
FEHB Program Carrier Letter

All Carriers

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

Letter No. 2000-03

Date: January 19, 2000

Fee-for-service [03] Experience-rated HMO [03] Community-rated [03]

SUBJECT: Consumer Assessment of Health Plans Survey

This letter provides instructions for conducting Consumer Assessments of Health Plans Surveys (CAHPS®) in 2000. All Federal Employees Health Benefits (FEHB) plans with at least 500 FEHB subscribers (contracts) as of March 31, 1999, must conduct the CAHPS® 2.0H Adult Commercial Survey. Also, we require you to add two supplemental questions to the Adult Survey (Enclosure 1 contains the Adult Survey and supplemental questions we want you to add to the questionnaire). If you have fewer than 500 FEHB Subscribers and are conducting the Adult Survey or the Child Survey for other lines-of-business or for National Committee for Quality Assurance (NCQA) accreditation you must report your survey results to OPM.

This year we do not require you to report the smoking cessation measures included in the Adult Survey. We do not require you to conduct the Child Survey or the new Management of Menopause (MoM) Survey in 2000. However, if you administer the Child Survey you must send us a copy of the survey results.

Reporting Deadlines

Please note the following reporting deadlines for reporting CAHPS® 2.0H data and other information to OPM:

- Vendor Selection Form - January 31, 2000
- Interim Reports - March 20, 2000
- Final Reports – Member Level Data Files – June 9, 2000
- Final Reports – Summary Level Data Files (NCQA validated) – July 10, 2000

Public Burden Statement

Please include the following statement on questionnaires you mail to respondents: “This information collection has been approved by the U.S. Office of Management and Budget (Control Number 3206-0236) and is in compliance with the Paperwork Reduction Act of 1995. We estimate that it will take an average of 20 minutes to complete, including the time to read instructions and to gather necessary information. Send comments regarding our estimate and any suggestions for minimizing respondent burden, reducing completion time or any other aspect of this information collection to the U.S. Office of Personnel Management (OPM), Reports and Forms Manager, (OMB Number 3206-0236), Washington, DC 20415-7900. Your participation in this information collection is voluntary. The OMB Number, 3206-0236, is currently valid. OPM may not collect this information, and you are not required to respond, unless this

number is displayed.” Also, include the following statement in the upper right corner of each questionnaire: “Form approved: OMB No. 3206-0236.”

Data Collection Vendor

FEHB plans must use a NCQA certified vendor to administer their CAHPS® 2.0H Surveys. You may contract with any NCQA certified vendor. A list of approved vendors is available online at <http://www.ncqa.org/pages/policy/hedis/surveys.htm>.

Please complete and return the enclosed Vendor Selection Form (Enclosure 2) to let us know the name of the vendor you will be using to collect and report CAHPS® 2.0H data. If you offer more than one FEHB plan, complete a separate Vendor Selection Form for each plan you will be surveying. The deadline for returning your completed Vendor Selection Form is January 31, 2000. You may send us the forms by facsimile to (202) 606-0036, or by overnight mail to:

U.S. Office of Personnel Management
Retirement and Insurance Service
Office of Insurance Programs
Attention: Ralph Pierce
1900 E Street, NW., Room 3415
Washington, DC 20415

Pre-Administration Audit Requirement

FEHB plans seeking NCQA Accreditation must arrange for their NCQA certified auditor to verify the integrity of the sample frame before the vendor draws the sample and administers the CAHPS® survey. Please contact NCQA’s Technical Inquiry Line at (202) 955-5697, or via e-mail at hedis@ncqa.org with any questions about this requirement. If you are an FEHB plan that is not seeking NCQA Accreditation you do not have to meet this requirement.

Survey Instruments & Protocols

Your vendor must use the CAHPS® 2.0H questionnaire (see Enclosure 1 for a copy of the instrument). Vendors must administer the survey and report survey results according to the protocols in Volume 3 of NCQA’s HEDIS® 2000. All NCQA vendors have received copies of HEDIS® - Volume 3, which includes the survey instrument and protocols. NCQA’s Publication Department has additional copies available for purchase at (800) 839-7487.

Membership Data & Sample Frame

We advise you to work closely with your vendor to draw sample frames for your survey. You must draw the sample according to NCQA protocols, except that you must draw the sample frame from all currently enrolled commercial members, including all FEHB members, regardless of their Medicare status. The sample frame should only include members continuously enrolled in the plan for at least 12 months for the period ending December 31, 1999. The sample size is 850 for the Adult Survey. Over-sampling, is permissible according to NCQA protocols.

Your membership file and or sample frame must include the required data file elements contained in Table S-1 of HEDIS 2000, Volume 3 (See Enclosure 3). In addition, the data files must include your FEHB plan name and your FEHB Sub-Code (See Enclosure 4 for a list of Plan names and Sub-Codes). You must add these elements at the end of each header record.

Reporting Survey Data to OPM

Your vendor must report member level CAHPS® 2.0H data according to NCQA's Adult Survey File Specifications and Layouts (see Enclosure 5). In addition to NCQA's data file elements, the member level file must include your FEHB plan name and your FEHB Sub-Code. You must add these elements at the end of each header record. Have your vendor add survey response data for the two supplemental questions at the end of the member level file in field positions 125 and 126-127.

