
Letter Number 2023-19

Date: September 19, 2023

Fee-for-service [16]

Experience-rated HMO [16]

Community-rated HMO [18]

Subject: Accreditation Requirements for Federal Employees Health Benefits (FEHB) Carriers

This Carrier Letter supersedes Carrier Letters 2014-10 and 2018-13 and revises Federal Employees Health Benefits (FEHB) Program accreditation requirements by recognizing the National Committee on Quality Assurance's (NCQA) Health Equity Accreditation (HEA). Section 1.9 of the FEHB Standard Contract requires the Carrier to continue to pursue and maintain accreditation according to the steps and timeframes outlined by OPM.

FEHB Carriers continue to be required to present evidence of a comprehensive health plan accreditation issued by the Accreditation Association for Ambulatory Health Care (AAAHC), the National Committee for Quality Assurance (NCQA), or URAC. Changes in documentation of accreditation status must be submitted by Carriers to OPM within 30 days of receipt by the Carrier. Required documentation includes:

- the Accreditation Certificate and
- the summary of accreditation review findings.

OPM will also continue to require FEHB Carriers to submit the following materials:

- An attestation from an individual authorized to bind the Carrier with respect to its contract with OPM, certifying that FEHB lives were included within the accredited product.

- Carriers receiving a provisional status or operating under an accreditor’s corrective action plan must also provide details of the deficiency and a timeline for achieving full accreditation status to OPM.

If an FEHB Carrier achieves the Health Equity Accreditation, it may include the HEA accreditation certification as a part of its documentation. The HEA is an enhancement and not a substitute of a comprehensive health plan accreditation. HEA is also added to the list of modular accreditation programs applicable to FEHB Carriers that do not qualify for a full health plan accreditation as outlined below.

OPM recognizes that in rare circumstances an FEHB Carrier’s corporate structure or benefit design might preclude accreditation as a comprehensive health plan. When this is the case, OPM’s requirement can be met through a combination of modular accreditations, which now include the addition of the HEA as a module.

OPM will consider submission of **all** the following to be equivalent to a comprehensive health plan accreditation:

- Accreditation of plan management, including oversight of delegated responsibilities, subcontractor functions, and customer service.
- Accreditation of provider network(s), including review of the credentialing process.¹
- Accreditation of at least two of the modules or accreditation programs below:²
 - Behavioral Health
 - Case Management
 - Health Equity Accreditation
 - Pharmacy Benefit Management
 - Utilization Management

^{1, 2} Accreditation may be held by the health plan or the vendor delivering the delegated service.

In addition to the accreditors recognized earlier in this letter, OPM notes that accreditation for the above specified modules may be available from other specialized certification bodies. An example would be The Joint Commission (TJC) Behavioral Health Care Accreditation. Any Carrier seeking to satisfy OPM's requirement through such an alternate accreditation may submit appropriate documentation for consideration.

We appreciate FEHB Carriers efforts to achieve and maintain accreditation milestones. Please send questions regarding FEHB accreditation requirements to the FEHBPerformance@opm.gov mailbox with a copy to your Health Insurance Specialist.

Sincerely,

Laurie E. Bodenheimer
Associate Director
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