

2022 FEHB
Plan Performance Assessment
Procedure Manual



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Introduction

The 2022 Procedure Manual provides guidance for Federal Employees Health Benefits (FEHB) Carriers to report Clinical Quality, Customer Service and Resource Use (QCR) measures, Farm Team measures, and Contract Oversight information under the FEHB Plan Performance Assessment (PPA) in fulfillment of their FEHB contractual obligations. The manual also outlines specific reporting instructions for the Healthcare Effectiveness Data and Information Set (HEDIS®)¹ and Consumer Assessment of Healthcare Providers and Systems (CAHPS®)² measures.

In this manual, the Office of Personnel Management (OPM) refers to FEHB Carriers and the health plan options offered by FEHB Carriers under their FEHB contract. In some instances, for ease and simplicity, this Procedure Manual includes references to FEHB Carriers or health plan options and vice versa. In other cases, OPM may refer to FEHB Carriers or their health plan options depending on the intent of the section. If an FEHB Carrier has multiple health plan options under an FEHB contract, the term “FEHB Carrier” or “Carrier” refers to their respective data reporting requirements under each health plan option.

If there are questions related to the material within this manual, please contact your Health Insurance Specialist.

Section 1: Reporting HEDIS and CAHPS Data

Subsection A: OPM General Requirements for HEDIS Collection and Reporting

- The National Committee for Quality Assurance (NCQA) compiles the HEDIS data on OPM’s behalf; therefore, FEHB Carriers must follow NCQA’s submission process when submitting data for their health plan options. Additional information is outlined below and can also be found at: www.ncqa.org/hedis/data-submission.
- FEHB Carriers are expected to report on the book(s) of business in which FEHB members are enrolled. For many FEHB Carriers this will be the commercial book of business. For plans submitting multiple product types under one FEHB contract, please see *Section 2: QCR Scoring and Calculation Procedures Subsection A: All Lines of Business* for additional information on benchmark designation.
- FEHB Carriers in their first year of offering benefits under a new FEHB contract must report HEDIS and CAHPS in their second full year of FEHB participation. Reports submitted before this time are not eligible for inclusion in the Plan Performance Assessment. Additional details on requirements for new FEHB Carriers, including the definition of what constitutes a new health plan option, appears in Section 4.

¹ HEDIS®, IDSS®, and Quality Compass® are registered trademarks of the National Committee for Quality Assurance (NCQA).

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- Existing FEHB Carriers with new enrollment codes or health plan options are expected to report HEDIS and CAHPS data that includes the new code or option. For example, if Acme Insurance Company had a Standard option enrollment code in the 2021 FEHB Program and added a High option enrollment code in the 2022 FEHB Program under the same contract, they would be expected to report on both the High and Standard options data for the 2022 Plan Performance Cycle. Additional details on the requirements and exemption process are outlined in Section 4.
- Carriers will not report on Health Plan enrollment code options no longer available to enrollees. This applies only to Carriers who had unique data reports for the inactive Health Plan enrollment code options.
 - As an example, in the 2021 FEHB Program, Acme Insurance Company had Standard and HDHP enrollment code options available to enrollees. Starting in 2022, only the Standard option enrollment code remained active. If Acme had two distinct reports for the Standard and HDHP enrollment code options, OPM would only accept the data for the Standard option. However, if both the Standard and HDHP options were part of the combined commercial book of business and Acme was unable to report data only on the Standard option, OPM would accept the combined Standard and HDHP data. For questions on how to report inactive options, please email FEHBPerformance@opm.gov and copy your Health Insurance Specialist.
- Each FEHB Plan must submit audited HEDIS results regardless of enrollment size.
- All FEHB Carriers must complete and submit the 2022 Planned HEDIS and CAHPS Reporting Form by December 15, 2021 to FEHBPerformance@opm.gov (see Section 5 Subsection A and Attachment 2). Through this report, OPM and the Carriers can resolve reporting discrepancies prior to submitting data to NCQA's Online Healthcare Organization Questionnaire.
- Questions: please contact your Health Insurance Specialist or email FEHBPerformance@opm.gov

HEDIS Cost to FEHB Carriers

For all measures where NCQA allows collection of a HEDIS metric by either hybrid³ or administrative⁴ methodology, OPM will also accept either method. In offering this choice, OPM aligns with national commercial benchmarks which contain a mix of hybrid and administrative data, while remaining mindful of the cost that may be associated with hybrid collection. The FEHB contracts address costs incurred by the Carrier for collecting or contracting with a vendor to collect quality measures/data. The

³ Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations review administrative data to determine if members in the systematic sample received the service, and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who are found to have received the service required for the numerator (HEDIS MY 2020 & MY 2021 Technical Specifications, Volume 2).

⁴ Transaction data or other administrative databases are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator.

administrative expense ceiling will take into account costs that are allowable, reasonable, and allocable under the Experience Rated Contracts (FFS and HMO).

How NCQA Naming Convention Changes Interact with the Plan Performance Assessment

NCQA measure technical specifications are released annually under the term Measurement Year (MY), which refers to the year during which care is being delivered. Care delivered in one year will continue to be reported on in the following year. As an example, HEDIS Measurement Year 2021 (HEDIS MY 2021) will be reported in 2022. OPM continues to refer to specific cycles of the PPA by the year in which performance measurement data is reported to NCQA and scored by OPM. The MY 2021 data will be reported to NCQA in 2022 and scored in the 2022 PPA scoring cycle. The timeline referenced in the rest of the manual refers to 2022, the year in which data will be collected and scored under the PPA. For more information, please visit <https://www.ncqa.org/hedis/the-future-of-hedis/schedule-change>.

HEDIS Timeline

Please see the timeline in Section 5: References & Resources, Subsection F for the HEDIS related dates. Additional information is also available at the NCQA website at www.ncqa.org/hedis/data-submission.