Beginning in 2000, to ensure consistency and comparability of survey results NCQA will create and validate summary level data files on behalf of vendors. We require plans submitting data to NCQA to provide OPM with a copy of the validated summary level data files received from NCQA. OPM or its contractor will compute summary level data for FEHB plans that do not submit survey data to NCQA.

Reporting Format

We will accept your Adult Survey and or other CAHPS® Surveys (conducted for other lines-of-business) Member Level Data files and Summary Level Data files (computed and validated by NCQA) on diskette or compact disc (CD). You may include results for multiple plans on a single diskette or CD. All disks/discs must have a content label to include the Plan(s) name and FEHB Sub-Code(s). If you want OPM to apply one plan's survey data to another plan, include clear instructions with your submission -- include the name of the primary plan (the plan listed in the header record) and the plan's FEHB Sub-Code. Then, list the name(s) and FEHB Sub-Code(s) of the plan that will be using the primary plan's data. Please send all data files to Ralph Pierce, at the address listed above.

Interim Report

All plans must submit preliminary member level data files to us for our review. Submit this report in the file format described above. Include all surveys received and processed through March 3, 2000. This interim report will test your vendor's understanding and ability to meet our reporting requirements. In addition, it will give us time to work with your vendor to correct reporting related problems.

Final Report

The format for the Final Report will be the same as the Interim Report. The Adult Member Level Data File will contain your complete survey results, including results for the two supplemental questions. FEHB Plans with NCQA computed Summary Level Data will include an electronic copy of their validated Summary Level Data File with their Final Report. In addition, this report will include final data for any other CAHPS® 2.0H Survey conducted for other lines of business.

Processing Fee

Each plan participating in the survey will be responsible for a pro rata share of the total cost of compiling, processing and reporting CAHPS® 2.0H Survey data to OPM. OPM will negotiate a fixed fee with a contractor who will be responsible for these functions. The fee will apply to each FEHB Sub-Code. We will provide you with the amount of the fee later.

Our contractor will send you an invoice for the data processing fee. The fees are payable directly to OPM's contractor and will be due on June 9, 2000. We will provide you with the contractor's name and address later.

We appreciate your cooperation and look forward to working with you. Please contact Ralph Pierce (rpierce@opm.gov) or Tanya Morrow (tmorrow@opm.gov) with any questions you may have. You may reach them by telephone at (202) 606-0745.

Sincerely,

(signed)
Frank D. Titus
Assistant Director
for Insurance Programs

Enclosures

SUPPLEMENTAL QUESTIONS

Please add the following two questions to the Adult questionnaire:

60. Do you have a child covered under your current health plan?

No Please return the survey in the postage paid envelope

Yes Go to Question 61

61. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible.

How would you rate your child's health plan now?

0 Worst health plan possible

1

2

3

4

5

6

7

8

9

10 Best health plan possible

| PLAN NAME | FEHB SUB-CODE | | | |
|--------------------------------|---------------|-----|----|-----|
| Advantage Care, Inc. | XW | HMO | KY | 000 |
| Aetna U.S. Healthcare | 2U | HMO | GA | 000 |
| Aetna U.S. Healthcare | 2X | HMO | CA | 000 |
| Aetna U.S. Healthcare | 3G | HMO | NC | 000 |
| Aetna U.S. Healthcare | 3G | HMO | SC | 000 |
| Aetna U.S. Healthcare | 5B | HMO | TX | 000 |
| Aetna U.S. Healthcare | 5U | HMO | RI | 000 |
| Aetna U.S. Healthcare | 6F | HMO | CO | 000 |
| Aetna U.S. Healthcare | 6J | HMO | TN | 000 |
| Aetna U.S. Healthcare | 6T | HMO | IL | 000 |
| Aetna U.S. Healthcare | 6T | HMO | MO | 000 |
| Aetna U.S. Healthcare | 7K | HMO | KS | 000 |
| Aetna U.S. Healthcare | 8A | HMO | FL | 000 |
| Aetna U.S. Healthcare | 8J | HMO | WA | 000 |
| Aetna U.S. Healthcare | 8L | HMO | NV | 000 |
| Aetna U.S. Healthcare | 8V | HMO | OK | 000 |
| Aetna U.S. Healthcare | 8X | HMO | TX | 000 |
| Aetna U.S. Healthcare | 8Z | HMO | MI | 000 |
| Aetna U.S. Healthcare | 9M | HMO | ME | 000 |
| Aetna U.S. Healthcare | BU | HMO | CA | 000 |
| Aetna U.S. Healthcare | H1 | HMO | CT | 000 |
| Aetna U.S. Healthcare | JC | HMO | NY | 000 |
| Aetna U.S. Healthcare | JN | HMO | DC | 000 |
| Aetna U.S. Healthcare | JN | HMO | MD | 000 |
| Aetna U.S. Healthcare | JN | HMO | VA | 000 |
| Aetna U.S. Healthcare | KL | HMO | PA | 000 |
| Aetna U.S. Healthcare | NE | HMO | MA | 000 |
| Aetna U.S. Healthcare | NG | HMO | LA | 000 |
| Aetna U.S. Healthcare | NK | HMO | DE | 000 |
| Aetna U.S. Healthcare | P3 | HMO | NJ | 000 |
| Aetna U.S. Healthcare | RD | HMO | IN | 000 |
| Aetna U.S. Healthcare | RD | HMO | KY | 000 |
| Aetna U.S. Healthcare | RD | HMO | OH | 000 |
| Aetna U.S. Healthcare | SU | HMO | PA | 000 |
| Aetna U.S. Healthcare | TK | HMO | LA | 000 |
| Aetna U.S. Healthcare | TS | HMO | TX | 000 |
| Aetna U.S. Healthcare | UJ | HMO | NH | 000 |
| Aetna U.S. Healthcare | V8 | HMO | DC | 000 |
| Aetna U.S. Healthcare | V8 | HMO | MD | 000 |
| Aetna U.S. Healthcare | V8 | HMO | VA | 000 |
| Aetna U.S. Healthcare | WQ | HMO | AZ | 000 |
| Aetna U.S. Healthcare | XC | HMO | IL | 000 |
| Aetna U.S. Healthcare | XC | HMO | IN | 000 |
| Aetna U.S. Healthcare | Z1 | HMO | VA | 000 |
| Alliance Health Plan | 1R | FFS | AA | 000 |
| Altius Health Plans | 9K | HMO | UT | 000 |
| Altru Health Plan | 2R | HMO | MN | 000 |
| Altru Health Plan | 2R | HMO | ND | 000 |
| American Healthcare Trust, Inc | 4U | HMO | TN | 000 |
| American HMO | AC | HMO | IL | 001 |
| American HMO | AC | HMO | IN | 001 |
| AmeriHealth HMO | FK | HMO | NJ | 000 |
| AmeriHealth HMO | SP | HMO | DE | 000 |
| Antero HealthPlans | 9X | HMO | CO | 000 |
| APWU Health Plan | 47 | FFS | AA | 000 |

