



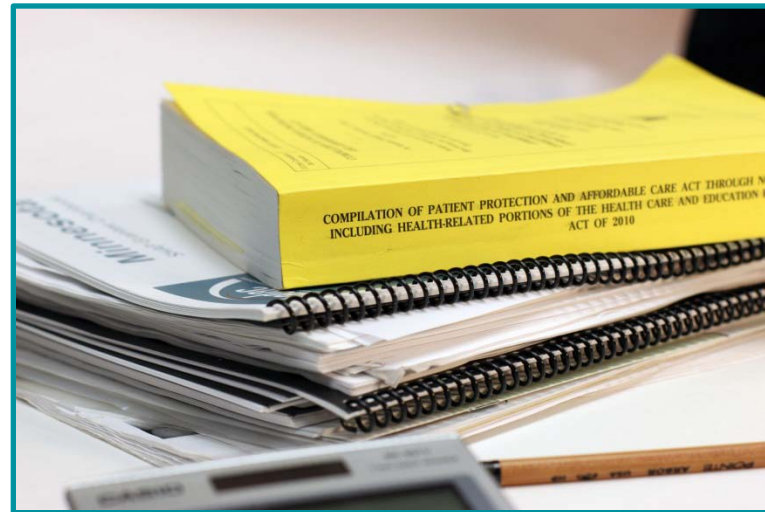
State Data Collection & Reporting Requirements Under the Affordable Care Act

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Background

- ACA requires states to collect and report certain information to HHS and Treasury
 - Focus on statutory requirements
 - Newly promulgated regulations



Areas of Data Collection and Reporting under the ACA



- Verification of eligibility
- Reporting on exchange operations
- Certification of Qualified Health Plans
- Reporting related to Medicaid

Verification of Eligibility

- State is required to report information to HHS and the Treasury for verification of eligibility

Potential data points:

- Social Security # (*for data linkages*)
- Date of Birth
- Household Income (MAGI)
- Citizenship/Immigration Status
- Residency
- Family Size (*tax definition*)



Single Application Form

Key will be what information is included on the enrollment form. States must use either:

- (1) a federal model single streamlined application for enrollment, (*not yet released*) or
- (2) an alternative state-specific form for which the state has received federal approval

Eligibility—Caveats

- Limitation on what information may be collected from individual:

Only...“information strictly necessary to authenticate, identify, determine eligibility, and determine amount of credit or (cost-sharing) reduction”

- Probably not race/ethnicity
- Specifically not citizenship status

Required Electronic Data Matching for Eligibility Verification

- Internal Revenue Service (IRS)
- State Wage Information Collection Agency
- Social Security Administration (SSA)
- Other social services programs
- Federal Data Hub
- Public Assistance Reporting Information System (PARIS)

Medicaid Verification with Electronic Data

Data resulting from required data matching for income verification and citizenship status determination is limited in its use..

Only..... “to the extent the agency determines such information is useful to verifying the financial eligibility of an individual.”

- Not clear if data can be use for evaluation and monitoring counts

Reporting in Exchange Operations

- States must collect and annually publish information about the Exchange's operations §§ 1313(a)(1) & 1311(d)(7)



- *Potential data points:*
 - Exchange total expenditures
 - Enrollment/disenrollment activities
 - Average costs of licensing, regulatory fees, & other payments received
 - Exchange administrative costs
 - Monies lost to fraud, waste, & abuse

Exchange Reporting - Caveat

- Limitation on what States can do with information collected § 1411(g)(2)(A):

Information can only be used
to .. *“ensure the efficient
operation of the Exchange”*

- Not clear if evaluation and monitoring counts

Certification of Qualified Health Plans

§ 1311(e) (3)(A)

Possible data points

- Claims payment & policies
- Periodic financial disclosures
- Disenrollment/Enrollment
- Claims denied
- Rating practices
- Cost-sharing
- Payments for out-of-network coverage



Health Plan Accreditation

Possible data points

- Clinical quality (HEDIS)
- Patient experience (CAHPS)
- Consumer access
- Provider credentialing
- Complaint and appeals
- Network adequacy
- Patient information programs



Network Adequacy

-Health plans must ensure

- a sufficient choice of providers

- Provide information to enrollees on in and out-of-network providers

-Essential Community Providers

- Where available, must be included in the network

- Plans that serve predominantly low-income, medically-underserved individuals

Exchange Reporting to HHS

155.340 Administration of APTCs and CSRs

- Amount of Advanced Premium Tax Credit
- Amount of Cost Sharing Reductions
- Date of eligibility

155.400 Enrollment of Qualified Individuals into QHPs

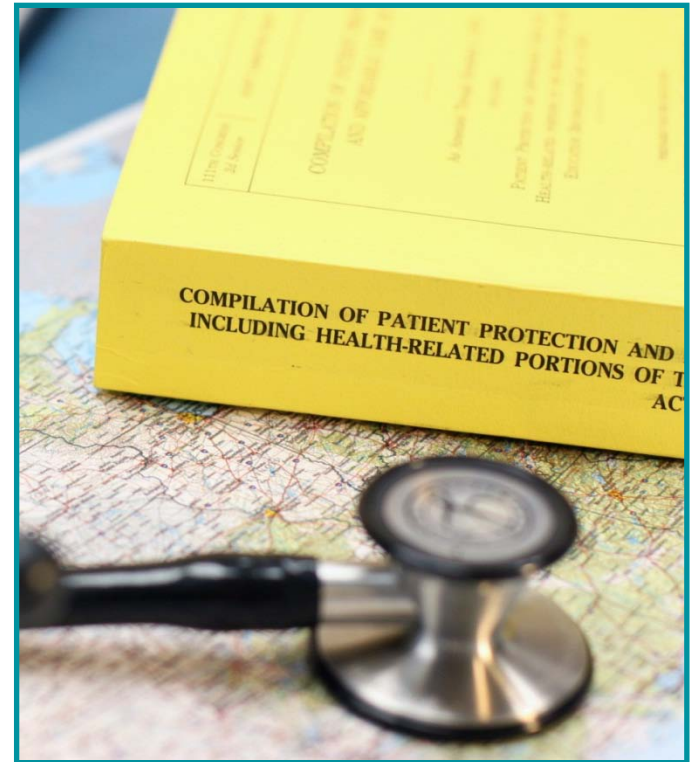
- Selection of Qualified Health Plan
- Level of choice (silver, bronze, gold)

155.430 Termination of Coverage

- Disenrollment Date*
- Reason for disenrollment*
 - ineligibility for QHP coverage;
 - non-payment of premiums by the individual;
 - decertification or termination of the QHP

Wrapping Up and Looking Ahead

- The ACA requires states to collect, analyze and report certain information
- States should:
 - Prepare to comply with these requirements
 - Consider how compliance might be leveraged toward the State's effort to monitor and evaluate implementation/operations of the ACA



For More Information:

- *State Data Collection and Reporting Requirements in the ACA*, included in your e-book
- *Overview of Final Exchange Regulations*, Prepared by Manatt Health Solutions March 21, 2012 *Overview of Final*
- *Medicaid Eligibility Regulation*, Prepared by Manatt Health Solutions, March 27, 2012
- *How to Implement Quality in Exchanges: Webinar* sponsored by AcademyHealth and NCQA, April 9, 2012

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