Subsection B: OPM General Requirements for CAHPS Collection and Reporting

- All FEHB contracts must administer the HEDIS CAHPS Health Plan Survey 5.1H Adult Commercial Version following the NCQA requirements set forth in *HEDIS Volume 3: Specifications for Survey Measures*.
- The survey must be administered by an NCQA-Certified CAHPS Survey Vendor.
- The sample frame must be approved by an NCQA-Certified HEDIS Compliance Auditor.
- Members who have Medicare as their primary coverage must **not** be included in the sample.
- FEHB Carriers in their first year of offering benefits under a new FEHB contract must report HEDIS and CAHPS in their second full year of FEHB participation. Reports submitted before this time are not eligible for inclusion in the Plan Performance Assessment. Additional details on requirements for new FEHB Carriers, including the definition of what constitutes a new health plan option, appears in Section 4.
- Existing FEHB Carriers with new enrollment codes or health plan options are expected to report HEDIS and CAHPS data that includes the new code or option. For example, if Acme Insurance Company had a Standard option enrollment code in the 2020 FEHB Program and added a High option enrollment code in the 2022 FEHB Program under the same contract, they would be expected to report on both the High and Standard options data for the 2022 Plan Performance Cycle. Additional details on the requirements and exemption process are outlined in Section 4.
- Carriers will not report on Health Plan enrollment code options that are no longer available to enrollees. This applies only to Carriers who had unique data reports for the inactive Health Plan enrollment code options.

- As an example, in the 2021 FEHB Program, Acme Insurance Company had Standard and HDHP enrollment code options available to enrollees. Starting in 2022, only the Standard option enrollment code remained active. If Acme had two distinct reports for the Standard and HDHP enrollment code options, OPM would only accept the data for the Standard option. However, if both the Standard and HDHP options were part of the combined commercial book of business and Acme was unable to report data only on the Standard option, OPM would accept the combined Standard and HDHP data. For questions on how to report inactive options, please email FEHBPerformance@opm.gov.
- All FEHB Carriers must complete and submit the 2022 Planned HEDIS and CAHPS Reporting Form by December 15, 2021 to FEHBPerformance@opm.gov (see Section 5 Subsection A and Attachment 2). Through this report, OPM and the Carriers can resolve reporting discrepancies prior to submitting data to NCQA's Online Healthcare Organization Questionnaire.
- Each FEHB Carrier reporting CAHPS survey data to OPM must also report the CAHPS Effectiveness of Care measure related to Flu Vaccinations for Adults Ages 18–64.
- In accordance with NCQA's HEDIS Volume 3, survey vendors submit health plans' member-level data files to NCQA for calculation of survey results. NCQA-generated member-level data file and NCQA-generated summary reports, available to health plans in the Interactive Data Submission System (IDSS), are due to OPM's contractor, Office Remedies, Inc (ORI) by June 15, 2022. The submission is due to ORI after the files have been processed by NCQA and you have provided NCQA with a signed Attestation of Accuracy. You or your survey vendor may submit the files via e-mail or other electronic or digital format to ORI at the following address: OPMCAHPS@orireults.com. To comply with HIPAA privacy rules, survey vendors must use appropriate encryption technology. Files generated by NCQA, after the submission has been processed, will be provided to OPM.
- CAHPS reporting guidelines are listed below:
 - FEHB Carriers submitting samples to NCQA from commercial products that include *FEHB contract holders* may submit those samples to OPM.
 - FEHB Plans **not** submitting commercial samples to NCQA must:
 - Submit a separate CAHPS sample for any FEHB health plan option in a state in which that health plan option has more than *5,000 FEHB contract holders*⁵.
 - Enrollees in FEHB health plan options that have fewer than *5,000 FEHB contract holders* per state may be included in a health plan option specific CAHPS sample labelled as "Other." An example is outlined below:
 - An FEHB Carrier has 12,000 FEHB contract holders in New York with 3,000 in the High option and 9,000 in the Standard option. The FEHB

⁵ Members who have Medicare as their primary coverage must **not** be included in the sample. Given the typical mix of annuitant and non-annuitant enrollees in FEHB, this population threshold (5,000 FEHB contract holders) should ensure a sufficient number of survey respondents.

Carrier must conduct one FEHB-specific CAHPS sample on the Standard option in New York. The FEHB Carrier is required to then combine the 3,000 FEHB enrollees in the High option with all other states with fewer than 5,000 FEHB contact holders to create a CAHPS sample labelled, “High option – other.”

- FEHB Carriers reporting differently for accreditation purposes, seeking to submit a larger number of samples, or with other unique circumstances must submit a written explanation and request to their Health Insurance Specialist and copy FEHBPerformance@opm.gov.
- Questions: FEHBPerformance@opm.gov.

CAHPS Surveys and OMB Clearance

All the following statements must be included on mailed surveys:

In the upper right corner of each questionnaire: “Form approved: OMB No. 3206-0274.”

Within the questionnaire: “This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0274) 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 3206-0274), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0274, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.”

Also within the questionnaire, the standard NCQA instructions must be included, which state: “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).”

CAHPS Processing Fee

Each FEHB Carrier that reports survey data to OPM is responsible for the cost of compiling, processing and reporting their survey results. As in previous years, a processing fee will apply to each unique NCQA Submission ID for which data is submitted on an FEHB Carrier’s behalf to OPM.⁶ OPM’s CAHPS data collection contractor, ORI, will invoice you directly.

⁶Plans will be charged for each NCQA data file submitted. Any plan that withdraws from the FEHB Program after submitting data in accordance with these requirements is liable for the processing fee.

CAHPS Timeline

Please see the timeline in Section 5: References & Resources, Subsection F for the CAHPS related dates.

Subsection C: Reporting HEDIS and CAHPS Results to NCQA

All FEHB Carriers must follow NCQA's procedures for HEDIS reporting, including the HEDIS Compliance Audit™⁷ for which a summary can be found at www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification. To fully understand and comply with HEDIS technical specifications and to obtain the appropriate measure specifications you will need the HEDIS MY 2021 Volume 2: *Technical Specifications for Health Plans* and Volume 5: *HEDIS Compliance Audit: Standards, Policies and Procedures*, which can be purchased at NCQA's website: store.ncqa.org/index.php/performance-measurement.html.