| | | | | |
|--------------------------------|----|-----|----|-----|
| APWU Health Plan | 47 | FFS | MN | 001 |
| APWU Health Plan | 47 | FFS | TX | 001 |
| Arnett HMO | G2 | HMO | IN | 000 |
| Association Benefit Plan | 42 | FFS | AA | 000 |
| Athens Area Health Plan Select | 8Y | HMO | GA | 000 |
| AultCare HMO | 3A | HMO | OH | 000 |
| Av-Med Health Plan | EM | HMO | FL | 000 |
| Av-Med Health Plan | GP | HMO | FL | 000 |
| Av-Med Health Plan | H5 | HMO | FL | 000 |
| Av-Med Health Plan | HW | HMO | FL | 000 |
| Av-Med Health Plan | JF | HMO | FL | 000 |
| BCI HMO, Inc. | 3B | HMO | IL | 000 |
| BCI HMO, Inc. | 3B | HMO | IN | 000 |
| Beacon Health Plans | 4K | HMO | FL | 000 |
| Blue Care Network West MI | G7 | HMO | MI | 000 |
| Blue Care Network West MI | K5 | HMO | MI | 000 |
| Blue Care Network West MI | KF | HMO | MI | 000 |
| Blue Care Network West MI | KN | HMO | MI | 000 |
| Blue Care Network West MI | KR | HMO | MI | 000 |
| Blue Care Network West MI | LN | HMO | MI | 000 |
| Blue Care Network West MI | LX | HMO | MI | 000 |
| Blue Chip, Coord Hlth Partners | DA | HMO | MA | 001 |
| Blue Chip, Coord Hlth Partners | DA | HMO | RI | 001 |
| Blue Choice | MK | HMO | NY | 000 |
| Blue Cross and Blue Shield | 10 | FFS | AA | 000 |
| Blue Cross and Blue Shield | 10 | POS | CT | 001 |
| Blue Cross and Blue Shield | 10 | POS | GA | 001 |
| Blue Cross and Blue Shield | 10 | POS | KS | 001 |
| Blue Cross and Blue Shield | 10 | POS | LA | 001 |
| Blue Cross and Blue Shield | 10 | POS | MA | 001 |
| Blue Cross and Blue Shield | 10 | POS | MN | 001 |
| Blue Cross and Blue Shield | 10 | POS | ND | 001 |
| Blue Cross and Blue Shield | 10 | POS | NJ | 001 |
| Blue Cross and Blue Shield | 10 | POS | NY | 001 |
| Blue Cross and Blue Shield | 10 | POS | OH | 001 |
| Blue Cross and Blue Shield | 10 | POS | OK | 001 |
| Blue Cross CaliforniaCare | M5 | HMO | CA | 000 |
| Blue Shield of CA Access+ | SJ | HMO | CA | 000 |
| BlueCHOICE | 9G | HMO | MO | 000 |
| BlueChoice HMO | 5K | HMO | NY | 000 |
| BlueChoice HMO | 5L | HMO | NY | 000 |
| BlueChoice HMO | S7 | HMO | NY | 000 |
| Bluegrass Family Health | 2B | POS | KY | 000 |
| BlueLincs HMO | N5 | HMO | OK | 000 |
| C.D.P.H.P. | SG | HMO | NY | 000 |
| Capital Health Plan | EA | HMO | FL | 000 |
| CapitalCare | 2G | HMO | DC | 000 |
| CapitalCare | 2G | HMO | MD | 000 |
| CapitalCare | 2G | HMO | VA | 000 |
| Care Choices | FA | HMO | IA | 000 |
| Care Choices | FA | HMO | NE | 000 |
| Care Choices | FA | HMO | SD | 000 |
| Carelink Health Plans | 4C | HMO | WV | 000 |
| Certus HealthCare | 3Y | HMO | TX | 000 |
| CHP of Ohio | MG | HMO | OH | 000 |
| CIGNA CoMED HealthCare | P4 | HMO | NJ | 000 |
| CIGNA HC of AZ-Phoenix | 16 | HMO | AZ | 000 |

