
FEHB Program Carrier Letter

All Carriers

U.S. Office of Personnel Management
Office of Insurance Programs

Letter No. 2002-01

Date: January 11, 2002

Fee-for-service [1] Experience-rated HMO [1] Community-rated HMO [1]

SUBJECT: FEHB Quality Assurance Requirements

This letter reviews our procedures for collecting next year's FEHB Quality Assurance reports and data as required under Section 1.9 of our contract. We have taken steps to ease the reporting process.

1) HEDIS[®] Data Collection

This section applies only to HMOs with 500 or more FEHB enrollees. Once again, we have contracted with the National Committee for Quality Assurance (NCQA) to have them collect HEDIS[®] data for us. You must follow NCQA procedures for HEDIS[®] 2002 reporting, including the HEDIS Compliance Audit[™]. For information on NCQA HEDIS[®] reporting procedures, refer to the NCQA web site, www.ncqa.org, or call NCQA Customer Support at 1-888-275-7585.

Below is the list of HEDIS[®] 2002 measures we will collect:

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Cervical Cancer Screening
- Advising Smokers to Quit
- Beta Blocker Treatment After a Heart Attack
- Comprehensive Diabetes Care (eye exams rate only)
- Follow Up after Hospitalization for Mental Illness (30 day rate only)
- Cholesterol Management after Acute Cardiovascular Events (screening rate only)
- Antidepressant Medication Management (all 3 rates)
- Prenatal and Postpartum Care

The timeline for HEDIS submissions is as follows:

- February 2002: NCQA posts Healthcare Organization Questionnaire on their web site
- March 2002: Deadline for plans to complete on-line Healthcare Organization Questionnaire.
- April 2002: NCQA posts HEDIS[®] 2002 DST on NCQA web site for downloading.

- June 17, 2002: Deadline for plans to submit DST to NCQA web site. Deadline for plans to submit attestations to NCQA.

If you have any questions concerning HEDIS[®] reporting that cannot be answered by NCQA, you may contact Janet Pfleeger at jpfleege@opm.gov (202-606-0004).

2) Reducing Medical Errors

Last year you reported to us on your current patient safety initiatives and your plans for strengthening your patient safety programs in the future. Please provide us with an update of this information by March 15, 2002. We would like you to specifically address whether you are using the Leapfrog Group's Hospital Survey, what member education programs you are using to address patient safety, and whether you have any output measures that demonstrate improved patient safety. This information should be submitted to Dean Schleicher at ndschlei@opm.gov (202-606-0745).

3) Consumer Assessment Of Health Plans (CAHPS)

Please refer to Carrier Letter 2001-41, dated December 3, 2001, for information on our 2002 CAHPS requirements. Questions regarding CAHPS should be directed to Ralph Pierce at rpierce@opm.gov (202-606-0745).

4) Fraud and Abuse Reports

Thank you for your efforts to help the Office of Insurance Programs (OIP) work toward eliminating fraud and abuse in the FEHB Program. As part of our Fraud and Abuse Program, each carrier provides us with semi-annual reports on the number, type, and disposition of fraud cases pursued during the preceding six months and a count of new fraud cases. To streamline the paperwork portion of this process and ensure accuracy and timeliness, we developed an electronic Fraud and Abuse Report for your semi-annual reporting. Attached, you will find the Fraud and Abuse Report Excel spreadsheet that is to be used for the electronic semi-annual reports. These reports are due January 31st and July 31st of this year.

We also are reexamining our fraud and abuse reporting requirements. Please update us on your current Fraud and Abuse Programs. Please tell us how your Fraud and Abuse Program is structured, including prevention, detection, and any special fraud and abuse program activities you use for other lines of business. Also, please include information on fraud and abuse activities you use to monitor your subcontractors, such as Mental Health vendors, Preferred Provider Organization networks, and Pharmacy Benefit Management Programs. We would like to receive this information by February 15, 2002.

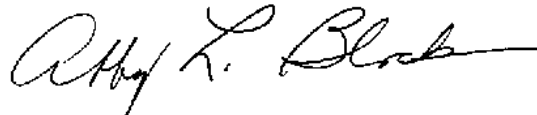
Please submit all information regarding Fraud and Abuse Reports and Programs to Tanya Morrow at tmmorrow@opm.gov (202-606-0745).

5) Quality Assurance (QA) Report

We also have developed an electronic QA Report. Attached, you will find two QA Report Excel spreadsheets, one for HMOs and one for FFS plans, to be used for your QA Report that is due January 31, 2002. Please submit your QA Report to Tanya Morrow at tmorrow@opm.gov (202-606-0745).

On another note, we want to bring to your attention OPM's Office of Inspector General's (OIG) proposed rules on provider debarments and suspensions from the FEHB Program. This notice was published in the Federal Register on December 12, 2001. Public comments are due to the OIG by February 11, 2001.

Sincerely,

A handwritten signature in black ink that reads "Abby L. Block". The signature is fluid and cursive, with a long horizontal stroke at the end.

Abby L. Block
Assistant Director
for Insurance Programs

Attachments

- A - Fraud and Abuse Report spreadsheet
- B - FFS - FEHB 2001 QA Report spreadsheet
- C - HMO - FEHB 2001 QA Report spreadsheet