All surveys must be conducted according to NCQA protocols described in *HEDIS Volume 3: Specifications for Survey Measures* and administered by a vendor that is NCQA-Certified for this purpose.⁸ This document can be purchased at NCQA's website: <http://store.ncqa.org/index.php/performance-measurement/hedis-my-2020-2021.html>.

All FEHB Carriers must generate the sample frame according to NCQA specifications⁹. NCQA requires a minimum sample size of 1,100 members. Over-sampling is allowed, as outlined in *HEDIS Volume 3: Specifications for Survey Measures*. You may use an enhanced protocol or add supplemental questions with prior NCQA approval.

OPM is committed to ensuring that FEHB enrollees have enough information to differentiate Carriers' performance through the data displayed on the OPM website. However, OPM is not able to post data reflecting on the enrollee's experience when FEHB Carriers receive NAs on CAHPS measures. FEHB Carriers who have received repeated NAs (small denominators) on CAHPS measures and have sufficient enrollment in the commercial book of business that contains their FEHB covered lives are directed through [Carrier Letter 2019-09](#) to design and utilize an oversampling strategy in consultation with their CAHPS vendor to lessen the possibility of receiving an NA in future reporting cycles. A copy of their oversampling strategy must be shared with their OPM Health Insurance Specialist. For questions related to this issue, please email FEHBPerformance@opm.gov.

To report HEDIS and CAHPS results to NCQA, FEHB Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online application through NCQA's website at my.ncqa.org using a password. When filling out the HOQ, please request the appropriate NCQA Organization ID, Submission ID, and FEHB Carrier Codes (two-digit carrier code) associated with your Submission ID(s). If your Submission ID has multiple FEHB codes associated with it, please include **all** the FEHB codes in the HOQ.

⁷ NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

⁸ A list of certified survey vendors is available at <https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/>

⁹ 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.

The FEHB Carrier's designated HEDIS contact will receive an email notification from NCQADataCollections@ncqa.org with information on how to access the HOQ online application. If the FEHB Carrier does not currently have a designated Primary HEDIS contact, you must contact NCQA's Data Collection Operations team at my.ncqa.org.

My.ncqa.org is a web-based Q&A system where FEHB Carriers can track questions and answers. If you are already registered in an NCQA system, you can use existing NCQA credentials to sign into my.ncqa.org. New accounts can also be created at my.ncqa.org.

Refer to the NCQA website, www.ncqa.org, or submit a request to my.ncqa.org for general questions regarding HEDIS and CAHPS or HEDIS technical specifications. Questions about the data submission process should be addressed to the FEHB Carrier's assigned NCQA HEDIS Data Submission Account Manager.

Access www.ncqa.org/hedis/data-submission to find the data submission timeline which includes the following:

- The date HOQ opens to plans via the NCQA website (mid-December 2021).
- The deadline for plans to complete NCQA's HOQ online application (February 7, 2022).
- The date NCQA provides health plans with access to use the IDSS (mid-March 2022).
- 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 (June 1, 2022).
- The deadline for plans to submit HEDIS results to NCQA and e-sign attestations (June 15, 2022).

Subsection D: Technical Notes Regarding the Clinical Quality, Customer Service and Resource Use (QCR) Measure Set and Farm Team in 2022 (Reporting Year)

A complete list of the QCR Measure Set and Farm Team is included in Section 5; Subsection C of this manual. FEHB Carriers were notified of the [2022 QCR Measure Set](#) in [Carrier Letter 2020-10](#), titled, "Announcement of the 2022 Clinical Quality, Customer Service, and Resource Use (QCR) Measure Set." For additional information on any of the technical specifications for the measures listed below, please go to <https://www.ncqa.org/hedis/measures>.

Please note the following:

QCR Measure Update for 2022:

- Plan All Cause Readmissions (PCR)
 - The PCR measure was originally one of OPM’s high priority measures within the Resource Use performance area. [Carrier Letter 2018-07](#), 2020 Clinical Quality, Customer Service and Resource Use Measures, announced the move of the PCR measure to the Measures Farm Team due to a significant change to the measure specification. In 2022, PCR will return to the Resource Use performance area with a priority weight of 2 and a corresponding measure weight of 1.25.

Farm Team Update for 2022:

- Appropriate Treatment for Use of Antibiotics in Upper Respiratory Infections (URI)
 - The URI measure will be added to the 2022 Farm Team.
- Emergency Department Utilization (EDU)
 - The EDU measure remains on the Farm Team for the 2022 scoring cycle. Carrier Letter 2020-10 included EDU as a QCR measure for the 2022 PPA scoring cycle. Subsequently, NCQA announced that EDU would be moved back to 1st year status in MY2020 due to changes in the measure’s technical specifications. As a result, OPM announced in the 2021 PPA Procedure Manual that EDU would be moved to the Farm Team for the 2021 PPA scoring cycle.

Summary:

Measure	Acronym	Category	Action
Plan All Cause Readmissions	PCR	QCR Scoring	Change: Promoted from the 2021 Farm Team to the 2022 QCR Measure set
Emergency Department Utilization	EDU	Farm Team	Status: Remaining on the Farm Team for 2022
Appropriate Treatment for Upper Respiratory Infections	URI	Farm Team	Change: Added to the 2022 Farm Team

Please send questions and comments regarding measures to FEHBPerformance@opm.gov.

Section 2: QCR Scoring and Calculation Procedures

Subsection A: All Lines of Business

Starting in the 2022 PPA scoring cycle, OPM will use the All Lines of Business (ALOB) Level 1 benchmark to calculate QCR measure scores for HEDIS and CAHPS measures for all Carriers. Using the ALOB Level 1 benchmarks means that Carriers offering different product types will be compared to the same standard for each measure. This change strengthens the integrity of the PPA and allows Carriers offering plans that change reporting product types between years the opportunity to earn an Improvement Increment. The ALOB Level 1 benchmarks are further defined below.