| | | | | |
|----------------------------------|----|-----|----|-----|
| CIGNA HealthCare of California | 9T | HMO | CA | 000 |
| CIGNA HealthCare of CO | 1C | HMO | CO | 000 |
| CIGNA HealthCare of NY | HU | HMO | NY | 000 |
| CIGNA HealthCare of VA | W2 | HMO | VA | 000 |
| CIGNA HealthCare of VA | W3 | HMO | VA | 000 |
| CommunityCare HMO | 7C | HMO | OK | 000 |
| Compcare Health Services | 69 | HMO | WI | 000 |
| Compcare Health Services | 6X | HMO | WI | 000 |
| ConnectiCare | TE | HMO | CT | 000 |
| Dean Health Plan | WD | HMO | WI | 000 |
| Doctors Health Plan, Inc. | 6D | HMO | NC | 000 |
| Doctors Health Plan, Inc. | 6D | HMO | SC | 000 |
| Exclusive Healthcare | 9Y | HMO | IA | 000 |
| Exclusive Healthcare | 9Y | HMO | NE | 000 |
| Fallon Community Health Plan | JV | HMO | MA | 000 |
| Family Health Plan | WH | HMO | WI | 000 |
| First Choice Health Plan | 5G | HMO | WA | 000 |
| First Priority Hlth | C8 | HMO | PA | 000 |
| FIRSTCARE | 6U | HMO | TX | 000 |
| FIRSTCARE | CK | HMO | TX | 000 |
| FIRSTCOMMUNITY HEALTH PLAN, INC. | 2V | HMO | AL | 000 |
| Foreign Service | 40 | FFS | AA | 000 |
| Foundation Health | 5C | HMO | FL | 000 |
| Foundation Health | 5D | HMO | FL | 000 |
| Foundation Health | 5E | HMO | FL | 000 |
| Free State Health Plan | LD | HMO | DC | 001 |
| Free State Health Plan | LD | HMO | MD | 001 |
| Free State Health Plan | LD | HMO | PA | 001 |
| Free State Health Plan | LD | HMO | WV | 001 |
| GEHA Benefit Plan | 31 | FFS | AA | 000 |
| GEHA Benefit Plan | 31 | POS | NE | 001 |
| Generations Family Health Plan | 8B | HMO | NC | 000 |
| George Washington Univ HP | E5 | HMO | DC | 000 |
| George Washington Univ HP | E5 | HMO | MD | 000 |
| George Washington Univ HP | E5 | HMO | VA | 000 |
| GHI Health Plan | 80 | HMO | NJ | 001 |
| GHI Health Plan | 80 | HMO | NY | 001 |
| GHI HMO Select | 6V | HMO | NY | 000 |
| GHI HMO Select | X4 | HMO | NY | 000 |
| Grand Valley Health Plan | RL | HMO | MI | 000 |
| Group Health Coop | WJ | HMO | WI | 000 |
| Group Health Cooperative | 54 | HMO | WA | 000 |
| Group Health Cooperative | VR | HMO | ID | 000 |
| Group Health Cooperative | VR | HMO | WA | 000 |
| Group Health Plan | MM | HMO | IL | 000 |
| Group Health Plan | MM | HMO | MO | 000 |
| Group Hlth Coop/Eau Claire | WT | HMO | WI | 000 |
| Guam Memorial Health Plan | ZA | HMO | GU | 000 |
| Gulf South Health Plan, Inc. | LY | HMO | LA | 000 |
| Harvard Pilgrim Health Care | 68 | HMO | CT | 000 |
| Harvard Pilgrim Health Care | 68 | HMO | MA | 000 |
| Harvard Pilgrim Health Care | 68 | HMO | ME | 000 |
| Harvard Pilgrim Health Care | 68 | HMO | NH | 000 |
| Harvard Pilgrim Health Care | 68 | HMO | NY | 000 |
| Harvard Pilgrim Health Care | 68 | HMO | VT | 000 |
| Harvard Pilgrim Hlth Care-NE | 70 | HMO | MA | 000 |
| Harvard Pilgrim Hlth Care-NE | 70 | HMO | RI | 000 |

