## HealthInformation & the Law

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## **Fast Facts**

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## Data Collection and Use in Health Insurance Exchanges

A little publicized aspect of the implementation of health insurance exchanges (marketplaces for small groups and individuals to purchase insurance) under the health reform law is that significant new information will be made available about the health plans sold in these marketplaces. Information on the content, quality, and price of health plans sold in the exchanges will be provided to states operating the exchanges, the federal Department of Health and Human Services (HHS), quality accreditation entities, and the public.

Insurers seeking to offer qualified health plans (QHPs) in any exchange must pass a two-part test before any products can be listed for sale. First, each health plan must be certified as a QHP by the exchange, according to federal certification criteria and possibly additional state criteria.<sup>1</sup> Second, each QHP must be reviewed periodically by a quality accreditation entity recognized by the Secretary of HHS.<sup>2</sup> Both tests include substantial data reporting requirements that will result in greater public availability of health plan performance data that would not have been disclosed otherwise.

Types of information on QHPs that will be publicly accessible to consumers through exchange websites:

- Standardized and comparative information on QHP premiums and cost-sharing
- Standardized and comparative summaries of QHP benefits and coverage
- Identification of whether the QHP is a bronze, silver, gold or platinum plan
- Results of the enrollee satisfaction surveys
- Quality ratings assigned through the accreditation process
- Medical loss ratio information
- Transparency of coverage measures as reported by the QHPs, including:
  - o claims payment policies and procedures
  - o periodic financial disclosures
  - o data on enrollment, disenrollment, and the number of claims that are denied
  - data on rating practices
  - o information on cost-sharing and payments with respect to any out-of-network coverage
  - information on enrollee rights
- QHP provider directories
- Information about navigators

For more information on state and federal laws related to health insurance exchanges, see <u>http://www.healthinfolaw.org/topics/91</u>. For more information about health information provisions in the ACA, see <u>http://www.healthinfolaw.org/federal-law/ACA</u>.

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<sup>&</sup>lt;sup>1</sup> 42 C.F.R. § 155 and 156.

<sup>&</sup>lt;sup>2</sup> 42 C.F.R. § 156.275(a).

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