Quality Compass Benchmark Level 1: All LOBs will be used for the following reporting products

- HMO
- HMO/PPO Combined
- HMO/EPO Combined
- HMO/PPO/EPO Combined
- HMO/POS Combined
- HMO/POS/PPO Combined
- HMO/POS/EPO Combined
- HMO/PPO/POS/EPO Combined
- POS
- POS/PPO Combined
- PPO/POS/EPO Combined
- POS/EPO Combined
- PPO
- PPO/EPO Combined
- EPO

Subsection B: QCR Scoring

The FEHB Plan Performance Assessment Methodology [Carrier Letter 2020-15](#) provides a comprehensive explanation of the QCR Scoring Process and Methodology. For more information on methodology, upcoming measures, or other guidance, please visit the Plan Performance Assessment website at www.opm.gov/healthcare-insurance/healthcare/carriers/#url=Performance-Assessment.

Subsection C: HEDIS Auditor Codes and QCR Scoring

HEDIS auditors make determinations about the usability of the data and code it accordingly. OPM incorporates three of these codes into the QCR calculations. The codes are NA, NR, and BR.

- If an FEHB Carrier receives an NA designation, that measure result will not have the score, or weights included in the QCR calculation.

- For NR (Not Reported) or BR (Biased Rate) measure codes, OPM will score that measure as a zero and the measure weight will be included in the denominator of the QCR score.

Subsection D: Contract Roll-up

In some instances, an FEHB contract may be associated with multiple QCR measure reports. When this is the case, OPM aggregates QCR measures to obtain a contract level enrollment-adjusted result. For example, a contract may include more than one Carrier Code and report QCR measures on each Carrier Code to OPM. Where there are multiple reports under one contract, OPM aggregates to the contract level in proportion to the overall FEHB enrollment associated with each report, as detailed in [Carrier Letter 2020-15](#).

Subsection E: QCR Data Preview Period

FEHB Carriers will have an opportunity to preview their QCR calculations and score prior to the Final QCR Score during the QCR Data Preview Period. FEHB Carriers will receive their QCR Data Preview report annually in the fall. Carriers will then have ten calendar days to review both their QCR Score and Improvement Increment. During this period, FEHB Carriers must actively respond during the QCR Data Preview Period. Carriers must concur with their score or provide feedback to point out factual errors, omissions or miscalculations during this timeframe. The QCR Data Preview Period is the dedicated opportunity for Carriers to review and concur or ask specific questions regarding the calculation of the QCR Score and Improvement Increment. All queries must be accompanied by detailed questions or a description of variances detected.

Instructions on concurrence or feedback for 2022 will be included with the QCR Preview Report. Concurring responses, as well as questions or feedback, must be provided within the ten-day review period. If Carriers do not respond during this ten-day period, the lack of response may be considered when calculating the Contract Oversight Score. Carriers must include documentation or materials pertinent to their response that point out factual errors, omissions or miscalculations. All FEHB Carriers responses are limited to the specifics of their data preview. OPM has thirty days in which to consider any responses related to questions or feedback and render a final determination or request additional information. If OPM does not respond within the thirty days, the corrected data as submitted by the plan is considered final. QCR Scores and the underlying data will become final after the QCR review period has concluded unless feedback has been received.

Subsection F: Data Correction Procedure

OPM's Plan Performance Assessment requires that all FEHB Carriers report accurate data (e.g., HEDIS, CAHPS) according to the procedures outlined in OPM communications. Data accuracy and sample compliance impact results.

If OPM staff/contractors detect anomalous data or are otherwise notified of data quality issues, the procedures and timeline below apply. Only written communication fulfills the requirements of these procedures. The data correction options available in any specific situation will be determined by the

type of error. OPM will leave all relevant information blank on OPM health insurance webpages intended for current and prospective enrollees until remediation is complete.

Upon discovery that potentially anomalous data has been received, OPM will prepare a Performance Measure Carrier Deficiency Notice (DN). The notice will describe the nature of the anomaly and provide any available supporting documentation. Within 14 calendar days of receiving the DN from OPM, the FEHB Carrier must elect and fulfill one of the following options (in writing, via email, or OPM designated portal as applicable):

Option 1: Provide verification that the original data is both correct and compliant

- Requires supporting documentation from the contract's HEDIS/CAHPS certified vendor/data auditor, including verifiable information from NCQA when applicable

Option 2: Accept NR or BR for the measures in question

- If an FEHB Carrier does not respond within the required timeframe, it will be considered acceptance of an NR or BR

Option 3: Propose remediation of the anomaly for OPM approval

- Requires supporting documentation from the Carrier's HEDIS/CAHPS certified vendor/data auditor, including verifiable information from NCQA, when applicable
- OPM will approve/disapprove the remediation within 14 calendar days
 - If OPM fails to respond within 14 calendar days, the proposed remediation is approved
- Remediation must be completed within 21 calendar days of OPM's written approval
- If OPM disapproves, the Carrier has 7 calendar days to revise the remediation or accept an NR or BR
- OPM approval/disapproval of the revised remediation is a final action
- OPM will review the remediation data submission, and, if approved, data will be updated. If OPM rejects the remediation data submission, then the Carrier will receive an NR or BR for the measure(s) in question.

Under Option 3, when the Carrier proposes and OPM approves remediation, the procedure is:

1. The FEHB Carrier must provide a letter to the Contracting Officer and Health Insurance Specialist from their third-party, certified vendor/data auditor:
 - Certifying that:
 - The resubmitted sample has been corrected based on the approved remediation
 - The sample is now in compliance with OPM requirements
 - The sample is in compliance with all NCQA specifications
 - Include the survey instrument, if CAHPS, and any other appropriate information the vendor/data auditor or OPM deems necessary

2. OPM will verify that the new data corrects the anomaly and can be used to calculate an updated score. If OPM determines it is not corrected or an updated score cannot be calculated:
 - Carrier receives an NR or BR for the measure(s) for that year
 - Additional data validation will be conducted at OPM's discretion
 - Based on this additional data validation, OPM may assign an NA rather than an NR or BR

Failure to follow these procedures will result in OPM assigning an NR or BR for the measure(s) in question. An NR or BR designation will result in a score of zero for that measure and the measure weight will be included in the denominator of the QCR score. This will result in a lower QCR score and potentially has implications for the calculation of the Improvement Increment. Improvement Increment eligibility is described in greater detail in [Carrier Letter 2020-15](#).