| | | | | |
|--------------------------------|----|-----|----|-----|
| Health Alliance | 52 | HMO | MI | 000 |
| Health Alliance HMO | 7X | HMO | IA | 000 |
| Health Alliance HMO | FX | HMO | IL | 000 |
| Health Alliance HMO | FX | HMO | IN | 000 |
| Health Maintenance Life | 28 | HMO | GU | 000 |
| Health Maintenance Plan(HMP) | R5 | HMO | OH | 000 |
| Health Net | LB | HMO | CA | 000 |
| Health New England | DJ | HMO | CT | 000 |
| Health New England | DJ | HMO | MA | 000 |
| Health Options | D7 | HMO | FL | 000 |
| Health Options | FN | HMO | FL | 000 |
| Health Options | FR | HMO | FL | 000 |
| Health Partners of Alabama | DF | HMO | AL | 000 |
| Health Partners of the Midwest | RN | HMO | IL | 000 |
| Health Partners of the Midwest | RN | HMO | MO | 000 |
| Health Plan of Nevada | NM | HMO | AZ | 001 |
| Health Plan of Nevada | NM | HMO | NV | 001 |
| Health Plan Upper OH Valley | U4 | HMO | OH | 000 |
| Health Plan Upper OH Valley | U4 | HMO | WV | 000 |
| HealthAmerica Pennsylvania | 26 | HMO | PA | 000 |
| HealthAmerica Pennsylvania | 2J | HMO | PA | 000 |
| HealthAmerica Pennsylvania | SW | HMO | PA | 000 |
| HealthAssurance HMO | 5X | HMO | OH | 000 |
| HealthAssurance HMO | 6L | HMO | WV | 000 |
| Healthcare Oklahoma | 6W | HMO | OK | 000 |
| HealthCarePlan | Q8 | HMO | NY | 000 |
| HealthFirst HMO | 8E | HMO | TX | 000 |
| HealthFirst, Inc. | RF | HMO | OH | 001 |
| HealthGuard | NQ | HMO | PA | 000 |
| Healthkeepers | X8 | HMO | VA | 000 |
| HealthPartners Classic | 53 | HMO | MN | 000 |
| HealthPartners Classic | 53 | HMO | WI | 000 |
| HealthPartners Health Plan | HQ | HMO | MN | 000 |
| HealthPartners Health Plan | HQ | HMO | ND | 000 |
| HealthPartners Health Plan | HQ | HMO | WI | 000 |
| HealthPlus MI | X5 | HMO | MI | 000 |
| Healthsource HMO of NY | XL | HMO | NY | 000 |
| Heart of America HMO | RU | HMO | ND | 000 |
| Heritage National Healthplan | 4T | HMO | TN | 000 |
| Heritage National Healthplan | 4T | HMO | VA | 000 |
| HIP Health Plan of FL | 3N | HMO | FL | 000 |
| HIP Health Plan of FL | K7 | HMO | FL | 000 |
| HIP of Greater New York | 51 | HMO | NY | 000 |
| HMO Blue | 5Q | HMO | TX | 000 |
| HMO Blue | 5R | HMO | TX | 000 |
| HMO Blue | AH | HMO | NY | 000 |
| HMO Blue/Rio Grande | 4Y | HMO | TX | 000 |
| HMO Blue/Rio Grande | 4Z | HMO | TX | 000 |
| HMO Colorado/Nevada | L2 | HMO | CO | 001 |
| HMO Colorado/Nevada | VS | HMO | NV | 001 |
| HMO Health Ohio | L4 | HMO | OH | 000 |
| HMO New Mexico | 5H | HMO | NM | 000 |
| HMO-CNY | EB | HMO | NY | 000 |
| HMSA | 87 | HMO | HI | 001 |
| Hometown Health Plan | 4H | HMO | NV | 000 |
| Humana Care Plan | 18 | HMO | IN | 000 |
| Humana Care Plan | 18 | HMO | KY | 000 |

| | | | | |
|------------------------------|----|-----|----|-----|
| Humana Care Plan | HR | HMO | KY | 000 |
| Humana Health Plan | D2 | HMO | IN | 000 |
| Humana Health Plan | D2 | HMO | KY | 000 |
| Humana Health Plan Inc. | 75 | HMO | IL | 000 |
| Humana Health Plan Inc. | 75 | HMO | IN | 000 |
| Humana Health Plan of AZ | DY | HMO | AZ | 000 |
| Humana Health Plan of Texas | TW | HMO | TX | 000 |
| Humana Health Plan of Texas | TX | HMO | TX | 000 |
| Humana Health Plan of Texas | UE | HMO | TX | 000 |
| Humana Health Plan of Texas | UR | HMO | TX | 000 |
| Humana Health Plan, Inc. | TL | HMO | NV | 000 |
| Humana Kansas City, Inc. | MS | HMO | KS | 000 |
| Humana Kansas City, Inc. | MS | HMO | MO | 000 |
| Humana Medical Plan | 7F | HMO | FL | 000 |
| Humana Medical Plan | 9D | HMO | FL | 000 |
| Humana Medical Plan | EE | HMO | FL | 000 |
| Humana Medical Plan | JH | HMO | FL | 000 |
| Humana Medical Plan | P5 | HMO | FL | 000 |
| Humana Medical Plan | P7 | HMO | FL | 000 |
| Humana Wisconsin Hlth Org. | X1 | HMO | WI | 000 |
| Independent Health Assoc | C1 | HMO | NY | 000 |
| Independent Health Assoc | QA | HMO | NY | 000 |
| Intergroup of Arizona, Inc. | A7 | HMO | AZ | 000 |
| John Deere Family Healthplan | 1J | HMO | IA | 000 |
| John Deere Family Healthplan | 1J | HMO | IL | 000 |
| John Deere Health Plan | 3J | HMO | IA | 000 |
| John Deere Health Plan | 3J | HMO | IL | 000 |
| John Deere Health Plan | 3J | HMO | TN | 000 |
| John Deere Health Plan | 3J | HMO | VA | 000 |
| Kaiser Permanente | 57 | HMO | OR | 000 |
| Kaiser Permanente | 57 | HMO | WA | 000 |
| Kaiser Permanente | 59 | HMO | CA | 000 |
| Kaiser Permanente | 62 | HMO | CA | 000 |
| Kaiser Permanente | 63 | HMO | HI | 000 |
| Kaiser Permanente | 64 | HMO | OH | 000 |
| Kaiser Permanente | 65 | HMO | CO | 000 |
| Kaiser Permanente | 8M | HMO | VT | 000 |
| Kaiser Permanente | 9H | HMO | ZZ | 999 |
| Kaiser Permanente | DM | HMO | CT | 000 |
| Kaiser Permanente | E3 | HMO | DC | 000 |
| Kaiser Permanente | E3 | HMO | MD | 000 |
| Kaiser Permanente | E3 | HMO | VA | 000 |
| Kaiser Permanente | F8 | HMO | GA | 000 |
| Kaiser Permanente | HA | HMO | KS | 000 |
| Kaiser Permanente | HA | HMO | MO | 000 |
| Kaiser Permanente | K1 | HMO | MA | 000 |
| Kaiser Permanente | K1 | HMO | NH | 000 |
| Kaiser Permanente | PW | HMO | NY | 000 |
| Kaiser Permanente | QB | HMO | NY | 000 |
| Kaiser Permanente | QH | HMO | NY | 000 |
| Kaiser Permanente | QT | HMO | NC | 000 |
| Kaiser Permanente | QT | HMO | SC | 000 |
| Keystone Health Plan Central | S4 | HMO | PA | 000 |
| Keystone Health Plan East | ED | HMO | PA | 000 |
| KeystoneBlue | EF | HMO | PA | 000 |
| Kitsap Physicians Service | VT | HMO | WA | 000 |
| Lovelace Health Plan | Q1 | HMO | NM | 000 |

