



# Value of a Coordinated Approach to Monitoring

- Contribute to and take ownership over the reform “story line”
- Present a clear picture of the impact
- Avoid confusion and miscommunication
- Leverage data collected for reporting
- Avoid duplication of effort
- Allow for data integration across different markets, payers, enrollment groups, etc.
- Avoid analytic errors caused by data discrepancies
- Help analysts respond to rapidly shifting policy environment and data requests quickly
- Facilitate sharing of information/data among agencies



# Data Collection and Reporting

1. “Public” reporting of information
  - Media and medial relations staff
  - Policy-makers (federal agencies, legislature, governor's office)
  - Consumers/enrollees
2. Internal operations and decision making
  - Data and policy analysts
  - Operational staff
  - Policy staff
3. Federal reporting requirements

Despite differences in focus, coordination is key

# Federal Data Reporting Requirements

- State-Based Marketplaces: “weekly indicator reports” to CMS/CCIIO on:
  - Applications
  - Determined/Assessed eligibly for QHP and Medicaid/CHIP
  - Effective & Effectuated enrollment
  - SHOP
  - Operations (website and call center)
- Medicaid/CHIP agencies: weekly (open enrollment)/monthly reports on 12 “performance indicators” to CMS on:
  - Call center performance
  - Applications
  - Transfers
  - Renewals
  - Enrollment
  - Determined eligible/ineligible/pending
  - Process time

# Developing an Evaluation and Monitoring Framework



- ✓ Define scope
- ✓ Choose measures
- ✓ Operationalize measures
- ✓ Identify existing data sources
- ✓ Establish benchmarks and goals
- ✓ Identify and fill data gaps

# Define Scope

- **Set focus**
  - Focused solely on the marketplace, incorporates evaluation of Medicaid, set within context of broader reform activities (state and federal)
- **What are the key policy goals?**
  - Ample choice, enrollee experience, reduced uninsurance, low rate of coverage gaps
- **What issues are policymakers most concerned about?**
  - Market stability, health care costs, continuity of coverage, health care access
- **Who is the audience?**
  - Internal operations staff, high level policy staff, public, the media
- **Need to keep the number of topic areas manageable**
  - Access, cost, public health, impact on providers

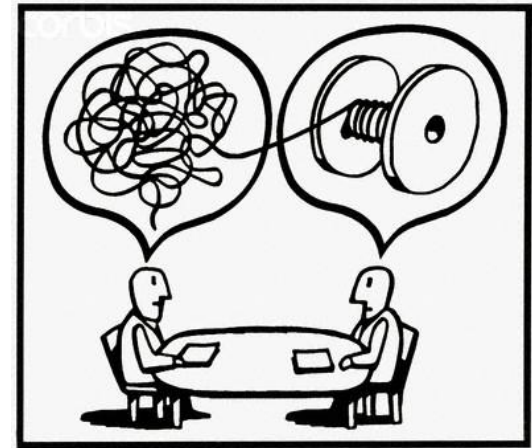
# Choose Measures



- Keep the number of measures manageable - prioritize
- Choose measures that are directly related to policy goals and levers
- Think about near-/medium-/long-term impacts and include some measures for each
  - Include some measures that might be “early success signs” or “early warning signs”
- Review existing reporting efforts or required data reporting (e.g., CClHO/CMS requirements)
- Consider feasibility - existing data vs. possibility of collecting new data

# Operationalize the Measure

- Create a working definition or preferred method for calculating the measure
  - how do you define enrollment?
- Defining the “universe”
  - e.g., population-wide? exchange vs. total market?
- Specify the level of detail you want to capture
  - e.g., disenrollment or disenrollment by reason
- This is harder and more time consuming than it sounds.....





# Identify Existing Data Sources

- **Administrative data**
  - State Medicaid/CHIP programs
  - Health insurance regulators
  - Health insurance marketplaces
  - Tax records
- **Survey data**
  - Population surveys (e.g., ACS, CPS, NHIS, MEPS, BRFSS)
  - Provider surveys (e.g., NAMCS)
  - State surveys
- **Data from health carriers, hospitals, providers**
- **Other?**



# Establish Benchmarks and Goals

- Possible benchmarks
  - Change over time
  - Defined ideal
  - Other states
  - National average
- The most useful goals are
  - Realistic
  - Specific
  - Connected to specific actions/strategies and policy priorities
- Decisions will influence choices about data sources
- Consensus around goals and benchmarks can be challenging



