
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management

Office of Insurance Programs

Letter No. 2000-09

Date: February 28, 2000

Fee-for-service [8] Experience-rated HMO [9] Community-rated [9]

SUBJECT: FEHB Routine Reporting Requirements

The enclosed summary of routine reports required of Federal Employees Health Benefits (FEHB) carriers replaces the summary in FEHB Program Carrier Letter 1999-008, of February 9, 1999. This summary reflects several changes. We:

- Revised Table 1 (Letter No. 1999-013) to include disenrollment data.
- Added the HEDIS pilot (Letter No. 2000-03).

By way of this letter, we are making several changes to the enclosure. Effective immediately, we are:

- Deleting "FEHB Brochure Quantity Form" from the enclosure because it is an information form and not a report form.
- Discontinuing the following report that is due to the Office of the Actuaries each January 31: "Set of Enrollment and Demographic Data via mag tape or 3480 compatible cartridge."
- Changing the recipient of the quality assurance performance standards report; send your report to your contract representative.
- Discontinuing the FACCT pilot.

We are developing reporting requirements for the DoD/FEHB Demonstration Project. We will write to demonstration project participants separately.

Thank you for your attention to submitting timely and accurate reports on your FEHB business. Reporting is an important factor in determining an experience-rated carrier's service charge and evaluating a community-rated carrier's compliance with the new performance incentive program.

For more information about this letter, contact Agnes Kalland at 202/606-0745. If you have questions about a report included in the summary or need a copy of a carrier letter (CL) referenced in the “Guidance” column, contact your OPM contract representative or the person shown as the contact for the given report.

Sincerely,

(signed)

Frank D. Titus
Assistant Director
for Insurance Programs

Enclosure

ROUTINE REPORTS REQUIRED OF FEHB CARRIERS

REPORT	Frequency:	Required of:	Date Due:	Reference:	Guidance:	For information about this report, contact:
Annual Accounting Statement						
<ul style="list-style-type: none"> ▪ <u>Estimated</u> Summary Statement of FEHBP Operations (see below) 	Annual	Exp-rated	Nov 4	Contract ' 1.7 Contract ' 3.2	CL 98-42	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
AAS —Annual Accounting Statement (Fiscal Year Accounting Statement:)	Annual	Exp-rated	Dec 15	Contract ' 1.7 Contract ' 3.2 Contract ' 3.10	CL 98-42	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
<ul style="list-style-type: none"> ▪ Summary Statement of FEHB Operations 						
<ul style="list-style-type: none"> ▪ FEHBP Balance Sheet as of 9/30 						
<ul style="list-style-type: none"> ▪ Consolidated Statement of FEHBP Cash Flows 						
<ul style="list-style-type: none"> ▪ Schedule 1 -- Health Benefits Charges Paid 						
Financial Reporting Package:	Annual	Exp-rated	Mar 31	Contract ' 1.7, ' 3.2, and ' 3.10	CL 98-42	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
<ul style="list-style-type: none"> ▪ Schedule 1BHealth Benefit Charges Paid 						
<ul style="list-style-type: none"> ▪ Schedule 2-Health Benefit Charges Accrued but Unpaid 						
<ul style="list-style-type: none"> ▪ Schedule 3-Administrative Expenses 						
<ul style="list-style-type: none"> ▪ Schedule 3-Addendum-Carrier Cost Containment Expenses 						

ROUTINE REPORTS REQUIRED OF FEHB CARRIERS

REPORT	Frequency:	Required of:	Date Due:	Reference:	Guidance:	For information about this report, contact:
<ul style="list-style-type: none"> ▪ Schedule 3A-Supplemental Schedule - Other Expenses 						
<ul style="list-style-type: none"> ▪ Schedule 3B-Vendor Cost Containment Expenses 						
<ul style="list-style-type: none"> ▪ Schedule 3C-Reconciliation of Administrative Expenses 						
<ul style="list-style-type: none"> ▪ Schedule 4-Prior Period Adjustments 						
<ul style="list-style-type: none"> ▪ Schedule 5-Status of Reserves 						
<ul style="list-style-type: none"> ▪ Additional Required Financial and Statistical Information (background) 						
<ul style="list-style-type: none"> ▪ Certified Financial Statements for the Most Current Fiscal Year 						
<p>Audit report on audit of the fiscal year accounting statement</p>	Annual w/AAC	Exp-rated plans that elected to provide an audit	With AAC	Contract ' 1.7, ' 3.2, and ' 3.10	CL 98-42	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
<p>Report on compliance with laws, regulations and internal controls</p>	Annual w/AAC	Exp-rated plans subject to Aprimary coverage@	With AAC	Contract ' 1.7, ' 3.2, and ' 3.10	CL 98-42 and CL 98-30	Financial Mgmt Div/Arsers (SCArsers@opm.gov)