| | | | | |
|-------------------------------|----|-----|----|-----|
| M*Plan | IN | HMO | IN | 000 |
| Mail Handlers | 45 | FFS | AA | 000 |
| Maxicare Indiana | GK | HMO | IN | 000 |
| Maxicare Louisiana | JA | HMO | LA | 001 |
| Maxicare Southern California | CM | HMO | CA | 000 |
| M-Care | EG | HMO | MI | 000 |
| MD-IPA | JP | HMO | DC | 000 |
| MD-IPA | JP | HMO | MD | 000 |
| MD-IPA | JP | HMO | VA | 000 |
| MDNY Healthcare, Inc. | 5Y | HMO | NY | 000 |
| MDNY Healthcare, Inc. | 8U | HMO | NY | 000 |
| Medical Value Plan | EV | HMO | MI | 000 |
| Medical Value Plan | EV | HMO | OH | 000 |
| Mercy Health Plans/Premier | 7M | HMO | IL | 000 |
| Mercy Health Plans/Premier | 7M | HMO | MO | 000 |
| MVP Health Plan | GA | HMO | NY | 000 |
| MVP Health Plan | M9 | HMO | NY | 000 |
| MVP Health Plan | MX | HMO | NY | 000 |
| MVP Health Plan | VW | HMO | VT | 000 |
| NALC | 32 | FFS | AA | 000 |
| National HMO Health Plan | MN | HMO | CA | 000 |
| NYLCare Health Plans SW | V2 | HMO | TX | 000 |
| NYLCare HP of the Gulf Coast | UM | HMO | TX | 000 |
| NYLCare HP of the Gulf Coast | ZE | HMO | TX | 000 |
| NYLCare HP of the Gulf Coast | ZF | HMO | TX | 000 |
| NYLCare Northwest | 8N | HMO | WA | 000 |
| Omni Healthcare | HN | HMO | CA | 000 |
| OmniCare | KA | HMO | MI | 000 |
| OPTIMA Health Plan | 9R | HMO | VA | 000 |
| OSF HealthPlans | 9F | HMO | IL | 000 |
| PacifiCare Asia Pacific | JK | HMO | GU | 000 |
| PacifiCare of Arizona | 7R | HMO | AZ | 000 |
| PacifiCare of Arizona | A3 | HMO | AZ | 000 |
| PacifiCare of California | CY | HMO | CA | 000 |
| PacifiCare of Colorado | D6 | HMO | CO | 000 |
| PacifiCare of Nevada | K9 | HMO | NV | 000 |
| PacifiCare of Ohio, Inc. | R8 | HMO | KY | 000 |
| PacifiCare of Ohio, Inc. | R8 | HMO | OH | 000 |
| PacifiCare of Oregon | 7Z | HMO | OR | 000 |
| PacifiCare of Oregon | 7Z | HMO | WA | 000 |
| PacifiCare of Oregon | SS | HMO | OR | 000 |
| PacifiCare of Oregon | SS | HMO | WA | 000 |
| PacifiCare of Texas | GF | HMO | TX | 000 |
| PacifiCare of Washington | WB | HMO | WA | 000 |
| PacifiCare OK | 2N | HMO | OK | 000 |
| Panama Canal Area | 43 | FFS | AA | 000 |
| Paramount Health Care | U2 | HMO | OH | 000 |
| Partners Health Plans | 7Y | HMO | NY | 000 |
| PARTNERS Nat'l HPs of IN | MC | HMO | IN | 000 |
| PARTNERS NHP of NC | EQ | HMO | NC | 000 |
| PARTNERS NHP of NC | EQ | HMO | SC | 000 |
| PARTNERS NHP of NC | EQ | HMO | VA | 000 |
| PCA Family Health Plan of FL | FQ | HMO | FL | 000 |
| PCA Health Plans of Florida | PJ | HMO | FL | 000 |
| PCA Health Plans/Puerto Rico | 5P | HMO | PR | 001 |
| Penn State Geisinger HlthPlan | N9 | HMO | PA | 001 |
| Personal Care Plan of NC | 4X | HMO | NC | 000 |

