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# FEHB Program Carrier Letter

## All Carriers

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

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Letter No. 2003-02

Date: January 21, 2003

Fee-for-service [ 2 ]    Experience-rated HMO [ 2 ]    Community-rated [ 2 ]

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**SUBJECT: HEDIS<sup>®</sup> Data and QA and Fraud and Abuse Reporting**

**1) HEDIS<sup>®</sup> Data Collection (for HMOs only)**

This letter explains our procedures for collecting Health Plan and Employer Data Information Set (HEDIS<sup>®</sup>) measures in 2003. Once again, the National Committee for Quality Assurance (NCQA) will collect the HEDIS<sup>®</sup> data for us. In order for plans to report HEDIS<sup>®</sup>, you must complete NCQA's annual Healthcare Organization Questionnaire on-line through its Web site using a password. If you have not received your password from NCQA, contact Steven Potter at [potter@ncqa.org](mailto:potter@ncqa.org). You must follow NCQA procedures for HEDIS<sup>®</sup> 2003 reporting, including the HEDIS<sup>®</sup> Compliance Audit. For information on NCQA HEDIS<sup>®</sup> reporting procedures, refer to the NCQA website, [www.ncqa.org](http://www.ncqa.org), or call NCQA Customer Support at 1-888-275-7585.

You must submit HEDIS<sup>®</sup> data if you are an HMO with 500 or more FEHB enrollees. If you already intend to report HEDIS<sup>®</sup> data to NCQA for non-OPM purposes, such as for other lines of business, you do not need to take any additional action. (You do **not** need to report separately to NCQA on FEHB enrollees.) We will receive the data directly from NCQA and will adhere to any agreements you have with NCQA regarding public reporting of data.

Below is the list of HEDIS<sup>®</sup> 2003 measures we will require for our data collection efforts. These measures are used by accrediting organizations for managed care and network accreditation purposes.

*HEDIS<sup>®</sup>* measures we will collect in 2003:

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal and Postpartum Care
- 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)

The timeline for HEDIS<sup>®</sup> submissions is as follows:

- February 4, 2003: NCQA posts Healthcare Organization Questionnaire on their web site
- February 28, 2003: Deadline for plans to complete on-line Healthcare Organization Questionnaire.
- April 25, 2003: NCQA posts HEDIS<sup>®</sup> 2003 DST on NCQA web site for downloading.
- June, 2003: Deadline for plans to submit DST to NCQA web site. Deadline for plans to submit attestations to NCQA.

## **2) Current Fraud & Abuse and QA reports**

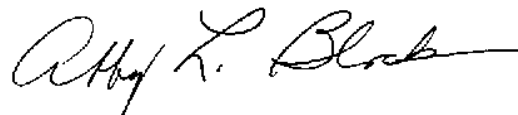
We want to remind you of the upcoming reports (Quality Assurance and Fraud and Abuse) due on January 31, 2003. We will be using the same electronic reporting process as last year. If you need to include detailed explanations in the reports, please insert them as comments in the spreadsheets. Enclosed you will find copies of the reports for your use. Please note that there are two different QA Reports, one for FFS plans and the other for HMOs.

## **3) Future reporting on Quality Assurance (QA) Measures**

As mentioned in the April, 2002 Call Letter, we have been working with NCQA as it establishes new industry-wide access and service standards, with the intention of implementing these measures within the FEHB. To date, NCQA has developed three measures that are now available for public comment: Claims Timeliness, Call Answer Timeliness and Call Abandonment. Please check NCQA's web site ([www.ncqa.org](http://www.ncqa.org)) in February if you would like to review and comment on the measures. Once NCQA makes a final decision on these three measures, we expect to incorporate both the standards and the procedures for collecting the data into our 2004 FEHB contracts under Section 1.9 QA Reporting. A more detailed carrier letter will be sent in the future to explain the new measures and procedures. In the meantime, please continue to use the current format referenced in item 2 of this letter until further notice.

If you have any questions or would like more information, contact Tanya Morrow at 202-606-0745 ([tmmorrow@opm.gov](mailto:tmmorrow@opm.gov)).

Sincerely,



Abby L. Block  
Assistant Director  
for Insurance Programs

Attachments

Fraud & Abuse Report  
FFS Quality Assurance Report  
HMO Quality Assurance Report