

## 2016 Automated Data Collection – Part I U.S. Office of Personnel Management

*Please note:* You will receive an email with unique link(s) from TG\_ADC@opm.gov (TG\_ADC) that will guide you to the online ADC tool. Each contract number will have an individualized link. This year, the ADC will be administered in two parts, Part I and Part II. Questions from Part I are included for your reference below. You will receive Part II in late August after benefit negotiations have concluded.

We ask that you complete the ADC Part I online by April 17, 2015. If you have technical questions while completing the ADC, you will be able to submit questions to TG\_ADC@opm.gov. If you have content related questions, please contact your contract specialist.

**The automated data collection (ADC) tool you are about to complete will allow you to enter and submit your answers electronically. When a year is indicated (such as 2014) we expect plans to report on the calendar year. Your answers to the ADC questions should only address your Federal Employees Health Benefits (FEHB) Program population and NOT your entire book of business. We ask that you complete the ADC Part I online by April 17, 2015.**

**If you have technical questions while completing the ADC, you will be able to submit questions to TG\_ADC@opm.gov. If you have content related questions, please contact your contract specialist.**

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### Prescription Drug Cost Trends

#### Overall Trend Rate

1. Please provide your overall prescription drug cost trend rate for 2014 (include all categories of drugs and all distribution channels). Trend rate equals (total prescription drug benefit expenditures in 2014) divided by (total expenditures in 2013), minus 1.

#### Overall Trend Rate Per-Member Per-Year (PMPY)

2. Please provide your overall PMPY prescription drug cost trend rate for 2014 (include all categories of drugs and all distribution channels). Trend rate equals (total drug benefit expenditures in 2014, divided by total member count on December 31, 2014) divided by (total expenditures in 2013, divided by total member count on December 31, 2013), minus 1.

#### Specialty Trend Rate – Non-Oncology

**Your answers to the ADC questions should only address your FEHB Program population and NOT your entire book of business.**

3. Please provide your specialty drug cost trend rate for 2014, excluding oncology drugs. (OPM has provided a list of specialty drugs, excluding oncology drugs in Attachment I.)

### Specialty Trend Rate – Oncology

4. Please provide your 2014 drug cost trend rate for specialty oncology drugs. (OPM has provided a list of specialty oncology drugs in Attachment I.)

### Generic Dispensing Rate

5. Please provide your generic dispensing rate for 2014. Generic dispensing rate equals (total number of generic prescriptions reimbursed) divided by (total number of prescriptions reimbursed, both generic and brand.)
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### Managed Formulary

6. Does your formulary exclude from coverage certain brand-specific drugs in the following categories, based on there being lower-cost alternatives with comparable safety and efficacy? Please check all that apply.

- Asthma - short-acting beta agonists
- Cardiovascular – angiotensin II receptor antagonists
- Diabetes – insulin
- Diabetes – glucose test strips
- Growth hormone
- Testosterone

7. Cost Share Tiers - Please check all that apply.

- Distinct member cost-share tier for generic drugs
  - Distinct member cost-share tier for preferred brand-name drugs
  - Distinct member cost-share tier for non-preferred brand-name drugs
  - Distinct member cost-share tier for preferred specialty drugs
  - Distinct member cost-share tier for non-preferred specialty drugs
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## Managed Pharmacy Network

8. What kind of pharmacy network do you employ?
- Broad network, including all, or nearly all, retail pharmacies
  - Managed pharmacy network (a network from which at least one major pharmacy chain has been excluded)
  - Tiered network, including a broad network and a managed network (providing a lower member cost-share when the managed network is used)
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## Utilization Management

Please indicate which of the following quality assurance and utilization management measures you currently employ.

9. Step Therapy

Step therapy requires that in selected categories, a generic or preferred brand must be tried before a non-preferred drug may be reimbursed. Please check all that apply.

- Step therapy required for sleep medications
- Step therapy required for ACE/ARB anti-hypertensives
- Step therapy required for nasal steroids
- Step therapy required for statin anti-cholesterol drugs
- Step therapy required for SSRI antidepressants
- Members on a step therapy drug are exempted (grandfathered) when requirements are implemented

10. Quantity Limits-Please check all that apply.

- Quantity limits for narcotics
- Quantity limits for sleep medications
- Quantity limits for stimulants

11. Prior Approval -Please check all that apply.

- Prior approval required for Herceptin
- Prior approval required for Provigil, Nuvigil
- Prior approval required for testosterone
- Prior approval required for Humira
- Prior approval required for Acthar

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- Prior approval required for Cialis
- Prior approval required for powders used in compounds

12. Non-Covered Drugs - Does your benefit plan exclude coverage of drugs in these categories?  
Please check all that apply.

