers currently accredited or pursuing health plan accreditation should register their submission(s) to reflect all carrier codes in that population. The HOQ screenshot below highlights where in the HOQ you need to enter the FEHB codes.

The screenshot shows the 'Submission Edit' form in a web browser. A red rectangular box highlights the 'FEHB Codes' section, which contains five input fields labeled 'FEHB Code 1' through 'FEHB Code 5'. Above this section, there are several dropdown menus: 'Audit Required' (set to 'Yes'), 'Audit Firm' (set to 'AQuarate Health Data Management, Inc.'), 'Software Vendor' (set to 'HEDIS Certified Software Vendor'), and 'HEDIS Certified Software Vendor' (set to 'Q Mark'). Below the FEHB codes, there is a section for 'IDSS' with a dropdown for 'Submitting HEDIS data via IDSS?' (set to 'Yes') and a 'SubmissionID Rotation Request' section with two input fields for 'SubmissionID 1' (containing '6711') and 'SubmissionID 2'. At the bottom of the form, there is a table header for 'CAHPS 4.0H' with columns for 'Component', 'Request', 'Survey Vendor Firm', and 'Survey Sample Frame Result'. The browser's address bar shows 'Local intranet' and the page is zoomed to 100%.

The designated Primary HEDIS contact at your plan will receive an email notification from HOQ@ncqa.org with information on how to access the 2015 HOQ on-line. If your plan has not designated a Primary HEDIS contact, please contact NCQA's Data Collection Operations team at HOQ@ncqa.org.

If you have general questions regarding HEDIS, refer to the NCQA website, www.ncqa.org, or contact NCQA Customer Support at CustomerSupport@ncqa.org or 1-888-275-7585. If you have technical

questions regarding a HEDIS measure or the HEDIS technical specifications, please use NCQA's Policy Clarification Support (www.ncqa.org/pcs) to submit your questions. Questions about the data submission process should be addressed to your health plan's assigned NCQA HEDIS Data Submission Account Manager. A list of 2015 Account Managers is located at www.ncqa.org/tabid/219/Default.aspx.

Access www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures/HEDISDataSubmission.aspx to find the timeline for the following HEDIS submissions:

- The date Healthcare Organization Questionnaire opens to plans via the NCQA website.
- The deadline for plans to complete NCQA's on-line Healthcare Organization Questionnaire.
- The date NCQA provides health plans with access to use the Interactive Data Submission Systems (IDSS).
- The date plan-lock must be applied to the submission to ensure HEDIS Compliance Auditors have sufficient time to review, approve and audit-lock the submission.
- The deadline for plans to submit HEDIS results to NCQA and e-sign attestations.