**Employee Health Benefits Assessment**

**STATEMENT OF WORK**

***\*Note that this sample has been revised from the source document on the Government Point of Entry as necessary to align formatting and applicable FAR procedures.\****

**1. INTRODUCTION:** The Federal Employee Insurance Operations (FEIO), within the Office of Personnel Management (OPM), is responsible for providing Federal employees, retirees, and their families with insurance products that offer choice, value, and quality to help maintain the Government's position as a competitive employer. Approximately 100 participating Federal Employee Health Benefits (FEHB) health plan carriers, with over 200 plan options, provide health insurance to more than 8.2 million Federal enrollees and family members. Information on FEHB health plans are located at the following website: https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/

FEIO’s Performance Improvement Group oversees quality metrics evaluation as part of the Plan Performance Assessment (PPA). OPM developed the PPA to establish a consistent, objective means of evaluating carrier performance and provide more transparency for enrollees. This assessment uses a discrete set of quantifiable measures to examine key aspects of performance in the areas of clinical quality, customer service and resource use. Taken together with more traditional assessments of contract administration, these measures help ensure that enrollees receive high quality affordable healthcare and a positive customer experience.

**2. SCOPE:** As part of PPA, all FEHB health plans must administer the annual CAHPS survey to provide customer service data. OPM needs specialized technical expertise to support the PPA effort. Specifically needed are CAHPS subject matter expertise, data preparation, data collection, verification, and reporting, invoicing FEHB Plans, and presenting data findings. Given the importance of hearing customer service feedback and OPM’s role in serving the FEHB member population, it is critical to have the latest information on CAHPS data, trends, and subject matter expertise. It is also necessary to bill the FEHB Carriers directly for the project work.

**3. BACKGROUND:** The Federal Employee Insurance Operations (FEIO), within the Office of Personnel Management (OPM), is responsible for providing Federal employees, retirees, and their families with insurance products that offer choice, value, and quality to help maintain the Government's position as a competitive employer. Participating Federal Employee Health Benefits (FEHB) health plans provide health insurance to more than 8.2 million Federal enrollees and family members.

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For over a decade OPM has promoted quality initiatives in the FEHB Program. In continuing our efforts to provide quality information, for 2020 over 200 FEHB Plans must administer the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Each year, OPM distributes an updated Procedure Manual with guidance on the CAHPS survey version, data submission timelines, and documentation of planned reporting.

Given the fluctuating nature of the FEHB Program and participating plans, the exact number of CAHPS reports received is determined on a yearly basis. The CAHPS survey data is a key resource that OPM uses to measure and evaluate the quality of services provided to FEHB plan members. OPM uses the results of this survey to measure member satisfaction, to evaluate health plan performance and to provide plan ratings to health plan members. Health plans also use the data for quality scoring and improvement.

CAHPS surveys are standardized surveys that include ratings of providers and health plans and ask patients and consumers to report on their experiences with health care services. OPM publishes the individual health plan survey results to the FEHB website to assist Federal employees and annuitants in choosing a health plan.

The contract will consist of an initial one-year term, plus four optional one-year periods.

**4. PURPOSE:** The Federal Employee Insurance Operations (FEIO), within the Office of Personnel Management (OPM), is responsible for providing Federal employees, retirees, and their families with insurance products that offer choice, value, and quality to help maintain the Government's position as a competitive employer. Participating Federal Employee Health Benefits (FEHB) health plans provide health insurance to more than 8.2 million Federal enrollees and family members.

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**5. PERIOD AND PLACE OF PERFORMANCE**:

1. Base Period

a. Required start date: November 16, 2020

2. Options

a. Total number of options: 4

b. Number of days for each option: 365

3. There are no geographic or location limitations for the service being requested. Service will be performed at offeror worksite.

**6. PERFORMANCE OBJECTIVES:** Task requirements include the following:

1. Data Preparation

a. Provide project status reports to OPM every two weeks from May 1st to September 30th to include the status of plans (by name and ID) reporting or not reporting data and the completeness of data received. In addition, the status reports will include a description of the survey findings to date and any outstanding issues that may affect timely completion of the project.

b. Develop and present a detailed survey data collection work plan and timeline for collection the plans survey results to include:

i. Data logging & follow-up (tracking receipt/non-receipt of plans survey data)

ii. Data processing & quality control (verify accuracy and provide corrections where needed)

iii. Data analysis (according to NCQA/CAHPS protocols, and OPM specifications);

iv. Schedule for reporting data to OPM; and

v. Complete list of all personnel, by names, position/job titles who will be responsible for specific phases of the project.

c. Provide a crosswalk file consisting of participating plans FEHB ID and matching NCQA submission ID and identifying which plans have submitted CAHPS data. This will be derived from the information provided by OPM. d. Follow-up and work with FEHB plans that submit invalid, incomplete or no data to resolve outstanding issues.

2. Subject Matter Expertise

a. Provide expert consultation and technical assistance on survey procedures, NCQA Protocols, File Specifications and Data Analyses to OPM and FEHB plans. b. Review Carrier Letter language that refers to CAHPS surveys for technical accuracy. This includes letters such as the annual Procedure Manual, which provides instructions to plans related to CAHPS data.