- Drugs for weight loss
- Drugs for cosmetic purposes
- Drugs for sexual dysfunction

13. Other- Please check all that apply.

- Retrospective drug utilization review (DUR)
- Medication therapy management for selected patients
- COB for drugs and supplies covered by Medicare Part B – retail pharmacy
- COB for drugs and supplies covered by Medicare Part B – mail-service pharmacy
- Limit some or all specialty drugs to 30 day supply
- Limit reimbursement of one or more specialty drugs to pharmacy benefit (disallowed under medical benefit)
- Zero co-pay for SELECTED generic drugs in addition to drugs recommended by USPSTF
- Zero co-pay for ALL generic drugs

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## Substance Use Disorder/Addiction

14. Please provide the number of distinct individuals for whom one or more prescription claims were reimbursed in 2014 for methadone (include all formulations).

15. Please provide the number of distinct individuals for whom one or more prescription claims were reimbursed in 2014 for buprenorphine, buprenorphine/naloxone, or naltrexone (include all formulations).

16. Please indicate how members seeking care for addiction can access a physician with a DEA waiver ID (DEA “X number”) to prescribe buprenorphine. Please check all that apply.

- Plan’s network includes qualified physicians in most/all service areas
- Plan’s case management or referral management staff locate a qualified physician
- Plan’s behavioral health contractor arranges access to a qualified physician
- Plan does not track availability of physicians with DEA X numbers
- Plan has no such providers in network

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## Accreditation

17. Please select the one choice that best describes your health plan's accreditation status according to OPM requirements in Carrier Letter 2014-10:

- Plan holds a comprehensive health plan accreditation.
- Plan is pursuing comprehensive health plan accreditation.
- Plan holds modular accreditation.
- Plan is pursuing modular accreditation.
- Plan has not yet determined a course of action to meet accreditation.

18. If you meet or are pursuing a comprehensive health plan accreditation, please select the accrediting organization:

- AAAHC
- NCQA
- URAC
- Other \_\_\_\_\_
- Plan has not yet selected an accreditor

19. If you meet or are pursuing modular accreditation, please select the accrediting organization for the plan management module:

- AAAHC
- NCQA
- URAC
- Other \_\_\_\_\_
- Plan has not yet selected an accreditor

20. If you currently hold a valid comprehensive health plan accreditation, when does it expire?

- [date field]

21. If you currently meet OPM's modular accreditation requirements, when does the plan management module expire?

- [date field]

22. If you are pursuing, but have not yet attained, either type of accreditation, when do you anticipate fulfilling the requirements of OPM Carrier Letter 2014-10?

- [date field]

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## Medicare

23. Please provide the number of individuals (members not contract holders) who are age 65 or older and who have Medicare Part B either as primary or secondary payor.
  24. Please provide the number of individuals (members not contract holders) who are age 65 or older who have Medicare Part B and for whom Medicare is the primary payor.
  25. Please provide the number of individuals (members not contract holders) who are age 65 or older.
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## Contracting policies for hospitals

26. How many hospitals are in your networks?
  27. How many of your network hospitals do not have contracts with the following types of providers.
    - Anesthesiologists/CRNA
    - Radiologists
    - Pathologists
    - Neonatologists
    - Emergency room physicians
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## Enrollment

28. Please provide:
    - The number of Self and Family enrollments for active employees
    - The number of Self and Family enrollments for active employees with only one family member
    - The number of Self and Family enrollments for retired employees
    - The number of Self and Family enrollments for retired employees with only one family member
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## Payment Reform

29. Do you currently utilize bundled payments as a means of reimbursement for a defined episode of care?

- Yes
- No

30. What percentage of your hospital contracts include a quality factor (incentive, disincentive, shared savings, other)?

31. What percentage of your provider contracts include a quality factor (incentive, disincentive, shared savings, other)?

32. What percentage of your overall annual payments to providers flow through these payment models?

33. Carrier letter 2012-17 focused on reducing preventable complications of health care. Please select the healthcare associated conditions (HACs) for which your plan denies payment under some or all circumstances.

- Catheter associated urinary tract infection
- Deep vein thrombosis or pulmonary embolism following hip replacement
- Central line associated blood stream infection
- Ventilator associated pneumonia
- Injuries associated with a fall during a hospital admission

34. Please indicate your primary method of surveillance for HACs.

- Pre-claims adjudication
- Retrospective review

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## Provider Qualifications

35. Do you include Nurse Practitioners as independent primary care providers in your network?

- Yes, across our entire service area

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- Yes, when/where permitted by the state of licensure
- No, the state in which we operate does not license nurse practitioners for independent practice
- No, not at all

36. Do you include Nurse Practitioners as independent network providers in the following clinical settings? Please check all that apply.

- Urgent Care clinics
- Retail clinics
- Patient centered medical homes

37. Do you allow Nurse Practitioners to bill separately for their services?

- Yes, when licensed for independent practice
- Yes, without restriction for licensing or practice setting
- No

38. Which of the following clinicians are required to have hospital admitting privileges in order to be included within your network? Please check all that apply.

- Primary Care MD/DO
- Primary care NP
- Urgent care MD/DO
- Urgent care NP

39. Does your credentialing policy require a minimum number of years of experience in order for clinicians to be included within your network? Please check all that apply.

- Yes, for MD/DOs
- Yes, for NPs
- Yes, for Psychologists
- No, none of the above

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## ABA

40. Do you cover ABA for FEHB members in 2015?

- Yes

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- No

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