| | | | | |
|----------------------------------|----|-----|----|-----|
| PersonalCare's HMO | GE | HMO | IL | 000 |
| PHP/Mohawk Valley Region | SH | HMO | NY | 000 |
| Physicians Health Plan | U5 | HMO | MI | 000 |
| Physicians Health Plan | U6 | HMO | MI | 000 |
| Physicians Health Plan | U7 | HMO | MI | 000 |
| Physicians Health Plan | U8 | HMO | MI | 000 |
| Physicians Health Services of NJ | 2F | HMO | NJ | 000 |
| Physicians Health Services/CT | DP | HMO | CT | 001 |
| Physicians Health Svcs of NY | PD | HMO | NY | 001 |
| Physicians HP of N. Indiana | DQ | HMO | IN | 000 |
| Physicians Plus HMO | 7P | HMO | WI | 000 |
| Piedmont Community Healthcare | 2C | POS | VA | 000 |
| Postmasters | 36 | FFS | AA | 000 |
| Postmasters | 36 | FFS | ZZ | 000 |
| Preferred Care | GV | HMO | NY | 000 |
| Preferred Plus of Kansas | VA | HMO | KS | 000 |
| Premera HealthPlus | 8F | HMO | ID | 000 |
| Premera HealthPlus | 8F | HMO | WA | 000 |
| Premier HealthCare of Arizona | 9A | HMO | AZ | 000 |
| Premier HealthCare of Arizona | 9B | HMO | AZ | 000 |
| Prepaid Health Plan | QE | HMO | NY | 000 |
| Presbyterian Health Plan | P2 | HMO | NM | 000 |
| PrimeHealth of Alabama, Inc. | AA | HMO | AL | 000 |
| PrimeHealth of Alabama, Inc. | AA | HMO | MS | 000 |
| PrimeONE | 9W | HMO | WV | 000 |
| Principal Health Care of Iowa | SV | HMO | IA | 000 |
| Principal Health Care of KC | 7W | HMO | KS | 000 |
| Principal St.Louis | 12 | HMO | IL | 000 |
| Principal St.Louis | 12 | HMO | MO | 000 |
| Priority Health | BQ | HMO | MI | 000 |
| Priority Health Care, Inc. | W7 | HMO | VA | 000 |
| Providence Health Plan | SD | HMO | OR | 000 |
| Providence Health Plan | SD | HMO | WA | 000 |
| Prudential HealthCare HMO | 1K | HMO | KS | 000 |
| Prudential HealthCare HMO | 1K | HMO | MO | 000 |
| Prudential HealthCare HMO | 6P | HMO | TX | 000 |
| Prudential HealthCare HMO | 8C | HMO | CT | 000 |
| Prudential HealthCare HMO | 8P | HMO | NJ | 000 |
| Prudential HealthCare HMO | 9P | HMO | NY | 000 |
| Prudential HealthCare HMO | EC | HMO | FL | 000 |
| Prudential HealthCare HMO | EH | HMO | FL | 000 |
| Prudential HealthCare HMO | EZ | HMO | GA | 000 |
| Prudential HealthCare HMO | HE | HMO | FL | 000 |
| Prudential HealthCare HMO | JB | HMO | DC | 001 |
| Prudential HealthCare HMO | JB | HMO | MD | 001 |
| Prudential HealthCare HMO | JB | HMO | VA | 001 |
| Prudential HealthCare HMO | Q4 | HMO | NC | 000 |
| Prudential HealthCare HMO | Q4 | HMO | SC | 000 |
| Prudential HealthCare HMO | RR | HMO | OK | 000 |
| Prudential HealthCare HMO | RS | HMO | OK | 000 |
| Prudential HealthCare HMO | UA | HMO | TN | 000 |
| Prudential HealthCare HMO | UB | HMO | MS | 000 |
| Prudential HealthCare HMO | UB | HMO | TN | 000 |
| Prudential HealthCare HMO | UN | HMO | TX | 000 |
| Prudential HealthCare HMO | UP | HMO | TX | 000 |
| Prudential HealthCare HMO | V6 | HMO | VA | 000 |
| Prudential HealthCare HMO | VV | HMO | PA | 000 |