Subsection G: Corrective Action Plans

For each FEHB Contract, Carriers must submit a Corrective Action Plan (CAP) for each QCR measure below the 25th percentile. The CAP must include a plan that is designed to improve the measure result(s). All CAPs must be submitted using the Quality Improvement Corrective Action Template to your Health Insurance Specialist within 30 days of receiving the 2022 Overall Performance report. A copy of the Quality Improvement Corrective Action Template is located in Section 5, Subsection D.

Carriers must submit a six month follow up report to their Health Insurance Specialist using the CAP Follow up Report Template provided in Section 5: References & Resources, Subsection E.

FEHB Carriers may be asked for greater clarity on remediation methods. Specifically, Carriers submitting a CAP on the same measure for multiple years will be subject to additional OPM reviews and discussions to ensure that the listed actions can be expected to produce improvement.

Section 3: Contract Oversight Procedures

Contract Oversight is the area of Plan Performance Assessment that allows OPM to assess other dimensions of performance critical to meeting FEHB Program objectives and contractual obligations. As indicated in [Carrier Letter 2020-15](#), the Contract Oversight performance from July 1, 2021, through June 30, 2022, will be assessed against four domains: Contract Performance; Responsiveness to OPM; Contract Compliance; and Technology Management and Data Security.

OPM will notify FEHB Carriers regarding the timeframe for submitting input for Contract Oversight scoring. Input should include any/all pertinent information for the Contracting Officer to consider in assessing performance in the domains and components listed in the Methodology [Carrier Letter 2020-15](#).

Input may also include other matters as discussed with the Contracting Officer or designated Health Insurance Specialist during the performance period. In addition to providing evidence of contract fulfillment, Carrier may submit descriptions of problems that occurred and how these were addressed.

Examples include significant events, accreditation deficiencies, audit findings, and member disruption. Performance issues may be scored in one or multiple Oversight domains, or within multiple components of a domain, according to the Contracting Officer's assessment of severity and impact.

For 2022, Contract Oversight scoring will account for 35% of the Overall Performance Score (OPS). The OPS forms the basis of each Carrier's Performance Adjustment or Service Charge.

Section 4: New FEHB Carriers (Contracts)

A FEHB contract is considered to be in its first year if any of the following conditions are met:

1. The Carrier did not offer an FEHB plan for the 2021 contract year.
2. The Carrier adds a separate and distinct service area under a separate contract
3. The Carrier adds a new plan option under a separate contract
4. The Carrier is offering plans classified under one paragraph of Section 8903 of Title 5 in 2021, but has entered into a new contract to offer plans classified under a different paragraph of Section 8903 in 2022.

A new health plan option offered under a Carrier's existing contract or administrative renumbering or realignment of an ongoing contractual relationship is not an FEHB contract in its first year. Carriers with unique circumstances not defined in this section must obtain written confirmation regarding a reporting exception from the Contracting Officer by **December 15, 2021**. If granted the exception, it is only applicable for the 2022 scoring cycle.

New Carrier Codes and options will be displayed in the Plan Comparison Tool. New options and carrier codes may not be included in the contract level rolled up results, based on the availability of enrollment data.

OPM determines the Performance Adjustment or Service Charge based on the Carrier's Overall Performance Score. Performance Adjustment or Service Charge Payments are made in the following year. Any plan payments during the initial year in the FEHB, if applicable, will be described in Appendix B of the Carrier's new contract. For an Experience Rated Carrier, sufficient funds must exist from the premiums after drawdown for claims and administrative expenses to pay a Service Charge, which the carrier begins drawing down in 12 monthly installments from the Letter of Credit Account (LOC) beginning in January of the year following assessment.

For all Carriers, the calculation of the Experience Rated Carriers' Service Charge or the Community Rated Carriers' Performance Adjustment will follow the methodology described in [Carrier Letter 2020-15](#) for Community Rated and Experience Rated Carriers. In addition, [Carrier Letter 2020-15](#) addresses the unlikely event that a very low Overall Performance Score results in a very low Service Charge, or a very high Performance Adjustment. When this is the case, the Contracting Officer will base the threshold amount on the Contract Group Size Element minimum value range shown in [Carrier Letter 2020-15](#).

FEHB Carriers with new FEHB contracts do not receive a QCR score for the new contract in the first year. For Community Rated Carriers, the Community Rated Adjustment does not apply to the first year of a new contract. Carriers with new contracts are not eligible for the Improvement Increment under the new contract until its third year in the FEHB. Year by year details of Overall Performance Score determination for Carriers with new FEHB contracts are described in the following paragraphs. More information on the Community Rated Adjustment may be found in [Carrier Letter 2017-02](#).

Subsection A: First Year in the FEHB

In the first year (2022) in the program, the Overall Performance Score will be based on the Contract Oversight score as determined by the Contracting Officer. The period of performance runs from the acceptance of the contract by OPM through June 30. Community Rated Carriers may receive up to their full net-to-carrier premium and Experience Rated Carriers may receive up to the full Service Charge amount.

Subsection B: Second Year in the FEHB

In the second year (2023) in the program, the Overall Performance Score will be based on the QCR and Contract Oversight scores. The QCR score will not include the Improvement Increment. Community Rated Carriers also receive the Community Rated Adjustment.

Subsection C: Third Year in the FEHB

In the third year (2024) in the program, the Overall Performance Score will be based on the QCR score plus any Improvement Increment, and the Contract Oversight score. Community Rated Carriers also receive the Community Rated Adjustment.

