

Appendix B – Data Elements Related to the General Program Integrity and Oversight Requirements

The following appendix lays out the data elements associated with the proposed §155.1200.

Data Element	Data Specifics
Exchange Name	Name of Exchange
Exchange Address	Exchange address, state, and zip code
Financial Statements	Financial Statement presented in accordance with GAAP
External Audits	Performance of external financial and programmatic audit
Corrective Actions	Actions that Exchange needs to take to address issues in audit

Performance Monitoring Data

The data elements below are associated with the information collection requirement proposed in §155.1200(b)(3) that provides that State Exchanges must submit and information on performance monitoring data.

Data Element	Data Specifics
Current health insurance coverage (APTC applicants only)	Number and percent of individuals applying for APTC who are currently enrolled in: COBRA, Retiree health plan, Veterans health program, Medicare, TRICARE, Peace Corps, Medicaid/CHIP, IHS, Other Federal Programs, ESI, Uninsured
Retention of coverage	Distribution of longevity of coverage (continuous coverage within SBM/SBM-SHOP from initiation), by month
Health plan renewal rate in Marketplace	Number of QHP contract renewals during open season/all policies in force in December of that year
Marketplace revenues by category	SBM revenues by category (see glossary)
Marketplace expenditures	SBM expenditures by category (see glossary)
Marketplace reserves	Cash on hand and other liquid financial instruments to fund SBM operations, by number of months
Assistance with QHP enrollment submission	Percent and number by web, phone, mail, in person, multiple channels; by assistance (Navigators, In-person assistors, CACs, Agents/Brokers, Web Brokers, Medicaid authorized reps, Other Assistant); Number of requests for language assistance/Number fulfilled; Time taken to provide language assistance; Form of language assistance (e.g., translated forms, individual assistance, etc)

Number and proportion of “real-time” eligibility determinations as percent of completed applications for eligibility determination (see glossary for provisional eligibility determinations)	Percent of eligibility determinations made within the month that were completed in a single application session or within 24 hours; percent resolved within 7 days of intake; median time for eligibility determination per month
Number of customer complaints and grievances about eligibility and enrollment problems in Marketplace	Number of individuals and families submitting eligibility application/enrollees in QHPs; Customer complaints per capita regarding enrollment (see glossary)
Number of QHP eligibility determination appeals per application	Number of QHP eligibility determination appeals/Number of QHP eligibility determinations
Percentage of initial QHP eligibility determinations upheld or reversed in an appeal	Upheld or reversed appeals/All appeals
Median time to resolve appeal for QHP eligibility determination	Median time to resolve from date of filing appeal to date of final disposition
Percent with NCQA/URAC accreditation [for issuers] on the Marketplace compared to non-participating issuers; Percent on the path to accreditation	Unweighted and weighted by enrollment, separately for individual and small groups