| | | | | |
|-----------------------------------|----|-----|----|-----|
| Prudential HealthCare HMO | VX | HMO | TX | 000 |
| Prudential HealthCare HMO | VY | HMO | AR | 000 |
| Prudential HealthCare HMO | VZ | HMO | IL | 000 |
| Prudential HealthCare HMO | VZ | HMO | MO | 000 |
| Prudential HealthCare HMO Midwest | Q9 | HMO | OH | 000 |
| Prudential HealthCare HMO Midwest | S3 | HMO | IN | 000 |
| Prudential HealthCare HMO Midwest | S3 | HMO | KY | 000 |
| Prudential HealthCare HMO Midwest | S3 | HMO | OH | 000 |
| Prudential HealthCare Midwest | AY | HMO | OH | 000 |
| QCA Health Plan | 8Q | HMO | AR | 001 |
| QualChoice of North Carolina | 7Q | HMO | NC | 001 |
| QualMed of Colorado | 2D | HMO | CO | 000 |
| QualMed Plans for Health | 27 | HMO | NJ | 000 |
| QualMed Plans for Health | 27 | HMO | PA | 000 |
| QualMed Plans for Health | 2K | HMO | PA | 000 |
| QualMed Plans for Health | PX | HMO | NM | 000 |
| QualMed Plans for Health OH/WV | QJ | HMO | OH | 000 |
| QualMed Plans for Health OH/WV | QJ | HMO | WV | 000 |
| QualMed Plans for Health -Pa. | 24 | HMO | PA | 000 |
| QualMed WA Health Plan | TM | HMO | WA | 000 |
| Rocky Mountain HMO | 88 | HMO | CO | 000 |
| Rural Carrier Benefit Plan | 38 | FFS | AA | 000 |
| Rush Prudential HMO | 17 | HMO | IL | 000 |
| Rush Prudential HMO | 17 | HMO | IN | 000 |
| SAMBA | 44 | FFS | AA | 000 |
| Scott and White | UF | HMO | TX | 000 |
| Secret Service | Y7 | FFS | AA | 000 |
| SecureCare of Iowa | 3Q | HMO | IA | 000 |
| SelectCare HMO | K6 | HMO | MI | 000 |
| SmartPlan | 8D | HMO | LA | 000 |
| SummaCare Health Plan | 5W | HMO | OH | 000 |
| SuperBlue HMO | 8T | HMO | WV | 000 |
| SuperMed HMO | 5M | HMO | OH | 000 |
| Texas Health Choice, L. C. | 2T | HMO | TX | 001 |
| Texas Health Choice, L. C. | UK | HMO | TX | 000 |
| The Wellness Plan | K3 | HMO | MI | 000 |
| Total Health Choice | 4A | HMO | FL | 000 |
| Total Health Care | N2 | HMO | MI | 000 |
| Triple-S | 89 | HMO | PR | 001 |
| UHC of North Carolina | XM | HMO | NC | 000 |
| Union Health Service | 76 | HMO | IL | 000 |
| United Health Care of Ohio | 3U | HMO | KY | 000 |
| United Health Care of Ohio | 3U | HMO | OH | 000 |
| United Health Care of Ohio | VC | HMO | OH | 000 |
| United Health Plan | C4 | HMO | CA | 000 |
| United HealthCare Mid-Atlantic | BL | HMO | DC | 001 |
| United HealthCare Mid-Atlantic | BL | HMO | MD | 001 |
| United HealthCare MidWest | 4M | HMO | KS | 000 |
| United HealthCare MidWest | 4M | HMO | MO | 000 |
| United HealthCare New England | VF | HMO | MA | 001 |
| United HealthCare New England | VF | HMO | RI | 001 |
| United Healthcare of Arizona | 2S | HMO | AZ | 000 |
| United Healthcare of Arizona | TD | HMO | AZ | 000 |
| United HealthCare of Florida | QK | HMO | FL | 000 |
| United HealthCare of Kentucky | DU | HMO | IN | 000 |
| United HealthCare of Kentucky | DU | HMO | KY | 000 |
| United HealthCare Puerto Rico | 7U | HMO | PR | 001 |

| | | | | |
|------------------------------|----|-----|----|-----|
| United HealthCare Select | H8 | HMO | IL | 000 |
| United HealthCare Select | H8 | HMO | MO | 000 |
| United HealthCare/Midlands | NF | HMO | IA | 000 |
| United HealthCare/Midlands | NF | HMO | NE | 000 |
| Unity Health Plans | W4 | HMO | WI | 000 |
| Universal Care | 6Q | HMO | CA | 000 |
| UPMC Health Plan | 8W | HMO | PA | 000 |
| Valley Health Plan | VH | HMO | WI | 000 |
| Vantage Health Plan | 6A | HMO | OH | 000 |
| Vantage Health Plan | 7V | HMO | LA | 000 |
| VIVA Health Plan | 4B | HMO | AL | 000 |
| Vytra Health Plans | J6 | HMO | NY | 000 |
| Welborn HMO | H3 | HMO | IN | 000 |
| WellPath Select | 2E | HMO | NC | 000 |
| WellPath Select | 2E | HMO | SC | 000 |
| Western Health Advantage | 5Z | HMO | CA | 000 |
| Yellowstone Community Health | 2Y | HMO | MT | 000 |

Vendor Selection Form

Plan Name:

FEHB Sub-Code:

(Use a separate sheet for each plan or Sub-Code – make copies of this form if necessary)

Please mark all boxes below that apply:

- Health Plan will conduct the CAHPS® 2.0H Adult Survey
- Health Plan will conduct the CAHPS® 2.0H Child Commercial Survey
- Health Plan has fewer than 500 FEHB Subscribers/Contracts and will not be conducting CAHPS® Surveys in 2000

NCQA Certified Vendor's Name who will be conducting the survey _____

Vendor Contact, Address, E-Mail and Telephone Number:

Health Plan Contact, Address, E-Mail and Telephone Number:

Plan Contact & Address for Invoice (if different from above):

Please send the form by overnight mail or fax it to:

U.S. Office of Personnel Management
Retirement and Insurance Service
Office of Insurance Programs
Attention: Ralph Pierce
1900 E Street, NW. Room 3415
Washington, DC 20415

Fax #: (202) 606-0633 or 606-0036

(Please complete and return to OPM by January 31, 2000)