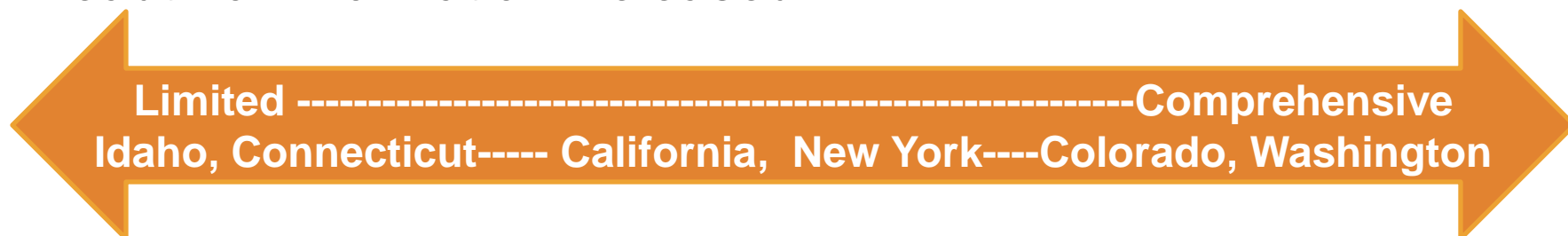
# Identify and Fill Data Gaps

- Potential gaps - Data that is lacking or incomplete
  - Market-wide data
  - Data on safety net and uninsured
  - Provider and system capacity
  - For FFMs – Information on enrollees
- Consider collecting additional data through existing efforts
  - Existing state surveys
  - Provider licensure process
  - State tax return
- Identify data that might come out of new systems/processes
  - Health Insurance marketplace
  - Upgraded IT systems
- Assess feasibility of new data collection

**A CASE FOR COORDINATED  
MONITORING: DATA  
REPORTING DURING OPEN  
ENROLLMENT**

# Variation in Public Data Release (SBMs)

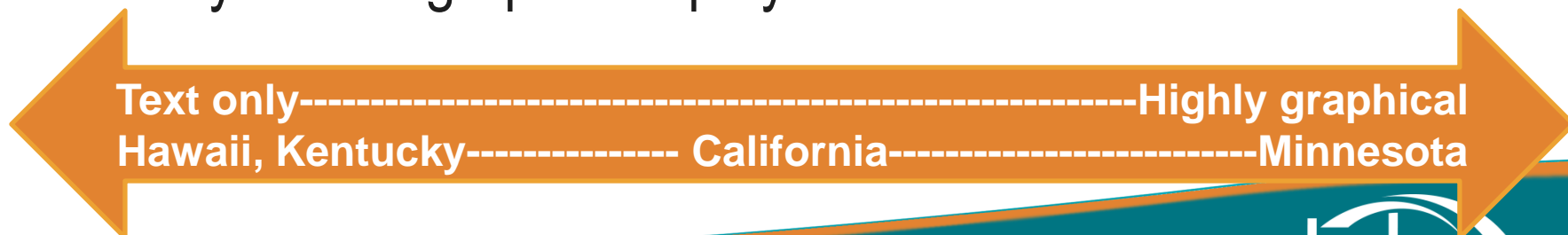
## Breadth of Information Released



## Method of Release



## Text only versus graphic display of data



# Federal Reporting During Open Enrollment (FFM and SBMs)

- Monthly reports on key indicators (a small subset of SBM required reporting)
- Consistency in what was being reported
- Key measures were reported at the state level
- Feds did a good job of reporting in a timely way, but lag put them out of sync with SBM reporting
- Data were not perfect, data caveats were highlighted, but fluidity in numbers made messaging difficult
- FFMs didn't get an advanced look at the data

# Open Enrollment Reporting Challenges

- Hard to plan monitoring strategy in advance
- States could only report what their systems produced
- Definitions were fluid and varied
  - Enrollment = first month premium paid
  - Enrollment = plan selected
  - Enrollment = plan and payment source selected
- Enrollment messages were coming from multiple sources (state, feds, media)
- FFMs didn't have many data source options
- Benchmarks were unclear



# Contact Information

**Elizabeth Lukanen**

Senior Research Fellow

[elukanen@umn.edu](mailto:elukanen@umn.edu)

612.626.1537



[www.shadac.org](http://www.shadac.org)