3. Data Collection, Verification and Reporting

a. Collect and report CAHPS survey results from FEHB health plans. The exact number of plans is determined on an annual basis depending on FEHB Program participation. The number of reports cannot be predicted prior to the scoring year (e.g., OPM does not know the number of reports that will be completed for the 2021 scoring year in 2020). There have been more than 200 unique data sets from FEHB health plans in the past five years. OPM expects to see an increase of unique data sets over the course of this contract, the exact amount of this increase will be determined on an annual basis. The successful contractor will collect CAHPS data directly from the FEHB plans’ CAHPS vendors.

b. Provide participating plans’ Member-Level data files and Summary-Level data files that meets NCQA’s HEDIS® Volume 3: Specifications for Survey Measures (or subsequent HEDIS specifications for the appropriate reporting year). You may order a copy of Volume 3, through the following link: http://store.ncqa.org

c. Provide OPM raw CAHPS data and a summary-level dataset file to include:

i. Participating FEHB health plans complete survey results, including up to 15 supplemental items, overall satisfaction scores;

ii. Computation of CAHPS composite ratings;

iii. National and regional averages by FEHB health plan type, product type, or other similar breakdown using Quality Compass benchmarks; and

iv. a demographic analysis and significant testing. d. OPM will work closely with the contractor on the final format for the OPM dataset.

4. Invoicing for CAHPS Data

a. The contractor shall collect a CAHPS crosswalk file from each participating FEHB Plan that maps the NCQA Submission ID(s) to the FEHB Plan name, carrier code, and CAHPS code by the beginning of May of each contracting year.

b. The invoices will be based on the information in the OPM Plan List and the crosswalks received from the plans.

c. OPM verifies the invoices before they are sent to FEHB health plans.

d. The contractor shall generate one invoice per FEHB contract.

e. Each invoice shall be sent with a cover letter that includes the following:

i. The corresponding Carrier Letter associated with the scoring cycle

(e.g., Procedure Manual).

ii. That each FEHB plan contributing CAHPS data for PPA will be charged per data set

iii. Contact information for questions

f. The invoice shall include:

i. Invoice date

ii. Unique invoice number

iii. FEHB Contract Name

iv. CAHPS data report information, including 1. NCQA Org ID 2. NCQA CAHPS Sub ID 3. CAHPS Code

v. Number of reports included in the invoice

vi. Total invoice amount

vii. Instructions on how to provide payment for the invoice

viii. Payment terms

g. The contractor shall generate and deliver invoices via email to the corresponding FEHB health plans.

h. The timeline for this process is outlined each year in the annual procedure manual.

5. Data Findings Presentation

a. Provide an oral presentation to OPM on the findings of the survey. The presentation will include:

i. The data collection process;

a. Differences in results for plans surveying through email versus phone responses

ii. Any changes in protocol or the CAHPS survey

iii. Considerations and recommendations for next annual CAHPS cycle.

iv. The results of the survey for adult members including (but is not limited to):

a. Number of FEHB health plans reporting and unique data sets,

b. Summary of FEHB health plan performance scores

c. Information regarding calculated compound scores, overall averages, and analyses by product type or similar breakdown,

d. Trends over time at the national level,

e. National averages by product type using Quality Compass benchmarks,

f. Drivers of satisfaction,

g. Response rate analysis,

h. Demographic analyses,

i. Weighted FEHB averages,

j. Effectiveness of Care scores and analyses,

k. Measure correlations

l. Insights related to the data

b. Provide a comprehensive Technical Report detailing how the survey was conducted and a full report on the survey findings. The report shall include:

i. A discussion of the data that is available and the guidelines

used for various calculations

ii. A presentation of weighted national FEHB averages by FEHB health plan option and national averages by product type using Quality Compass benchmarks iii. An inventory of the top-ranking FEHB plans on key measures

iv. A comparison of results from year to year

v. A summary of results broken down by region

vi. A discussion of the drivers of overall satisfaction

vii. A discussion of how responses vary with member characteristics

viii. A discussion of other insights deemed appropriate by the successful contractor

The delivery dates for the Annual CAHPS Survey data are as follows:

i. Detailed survey data collection work plan by April 30

ii. Weekly project status reports which begin on May 1. The weekly project status reports are sent to OPM between May 1 and September 30.

iii. Final Crosswalk report no later May 15

iv. Copy of invoices that will be sent to FEHB plans no later than June 15

v. Final OPM CAHPS dataset, including Effectiveness of Care measures. This report will include the information described in the summary of requirements above. The due date is August 1

vi. Oral presentation and briefing of results and follow-up recommendations. The due date is September 15

vii. A technical report detailing the data collection, processing and methods of analysis. This report is also due September 15

Appendices

• Appendix 1 PPA Procedure Manual

• Appendix 2 CAHPS 5.0H Adult Commercial

• Appendix 3 CAHPS Code List