

Submitted electronically via www.regulations.gov
February 10, 2026

Scott Kupor
Director, US Office of Personnel Management

Health and Insurance
Office of Personnel Management
1900 E Street NW
Washington, DC 20415

Re: Agency Information Collection Request: Federal Employees Health Benefits and Postal Service Health Benefits Programs Service Use and Cost Data (3206-NEW)

Dear Director Kupor:

Thank you for the opportunity to respond to the Agency Information Collection Request: Federal Employees Health Benefits and Postal Service Health Benefits Programs Service Use and Cost Data (ICR) issued by the Office of Personnel Management (OPM).¹

Through Aetna, a CVS Health company, we proudly participate in the Federal Employees Health Benefits (FEHB) Program and the Postal Service Health Benefits (PSHB) Program. Our longstanding work with federal programs gives us meaningful insight into how data reporting requirements can support high quality, affordable care for federal and postal employees, annuitants, and their families.

Healthcare is personal for CVS Health. As a leading healthcare solutions company, Aetna is committed to working collaboratively with OPM to advance policies and operational frameworks that ensure strong program performance and meet the needs of FEHB and PSHB beneficiaries. We value the opportunity to share our perspective and remain ready to support OPM in advancing high quality coverage and improving the enrollee experience across both programs.

OPM states that it will be collecting service use and cost data from FEHB and PSHB Carriers, including medical claims, pharmacy claims, encounter data, and provider data, to enable OPM to oversee health benefits programs and ensure

¹ 90 Fed. Reg. 57793 (December 12, 2025).

they provide competitive, quality, and affordable plans. OPM adds that this data collection is permitted under the HIPAA Privacy Rule, which in 45 CFR 164.512(d)(1) allows covered entities, including carriers, to disclose protected health information (PHI) to health oversight agencies such as OPM for health oversight purposes.

Aetna supports OPM's goal to ensure that the FEHB and PSHB programs provide high quality, affordable care, and it appreciates the need for relevant data to conduct oversight of carriers. As OPM states, it has long required carriers to provide necessary information to OPM to perform audits and examinations to manage the FEHB program effectively. However, the data collection described in this ICR goes far beyond this, and is unprecedented in its scope and lack of specificity. Rather than seeking necessary and targeted data in an audit or examination setting, OPM is proposing the wholesale collection of vast amounts of granular data from all FEHB and PSHB carriers. This raises significant concerns as outlined below.

1. Risk of HIPAA Non-Compliance for Carriers

OPM's request raises substantial HIPAA compliance issues. While it is correct that 45 CFR 164.512(d)(1) allows the disclosure of PHI to health oversight agencies, any such disclosure is subject to HIPAA's minimum necessary requirement. In addition, as the language in 45 CFR 164.512(d)(1) makes clear, this section is intended to allow for disclosure of PHI relevant to specific OPM oversight activities, such as "audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions". It is not intended to allow for the wholesale extraction of all data held by the covered entity for the vague and broad general purposes of ensuring quality and competitive plans. Carriers risk violating not only the minimum necessary standard in providing data in response to such an unspecific and sweeping ICR, but the intent and letter of the section allowing disclosure for health oversight purposes.

2. Lack of Legal Authority

5 U.S.C. § 8910 allows OPM to require "reasonable reports" and to examine carrier records. However, it does not authorize OPM to obtain and retain beneficiary-level claims data of all FEHB/PSHB members. Similarly, federal procurement statutes allow record examination, not broad data acquisition. The proposed warehouse approach therefore exceeds OPM's statutory authority.

3. Lack of Consumer Protections

In addition to the lack of legal authority cited above, we are concerned without the requisite protections in place, submitting this data has the potential for data/security breaches, and invasion of privacy for consumer health information. This would also increase Carriers' legal liability with respect to data breaches and other instances where consumer health information is inappropriately shared and outside of our control.

4. Duplicative Reporting Requirements

OPM already receives extensive data from carriers through existing data reporting and collection mechanisms, including submissions to the Office of the Inspector General (OIG) and annual aggregated pharmacy data to the OPM Pharmacy Office. The additional data collection contemplated in the notice appears duplicative and unnecessary, and imposes a costly administrative burden on carriers, which increases cost to the government and program beneficiaries. In a time when the administration is prioritizing deregulatory actions to reduce cost and burden on the health care sector, this ICR goes in exactly the opposite direction.

5. Proprietary Data Concerns

While the ICR lacks clarity regarding the precise data elements OPM proposes to collect, OPM states that it will include "encounter and provider data." This is granular data that can reveal sensitive and confidential information that carriers consider proprietary. Provider-level information could reveal contracted rates, potentially violating contractual obligations.

For the above reasons, we strongly recommend that OPM not proceed with this ICR, but instead convene a stakeholder workgroup with carriers to determine the specific data elements needed to support program goals and to establish a consistent reporting framework. Aggregated, HIPAA compliant, deidentified reporting would allow OPM to obtain necessary program insights without compromising privacy, statutory boundaries, or proprietary information.

Thank you for considering our recommendations and comments to this ICR. We welcome any follow-up questions you may have.



1275 Pennsylvania Ave NW, Suite 700
Washington, D.C., 20004

Sincerely,

A handwritten signature in cursive script that reads "Melissa Schulman".

Melissa Schulman
Senior Vice President, Government & Public
Affairs CVS Health