TABLE 2: Summarizes the scoring cycle for a contract’s first 3 years in the FEHB

Contract Year	Measurement Year (MY)*	Reporting Year (RY)/PPA Scoring Cycle	Report HEDIS and CAHPS	Eligible for Improvement Increment	Overall Performance Score Basis
2022 (Year 1)	N/A	N/A	Not Required	No	Contract Oversight
2023 (Year 2)	MY 2022	RY 2023	Yes	No	Contract Oversight + QCR
2024 (Year 3)	MY 2023	RY 2024	Yes	Yes	Contract Oversight + QCR + Improvement Increment

* For additional information on measure and reporting years please visit the guidance on NCQA’s website at <https://www.ncqa.org/hedis/measures>

Section 5: References & Resources

The references below may also be included as a separate attachment for ease of use.

Subsection A: 2022 Planned HEDIS and CAHPS Reporting Spreadsheet

2022 HEDIS and CAHPS Planned Reporting

Attachment 2 titled, “2022 Planned HEDIS and CAHPS Reporting” allows OPM to collect information related to the planned HEDIS and CAHPS reporting. This important information is critical to our planning efforts for the scoring cycle. The spreadsheet includes definitions and examples. If you have trouble accessing the document or have questions, please contact OPM at FEHBPerformance@opm.gov.

Please fill out the spreadsheet information and send to FEHBPerformance@opm.gov by **December 15, 2021**.

Subsection B: 2022 CAHPS Sample Crosswalk

CAHPS Sample Crosswalk

This information is included in Attachment 4 titled, “2022 CAHPS Sample Crosswalk”. Every CAHPS® 5.1H data submission submitted on your plan’s behalf must be accompanied by a “crosswalk” that will allow OPM to map your plan’s data to the appropriate CAHPS code. This is the only way that OPM will be able to identify submissions and allocate data correctly. The crosswalk must include the following information:

- Member-level file name
- NCQA Submission ID
- NCQA Plan Name
- CAHPS code
- FEHB Plan Name

All FEHB Carriers who are not new Carriers must submit a CAHPS crosswalk file that maps your NCQA Submission ID(s) to your FEHB Plan name and CAHPS Code by **April 29, 2022**. Please email this report to OPMCAHPS@orireresults.com and FEHBPerformance@opm.gov.

Information Submission Explanation (Data Dictionary)

Category	Explanation
Member-level file name	<ul style="list-style-type: none">• Name of the NCQA Validated Member-Level Data File
NCQA Submission ID	<ul style="list-style-type: none">• The NCQA-assigned Submission ID
NCQA Plan Name	<ul style="list-style-type: none">• The Plan Name associated with the NCQA submission
CAHPS code	The CAHPS code is broken out as follows <ul style="list-style-type: none">• Two-digit Carrier Code (dash)• Three-digit Plan Filing Type (dash)• Two-digit State abbreviation (dash)• Three-digit Option Code Category
FEHB Plan Name	<ul style="list-style-type: none">• The FEHB Plan name that corresponds with the FEHB contract

Please note that the Member-level filenames must follow the NCQA naming conventions. Any variation will not be accepted.

The table below shows an example of a crosswalk for a vendor submission.

Sample Row	Member-Level File	NCQA CAHPS SubID	NCQA Plan Name	CAHPS Code	FEHB Plan Name
1	ADULTCOM6767_DeIdentifiedMemberFile.csv	6767	Acme Insurance Company	AA-FFS-VA-000	Acme Insurance Company
2	ADULTCOM4242_DeIdentifiedMemberFile.csv	4242	Acme Insurance Company	BB-FFS-MD-000	Acme Insurance Company
3	ADULTCOM4242_DeIdentifiedMemberFile.csv	4242	Acme Insurance Company	BB-FFS-MD-001	Acme Insurance Company

- Sample row 1 shows the most straightforward example where it is a one-to-one mapping between the NCQA CAHPS Sub ID and CAHPS code.
- Sample rows 2 and 3 show how the crosswalk should appear when one set of NCQA data is mapped to two CAHPS code. In this case, only one member-level file should be submitted to OPM.
- Plans are not allowed to map more than one NCQA CAHPS Submission ID to a single CAHPS code.
- All FEHB Carriers must submit a CAHPS crosswalk file that maps your NCQA CAHPS SubID(s) to your FEHB Plan name and CAHPS Code by **April 29, 2022**. Please email this report to OPMCAHPS@orireresults.com and FEHBPerformance@opm.gov.
- Please direct questions regarding the crosswalk to ORI at OPMCAHPS@orireresults.com.

Subsection C: 2022 Clinical Quality, Customer Service and Resource Use Measure Set and Farm Team Measure Set

Performance Area	Measure Title	Abbrv	Measure Source	Measure Priority	Measure Weight
Clinical Quality	Controlling High Blood Pressure	CBP	HEDIS	1	2.50
	Comprehensive Diabetes Care (HbA1c Control <8.0%)	CDC	HEDIS	1	2.50
	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	PPC	HEDIS	1	2.50
	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64)	AAB (18-64)	HEDIS	2	1.25
	Asthma Medication Ratio	AMR	HEDIS	2	1.25
	Breast Cancer Screening	BCS	HEDIS	2	1.25
	Cervical Cancer Screening	CCS	HEDIS	2	1.25
	Colorectal Cancer Screening	COL	HEDIS	2	1.25
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dep. (30 Day)	FUA30	HEDIS	2	1.25
	Follow-Up After Emergency Department Visit for Mental Illness (30 Day)	FUM30	HEDIS	2	1.25
	Flu Vaccinations for Adults (18-64)	FVA	CAHPS	2	1.25
	Statin Therapy for Patients with Cardiovascular Disease Statin Adherence 80%	SPC	HEDIS	2	1.25
	Well Child Visits First 30 Months of Life – Well-Child Visits in the First 15 months: 6 or More Well-Child Visits	W30 (15)	HEDIS	2	1.25
Customer Service	Coordination of Care	CoC	CAHPS	3	1.00
	Claims Processing	CP	CAHPS	3	1.00
	Getting Care Quickly	GCQ	CAHPS	3	1.00
	Getting Needed Care	GNC	CAHPS	3	1.00
	Overall Health Plan Rating	RHP	CAHPS	3	1.00
	Overall Personal Doctor Rating	RPD	CAHPS	3	1.00
Resource Use	Use of Imaging Studies for Low Back Pain	LBP	HEDIS	1	2.50
	Plan All Cause Readmissions: Observed/Expected (O/E) Ratio	PCR	HEDIS	2	1.25