ROUTINE REPORTS REQUIRED OF FEHB CARRIERS

REPORT	Frequency:	Required of:	Date Due:	Reference:	Guidance:	For information about this report, contact:
Other Financial Reports						
CPA report (2 copies) -- most recent	Annual	All	90 days after carrier's FY	Contract ' 1.7, ' 3.2, and ' 3.10	CL 98-005 CL 98-042	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
Annual Paid Claims Report	Annual	FFS	Mar 31	Contract ' 1.7	Office of Actuary Instructions	Ofc of Actuary/Simon (SVSimon@opm.gov)
Incurred Claims Report	Annual	BCBS, MHBP, GEHA, NALC, APWU	Dec 31	Contract ' 1.7	Office of Actuary Instructions	Ofc of Actuary/Simon (SVSimon@opm.gov)
Monthly Incurred Claims	Monthly	FFS	15 days after end of month	Contract ' 1.7	Office of Actuary Instructions	Ofc of Actuary/Simon (SVSimon@opm.gov)
Premium Payment						
TFS Form 3881 B Payment Information Form	At approval	All	As directed	Contract ' 3.1	FMD instructions	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
Change of Financial Institution	When applicable	All	As directed	Contract ' 3.1	FMD instructions	Financial Mgmt Div/Arsers (SCArsers@opm.gov)
Enrollment Reporting						
Table 1-Summary of FEHBP Enrollment	Annual	All	Apr 15	Contract ' 1.7	CL 98-42 CL 98-005-A CL 98-012 CL 99-013	OIP/IPED/Hodges (MJHodges@opm.gov)

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REPORT	Frequency:	Required of:	Date Due:	Reference:	Guidance:	For information about this report, contact:
Rate Related						
Rate Proposal (includes several tables and reports)	Annual	All; by Rate type	May 31	Contract ' 3.2	CL 98-16	Ofc of Actuary/Kichak (NHKichak@opm.gov)
Set of Enrollment and Demographic Data via mag tape or 3480 compatible cartridge	N/A	N/A	N/A	N/A	DISCONTINUED CL 2000-XXX	Ofc of Actuary/McKnight (LMcKnigh@opm.gov)
Rate Reconciliation Request (includes several tables and reports)	Annual	C-rated	April 30	Contract ' 3.2	CL 98-10	Ofc of Actuary/McKnight (LmcKnigh@opm.gov)
Utilization Data per 1,000 Members	Annual	C-rated	May 31	Contract ' 1.7	Call Letter	Ofc of Actuary/Kichak (NHKichak@opm.gov)
Benefit Proposals and Brochure Production						
Plan Contracting Officials Form	Annual/not less than annual	All	May 31/as needed	Contract ' 1.7	Call letter	OIP/ICD/contract rep
FEHB Plan Address Form	As updates are needed	All	As needed	Contract ' 1.7	Contract rep	OIP/ICD/contract rep

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REPORT	Frequency:	Required of:	Date Due:	Reference:	Guidance:	For information about this report, contact:
Satisfaction/Quality Assessment						
Customer Satisfaction Survey Results (CAHPS)	Annual	All except plans with <500 FEHB enrollees)	Jun 15	Contract ' 1.9	CL 98-45 CL 98-45A	OIP/IPED/Pierce (<i>RPierce@opm.gov</i>)
HEDIS (pilot)	Annual	HMOs with > 500 FEHB and select PPOs	August 11	Contract ' 1.9	CL 99-016 CL 00-03	OIP/IPID/Pfleeger (<i>jpfleeger@opm.gov</i>)
Quality assurance performance standards	Annual	All	Jan 31	Contract ' 1.9	---	OIP/ICD/Contract Rep
Other Reports						
FEHB Carrier Debarment ActionsB (reported to <u>OIG</u> on providers excluded after 1/29/92)	Semi-annual	All	Apr 15 Oct 15	Contract ' 2.7	OIG Instructions	Ofc of Inspector Gen/Smith (<i>JLSmith@opm.gov</i>)
FEHB Carrier Debarment ActionsB (reported to <u>OIP</u> on providers excluded before 1/29/92)	Annual	FFS (not HMO)	Mar 31	Annual appropriations	CL 93-01 CL 93-20	OIP/IPED/Kalland (<i>AMKallan@opm.gov</i>)
Fraud and abuse cases report	Semi-annual	All	Jan 31 Jul 31	Contract ' 1.9	CL 91-10 CL 93-32 CL 94-02	OIP/IPED/Saunders (<i>MFSaunde@opm.gov</i>)

ROUTINE REPORTS REQUIRED OF FEHB CARRIERS

REPORT	Frequency:	Required of:	Date Due:	Reference:	Guidance:	For information about this report, contact:
Pilot Project						
Small Business Subcontracting Plan	Annual	6 pilot project carriers	Jun 15	Contract Appendix F	OPM Instructions 4/9/96	OIP/IPID/Mercer (MAMercer@opm.gov)
Subcontracting Report for Individual Contracts (SF 294)	Semi-annual	6 pilot project carriers	Apr 30 Oct 30	Same	OPM Instructions 4/9/96	OIP/IPID/Mercer (MAMercer@opm.gov)
Summary Subcontract Report (SF 295)	Annual	6 pilot project carriers	Oct 30	Same	OPM Instructions 4/9/96	OIP/IPID/Mercer (MAMercer@opm.gov)
Agreements and Certifications						
Agreement re Release of Medicare Data	First year; then when applicable	All	As directed	OPM-HHS Agreement	Annual Letter	OIP/IPED/Kalland (AMKallan@opm.gov)
Certification re Disclosure of Lobbying Activities	At approval	All	Before approval	Contract ' 5.45	Contract rep	OIP/ICD/contract rep
OMB SF LLL, Disclosure of Lobbying Activities (relates to certification)	When applicable	All	As needed	Contract ' 5.45	Contract rep	OIP/ICD/contract rep
Certification re Drug-Free Workplace	At approval	All	Before approval	Contract ' 5.25	Contract rep	OIP/ICD/contract rep

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