State of Implementation Webinar Series

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State of Implementation Webinar Series

“How Am I Doing?” Measuring State Health Coverage System Performance

April 23, 2014, 2:00-3:30 p.m. Eastern

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## Agenda

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<th>Time</th>
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<td>2:00-2:05 p.m.</td>
<td><strong>Introduction</strong></td>
<td>• Genevieve Kenney, Co-Director and Senior Fellow, Health Policy Center, The Urban Institute</td>
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<td>2:05– 2:20 p.m.</td>
<td><strong>State Performance Measurement: Considerations, Requirements, and Experience</strong></td>
<td>• Elizabeth Lukanen, Senior Research Fellow, State Health Access Data Data Assistance Center (SHADAC)</td>
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| 2:20–3:00 p.m. | **Implementation Insights from the States** | Moderator:  
• Genevieve Kenney, The Urban Institute  
Panelists:  
• Matthew Clark, Idaho  
• Kevin Counihan, Connecticut  
• Anastasia Dodson, California |
| 3:00–3:25 p.m. | **Question and Answer**                    | *Use the chat feature to submit your questions                                               |
| 3:25-3:30 p.m. | **Wrap-up**                                |                                                                                              |
State Performance Measurement: Considerations, Requirements, and Experience

Elizabeth Lukanen
Senior Research Fellow
State Health Access Data Assistance Center (SHADAC)
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

“Our left hand doesn’t know what our right hand is doing, so we’re only interviewing ambidextrous candidates.”
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., CCIIO/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

- Limited
  - Idaho, Connecticut
- Comprehensive
  - California, New York, Colorado, Washington

Method of Release

- Formal
  - MN (board meeting)
- Informal
  - RI (Press release), NV (Twitter)

Text only versus graphic display of data

- Text only
  - Hawaii, Kentucky
- Highly graphical
  - California
- Minnesota
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
- FFM 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

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Today’s Panel

**Moderator: Genevieve Kenney**
Co-Director and Senior Fellow
Health Policy Center, The Urban Institute

**Matthew Clark**
Research Analyst Supervisor
Idaho Division of Welfare

**Kevin Counihan**
Chief Executive Officer
Access Health Connecticut

**Anastasia Dodson**
Associate Director
California Department of Health Care Services
What data sources is your state using to monitor and evaluate early coverage program implementation?

Tell us what your state is doing at statereforum.org
Data Collection, Key Metrics & Reports

- Daily reports:
  - Applicants, Newly Eligible, Pending Verification
  - System Performance

- Twice-monthly data extracts
  - Demographics, de-duplication
  - Enrollment flow/performance monitoring
  - Policy evaluation

- Example: Temporary suspension of paper verifications
Data Sources and Structures

- Objective: Measure Performance to Plan
  - Key Functional Areas of Company
    - Sales and Marketing
    - Operations
    - IT
    - Plan Management
    - Finance
  - Measure to Established Metrics
    - Internal Metrics
    - Vendor SLAs
  - Roll-up to Dashboard Metrics
    - Board and Management Review
    - Action
What resources does your state need for monitoring efforts?

Tell us what your state is doing at statereforum.org
Needed Resources

- Create expectation
- Empower senior leaders to determine resources
- Consolidate resource overlap
- Outsource where possible
Resources & Entities for Data Reporting

- Staff within California’s Medicaid agency (DHCS) and Exchange (Covered California) dedicated to data reporting.
  - Several new staff in both organizations, as well as existing staff/divisions within DHCS.
  - Current focus is on counting unduplicated individuals, with later focus on additional analysis. Effectuating coverage for applicants is the highest priority.

- Use existing systems as well as a new system (CalHEERS – CoveredCA.com portal) with MAGI rules engine and interfaces to existing systems.
Is data monitoring helping your state identify problems and measure performance?

Tell us what your state is doing at statereforum.org
Benefits of Data Monitoring

- Monthly Consumer Satisfaction Report
  - 92% Overall Satisfaction
  - 70% “Extremely” or “Very” Likely to Recommend

- Stakeholder Satisfaction Research
  - Carriers
  - Brokers
  - Board
Data System Monitoring

- Identify eligibility and enrollment system issues
- Identify interface issues, system bottlenecks
- Prioritize automation changes that affect the most number of consumers
How is public reporting (including federal reporting) working for your state?

Tell us what your state is doing at statereforum.org
Public Reporting

- Monthly public data reporting, in partnership with Covered California (state exchange)

- Quarterly reporting to the Legislature for CHIP, Medicaid, and QHP data
  - Applications, Determinations, Renewals
  - Health Plan Selection
  - Consumer Assistance
  - Appeals and Grievances
Federal Reporting Processes

- Monthly federal reporting requirement
- Helpful overlap to internal reporting
- Some differences in definition
Is your state using stakeholder data as part of your monitoring effort?

Tell us what your state is doing at statereforum.org
Measuring Consumer Experience

- Consumer Emails to “Medi-Cal 2014” Inbox
  - Daily Monitoring, Weekly Topic Summary

- CoveredCA.com and DHCS Website Data Analytics and Social Media
  - FAQ very popular on websites

- Stakeholder groups/Public forums

- California Health Care Foundation efforts
Increasing Stakeholder Data Inputs

- Less is more
- Focus on “actionable” metrics
- Create action plans to support improvement
- States/Feds should share “Best Practices”
  - Template consolidation
Question and Answer

Submit your questions in the chat box on the left
Knowledge Network

Experts will be available to answer your questions!
Post them now on State Refor(u)m in our Performance Outcomes Measurement discussion

Patricia Boozang
Managing Director
Manatt Health Solutions

Mary Harrington
Vice President, Director of Health Research
Mathematica

Christopher Trenholm
Vice President, Director of NJ Health Research
Mathematica

Vikki Wachino
Senior Fellow, Health Care Research
NORC

http://www.statereforum.org/discussions/performanceoutcomesmeasurement
See you online!

- Webinar Q&A continues online at: [https://www.statereforum.org/discussions/performance-outcomes-measurement](https://www.statereforum.org/discussions/performance-outcomes-measurement)

- Find resources on the topic at: [https://www.statereforum.org/resources/](https://www.statereforum.org/resources/) under the topic of Performance Outcomes Measurement in the Data category

- Find webinar recording and slides at: [http://www.statereforum.org/webinars](http://www.statereforum.org/webinars)

- Visit and register to participate: [http://www.statereforum.org/user/register](http://www.statereforum.org/user/register)

- Questions? Email us: statereforum@nashp.org

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