Farm Team (Measures Reported but not Scored)

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Total, AAB(T), (Collection as of 2021)
- Acute Hospital Utilization, AHU, (Collection as of 2018)
- Antidepressant Medication Management, AMM, (All Rates) (Collection as of 2020)
- Breast Cancer Screening-Electronic, BSC-E, (Collection as of 2021)
- Childhood Immunization Status, CIS, (Combination 10) (Collection as of 2020)
- Colorectal Cancer Screening-Electronic, COL-E, (Collection as of 2021)
- Risk of Continued Opioid Use, COU, (Collection as of 2020)
- Customer Service, CS, (Scored since 2016; returned to the Farm Team in 2020)
- Emergency Department Utilization, EDU, (Scored since 2019; returned to the Farm Team in 2021)
- Appropriate Treatment for Upper Respiratory Infections, URI, (Collection as of 2022)
- Use of Opioids from Multiple Providers, UOP, (Collection as of 2018)
- Well-Child Visits First 30-Months of Life: Age 15 Months–30 Months, W30(30), (Collection as of 2021)

Subsection D: 2022 Quality Improvement Corrective Action Plan Template

This information is included in Attachment 5 titled, “2022 Corrective Action Plan Template”. For each FEHB Contract, Carriers must submit a Corrective Action Plan (CAP) for each QCR measure below the 25th percentile. Measures set to retire or transition to the Farm Team in 2022 do not require a CAP. The table below reflects the list of eligible CAPs measures in 2022. For more information on [2022 QCR Measure Set](#), please see [Carrier Letter 2020-10](#).

All CAPs must be submitted to your Health Insurance Specialist within 30 days of receiving the 2022 Overall Performance report, using the Quality Improvement Corrective Action Plan Template below. Within the CAP, please specify the Quality Improvement implementation plan to improve the provision or care/services associated with the identified measure. Please note that FEHB Carriers submitting a third or subsequent CAP on the same measure will be subject to additional OPM reviews and discussions to ensure that the listed actions can be expected to produce improvement. In the table below, please indicate the measure(s) that require a CAP.

In the table below, select all the measures that apply. If there is more than one year of a CAP Submission, also check the “Multiple Year CAP” column. The measures display an “NA” where it didn’t require a CAP.

Plan Performance Assessment: 2022 CAP Eligible QCR Measures	Abbrev.	Multiple Year CAP	CAP 2022 Submission	CAP 2021 Submission	CAP 2020 Submission	CAP 2019 Submission
Controlling High Blood Pressure	CBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Diabetes Care (HbA1c <8.0%)	CDC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal and Postpartum Care (Timeliness of Prenatal Care)	PPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (18-64)	AAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma Medication Ratio	AMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Cancer Screening	BCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Plan Performance Assessment: 2022 CAP Eligible QCR Measures	Abbrev.	Multiple Year CAP	CAP 2022 Submission	CAP 2021 Submission	CAP 2020 Submission	CAP 2019 Submission
Cervical Cancer Screening	CCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Colorectal Cancer Screening	COL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dep. (30 Day)	FUA30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Follow-Up After Emergency Department Visit for Mental Illness (30 Day)	FUM30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
Flu Vaccinations for Adults (18-64)	FVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Statin Therapy for Patients with Cardiovascular Disease (Adherence)	SPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-Child Visits in the First 30 Months of Life (First 15 Months)	W30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of Care	CoC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Claims Processing	CP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Getting Care Quickly	GQC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Getting Needed Care	GNC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Overall Health Plan Rating	RHP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Overall Personal Doctor Rating	RPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Use of Imaging Studies for Low Back Pain	LBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan All Cause Readmissions	PCR	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

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

1. Measure: _____

2. Contract Number: _____

3. Carrier Name: _____

4. Carrier Codes: _____

5. Plan Analysis

- Analysis: Strengths and weaknesses of current quality practices related to this measure.
- Barriers: Identify potential barriers to improvement in results. If a CAP for this measure has been submitted previously, include an evaluation of why you have not achieved expected results to date.
- Impact: Estimate the number of members that need to be impacted by the proposed strategies in order to increase the score to at least the 25th percentile.

6. Action Steps

- Action Outline: List in-depth steps in your Corrective Action Plan to raise the score 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.
- Metrics: Describe the progress metrics you will use to track improvement. How does this support improvement in the QCR measure?
- Classification: OPM strongly encourages Carriers with performance below the 10th percentile benchmark to develop *novel*¹⁰ actions, rather than *reinforcement*¹¹ 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.

¹⁰ Introduction of a new practice that the Carrier has not previously explored.

¹¹ Modification of an existing practice current used by the Carrier.

Corrective Action Plan Template Submission

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

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 Health Insurance Specialist will schedule a meeting to discuss the resolution of issues.

OPM Health Insurance Specialist:

Printed Name

Signature

Date

OPM FEHB Chief:

Printed Name

Signature

Date

Subsection E: Quality Improvement Corrective Action Plan Follow-up Report

This information is included in Attachment 6 titled, “2022 Corrective Action Plan Follow-up Report”. Please complete the below follow-up report for each CAP you submitted following the 2022 QCR Scoring process. Return the completed report to your Health Insurance Specialist by June 30, 2023.

Contract Number: _____

Plan Name: _____

Carrier Codes: _____

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

1. Measure: _____

2. Action Steps

- What steps have been taken by your health plan in support of the Action Outline submitted to your FEHB Health Insurance Specialist?
- Are actions on track to meet the dates provided in the timeline? If not, what remedies are you taking?
- What progress metrics are you using to track projected improvement results? Are these metrics on track with expected progress to date?

FEHB Carrier Quality Improvement POC:

Printed Name

Signature

Date

Subsection F: Timeline

Below is the full HEDIS and CAHPS Timelines also generally referenced in Section 1 of this document. In addition, the timeline includes Plan Performance Assessment related reports that OPM provides to the Carriers.

Label/Color codes:

HEDIS (Blue): To report HEDIS metric results, FEHB Carriers must complete NCQA's annual Healthcare Organization Questionnaire (HOQ) online application. Major timeline dates are listed below, with a blue **HEDIS** at the beginning of the bullet to indicate that this is a HEDIS action item. For specific dates and additional information, please visit the NCQA HEDIS timeline: www.ncqa.org/hedis/data-submission.

CAHPS (Orange): Action items related to CAHPS are highlighted with an orange **CAHPS** at the beginning of each bullet. For these dates, Carriers are expected to submit information either to OPM or ORI.

OPM to Carriers (Green): As part of the Plan Performance Assessment process, OPM provides reports to Carriers that include the QCR Preview Report, Procedure Manual, OPS Report, and a Detailed QCR Performance Summary Report.

- December 2021:
 - **HEDIS & CAHPS:** All FEHB Carriers must complete and submit the 2022 Planned HEDIS and CAHPS Reporting Form by December 15, 2021 to FEHBPerformance@opm.gov (see Section 5 Subsection A and Attachment 2). Through this report, OPM and the Carriers can resolve reporting discrepancies prior to submitting data to NCQA's Online Healthcare Organization Questionnaire.
 - **HEDIS & CAHPS:** A new health plan option offered under a Carrier's existing contract or administrative renumbering or realignment of an ongoing contractual relationship is expected to provide HEDIS and CAHPS data. Carriers with unique circumstances not defined in Section 4 must obtain written confirmation regarding a reporting exception from the FEHB Group Chief by December 15, 2021.
 - **HEDIS:** NCQA releases the MY 2021 Healthcare Organization Questionnaire (HOQ) for health plans to request and update submissions in mid-December.
 - **HEDIS:** NCQA sends the HEDIS Data Submission Kick-off to Primary and Secondary contacts.
 - **HEDIS:** NCQA posts the XML Templates, Validations and Data Dictionaries for IDSS to the data submission webpage.

- February 2022:
 - **HEDIS** and **CAHPS**: Health plans finalize HOQ requests to obtain submission IDs for HEDIS and CAHPS.
- March 2022:
 - **HEDIS**: NCQA releases the MY 2021 IDSS for data loading and validation.
 - **HEDIS**: NCQA distributes Submission IDs for survey measures to NCQA certified survey vendors.
- April 2022:
 - **CAHPS**: All FEHB Carriers must submit a CAHPS crosswalk file (see Section 5; Subsection B) that maps your NCQA CAHPS Submission ID(s) to your FEHB Plan name and CAHPS code by **April 29, 2022**. This crosswalk must accompany each submission of CAHPS survey results to OPM through their contractor ORI. Please direct questions regarding the crosswalk to ORI at OPMCAHPS@orireresults.com. The crosswalk includes each:
 - NCQA Member-level File Name
 - NCQA Submission ID
 - NCQA Plan Name
 - CAHPS Code
 - FEHB Plan Name
- May 2022:
 - **HEDIS**: NCQA sends the *Conditions for Public Reporting* letter to Primary and Secondary HEDIS contacts. This letter includes the rules used for displaying data in NCQA's public reporting program (i.e., Health Plan Ratings).
 - **HEDIS**: Carriers verify their ratings in NCQA's "Health Plan Ratings." Carriers verify the information that will determine how their organization is displayed in the ratings (e.g., states and accreditation statuses).
 - **CAHPS**: NCQA certified survey vendors begin submission of CAHPS 5.1H member-level data files to NCQA on behalf of FEHB Carriers.
- June 2022:
 - **HEDIS**: IDSS Plan-lock must be applied for audited submission to ensure Auditors have sufficient time to review plan results.
 - **HEDIS**: Health plans submit FINAL HEDIS (non-survey data) results via the IDSS.
 - **HEDIS**: All HEDIS Attestations must be submitted to NCQA via electronic signature.
 - **HEDIS**: Health Plan Ratings Data Freeze. The ratings are based on HEDIS and CAHPS data and accreditation standards scores as of this date.
 - **CAHPS**: NCQA-generated member-level data file and NCQA-generated summary reports (available to health plans in IDSS) are due to OPM's contractor, ORI, by **June 15, 2022**.

The submission is due to ORI after the files have been processed by NCQA and you have provided NCQA with a signed Attestation of Accuracy. You or your survey vendor may submit the files via e-mail or other electronic or digital format to ORI at the following address: OPMCAHPS@oriresults.com. To comply with HIPAA privacy rules, survey vendors must use appropriate encryption technology.

- July 2022:
 - **HEDIS**: NCQA Releases the 2022 Quality Compass® commercial edition.
- August 2022:
 - **HEDIS** and **CAHPS**: NCQA releases “Projected Health Plan Ratings”. Carriers are required to confirm their rating and accreditation information (if applicable).
- Fall 2022:
 - **OPM to Carriers**: FEHB Carriers review the QCR Preview Report.
 - **OPM to Carriers**: OPM releases updated FEHB Plan Performance Assessment Procedure Manual.
 - **OPM to Carriers**: OPM communicates the Overall Performance Scores (OPS Reports) to FEHB Carriers.
 - **CAPS Reports**: Corrective Action Plans are due 30 days after the Carrier Receives the OPS report finalized QCR Score
- Winter 2022:
 - **OPM to Carriers**: OPM provides Carriers with the Detailed QCR Performance Summary Report, which includes graphs showing where the FEHB Carrier’s scores are located in relation to other FEHB Carriers for each QCR measure and the QCR score.